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From: Lyn Richards
Sent: Tuesday, 16 November 2021 5:17 PM
To: Patricia Smith
Cc: Alexander Rees; Teegan Modderman; Stephen Smith (QFES Assistant Commissioner)
Subject: For CMT consideration:
Attachments: 20211116 QFES critical service delivery assessment.xlsx; 20200616 WHS Risk Register - COVID v01 - for mandating COVID-19 vaccines.xlsm

Hi Trish

Can you please upload these documents for review by the QFES CMT members noting that we need to respond to QH by 10 am tomorrow.

For CMT members – the attached documents have been updated to reflect the conversations this morning. Submitted for your review. Please don't hesitate to let Lyn Richards lyn.richards@qfes.qld.gov.au Contrary to the public interest if you want any changes

Begin draft to QH_____

Dear Dr Wakefield

Thank you for the email dated 16/11/2021 from both yourself and Robert Setter seeking input from agencies on their high risk settings.

QFES has a range of critical services provided by both paid and volunteer personnel. The very nature of our operations means that our personnel (staff and volunteer) interact across service streams and also have high interaction with members of the Queensland Community.

We have undertaken an analysis of our critical services and assessed these services against four key risk exposure vectors relative to COVID-19: prolonged possible contact with the public, indoor delivery, large no. of people contact and long duration service.

This analysis demonstrates that most of our critical service delivery has a high number of these potential risk exposure vectors.

We have also undertaken a WHS risk assessment (attached) ahead of any consideration for mandatory COVID-19 vaccination. The WHS risk register is rolled up at a high level staff and volunteer level. This is largely related to the potential interactions between QFES service streams and members of the public during normal BAU and operations. The key considerations for the WHS risk assessment were:

- Corporate staff have been included in the risk assessment as they are utilised as surge workforce (in QFES and across Queensland Government ie Community Recovery) and they interact regularly with both QFES operational service streams and members of the public.
- QFES is currently operating under Operations Paratus 2021 (bushfire), Exigent (COVID-19) and Kurrabana (severe weather season) with the requirement for operational readiness and surge workforce a key requirement to meet critical service delivery
- We note that some of QFES critical services are delivered to venues which will be covered by the public health and social measures which come into effect 17 December 2021

End draft to QH_____

Regards

Lyn

Lyn Richards
Director | Operations Support
QFES People | Queensland Fire and Emergency Services

M Contrary to the public interest **E** lyn.richards@qfes.qld.gov.au
A GPO Box 1425, Brisbane QLD 4001

Please consider the environment before printing this email.

QFES acknowledges and recognises Traditional Owners as custodians of the lands where we work together with the communities of Queensland. We pay our respects to Aboriginal and Torres Strait Islander ancestors of these lands, their spirits and their legacy.

Important Links
COVID-19 Information
COVID-19 Resources
COVID-19 safe workplaces
QFES Working from home during COVID19
QFES Human Resource Contacts
QFES Safety and Wellbeing Contacts
FESSN Resources and Contacts
QFES Chaplains Contacts

		COVID-19 Exposure Risk Assessment				Proposed COVID-19 Vaccine position		
Capability	**Service delivered**	**Prolonged possible contact with public**	**Indoors**	**Large No. of people contact**	**Long duration service**	**Mandatory**	**Strongly preferred**	**Comments**
Bushfire response	Bushfire mitigation	Y	N	Y	Y	Y		Excludes primary producers. Multiple risk exposure vectors
	Remote firefighting	Y	N	Y	Y	Y		Excludes primary producers. Multiple risk exposure vectors
	Vegetation fire response	Y	N	Y	Y	Y		Excludes primary producers. Multiple risk exposure vectors
Water search and rescue	Swiftwater rescue	Y	N	Y	Y	Y		Multiple risk exposure vectors.
	Flood boat response	Y	N	Y	Y	Y		Multiple risk exposure vectors.
Land search and rescue		Y	N	Y	Y	Y		Multiple risk exposure vectors.
Transportation rescue	Road and rail rescue	Y	N	Y	Y	Y		Multiple risk exposure vectors.
Transportation fire rescue		Y	N	Y	Y	Y		Multiple risk exposure vectors.
Structure fire response		Y	Y	Y	Y	Y		Service impacted by Public Health and Social Measures @ 17/12/2021. Both indoors and outdoors - incident controller would put in place additional risk mitigation measures.
Incident management	Coordination	Y	Y	Y	Y	y		Incident management can occur in a range of settings where there are multiple risk exposure vectors
	Public information warnings	N	Y	Y	Y	Y		Critical staff who assist during an incident QFES manages or when QFES supports other agencies
	Command and control	Y	N	Y	Y	Y		QFES takes command over QFES resources whether it is the lead agency or not. This can involve multiple agencies and in multiple sites creating multiple risk exposure vectors to and from QFES staff and volunteers and to and from members of the community / LGAs involved in this activity
	Fire behaviour analysis	Y	Y	Y	Y	Y		Critical staff
Operational communications	Fire communications	N	Y	N	Y	Y		Critical staff
	SES TAMS	N	Y	N	Y	Y		Critical staff who manage the SES Task and Management System and responses. SES are the primary responder for storm and flood events.
	Watch desk	N	Y	N	Y	Y		Critical staff who maintain a 24-hour capability to achieve outcomes in relation to emergeny and disaster management. These staff manage SDCC emails within the Event Management System (EMS). They also administer and operate the Emergency Alert (EA) system. They also ensure the SES 132500 number is coordinated and appropriate SES group is activated when required
Technical rescue		Y	N	Y	Y	Y		incident controller would put in place additional risk mitigation measures, however multiple risk exposure vectors
Severe weather response		Y	N	Y	Y	Y		incident controller would put in place additional risk mitigation measures, however multiple risk exposure vectors
Agency support	QAS Assists	Y	Y	N	Y	Y		QH personnel mandate, workers in healthcare setting direction, Public Health Measures @ 17/12/2021, QFES and QAS have an agreement in place "Provision of Mutual Assistance between QAS and QFES" - QFES may assist QAS in circumstances in the driving of QAS ambulances in certain situations and also assists with bariatric patients.
	Traffic management	Y	N	Y	Y	Y		This service is delivered in a range of scenarios in support of both COVID-19 related activities and the course of ordinary duties and can put personnel in close contact with members of the public as these personnel are often tasked to do additional duties whilst performing traffic management such as handing out water bottles to members of the public.
	COVID-19 Vaccination clinics	Y	N	Y	Y	Y		High risk COVID-19 exposures possible. Risk mitigation strategies implemented and continually monitoried
	COVID-19 Testing clinics	Y	N	Y	Y	Y		High risk COVID-19 exposures possible. Risk mitigation strategies implemented and continually monitoried
	Queensland COVID-19 Border operations (land / air)	Y	N	Y	Y	Y		Air=indoors, Land=Outdoors

		COVID-19 Exposure Risk Assessment				Proposed COVID-19 Vaccine position		
Capability	**Service delivered**	**Prolonged possible contact with public**	**Indoors**	**Large No. of people contact**	**Long duration service**	**Mandatory**	**Strongly preferred**	**Comments**
	Hotel quarantine	Y	N	Y	Y	Y		Will likely interact with higher risk cohorts or cohorts in contact with higher risk cohorts. High risk COVID-19 exposures possible. Risk mitigation strategies implemented and continually monitoried
	Resupply operations	Y	N	Y	Y	Y		Resupply operations are conducted under the authority and control of the authorising agency. The authorising agency can vary depending on the size and type of response. The most common authorising agencies are Local Disaster Management Groups (LDMG), District Disaster Management Groups (DDMG), the State Disaster Management Group (SDMG) or the Queensland Police Service (QPS). Multiple risk exposure vectors
	Critical infrastructure protection	Y	N	Y	Y	Y		Service may be impacted by Public Health and Social Measures @ 17/12/2021. There is the potential for multiple risk exposure vectors, including the deployment of QFES personnel
	National security support	Y	N	Y	Y	Y		Service may be impacted by Public Health and Social Measures @ 17/12/2021. There is the potential for multiple risk exposure vectors, including the deployment of QFES personnel
	Counter-terrorism	Y	N	Y	Y	Y		Service may be impacted by Public Health and Social Measures @ 17/12/2021. There is the potential for multiple risk exposure vectors, including the deployment of QFES personnel
	Intragency response / incident management arrangements					Y		Service may be impacted by Public Health and Social Measures @ 17/12/2021. There is the potential for multiple risk exposure vectors, including the deployment of QFES personnel
Air Operations		Y	Y	Y	Y	Y		Multiple risk exposure vectors. Critical staff. Air Crew CHO Direction No 2 may apply
Urban search and rescue	Disaster Assistance Response Teams (DART)	Y	N	Y	Y	Y		Critical staff who are required to respond to major incidents. Activity involves deployments. Multiple risk exposure vectors
	Damage assessments	Y	N	Y	Y	Y		Damage assessments conducted post disaster. Multiple risk exposure vectors
Disaster mitigation	Emergency Risk Management	Y	Y	N	Y	Y		Staff interact with LGAs for extended periods. Multiple risk exposure vectors
	Land Use Planning	Y	Y	N	Y	Y		Critical staff who also interact with members of the public
Disaster management and operations	Disaster response coordination	Y	Y	Y	Y	Y		Multiple risk exposure vectors. Occurs across the state in various forms SDCC, SOC, ROC, IMT with engagement with DDMG, LDMG and LGAs. Multiple risk exposure vectors
	Emergency management planning	Y	Y	Y	Y	Y		Multiple risk exposure vectors. Occurs across the state in various forms SDCC, SOC, ROC, IMT with engagement with DDMG, LDMG and LGAs. Multiple risk exposure vectors
	Emergency management facility readiness	Y	Y	Y	Y	Y		Multiple risk exposure vectors
	Recovery	Y	N	Y	Y	Y		Multiple risk exposure vectors
	QDMA Support	Y	Y	Y	Y	Y		Multiple risk exposure vectors
	State Disaster Coordination Centre	Y	Y	Y	Y	Y		Social distancing not always possible, prolonged indoor contact, contact with other agencies and high profile visitors. Agencies represented during activation involves a high rotation of staff. Multiple risk exposure vectors
	State Operations Centre	Y	Y	Y	Y	Y		Social distancing not always possible, prolonged indoor contact, contact with other agencies and high profile visitors. Multiple risk exposure vectors
	Regional operations centres	Y	Y	Y	Y	Y		Social distancing not always possible, prolonged indoor contact, contact with other agencies and high profile visitors. Multiple risk exposure vectors
	Intrastate deployments	Y	N	Y	Y	Y		Multiple risk exposure points, flights, destination, rest days, accomodation. Incident manager would put in place additional risk mitigation strategies as per deployment planning

		COVID-19 Exposure Risk Assessment				Proposed COVID-19 Vaccine position		
Capability	**Service delivered**	**Prolonged possible contact with public**	**Indoors**	**Large No. of people contact**	**Long duration service**	**Mandatory**	**Strongly preferred**	**Comments**
	International deployments	Y	N	Y	Y	Y		Multiple risk exposure points, flights, destination, rest days, accomodation. Incident manager would put in place additional risk mitigation strategies as per deployment planning and in consultation with Border Force and EMA
Post Fire incident investigations	Structure fire investigations	Y	Y	N	Y	Y		Critical service impacted by Public Health and Social Measures @ 17/12/2021
Building fire safety	Building safety inspections	Y	Y	N	Y	Y		Critical service impacted by Public Health and Social Measures @ 17/12/2021. Multiple risk exposure vectors
	Maintenance inspections	Y	Y	N	Y	Y		Critical service impacted by Public Health and Social Measures @ 17/12/2021. Multiple risk exposure vectors
	Building approvals	Y	Y	N	Y	Y		Critical service impacted by Public Health and Social Measures @ 17/12/2021. Multiple risk exposure vectors
	Fire alarm management	N	Y	N	N	Y		Public Health Measures @ 17/12/2021. Additional risk mitigation can be implemented - site personnel removed, contact with site owner on phone, minimise crew sent into ste, PPE
Hazardous material management / response		N	Y	N	Y	Y		Vessel response included, incident controller will put other measures in place dependant on scenario
Fire engineering		Y	Y	N	Y	Y		Critical service impacted by Public Health and Social Measures @ 17/12/2021. Multiple risk exposure vectors
Community engagement		Y	Y	Y	Y	Y		Critical service impacted by Public Health and Social Measures @ 17/12/2021. Multiple risk exposure vectors
Logistics supply chain	Warehouse logistics	N	Y	Y	Y	Y		Multiple risk exposure vectors
Equipment and asset management	Fleet maintenance	N	Y	N	Y	Y		Multiple risk exposure vectors
	Fleet management	N	N	N	N	Y		Multiple risk exposure vectors
Corporate communications		N	Y	Y	Y	Y		Multiple risk exposure vectors
Financial management	Procurement	N	Y	N	N	Y		Multiple risk exposure vectors
People management	Employee relations	N	Y	N	N	Y		Critical staff multiple risk exposure vectors
	WHS	N	Y	N	Y	Y		Critical staff. WHS investigations / inspections may bring personnel in prolonged contact with others. Multiple risk exposure vectors
	HR	N	Y	N	N	Y		Critical staff multiple risk exposure vectors
ICT systems management	Alarm management	Y	Y	N	Y	Y		Public Health Measures @ 17/12/2021 and other CHO Directions
Remote and isolated community response	Indigenous community service delivery	Y	Y	Y	Y	Y		Critical service delivery to communities with vulnerable persons
QFES managed and occupied facilities		Y	Y	Y	Y	Y		Members of the public attend QFES managed and occupied facilities for such services as advice and obtaining a fire permit, meeting with a Fire Warden

Risk Register Builder

Risk Register/Assessment Title:	Hazards and risks associated with COVID-19 in the workplace	Register/Assessment Owner:	Commissioner
Context:	The QFES workforce operate in a ra	Signature:	
Date of Assessment:	12/11/2021	Date:	
Version:	0.1	Next review date:	3-Dec

Risk					Inherent risk rating				Controls	Residual risk rating					Future controls		Accountability		Target risk rating		
Risk No.	Risk (what can go wrong?)	Description (how can it happen? / causes)	Consequences (Qualitative)	Consequences (Quantitative)	Consequence	Likelihood	Rating Value	Rating Score	Current Controls	Consequence	Likelihood	Rating Value	Rating Score	Rating Variance - effectiveness of controls	Future controls	Action owner (& due date)	Risk Owner	Status	Consequence	Likelihood	Rating Value
1	Possibility of harm caused by the psychological characteristics of the work design and social conditions during the COVID-19 pandemic (workplace or home).	Exposure to distressing events involving COVID-19. Conflict and/or aggression amongst staff and volunteers related to personal views on COVID-19 and/or COVID-19 vaccinations and/or control measures (e.g. masks). Stress as a result of COVID-19 workplace measures. Stress from isolation whilst working at home	Psychological injury (e.g. anxiety, depression, PTSD) Chronic disease (e.g. heart disease, type two diabetes) Physical injury (e.g. musculoskeletal disorders)	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, increased member turnover and depleted workforce.	Moderate	Possible	Medium		Safety and Wellbeing Policy. Early Intervention Program. Video (Microsoft teams) and teleconferencing facilities made available to all staff to maintain social connection and contact with the workplace. Leadership Advice Line available to increase managers capability with regard to supporting staff health and wellbeing. 24 hour counselling service available to support workers and their families. Peer support officers. Chaplaincy service in place. Domestic and family violence support program available to all staff. Leave entitlements available for staff who may become need time away from the workplace. SHE hazard and incident reporting system.	Moderate	Unlikely	Medium	6	6	Continue to monitor Queensland Health, Public Sector Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required.	Executive Manager Health and Wellbeing	Commissioner	Watch	Moderate	Unlikely	Medium
2	Possibility of harm caused by the biomechanical characteristics of the work design in the home office in situations where increased telecommuting is required.	Poor ergonomic set up in the home office envrionment.	Acute and chronic related sprains/strains or other musculoskeletal disorders	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, increased member turnover and depleted workforce.	Moderate	Possible	Medium		Safety and Wellbeing Policy. Flexible work arrangements and telecommuting arrangements in place for staff working from home. Working from home risk assessment checklist in place to identify hazards, assess risks and put in place suitable control measures. Gateway videos related to suitable desk set-up and ergonomics in the home environment. Video (Microsoft teams) and teleconferencing facilities made available to all staff to maintain social connection and contact with the workplace. Leadership Advice Line available to support managers with work from home arrangements. SHE hazard and incident reporting system.	Moderate	Unlikely	Medium	6	6	Continue to monitor Queensland Health, Public Sector Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. Implement the Prevention and response to workplace bullying procedure.	Executive Manager Health and Wellbeing	Commissioner	Watch	Moderate	Unlikely	Medium
3	Possibility of harm caused by exposure to COVID-19 in a QFES office environment (e.g. Kedron, Albion).	Corporate staff and operational staff / volunteers attending a QFES office based environment.	COVID-19 could be transmitted from a corporate staff member to a QFES operational staff member or volunteer resulting in serious illness (including long term serious adverse health consequences even for those who recover) and death in extreme circumstances.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Major	Possible	High		State Pandemic Plan and Associated Annexes. Standing Order (SO-Q-OM-5.13 QFES COVID-19 Activities - COVID-19 Vaccinations). QFES 2020-21 Deployment Plan: COVID-19 Specific. Floor plans identify requirements for physical distancing. Promotion of good hygiene practices Handwashing facilities are kept clean, in good working order and appropriately stocked. QFES Events Covid Safe plans Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES facilities. Posters and signage installed in meeting and conference rooms, lifts, desk areas and kitchen facilities to comply with physical distancing requirements. A COVID Check In QR Code is in place to monitor workplace numbers and physical distancing requirements. A regular cleaning regime has been implemented for high touch areas such as desks, handles, lift buttons and bathroom facilities (PPE provided to cleaners). Emergency response procedures in place should a suspected or confirmed case of COVID-19 enter	Major	Rare	Medium	4	4	Continue to monitor Queensland Health, Public Sector Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. All QFES staff and volunteers (except those with certified medical contraindications) who may be required to interact with other operational workers or volunteers will be required to receive their double dose of COVID-19 vaccine by a specified date QFES, having provided a lawful and reasonable direction to workers and volunteers to be vaccinated for COVID-19 will ask staff and volunteers to provide evidence of their COVID-19 vaccination. QFES will manage such evidence to ensure QFES staff and volunteers can be safely made available to attend locations where COVID-19 may be or may become prevalent. The information will be managed in accordance with the QFES information asset management policy. QFES will maintain evidence of COVID-19 vaccination status in VIMS / OMS which will enable visibility for supervisors and managers responsible for operational workers.	Executive Manager Health and Wellbeing	Commissioner	Open	Major	Unlikely	Medium
4	Transmission of COVID-19 to or from member of the public to a QFES staff or volunteer during delivery of critical services in an operational context (emergency / non emergency) - including COVID-19 activities.	QFES staff and volunteers attend a range of operational settings and are required to work in close proximity with each other, other emergency service workers and members of the public in the course of their operational duties. This may occur in hospitals, aged care facilities, at risk communities, airports, high density housing, large scale venues where physical distancing and PPE may not always be adequate, suitable, worn correctly, reliably and without potential for damage or failure to sufficiently protect from COVID-19 transmission or infection.	COVID-19 could be transmitted from a member of the public to a QFES operational staff member or volunteer resulting in serious illness (including long term serious adverse health consequences even for those who recover) and death in extreme circumstances. COVID-19 could be transmitted from a QFES operational staff member or volunteer to a member of the public, including those at risk populations during the course of their duties, resulting in serious adverse health consequences even for those who recover) and death in extreme circumstances.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced ability to deliver critical service, and depleted operational workforce (including volunteers).	Major	Possible	High		State Pandemic Plan and Associated Annexes. Standing Order (SO-Q-OM-5.13 QFES COVID-19 Activities - COVID-19 Vaccinations). QFES 2020-21 Deployment Plan: COVID-19 Specific. Handwashing facilities are kept clean, in good working order and appropriately stocked. Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES stations, brigades, groups, appliances. Posters and signage installed in QFES operational facilities to comply with physical distancing requirements. QFES operational procedures which document operational staff and volunteers present in operational settings. PPE inluding P2, P3 masks, gloves and other PPC requirements QFES Events Covid Safe Plans Regular cleaning regimes have been implemented for appliances and operational workplaces. Emergency response procedures in place should a suspected or confirmed case of COVID-19 enter the workplace.. QFES operational doctrine and infection control procedures QFES Events Covid Safe Plans	Moderate	Possible	Medium	9	3	Continue to monitor Queensland Health, Public Sector Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. All QFES staff and volunteers (except those with certified medical contraindications) who may be required to interact with other operational workers or volunteers will be required to receive their double dose of COVID-19 vaccine by a specified date QFES, having provided a lawful and reasonable direction to workers and volunteers to be vaccinated for COVID-19 will ask staff and volunteers to provide evidence of their COVID-19 vaccination. QFES will manage such evidence to ensure QFES staff and volunteers can be safely made available to attend locations where COVID-19 may be or may become prevalent. The information will be managed in accordance with the QFES information asset management policy. QFES will maintain evidence of COVID-19 vaccination status in VIMS / OMS which will enable visibility for supervisors and managers responsible for operational workers.						

Risk					Inherent risk rating				Controls	Residual risk rating					Future controls		Accountability		Target risk rating		
Risk No.	Risk (what can go wrong?)	Description (how can it happen? / causes)	Consequences (Qualitative)	Consequences (Quantitative)	Consequence	Likelihood	Rating Value	Rating Score	Current Controls	Consequence	Likelihood	Rating Value	Rating Score	Rating Variance - effectiveness of controls	Future controls	Action owner (& due date)	Risk Owner	Status	Consequence	Likelihood	Rating Value
5	Transmission of COVID-19 to or from a member of the public to or from a member of a primary producer brigade during a QFES directed activity. Transmission of COVID-19 to or from a member of a primary producer brigadge to or from a QFES staff or volunteer during a QFES directed activity.	QFES staff and volunteers attend a range of operational settings and are required to work in close proximity with primary producer brigade members in the course QFES directed activities.	COVID-19 could be transmitted from a primary producer brigade member to QFES staff / volunteers resulting in serious illness (including long term serious adverse health consequences even for those who recover) and death in extreme circumstances.	Increase in costs associated with workers compensation claims/premiums, injury management	Major	Possible	High	12	Handwashing facilities are kept clean, in good working order and appropriately stocked. Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES brigades, appliances. QFES operational procedures which document primary producers undertake directions in QFES directed operational settings. Emergency response procedures in place should a suspected or confirmed case be identified. Promotion of good hygiene practices QFES operational doctrine and infection control procedures. Access to QH COVID-19 testing facilities COVID-19 specific information circulated via other volunteer ports and email. Operational personnel have access to PPE (workplaces, appliances, regional and state cache). Primary Producers Brigade members are required to comply with QH CHO Directions and QG guidance and consider COVID-19 vaccination. Video (Microsoft teams) and teleconferencing facilities made available to operational personnel to minimise interaction with others to attend meetings away from operational workplaces. Minimise visitors to operational workplaces	Moderate	Possible	Medium	9	3	Continue to monitor Queensland Health, Public Sector Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required.						
6	Failure to effectively quarantine single or multiple positive cases of COVID-19 infection in QFES workplaces.	Unaware of infected personnel i.e. asymptomatic or delayed notification. Staff or volunteers come into QFES workplaces unwell.	COVID-19 infection could be transmitted to other QFES staff and volunteers. All potentially affected staff and volunteers would be required to isolate and the station / site taken offline (partial or full) for deep cleaning. This could increase the number of infected staff and volunteers (including long term serious adverse health consequences even for those who recover) and death in extreme circumstances.	Impact to service delivery	Major	Possible	High	12	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. Continue to encourage staff and volunteers to receive their COVID-19 vaccination. Staff and volunteers required to remain away from QFES workplaces when displaying symptoms of COVID-19 and to have a PCR test and isolate and await results.	Moderate	Almost Certain	High	15	3	Continue to monitor Queensland Health, Public Sector Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. All QFES staff and volunteers (except those with certified medical contraindications) who may be required to interact with other operational workers or volunteers will be required to receive their double dose of COVID-19 vaccine by a specified date. QFES, having provided a lawful and reasonable direction to workers and volunteers to be vaccinated for COVID-19 will ask staff and volunteers to provide evidence of their COVID-19 vaccination. QFES will manage such evidence to ensure QFES staff and volunteers can be safely made available to attend locations where COVID-19 may be or may become prevalent. The information will be managed in accordance with the QFES information asset management policy.						
7	Transmission of COVID-19 to or from an unvaccinated member of the public to an unvaccinated QFES staff or volunteer.	Transmission in the workplace or operational setting where there may be unknown cases of COVID-19.	Serious illness and/or death to QFES staff, volunteers or the public resulting from the transmission of COVID-19.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Adverse publicity for QFES and potential litigation. Reputational damage as a result of media reports.	Major	Possible	High	12	State Pandemic Plan and Associated Annexes. Standing Order (SO-Q-OM-5.13 QFES COVID-19 Activities - COVID-19 Vaccinations). QFES 2020-21 Deployment Plan: COVID-19 Specific. Handwashing facilities are kept clean, in good working order and appropriately stocked. Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES stations, brigades, groups, appliances. Posters and signage installed in QFES operational facilities to comply with physical distancing requirements. QFES operational procedures which document operational staff and volunteers present in operational settings. Promotion of good hypiene practices Regular cleaning regimes have been implemented for appliances and operational workplaces. Emergency response procedures in place should a suspected or confirmed case of COVID-19 enter the workplace.. QFES operational doctrine and infection control procedures Access to QH COVID-19 testing facilities COVID-19 specific information available on the QFES Gateway and circulated via other volunteer	Moderate	Possible	Medium	9	3	All QFES staff and volunteers may be required to interact with operational personnel who will be required to attend various work locations and operations at short notice. QFES staff and volunteers will be required to receive their double dose of COVID-19 vaccination by a specified date to reduce the risk of catching and developing serious COVID-19 infection and transmitting COVID-19 to other QFES staff, volunteers or members of the public. QFES will maintain evidence of COVID-19 vaccination status in VIMS / OMS which will enable visibility for leaders and managers responsible for QFES service delivery, including operations.						

Risk					Inherent risk rating				Controls	Residual risk rating					Future controls		Accountability		Target risk rating		
Risk No.	Risk (what can go wrong?)	Description (how can it happen? / causes)	Consequences (Qualitative)	Consequences (Quantitative)	Consequence	Likelihood	Rating Value	Rating Score	Current Controls	Consequence	Likelihood	Rating Value	Rating Score	Rating Variance - effectiveness of controls	Future controls	Action owner (& due date)	Risk Owner	Status	Consequence	Likelihood	Rating Value
8	COVID-19 infection during secondary or other employment / volunteering activities.	QFES staff and volunteers could come into contact with COVID-19 during the course of their secondary or other employment / volunteering duties.	Serious illness and/or death to QFES staff, volunteers or the public resulting from the transmission of COVID-19.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Major	Possible	High	12	When undertaking QFES work / volunteering, work is undertaken in accordance with QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. State Pandemic Plan and Associated Annexes. Standing Order (SO-Q-OM-5.13 QFES COVID-19 Activities - COVID-19 Vaccinations). QFES 2020-21 Deployment Plan: COVID-19 Specific. Handwashing facilities are kept clean, in good working order and appropriately stocked. Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES stations, brigades, groups, appliances. Posters and signage installed in QFES operational facilities to comply with physical distancing requirements. QFES operational procedures which document operational staff and volunteers present in operational settings. Regular cleaning regimes have been implemented for appliances and operational workplaces. Emergency response procedures in place should a suspected or confirmed case of COVID-19 enter the workplace. QFES operational doctrine and infection control procedures.	Moderate	Possible	Medium	9	3	Continue to monitor Queensland Health, Public Sector Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. All QFES staff and volunteers, except those with certified medical contraindications) who may be required to interact with other operational workers or volunteers will be required to receive their double dose of COVID-19 vaccine by a specified date. QFES, having provided a lawful and reasonable direction to workers and volunteers to be vaccinated for COVID-19 will ask staff and volunteers to provide evidence of their COVID-19 vaccination. QFES will manage such evidence to ensure QFES staff and volunteers can be safely made available to attend locations where COVID-19 may be or may become prevalent. The information will be managed in accordance with the QFES information asset management policy.						
9	COVID-19 infection during meetings / interactions with partner agencies.	Transmission of COVID-19 to / from QFES staff / volunteers and members of partner agencies.	Serious illness (including long term serious adverse health consequences even those who recover) and death in extreme circumstances for both / either QFES and / or partner agency personnel.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Loss of confidence in QFES ability to maintain adequate infection control measures.	Major	Possible	High	12	Current COVID-19 physical distancing measures to be maintained. Alternate meeting platforms utilised where appropriate such as MS Teams, Zoom. Interagency operational plans have been developed, agreed and circulated. State Pandemic Plan and Associated Annexes. QFES Events Covid Safe plans.	Moderate	Possible	Medium	9	3	All QFES staff and volunteers who come into contact with workers from other organisations will be required to receive their double dose of COVID-19 vaccination by a specified date to reduce the risk of transmission between QFES staff and volunteers and possible subsequent transmission to members of other agencies or members of the public.						
10	COVID-19 infection from contractors, consultants, vendors and third party providers attending a QFES workplace.	Transmission of COVID-19 to / from QFES staff / volunteers and contractors, consultants, vendors and third party providers during attendance at a QFES workplace.	Serious illness (including long term serious adverse health consequences even those who recover) and death in extreme circumstances for both / either QFES and / or contractors, consultants, vendors and third party providers.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Loss of confidence in QFES ability to maintain adequate infection control measures.	Major	Possible	High	12	Entry into all QFES premises requires the use of the Qld Government Check In App. Entry to QFES premises should be planned in advance to enable sanitisation before and after in accordance with COVID-19 precautions. State Pandemic Plan and Associated Annexes.	Moderate	Possible	Medium	9	3	QFES requires all contractors, consultants, vendors and third party providers to provide evidence of vaccination or alternate arrangements will need to be enacted to enable the provision of service.						
11	COVID-19 infection from visitors, union officials, regulators, family members or other members of the public attending a QFES workplace.	Transmission of COVID-19 to QFES staff / volunteers resulting from visitors, family members or other members of the public attending the workplace. This may include people who cannot be vaccinated against COVID-19 at the present time such as children.	Serious illness (including long term serious adverse health consequences even those who recover) and death in extreme circumstances for QFES staff and volunteers, family members or members of the public.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Loss of confidence in QFES ability to maintain adequate infection control measures.	Major	Possible	High	12	Limit entry to all QFES occupied facilities and meet with members of the public outside of QFES occupied facilities. Entry into all QFES premises requires the use of the Qld Government Check In App. Where possible, physical distancing requirements are maintained, use of hand sanitiser. Entry to QFES premises should be planned in advance to enable sanitisation before and after in accordance with COVID-19 precautions. State Pandemic Plan and Associated Annexes. QFES Events Covid Safe Plans. Actively engage with union officials and regulators to explore ways in which visit on site is possible with use of PPE where members of these organisations are unvaccinated	Moderate	Possible	Medium	9	3							
12	Staff / volunteer members health worseesn as a result of the COVID-19 vaccination.	QFES staff / volunteer could have a contraindication to receiving the COVID-19 vaccination.	Serious injury or death in extreme circumstances.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Moderate	Possible	Medium	9	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. Continue to encourage staff and volunteers to receive their COVID-19 vaccination. Staff and volunteers required to remain away from QFES workplaces when displaying symptoms of COVID-19 and to have a PCR test and isolate and await results.	Moderate	Possible	Medium	9		With a exemption letter from a treating medical practitioner certifying the medical contraindication, affected QFES staff and volunteers will not be required to comply with the mandatory COVID-19 vaccination.						

Risk					Inherent risk rating				Controls	Residual risk rating					Future controls		Accountability		Target risk rating		
Risk No.	Risk (what can go wrong?)	Description (how can it happen? / causes)	Consequences (Qualitative)	Consequences (Quantitative)	Consequence	Likelihood	Rating Value	Rating Score	Current Controls	Consequence	Likelihood	Rating Value	Rating Score	Rating Variance - effectiveness of controls	Future controls	Action owner (& due date)	Risk Owner	Status	Consequence	Likelihood	Rating Value
13	Staff / volunteers with underlying medical conditions or vulnerabilities are exopsed to COVID-19.	Transmission of COVID-19 to / from QFES staff / volunteers.	Serious illness and/or death to QFES staff, volunteers or the public resulting from transmission of COVID-19.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Potential	Major	Possible	High	12	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. All QFES staff / volunteers can access surgical mask, hand sanitiser, surface spray / surface wipes. QFES operational staff and volunteers to access range of PPE as required by the operational context. State Pandemic Plan and Associated Annexes.	Major	Possible	High	12		QFES will be required to identify on a case by case risk assessment basis and in consultation with QFES WHS / QFES medical advisor how the non-vaccinated worker / volunteer can remain isolated from potential exposure to COVID-19 infection or transmission sources while in QFES premises. Where the risk assessment deems the risk to be too high alternative duties must be considered. In the event that suitable alternative duties cannot be identified or supported, personal leave or LWOP may be considered on a case by case basis. If no alternative work arrangements are available, and the QFES staff member is unwilling or unable to utilise personal leave or LWOP, QFES will refer the matter to QFES People Directorate for further management.						
14	Staff / volunteer members psychological health could be impacted by the requirement to vaccinate.	QFES staff / volunteer could have a strong religious or political objection to having the COVID-19 vaccination.	Short or long term mental health condition including anxiety, adjustment disorder or depression.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Major	Possible	High	12	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. QFES supports the Australian Government's rollout of COVID-19 vaccination. Provision of QFES FESSN and other wellbeing resources.	Moderate	Likely	High	12		If a QFES staff / volunteer refuses to be COVID-19 vaccinated in accordance with a lawful and reasonable direction from QFES, the supervisor or manager should as a first step, ask the staff / volunteer to explain their reasons for refusing the COVID-19 vaccination. QFES can ask the staff / volunteer to provide evidence of the reason for their refusal. If the staff / volunteer gives a legitimate reason for not being COVID-19 vaccination, QFES will consider where there are any other options available instead of the COVID-19 vaccination. This could be alternative work arrangements. This would require identifying duties that could be reasonably undertaken by "working from home", with no QFES duties that require attendance at QFES facilities or interaction with QFES staff / volunteers or members of the public. If no alternative work arrangements are available, and the staff member is unable or unwilling to utilise leave / LWOP, QFES will refer the matter to QFES People Directorate for advice to be provided back to local management.						
15	Staff / volunteers could refuse or be refused admittance to QFES facilities or other nominated places where COVID vaccination is required.	QFES staff / volunteers may not agree with COVID-19 vaccination requirements put in place.	QFES staff / volunteers involved in verbal or physical altercations or sustain a psychological health condition as a result of stress, bullying or violence.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Potential Common Law costs.	Major	Possible	High	12	If a QFES staff refuses to attend work because a co-worker isn't COVID-19 vaccinated QFES can direct them to attend work if the direction is lawful and reasonable. Whether a direction is lawful and reasonable depends on all the circumstance and advice from QFES People Directorate will be required before taking disciplinary action. This must be assessed on a case by case basis. Code of Conduct for the Queensland Public Service and QFES Workforce Conduct Policy 3.13 are in place and must be followed by all QFES staff / volunteers at all times. All instances of workplace bullying, harassment, discrimination, violence, or intimidation must be immediately reported to the supervisor and manager and must be addressed in a timely manner. Any instance of physical assault of QFES staff / volunteers must be reported to QPS. Additional QFES resources are available such as Think, Say, Do.	Moderate	Possible	Medium	9	3	Implement the Prevention and response to workplace bullying procedure. Implement the Prevention and response to aggression and violence in the workplace guide.						

Risk					Inherent risk rating				Controls	Residual risk rating					Future controls		Accountability		Target risk rating		
Risk No.	Risk (what can go wrong?)	Description (how can it happen? / causes)	Consequences (Qualitative)	Consequences (Quantitative)	Consequence	Likelihood	Rating Value	Rating Score	Current Controls	Consequence	Likelihood	Rating Value	Rating Score	Rating Variance - effectiveness of controls	Future controls	Action owner (& due date)	Risk Owner	Status	Consequence	Likelihood	Rating Value
16	Staff / volunteer with unknown COVID-19 vaccination status.	QFES staff / volunteer may be unwilling to declare their COVID-19 vaccination status or make a false vaccination status declaration.	An unvaccinated staff / volunteer could be exposed to COVID-19 resulting in serious illness and/or death to QFES staff, volunteers or the public resulting from transmission of COVID-19. Conflict and/or aggression resulting from differing views amongst staff and volunteers or staff / volunteers choosing not to openly discuss vaccination status.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Major	Almost Certain	Very High	20	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. All QFES staff / volunteers can access surgical mask, hand sanitiser, surface spray / surface wipes. QFES operational staff and volunteers to access range of PPE.	Major	Likely	High	16	4	QFES, having provided a lawful and reasonable direction to be vaccinated for COVID-19 can ask the staff / volunteer to provide evidence of their COVID-19 vaccination or medical contraindication certificate. QFES will manage such evidence of their COVID-19 vaccination evidence to ensure QFES staff / volunteers can be safely made available to attend locations where COVID-19 may be present. The information will be managed in accordance with QFES Information Asset Management Policy. If a QFES staff / volunteer is unwilling to provide evidence of their COVID-19 vaccination or contraindication certificate or is believed to have provided a false COVID-19 vaccination declaration or false contraindication certificate, QFES can direct them to provide evident of this vaccination status and to not attend to QFES duties until the evidence is provided. If the QFES staff / volunteer refuses to provide evidence of their COVID-19 vaccination status, QFES will consider whether there are any other options available instead of vaccination. This would require identifying duties that could reasonably be undertaken by "working from						

From: Lyn Richards
Sent: Tuesday, 30 November 2021 12:13 PM
To: Patricia Smith
Cc: Stephen Smith (QFES Assistant Commissioner); Alexander Rees
Subject: for CMT upload: Query: next CMT meeting
Attachments: 20211129 DRAFT-SO-Q-OM-5.13-V3.2.docx; 20211129 FAQ - Staff and Volunteers - non mandate v05.docx

HI Trish

Are you able to upload the attached documents for CMT consideration and discussion today

AC Smith has asked that I forward these to you for upload in advance of this afternoons meeting.

Thanks so much in advance

Regards

Lyn

Lyn Richards
Director | Operations Support
QFES People | Queensland Fire and Emergency Services

M Contrary to the public interest E lyn.richards@qfes.qld.gov.au
A GPO Box 1425, Brisbane QLD 4001

Please consider the environment before printing this email.

QFES acknowledges and recognises Traditional Owners as custodians of the lands where we work together with the communities of Queensland. We pay our respects to Aboriginal and Torres Strait Islander ancestors of these lands, their spirits and their legacy.

Important Links
COVID-19 Information
COVID-19 Resources
COVID-19 safe workplaces
QFES Working from home during COVID19
QFES Human Resource Contacts
QFES Safety and Wellbeing Contacts
FESSN Resources and Contacts
QFES Chaplains Contacts

From: Stephen Smith (QFES Assistant Commissioner) <StephenA.Smith@qfes.qld.gov.au>
Sent: Tuesday, 30 November 2021 12:02 PM
To: Lyn Richards <Lyn.Richards@qfes.qld.gov.au>
Cc: Alexander Rees <Alexander.Rees@qfes.qld.gov.au>; Caitlin Duncan <Caitlin.Duncan@qfes.qld.gov.au>
Subject: RE: Query: next CMT meeting

Hi Lyn

Its this afternoon, a major meeting is occurring today with leadership board and also Unions – the expected Corrections etc group mandate is likely part of that. PSC has also called a SWC for this afternoon on this topic. If you can ensure Trish has the latest material for this afternoon it would be appreciated.

Steve

Stephen Smith AFSM *EMPA MLshipMgt GAICD*
Assistant Commissioner, QFES People

Queensland Fire and Emergency Services
a. PO Box 1425 Brisbane Qld 4001
m. Contrary to the public interest **e.** stephena.smith@qfes.qld.gov.au
www.qfes.qld.gov.au | http://www.qld.gov.au/emergency
Respect | Integrity | Courage | Loyalty | Trust

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From: Lyn Richards <Lyn.Richards@qfes.qld.gov.au>
Sent: Tuesday, 30 November 2021 10:23 AM
To: Stephen Smith (QFES Assistant Commissioner) <StephenA.Smith@qfes.qld.gov.au>
Cc: Alexander Rees <Alexander.Rees@qfes.qld.gov.au>; Caitlin Duncan <Caitlin.Duncan@qfes.qld.gov.au>
Subject: Query: next CMT meeting

Morning Steve

Just checking when the next CMT is scheduled.

As per the direction from CMT last week:

- The Standing order has been redrafted, currently awaiting input from others
- An FAQ modified to suit the current circumstances
- Alex is working on the operational planning
- Alex has asked RSB to develop leadership respectful conversation guide

I have also made contact with Lisa Marini to explore what the WoG direction / guidance is for cafes inside state government facilities such as the Kedron café and SFEST.

Grateful if you can let either Alex and myself know when the next CMT is and we can work to having the required information ready.

Regards

Lyn

Lyn Richards
Director | Operations Support
QFES People | Queensland Fire and Emergency Services

M Contrary to the public interest **E** lyn.richards@qfes.qld.gov.au
A GPO Box 1425, Brisbane QLD 4001

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FESSN Resources and Contacts
QFES Chaplains Contacts

SO-Q-OM-5.13 — QFES COVID-19 Activities – COVID-19 Vaccinations

Responsible Owner: Director, Operations Support, QFES People

Purpose

This Standing Order provides direction regarding the requirement for a COVID-19 vaccination for Queensland Fire and Emergency Services' (QFES) staff and volunteers. This requirement is defined for COVID-19 and other risk assessed activities as well as QFES service delivery activities impacted by public health and social measures which come into effect as at 17 December 2021.

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Application

This Standing Order applies to all QFES staff and volunteers.

Background

The threat from COVID-19 continues to evolve and new variants are proving to be more transmissible, increasing risk of illness.

QFES' priority is the health, safety and wellbeing of its staff and volunteers and is committed to meeting its workplace health and safety obligations. In addition, QFES prioritises community safety at all times.

COVID-19 related activities can be defined where staff and / or volunteers are rostered to undertake a range of activities in COVID-19 operations across the state such as support at borders, airports, COVID-19 vaccination and testing clinics, and at quarantine hotels.

Inter-region, interstate and international deployments are defined as operational activities where staff and volunteers are activated by the State Operation Centre and subject to the QFES 2020/21 Deployment plan: COVID-19 specific.

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Deployments to discrete Aboriginal and Torres Strait Islander communities are defined as those operational activities where staff and volunteers are activated by the Region or the State Operation Centre outside of day-to-day operations.

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QFES-related travel is defined as travel undertaken in the course of QFES-related duties. This applies to 'business as usual' (BAU) travel by all staff and volunteers, as well as travel relating to QFES operations (COVID-19 and non-COVID-19 related operations).

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A range of public health and social measures linked to vaccination status will come into effect on 17 December 2021. These measures introduce rules for businesses, based on COVID-19 vaccination status and the requirement to be fully vaccinated. These measures apply to QFES staff and volunteers undertaking service delivery in non-emergency situations within these defined businesses.

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Procedures

The following applies to maximise the health, safety and wellbeing of QFES staff and volunteers who undertake COVID-19 related and other defined activities:

In support of operations at COVID-19 testing and vaccination clinics, quarantine hotels, borders and airports; and deployments to discrete Aboriginal and Torres Strait Islander communities, deployments interstate or internationally.

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- It is a **requirement** that all QFES staff and volunteers rostered in support of these COVID-19 activities, or deployed to discrete Aboriginal and Torres Strait Islander communities, inter-region, interstate or internationally to have completed two COVID-19 vaccinations.

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- When approving the roster for these COVID-19 related activities or deployments, QFES will consider the vaccination status of each person allocated to these activities. Dependent on the current Pandemic Preparedness Level and advice from Queensland Health, QFES will roster only staff and volunteers who have provided evidence of being vaccinated, by having received two COVID-19 vaccinations, either by providing their Australian Government COVID-19 Vaccination Certificate for sighting or making a statutory declaration about their current COVID-19 vaccination status.
- Effective immediately, QFES staff and volunteers being rostered to these activities are to provide their Australian Government COVID-19 Vaccination Certificate for sighting or make a statutory declaration

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regarding their current COVID-19 vaccination status to the person approving the roster, or at any time, as requested by a QFES nominated representative.

- In addition, QFES staff and volunteers rostered to work as a quarantine facility worker undertaking quarantine services at a quarantine hotel are subject to the Chief Health Officer (CHO) Direction (4) and also to the Operational Protocol for COVID-19 Testing of Quarantine Facility Workers and Other Requirements (version 6) (and any other protocol that supersedes this protocol).
- QFES staff and volunteers rostered to quarantine hotels must comply with surveillance testing for COVID-19 and wear Personal Protective Equipment as directed by Queensland Health and / or in accordance with any relevant health protocol.
- Discrete Indigenous communities are defined in **Appendix A**.
- QFES staff and volunteers are required to comply with all measures as outlined in public health and social measures. QFES staff and volunteers are required to demonstrate their compliance with these measures when asked <insert further information once known>. **See Appendix B**

In support of QFES staff and volunteers who undertake QFES related travel

- It is a requirement for QFES staff and volunteers who undertake QFES related travel to have completed two COVID-19 vaccinations. This specifically relates to inter-region, interstate, and international travel, Intra-region travel remains at double vaccination is highly recommended.
- Effective immediately, QFES staff and volunteers who are required to travel in the course of QFES related activities are to provide their Australian Government COVID-19 Vaccination Certificate for sighting or make a statutory declaration regarding their current COVID-19 vaccination status as part of travel approval processes to the person approving the travel, or at any time, as requested by a QFES nominated representative.

In support of QFES staff and volunteers who reside outside of Queensland borders in a non-restricted border zone

- It is a **requirement** for QFES staff and volunteers to have at least one COVID-19 vaccination to travel from a home residence outside of the Queensland border in a non-restricted border zone to a QFES workplace for essential work (i.e. enter or exit Queensland).
- QFES staff and volunteers are responsible for ensuring they have a valid Border Declaration Pass.
- This is in accordance with CHO Border Restrictions Direction (No. 48).

A breach of this Standing Order will be managed in accordance with QFES Procedure PR3026 – Management of Complaints and may be grounds for disciplinary action.

Quick reference guide

	COVID-19 vaccination requirements	
Operational/BAU activity / setting	**Commenced the COVID-19 vaccination process - received one COVID-19 vaccination)**	**Completed the COVID-19 vaccination process - received two COVID-19 vaccinations**
COVID-19 testing and vaccination clinics		✓
Discrete Aboriginal and Torres Strait Islander communities		✓
Inter-region deployment/BAU travel		✓
Interstate deployment/BAU travel		✓
International deployment/BAU travel		✓
Quarantine hotels		✓
Borders and airports		✓
Non-emergency entrance into a business defined within public health and social measures. **See Appendix B**		✓

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Commented [LR1]: We may need to put something in here about letting your supervisor know in advance before going out on a job – awaiting AR and legal advice.

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Discrete Indigenous communities are defined in **Appendix A.**¶

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QFES staff and volunteers who reside outside of Queensland in a non-restricted border zone	✓	

Additional information

This Standing Order applies only to activities as defined within and does not apply to other QFES operational activities, including disaster response operations for which appropriate risk assessments and mitigations have been implemented.

If no statutory declaration is made, or vaccination certificate sighted, the member will not be rostered or approved to undertake any duties defined within this Standing Order. This documentation is to be sighted only and will not be stored by QFES but may be requested by a QFES-nominated representative.

The decision to allocate personnel to COVID-19 support activities or other duties as defined within this Standing Order will be at the discretion of QFES management on a risk management basis.

QFES will collect, use, protect and manage personal information in accordance with the *Information Privacy Act 2009* (Queensland) and may be required to disclose personal information by applicable law, under compulsion of law by a court or government agency.

QFES staff and volunteers who undertake service delivery activities within businesses defined within public health and social measures are required to let their manager / supervisor know of their COVID-19 vaccination status. This will assist QFES to remain compliant with these measures and ensure continued service delivery to these businesses. Where appropriate QFES managers / supervisors will need to contemplate business continuity arrangements where service delivery requirements cannot be achieved post 17 December 2021.

References

- CHO Requirements for Quarantine Facility Workers Direction (No. 4) (and any relevant direction that supersedes this direction)
- Operational Protocol for COVID-19 Testing of Quarantine Facility Workers and Other Requirements (version 6) (and any relevant direction that supersedes this direction)
- Border Restrictions Direction (No. 48) (and any relevant direction that supersedes this direction)
- QFES 2020-21 Deployment Plan: COVID-19 Specific
- QFES Procedure PR3026 - Management of Complaints
- Public health and social measures linked to vaccination status – a plan for 80% and beyond

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Commented [LR2]: To be adjusted once we receive feedback from QFES legal

Appendix A: Discrete Indigenous communities designated areas in Queensland.

The following areas in Queensland consisting of the following local government areas whose names and boundaries are provided for by the *Local Government Regulation 2012(Qld):*

1) Aurukun
2) Burke
3) Cherbourg
4) Coen
5) Doomadgee
6) Hope Vale
7) Kowanyama
8) Lockhart River
9) Mapoon
10) Mornington Island
11) Mossman Gorge
12) Napranum
13) Northern Peninsula Area
14) Palm Island
15) Pormpuraaw
16) Torres Strait Island
17) Torres
18) Woorabinda
19) Wujal Wujal
20) Yarrabah.

Appendix B: Insert table from public health and social measures, once finalised as a CHO direction

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REQUEST FOR COVID-19 VACCINATION STATUS

Why is QFES requesting my COVID-19 vaccination status information?

As of 17 December 2021 a range of public health and social measures will come into effect in Queensland. This change introduces a range of rules for defined business and outlines that entry is restricted to individuals who are fully vaccinated.

This change impacts some QFES service delivery to these defined businesses. Staff and volunteers can record their vaccination status through their Supervisor or Manager in OMS and VIMS.

Can QFES ask me for evidence of my vaccination status?

Yes. QFES has the right to collect information about vaccination status for the purpose of managing compliance for service delivery into these defined businesses. Requesting this information allows QFES to ensure that adequate response requirements can be undertaken or where necessary put in place other arrangements to ensure continued service delivery. QFES must manage your information carefully and is required to meet obligations under the Information Privacy Act 2009 and the Public Records Act 2002.

How do I get proof of my vaccinations?

The quickest and easiest way to get proof of your COVID-19 vaccinations is using your Medicare online account through myGov or the Express Plus Medicare app.

You can use either your COVID-19 digital certificate or your immunisation history statement as proof of your COVID-19 vaccinations.

If you can't get proof online, you can call the Australian Immunisation Register on 1800 653 809 and ask for a copy of your COVID-19 digital certificate or immunisation history statement to be mailed to you. It can take up to 14 days to arrive in the post.

You can also ask your vaccination provider to print a copy for you or visit a Services Australia service centre.

The steps you need to take to get proof will depend on your situation. If you need help, you can use the Services Australia website tool [link to https://servicesaustralia.gov.au/covidvaccineproof].

I'm a volunteer member. What if I am vaccinated but I do not want to provide that information to QFES?

Volunteer members who do not provide their vaccination status information to QFES will be unable to participate in volunteering that require a volunteer to have provided their COVID-19 vaccination status. There is no other impact on your ability to continue to undertake your volunteering activities with QFES.

I'm a volunteer member. What happens if I don't want to get vaccinated?

Volunteer members who do not provide their vaccination certificate to QFES will be unable to participate in volunteering that require a volunteer to have provided their COVID-19 vaccination status. There is no other impact on your ability to continue to undertake your volunteering activities with QFES.

I'm a staff member. What if I am vaccinated but I do not want to provide that information to QFES?

In the absence of valid COVID-19 vaccination information, it will be assumed that you are not COVID-19 vaccinated and will not be permitted to enter into defined businesses where it is a requirement to demonstrate this evidence.

Commented [LR1]: Is this a step too far?

I'm a staff member. What happens if I don't want to get vaccinated?

Paid personnel who do not provide their vaccination status information will be unable to participate in QFES service delivery activities that require a staff member to have provided their COVID-19 vaccination status. This will not impact your ability to perform your role within QFES where vaccination status is not required.

You will, however may not be able to enter into parts of QFES facilities which are restricted to personnel with an identified vaccination status such as on site cafes (Kedron).

Commented [LR2]: Have the CMT contemplated that we should consider restricting some facilities such as the SOC / SDCC whereby high profile visitors attend for Disaster Management briefings?

Commented [LR3]: To be checked if the Kedron café wil come under the public health and social measures.

I'm a manager and not all my staff want to provide their vaccination status information.

Where a manager is required to have an awareness of their team members vaccination status for service delivery needs, these conversations should be held in a respectful manner. See the Leadership Conversation Guide for further information.

It is unacceptable for a manager to coerce a member in providing their COVID-19 vaccination status. Staff and volunteers are required to **voluntarily** provide their COVID-19 vaccination status.

A manager / supervisor should assume that in the absence of vaccination status information, that a staff or volunteer member is not vaccinated. The manager / supervisor should then consider if they are able to respond appropriately in performing QFES service delivery requirements with the knowledge at hand.

For example: A Fire and Rescue Station officer is fully vaccinated and has 2 member of his / her crew who are also vaccinated. All of whom have provided QFES their COVID-19 vaccination status. One member has an unknown vaccination status. The crew is required to respond to an aged care facility for a non-emergency response. The Station Officer would be able to still respond and require the crew member with an unknown vaccination status to remain outside the aged care facility, crewing the appliance and not coming into contact with any of the staff or residents of the aged care facility. This crew member would also don appropriate PPE such as a face mask.

Can I get the vaccination on QFES time?

To minimise the impact on operational duties, it is recommended that you get the COVID-19 vaccination in your personal time. You may wish to take paid leave or flex time to support you in accessing the vaccination. However, if you need to get the vaccination in work time due to available time slots or other factors, please discuss this with your line manager.

Can I take paid time off work if I feel unwell after being vaccinated?

QFES paid staff can use paid sick leave if they can't work because they're unwell after being vaccinated. If a paid staff member runs out of paid sick leave, they may be able to access other paid leave entitlements like recreation leave or take unpaid leave.

Can I refuse to attend the workplace because a co-worker isn't vaccinated?

In QFES it is expected that you will act in accordance with QFES values and the public service code of conduct. It is expected that QFES staff and volunteers will remain considerate of others and their choices. It is not acceptable to refuse to attend the workplace because a co-worker isn't vaccinated.

If you have concerns about the safety of the workplace, you should raise your concerns with your line manager as soon as possible.

How do I report fraudulent or fake certificates?

If you suspect someone may be creating fake COVID-19 digital certificates or immunisation history statements, you should report it. Call Services Australia's Fraud Tip-off Line (131 524 or servicesaustralia.gov.au/fraud) and email qfes.complaints@qfes.qld.gov.au.

From: Lyn Richards
Sent: Tuesday, 30 November 2021 1:00 PM
To: Patricia Smith
Cc: Stephen Smith (QFES Assistant Commissioner); Alexander Rees
Subject: for CMT Upload
Attachments: 20211116 QFES critical service delivery assessment - RBCMU review.xlsx

Hi Trish

If it's possible can you please upload the attached document for CMT, it has now been updated to link to QFES enterprise risks.

Thanks so much in advance

Regards

Lyn

Lyn Richards
Director | Operations Support
QFES People | Queensland Fire and Emergency Services

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A GPO Box 1425, Brisbane QLD 4001

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COVID-19 safe workplaces
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QFES Human Resource Contacts
QFES Safety and Wellbeing Contacts
FESSN Resources and Contacts
QFES Chaplains Contacts

Irrelevant information

Irrelevant information

Irrelevant information

Irrelevant information

Irrelevant information

Irrelevant information

		COVID-19 Exposure Risk Assessment				Proposed COVID-19 Vaccine position			
Capability	**Service delivered**	**Prolonged possible contact with public**	**Indoors**	**Large No. of people contact**	**Long duration service**	**Mandatory**	**Strongly preferred**	**Comments**	**Link to QFES Enterprise Risk**
Bushfire response	Bushfire mitigation	Y	N	Y	Y	Y		Excludes primary producers. Multiple risk exposure vectors	
	Remote firefighting	Y	N	Y	Y	Y		Excludes primary producers. Multiple risk exposure vectors	ER03: Service Delivery
	Vegetation fire response	Y	N	Y	Y	Y		Excludes primary producers. Multiple risk exposure vectors	
Water search and rescue	Swiftwater rescue	Y	N	Y	Y	Y		Multiple risk exposure vectors.	ER03: Service Delivery
	Flood boat response	Y	N	Y	Y	Y		Multiple risk exposure vectors.	
Land search and rescue		Y	N	Y	Y	Y		Multiple risk exposure vectors.	ER03: Service Delivery
Transportation rescue	Road and rail rescue	Y	N	Y	Y	Y		Multiple risk exposure vectors.	ER03: Service Delivery
Transportation fire rescue		Y	N	Y	Y	Y		Multiple risk exposure vectors.	ER03: Service Delivery
Structure fire response		Y	Y	Y	Y	Y		Service impacted by Public Health and Social Measures @ 17/12/2021. Both indoors and outdoors - incident controller would put in place additional risk mitigation measures.	ER03: Service Delivery
Incident management	Coordination	Y	Y	Y	Y	y		Incident management can occur in a range of settings where there are multiple risk exposure vectors	
	Public information warnings	N	Y	Y	Y	Y		Critical staff who assist during an incident QFES manages or when QFES supports other agencies	
	Command and control	Y	N	Y	Y	Y		QFES takes command over QFES resources whether it is the lead agency or not. This can involve multiple agencies and in multiple sites creating multiple risk exposure vectors to and from QFES staff and volunteers and to and from members of the community / LGAs involved in this activity	ER03: Service Delivery
	Fire behaviour analysis	Y	Y	Y	Y	Y		Critical staff	
Operational communications	Fire communications	N	Y	N	Y	Y		Critical staff	
	SES TAMS	N	Y	N	Y	Y		Critical staff who manage the SES Task and Management System and responses. SES are the primary responder for storm and flood events.	
	Watch desk	N	Y	N	Y	Y		Critical staff who maintain a 24-hour capability to achieve outcomes in relation to emergeny and disaster management. These staff manage SDCC emails within the Event Management System (EMS). They also administer and operate the Emergency Alert (EA) system. They also ensure the SES 132500 number is coordinated and appropriate SES group is activated when required	ER03: Service Delivery
Technical rescue		Y	N	Y	Y	Y		incident controller would put in place additional risk mitigation measures, however multiple risk exposure vectors	ER03: Service Delivery
Severe weather response		Y	N	Y	Y	Y		incident controller would put in place additional risk mitigation measures, however multiple risk exposure vectors	ER03: Service Delivery
Agency support	QAS Assists	Y	Y	N	Y	Y		QH personnel mandate, workers in healthcare setting direction, Public Health Measures @ 17/12/2021, QFES and QAS have an agreement in place "Provision of Mutual Assistance between QAS and QFES" - QFES may assist QAS in circumstances in the driving of QAS ambulances in certain situations and also assists with bariatric patients.	ER03: Service Delivery ER01: Workforce Wellbeing
	Traffic management	Y	N	Y	Y	Y		This service is delivered in a range of scenarios in support of both COVID-19 related activities and the course of ordinary duties and can put personnel in close contact with members of the public as these personnel are often tasked to do additional duties whilst performing traffic management such as handing out water bottles to members of the public.	ER03: Service Delivery ER01: Workforce Wellbeing
	COVID-19 Vaccination clinics	Y	N	Y	Y	Y		High risk COVID-19 exposures possible. Risk mitigation strategies implemented and continually monitoried	ER01: Workforce Wellbeing ER05: Compliance
	COVID-19 Testing clinics	Y	N	Y	Y	Y		High risk COVID-19 exposures possible. Risk mitigation strategies implemented and continually monitoried	ER01: Workforce Wellbeing ER05: Compliance
	Queensland COVID-19 Border operations (land / air)	Y	N	Y	Y	Y		Air=indoors, Land=Outdoors	ER01: Workforce Wellbeing
	Hotel quarantine	Y	N	Y	Y	Y		Will likely interact with higher risk cohorts or cohorts in contact with higher risk cohorts. High risk COVID-19 exposures possible. Risk mitigation strategies implemented and continually monitoried	ER01: Workforce Wellbeing

		COVID-19 Exposure Risk Assessment				Proposed COVID-19 Vaccine position			
Capability	**Service delivered**	**Prolonged possible contact with public**	**Indoors**	**Large No. of people contact**	**Long duration service**	**Mandatory**	**Strongly preferred**	**Comments**	**Link to QFES Enterprise Risk**
	Resupply operations	Y	N	Y	Y	Y		Resupply operations are conducted under the authority and control of the authorising agency. The authorising agency can vary depending on the size and type of response. The most common authorising agencies are Local Disaster Management Groups (LDMG), District Disaster Management Groups (DDMG), the State Disaster Management Group (SDMG) or the Queensland Police Service (QPS). Multiple risk exposure vectors	ER03: Service Delivery ER14: Sustainability of Service Delivery
	Critical infrastructure protection	Y	N	Y	Y	Y		Service may be impacted by Public Health and Social Measures @ 17/12/2021. There is the potential for multiple risk exposure vectors, including the deployment of QFES personnel	ER03: Service Delivery ER01: Workforce Wellbeing
	National security support	Y	N	Y	Y	Y		Service may be impacted by Public Health and Social Measures @ 17/12/2021. There is the potential for multiple risk exposure vectors, including the deployment of QFES personnel	ER03: Service Delivery ER01: Workforce Wellbeing
	Counter-terrorism	Y	N	Y	Y	Y		Service may be impacted by Public Health and Social Measures @ 17/12/2021. There is the potential for multiple risk exposure vectors, including the deployment of QFES personnel	ER03: Service Delivery ER01: Workforce Wellbeing
	Intragency response / incident management arrangements					Y		Service may be impacted by Public Health and Social Measures @ 17/12/2021. There is the potential for multiple risk exposure vectors, including the deployment of QFES personnel	ER03: Service Delivery ER01: Workforce Wellbeing
Air Operations		Y	Y	Y	Y	Y		Multiple risk exposure vectors. Critical staff. Air Crew CHO Direction No 2 may apply	ER03: Service Delivery
Urban search and rescue	Disaster Assistance Response Teams (DART)	Y	N	Y	Y	Y		Critical staff who are required to respond to major incidents. Activity involves deployments. Multiple risk exposure vectors	ER03: Service Delivery
	Damage assessments	Y	N	Y	Y	Y		Damage assessments conducted post disaster. Multiple risk exposure vectors	
Disaster mitigation	Emergency Risk Management	Y	Y	N	Y	Y		Staff interact with LGAs for extended periods. Multiple risk exposure vectors	ER01: Workforce Wellbeing
	Land Use Planning	Y	Y	N	Y	Y		Critical staff who also interact with members of the public	ER03: Service Delivery
Disaster management and operations	Disaster response coordination	Y	Y	Y	Y	Y		Multiple risk exposure vectors. Occurs across the state in various forms SDCC, SOC, ROC, IMT with engagement with DDMG, LDMG and LGAs. Multiple risk exposure vectors	
	Emergency management planning	Y	Y	Y	Y	Y		Multiple risk exposure vectors. Occurs across the state in various forms SDCC, SOC, ROC, IMT with engagement with DDMG, LDMG and LGAs. Multiple risk exposure vectors	
	Emergency management facility readiness	Y	Y	Y	Y	Y		Multiple risk exposure vectors	
	Recovery	Y	N	Y	Y	Y		Multiple risk exposure vectors	
	QDMA Support	Y	Y	Y	Y	Y		Multiple risk exposure vectors	
	State Disaster Coordination Centre	Y	Y	Y	Y	Y		Social distancing not always possible, prolonged indoor contact, contact with other agencies and high profile visitors. Agencies represented during activation involves a high rotation of staff. Multiple risk exposure vectors	ER03: Service Delivery ER01: Workforce Wellbeing
	State Operations Centre	Y	Y	Y	Y	Y		Social distancing not always possible, prolonged indoor contact, contact with other agencies and high profile visitors. Multiple risk exposure vectors	
	Regional operations centres	Y	Y	Y	Y	Y		Social distancing not always possible, prolonged indoor contact, contact with other agencies and high profile visitors. Multiple risk exposure vectors	
	Intrastate deployments	Y	N	Y	Y	Y		Multiple risk exposure points, flights, destination, rest days, accomodation. Incident manager would put in place additional risk mitigation strategies as per deployment planning	
	International deployments	Y	N	Y	Y	Y		Multiple risk exposure points, flights, destination, rest days, accomodation. Incident manager would put in place additional risk mitigation strategies as per deployment planning and in consultation with Border Force and EMA	
Post Fire incident investigations	Structure fire investigations	Y	Y	N	Y	Y		Critical service impacted by Public Health and Social Measures @ 17/12/2021	ER03: Service Delivery
Building fire safety	Building safety inspections	Y	Y	N	Y	Y		Critical service impacted by Public Health and Social Measures @ 17/12/2021. Multiple risk exposure vectors	
	Maintenance inspections	Y	Y	N	Y	Y		Critical service impacted by Public Health and Social Measures @ 17/12/2021. Multiple risk exposure vectors	
	Building approvals	Y	Y	N	Y	Y		Critical service impacted by Public Health and Social Measures @ 17/12/2021. Multiple risk exposure vectors	ER03: Service Delivery ER01: Workforce Wellbeing
	Fire alarm management	N	Y	N	N	Y		Public Health Measures @ 17/12/2021. Additional risk mitigation can be implemented - site personnel removed, contact with site owner on phone, minimise crew sent into ste, PPE	

		COVID-19 Exposure Risk Assessment				Proposed COVID-19 Vaccine position			
Capability	**Service delivered**	**Prolonged possible contact with public**	**Indoors**	**Large No. of people contact**	**Long duration service**	**Mandatory**	**Strongly preferred**	**Comments**	**Link to QFES Enterprise Risk**
Hazardous material management / response		N	Y	N	Y	Y		Vessel response included, incident controller will put other measures in place dependant on scenario	ER03: Service Delivery ER01: Workforce Wellbeing
Fire engineering		Y	Y	N	Y	Y		Critical service impacted by Public Health and Social Measures @ 17/12/2021. Multiple risk exposure vectors	ER03: Service Delivery ER01: Workforce Wellbeing
Community engagement		Y	Y	Y	Y	Y		Critical service impacted by Public Health and Social Measures @ 17/12/2021. Multiple risk exposure vectors	ER03: Service Delivery ER01: Workforce Wellbeing
Logistics supply chain	Warehouse logistics	N	Y	Y	Y	Y		Multiple risk exposure vectors	ER03: Service Delivery
Equipment and asset management	Fleet maintenance	N	Y	N	Y	Y		Multiple risk exposure vectors	ER03: Service Delivery
	Fleet management	N	N	N	N	Y		Multiple risk exposure vectors	
Corporate communications		N	Y	Y	Y	Y		Multiple risk exposure vectors	ER03: Service Delivery
Financial management	Procurement	N	Y	N	N	Y		Multiple risk exposure vectors	ER03: Service Delivery
People management	Employee relations	N	Y	N	N	Y		Critical staff multiple risk exposure vectors	
	WHS	N	Y	N	Y	Y		Critical staff. WHS investigations / inspections may bring personnel in prolonged contact with others. Multiple risk exposure vectors	ER01: Workforce Wellbeing ER03: Service Delivery
	HR	N	Y	N	N	Y		Critical staff multiple risk exposure vectors	
ICT systems management	Alarm management	Y	Y	N	Y	Y		Public Health Measures @ 17/12/2021 and other CHO Directions	ER03: Service Delivery
Remote and isolated community response	Indigenous community service delivery	Y	Y	Y	Y	Y		Critical service delivery to communities with vulnerable persons	ER03: Service Delivery
QFES managed and occupied facilities		Y	Y	Y	Y	Y		Members of the public attend QFES managed and occupied facilities for such services as advice and obtaining a fire permit, meeting with a Fire Warden	ER03: Service Delivery

From: Lyn Richards
Sent: Tuesday, 14 December 2021 5:56 PM
To: Patricia Smith; Stephen Smith (QFES Assistant Commissioner)
Cc: Teegan Modderman; Alexander Rees; Caitlin Duncan; Michelle Boyd
Subject: For CMT upload: Documents
Attachments: 20211214 WHS Risk Register - COVID v01 - for QFES entry to premises covered by a CHO mandate.xlsm; 20211214 DRAFT-SO-Q-OM-5.13-V3.2 - post CMT - using CHO exemptions.docx; HRA for Vaccination Status Email; CHO DIRECTIONS - Exemptions ; OBM-206-Locked.docx

Afternoon Trish and AC Smith

Please find attached CMT documents as discussed today for upload to the CMT site (including this covering email)

- Risk assessment for QFES entry to premises covered by a CHO direction
- Human Rights Assessment ahead of sending out an email to request that staff and volunteers voluntarily provide QFES with their vaccination status

Sch.3 s.7

- The latest draft of the Standing Order which intentionally has place markers for advice on QFES utilising exemptions.
- OBM 206 – Proof of vaccination form has been finalised and uploaded on to the Gateway and located here (and attached)

For noting

- Consultation has been undertaken with all industrial bodies and associations, with the exemption of AMWU, UWU and QAFA. The emails which followed verbal discussions was comprehensive with QFES legal input provided.
- An email seeking Health and Safety Representation (HSR) feedback on the forecast email seeking staff and volunteer to voluntarily provide their COVID-19 vaccination status.
- The SOC are already receiving a number of queries from crews about how they undertaken compliance activities in premises already covered by a CHO Direction
- A privacy impact assessment (PIA), whilst not technically required for the collection of COVID-19 vaccination status has been discussed with QFES SMES and will be completed tomorrow. This will be in the form of a risk assessment with two risks (availability of information in OMS and Admin staff who will see many forms and personnel vaccination details). This PIA will address these risks
- An email to staff will be drafted, consistent with the content distributed to industrial bodies and associations will be circulated for feedback.
- QFES cannot issue the Standing Order until the Human Rights compatibility assessment is completed and returned to us by Crown Law (due COB 15/12/2021)
- The system to store the vaccination verification forms is progressing with the assistance of David Puxty from Tim's team in SharePoint. Testing will occur overnight tonight (14/12/2021) and tomorrow (15/12/2021)
- The deadline for collecting vaccination status was amended to COB 10 January 2022 due to feedback from industrial bodies and associations that staff and volunteers will have commenced leave and some brigades have already closed down for the year.
- A request has been sent out to service stream leads requesting additional resources for the SOC to respond to queries

For CMT decision

- Advice to finalise the Standing Order – that is will QFES utilise the exemptions in CHO Directions and if so in what circumstances. Did we get feedback from QH?
- Once the Standing order is finalised, can we send to industrial bodies, associations, HSRs and WHS Committees (whilst awaiting for the HR Compatibility assessment from Crown Law)?
- Do they want to see the draft email to all staff and volunteers prior to distribution?

Regards

Lyn

Lyn Richards
Director | Operations Support
QFES People | Queensland Fire and Emergency Services

M Contrary to the public interest **E** lyn.richards@qfes.qld.gov.au
A GPO Box 1425, Brisbane QLD 4001

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									Inherent risk rating			Current Control			Residual risk rating			Future Control			Target risk rating			
ID	Risk Title	Risk Description	Causes / Contributing Factors	Consequences / Potential Impacts	Consequence Category	Correlation with Enterprise Risk	Risk Owner	Responsible Area	Consequence	Likelihood	Rating Value	Control Description	Control Rating	Control Owner	Consequence	Likelihood	Rating Value	Control Description	Control Rating	Control Owner (& due date)	Consequence	Likelihood	Rating Value	Related Documents
1	Risks associated with Public Health and Social Measures	Possibility of harm caused by exposure to COVID-19 in a defined business covered by the Public Health and Social Measures linked to vaccination status Direction.	1. Secondary employment. 2. Primary employment (volunteeers). 3. Unvaccinated persons/workers entering a restricted business. 4. QFES staff member / volunteer unwilling to declare their COVID-19 vaccination staus or making a false vaccination status declaration. 5. Insufficient knowledge of vaccination status causing unvaccinated staff members / volunteers to be rostered to work within restricted businesses.	An unvaccinated staff member / volunteer could be exposed to COVID-19 resulting in serious illness and/or death to QFES staff, volunteers or the public resulting from transmission of COVID-19. An unvaccinated staff member / volunteer may be fined or jailed for entry into a restricted business whilst carrying out their duties. Conflict and/or aggression resulting from differing views amongst staff and volunteers or staff / volunteers choosing not to openly discuss vaccination status.	Safety	ER1-Workforce Wellbeing	QFES Commissioner	Office of the Commissioner	Major	Likely	High (19)	1. State Pandemic Plan and associated Annexes. 2. Standing Order QFES COVID-19 Activities - COVID-19 Vaccinations 3. Gateway Content (e.g. Managing the risk of COVID, close contact requirements, cleaning requirements, etc). 4. PPE including surgical masks, hand sanitiser, surface wipes/spray. 5. QFES operational staff and volunteers to access range of PPE. 6. Continue to encourage staff and volunteers to receive their COVID-19 vaccination. 7. Staff and volunteers required to remain away from QFES workplaces when displaying symptoms of COVID-19 and to have a PCR test and isolate and await results.	Inadequate	QFES Commissioner	Major	Likely	High (19)	1. Update Standing Order with clear guidance as to the requirements and practical guidance on how to meet compliance for various functions carried out by each service stream. 2. Provide clear and easy step fact sheet on how to enter COVID-19 vaccination into OMS/VIMS to reduce stress levels for staff / volunteers voluntarily wishing to demonstrate compliance.	Inadequate	QFES Commissioner (05/01/2022)	Major	Possible	High (18)	
2	Risks associated with Public Health and Social Measures	Possibility of harm caused by refused entry to undertake QFES functions in a defined buiness covered by the Public Health and Social Measures linked to vaccination status Direction (including QFES offices colocated with QAS and QPS).	1. Unvaccinated persons/workers entering a restricted business. 2. QFES staff member / volunteer unwilling to declare their COVID-19 vaccination staus or making a false vaccination status declaration. 3. Insufficient knowledge of vaccination status causing unvaccinated staff members / volunteers to be rostered to work within restricted businesses.	An unvaccinated staff member / volunteer could be exposed to COVID-19 resulting in serious illness and/or death to QFES staff, volunteers or the public resulting from transmission of COVID-19. Conflict and/or aggression resulting from business owners or staff members / volunteers trying to gain access without evidence of vaccination or under exemptions.	Safety	ER1-Workforce Wellbeing	QFES Commissioner	Office of the Commissioner	Moderate	Almost Certain	High (17)	1. State Pandemic Plan and associated Annexes. 2. Standing Order QFES COVID-19 Activities - COVID-19 Vaccinations 3. QFES operational staff and volunteers to access range of PPE. 4. Rostering currently considered vaccination status for high risk activities such as deployment, hotel quarantine duties etc.	Inadequate	QFES Commissioner	Moderate	Likely	High (16)	1. Implement the Prevention and response to aggression and violence in the workplace guide. 2. Provide staff and volunteers with an official letter informing business owners of the exemptions in certain circumstances. 3. Enhance rostering processes to ensure vaccinated staff members / volunteers are placed on shifts where duties that require full vaccination can be complied with. 4. Continue to liaise with QAS / QPS as to control measures to be put in place at offices locations where staff are co-mingling.	Inadequate	QFES Commissioner (05/01/2022)	Moderate	Likely	High (16)	
3	Risks associated with Public Health and Social Measures	Possibility of harm caused by QFES not carrying out regulatory or other functions (e.g. community education) not covered by exemptions under the Public Health and Social Measures linked to vaccination status Direction.	1. Decision to restrict QFES functions to emergency functions only. 2. Reduced staffing levels leading to inability to proactively carry out regulatory and other functions not covered by current CHO exemptions.	Reduced proactive/preventative work may lead to increased incidents and risk to members of the public due to reduced education and compliance monitoring. Increased incidents may exposure QFES staff / volunteers to greater risk of injury and illness due to factors such as fatigue, burnout and workload.	Safety	ER14-Sustainability of Service Delivery ER3-Service Delivery ER9-Heightened Operations	QFES Commissioner	Office of the Commissioner	Major	Possible	High (18)	1. Rostering currently considered vaccination status for high risk activities such as deployment, hotel quarantine duties etc. 2. COVID Safe Events Plans to be submitted to Health and Wellbeing Unit for consideration and review of control measures in place.	Inadequate	QFES Commissioner	Major	Possible	High (18)	1. Identify alternative communication mechanisms to educate members of the public on high level risks to ensure activities for prevention continue to be publicised and communicated. 2. Identify and roster vaccinated staff members / volunteers to duties that require full vaccination to be complied with. 3. Establish a guide for practical application of exemptions and situations for which vaccination is required for each service stream.	Inadequate	QFES Commissioner (05/01/2022)	Major	Possible	High (18)	
4	Risks associated with Public Health and Social Measures	Possibility of harm caused by lack of clarity in QFES directions related to requirements under the Public Health and Social Measures linked to vaccination status Direction.	1. Changing policies and procedures in relation to the COVID-19 vaccination and associated requirements. 2. Lack of clear communication around QFES position with regard to COVID-19 vaccination. 3. Policy and procedure documents not clear or concise causing confusion and lack of clarity on requirements. 4. Diversity of operational duties not being accurately or adequately captured in policy documents.	Conflict and/or aggression resulting from differing views amongst staff and volunteers or staff / volunteers choosing not to openly discuss vaccination status. Increased levels of workplace stress resulting from a lack of role clarity.	People	ER1-Workforce Wellbeing	QFES Commissioner	Office of the Commissioner	Moderate	Almost Certain	High (17)	1. If a QFES staff refuses to attend work because a co-worker isn't COVID-19 vaccinated QFES can direct them to attend work if the direction is lawful and reasonable. Whether a direction is lawful and reasonable depends on all the circumstance and advice from QFES People Directorate will be required before taking disciplinary action. This must be assessed on a case by case basis. 2. Code of Conduct for the Queensland Public Service and QFES Workforce Conduct Policy 3.13 are in place and must be followed by all QFES staff / volunteers at all times. 3. All instances of workplace bullying, harassment, discrimination, violence, or intimidation must be immediately reported to the supervisor and manager and must be addressed in a timely manner. 4. Any instance of physical assault of QFES staff / volunteers must be reported to QPS. 5. Commissioner's updates and emails outlining expected behaviours.	Inadequate	QFES Commissioner	Moderate	Possible	High (15)	1. Implement the Prevention and response to workplace bullying procedure. 2. Communicate leaders guide for respectful conversations related to the COVID-19 vaccination. 3. Communicate the tips for having conversations related to COVID-19 vaccines fact sheet. 4. Provide clear and easy step fact sheet on how to enter COVID-19 vaccination into OMS/VIMS to reduce stress levels for staff / volunteers voluntarily wishing to demonstrate compliance.	Inadequate	QFES Commissioner (05/01/2022)	Moderate	Possible	High (15)	
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SO-Q-OM-5.13 — QFES COVID-19 Activities – COVID-19 Vaccinations

Responsible Owner: Director, Operations Support, QFES People

Purpose

This Standing Order provides information regarding the requirement for COVID-19 vaccination for Queensland Fire and Emergency Services' (QFES) staff and volunteers. This requirement is defined for COVID-19 related and other defined activities as well as QFES service delivery activities impacted by a range of Chief Health Officer (CHO) Directions, including the Public Health and Social Measures linked to vaccination status Direction effective from 17 December 2021.

Application

This Standing Order applies to all QFES staff and volunteers.

Background

The threat from COVID-19 continues to evolve and, with new variants, is more transmissible thereby increasing risk to QFES staff, volunteers and the community.

QFES' priority remains the health, safety and wellbeing of its staff and volunteers to enable a safe workplace, a safe workforce and safe community. It is an expectation that all QFES staff and volunteers will act in accordance with QFES values of respect, integrity, courage, loyalty and trust at all times.

The requirements of this Standing Order have been determined in consideration of relevant Public Health Directions made by the Chief Health Officer (CHO) under the *Public Health Act 2005*, and/or the risk posed by COVID-19, including risk to employees, volunteers and others, business continuity risks, and/or operational requirements.

The Public Health and Social Measures linked to vaccination status Direction will come into effect at 0500 hours on 17 December 2021. This Direction introduces restricted entry to defined businesses, based on COVID-19 vaccination status, and the requirement to be fully vaccinated or produce relevant exemption documentation. This Direction applies to QFES staff and volunteers undertaking service delivery in non-emergency and business as usual (BAU) situations within these defined businesses.

Commented [LR1]: Awaiting input from CHO and others on this point

CHO Directions allow for entry to defined premises under emergency conditions without the requirement to declare vaccination status. Some CHO Directions have now expanded this to include entry to premises for both emergency and legislative or compliance functions. CHO Directions with an expanded exclusion relevant to QFES are listed **Appendix A**

Definitions

COVID-19 related activities include where staff and / or volunteers are rostered to undertake a range of activities in COVID-19 operations across the state such as support at borders, airports, COVID-19 vaccination and testing clinics, and at quarantine hotels.

COVID-19 vaccine means a vaccine approved by the Therapeutic Goods Administration for use in Australia or endorsed by WHO-COVAX where the staff member / volunteer was vaccinated overseas.

Discrete Indigenous communities are defined in **Appendix B.**

Inter-region, interstate and international deployments are operational activities where staff and volunteers are activated by the State or Regional Operation Centres and subject to the QFES 2020/21 Deployment plan: COVID-19 specific.

Movement of QFES staff and/or volunteers into discrete Indigenous communities include both BAU activities delivered by personnel from outside the community, as well as operational deployment activities where staff and volunteers are activated by the Region or the State Operation Centre.

QFES-related travel means all travel undertaken in the course of QFES-related duties. This applies to BAU travel by all QFES staff and volunteers, as well as travel relating to QFES operations (COVID-19 related activities and non-COVID-19 related operations).

Vaccination evidence means the provision of Australian Government COVID-19 Vaccination Certificate for sighting or making a statutory declaration about a current COVID-19 vaccination status to the nominated QFES officer. From 15 December 2021 onwards, QFES will request that all staff and volunteers (excluding Primary Producer Brigade members) voluntarily produce their vaccination status (i.e., whether one is fully vaccinated or has a medical contraindication that prevents them being vaccinated) for recording within QFES systems.

Procedures

The following applies to maximise the health, safety and wellbeing of QFES staff and volunteers who undertake COVID-19 related and other defined activities:

In support of operations at COVID-19 testing and vaccination clinics, quarantine venues, borders and airports; deployments and BAU travel to discrete Indigenous communities, inter-region, interstate or international ("COVID-19 related and/or other defined activities").

- It is a **requirement** that all QFES staff and volunteers rostered in support of COVID-19 related activities and other defined activities are to be fully vaccinated against COVID-19 and provide evidence of vaccination prior to being rostered on duty.
- Dependent on the current Pandemic Preparedness Level and advice from Queensland Health, QFES will only approve staff and volunteers to defined activities who have provided evidence of vaccination.
- QFES staff and volunteers rostered to work as a quarantine facility worker undertaking quarantine services at a quarantine facility are subject to the Chief Health Officer (CHO) Direction (4), any other relevant CHO Directive and also to the Operational Protocol for COVID-19 Testing of Quarantine Facility Workers and Other Requirements (version 6) (and any other protocol that supersedes this protocol).
- QFES staff and volunteers rostered to quarantine facilities must comply with surveillance testing for COVID-19 and wear Personal Protective Equipment as directed by Queensland Health and / or in accordance with any relevant health protocol.
- QFES staff and volunteers are required to comply with all measures as outlined in Public Health and Social Measures linked to a vaccination status Direction. It is a QFES requirement that QFES staff and volunteers entering defined businesses (See **Appendix C**) during BAU operations demonstrate their compliance with these measures when asked by a relevant business owner.
- The Public Health and Social Measures linked to a vaccination status Direction and other CHO Directions allows entry to defined premises to undertake QFES BAU emergency service functions and law enforcement (compliance) activities without demonstrating vaccination status. However, QFES should at all times ensure that regulatory and compliance activities are undertaken by fully vaccinated personnel to meet QFES' WHS obligations and minimise risks to QFES staff and volunteers.
- QFES staff and volunteers who make themselves available for other Queensland Government agency activities (i.e. Community Recovery) are to comply with lead agency directions and requirements regarding COVID-19 vaccination.

In support of QFES staff and volunteers who undertake QFES related travel

- It is a **requirement** for QFES staff and volunteers who undertake QFES related travel to be fully vaccinated against COVID-19. This specifically relates to inter-region, interstate, and international travel. Intra-region travel remains as full vaccination is highly recommended to minimise the risks of COVID-19.
- Effective immediately, QFES staff and volunteers who are required to travel in the course of QFES-related activities are to provide evidence of vaccination as part of travel approval processes to the person approving the travel.

In support of QFES staff and volunteers who reside outside of Queensland borders in a non-restricted border zone

It is a **requirement** for QFES staff and volunteers:

- from 1.00am AEST 13 December 2021 to have either already received the prescribed number of doses of the COVID-19 vaccine to ensure they are fully vaccinated against COVID-19 and therefore able to travel from a home residence outside of the Queensland border in a non-restricted border zone to perform work or volunteering that cannot reasonably be done from home.
- to ensure they have a valid Border Declaration Pass, as required.

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Commented [LR2]: Can change "at all times" to "wherever possible"

Commented [LR3]: Awaiting feedback from QH and others on this point

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This requirement is in accordance with CHO Border Restrictions Direction (No. 56) as amended from time to time. QFES staff and volunteers who reside outside of Queensland borders are to also ensure they remain aware of the requirements under this Direction if they have entered a declared COVID-19 hotspot and comply with COVID-19 testing requirements.

Quick reference guide

	COVID-19 vaccination requirements	
Operational/BAU activity / setting	**Commenced the COVID-19 vaccination process - received one COVID-19 vaccination)**	**Completed the COVID-19 vaccination process - received two COVID-19 vaccinations**
COVID-19 testing and vaccination clinics		✓
Discrete Indigenous communities		✓
Inter-region deployment/BAU travel		✓
Interstate deployment/BAU travel		✓
International deployment/BAU travel		✓
Quarantine venues		✓
Borders and airports		✓
Non-emergency / BAU entrance into a business defined within Public Health and Social measures linked to a vaccination status Direction Schedule 1A. **See Appendix C**		✓
Community Recovery hub activities		✓
QFES staff and volunteers who reside outside of Queensland in a non-restricted border zone		✓

Compliance

If no statutory declaration is made, or vaccination evidence sighted or recorded with QFES, a staff or volunteer member will not be rostered or approved to undertake any duties defined within this Standing Order. Vaccination evidence will be stored by QFES from 15 December 2021 onwards and may be requested by a QFES-nominated representative.

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The decision to allocate personnel to COVID-19 support activities or other defined duties within this Standing Order will be at the discretion of QFES management on a risk management basis.

In order to comply with applicable Chief Health Officer Directions, QFES staff and volunteers who undertake COVID-19 related activities and other defined activities must inform their manager / supervisor of their ability to undertake QFES duties in venues where a CHO Direction requires full vaccination. This will assist QFES to discharge its legal functions in a compliant manner. This may mean in some instances that planned routine activities may need to be rescheduled if sufficient vaccinated personnel are not available and there are no CHO exclusions which allow for unvaccinated personnel to undertake the activity.

All QFES staff and volunteers are required to comply with Chief Health Officer Directions at all times.

QFES will act in accordance with the *Information Privacy Act 2009* and the *Public Records Act 2002* for the purpose of administering and ensuring compliance with this Standing Order and for demonstrating compliance with its legal obligations in relation to relevant Public Health Orders and/or CHO Directions. QFES will only use vaccination status information for another purpose and/or disclose vaccination status information to another agency or third party if QFES has the consent of the respective QFES staff or volunteer, or as otherwise required by law.

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A breach of this Standing Order may result in the commencement of a discipline process managed in accordance with QFES Policy 3.16 Discipline and associated guideline/directive. All QFES staff and volunteers are to act in accordance with the Code of Conduct for the Queensland Public Service and QFES values at ALL times. To be explicit, QFES staff and volunteers must have respectful conversations with one another and with the community we serve.

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References

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- CHO Requirements for Quarantine Facility Workers Direction (No. 4) (and any relevant direction that supersedes this direction)
- Operational Protocol for COVID-19 Testing of Quarantine Facility Workers and Other Requirements (version 6) (and any relevant direction that supersedes this direction)
- Border Restrictions Direction (No. 56) (and any relevant direction that supersedes this direction)
- QFES 2020-21 Deployment Plan: COVID-19 Specific
- QFES Procedure PR3026 - Management of Complaints
- Public Health and Social Measures linked to a vaccination status Direction

Appendix A: CHO Directions which allow for entry for emergency services and regulatory compliance functions

Direction	Exclusions relevant to QFES service delivery
COVID- 19 Vaccination Requirements for Workers in a High-Risk Setting Direction	
Disability Accommodation Services Direction (No. 26)	
Hospital Entry Direction (No. 7)	
Public Health and Social Measures linked to a vaccination status Direction	
Residential Aged Care Direction (No. 11)	

Appendix B: Discrete Indigenous communities designated areas in Queensland.

The following areas in Queensland consisting of the following local government areas whose names and boundaries are provided for by the *Local Government Regulation 2012(Qld):*

1) Aurukun
2) Burke
3) Cherbourg
4) Coen
5) Doomadgee
6) Hope Vale
7) Kowanyama
8) Lockhart River
9) Mapoon
10) Mornington Island
11) Mossman Gorge
12) Napranum
13) Northern Peninsula Area
14) Palm Island
15) Pormpuraaw
16) Torres Strait Island
17) Torres
18) Woorabinda
19) Wujal Wujal
20) Yarrabah.

Appendix C: Summary of Public health and Social Measures linked to a vaccination status Direction: Schedule 1A – where vaccination is required for entry to business, activity or undertaking or part of it (Noting this is an extract of Schedule 1A as relevant to QFES activities)

Vulnerable settings - Prisons and youth detention centres	Only fully vaccinated visitors. staff, or those with a medical contraindication permitted to enter and remain. No COVID-19 density limits apply
Hospitality venues - Cafés, restaurants, pubs, clubs, RSL clubs, taverns, function centres, bars, wineries, distilleries and microbreweries, and these premises in accommodation hotels, or within a shopping centre or other unrestricted business, activity or undertaking	Only fully vaccinated visitors. staff, or those with a medical contraindication permitted to enter and remain. No COVID-19 density limits apply
Indoor entertainment venues - Nightclubs, indoor live music venues, karaoke bars, concerts theatres, cinemas, bowling alleys, amusement arcade - casinos, gaming or gambling venues that are open to, and accessible by, members of the public, - convention centres, including any outdoor areas - adult entertainment venues (strip clubs), brothels, sex on premises venues and sole operator sex workers	Only fully vaccinated visitors. staff, or those with a medical contraindication permitted to enter and remain. No COVID-19 density limits apply
Outdoor entertainment activities - for major sporting matches and other events with 5,000 or more visitors	Only fully vaccinated visitors, players and staff, or those with a medical contraindication permitted to enter and remain. No COVID-19 density limits apply
Outdoor entertainment activities - theme parks, outdoor amusement parks, tourism experiences, but not including national parks and public gardens - zoos, aquariums and wildlife centres - showgrounds	Only fully vaccinated visitors. staff, or those with a medical contraindication permitted to enter and remain. No COVID-19 density limits apply
Festivals (Entire venue – indoor and outdoor) - cultural festivals, art festivals, music festivals where ticketed entry applies	Only fully vaccinated visitors, players and staff, or those with a medical contraindication permitted to enter and remain. No COVID-19 density limits apply
Government owned galleries, museums, and libraries - galleries, museums, national and state institutions and historic sites	Only fully vaccinated visitors. staff, or those with a medical contraindication permitted to enter and remain. No COVID-19 density limits apply
Government owned galleries, museums, and libraries - state government libraries	Only fully vaccinated visitors. staff, or those with a medical contraindication permitted to enter and remain. No COVID-19 density limits apply where all attendees are vaccinated.

Sch.3 s.7

Sch.3 s.7

Sch.3 s.7

Sch.3 s.7

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Sch.3 s.7

OBM 206 – Proof of Vaccination Form

Responsible Owner: Director, Operations and Support, QFES People

Privacy notice:
Queensland Fire and Emergency Services (QFES) is committed to prioritising the health, safety and wellbeing of its staff as well as being committed to meeting its workplace health and safety obligations. In addition, QFES prioritises community safety at all times.

QFES is collecting information concerning your COVID-19 vaccination status (vaccination status) for the purposes of ensuring compliance with the QFES Standing Order '*SO-Q-OM-5.13 – QFES COVID-19 Activities – COVID-19 Vaccinations*'.

The information concerning your vaccination status will be maintained securely and in accordance with the provisions of the *Information Privacy Act 2009*.

QFES will collect and use your vaccination status information for the purpose of administering and ensuring compliance with the abovementioned QFES Standing Order and for demonstrating compliance with its legal obligations in relation to relevant Public Health Directions. QFES will only use your vaccination status information for another purpose and/or disclose your vaccination status information to another agency or third party if QFES has your consent or as otherwise required by law.

If you have any questions or concerns about how QFES manages your personal information, please contact the QFES Right to Information and Privacy Unit on 3635 3517 or by email qfes.rti@qfes.qld.gov.au.

Personnel details

Employee/Volunteer ID (include all QFES ID):	Position title:
Family name:	First name/s:
Contact number:	Region:

Vaccination details

A line manager/support role can upload details into OMS/VIMS "on behalf of" employees and volunteers.

Vaccination type	Type of evidence sighted	Date of vaccination	System data entered into	Data date entered into system	Data entry conducted by
COVID-19 1					
COVID-19 2					
COVID-19 Booster					
Medical contraindication		N/A			

Certification and sign-off

I certify that I have received a vaccination as detailed above and evidence has been provided to my manager/delegate.

Signature:	Date:

Manager/delegate certification and sign-off

I certify that I have sighted the evidence required to support the vaccination information detailed above.

Manager/delegate's full name:

Position title:	Contact number:
Signature:	Date:

On completion, this form is to be emailed to qfes.covid.vaccination@qfes.qld.gov.au or mailed to COVID Vaccination, GPO Box 1425, Brisbane QLD 4001.

From: Lyn Richards
Sent: Thursday, 20 January 2022 5:51 PM
To: Mark Roche (QFES); Greg Leach; Michael Wassing; Adam Stevenson; Alexander Rees; Patricia Smith; Troy Davies; Tim Whittaker; Tony Johnstone
Cc: QFES Commissioner Staff Officer; Brooke Gowland; Lauren Poynting; Stephen Smith (QFES Assistant Commissioner)
Subject: For CMT noting: draft EBN - commencement of the COVID-19 vaccination taskforce
Attachments: 20220120 Talking points - initial meetings with industrial bodies and associations.docx; 20220120 EBN Commencement of COVID-19 vaccination taskforce.docx

Afternoon CMT members

As discussed, please find attached

- a copy of the draft EBN which will go through the usual chain of command via MECS to CQFES
- proposed talking points with meetings scheduled with industrial bodies and associations, tomorrow. Noting that we will meet with UFUQ on Monday and I am yet to get hold of Together Union to arrange a meeting.
- We are working with Maree to finalise the draft communications and engagement plan

@Patricia Smith – are you able to upload these documents to the CMT Sharepoint site – TIA

Submitted for CMT noting

Regards

Lyn

Lyn Richards
Director | Operations Support
QFES People | Queensland Fire and Emergency Services

M Contrary to the public interest **E** lyn.richards@qfes.qld.gov.au
A GPO Box 1425, Brisbane QLD 4001

Please consider the environment before printing this email.

QFES acknowledges and recognises Traditional Owners as custodians of the lands where we work together with the communities of Queensland. We pay our respects to Aboriginal and Torres Strait Islander ancestors of these lands, their spirits and their legacy.

Important Links
COVID-19 Information
COVID-19 Resources
COVID-19 safe workplaces
QFES Working from home during COVID19
QFES Human Resource Contacts
QFES Safety and Wellbeing Contacts
FESSN Resources and Contacts
QFES Chaplains Contacts

Talking points – initial engagement meetings with industrial bodies and associations

Impacted Industrial bodies and association

(UFUQ, SOU, RFS Together, Together, United Workers Union, Australian Manufacturing Workers Union, QAFA)

- Based on the current transmissibility of Omicron and the requirement for continued service delivery, QFES is considering mandating full COVID-19 vaccination for all permanent full time and part time employees, casual Fire Communication Officers and Auxiliary Firefighters
- To this end, QFES is seeking your views and input on such an approach. The following high-level points are the current thinking of QFES
- Consultation with relevant industrial bodies with feedback and discussion over a two-week period
- An email will be sent to all staff and volunteers advising of QFES' current requirement to ensure the safety of staff, the workplace and continued service delivery with vaccination being one risk mitigation strategy.
- Staff and volunteer feedback will be sent to a central email address. Staff will have two weeks to respond
- Post the two-week consultation period, the QFES Crisis Management Team, including CQFES will review the current situation and all feedback and then make a recommendation to the Commissioner (CQFES).
- The CQFES will then make a determination
- Advice back to staff and volunteers will result from this determination
- If CQFES determines a COVID-19 vaccination mandate is reasonable, then the identified cohorts will have six weeks to be fully vaccinated, subject to any necessary exemptions or extensions required to ensure staff are fully vaccinated e.g. Astra Zeneca 12 week interval between vaccines.
- A temporary taskforce will be stood up to facilitate the implementation of the proposed mandate
- At this point in time, Aurion will be set up and will be the system that will store vaccination status using a form workflow in the same manner as leave applications. This is consistent with many other Queensland Government agencies.
- The collection and storage of vaccination status information will be in accordance with privacy legislation and associated requirements.
- QFES will implement an exemption process (with a panel of experts such as legal and medical and operational) adopting an exemption model which allows for:
    - Medical contraindication
    - Religious grounds
    - Other exceptional circumstance – this category would also consider temporary exemptions for those who have only had one dose of AZ and have an appointment for their second dose.
- We will work through other items as discussions progress, should a mandate proceed

Non-impacted associations

(RFBAQ, SESVA)

- Based on the current transmissibility of Omicron and the requirement for continued service delivery, QFES is considering mandating full COVID-19 vaccination for permanent full time and part time employees, including casual Fire Communication Officers and Auxiliary Firefighters.
- At this point in time QFES is not seeking to apply this to volunteers, based on the ability to limit long exposure inside a workplace.
- However to ensure continued service delivery QFES would like to explore if volunteers will voluntarily provide their COVID-19 vaccination status. An appropriate collection notice will be provided with this request
- Consultation with relevant associations with feedback and discussion over a two-week period
- An email will be sent to all staff and volunteers advising of QFES current requirement to ensure the safety of staff, the workplace and continued service delivery with vaccination being one risk mitigation strategy.
- Staff and volunteer feedback will be sent to a central email address. Staff will have two weeks to respond
- Post the two-week consultation period, the QFES Crisis Management Team, including CQFES will review the current situation and all feedback.
- The Commissioner will then make a determination as to required risk mitigation strategies may be appropriate including a vaccination requirement.
- Advice back to staff and volunteers will result from this determination
- At this point in time it has not yet been determined where the volunteer vaccination status will be stored. Any collection and storage will be undertaken in accordance with privacy legislation and associated requirements.
- Any collection and storage will be undertaken in accordance with privacy legislation and associated requirements.

Requested by: Stephen Smith, Assistant Commissioner QFES People

Critical ☐ **Urgent** ☒ **General** ☐

MECS #: xxxx-xxxx
File #: QFS/15845

Briefing note for approval ☒ **Briefing note for information** ☐

To: Commissioner QFES

Subject: COVID-19 vaccination taskforce	**Date:** 20/1/2022

1. Background

- The threat from COVID-19 continues to evolve with new variants being potentially more transmissible. COVID-19 is prevalent within the Queensland community, thereby increasing the potential for QFES staff and volunteers to be either infected or considered a close contact.
- In a press conference held 20 January 2022 the Queensland Chief Health Officer, Dr John Gerrard outlined that modelling indicates the peak of the pandemic will occur in the next two to three weeks.
- At present QFES does not have visibility of the vaccination status of its workforce (paid or volunteers). Vaccinations (inclusive of boosters) are one of many risk mitigation strategies, both in terms of minimising the risk of infection and also minimising symptoms once infected.
- On 18 January 2022, the Commissioner authorised the implementation of a COVID-19 vaccination taskforce to commence consultation with the workforce and relevant stakeholders with a view to considering the need to implement a COVID-19 vaccination mandate for all paid personnel (full and part time), casual Fire Communication Officers and Auxiliary firefighters (QFES Personnel).
- It is noted that the Commissioner QFES (CQFES) has not yet made any decision regarding mandatory vaccination requirement for QFES Personnel. Any decision will be subject to the outcome of required consultation, risk assessments and human rights compatibility assessment.
- Once CQFES makes a decision, the COVID-19 vaccination taskforce will implement this decision.
- The mandatory vaccination proposal does not currently include SES or RFS volunteers.
- QFES will separately consult with its volunteer workforce and union representatives in relation to volunteers to explore if they will voluntarily provide their COVID-19 vaccination status. The outcome of that consultation will inform next steps.

2. Issues

- The COVID-19 vaccination taskforce will be led by Ms Lyn Richards, Director Operations Support, QFES People who will be taken offline to lead this activity for an eight- week period. The Director Operations Support position will be backfilled for this period.
- The proposed resourcing requirements for the taskforce is outlined in **Attachment 1**.

- The taskforce will be for a limited life of eight weeks, post which will transition to business as usual, subject to a requirement by the Commissioner to extend past this period.
- The proposed timeline for this taskforce is outlined in **Attachment 2**. The proposed resourcing may need to be rapidly augmented, from within QFES, via labour hire, or outsourced to specialist contractors such as SOA panel providers or Crown Law. This should be enabled by an expedited approval process to enable to taskforce to complete the required activities within the specified timeframe.
- The taskforce will work closely with and obtain legal advice from QFES Legal Services as required, to ensure that relevant legal considerations are taken into account as required by relevant case law and legislation including agency legislation, WHS legislation obligations (For example: directions complying with reasonableness tests, consider human rights and other relevant considerations) and privacy legislation.
- The aims / objectives of the COVID-19 vaccination taskforce are to:
    - Undertake consultation with the QFES workforce (paid and volunteer) and relevant stakeholders.
    - Provide results of consultation to the QFES Crisis Management Team to enable them to make recommendations to CQFES.
    - Liaise and be a coordination point with QFES Legal, Employee Relations and other relevant stakeholders on COVID-19 vaccinations.
    - Undertake preparatory work internally to facilitate the storage of vaccination status information (under a mandate or voluntarily provided), exemption requirements, vaccination policies and procedures.
    - Transition requirements to business as usual once the bulk of taskforce work is undertaken, the primary deadline has passed, and all wrap up activities have concluded.
- Assumptions relating to the preparation of this brief:
    - Should a mandate be decided by CQFES:
        - It will need to be clear in any messaging, policies and procedures whether a booster vaccination is within the QFES vaccination mandate.
        - Should consider automatically exempting paid personnel already on long term sick or other leave.
        - Will implement an exemption process (with a panel of experts such as legal and medical and operational) using the QPS exemption model which allows for:
            - Medical contraindication;
            - Religious grounds; or
            - Other exceptional circumstance – this category would also consider temporary exemptions for those who have only had one dose of AZ and have an appointment for their second dose.
    - The proposed mandate only applies to paid personnel (approximately 5540).
    - Exemption requests have been estimated at 10% of paid personnel with some recurring requests (approximately 650).
    - SES volunteers will be able to voluntarily submit their vaccination status in VIMS.
    - That vaccination status for paid personnel is able to be captured within Aurion in accordance with relevant privacy legislation and associated requirements.
    - That reporting available within Aurion is acceptable by QFES senior management.
    - That if a surge in taskforce numbers is required, this will not result in a separate submission back to the Crisis Management Team for additional resources and that

a single delegated point of authority can approve additional labour hire as per financial delegations.

- Consultation will be in the form of an email to all staff, WHS representatives and relevant industrial bodies and associations. There will be no focus groups or direct telephone number for staff to make contact.
- Consolidated consultation feedback will be provided to the QFES Crisis Management Team (CMT) for consideration together with draft proposed direction, human rights assessment and risk assessment.
- CMT may make recommendations to the Commissioner and provide advice as appropriate.
- CQFES will then make a determination as to the required risk mitigation strategies including a vaccination mandate.
- Once a decision has been made, it will be communicated the workforce and relevant stakeholders. This should occur regardless of the outcome.
- A more detailed QFES communication and engagement plan is currently being finalised.

3. Consultation

- Consultation has occurred with the QFES Crisis Management Team who instructed the creation of this taskforce. This briefing note confirms this decision.
- Any final determination resulting from consultation will be considered by the QFES Crisis Management Team who will make recommendations to the Commissioner.
- A final decision relating to mandate or not mandate rests with the Commissioner as the chief executive officer of the department.

4. Have you considered whether Legal Services needs to be consulted?

- Yes, QFES Legal have been consulted.

5. Is this in accordance with Government election commitments?

- Yes, this is consistent with the direction of Queensland central agencies who have advised that the decision to consider a COVID-19 vaccination mandate should be risk based and rests with individual agencies, provided consultation is undertaken as part of the consultation process.

6. Has this matter been considered by a QFES Governance Committee?

- Yes, the QFES Crisis Management Team.

7. Has QFES' obligations in relation to the *Human Rights Act* 2019 been considered?

- Yes, any decision to mandate will require QFES to undertake an updated risk assessment and human rights compatibility assessment.

8. Funding

- The proposed resourcing model will utilise BAU subject matter experts and outsource where possible. This outsourcing will entail labour hire for administrative personnel, Crown Law advice and will represent an additional cost to the department. Total quantum of funding at this point in time is unknown.

9. Recommendation

- That you:
    - Approve the proposed approach and timeline for consultation.
    - Approve the proposed resourcing model.
    - Note that you as Commissioner are the sole decision maker who can make a determination on a COVID-19 vaccination mandate.
- .

Stephen Smith, AFSM

ASSISTANT COMMISSIONER
QFES PEOPLE

/ /

Adam Stevenson

A/DEPUTY COMMISSIONER
STRATEGY AND CORPORATE SERVICES

/ /

Greg Leach

COMMISSIONER

/ /

Noted / Approved / Not Approved

Comments:

Attachment 1: Proposed resourcing for COVID-19 taskforce

Type of personnel / SME	Number of FTE and source	Expected activities
Administrative personnel	4-5 (from within QFES and / or labour hire)	• Manage incoming email feedback during consultation • Input vaccination data for volunteer into repository (as yet unidentified) • General administrative duties for taskforce • Secretariat duties for exemption panel • Support to SES for any additional VIMS data entry (should be able to be distributed to regions, but any surge could be managed centrally if required) • Work with SMEs to draft updated Gateway content • Respond to executive / ministerial briefing and correspondence Unknown factor • There may be an additional administrative burden if a bulk upload is required within Aurion – data captured by a spreadsheet
WHS staff	1 – from within and backfill vacancy	• To develop personal risk assessments for exemptions, additional advice, suitable duties, increased work from home requests
Legal staff	Requests will continue to be managed by QFES legal and outsourced when required	• exemption committee research and advice and support to ERU • advice to QFES taskforce and senior decision makers • respond to legal enquiries and challenges
ERU staff	Requests will be managed by in house ERU and outsourced to QFES panel when required.	• Disciplinary matters /Notice to show cause / termination / inappropriate behaviour
HR Services	Requests will be managed in house	• Provide HR advice as required
Medico personnel for exemption committee	1-2 (source from QFES medical advisory SOA)	• We can draw from SOA and utilise same medical advisors as QPS currently use for their exemption committee
FESSN staff	1-2 – sources from existing counsellor network	• Additional support for leadership advice to manage difficult or supportive conversations with staff
Communications and branding	1 from within	• Update communications and gateway content
ICT support	1 from within	• To provide additional support required for any additional requirements such as SharePoint / Forms etc
Reporting	.5 from within	• Work with QFES Analytics area – to combine data from disparate systems if a single point of truth is required
Taskforce leadership	2 from within (back fill vacancy) (HR advice is to 2 in 1 position)	• Lyn to manage taskforce • Alex to manage IMT and transmission of information / instructions to operational areas via SOC • Liaise with industrial bodies and associations • Liaise with other relevant stakeholders such as QH, other jurisdictions
Senior executive decision making	1 Assistant Commissioner 1 Deputy Commissioner 1 Commissioner	• AC to oversee the taskforce, especially for decisions that require AC delegation (finance and human resource) • To be the exemption committee lead and decision maker • To approve directions • Will be required to appear for legal challenges

Attachment 2: Proposed draft timeline for consultation and implementation (if this is the determination made by QFES post consultation)

Timeline	Action
Day 1 – 24 January	Proposal to all permanent full time and part time employees AND casual Fire Communications officers that QFES is looking at mandating COVID-19 vaccinations. It is not intended that any mandate would apply to Auxiliary Firefighters at this point in time. Sent out via email with vision 6 capability – 2 week timeframe to respond In the same email will contain advice for volunteers to voluntarily provide their vaccination status
Day 14 – 7 February	Consider all feedback and submit feedback to CMT for consideration and decision
Day 15 – 8 February	CMT decision
Day 15 – 9 February	Issue result of consultation to staff (mandate or no mandate) If mandate then paid staff will be advised they have the following timelines to comply - 6 weeks for full vaccination (seek Crown Law advice about reasonableness for 1 timeline)
6 weeks post 9 February – compliance date 23 March	Full compliance required

From: Lyn Richards
Sent: Tuesday, 25 January 2022 10:06 AM
To: Greg Leach; Mark Roche (QFES); Michael Wassing; Patricia Smith; Brooke Gowland; QFES Commissioner Staff Officer; Troy Davies; Tim Whittaker; Alexander Rees; Stephen Smith (QFES Assistant Commissioner); Adam Stevenson; Tony Johnstone
Subject: For noting: CMT documents: Draft direction, consultation feedback and legal advice
Attachments: 20220124 consultation feedback.xlsx; Confidential and Subject to Legal Professional Privilege - QFES Draft Direction and Consultation; CONSULTATION DRAFT CQFES COVID-19 VACCINATION DIRECTION (QFES Officers & Employees (Paid)).docx

Good morning CMT

As discussed, please find documents as discussed in today's CMT meeting

Document summarising consultation feedback processed to date. There are another 310 to process.	142 = supportive 56 = not supportive Of those not supportive, 23 are vaccinated but disagree with a mandate The first tab in the spreadsheet outlines the split by QFES service stream where that information was available. Given this document contains where persons have provided their vaccination status, I would suggest that we should not further circulate this document. I will deidentify this report if we were to circulate to a broader audience
Sch.3 s.7	
Consultation draft direction	Draft direction that CMT should consider and advise / approve if this can be provided to staff, industrial bodies and associations. Noting that we would need to emphasise that no decision has been made, but this is more to outline what the practical application might look like to provide further details to enable consultation.

Trish are you able to upload onto the CMT Sharepoint site.

As always reach out if you have any questions at all.

Regards

Lyn

Lyn Richards
Director
QFES People | Queensland Fire and Emergency Services

M Contrary to the public interest **E** lyn.richards@qfes.qld.gov.au
A GPO Box 1425, Brisbane QLD 4001

QFES acknowledges and recognises Traditional Owners as custodians of the lands where we work together with the communities of Queensland. We pay our respects to Aboriginal and Torres Strait Islander ancestors of these lands, their spirits and their legacy.

Important Links
COVID-19 Information
COVID-19 Resources
COVID-19 safe workplaces
QFES Working from home during COVID19
QFES Human Resource Contacts
QFES Safety and Wellbeing Contacts
FESSN Resources and Contacts
QFES Chaplains Contacts

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From: Lyn Richards
Sent: Monday, 31 January 2022 5:01 AM
To: Greg Leach; Adam Stevenson; Michael Wassing; Mark Roche (QFES); Stephen Smith (QFES Assistant Commissioner); Tony Johnstone; Troy Davies; Tim Whittaker; Patricia Smith; QFES Commissioner Staff Officer; Alexander Rees
Subject: For noting and discussion: CMT Submission - Status Update - Week one consultation
Attachments: Attachment 3 b - 20220130 WHS Risk Register - COVID v03 - for mandating COVID-19 vaccines.xlsm; 20220129 CMT update COVID19 mandate consultation.docx; Attachment 1 - 20220129 consultation feedback.xlsx; Attachment 2 - 20220128 Meeting minutes -Industrial body input - COVID19 vaccination mandate proposal.docx; Attachment 3 a - 20220130 Consultation Draft COVID19 Risk Assessment - overview.docx

Good morning CMT members

Ahead of this weeks CMT meeting please find attached a status update brief as at the end of week one of consultation, along with relevant attachments. This update provides relevant updates and items which require discussion, recommendation to CQFES for determination.

The feedback document contains declarations about vaccination status (albeit provided voluntarily) and information provided in confidence. Some staff have specifically requested their feedback is not disseminated further than is required of the taskforce. Please consider not disseminating Attachment 1 any further.

- **20220129 CMT update COVID19 mandate consultation**
- **Attachment 1: 20220129 Consultation Feedback**
- **Attachment 2: 20220128 Meeting minutes -Industrial body input - COVID19 vaccination mandate proposal (draft)**
- **Attachment 3 a: 20220130 – Consultation draft risk assessment overview**
- **Attachment 3 b: 20220130 Consultation draft risk assessment**

@Patricia Smith – are you able to upload these documents onto the CMT sharepoint site and also forward any CMT calendar appointments that I need to attend this week. Thank you

As always, I am more than happy to respond to any questions you may have.

Please don't hesitate to reach out if you would like any further actions undertaken than what is already suggested in the attached update.

Regards

Lyn

Lyn Richards
Director
QFES People | Queensland Fire and Emergency Services

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A GPO Box 1425, Brisbane QLD 4001

Please consider the environment before printing this email.

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Risk Register Builder

Risk Register/Assessment Title:	Hazards and risks associated with COVID-19 in the workplace	Register/Assessment Owner:	Commissioner
Context:	The QFES workforce operate in a ra	Signature:	
Date of Assessment:	21/12/2022	Date:	
Version:	0.3	Next review date:	31-Mar

Risk					Inherent risk rating				Controls	Residual risk rating					Future controls		Accountability		Target risk rating		
Risk No.	Risk (what can go wrong?)	Description (how can it happen? / causes)	Consequences (Qualitative)	Consequences (Quantitative)	Consequence	Likelihood	Rating Value	Rating Score	Current Controls	Consequence	Likelihood	Rating Value	Rating Score	Rating Variance - effectiveness of controls	Future controls	Action owner (& due date)	Risk Owner	Status	Consequence	Likelihood	Rating Value
1	Possibility of harm caused by the psychological characteristics of the work design and social conditions during the COVID-19 pandemic (workplace or home).	Exposure to distressing events involving COVID-19. Conflict and/or aggression amongst staff related to personal views on COVID-19 and/or COVID-19 vaccinations and/or control measures (e.g. masks). Stress as a result of COVID-19 workplace measures. Stress from isolation whilst working at home	Psychological injury (e.g. anxiety, depression, PTSD) Chronic disease (e.g. heart disease, type two diabetes) Physical injury (e.g. musculoskeletal disorders)	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, increased member turnover and depleted workforce.	Moderate	Possible	Medium		Safety and Wellbeing Policy. Early Intervention Program. Video (Microsoft teams) and teleconferencing facilities made available to all staff to maintain social connection and contact with the workplace. Leadership Advice Line available to increase managers capability with regard to supporting staff health and wellbeing. 24 hour counselling service available to support workers and their families. Peer support officers. Chaplaincy service in place. Domestic and family violence support program available to all staff. Leave entitlements available for staff who may become need time away from the workplace. SHE hazard and incident reporting system.	Moderate	Unlikely	Medium	6	6	Continue to monitor Queensland Health (QH), Public Service Commission (PSC) and Workplace Health and Safety Queensland (WHSQ) guidance and adjust control measures as required.	Assistant Commissioner QFES People	Commissioner	Watch	Moderate	Unlikely	Medium
2	Possibility of harm caused by the biomechanical characteristics of the work design in the home office in situations where increased telecommuting is required.	Poor ergonomic set up in the home office envrionment.	Acute and chronic related sprains/strains or other musculoskeletal disorders	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, increased member turnover and depleted workforce.	Moderate	Possible	Medium		Safety and Wellbeing Policy. Flexible work arrangements and telecommuting arrangements in place for staff working from home. Working from home risk assessment checklist in place to identify hazards, assess risks and put in place suitable control measures. Gateway videos related to suitable desk set-up and ergonomics in the home environment. Video (Microsoft teams) and teleconferencing facilities made available to all staff to maintain social connection and contact with the workplace. Leadership Advice Line available to support managers with work from home arrangements. SHE hazard and incident reporting system.	Moderate	Unlikely	Medium	6	6	Continue to monitor Queensland Health (QH), Public Service Commission (PSC) and Workplace Health and Safety Queensland (WHSQ) guidance and adjust control measures as required. Implement the Prevention and response to workplace bullying procedure.	Assistant Commissioner QFES People	Commissioner	Watch	Moderate	Unlikely	Medium
3	Possibility of harm caused by exposure to COVID-19 in a QFES facility environment (e.g. Kedron, Albion, workshop, station, regional headquarters).	Corporate staff and / or operational staff attending a QFES office / workplace facility.	COVID-19 could be transmitted from a corporate staff member to a QFES operational staff member resulting in serious illness (including long term serious adverse health consequences even for those who recover) and death in extreme circumstances.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Major	Possible	High		State Pandemic Plan and Associated Annexes. Standing Order (SO-Q-OM-5.13 QFES COVID-19 Activities - COVID-19 Vaccinations). QFES 2020-21 Deployment Plan: COVID-19 Specific. Floor plans identify requirements for physical distancing. Promotion of good hygiene practices Handwashing facilities are kept clean, in good working order and appropriately stocked. QFES Events Covid Safe plans Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES facilities. Posters and signage installed in meeting and conference rooms, lifts, desk areas and kitchen facilities to comply with physical distancing requirements. A COVID Check In QR Code is in place and monitor workplace numbers and physical distancing requirements. A regular cleaning regime has been implemented for high touch areas such as desks, handles, lift buttons and bathroom facilities (PPE provided to cleaners). Emergency response procedures in place should a suspected or confirmed case of COVID-19 enter	Major	Rare	Medium	4	4	Continue to monitor Queensland Health (QH), Public Service Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. All QFES paid staff (except those with certified medical contraindications or exemption) who may be required to interact with other operational workers or members of the public will be required to receive their double dose of COVID-19 vaccine by a specified date and booster within one month of eligibility QFES, having provided a lawful and reasonable direction to workers to be vaccinated for COVID-19 will ask staff to provide evidence of their COVID-19 vaccination. QFES will manage such evidence to ensure QFES staff can be safely made available to attend locations where COVID-19 may be or may become prevalent. The information will be managed in accordance with the QFES information asset management policy. QFES will maintain evidence of COVID-19 vaccination status in Aurion which will enable visibility for supervisors and managers responsible for operational workers.	Assistant Commissioner QFES People	Commissioner	Open	Major	Unlikely	Medium
4	Transmission of COVID-19 to or from member of the public to a QFES staff during delivery of critical services in an operational context (emergency / non emergency) - including COVID-19 activities.	QFES staff attend a range of operational settings and are required to work in close proximity with each other, other emergency service workers and members of the public in the course of their operational duties. This may occur in hospitals, aged care facilities, at risk communities, airports, high density housing, large scale venues where physical distancing and PPE may not always be adequate, suitable, worn correctly, reliably and without potential for damage or failure to sufficiently protect from COVID-19 transmission or infection.	COVID-19 could be transmitted from a member of the public to a QFES operational staff member resulting in serious illness (including long term serious adverse health consequences even for those who recover) and death in extreme circumstances. COVID-19 could be transmitted from a QFES operational staff member to a member of the public, including those at risk populations during the course of their duties, resulting in serious adverse health consequences even for those who recover) and death in extreme circumstances.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced ability to deliver critical service, and depleted operational workforce.	Major	Possible	High		State Pandemic Plan and Associated Annexes. Standing Order (SO-Q-OM-5.13 QFES COVID-19 Activities - COVID-19 Vaccinations). QFES 2020-21 Deployment Plan: COVID-19 Specific. Handwashing facilities are kept clean, in good working order and appropriately stocked. Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES stations, brigades, groups, appliances. Posters and signage installed in QFES operational facilities to comply with physical distancing requirements. QFES operational procedures which document operational staff present in operational settings. PPE inluding P2, P3 masks, gloves and other PPC requirements QFES Events Covid Safe Plans Regular cleaning regimes have been implemented for appliances and operational workplaces. Emergency response procedures in place should a suspected or confirmed case of COVID-19 enter the workplace.. QFES operational doctrine and infection control procedures QFES Events Covid Safe Plans	Moderate	Possible	Medium	9	3	Continue to monitor Queensland Health, Public Service Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. All QFES staff (except those with certified medical contraindications) who may be required to interact with other operational workers or members of the public will be required to receive their double dose of COVID-19 vaccine by a specified date and booster within one month of eligibility QFES, having provided a lawful and reasonable direction to workers to be vaccinated for COVID-19 will ask staff to provide evidence of their COVID-19 vaccination. QFES will manage such evidence to ensure QFES staff can be safely made available to attend locations where COVID-19 may be or may become prevalent. The information will be managed in accordance with the QFES information asset management policy. QFES will maintain evidence of COVID-19 vaccination status in Aurion which will enable visibility for supervisors and managers responsible for operational workers.	Assistant Commissioner QFES People	Commissioner	Open	Moderate	Unlikely	Medium

Risk					Inherent risk rating				Controls	Residual risk rating					Future controls		Accountability		Target risk rating		
Risk No.	Risk (what can go wrong?)	Description (how can it happen? / causes)	Consequences (Qualitative)	Consequences (Quantitative)	Consequence	Likelihood	Rating Value	Rating Score	Current Controls	Consequence	Likelihood	Rating Value	Rating Score	Rating Variance - effectiveness of controls	Future controls	Action owner (& due date)	Risk Owner	Status	Consequence	Likelihood	Rating Value
5	Staff with unknown COVID-19 vaccination status.	QFES staff may be unwilling to declare their COVID-19 vaccination status or make a false vaccination status declaration.	An unvaccinated staff could be exposed to COVID-19 resulting in serious illness and/or death to QFES staff or the public resulting from transmission of COVID-19. Conflict and/or aggression resulting from differing views amongst staff and /or staff choosing not to openly discuss vaccination status.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Major	Almost Certain	Very High	20	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. All QFES staff can access surgical mask, hand sanitiser, surface spray / surface wipes. QFES operational staff to access range of PPE.	Major	Likely	High	16	4	QFES, having provided a lawful and reasonable direction to be vaccinated for COVID-19 can ask the staff to provide evidence of their COVID-19 vaccination or medical contraindication certificate. QFES will manage such evidence of their COVID-19 vaccination evidence to ensure QFES staff can be safely made available to attend locations where COVID-19 may be present. The information will be managed in accordance with QFES Information Asset Management Policy. If a QFES staff is unwilling to provide evidence of their COVID-19 vaccination or contraindication certificate or is believed to have provided a false COVID-19 vaccination declaration or false contraindication certificate, QFES can direct them to provide evident of this vaccination status and to not attend to QFES duties until the evidence is provided. If the QFES staff refuses to provide evidence of their COVID-19 vaccination status, QFES will consider whether there are any other options available instead of vaccination. This would require identifying duties that could reasonably be undertaken by "working from home" with no duties that require entry to QFES facilities or	Assistant Commissioner QFES People	Commissioner	Open	Major	Unlikely	Medium
6	Failure to effectively quarantine single or multiple positive cases of COVID-19 infection in QFES workplaces.	Unaware of infected personnel i.e. asymptomatic or delayed notification could attend a QFES workplace or QFES managed incident or other agency managed disaster incident site Staff come into QFES workplaces unwell.	COVID-19 infection could be transmitted to other QFES staff. All potentially affected staff would be required to isolate and the station / site taken offline (partial or full) for cleaning. This could increase the number of infected staff (including long term serious adverse health consequences even for those who recover) and death in extreme circumstances.	Impact to service delivery	Major	Possible	High	12	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. Continue to encourage staff to receive their COVID-19 vaccination. Staff required to remain away from QFES workplaces when displaying symptoms of COVID-19 and to have a PCR test and isolate and await results.	Moderate	Almost Certain	High	15	3	Continue to monitor Queensland Health, Public Service Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. All QFES staff (except those with certified medical contraindications) who may be required to interact with other operational workers will be required to receive their double dose of COVID-19 vaccine by a specified date and booster within one month of eligibility QFES, having provided a lawful and reasonable direction to workers to be vaccinated for COVID-19 will ask staff to provide evidence of their COVID-19 vaccination. QFES will manage such evidence to ensure QFES staff can be safely made available to attend locations where COVID-19 may be or may become prevalent. The information will be managed in accordance with the QFES information asset management policy.	All Deputy Commissioners	Commissioner	Open	Moderate	Likely	High
7	Transmission of COVID-19 to or from an unvaccinated member of the public to an unvaccinated QFES staff.	Transmission in the workplace or operational setting where there may be unknown cases of COVID-19.	Serious illness and/or death to QFES staff or the public resulting from the transmission of COVID-19.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Adverse publicity for QFES and potential litigation. Reputational damage as a result of media reports.	Major	Possible	High	12	State Pandemic Plan and Associated Annexes. Standing Order (SO-Q-OM-5.13 QFES COVID-19 Activities - COVID-19 Vaccinations). QFES 2020-21 Deployment Plan: COVID-19 Specific. Handwashing facilities are kept clean, in good working order and appropriately stocked. Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES stations, brigades, groups, appliances. Posters and signage installed in QFES operational facilities to comply with physical distancing requirements. QFES operational procedures which document operational staff requirements in operational settings. Promotion of good hypiene practices Regular cleaning regimes have been implemented for appliances and operational workplaces. Emergency response procedures in place should a suspected or confirmed case of COVID-19 enter the workplace.. QFES operational doctrine and infection control procedures Access to QH COVID-19 testing facilities COVID-19 specific information available on the	Moderate	Possible	Medium	9	3	All QFES staff may be required to interact with operational personnel who will be required to attend various work locations and operations at short notice. QFES staff will be required to receive their double dose of COVID-19 vaccination by a specified date and a booster within one month of eligibility to reduce the risk of catching and developing serious COVID-19 infection and transmitting COVID-19 to other QFES staff or members of the public. QFES will maintain evidence of COVID-19 vaccination status in Aurion which will enable visibility for leaders and managers responsible for QFES service delivery, including operations.	Deputy Commissioner Strategy and Corporate Servces	Commissioner	Open	Moderate	Possible	Medium

Risk					Inherent risk rating				Controls	Residual risk rating					Future controls		Accountability		Target risk rating		
Risk No.	Risk (what can go wrong?)	Description (how can it happen? / causes)	Consequences (Qualitative)	Consequences (Quantitative)	Consequence	Likelihood	Rating Value	Rating Score	Current Controls	Consequence	Likelihood	Rating Value	Rating Score	Rating Variance - effectiveness of controls	Future controls	Action owner (& due date)	Risk Owner	Status	Consequence	Likelihood	Rating Value
8	COVID-19 infection during secondary or other employment / volunteering activities.	QFES staff could come into contact with COVID-19 during the course of their secondary or other employment / volunteering duties.	Serious illness and/or death to QFES staff or the public resulting from the transmission of COVID-19.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Major	Possible	High	12	When undertaking QFES work, it is undertaken in accordance with QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. State Pandemic Plan and Associated Annexes. Standing Order (SO-Q-OM-5.13 QFES COVID-19 Activities - COVID-19 Vaccinations). QFES 2020-21 Deployment Plan: COVID-19 Specific. Handwashing facilities are kept clean, in good working order and appropriately stocked. Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES stations, facilities and appliances. Posters and signage installed in QFES operational facilities to comply with physical distancing requirements. QFES operational procedures which document operational staff requirements in operational settings. Regular cleaning regimes have been implemented for appliances and operational workplaces. Emergency response procedures in place should a suspected or confirmed case of COVID-19 enter the workplace. QFES operational doctrine and infection control	Moderate	Possible	Medium	9	3	Continue to monitor Queensland Health, Public Service Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. All QFES staff, except those with certified medical contraindications via an approved exemption) who may be required to interact with other operational workers will be required to receive their double dose of COVID-19 vaccine by a specified date and booster within one month of eligibility. QFES, having provided a lawful and reasonable direction to workers to be vaccinated for COVID-19 will ask staff to provide evidence of their COVID-19 vaccination. QFES will manage such evidence to ensure QFES staff can be safely made available to attend locations where COVID-19 may be or may become prevalent. The information will be managed in accordance with the QFES information asset management policy.	All Deputy Commissioners	Commissioner	Open	Moderate	Possible	Medium
9	COVID-19 infection during meetings / interactions with partner agencies.	Transmission of COVID-19 to / from QFES staff and members of partner agencies.	Serious illness (including long term serious adverse health consequences even those who recover) and death in extreme circumstances for both / either QFES and / or partner agency personnel.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Loss of confidence in QFES ability to maintain adequate infection control measures.	Major	Possible	High	12	Current COVID-19 physical distancing measures to be maintained. Alternate meeting platforms utilised where appropriate such as MS Teams, Zoom. Interagency operational plans have been developed, agreed and circulated. State Pandemic Plan and Associated Annexes. QFES Events Covid Safe plans.	Moderate	Possible	Medium	9	3	All QFES staff who come into contact with workers from other organisations will be required to receive their double dose of COVID-19 vaccination and booster within one month of eligibility by a specified date to reduce the risk of transmission between QFES staff and others and possible subsequent transmission to members of other agencies or members of the public.	All Deputy Commissioners	Commissioner	Open	Moderate	Possible	Medium
10	COVID-19 infection from contractors, consultants, attending a QFES workplace.	Transmission of COVID-19 to / from QFES staff and contractors, consultants, vendors and third party providers during attendance at a QFES workplace.	Serious illness (including long term serious adverse health consequences even those who recover) and death in extreme circumstances for both / either QFES and / or contractors, consultants, vendors and third party providers.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Loss of confidence in QFES ability to maintain adequate infection control measures.	Major	Possible	High	12	Entry into all QFES premises requires the use of the Qld Government Check In App. Entry to QFES premises should be planned in advance to enable sanitisation before and after in accordance with COVID-19 precautions. State Pandemic Plan and Associated Annexes.	Moderate	Possible	Medium	9	3	QFES requires all contractors, consultants to provide evidence of vaccination, use of risk mitigation strategies such as minimise the time in QFES facilities, PPE, hand hygiene, physical distancing or alternate arrangements will need to be enacted to enable the provision of service.	All ELT members	Commissioner	Watch	Moderate	Unlikely	Medium
11	COVID-19 infection from visitors, union officials, regulators, family members or other members of the public attending a QFES workplace.	Transmission of COVID-19 to QFES staff resulting from visitors, family members or other members of the public attending the workplace. This may include people who cannot be vaccinated against COVID-19 at the present time such as children.	Serious illness (including long term serious adverse health consequences even those who recover) and death in extreme circumstances for QFES staff, family members or members of the public.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Loss of confidence in QFES ability to maintain adequate infection control measures.	Major	Possible	High	12	Limit entry to all QFES occupied facilities and meet with members of the public outside of QFES occupied facilities in accordance with the QFES PPL Entry into all QFES premises requires the use of the Qld Government Check In App. Where possible, physical distancing requirements are maintained, use of hand sanitiser. Entry to QFES premises should be planned in advance to enable sanitisation before and after in accordance with COVID-19 precautions. State Pandemic Plan and Associated Annexes. QFES Events Covid Safe Plans. Actively engage with union officials and regulators to explore ways in which visit on site is possible such as duration is minimised, use of PPE	Moderate	Possible	Medium	9	3	Undertake consultation and engagement with unions and officials and regulators and where possible consider alternate meeting arrangements should be explored where possible. Union officials and regulators are not to be refused entry to QFES premises. QFES should actively work to implement measures where visit is possible such as visit duration is minimised, meeting via MS Teams (if the meeting is expected to be of a long duration) QFES will continue to review the PPL content as it relates to the evolving nature of COVID-19 and visitors and members of the public access to QFES facilities	All ELT members	Commissioner	Open	Moderate	Unlikely	Medium
12	Staff members health worseesn as a result of the COVID-19 vaccination.	QFES staff could have a contraindication to receiving the COVID-19 vaccination.	Serious injury or death in extreme circumstances.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Moderate	Possible	Medium	9	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. Continue to encourage staff to receive their COVID-19 vaccination. Staff required to remain away from QFES workplaces when displaying symptoms of COVID-19 and to have a PCR test and isolate and await results.	Moderate	Possible	Medium	9		Staff with a QFES approved exemption and a medically registered contraindication will not be required to comply with the mandatory COVID-19 vaccination, but will need to comply with the exemption requirements to minimise the risk to the staff and others.	Assistant Commissioner QFES People	Commissioner	Open	Moderate	Unlikely	Medium

Risk					Inherent risk rating				Controls	Residual risk rating					Future controls		Accountability		Target risk rating		
Risk No.	Risk (what can go wrong?)	Description (how can it happen? / causes)	Consequences (Qualitative)	Consequences (Quantitative)	Consequence	Likelihood	Rating Value	Rating Score	Current Controls	Consequence	Likelihood	Rating Value	Rating Score	Rating Variance - effectiveness of controls	Future controls	Action owner (& due date)	Risk Owner	Status	Consequence	Likelihood	Rating Value
13	Staff with underlying medical conditions or vulnerabilities are exopsed to COVID-19.	Transmission of COVID-19 to / from QFES staff.	Serious illness and/or death to QFES staff or the public resulting from transmission of COVID-19.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Potential	Major	Possible	High	12	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. All QFES staff can access surgical mask, hand sanitiser, surface spray / surface wipes. QFES operational staff to access range of PPE as required by the operational context. State Pandemic Plan and Associated Annexes.	Major	Possible	High	12		QFES will be required to identify on a case by case risk assessment basis and in consultation with QFES WHS / QFES medical advisor how the non-vaccinated worker can remain isolated from potential exposure to COVID-19 infection or transmission sources while in QFES premises.This may be impracticable with the intermingling of QFES service stream personnel, especially during operations. Where the risk assessment deems the risk to be too high alternative duties must be considered. In the event that suitable alternative duties cannot be identified or supported, personal leave or LWOP may be considered on a case by case basis. If no alternative work arrangements are available, and the QFES staff member is unwilling or unable to utilise personal leave or LWOP, QFES will refer the matter to QFES People Directorate for further management.	Assistant Commissioner QFES People	Commissioner	Open	Major	Unlikely	Medium
14	Staff members psychological health could be impacted by the requirement to vaccinate.	QFES staff could have a strong religious or political objection to having the COVID-19 vaccination.	Short or long term mental health condition including anxiety, adjustment disorder or depression.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Major	Possible	High	12	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. QFES supports the Australian Government's rollout of COVID-19 vaccination. Provision of QFES FESSN and other wellbeing resources.	Moderate	Likely	High	12		If a QFES staff refuses to be COVID-19 vaccinated in accordance with a lawful and reasonable direction from QFES, the supervisor or manager should as a first step, ask the staff to explain their reasons for refusing the COVID-19 vaccination. QFES can ask the staff to provide evidence of the reason for their refusal. If the staff gives a legitimate reason for not being COVID-19 vaccination via an approved exemption, QFES will consider where there are any other options available instead of the COVID-19 vaccination. This could be alternative work arrangements. This would require identifying duties that could be reasonably undertaken by "working from home", with no QFES duties that require attendance at QFES facilities or interaction with QFES staff or members of the public. If no alternative work arrangements are available, and the staff member is unable or unwilling to utilise leave / LWOP, QFES will refer the matter to QFES People Directorate for advice to be provided back to local management.	Assistant Commissioner QFES People	Commissioner	Open	Moderate	Possible	Medium
15	Staff could refuse or be refused admittance to QFES facilities or other nominated places where COVID-19 vaccination is required.	QFES staff may not agree with COVID-19 vaccination requirements put in place.	QFES staff involved in verbal or physical altercations or sustain a psychological health condition as a result of stress, bullying or violence.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Potential Common Law costs.	Major	Possible	High	12	If a QFES staff refuses to attend work because a co-worker isn't COVID-19 vaccinated QFES can direct them to attend work if the direction is lawful and reasonable. Whether a direction is lawful and reasonable depends on all the circumstance and advice from QFES People Directorate will be required before taking disciplinary action. This must be assessed on a case by case basis. Code of Conduct for the Queensland Public Service and QFES Workforce Conduct Policy are in place and must be followed by all QFES staff at all times. All instances of workplace bullying, harassment, discrimination, violence, or intimidation must be immediately reported to the supervisor and manager and must be addressed in a timely manner. Any instance of physical assault of QFES staff must be reported to QPS. Additional QFES resources are available such as Think, Say, Do.	Moderate	Possible	Medium	9	3	Implement the Prevention and response to workplace bullying procedure. Implement the Prevention and response to aggression and violence in the workplace guide.	Assistant Commissioner QFES People	Commissioner	Open	Moderate	Possible	Medium

Meeting on 1 February 2022

Agenda Item: [Leave Blank]

Agenda Item Name: COVID-19 mandate consultation update – end of week one

Submitted by: Lyn Richards, Director COVID-19 Vaccination Taskforce

Draft Resolution: That the Crisis Management Team (CMT) consider this update and provide recommendations to Commissioner QFES (CQFES) for determination	
1.0	**Background**
	• On 24/1/2022 CQFES sent out an email to all staff outlining that a two-week consultation period would commence seeking feedback for a proposed COVID-19 vaccination mandate to apply to paid personnel (full time, part time and casual). The email provided further high-level details about the concept for consideration. • This email also outlined that CQFES would like to also consult on whether volunteers were willing to voluntarily provide their COVID-19 vaccination staff to QFES. • Prior to distributing the all QFES email, contact was made, and meetings held with all relevant industrial bodies and associations who had members directly and indirectly impacted by the proposal. • Throughout all communications it has been made clear that no decision has been made by CQFES. • This submission represents the current feedback received and processed at the end of the first week of consultation (noting there was a public holiday during week one).
2.0	**Update**
	• On 25/1/2022, QFES received correspondence from UFUQ seeking further details regarding the head of power that may be relied on by CQFES should a direction proceed and copies of legal advice (MECS 00118-2022). • On 25/1/2022, As per CMT out of session direction the CQFES consultation draft vaccination proposal (QFES Officers Employees (Paid)) was distributed to directly impacted industrial associations, WHS HSRs and WHS Committee Chairs for consideration. • See **Attachment 1** for the feedback received and processed to date. A summary of this feedback is contained with **Appendix A** of this document. As staff and volunteers have taken significant effort to provide their fulsome and open feedback, it is recommended that CMT members and CQFES read the full feedback. It is requested that this document is not onforwarded in its current state at it contains vaccination information and includes specific instruction from some personnel not to disseminate further than required of the taskforce. • UFUQ and QFES met on 28/1/2022 to afford a cross section of UFUQ State Committee Members (SCM) to seek further clarification and provide feedback (See **Attachment 2 draft minutes**). It should be noted that during this meeting, it was stated that up to 400 members will not provide their vaccination status. When prompted for verification of this number, further details were not forthcoming. If correct this would represent approximately 16.93 per cent of a workforce cohort

Draft Resolution: That the Crisis Management Team (CMT) consider this update and provide recommendations to Commissioner QFES (CQFES) for determination	

	• of 2362 operational permanent firefighters. A number of questions on notice were taken. QFES CMT should confirm direction on these key matters:
	  ○ Will a risk assessment be shared as there is reference to risk in the CQFES all staff email?
	  ○ Can the human rights compatibility assessment be shared?
	  ○ Will exemptions include conscientious objection?
	  ○ Has Novovax been considered in the mandate?
	  ○ Is the mandate temporary or permanent, will the mandate be rescinded at the end of the pandemic?
	• Informal contact with UFUQ representative, Nate Tosh throughout the week has been positive, helpful and engaging. UFUQ have advised they are seeking independent advice on the consultation draft QFES vaccination mandate proposal.
	• Additional advice has been sought from Crown Law (via QFES Legal) throughout the week on questions relating to the consultation draft mandate proposal. These questions query if the direction adequately specified secondees, temporary consultants who are in QFES workplaces.
	• Fire and Rescue NSW confirmed they sent out their risk assessment during their consultation period. Other Queensland Government agencies are currently out to consultation with their workforce. Department of Children, Youth Justice and Multicultural Affairs have disseminated a copy of their consultation draft risk assessment.
	• Email exchanges this week with Peter McKay (Public Sector Reform Office at Premiers) has highlighted the 1WS COVID-19 vaccination mandate provisions for medical exemptions only as per Queensland Government guidance (no exemptions based on religious grounds). CQFES may wish to exclude this category from its exemption list. Contact will be made with other frontline agencies such as QH, QAS and QPS to explore if this category of exemption is still included in their policies. When contacting these agencies, it will also be explored if they have made any undertakings to their workforce about the permanent or temporary nature of their mandates.
	• The federal government have stated Novovax will be available within Australia within the coming weeks. Further research will be undertaken regarding implementation timelines.
	• A request has been sent to QFES Workforce Analytics, and QFES Data Analytics to explore any modelling that QFES could undertake on potential loss of staff due to a mandate.
	• Taskforce activities for the coming week: process, analyse and respond to incoming feedback, finalise consultation drafts, work with QFES system owners to explore system readiness (VIMS for SES, Aurion for paid) and develop some form of system if required for RFS. Prepare draft mandate and exemption policy, procedure should it be required. Continue to engage with industrial bodies and associations and other relevant Queensland Government frontline agencies.
	
	Key decisions required for CMT consideration and CQFES determination and direction:

Draft Resolution: That the Crisis Management Team (CMT) consider this update and provide recommendations to Commissioner QFES (CQFES) for determination	

	• To ensure full and transparent consultation with the impacted workforce, Sch.3 s.7 Sch.3 s.7 This was the approach of QPS. CQFES should consider the release of the following documents to the QFES workforce:
	  ○ Consultation draft risk assessment (detailed and overview) (**Attachment 3a, 3b**)
	  ○ Consultation draft human rights compatibility assessment (HRCA)
	  ○ Consultation draft COVID-19 vaccination mandate proposal (already shared with the HSRs and WHS Committee Chairs)
	• Sch.3 s.7 so that it can be distributed to staff. This will likely be ready for distribution on Tuesday 1 February 2022. Should CQFES release these additional documents, it is recommended that the consultation period be extended by one week to ensure that the workforce has had reasonable time to read and respond to these documents.
	• That Director COVID-19 Vaccination taskforce is approved to respond to UFUQ with the following responses to questions posed:
	  ○ Yes, the risk assessment and HRCA can be shared
	  ○ Conscientious objection will not be included in the QFES COVID-19 vaccination mandate as a separate exemption category. Staff should consider making a submission under the category of other exceptional circumstances.
	  ○ The recent TGA approval of Novovax will be considered as part of the QFES COVID-19 vaccination proposal.

Attachments:

- **Attachment 1: 20220129 Consultation Feedback**
- **Attachment 2: 20220128 Meeting minutes -Industrial body input - COVID19 vaccination mandate proposal (draft)**
- **Attachment 3 a: 20220130 – Consultation draft risk assessment overview**
- **Attachment 3 b: 20220130 Consultation draft risk assessment**

Submitted by: **Lyn Richards**_____ 31/1/2022_____
Signature Date

_____
Lyn Richards, Director COVID-19 Vaccination Taskforce

Appendix A: Summary of processed feedback from QFES staff and volunteers as at 28/1/2022

1. 760 items of feedback received. There are approximately 100 items yet to be processed as the person has requested detailed responses.
2. 483 were supportive of the proposal
3. 223 did not support the proposal. Of these 223, 86 of these were people who voluntarily outlined they were fully vaccinated
4. There were a number of items of feedback which was ambiguous, a question / statement only or supportive of whichever way CQFES determines.
5. 50 managers provided the details of the QFES personnel not in the workplace whom they had made contact with. These details are captured in the **Mgr Contact** tab of **Attachment 1**.
6. As stated earlier in this update, it is important for CMT and CQFES to have visibility of all feedback in **Attachment 1**, please read in full.
7. Feedback of note:
    - Line 133 – a firefighter who has experienced the full impact of COVID-19 on family members
    - Line 298 – outlines if QFES mandates, the person will take to social media about a more pressing health and safety issue, the "Obesity Pandemic" of firefighters who are unfit and unwilling to maintain their health
    - Line 511 – outlines a specific RFS Brigade example where it is likely a mandate would critically impact service delivery (noting that the proposal is not intended to apply to volunteers).
8. The following tables provide a high-level overview of feedback, including a theme analysis of the feedback which does not support a mandated position. Time and resourcing meant this theme analysis was unable to be done on feedback which supports a mandated position. This will be undertaken at the conclusion of the consultation period.

Table 1: QFES Service Stream (blank = service stream not provided)

Service Stream	Supports	Does not support	Vaccinated but does not support mandate
AUX	6	12	3
EM	5	3	2
FRS	210	67	29
PS	39	8	5
RFS	69	31	18
SES	51	13	2
SES / RFS	2		
(blank)	101	89	27
Grand Total	**483**	**223**	**86**

Table 2: QFES Paid versus Volunteer (blank = information not provided)

Employment type	Supports	Does not support	Vaccinated but does not support mandate
Paid	263	78	38
Volunteer	82	41	16
(blank)	138	104	32
Grand Total	**483**	**223**	**86**

Table 3: QFES Regions (blank = information not provided)

Region	Supports	Does not support	Vaccinated but does not support mandate
BR	49	15	7
CR	16	9	2
FNR	17	5	2
NCR	43	10	3
NR	14	5	2
SER	32	12	6
State	65	8	6
SWR	12	3	1
(blank)	235	156	57
Grand Total	**483**	**223**	**86**

Table 4: QFES Region and Service Stream (blank = information not provided)

Region & Service Stream	Supports	Does not support	Vaccinated but does not support mandate
BR	**49**	**15**	**7**
EM	1		
FRS	40	15	7
PS	1		
RFS	2		
SES	3		
(blank)	2		
CR	**16**	**10**	**2**
AUX		2	
FRS	13	6	1
RFS	1	1	1
SES	2	1	
FNR	**18**	**6**	**2**
EM	2		
FRS	10	4	1
PS	1		
RFS	1	2	1
SES	3		
(blank)	1		
NCR	**43**	**10**	**3**
AUX		2	1
FRS	32	6	1
RFS	5	1	1
SES	4	1	
(blank)	2		
NR	**14**	**5**	**2**

EM		1	1
FRS	11	3	
RFS	1	1	1
SES	2		
SER	**32**	**12**	**6**
EM		1	
FRS	23	9	4
PS	1		
RFS	4	1	2
SES	3	1	
(blank)	1		
State	**65**	**9**	**6**
EM	1		
FRS	23	2	2
PS	35	6	4
RFS	3		
SES	1	1	
(blank)	2		
SWR	**12**	**3**	**1**
FRS	6	3	1
RFS	3		
SES	2		
(blank)	1		
(blank)	**235**	**156**	**57**
AUX	6	8	2
EM	1	1	1
FRS	53	22	12
PS	1	2	1
RFS	49	25	12
SES	31	9	2
SES / RFS	2		
(blank)	92	89	27
Grand Total	**484**	**226**	**86**

Table 5: Does not support themes

Theme	Number
Loss of staff that will result or I will resign	**28**
Mandate is a breach of legal and / or human rights	**17**
Queried the continued requirement (eg will I be forever required to maintain boosters)	**4**
Vaccine efficacy	**42**
Already a high community vaccination rate	**5**
People should have freedom of choice	**75**
This is a medical trial / vaccines are not fully tested	**11**
Vaccine hesitant / fearful of adverse reactions	**12**
Should be individual responsibility	**2**
Mistrust	**11**
Its too late Omicron is nearly over, or COVID-19 is nearing an endemic stage	**19**
Total	**226**

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COVID-19 Risk assessment and management

COVID-19 (SARS-CoV-2) is a strain of novel coronavirus – a type of respiratory infection – that affects humans, with a broad range of symptoms. While most people who contract COVID-19 experience mild to moderate symptoms, severe illness and fatalities do occur.

COVID-19 spreads from person to person through:

- direct contact (e.g. shaking hands)
- indirect contact (e.g. by touching a contaminated surface / object)
- aerosolised particles (such as when a person sneezes or coughs).

COVID-19 can transmit when infected persons are pre- or asymptomatic, as well as symptomatic.

COVID-19 can impact anyone, however there is increased risk of severe illness for:

- Aboriginal and Torres Strait Islander peoples and people in remote communities
- older people
- people with certain medical conditions (such as chronic illness or weakened immune systems)
- people in aged care facilities
- people with disability.

Measures to reduce the risk of COVID-19 are discussed below.

Assessment context and assumptions

Queensland has adopted a cautious and measured approach in its management of COVID-19, with limited instances of community transmission until recently with a significant surge as a result of the Omicron variant.

On 18 October 2021, the Queensland Government released the Vaccine Plan to Unite Families (the Plan), provided a staged plan to remove restrictions and quarantine requirements for interstate and international travel based on vaccination rates within Queensland.

Taking into account modelling undertaking by the QIMR Berghofer Medical Research Institute, the Plan was premised on COVID-19 becoming endemic in Queensland (circulating freely in the community) and relies on vaccination rates to manage impacts, facilitate movement and prevent a future re-evolution of the pandemic.

The risk assessment and management strategies in the following documents are based on the current spread of COVID-19 in Queensland since border restrictions and quarantine requirements have been removed.

The modelling does not provide a regional / location-based breakdown, so the risk assessment is conducted at a state level.

Controls

A number of strategies (controls) are available to reduce the risk of COVID-19 transmission (see below). Unlike the other controls, vaccination has been shown not only to reduce the risk of contracting COVID-191 but to reduce the likely severity of illness if COVID-19 is contracted.

Control	Use	Limitations
Staying home if unwell	An employer may direct a person who is unwell to leave the workplace.	Directions to stay home cannot be issued to members of the public and/or non-departmental officers working QFES facilities (other than in limited circumstances – e.g. to meeting participants on departmental premises).
Getting tested if symptomatic	Reducing spread through early identification of positive cases. QFES *may* be able to require production of a negative test result to return to the workplace.	People can be infectious (and transmit COVID-19) when pre- or asymptomatic. QFES cannot require production of negative test results for members of the public and/or non-departmental officers working in the shared tenancy.
Physical distancing	Employees may be directed to maintain physical distancing.	Physical distancing cannot be maintained in all circumstances.
Good personal hygiene	QFES can encourage good personal hygiene practices.	Enforcement of good hygiene practices is extremely difficult and/or not possible other than in limited circumstances (e.g. could require persons to sanitise hands before entering a meeting).
Alternative working arrangements	QFES can direct employees to work remotely incl. establishing workgroup teams.	Not all roles are suitable for remote working and can raise issues of equity where others do not have the same opportunity to work from home. Personal circumstances of employees may limit ability to adopt particular work patterns required with workgroup teams.
Increased cleaning / sanitisation of surfaces	Increased cleaning of high-touchpoint surfaces (such as handles, lift buttons) and requirement for staff to wipe in/out of desks.	While increased cleaning can reduce risks, it is not possible to sanitise shared touchpoints between every person. Department cannot control cleaning practices in non-departmental premises.
Face masks	QFES may direct the wearing of facemasks[2].	Face masks cannot be worn in all circumstances, or by all persons (people with respiratory challenges). The effectiveness of facemasks is reduced by improper wearing (e.g. not properly covering the mouth and nose).

[1] If a person is vaccinated, there is a 10x reduction of infecting others and a 20x reduction in the chance of being infected. If both persons are vaccinated the risk reduces up to 200x (Baker, C and Robinson, A, University of Melbourne - Your unvaccinated friend is roughly 20 times more likely to give you COVID (theconversation.com))

[2] Properly worn masks can block up to 80% of exhaled particles (Will a face mask protect me from COVID-19? | Queensland Health). The CDC recommends wearing of face mass by any unvaccinated persons in indoor environments or if there are high rates of community transmission (Your Guide to Masks | CDC)

Control	Use	Limitations
Vaccination	Vaccinations can reduce both risk of contracting COVID-19[3] and the severity of illness if COVID-19 is contracted. Whether or not an individual is vaccinated may impact on the management of the risk for COVID-19 exposures in businesses and venues where there is exposure to a COVID-19 case[4].	Vaccinations are not considered fully effective until one week after a person receives their second dose; therefore, to be an effective control, they must occur in advance. Some people cannot receive a vaccination for medical reasons.

Risk assessment scope and context

This risk assessment applies to paid employees (and other workers) working in the Queensland Fire and Emergency Services (QFES).

With the highly transmissible Omicron variant now in the Queensland community, existing controls alone (such as maintaining physical distancing, staying home when sick, practicing good hygiene, wearing a mask) may no longer reduce the risk of COVID-19 transmission to an acceptable level.

A large number of QFES employees are frontline staff and/or responsible for ensuring business continuity in the face of hazard events, delivering essential services, regulatory functions and ensuring critical functions continue to be delivered to Queensland communities.

QFES offices may also be shared tenancies where a government agency shares the same facilities and/or workspaces with other government or non-government agencies.

It is reasonable to undertake a broad risk assessment covering employees (and other workers) working for QFES due to:

- Increased risk of transmission due to face-to-face service delivery
- Increased risk due to services being accessed by both vaccinated and unvaccinated clients
- In some instances, increased risk of transmission due to client-base with increased vulnerability to COVID-19
- QFES must continue to provide services to all Queenslanders, regardless of their vaccination status.

A more detailed risk assessment has been undertaken, using the QFES risk management framework. See **Attachment A**

Risk context and risk factors

- Employees are either in close contact, or in contact with other staff who are in close contact, members of the public whose vaccination status is unknown.
- Employees are either in close contact, or in contact with other staff who are in close contact, with police officers and other health services workers such as Queensland Ambulance Officers who are at higher risk due to the nature of their roles, including requirements to attend to police stations, health and high-risk settings which require vaccination for government workers under public health directions.

[3] If a person is vaccinated, there is a 10x reduction of infecting others and a 20x reduction in the chance of being infected. If both persons are vaccinated the risk reduces up to 200x (Baker, C and Robinson, A, University of Melbourne - Your unvaccinated friend is roughly 20 times more likely to give you COVID (theconversation.com))

[4] Testing, quarantine and other requirements are set out in the Managing-the-risk-for-COVID-19-exposures.pdf (www.qld.gov.au) (https://www.qld.gov.au/__data/assets/pdf_file/0028/228655/Managing-the-risk-for-COVID-19-exposures.pdf). Under current CHO directions, there are different requirements for vaccinated and unvaccinated individuals.

- May be required to be vaccinated to attend settings which are either covered by public health directions requiring mandatory vaccination or have implemented mandatory vaccination directions for their workplaces due to high-risk, such as residential care.
- May provide services outside the office and in vulnerable Aboriginal and Torres Strait Islander communities where the risk and impact of community transmission is much higher and vaccination status is unknown.
- Meetings with some service providers and third parties with unknown vaccination status.
- For a shared tenancy, other regional offices may house employees from other departments, responsible for ensuring business continuity in the face of hazard events, delivering essential services, regulatory functions and ensuring critical functions continue to be delivered to Queensland communities. Should these department's have a higher risk, then the higher level of controls may apply to our regional offices and staff too.

Summary of additional controls

- Introduce a mandatory vaccination policy for all paid employees.
- Unlike the other controls, vaccination has been shown not only to reduce the risk of contracting COVID-19[5] but to reduce the likely severity of illness if COVID-19 is contracted.
- The department is seeking the highest level of control (mandatory vaccination) based on the risk assessment (Attachment A) to ensure the safety of staff, the safety of the workplace, the safety of the members of the public and the continuity of essential frontline services.
- All employees and contractors in shared locations use shared facilities including entrances, lifts and rest rooms. The effectiveness of this control is limited by allowing unvaccinated employees in the workplace.
- Continue to comply with public health directions regarding the wearing of masks and other public health measures

[5] If a person is vaccinated, there is a 10x reduction of infecting others and a 20x reduction in the chance of being infected. If both persons are vaccinated the risk reduces up to 200x (Baker, C and Robinson, A, University of Melbourne - Your unvaccinated friend is roughly 20 times more likely to give you COVID (theconversation.com))

Reference material

- Symptoms of COVID-19 and how the virus spreads | healthdirect: https://www.healthdirect.gov.au/coronavirus-covid-19-symptom-faqs#spread
- Coronavirus disease (COVID-19): How is it transmitted? (who.int): https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19-how-is-it-transmitted
- How to protect yourself and others — coronavirus (COVID-19) | Health and wellbeing | Queensland Government (www.qld.gov.au): https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/protect-yourself-others/coronavirus-prevention#high-risk
- Vaccine Plan to Unite Families https://www.covid19.qld.gov.au/government-actions/queenslands-covid19-vaccine-plan
- Modelling COVID-19 in Queensland: Preliminary modelling of reopening scenarios on meeting vaccination targets: https://www.covid19.qld.gov.au/__data/assets/pdf_file/0030/216939/qimr-berghofer-modelling-covid-in-qld-report.pdf
- Vaccine effectiveness | Health and wellbeing | Queensland Government (www.qld.gov.au): https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/protect-yourself-others/covid-19-vaccine/about/vaccine-effectiveness
- Queensland's COVID-19 Vaccine Plan To Unite Families | Queensland Government (covid19.qld.gov.au): https://www.covid19.qld.gov.au/government-actions/queenslands-covid19-vaccine-plan/queenslands-covid19-vaccine-plan
- Your unvaccinated friend is roughly 20 times more likely to give you COVID (theconversation.com): https://theconversation.com/your-unvaccinated-friend-is-roughly-20-times-more-likely-to-give-you-covid-170448
- Will a face mask protect me from COVID-19? | Queensland Health: https://www.health.qld.gov.au/news-events/news/will-a-face-mask-protect-me-from-covid-19
- BHP's COVID vaccine mandate at NSW mine unlawful, Fair Work Commission finds - ABC News: https://www.abc.net.au/news/2021-12-03/bhps-vaccine-mandate-unlawful-fair-work-commission-finds/100673390
- Employer liable for COVID-related death (allens.com.au): https://www.allens.com.au/insights-news/insights/2021/09/employer-liable-for-covid-19-related-death/
- Managing COVID-19 in workplaces: https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/industry-and-businesses/managing-covid-19-in-workplaces

COVID-19 Risk assessment and management

COVID-19 (SARS-CoV-2) is a strain of novel coronavirus – a type of respiratory infection – that affects humans, with a broad range of symptoms. While most people who contract COVID-19 experience mild to moderate symptoms, severe illness and fatalities do occur.

COVID-19 spreads from person to person through:

- direct contact (e.g. shaking hands)
- indirect contact (e.g. by touching a contaminated surface / object)
- aerosolised particles (such as when a person sneezes or coughs).

COVID-19 can transmit when infected persons are pre- or asymptomatic, as well as symptomatic.

COVID-19 can impact anyone, however there is increased risk of severe illness for:

- Aboriginal and Torres Strait Islander peoples and people in remote communities
- older people
- people with certain medical conditions (such as chronic illness or weakened immune systems)
- people in aged care facilities
- people with disability.

Measures to reduce the risk of COVID-19 are discussed below.

Assessment context and assumptions

Queensland has adopted a cautious and measured approach in its management of COVID-19, with limited instances of community transmission until recently with a significant surge as a result of the Omicron variant.

On 18 October 2021, the Queensland Government released the Vaccine Plan to Unite Families (the Plan), provided a staged plan to remove restrictions and quarantine requirements for interstate and international travel based on vaccination rates within Queensland.

Taking into account modelling undertaking by the QIMR Berghofer Medical Research Institute, the Plan was premised on COVID-19 becoming endemic in Queensland (circulating freely in the community) and relies on vaccination rates to manage impacts, facilitate movement and prevent a future re-evolution of the pandemic.

The risk assessment and management strategies in the following documents are based on the current spread of COVID-19 in Queensland since border restrictions and quarantine requirements have been removed.

The modelling does not provide a regional / location-based breakdown, so the risk assessment is conducted at a state level.

Controls

A number of strategies (controls) are available to reduce the risk of COVID-19 transmission (see below). Unlike the other controls, vaccination has been shown not only to reduce the risk of contracting COVID-191 but to reduce the likely severity of illness if COVID-19 is contracted.

Control	Use	Limitations
Staying home if unwell	An employer may direct a person who is unwell to leave the workplace.	Directions to stay home cannot be issued to members of the public and/or non-departmental officers working QFES facilities (other than in limited circumstances – e.g. to meeting participants on departmental premises).
Getting tested if symptomatic	Reducing spread through early identification of positive cases. QFES *may* be able to require production of a negative test result to return to the workplace.	People can be infectious (and transmit COVID-19) when pre- or asymptomatic. QFES cannot require production of negative test results for members of the public and/or non-departmental officers working in the shared tenancy.
Physical distancing	Employees may be directed to maintain physical distancing.	Physical distancing cannot be maintained in all circumstances.
Good personal hygiene	QFES can encourage good personal hygiene practices.	Enforcement of good hygiene practices is extremely difficult and/or not possible other than in limited circumstances (e.g. could require persons to sanitise hands before entering a meeting).
Alternative working arrangements	QFES can direct employees to work remotely incl. establishing workgroup teams.	Not all roles are suitable for remote working and can raise issues of equity where others do not have the same opportunity to work from home. Personal circumstances of employees may limit ability to adopt particular work patterns required with workgroup teams.
Increased cleaning / sanitisation of surfaces	Increased cleaning of high-touchpoint surfaces (such as handles, lift buttons) and requirement for staff to wipe in/out of desks.	While increased cleaning can reduce risks, it is not possible to sanitise shared touchpoints between every person. Department cannot control cleaning practices in non-departmental premises.
Face masks	QFES may direct the wearing of facemasks[2].	Face masks cannot be worn in all circumstances, or by all persons (people with respiratory challenges). The effectiveness of facemasks is reduced by improper wearing (e.g. not properly covering the mouth and nose).

[1] If a person is vaccinated, there is a 10x reduction of infecting others and a 20x reduction in the chance of being infected. If both persons are vaccinated the risk reduces up to 200x (Baker, C and Robinson, A, University of Melbourne - Your unvaccinated friend is roughly 20 times more likely to give you COVID (theconversation.com))

[2] Properly worn masks can block up to 80% of exhaled particles (Will a face mask protect me from COVID-19? | Queensland Health). The CDC recommends wearing of face mass by any unvaccinated persons in indoor environments or if there are high rates of community transmission (Your Guide to Masks | CDC)

Control	Use	Limitations
Vaccination	Vaccinations can reduce both risk of contracting COVID-19[3] and the severity of illness if COVID-19 is contracted. Whether or not an individual is vaccinated may impact on the management of the risk for COVID-19 exposures in businesses and venues where there is exposure to a COVID-19 case[4].	Vaccinations are not considered fully effective until one week after a person receives their second dose; therefore, to be an effective control, they must occur in advance. Some people cannot receive a vaccination for medical reasons.

Risk assessment scope and context

This risk assessment applies to paid employees (and other workers) working in the Queensland Fire and Emergency Services (QFES).

With the highly transmissible Omicron variant now in the Queensland community, existing controls alone (such as maintaining physical distancing, staying home when sick, practicing good hygiene, wearing a mask) may no longer reduce the risk of COVID-19 transmission to an acceptable level.

A large number of QFES employees are frontline staff and/or responsible for ensuring business continuity in the face of hazard events, delivering essential services, regulatory functions and ensuring critical functions continue to be delivered to Queensland communities.

QFES offices may also be shared tenancies where a government agency shares the same facilities and/or workspaces with other government or non-government agencies.

It is reasonable to undertake a broad risk assessment covering employees (and other workers) working for QFES due to:

- Increased risk of transmission due to face-to-face service delivery
- Increased risk due to services being accessed by both vaccinated and unvaccinated clients
- In some instances, increased risk of transmission due to client-base with increased vulnerability to COVID-19
- QFES must continue to provide services to all Queenslanders, regardless of their vaccination status.

A more detailed risk assessment has been undertaken, using the QFES risk management framework. See **Attachment A**

Risk context and risk factors

- Employees are either in close contact, or in contact with other staff who are in close contact, members of the public whose vaccination status is unknown.
- Employees are either in close contact, or in contact with other staff who are in close contact, with police officers and other health services workers such as Queensland Ambulance Officers who are at higher risk due to the nature of their roles, including requirements to attend to police stations, health and high-risk settings which require vaccination for government workers under public health directions.

[3] If a person is vaccinated, there is a 10x reduction of infecting others and a 20x reduction in the chance of being infected. If both persons are vaccinated the risk reduces up to 200x (Baker, C and Robinson, A, University of Melbourne - Your unvaccinated friend is roughly 20 times more likely to give you COVID (theconversation.com))

[4] Testing, quarantine and other requirements are set out in the Managing-the-risk-for-COVID-19-exposures.pdf (www.qld.gov.au) (https://www.qld.gov.au/__data/assets/pdf_file/0028/228655/Managing-the-risk-for-COVID-19-exposures.pdf). Under current CHO directions, there are different requirements for vaccinated and unvaccinated individuals.

- May be required to be vaccinated to attend settings which are either covered by public health directions requiring mandatory vaccination or have implemented mandatory vaccination directions for their workplaces due to high-risk, such as residential care.
- May provide services outside the office and in vulnerable Aboriginal and Torres Strait Islander communities where the risk and impact of community transmission is much higher and vaccination status is unknown.
- Meetings with some service providers and third parties with unknown vaccination status.
- For a shared tenancy, other regional offices may house employees from other departments, responsible for ensuring business continuity in the face of hazard events, delivering essential services, regulatory functions and ensuring critical functions continue to be delivered to Queensland communities. Should these department's have a higher risk, then the higher level of controls may apply to our regional offices and staff too.

Summary of additional controls

- Introduce a mandatory vaccination policy for all paid employees.
- Unlike the other controls, vaccination has been shown not only to reduce the risk of contracting COVID-19[5] but to reduce the likely severity of illness if COVID-19 is contracted.
- The department is seeking the highest level of control (mandatory vaccination) based on the risk assessment (Attachment A) to ensure the safety of staff, the safety of the workplace, the safety of the members of the public and the continuity of essential frontline services.
- All employees and contractors in shared locations use shared facilities including entrances, lifts and rest rooms. The effectiveness of this control is limited by allowing unvaccinated employees in the workplace.
- Continue to comply with public health directions regarding the wearing of masks and other public health measures

[5] If a person is vaccinated, there is a 10x reduction of infecting others and a 20x reduction in the chance of being infected. If both persons are vaccinated the risk reduces up to 200x (Baker, C and Robinson, A, University of Melbourne - Your unvaccinated friend is roughly 20 times more likely to give you COVID (theconversation.com))

Reference material

- Symptoms of COVID-19 and how the virus spreads | healthdirect: https://www.healthdirect.gov.au/coronavirus-covid-19-symptom-faqs#spread
- Coronavirus disease (COVID-19): How is it transmitted? (who.int): https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19-how-is-it-transmitted
- How to protect yourself and others — coronavirus (COVID-19) | Health and wellbeing | Queensland Government (www.qld.gov.au): https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/protect-yourself-others/coronavirus-prevention#high-risk
- Vaccine Plan to Unite Families https://www.covid19.qld.gov.au/government-actions/queenslands-covid19-vaccine-plan
- Modelling COVID-19 in Queensland: Preliminary modelling of reopening scenarios on meeting vaccination targets: https://www.covid19.qld.gov.au/__data/assets/pdf_file/0030/216939/qimr-berghofer-modelling-covid-in-qld-report.pdf
- Vaccine effectiveness | Health and wellbeing | Queensland Government (www.qld.gov.au): https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/protect-yourself-others/covid-19-vaccine/about/vaccine-effectiveness
- Queensland's COVID-19 Vaccine Plan To Unite Families | Queensland Government (covid19.qld.gov.au): https://www.covid19.qld.gov.au/government-actions/queenslands-covid19-vaccine-plan/queenslands-covid19-vaccine-plan
- Your unvaccinated friend is roughly 20 times more likely to give you COVID (theconversation.com): https://theconversation.com/your-unvaccinated-friend-is-roughly-20-times-more-likely-to-give-you-covid-170448
- Will a face mask protect me from COVID-19? | Queensland Health: https://www.health.qld.gov.au/news-events/news/will-a-face-mask-protect-me-from-covid-19
- BHP's COVID vaccine mandate at NSW mine unlawful, Fair Work Commission finds - ABC News: https://www.abc.net.au/news/2021-12-03/bhps-vaccine-mandate-unlawful-fair-work-commission-finds/100673390
- Employer liable for COVID-related death (allens.com.au): https://www.allens.com.au/insights-news/insights/2021/09/employer-liable-for-covid-19-related-death/
- Managing COVID-19 in workplaces: https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/industry-and-businesses/managing-covid-19-in-workplaces

From: Lyn Richards
Sent: Tuesday, 1 February 2022 10:16 AM
To: Michael Wassing; Greg Leach; Mark Roche (QFES); Adam Stevenson; Joanne Greenfield; Tony Johnstone; Troy Davies; Tim Whittaker; Alexander Rees; Patricia Smith; QFES Commissioner Staff Officer; Stephen Smith (QFES Assistant Commissioner)
Cc: Melissa Andrews; Michelle Boyd
Subject: RE: For CMT review and approval to release: CONSULTATION DRAFT - QFES Risk Register - for mandating COVID-19 vaccine
Attachments: 20220131 CONSULTATION DRAFT WHS Risk Register - COVID19 - for mandating COVID-19 vaccines.pdf

Thank you all for your feedback and approval.

The current attached version has been sent to QFES Legal for CL review. This version also has all the spelling mistakes corrected (apologies there were a few)

Once CL get back to us, I will send the RA to: ELT, impacted unions, HSRs, WHS Committee Chairs, Operations Support Branch, Regional Safety and Wellbeing Officers

Begin draft_____

Good afternoon

Thank you for your continued and proactive engagement during the current consultation period relating to the COVID-19 vaccination mandate proposal.

To date, QFES has outlined at a high level via an email the proposal and provided a consultation draft COVID-19 vaccination proposed direction.

Some stakeholders have provided feedback that they would benefit from further details to help inform discussions, consultation and feedback

Please find attached the consultation draft of the QFES risk assessment for mandating COVID-19 vaccinations. This document is provided to assist inform conversations and feedback.

QFES wishes to emphasise that there has been **no departmental decision on this topic**

Please consider this draft risk assessment as part of your deliberations during the current consultation period

Instructions for addresses – please circulate to your relevant workgroups, committee members, work units, areas and provide opportunity for consultation with these cohorts, coordinate and forward feedback to QFES.COVID.Vaccination@qfes.qld.gov.au

Regards

Lyn

End draft_____

From: Michael Wassing <Michael.Wassing@qfes.qld.gov.au>
Sent: Tuesday, 1 February 2022 8:37 AM
To: Lyn Richards <Lyn.Richards@qfes.qld.gov.au>; Greg Leach <Greg.Leach@qfes.qld.gov.au>; Mark Roche (QFES) <Mark.Roche@qfes.qld.gov.au>; Adam Stevenson <Adam.Stevenson@qfes.qld.gov.au>; Joanne Greenfield <Joanne.Greenfield@qfes.qld.gov.au>; Tony Johnstone <Tony.Johnstone@qfes.qld.gov.au>; Troy Davies <Troy.Davies@qfes.qld.gov.au>; Tim Whittaker <Tim.Whittaker@qfes.qld.gov.au>; Alexander Rees <Alexander.Rees@qfes.qld.gov.au>; Patricia Smith <Patricia.Smith@qfes.qld.gov.au>; QFES Commissioner Staff Officer <QFES.CommissionerStaffOfficer@qfes.qld.gov.au>; Stephen Smith (QFES Assistant Commissioner) <StephenA.Smith@qfes.qld.gov.au>
Cc: Melissa Andrews <Melissa.Andrews@qfes.qld.gov.au>; Michelle Boyd <Michelle.Boyd@qfes.qld.gov.au>
Subject: RE: For CMT review and approval to release: CONSULTATION DRAFT - QFES Risk Register - for mandating COVID-19 vaccine

Great work Lyn and looks fine by me

One of the broader risks (not covid specific but rather optics of our approach) we may need to consider is the alignment of the various COVID mitigation actions. As I understand it present;

1. QFES moving to paid staff vaccination mandate for protection of workforce, community and maintenance of services. Volunteers not as we don't have powers to do so.
2. State public service workforces currently working remotely shifting to return to work commencing 7 Feb 2022
3. State public service buildings currently (or still being assessed) for mandated vaccination for entry
4. QFES PPL 4 will need to adjust to PPL3 for alignment

My observation is that some of these actions are increasing mitigation against Covid and some relaxing mitigations leaving us potentially open to criticism regarding mixed messages and / or actions, and the risk of some staff not willing to work with volunteers per a mandate.

I don't think it necessarily changes our current direction but we should be conscious in our messaging and engagement over coming weeks.

Mike

From: Lyn Richards <Lyn.Richards@qfes.qld.gov.au>
Sent: Tuesday, 1 February 2022 5:01 AM
To: Greg Leach <Greg.Leach@qfes.qld.gov.au>; Mark Roche (QFES) <Mark.Roche@qfes.qld.gov.au>; Michael Wassing <Michael.Wassing@qfes.qld.gov.au>; Adam Stevenson <Adam.Stevenson@qfes.qld.gov.au>; Joanne Greenfield <Joanne.Greenfield@qfes.qld.gov.au>; Tony Johnstone <Tony.Johnstone@qfes.qld.gov.au>; Troy Davies <Troy.Davies@qfes.qld.gov.au>; Tim Whittaker <Tim.Whittaker@qfes.qld.gov.au>; Alexander Rees <Alexander.Rees@qfes.qld.gov.au>; Patricia Smith <Patricia.Smith@qfes.qld.gov.au>; QFES Commissioner Staff Officer <QFES.CommissionerStaffOfficer@qfes.qld.gov.au>; Stephen Smith (QFES Assistant Commissioner) <StephenA.Smith@qfes.qld.gov.au>
Cc: Melissa Andrews <Melissa.Andrews@qfes.qld.gov.au>; Michelle Boyd <Michelle.Boyd@qfes.qld.gov.au>; Lyn Richards <Lyn.Richards@qfes.qld.gov.au>
Subject: For CMT review and approval to release: CONSULTATION DRAFT - QFES Risk Register - for mandating COVID-19 vaccine

Morning all

As instructed yesterday, please find an updated consultation draft risk register will the future controls streamlined to reference the mandatory COVID-19 vaccination poly

Risks 3 and 4 now also include a future control of the RAT Standing Order – with its proposed limited scope of deployments and indigenous communities.

Attached is both an excel and pdf version

As always, don't hesitate to let me know if you would like any changes

Submitted for review and approval to release

Regards

Lyn

Lyn Richards
Director
QFES People | Queensland Fire and Emergency Services

M Contrary to the public interest **E** lyn.richards@qfes.qld.gov.au
A GPO Box 1425, Brisbane QLD 4001

QFES acknowledges and recognises Traditional Owners as custodians of the lands where we work together with the communities of Queensland. We pay our respects to Aboriginal and Torres Strait Islander ancestors of these lands, their spirits and their legacy.

Important Links
COVID-19 Information
COVID-19 Resources
COVID-19 safe workplaces
QFES Working from home during COVID19
QFES Human Resource Contacts
QFES Safety and Wellbeing Contacts
FESSN Resources and Contacts
QFES Chaplains Contacts

Risk Register Builder

Risk Register/Assessment Title:	Hazards and risks associated with COVID-19 in the workplace	Register/Assessment Owner:	Commissioner
Context:	The QFES workforce operate in a range of environments, from offices and call centres to training facilities, industrial areas, bushland, and high risk sites. Staff and volunteers work a range of shift types and may travel extensively. QFES is required to provide a safe workplace for its staff, volunteers, contractors and visitors.	Signature:	
Date of Assessment:	21/01/2022	Date:	1/02/2022
Version:	0.3	Next review date:	31-Mar

Risk					Inherent risk rating				Controls	Residual risk rating					Future controls		Accountability		Target risk rating		
Risk No.	Risk (what can go wrong?)	Description (how can it happen? / causes)	Consequences (Qualitative)	Consequences (Quantitative)	Consequence	Likelihood	Rating Value	Rating Score	Current Controls	Consequence	Likelihood	Rating Value	Rating Score	Rating Variance - effectiveness of controls	Future controls	Action owner (& due date)	Risk Owner	Status	Consequence	Likelihood	Rating Value
1	Possibility of harm caused by the psychological characteristics of the work design and social conditions during the COVID-19 pandemic (workplace or home).	Exposure to distressing events involving COVID-19. Conflict and/or aggression amongst staff related to personal views on COVID-19 and/or COVID-19 vaccinations and/or control measures (e.g. masks). Stress as a result of COVID-19 workplace measures. Stress from isolation whilst working at home	Psychological injury (e.g. anxiety, depression, PTSD) Chronic disease (e.g. heart disease, type two diabetes) Physical injury (e.g. musculoskeletal disorders)	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, increased member turnover and depleted workforce.	Moderate	Possible	Medium	9	Safety and Wellbeing Policy. Early Intervention Program. Video (Microsoft teams) and teleconferencing facilities made available to all staff to maintain social connection and contact with the workplace. Leadership Advice Line available to increase managers capability with regard to supporting staff health and wellbeing. 24 hour counselling service available to support workers and their families. Peer support officers. Chaplaincy service in place. Domestic and family violence support program available to all staff. Leave entitlements available for staff who may become need time away from the workplace. SHE hazard and incident reporting system.	Moderate	Unlikely	Medium	6	3	Continue to monitor Queensland Health (QH), Public Service Commission (PSC) and Workplace Health and Safety Queensland (WHSQ) guidance and adjust control measures as required.	Assistant Commissioner QFES People	Commissioner	Watch	Moderate	Unlikely	Medium
2	Possibility of harm caused by the biomechanical characteristics of the work design in the home office in situations where increased telecommuting is required.	Poor ergonomic set up in the home office environment.	Acute and chronic related sprains/strains or other musculoskeletal disorders	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, increased member turnover and depleted workforce.	Moderate	Possible	Medium	9	Safety and Wellbeing Policy. Flexible work arrangements and telecommuting arrangements in place for staff working from home. Working from home risk assessment checklist in place to identify hazards, assess risks and put in place suitable control measures. Gateway videos related to suitable desk set-up and ergonomics in the home environment. Video (Microsoft teams) and teleconferencing facilities made available to all staff to maintain social connection and contact with the workplace. Leadership Advice Line available to support managers with work from home arrangements. SHE hazard and incident reporting system.	Moderate	Unlikely	Medium	6	3	Continue to monitor Queensland Health (QH), Public Service Commission (PSC) and Workplace Health and Safety Queensland (WHSQ) guidance and adjust control measures as required. Implement the Prevention and response to workplace bullying procedure.	Assistant Commissioner QFES People	Commissioner	Watch	Moderate	Unlikely	Medium
3	Possibility of harm caused by exposure to COVID-19 in a QFES facility environment (e.g. Kedron, Albion, workshop, station, regional headquarters).	Corporate staff and / or operational staff attending a QFES office / workplace facility.	COVID-19 could be transmitted from a corporate staff member to a QFES operational staff member resulting in serious illness (including long term serious adverse health consequences even for those who recover) and death in extreme circumstances.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Major	Possible	High	12	State Pandemic Plan and Associated Annexes. Standing Order (SO-Q-OM-5.13 QFES COVID-19 Activities - COVID-19 Vaccinations). QFES 2020-21 Deployment Plan: COVID-19 Specific. Floor plans identify requirements for physical distancing. Promotion of good hygiene practices Handwashing facilities are kept clean, in good working order and appropriately stocked. QFES Events Covid Safe plans Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES facilities. Posters and signage installed in meeting and conference rooms, lifts, desk areas and kitchen facilities to comply with physical distancing requirements. A COVID Check In QR Code is in place and monitor workplace numbers and physical distancing requirements. A regular cleaning regime has been implemented for high touch areas such as desks, handles, lift buttons and bathroom facilities (PPE provided to cleaners). Emergency response procedures in place should a suspected or confirmed case of COVID-19 enter the workplace. Flexible work arrangements and telecommuting arrangements in place to manage staff numbers at QFES facilities. Onsite and offsite car parking facilities available to all staff to minimise commuting via public transport. Staggered start and finish times implemented where required, with option for staff to apply for extended work hours between 5:00am and 10.00pm. QFES operational doctrine and infection control procedures Access to QH COVID-19 testing facilities COVID-19 specific information available on the QFES Gateway and circulated via other communication channels and email Operational personnel have access to PPE (workplaces, appliances, regional and state cache) Personnel are encouraged to comply with QH and QG guidance and consider COVID-19 vaccination Video (Microsoft teams) and teleconferencing facilities made available to all staff. SHE hazard and incident reporting system. Workplace cleaning guides for suspected or confirmed case of COVID-19. Staff are provided time during work hours to receive COVID-19 vaccination where reasonably practicable	Major	Rare	Medium	4	8	Continue to monitor Queensland Health (QH), Public Service Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. Mandatory COVID-19 vaccination policy for all QFES paid staff (except those with certified medical contraindications or exemption) who may be required to interact with other operational workers or members of the public will be required to receive their double dose of COVID-19 vaccine by a specified date and booster within one month of eligibility Standing Order Rapid Antigen Testing - COVID-10 for specified activities (Deployments and Indigenous Communities)	Assistant Commissioner QFES People	Commissioner	Open	Major	Unlikely	Medium
4	Transmission of COVID-19 to or from member of the public to a QFES staff during delivery of critical services in an operational context (emergency / non emergency) - including COVID-19 activities.	QFES staff attend a range of operational settings and are required to work in close proximity with each other, other emergency service workers and members of the public in the course of their operational duties. This may occur in hospitals, aged care facilities, at risk communities, airports, high density housing, large scale venues where physical distancing and PPE may not always be adequate, suitable, worn correctly, reliably and without potential for damage or failure to sufficiently protect from COVID-19 transmission or infection.	COVID-19 could be transmitted from a member of the public to a QFES operational staff member resulting in serious illness (including long term serious adverse health consequences even for those who recover) and death in extreme circumstances. COVID-19 could be transmitted from a QFES operational staff member to a member of the public, including those at risk populations during the course of their duties, resulting in serious adverse health consequences even for those who recover) and death in extreme circumstances.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced ability to deliver critical service, and depleted operational workforce.	Major	Possible	High	12	State Pandemic Plan and Associated Annexes. Standing Order (SO-Q-OM-5.13 QFES COVID-19 Activities - COVID-19 Vaccinations). QFES 2020-21 Deployment Plan: COVID-19 Specific. Handwashing facilities are kept clean, in good working order and appropriately stocked. Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES stations, brigades, groups, appliances. Posters and signage installed in QFES operational facilities to comply with physical distancing requirements. QFES operational procedures which document operational staff present in operational settings. PPE including P2, P3 masks, gloves and other PPC requirements QFES Events Covid Safe Plans Regular cleaning regimes have been implemented for appliances and operational workplaces. Emergency response procedures in place should a suspected or confirmed case of COVID-19 enter the workplace.. QFES operational doctrine and infection control procedures QFES Events Covid Safe Plans Access to QH COVID-19 testing facilities COVID-19 specific information available on the QFES Gateway and circulated via other channels and email Operational personnel have access to PPE (workplaces, appliances, regional and state cache) Personnel are required to comply with QH CHO Directions and QG guidance and consider COVID-19 vaccination Video (Microsoft teams) and teleconferencing facilities made available to operational personnel to minimise interaction with others to attend meetings away from operational workplaces. Minimise visitors to operational workplaces SHE hazard and incident reporting system. Workplace cleaning guides for suspected or confirmed case of COVID-19. Staff are provided time during work hours to receive COVID-19 vaccination where reasonably practicable.	Moderate	Possible	Medium	9	3	Continue to monitor Queensland Health, Public Service Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. Mandatory COVID-19 vaccination policy for all QFES staff (except those with certified medical contraindications) who may be required to interact with other operational workers or members of the public will be required to receive their double dose of COVID-19 vaccine by a specified date and booster within one month of eligibility Standing Order Rapid Antigen Testing - COVID-10 for specified activities (Deployments and Indigenous Communities) Minimise the time in which unvaccinated visitors, contractors or third party providers attend QFES occupied facilities. Provide alternate arrangements for visits where practicable	Assistant Commissioner QFES People	Commissioner	Open	Moderate	Unlikely	Medium

Risk					Inherent risk rating				Controls	Residual risk rating					Future controls		Accountability		Target risk rating		
Risk No.	Risk (what can go wrong?)	Description (how can it happen? / causes)	Consequences (Qualitative)	Consequences (Quantitative)	Consequence	Likelihood	Rating Value	Rating Score	Current Controls	Consequence	Likelihood	Rating Value	Rating Score	Rating Variance - effectiveness of controls	Future controls	Action owner (& due date)	Risk Owner	Status	Consequence	Likelihood	Rating Value
5	Staff with unknown COVID-19 vaccination status.	QFES staff may be unwilling to declare their COVID-19 vaccination status or make a false vaccination status declaration.	An unvaccinated staff could be exposed to COVID-19 resulting in serious illness and/or death to QFES staff or the public resulting from transmission of COVID-19. Conflict and/or aggression resulting from differing views amongst staff and /or staff choosing not to openly discuss vaccination status.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Major	Almost Certain	Very High	20	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. All QFES staff can access surgical mask, hand sanitiser, surface spray / surface wipes. QFES operational staff to access range of PPE.	Major	Likely	High	16	4	Mandatory COVID-19 vaccination policy for all QFES paid staff (except those with certified medical contraindications or exemption) who may be required to interact with other operational workers or members of the public will be required to receive their double dose of COVID-19 vaccine by a specified date and booster within one month of eligibility	Assistant Commissioner QFES People	Commissioner	Open	Major	Unlikely	Medium
6	Failure to effectively quarantine single or multiple positive cases of COVID-19 infection in QFES workplaces.	Unaware of infected personnel i.e. asymptomatic or delayed notification could attend a QFES workplace or QFES managed incident or other agency managed disaster incident site Staff come into QFES workplaces unwell.	COVID-19 infection could be transmitted to other QFES staff. All potentially affected staff would be required to isolate and the station / site taken offline (partial or full) for cleaning. This could increase the number of infected staff (including long term serious adverse health consequences even for those who recover) and death in extreme circumstances.	Impact to service delivery	Major	Likely	High	16	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. Continue to encourage staff to receive their COVID-19 vaccination. Staff required to remain away from QFES workplaces when displaying symptoms of COVID-19 and to have a PCR test and isolate and await results.	Moderate	Almost Certain	High	15	1	Continue to monitor Queensland Health, Public Service Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. Mandatory COVID-19 vaccination policy for all QFES paid staff (except those with certified medical contraindications or exemption) who may be required to interact with other operational workers or members of the public will be required to receive their double dose of COVID-19 vaccine by a specified date and booster within one month of eligibility	All Deputy Commissioners	Commissioner	Open	Moderate	Likely	High
7	Transmission of COVID-19 to or from an unvaccinated member of the public to an unvaccinated QFES staff.	Transmission in the workplace or operational setting where there may be unknown cases of COVID-19.	Serious illness and/or death to QFES staff or the public resulting from the transmission of COVID-19.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Adverse publicity for QFES and potential litigation. Reputational damage as a result of media reports.	Major	Possible	High	12	State Pandemic Plan and Associated Annexes. Standing Order (SO-Q-OM-5.13 QFES COVID-19 Activities - COVID-19 Vaccinations). QFES 2020-21 Deployment Plan: COVID-19 Specific. Handwashing facilities are kept clean, in good working order and appropriately stocked. Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES stations, brigades, groups, appliances. Posters and signage installed in QFES operational facilities to comply with physical distancing requirements. QFES operational procedures which document operational staff requirements in operational settings. Promotion of good hygiene practices Regular cleaning regimes have been implemented for appliances and operational workplaces. Emergency response procedures in place should a suspected or confirmed case of COVID-19 enter the workplace.. QFES operational doctrine and infection control procedures Access to QH COVID-19 testing facilities COVID-19 specific information available on the QFES Gateway and circulated via various communication channels and email Operational personnel have access to PPE (workplaces, appliances, regional and state cache) Personnel are required to comply with QH CHO Directions and QG guidance and consider COVID-19 vaccination Video (Microsoft teams) and teleconferencing facilities made available to operational personnel to minimise interaction with others to attend meetings away from operational workplaces. Minimise visitors to operational workplaces SHE hazard and incident reporting system. Workplace cleaning guides for suspected or confirmed case of COVID-19. Staff are provided time during work hours to receive COVID-19 vaccination where reasonably practicable.	Moderate	Possible	Medium	9	3	All QFES staff may be required to interact with operational personnel who will be required to attend various work locations and operations at short notice. Mandatory COVID-19 vaccination policy for all QFES paid staff (except those with certified medical contraindications or exemption) who may be required to interact with other operational workers or members of the public will be required to receive their double dose of COVID-19 vaccine by a specified date and booster within one month of eligibility	Deputy Commissioner Strategy and Corporate Services	Commissioner	Open	Moderate	Possible	Medium
8	COVID-19 infection during secondary or other employment / volunteering activities.	QFES staff could come into contact with COVID-19 during the course of their secondary or other employment / volunteering duties.	Serious illness and/or death to QFES staff or the public resulting from the transmission of COVID-19.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Major	Possible	High	12	When undertaking QFES work, it is undertaken in accordance with QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. State Pandemic Plan and Associated Annexes. Standing Order (SO-Q-OM-5.13 QFES COVID-19 Activities - COVID-19 Vaccinations). QFES 2020-21 Deployment Plan: COVID-19 Specific. Handwashing facilities are kept clean, in good working order and appropriately stocked. Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES stations, facilities and appliances. Posters and signage installed in QFES operational facilities to comply with physical distancing requirements. QFES operational procedures which document operational staff requirements in operational settings. Regular cleaning regimes have been implemented for appliances and operational workplaces. Emergency response procedures in place should a suspected or confirmed case of COVID-19 enter the workplace. QFES operational doctrine and infection control procedures. Access to QH COVID-19 testing facilities.	Moderate	Possible	Medium	9	3	Continue to monitor Queensland Health, Public Service Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. Mandatory COVID-19 vaccination policy for all QFES paid staff (except those with certified medical contraindications or exemption) who may be required to interact with other operational workers or members of the public will be required to receive their double dose of COVID-19 vaccine by a specified date and booster within one month of eligibility	All Deputy Commissioners	Commissioner	Open	Moderate	Possible	Medium
9	COVID-19 infection during meetings / interactions with partner agencies.	Transmission of COVID-19 to / from QFES staff and members of partner agencies.	Serious illness (including long term serious adverse health consequences even those who recover) and death in extreme circumstances for both / either QFES and / or partner agency personnel.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Loss of confidence in QFES ability to maintain adequate infection control measures.	Major	Possible	High	12	Current COVID-19 physical distancing measures to be maintained. Alternate meeting platforms utilised where appropriate such as MS Teams, Zoom. Interagency operational plans have been developed, agreed and circulated. State Pandemic Plan and Associated Annexes. QFES Events Covid Safe plans.	Moderate	Possible	Medium	9	3	All QFES staff who come into contact with workers from other organisations will be required to comply with the mandatory COVID-19 vaccination policy to reduce the risk of transmission between QFES staff and others and possible subsequent transmission to members of other agencies or members of the public.	All Deputy Commissioners	Commissioner	Open	Moderate	Possible	Medium
10	COVID-19 infection from contractors, consultants, attending a QFES workplace.	Transmission of COVID-19 to / from QFES staff and contractors, consultants, vendors and third party providers during attendance at a QFES workplace.	Serious illness (including long term serious adverse health consequences even those who recover) and death in extreme circumstances for both / either QFES and / or contractors, consultants, vendors and third party providers.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Loss of confidence in QFES ability to maintain adequate infection control measures.	Major	Possible	High	12	Entry into all QFES premises requires the use of the Qld Government Check In App. Entry to QFES premises should be planned in advance to enable sanitisation before and after in accordance with COVID-19 precautions. State Pandemic Plan and Associated Annexes.	Moderate	Possible	Medium	9	3	QFES requires all contractors, consultants who work for long periods in QFES facilities to comply with the mandatory COVID-19 vaccination policy, use of risk mitigation strategies such as minimise the time in QFES facilities, PPE, hand hygiene, physical distancing or alternate arrangements will need to be enacted to enable the provision of service.	All ELT members	Commissioner	Watch	Moderate	Unlikely	Medium

Risk					Inherent risk rating				Controls	Residual risk rating					Future controls		Accountability		Target risk rating		
Risk No.	Risk (what can go wrong?)	Description (how can it happen? / causes)	Consequences (Qualitative)	Consequences (Quantitative)	Consequence	Likelihood	Rating Value	Rating Score	Current Controls	Consequence	Likelihood	Rating Value	Rating Score	Rating Variance - effectiveness of controls	Future controls	Action owner (& due date)	Risk Owner	Status	Consequence	Likelihood	Rating Value
11	COVID-19 infection from visitors, union officials, regulators, family members or other members of the public attending a QFES workplace.	Transmission of COVID-19 to QFES staff resulting from visitors, family members or other members of the public attending the workplace. This may include people who cannot be vaccinated against COVID-19 at the present time such as children.	Serious illness (including long term serious adverse health consequences even those who recover) and death in extreme circumstances for QFES staff, family members or members of the public.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Loss of confidence in QFES ability to maintain adequate infection control measures.	Major	Possible	High	12	Limit entry to all QFES occupied facilities and meet with members of the public outside of QFES occupied facilities in accordance with the QFES PPL Entry into all QFES premises requires the use of the Qld Government Check In App. Where possible, physical distancing requirements are maintained, use of hand sanitiser. Entry to QFES premises should be planned in advance to enable sanitisation before and after in accordance with COVID-19 precautions. State Pandemic Plan and Associated Annexes. QFES Events Covid Safe Plans. Actively engage with union officials and regulators to explore ways in which visit on site is possible such as duration is minimised, use of PPE	Moderate	Possible	Medium	9	3	Undertake consultation and engagement with unions and officials and regulators and where possible consider alternate meeting arrangements should be explored where possible. Union officials and regulators are not to be refused entry to QFES premises. QFES should actively work to implement measures where visit is possible such as visit duration is minimised, meeting via MS Teams (if the meeting is expected to be of a long duration) QFES will continue to review the PPL content as it relates to the evolving nature of COVID-19 and visitors and members of the public access to QFES facilities	All ELT members	Commissioner	Open	Moderate	Unlikely	Medium
12	Staff members health worsen as a result of the COVID-19 vaccination.	QFES staff could have a contraindication to receiving the COVID-19 vaccination.	Serious injury or death in extreme circumstances.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Moderate	Possible	Medium	9	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. Continue to encourage staff to receive their COVID-19 vaccination. Staff required to remain away from QFES workplaces when displaying symptoms of COVID-19 and to have a PCR test and isolate and await results.	Moderate	Possible	Medium	9		Staff with a QFES approved exemption and a medically registered contraindication will not be required to comply with the mandatory COVID-19 vaccination, but will need to comply with the exemption requirements to minimise the risk to the staff and others.	Assistant Commissioner QFES People	Commissioner	Open	Moderate	Unlikely	Medium
13	Staff with underlying medical conditions or vulnerabilities are exposed to COVID-19.	Transmission of COVID-19 to / from QFES staff.	Serious illness and/or death to QFES staff or the public resulting from transmission of COVID-19.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Potential	Major	Possible	High	12	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. All QFES staff can access surgical mask, hand sanitiser, surface spray / surface wipes. QFES operational staff to access range of PPE as required by the operational context. State Pandemic Plan and Associated Annexes.	Major	Possible	High	12		QFES will be required to identify on a case by case risk assessment basis via an approved exemption process and in consultation with QFES WHS / QFES medical advisor how the non-vaccinated worker can remain isolated from potential exposure to COVID-19 infection or transmission sources while in QFES premises. This may be impracticable with the intermingling of QFES service stream personnel, especially during operations. Where the risk assessment deems the risk to be too high alternative duties must be considered. In the event that suitable alternative duties cannot be identified or supported, personal leave or LWOP may be considered on a case by case basis. If no alternative work arrangements are available, QFES will refer the matter to QFES People Directorate for further management.	Assistant Commissioner QFES People	Commissioner	Open	Major	Unlikely	Medium
14	Staff members psychological health could be impacted by the requirement to vaccinate.	QFES staff could have a strong religious objection to having the COVID-19 vaccination.	Short or long term mental health condition including anxiety, adjustment disorder or depression.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Major	Possible	High	12	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. QFES supports the Australian Government's rollout of COVID-19 vaccination. Provision of QFES FESSN and other wellbeing resources.	Moderate	Likely	High	12		If a QFES staff refuses to be COVID-19 vaccinated in accordance with the Mandatory COVID-19 vaccination policy, the supervisor or manager should as a first step, ask the staff to explain their reasons for refusing the COVID-19 vaccination. QFES can ask the staff to provide evidence of the reason for their refusal. If the staff gives a legitimate reason for not being COVID-19 vaccinated via an approved exemption, QFES will consider whether there are any other options available instead of the COVID-19 vaccination. This could be alternative work arrangements. This would require identifying duties that could be reasonably undertaken by "working from home", with no QFES duties that require attendance at QFES facilities or interaction with QFES staff or members of the public. If no alternative work arrangements are available, and the staff member is unable or unwilling to utilise leave / LWOP, QFES will refer the matter to QFES People Directorate for advice to be provided back to local management.	Assistant Commissioner QFES People	Commissioner	Open	Moderate	Possible	Medium
15	Staff could refuse or be refused admittance to QFES facilities or other nominated places where COVID-19 vaccination is required.	QFES staff may not agree with COVID-19 vaccination requirements put in place.	QFES staff involved in verbal or physical altercations or sustain a psychological health condition as a result of stress, bullying or violence.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Potential Common Law costs.	Major	Possible	High	12	If a QFES staff refuses to attend work because a co-worker isn't COVID-19 vaccinated QFES can direct them to attend work if the direction is lawful and reasonable. Whether a direction is lawful and reasonable depends on all the circumstance and advice from QFES People Directorate will be required before taking disciplinary action. This must be assessed on a case by case basis. Code of Conduct for the Queensland Public Service and QFES Workforce Conduct Policy are in place and must be followed by all QFES staff at all times. All instances of workplace bullying, harassment, discrimination, violence, or intimidation must be immediately reported to the supervisor and manager and must be addressed in a timely manner. Any instance of physical assault of QFES staff must be reported to QPS. Additional QFES resources are available such as Think, Say, Do.	Moderate	Possible	Medium	9	3	Implement the Prevention and response to workplace bullying procedure. Implement the Prevention and response to aggression and violence in the workplace guide.	Assistant Commissioner QFES People	Commissioner	Open	Moderate	Possible	Medium

From: Lyn Richards
Sent: Tuesday, 1 February 2022 6:10 PM
To: Greg Leach; Mark Roche (QFES); Michael Wassing; Adam Stevenson; Joanne Greenfield; Tony Johnstone; Troy Davies; Tim Whittaker; Alexander Rees; Patricia Smith; QFES Commissioner Staff Officer; Stephen Smith (QFES Assistant Commissioner)
Cc: Melissa Andrews; Michelle Boyd; John Cawcutt
Subject: FYI: Consultation: Questions for the Commissioner
Attachments: UFUQ. QFES consultation proposed vaccination mandate.2201.pdf; Consultation Draft Vaccine Proposal Questions

Good afternoon all

Please note I have drafted some high level responses in preparation for tomorrow's UFUQ / QFES meeting that AC Cawcutt and I will attend. UFUQ SCM members Mr McMartin and Mr Omanski and others will be present and have provided questions (see attached).

Consistent with the CMT discussion re: approach yesterday, the proposed responses are high level.

Sch.3 s.7

Proposed verbal responses below.

Don't hesitate to let me know if I need to recraft the responses ahead of the meeting at 3pm

Question	Proposed response
Who is this the proposed Mandated Vaccine Directive for/ protecting? Legislation and authority of CQFES to provide a mandate	The proposed COVID-19 vaccination mandate is to ensure the safety of QFES workers, workplaces and ensure the continued delivery of critical services. The information is provided in the background section of the vaccination proposal
Alternatives to vaccination mandate	Risk controls, current and future are contained within the QFES risk assessment. A consultation draft standing order for RATs has been circulated for defined activities which are reasonable and practicable
Copy of risk assessment	Provided 1/2/2022
Modelling of up to 400 members affected by the mandate (request for modelling details 5, 10,15 and 20%)	This would represent ~16.93% of a workforce of 2362. As at 1/2/2022 the state of QLD is 89.6% fully vaccinated QFES seeks further details on the areas that UFUQ feel will be impacted.
Level of support provided for those who leave the department as a result of non-compliance with a vaccination mandate	As former QFES employees, FESSN services are available and their direct family members

COVID-19 vaccination implications / work time /	• COVID-19 Vaccinations (Moderna, AZ and Pfizer) are available via the public health system and will not be administered on a QFES worksite or by a QFES member. • Where practicable a vaccination can be undertaken during work time • No travel allowance or overtime would be available to obtain a vaccination. • Vaccination status will be stored in Aurion
WorkCover	Direct quote from WorkCover's FAQ's at https://www.worksafe.qld.gov.au/resources/campaigns/coronavirus/workcover-queensland-covid-19-faqs/worker-faqs include the following:- *"You may be entitled to workers' compensation if you sustain a work-related injury due to the COVID-19 vaccine.* *An injury sustained due to the vaccine may be considered to have occurred in the course of your employment and that your employment was a significant contributing factor to the injury in circumstances where you work in an industry where the vaccine is mandated as a condition of your employment, or your employer otherwise induces or encourages staff to get the vaccine. This may include circumstances where the employer:* • *pays for or facilitates vaccinations at the workplace or a vaccination centre/medical practice* • *supports employees by approving leave or absence without pay while the employee obtains vaccination; or* • *explicitly encourages employees to obtain vaccination in their own time.* *Read about how we decide claims"*
Insurance	See Australian Government COVID-19 vaccine claims scheme
Exemptions	Categories provided: medical contraindication, religious and other exceptional circumstances as outlined in the draft proposal
Contact with people on leave during consultation period	Managers and line managers were provided with instruction to make contact with those away from the workplace to alert them of the Commissioners email. They provide details of this contact to the COVID Vaccination Taskforce
Request for extension of consultation period to accommodate committee meeting schedule	The consultation period concludes midday Monday 7 February and remains
Exclusion of volunteers	The proposal for paid personnel whom have prolonged contact with members of the public, prolonged interactions indoors, large numbers of contact with others with a long duration service
Who are the vulnerable members of the community that have not had the opportunity to inoculate from Covid19 & why is it the responsibility of the Commissioner to supposedly protect members of the public who have made their own medical decision	This is outlined in the draft direction with a specific example ie QAS Assists As Queensland Government employees it is **ALL** of our role to uphold the Queensland Government and QFES values. The Queensland Government values outline that "*Our ambition is to be a high performing, impartial and productive workforce that **puts the people of Queensland first***" (Lyn Richard emphasis)

Submitted for your visibility

Regards

Lyn

-----Original Message-----
From: Lyn Richards
Sent: Monday, 31 January 2022 8:19 PM
To: Greg Leach <Greg.Leach@qfes.qld.gov.au>; Mark Roche (QFES) <Mark.Roche@qfes.qld.gov.au>; Michael Wassing <Michael.Wassing@qfes.qld.gov.au>; Adam Stevenson <Adam.Stevenson@qfes.qld.gov.au>; Joanne Greenfield <Joanne.Greenfield@qfes.qld.gov.au>; Tony Johnstone <Tony.Johnstone@qfes.qld.gov.au>; Troy Davies <Troy.Davies@qfes.qld.gov.au>; Tim Whittaker <Tim.Whittaker@qfes.qld.gov.au>; Alexander Rees <Alexander.Rees@qfes.qld.gov.au>; Patricia Smith <Patricia.Smith@qfes.qld.gov.au>; QFES Commissioner Staff Officer <QFES.CommissionerStaffOfficer@qfes.qld.gov.au>; Stephen Smith (QFES Assistant Commissioner) <StephenA.Smith@qfes.qld.gov.au>
Cc: Melissa Andrews <Melissa.Andrews@qfes.qld.gov.au>; Michelle Boyd <Michelle.Boyd@qfes.qld.gov.au>; John Cawcutt <John.Cawcutt@qfes.qld.gov.au>
Subject: FYI: Consultation: Questions for the Commissioner

Afternoon all

As discussed this afternoon, this is the email I received from a UFUQ SCM John McMartin member this afternoon.

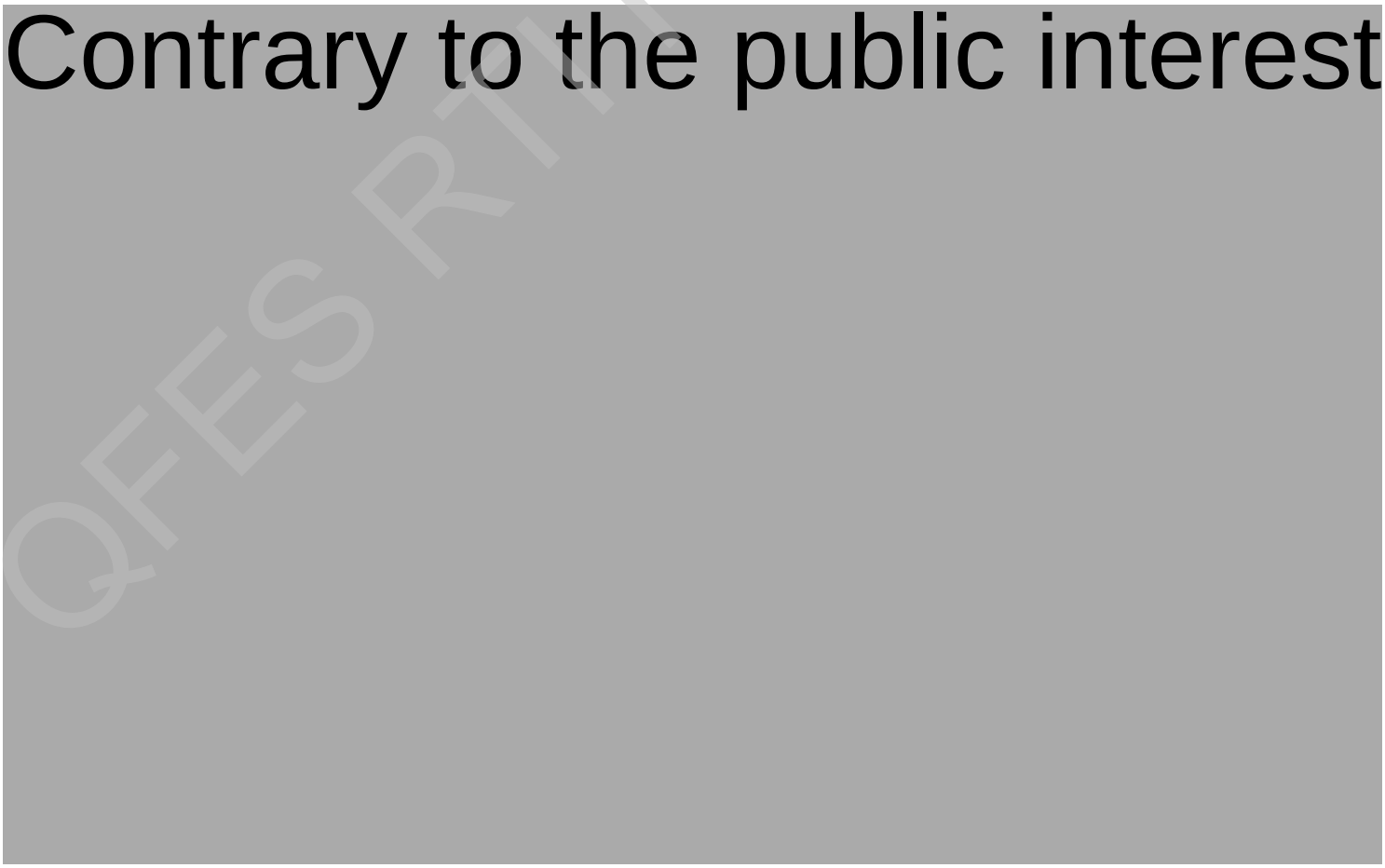
For your visibility AC Cawcutt and I have a meeting with the UFUQ representatives on Wednesday at 15:00

I forwarded a copy of the email to Nate at the UFUQ

We discussed most of these at a high level in today's CMT in order for me to respond

Regards

Lyn



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From: Lyn Richards
Sent: Thursday, 3 February 2022 2:21 PM
To: Patricia Smith; Brooke Gowland
Cc: QFES Commissioner Staff Officer; Alexander Rees; John Cawcutt
Subject: For CMT noting and action: Minutes of meeting with UFUQ 2/2/2022
Attachments: 20220202 Meeting minutes -Industrial body input - COVID19 vaccination mandate proposal.docx

Afternoon Trish

Please find attached the minutes of the meeting that AC Cawcutt and I attended with UFUQ SCM representatives and Nate Tosh. AC Cawcutt has reviewed and approves the minutes.

@Patricia Smith - Can you please upload this to CMT site and we add this to the next CMT agenda for their noting.

@Brooke Gowland – can you ask CQFES if he would like to accept the offer made by the UFUQ to meet with a representative who can provide further details regarding the substantiation of the claim of 400 members who would resign should a mandate proceed. Should you wish to have some guiding advice, my recommendation would be that if CQFES wished for a meeting to take place, that he consider nominating a delegate from the department.

Thanks so much in advance

Regards

Lyn

Lyn Richards
Director
QFES People | Queensland Fire and Emergency Services

M Contrary to the public interest **E** lyn.richards@qfes.qld.gov.au
A GPO Box 1425, Brisbane QLD 4001

Please consider the environment before printing this email.

QFES acknowledges and recognises Traditional Owners as custodians of the lands where we work together with the communities of Queensland. We pay our respects to Aboriginal and Torres Strait Islander ancestors of these lands, their spirits and their legacy.

Important Links
COVID-19 Information
COVID-19 Resources
COVID-19 safe workplaces
QFES Working from home during COVID19
QFES Human Resource Contacts
QFES Safety and Wellbeing Contacts
FESSN Resources and Contacts
QFES Chaplains Contacts

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From: Lyn Richards
Sent: Monday, 7 February 2022 5:00 AM
To: Tim Whittaker; Greg Leach; Mark Roche (QFES); Adam Stevenson; Michael Wassing; Troy Davies; Tony Johnstone; Lyn Richards; Alexander Rees; Melissa Andrews; Michelle Boyd; Patricia Smith
Cc: QFES Commissioner Staff Officer
Subject: For CMT discussion and direction: CMT taskforce update as at 7/2/2022 - CONFIDENTIAL
Attachments: Att 7 - 20220207 consultation feedback.xlsx; Att 1 - 20220202 Meeting minutes -Industrial body input - COVID19 vaccination mandate proposal - final.docx; Att 2 - 20220203 Meeting minutes - Industrial body - legal direction - mandate proposal.docx; Att 3 - 20220128 Meeting minutes - Industrial body input - COVID19 vaccination mandate proposal - final.docx; Att 4 - 20220204 Meeting minutes -Allan Bullock - legal representation - final.docx; Att 5 - 20220204 Meeting minutes -SOPPA.docx; Att 6 - 20220202 Pro Choice Consultation Response - template response.docx; 20220206 CMT update COVID19 mandate consultation.docx

Importance: High
Sensitivity: Confidential

Morning Commissioner and CMT

Please find attached the COVID-19 taskforce update week 2 update.

List of attachments below.

- **CMT update COVID mandate consultation**
- **Attachment 1: 20220202 – Meeting minutes – UFUQ meeting - final**
- **Attachment 2: 20220203 - Meeting minutes -UFUQ – feedback on legal powers (draft)**
- **Attachment 3: 202201298 – Meeting minutes – UFUQ meeting - final**
- **Attachment 4: 20220204 Meeting minutes -Allan Bullock - legal representation – final**
- **Attachment 5: 20220204 Meeting minutes -SOPPA**
- **Attachment 6: 20220202 Pro Choice Consultation Response - template response**
- **Attachment 7: 20220207 consultation feedback**

@Patricia Smith – are you able to upload these on the CMT SharePoint site. Thank you 😊

Submitted for your discussion and direction

Regards

Lyn

Please also note: I have been provided with a number of links to COVID-19 and firefighter studies (primarily in the US and during the earlier waves of COVID-19). I will summarise these articles with links in a separate email

Lyn Richards
Director
QFES People | Queensland Fire and Emergency Services

M Contrary to the public interest **E** lyn.richards@qfes.qld.gov.au
A GPO Box 1425, Brisbane QLD 4001

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Dear Commissioner,

My name is <redacted details>. I have served QFES and the Community for nearly <redacted details>years. I am married with four children who I love.
I look forward to another <redacted details> years of serving my community and providing for my family in a career that brings satisfaction and fulfilment.

I do not want mandatory COVID-19 vaccinations within the workplace.

I do not want mandatory booster vaccinations within the workplace.

I do not agree to my employment within QFES being dependent on vaccination status which is a personal medical decision.

Mandatory vaccination is not included in our terms of employment under the **Queensland Fire and Emergency Service Certified Agreement 2019** nor the **Queensland Fire and Emergency Service Employees Award – State 2016**.

At no point have I agreed to having to be vaccinated for COVID-19 to maintain my employment within QFES. This is an unlawful attempt to vary the terms and conditions of my employment.

The consultation process thus far has not complied with the requirements of the Work Health and Safety Act 2011 (Qld).

Examples exist that identify a devastating physical, emotional, and psychological toll on our colleagues, friends and staff being stood down due to COVID-19 mandates and potentially unable to provide for their families. This goes completely against QFES' values of respect, integrity, courage, loyalty and trust.

Over the past two years we have been able to safely provide our services to the community by using PPE, why does this have to change? Does QFES any proof or data that a firefighter has passed COVID-19 onto any member of the public during the whole pandemic?

I demand a completed COVID-19 specific Workplace Risk Assessment for my specific station/work location as required under the ***Work Health and Safety Act 2011***, using the most recent data on the Omicron strain. When will this be completed and made available to me?

Introducing this mandate will result in the QFES standing down a significant percentage of the fire service, which will guarantee a shortfall to our service capability delivery to the community due to being understaffed. This will cause major safety issues for ourselves (firefighters) and the community. The community will be extremely disadvantaged when QFES does not have any staff to maintain stations and trucks operationally as per government guidelines. We can assume the public would rather be rescued by an unvaccinated firefighter than not at all due to staff shortages resulting from this mandate. Introducing mandatory COVID-19 vaccination on all QFES staff will cause critical structural failures as we have seen with the QPS, QAS, Education and Hospital staff shortages.

The risk associated with the vaccine need to be assessed but also as a personal risk to the employee. As a member of staff, I cannot take the vaccine off when I leave work as I can do with PPE. If QFES mandate, they do so not only within the context of the workplace but also on my life and over my future.

Potential negative Impacts-

1. If a large group of firefighters are stood down then many years of experience and skills would be lost. QFES would be unable to replace this in the short or medium timeframe, which will cause us to provide an unsafe operational service to the community which puts lives in danger.

2. Can the QFES provide any data to support that losing a large % of staff due the mandate will be a better outcome for the community then currently what is happening? As QFES has remained at 100% operational capacity over the last two years during the whole COVID-19 pandemic and will continue to do so in the future due to the pandemic spread has already slowed down within QLD and Australia.

3. Adverse reactions and firefighters dying (serious reactions have occurred and SHE reports have been lodged)

    a. What is QFES doing or going to do to protect firefighters who have been and will be injured from the COVID-19 vaccinations.
    b. How many firefighters will need to be injured from the COVID-19 vaccinations before (QFES) act?

4. There are no safety benefits of mandatory vaccination in the workplace, it doesn't stop the spread of COVID-19 within QFES or the community and current COVID-19 vaccines provide no protection from transmission with current strains.

5. Is QFES basing its data and statistics on the original strain for the mandate not the less severe and current strain Omicron, which the current COVID-19 vaccines offer little to no protection against?

6. What other options are being considered to stop the transmission of COVID-19 within and outside of our workplace? RAT, etc? (This appears to be the only option considering both vaccinated and unvaccinated catch and transmit covid, which means there is no added risk to the community.)

7. Has the crisis management team looked at the data not just in Australia but from around the world in relation to adverse reactions and death associated with these vaccines?

8. What are the long-term implications for workers and QFES?

9. Firefighters have a greater risk of cancer due to exposures in our job therefore we have presumptive legislation. There are now studies which suggest that the vaccines may promote cancer. What due diligence has the crisis management team performed in regards to this?

10. Vaccines pose a Moral and ethical dilemma for a person of faith! What are the exemptions for a person of faith. According to the draft policy?

11. If mandatory vaccination is implemented within QFES, it is breaching my human rights.

12. What is QFES doing with the other 37 causes of death which rank above Covid in relation to WHS?

13. Risk Assessments

a. Have you completed a site and COVID-19 Workplace Risk Assessment for my specific work location (currently <redacted details>)?

b. If so, can you please provide the specific site and work environmental health advice and report, the scientific evidence and statistical data that you have used to produce the COVID-19 Workplace Risk Assessment?

c. Please specify the risk to my worksite if I am vaccinated vs not vaccinated?

Regards

<redacted details>

Meeting on 9 February 2022

Agenda Item: [Leave Blank]

Agenda Item Name: COVID-19 mandate consultation update – end of week two

Submitted by: Lyn Richards, Director COVID-19 Vaccination Taskforce

Draft Resolution: That the Crisis Management Team (CMT) consider this update and provide recommendations to Commissioner QFES (CQFES) for determination	
1.0	**Background**
	• On 24/1/2022 CQFES sent out an email to all staff outlining that a two-week consultation period would commence seeking feedback for a proposed COVID-19 vaccination mandate to apply to paid personnel (full time, part time and casual). • This submission represents the current feedback received and processed at the end of the second week of consultation.
2.0	**Update**

	• Consultation has continued during the week with UFUQ. Two meetings were held with UFUQ and Lyn Richards and AC Cawcutt:
	  ○ 2/2/2022 – Continued engagement with SCM members. See **Att 1** for final minutes – CQFES to advise if agrees to meet with UFUQ member with lists of 400 staff members who will resign as a result of a mandate.
	  ○ 3/2/2022 – UFUQ feedback on their consideration of the legal powers outlined in the direction. See **Att 2** for draft minutes
	  ○ **Att3** – final minutes for meeting held 28/1/2022
	• QFES was approached by two parties, advising they as advocates on behalf of QFES members. Neither of these parties are registered industrial organisations party to the four awards and industrial instruments for QFES. Advice was sought from QFES Legal, Employee Relations and OIR prior to returning contact. Both parties sought to represent their members views and be included in a (likely UFUQ / QFES) meeting being held on 2/2/2022.
	  ○ **Att 4** – Details contact between QFES and Contrary to the public interest from Allan Bullock solicitors and advocates
	  ○ **Att 5** – Details contact between QFES and varying representatives from the Sworn Officers Professional Association of Australia (SOPAA) (affiliated with Red Union)
	• Several requests were also received from Queensland Government central agencies: distributed messaging required for 1WS mandates, revised updated weekly reporting (Premiers and DPC) and return to work pivot reporting (DPC).
	• Consultation was undertaken with relevant impacted industrial bodies regarding the return to work transition commencing 7/2/2022 as announced by the Premier 2/2/2022. A response will be drafted in response to correspondence from Together Queensland on this topic.
	• There are varying reports that the current consultation period is causing workforce issues throughout QFES. These workforce issues surround mistrust that personnel have not received all relevant information to consider, differing opinions on a mandate or vaccination as well as the confusion on the return to work and the

Draft Resolution: That the Crisis Management Team (CMT) consider this update and provide recommendations to Commissioner QFES (CQFES) for determination

QFES PPLs. FESSN will provide specific advice and guidance that can be considered for ELT action.

- On 3/2/2022 QFES received a number of template type letters outlining a staff members disagreement to the mandate and requesting / demanding an individual workplace risk assessment (See **Att 6**). The content is largely similar and has been slightly customised by the sender. To date approximately 25 have been processed and responded to with a standard response, in line with QFES Legal advice. As at 2100hrs 6/2/2022, there are approximately 188 emails in the taskforce, many of which appear to be similar.
- On 3/2/2022 QFES Legal have circulated an amended draft proposal to CMT members for approval. This draft clarifies a number of queries relating to workers who are temporary, contract and consultants. Sch.3 s.7 Sch.3 s.7 Sch.3 s.7 For CMT discussion and CQFES decision. A draft updated timeline if this consultation period is extended in contained in **Appendix A** in this document.
- Should CQFES approve the release of the updated draft proposal, then CMT should consider the release of FAQs responding to the following topics:
    - Why not include volunteers, we need health and safety protection too?
    - Isn't it too late, Omicron has peaked?
    - Why haven't we done this sooner, when other agencies have?
    - If you haven't already made a decision, then why do you have a draft proposal?
    - If you haven't already made a decision, then why do you have a vaccination exemption email address already created (note this inbox was created late last year when the topic of mandate was previously contemplated)?
    - Why include boosters?
    - Can't unvaccinated people just use a RAT before work each shift (either at their own expense or at the department expense)?
    - Is this genuine consultation? Have you really not made a decision?
- The focus for last week working with others on central agency requests, liaising with Employee Relations and QFES legal on updated drafts and responding to advocates representing members. No other preparatory activities were possible.
- Aurion preparatory work continues and is on track to be available for paid staff if required.
- **Att 7** is the compiled feedback to date. CMT and CQFES should consider reading in full as staff and volunteers have taken significant effort to read. This information has had up to two themes allocated. Some feedback items have been highlighted to demonstrate the diversity of views (green is supports, yellow is does not support and red is where the member has outlined a viewpoint of mistrust in either the proposal or the consultation process). This list has been sorted by name for quality assurance purposes. It is recommended that this list in its current form should not be distributed outside CMT as it contains vaccination information and identifying details and includes specific instruction from some personnel not to disseminate further than required of the taskforce. A summary of this feedback is contained with **Appendix B** of this document

Draft Resolution: That the Crisis Management Team (CMT) consider this update and provide recommendations to Commissioner QFES (CQFES) for determination	

	Key decisions required for CMT consideration and CQFES determination and direction:
	• Consider this brief, all attachments and provide further direction where necessary
	• Consider and approve the:
	  ○ updated vaccination proposal for further dissemination,
	  ○ extension of consultation period and associated communications if approved.
	  ○ Consider that communications should confirm the documentation that has been circulated. FAQs and copies of documents could be uploaded for transparency and clarity. Consider if these updates should go to ALL staff and volunteers as well as the usual consultation channels.
	• Approve development of FAQs to go out with updated draft proposal
	• Consider and approve (out of session) ELT communications to address workforce issues (once received from FESSN)
	• Approve the updated timeline in **Appendix A** if the consultation period is extended.
	• That CMT consider scheduling in QH medical advisor briefing to provide health update during decision deliberations.

Attachments:

- **Attachment 1: 20220202 – Meeting minutes – UFUQ meeting - final**
- **Attachment 2: 20220203 - Meeting minutes -UFUQ – feedback on legal powers (draft)**
- **Attachment 3: 202201298 – Meeting minutes – UFUQ meeting - final**
- **Attachment 4: 20220204 - Meeting minutes -Allan Bullock - legal representation – final**
- **Attachment 5: 20220204 - Meeting minutes -SOPPA**
- **Attachment 6: 20220202 - Pro Choice Consultation Response - template response**
- **Attachment 7: 20220207 - consultation feedback**

Submitted by: **Lyn Richards**_____ 7/2/2022_____
Signature Date

_____
Lyn Richards, Director COVID-19 Vaccination Taskforce

Appendix A: Proposed amended timeline if consultation period is extended

Timeline	Action
Day 1 – 24 January	Proposal to all permanent full time and part time employees AND casual Fire Communications officers that QFES is looking at mandating COVID-19 vaccinations. It is not intended that any mandate would apply to Auxiliary Firefighters at this point in time. Sent out via email with vision 6 capability – 2 week timeframe to respond In the same email will contain advice for volunteers to voluntarily provide their vaccination status
Day 21 – 14 February	Consultation period concludes
Day 22 – 15 February	Compile all feedback and submit feedback to CMT for consideration and decision
Day 22 -24 – 15-17 February	CMT deliberations and CQFES decision (reasonable decision making timeframe0
Day 25 – 18 February	Issue result of consultation to ELT, industrial bodies and associations, WHS HSRs, WHS Committee Chairs, staff and volunteers (mandate or no mandate) If mandate, then paid staff will be advised they have the following timelines to comply ie 6 weeks for full vaccination (**Note**: will need QFES Legal advice if the six weeks can commence from direction date, or when policy and procedure is finalised – assumption at this point date of direction) If no mandate, Taskforce wind up activities commence, final report due to CMT by 25 February 2022.
Day 28 - 32 – 21 -25 February	If mandate, Consultation period regarding associated policy and procedures (Lyn to check with QPS on their strategy undertaken for this activity)
Day 33 – 28 February	If mandate, publish and disseminate policy and procedure
6 weeks post 18 February – compliance date 1 April	Full compliance required (estimated)

Appendix A: Summary of processed feedback from QFES staff and volunteers as at 6/2/2022

1. 1032 items of feedback received. Please note these items of feedback are not unique feedback. There are several staff who have sent multiple requests, one of which escalates in their articulation of mistrust in not receiving all the distributed documentation and mistrust in the consultation process (line 1028).
2. There are approximately 188 items yet to be processed.
3. 656 were supportive of the proposal
4. 395 did not support the proposal. Of these 395, 131 of these were people who voluntarily outlined they were fully vaccinated
5. There were a number of items of feedback which were ambiguous, a question / statement only or supportive of whichever way CQFES determines.
6. 68 managers provided the details of the QFES personnel not in the workplace whom they had made contact with. These details are captured in the **Mgr Contact** tab of **Attachment 7**.
7. As stated earlier in this update, it is important for CMT and CQFES to have visibility of all feedback in **Attachment 1**, please read in full.
8. The following tables provide a high-level overview of feedback, including **preliminary** theme analysis of the feedback. Time and resourcing meant **detailed** theme analysis was unable to be done completed. This will be undertaken at the conclusion of the consultation period and can include theme analysis by region, service stream and employment type (where that data is available).

Table 1: QFES Service Stream (blank = service stream not provided)

Service Stream	Supports	Does not support	Vaccinated but does not support mandate
AUX	17	24	5
EM	5	4	3
FRS	315	169	58
PS	66	19	8
RFS	96	57	24
SES	60	23	4
SES / RFS	2	2	
(blank)	95	97	29
RFBAQ			
Grand Total	**656**	**395**	**131**

Table 2: QFES Paid versus Volunteer (blank = information not provided)

Paid / Volunteer	Supports	Does not support	Vaccinated but does not support mandate
Paid	427	218	76
Volunteer	109	69	25
(blank)	120	108	30
Grand Total	**656**	**395**	**131**

Table 3: QFES Regions (blank = information not provided)

Region	Supports	Does not support	Vaccinated but does not support mandate
BR	63	41	15
CR	27	21	6
FNR	26	18	3
NCR	63	20	5
NR	18	17	9
SER	66	40	16
State	101	26	10
SWR	23	12	3
(blank)	269	200	64
Grand Total	**656**	**395**	**131**

Table 4: QFES Region and Service Stream (blank = information not provided)

Region / Service stream	Supports	Does not support	Vaccinated but does not support mandate
BR	**63**	**41**	**15**
EM	1		
FRS	52	38	14
PS	1	1	
RFS	4	2	1
SES	4		
(blank)	1		
CR	**27**	**21**	**6**
AUX	1	3	
FRS	23	14	4
RFS	2	1	1
SES	1	2	
(blank)		1	1
FNR	**26**	**18**	**3**
AUX		2	
EM	2		
FRS	16	12	2
PS	1		
RFS	3	3	1
SES	3		
SES / RFS		1	
(blank)	1		
NCR	**63**	**20**	**5**
AUX	1	3	1
FRS	46	11	2
RFS	8	5	2

SES	6	1	
(blank)	2		
NR	**18**	**17**	**9**
EM		1	1
FRS	15	13	6
RFS	1	2	2
SES	2	1	
SER	**66**	**40**	**16**
AUX	2	1	1
FRS	51	31	12
PS	1		
RFS	6	2	3
SES	5	6	
(blank)	1		
State	**101**	**26**	**10**
EM	1	2	1
FRS	30	7	2
PS	61	15	7
RFS	5		
SES	3	1	
(blank)	1	1	
SWR	**23**	**12**	**3**
AUX	1		
FRS	15	10	3
PS		1	
RFS	4	1	
SES	2		
(blank)	1		
(blank)	**269**	**200**	**64**
AUX	12	15	3
EM	1	1	1
FRS	67	33	13
PS	2	2	1
RFS	63	41	14
SES	34	12	4
SES / RFS	2	1	
(blank)	88	95	28
RFBAQ			
Grand Total	**656**	**395**	**131**

Table 5: Support themes (by primary them)

Primary theme	Number
Agree	146
Health & Safety	145
Protect community	138
Other frontline agencies have	83
Align with community standards	45
Should have been done sooner	23
Vaccines work	15
Provision of vaccination status	8
Close proximity to others	8
Non mandate position is causing workforce issues	7
Too late	4
Workforce issues	3
Loss of workforce	3
Freedom of choice	3
Novovax	2
Agrees with medical advice	2
Vaccination reduces COVID symptoms	2
Ambiguous	2
Query	2
Unvaccinated people don't pose a risk	1
Query - how do I report my vaccination status	1
Mandate should include volunteers	1
High vaccination rate	1
Know workforce vaccination status	1
Mandate for risk based roles	1
Not include boosters	1
Vaccines reduce symptoms	1
Mistrust	1
Grand Total	**650**

Table 5: Does not support themes (by primary theme)

Primary theme	Number
Freedom of choice	105
Against mandates	47
Not employer decision	36
Loss of workforce	28
Vaccine efficacy	19
Vaccines untested	19
Vaccines don't work	15
Against human rights	15
Adverse vaccination effects	13
Mandate will not benefit QFES	13
Disagree	12
High vaccination rate	11
Too late	10
Mistrust	7
Comparison of COVID to flu	6
Protect community	4
Use other risk control measures	3
I will consider resigning	3
Workforce issues	3
Against vaccines	3
Political decision not based on safety	3
Natural immunity as effective as vaccines	3
Against the law	3
Coercion	3
Unvaccinated people don't pose a risk	2
No benefit to QFES	1
Need to understand pros and cons	1
Mandate for risk based roles	1
Doesn't align with QH advice	1
Ambiguous	1
Covid has peaked	1
Grand Total	**392**

From: Lyn Richards
Sent: Wednesday, 9 February 2022 5:01 AM
To: Tim Whittaker; Greg Leach; Mark Roche (QFES); Adam Stevenson; Michael Wassing; Troy Davies; Tony Johnstone; Alexander Rees; Melissa Andrews; Michelle Boyd; Patricia Smith; Joanne Greenfield
Cc: QFES Commissioner Staff Officer
Subject: For CMT discussion and feedback: CMT consultation draft report as at 9/2/2022 - early exposure draft - CONFIDENTIAL
Attachments: Attachments.zip; 20220207 consultation report draft v0.1.docx; 20220208a consultation feedback.xlsx

Sensitivity: Confidential

Good morning all

Please find an early exposure draft of the QFES COVID-19 mandate proposal consultation report. You will note I have a number of areas I need to finalise.

I would appreciate your guidance and feedback if the document is pitched at the level you were all expecting. As it's an early exposure draft and that we only finished compiling the data this afternoon, I have progressed the report the best I can with the time available. Apologies in advance, but there will be grammar and spelling mistakes.

You will note that there are a number of documents of note that couldn't be included due to the nature of them being a scanned document or large file (see attached zip file)

I have compiled all the data but still need to QA. At tomorrow's CMT I will have this spreadsheet open, so don't hesitate to let me know if you have any questions and I should be able to filter the data and see if we are able to provide any data to respond to questions.

Submitted for CMT discussion and feedback.

Regards

Lyn

Lyn Richards
Director
QFES People | Queensland Fire and Emergency Services

M Contrary to the public interest **E** lyn.richards@qfes.qld.gov.au
A GPO Box 1425, Brisbane QLD 4001

QFES acknowledges and recognises Traditional Owners as custodians of the lands where we work together with the communities of Queensland. We pay our respects to Aboriginal and Torres Strait Islander ancestors of these lands, their spirits and their legacy.

Important Links
COVID-19 Information
COVID-19 Resources

COVID-19 safe workplaces
QFES Working from home during COVID19
QFES Human Resource Contacts
QFES Safety and Wellbeing Contacts
FESSN Resources and Contacts
QFES Chaplains Contacts

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Peer Reviewed Medical Papers Submitted To Various Medical Journals, Evidencing A Multitude Of Adverse Events In Covid-19 Vaccine Recipients

Myocarditis (includes terms: Inflammatory Heart Reactions & Myocardial)
An inflammation of the heart muscle (myocardium). The inflammation can reduce the heart's ability to pump and cause rapid or irregular heart rhythms (arrhythmias). Signs and symptoms of myocarditis include chest pain, fatigue, shortness of breath, and rapid or irregular heartbeats. In a small percentage of cases persons with myocarditis can be at risk of sudden death following strenuous activity. Some sufferers of myocarditis may require heart surgery or a heart transplant later in life.

1. Myocarditis after mRNA vaccination against SARS-CoV-2, a case series: https://www.sciencedirect.com/science/article/pii/S2666602221000409
2. Myocarditis after immunization with COVID-19 mRNA vaccines in members of the US military. This article reports that in “23 male patients, including 22 previously healthy military members, myocarditis was identified within 4 days after receipt of the vaccine”: https://jamanetwork.com/journals/jamacardiology/fullarticle/2781601
3. Association of myocarditis with the BNT162b2 messenger RNA COVID-19 vaccine in a case series of children: https://pubmed.ncbi.nlm.nih.gov/34374740/
4. Acute symptomatic myocarditis in seven adolescents after Pfizer-BioNTech COVID-19 vaccination: https://pediatrics.aappublications.org/content/early/2021/06/04/peds.2021-052478
5. Myocarditis and pericarditis after vaccination with COVID-19 mRNA: practical considerations for care providers: https://www.sciencedirect.com/science/article/pii/S0828282X21006243
6. Myocarditis, pericarditis and cardiomyopathy after COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S1443950621011562
7. Myocarditis with COVID-19 mRNA vaccines: https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.121.056135
8. Myocarditis and pericarditis after COVID-19 vaccination: https://jamanetwork.com/journals/jama/fullarticle/2782900
9. Myocarditis temporally associated with COVID-19 vaccination: https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.121.055891.
10. COVID-19 Vaccination Associated with Myocarditis in Adolescents: https://pediatrics.aappublications.org/content/pediatrics/early/2021/08/12/peds.2021-053427.full.pdf
11. Acute myocarditis after administration of BNT162b2 vaccine against COVID-19: https://pubmed.ncbi.nlm.nih.gov/33994339/
12. Temporal association between COVID-19 vaccine Ad26.COV2.S and acute myocarditis: case report and review of the literature: https://www.sciencedirect.com/science/article/pii/S1553838921005789
13. COVID-19 vaccine-induced myocarditis: a case report with review of the literature: https://www.sciencedirect.com/science/article/pii/S1871402121002253
14. Potential association between COVID-19 vaccine and myocarditis: clinical and CMR findings: https://www.sciencedirect.com/science/article/pii/S1936878X2100485X

15. Recurrence of acute myocarditis temporally associated with receipt of coronavirus mRNA disease vaccine 2019 (COVID-19) in a male adolescent: https://www.sciencedirect.com/science/article/pii/S002234762100617X
16. Fulminant myocarditis and systemic hyper inflammation temporally associated with BNT162b2 COVID-19 mRNA vaccination in two patients: https://www.sciencedirect.com/science/article/pii/S0167527321012286.
17. Acute myocarditis after administration of BNT162b2 vaccine: https://www.sciencedirect.com/science/article/pii/S2214250921001530
18. Lymphohistocytic myocarditis after vaccination with COVID-19 Ad26.COV2.S viral vector: https://www.sciencedirect.com/science/article/pii/S2352906721001573
19. Myocarditis following vaccination with BNT162b2 in a healthy male: https://www.sciencedirect.com/science/article/pii/S0735675721005362
20. Acute myocarditis after Comirnaty (Pfizer) vaccination in a healthy male with previous SARS-CoV-2 infection: https://www.sciencedirect.com/science/article/pii/S1930043321005549
21. Acute myocarditis after vaccination with SARS-CoV-2 mRNA-1273 mRNA: https://www.sciencedirect.com/science/article/pii/S2589790X21001931
22. Acute myocarditis after SARS-CoV-2 vaccination in a 24-year-old man: https://www.sciencedirect.com/science/article/pii/S0870255121003243
23. A series of patients with myocarditis after vaccination against SARS-CoV-2 with mRNA-1279 and BNT162b2: https://www.sciencedirect.com/science/article/pii/S1936878X21004861
24. COVID-19 mRNA vaccination and myocarditis: https://pubmed.ncbi.nlm.nih.gov/34268277/
25. COVID-19 vaccine and myocarditis: https://pubmed.ncbi.nlm.nih.gov/34399967/
26. Epidemiology and clinical features of myocarditis/pericarditis before the introduction of COVID-19 mRNA vaccine in Korean children: a multicenter study https://search.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov/resource/en/covidwho-1360706.
27. COVID-19 vaccines and myocarditis: https://pubmed.ncbi.nlm.nih.gov/34246566/
28. Myocarditis and other cardiovascular complications of COVID-19 mRNA-based COVID-19 vaccines https://www.cureus.com/articles/61030-myocarditis-and-other-cardiovascular-complications-of-the-mrna-based-covid-19-vaccines
29. Myocarditis and other cardiovascular complications of COVID-19 mRNA-based COVID-19 vaccines https://www.cureus.com/articles/61030-myocarditis-and-other-cardiovascular-complications-of-the-mrna-based-covid-19-vaccines
30. Myocarditis, pericarditis, and cardiomyopathy after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34340927/
31. Myocarditis with covid-19 mRNA vaccines: https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.121.056135
32. Association of myocarditis with COVID-19 mRNA vaccine in children: https://media.jamanetwork.com/news-item/association-of-myocarditis-with-mrna-covid-19-vaccine-in-children/
33. Association of myocarditis with COVID-19 messenger RNA vaccine BNT162b2 in a case series of children: https://jamanetwork.com/journals/jamacardiology/fullarticle/2783052

34. Myocarditis after immunization with COVID-19 mRNA vaccines in members of the U.S. military: https://jamanetwork.com/journals/jamacardiology/fullarticle/2781601%5C
35. Myocarditis occurring after immunization with COVID-19 mRNA-based COVID-19 vaccines: https://jamanetwork.com/journals/jamacardiology/fullarticle/2781600
36. Myocarditis following immunization with Covid-19 mRNA: https://www.nejm.org/doi/full/10.1056/NEJMc2109975
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Thrombosis (includes terms: Thrombotic & Thromboembolic & Thromboembolism)
There are three categories of causes of thrombosis: damage to the blood vessel (catheter or surgery), slowed blood flow (immobility), and/or thrombophilia (if the blood itself is more likely to clot).

1. Three cases of acute venous thromboembolism in women after vaccination against COVID-19: https://www.sciencedirect.com/science/article/pii/S2213333X21003929
2. Acute thrombosis of the coronary tree after vaccination against COVID-19: https://www.sciencedirect.com/science/article/abs/pii/S1936879821003988
3. US case reports of cerebral venous sinus thrombosis with thrombocytopenia after vaccination with Ad26.COV2.S (against covid-19), March 2 to April 21, 2020: https://pubmed.ncbi.nlm.nih.gov/33929487/
4. Portal vein thrombosis associated with ChAdOx1 nCov-19 vaccine: https://www.thelancet.com/journals/langas/article/PIIS2468-1253(21)00197-7/

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14. Thrombotic thrombocytopenia after vaccination with ChAdOx1 nCov-19: https://www.nejm.org/doi/full/10.1056/NEJMoa2104840?query=recirc_curatedRelated_article
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16. Comparison of vaccine-induced thrombotic episodes between ChAdOx1 nCoV-19 and Ad26.COV.2.S vaccines: https://www.sciencedirect.com/science/article/abs/pii/S0896841121000895
17. Hypothesis behind the very rare cases of thrombosis with thrombocytopenia syndrome after SARS-CoV-2 vaccination: https://www.sciencedirect.com/science/article/abs/pii/S0049384821003315
18. Primary adrenal insufficiency associated with thrombotic immune thrombocytopenia induced by the Oxford-AstraZeneca ChAdOx1 nCoV-19 vaccine (VITT): https://www.sciencedirect.com/science/article/pii/S0953620521002363
19. “Portal vein thrombosis occurring after the first dose of SARS-CoV-2 mRNA vaccine in a patient with antiphospholipid syndrome”: https://www.sciencedirect.com/science/article/pii/S2666572721000389
20. Early results of bivalirudin treatment for thrombotic thrombocytopenia and cerebral venous sinus thrombosis after vaccination with Ad26.COV2.S: https://www.sciencedirect.com/science/article/pii/S0196064421003425
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35. Risk of thrombocytopenia and thromboembolism after covid-19 vaccination and positive SARS-CoV-2 tests: self-controlled case series study: https://pubmed.ncbi.nlm.nih.gov/34446426/
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Thrombocytopenia
A condition in which there is a lower-than-normal number of platelets in the blood. It may result in easy bruising and excessive bleeding from wounds or bleeding in mucous membranes and other tissues.

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Cerebral Venous Thrombosis
A type of stroke in which the venous channels of the brain become thrombosed, resulting in cerebral infarction in the areas corresponding to the thrombosis.

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Vasculitis (includes term: Microscopic polyangiitis)
An inflammation of the blood vessels that causes changes in the blood vessel walls. When your blood vessel becomes weak, it might stretch and bulge (called an aneurysm). It might also burst open, causing bleeding. This can be life-threatening.

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7. Leukocytoclastic vasculitis as a cutaneous manifestation of ChAdOx1 corona virus vaccine nCoV-19 (recombinant): https://pubmed.ncbi.nlm.nih.gov/34546608/
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21. Cutaneous leukocytoclastic vasculitis induced by Sinovac COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34660867/.
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Guillain-Barré syndrome
A neurological disorder in which the body's immune system mistakenly attacks part of its peripheral nervous system—the network of nerves located outside of the brain and spinal cord. GBS can range from a very mild case with brief weakness to nearly devastating paralysis, leaving the person unable to breathe independently. Fortunately, most people eventually recover from even the most severe cases of GBS. After recovery, some people will continue to have some degree of weakness.

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8. Guillian Barré syndrome after vaccination with mRNA-1273 against COVID-19: https://pubmed.ncbi.nlm.nih.gov/34477091/
9. A novel case of bifacial diplegia variant of Guillain-Barré syndrome after vaccination with Janssen COVID-19: https://pubmed.ncbi.nlm.nih.gov/34449715/
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16. Guillain-Barre syndrome after BNT162b2 COVID-19 vaccine: https://link.springer.com/article/10.1007%2Fs10072-021-05523-5.
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Lymphadenopathy (includes term: Unilateral, Supraclavicular And Cervical
A disease affecting the lymph nodes where the sizes of the lymph can be affected

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3. Lymphadenopathy in COVID-19 vaccine recipients: diagnostic dilemma in oncology patients: https://pubmed.ncbi.nlm.nih.gov/33625300/
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16. Supraclavicular lymphadenopathy after COVID-19 vaccination: an increasing presentation in the two-week wait neck lump clinic: https://pubmed.ncbi.nlm.nih.gov/33685772/
17. COVID-19 vaccination and lower cervical lymphadenopathy in two-week neck lump clinic: a follow-up audit: https://pubmed.ncbi.nlm.nih.gov/33947605/.
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19. Lymphadenopathy associated with the COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/33786231/
20. Evolution of lymphadenopathy on PET/MRI
21. Massive cervical lymphadenopathy following vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34601889/
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34. Supraclavicular lymphadenopathy after COVID-19 vaccination in Korea: serial follow-up by ultrasonography: https://pubmed.ncbi.nlm.nih.gov/34116295/.
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Anaphylaxis (includes term: Anaphylactoid)
A severe, potentially life-threatening allergic reaction.

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5. Reports of anaphylaxis after coronavirus disease vaccination 2019, South Korea, February 26-April 30, 2021: https://pubmed.ncbi.nlm.nih.gov/34414880/
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20. Anaphylaxis after Modern COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34734159/
21. Sex differences in the incidence of anaphylaxis to LNP-mRNA vaccines COVID-19: https://pubmed.ncbi.nlm.nih.gov/34020815/
22. Allergic reactions, including anaphylaxis, after receiving the first dose of Pfizer-BioNTech COVID-19 vaccine – United States, December 14 to 23, 2020: https://pubmed.ncbi.nlm.nih.gov/33641264/
23. Allergic reactions, including anaphylaxis, after receiving the first dose of Modern COVID-19 vaccine – United States, December 21, 2020 to January 10, 2021: https://pubmed.ncbi.nlm.nih.gov/33641268/
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Myopericarditis
A complication of acute pericarditis, is characterized by extension of pericardial inflammation to the myocardium, which manifests as an elevated troponin level. It is generally evaluated and treated as acute pericarditis.

1. Myopericarditis after Pfizer mRNA COVID-19 vaccination in adolescents: https://www.sciencedirect.com/science/article/pii/S002234762100665X
2. Myopericarditis after vaccination with COVID-19 mRNA in adolescents 12 to 18 years of age: https://www.sciencedirect.com/science/article/pii/S0022347621007368
3. Important information on myopericarditis after vaccination with Pfizer COVID-19 mRNA in adolescents: https://www.sciencedirect.com/science/article/pii/S0022347621007496
4. Insights from a murine model of COVID-19 mRNA vaccine-induced myopericarditis: could accidental intravenous injection of a vaccine induce myopericarditis https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab741/6359059
5. Acute myocarditis after administration of BNT162b2 vaccine against COVID-19:. https://www.sciencedirect.com/science/article/abs/pii/S188558572100133X
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9. Myopericarditis in a previously healthy adolescent male after COVID-19 vaccination: Case report: https://pubmed.ncbi.nlm.nih.gov/34133825/
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Allergic Reactions (Includes Term: Allergy)
A condition in which the immune system reacts abnormally to a foreign substance.

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3. Allergic reactions to the first COVID-19 vaccine: a potential role of polyethylene glycol: https://pubmed.ncbi.nlm.nih.gov/33320974/
4. Pfizer Vaccine Raises Allergy Concerns: https://pubmed.ncbi.nlm.nih.gov/33384356/
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11. Polyethylene glycole allergy of the SARS CoV2 vaccine recipient: case report of a young adult recipient and management of future exposure to SARS-CoV2: https://pubmed.ncbi.nlm.nih.gov/33919151/
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14. Allergic reactions after COVID-19 vaccination: putting the risk in perspective: https://pubmed.ncbi.nlm.nih.gov/34463751/
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Bell's Palsy (Includes Terms: Facial Paralysis & Facial Palsy)
An unexplained episode of facial muscle weakness or paralysis. It begins suddenly and worsens over 48 hours. This condition results from damage to the facial nerve (the 7th cranial nerve). Pain and discomfort usually occur on one side of the face or head.

1. Bell's palsy and SARS-CoV-2 vaccines: an unfolding story: https://www.sciencedirect.com/science/article/pii/S1473309921002735
2. Bell's palsy after the second dose of the Pfizer COVID-19 vaccine in a patient with a history of recurrent Bell's palsy: https://www.sciencedirect.com/science/article/pii/S266635462100020X
3. Bell's palsy after COVID-19 vaccination: case report: https://www.sciencedirect.com/science/article/pii/S217358082100122X.
4. The association between COVID-19 vaccination and Bell's palsy: https://pubmed.ncbi.nlm.nih.gov/34411533/
5. Bell's palsy after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/33611630/
6. Bell's palsy after 24 hours of mRNA-1273 SARS-CoV-2 mRNA-1273 vaccine: https://pubmed.ncbi.nlm.nih.gov/34336436/
7. Bell's palsy after Ad26.COV2.S COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34014316/
8. Bell's palsy after COVID-19 vaccination: case report: https://pubmed.ncbi.nlm.nih.gov/34330676/
9. Acute facial paralysis as a possible complication of SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/33975372/.
10. Bell's palsy after COVID-19 vaccination with high antibody response in CSF: https://pubmed.ncbi.nlm.nih.gov/34322761/.
11. Bell's palsy after a single dose of vaccine mRNA. SARS-CoV-2: case report: https://pubmed.ncbi.nlm.nih.gov/34032902/.
12. Adverse event reporting and risk of Bell's palsy after COVID-19 vaccination: https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00646-0/fulltext.
13. Bilateral facial nerve palsy and COVID-19 vaccination: causality or coincidence: https://pubmed.ncbi.nlm.nih.gov/34522557/
14. Left Bell's palsy after the first dose of mRNA-1273 SARS-CoV-2 vaccine: case report: https://pubmed.ncbi.nlm.nih.gov/34763263/.
15. Bell's palsy after inactivated vaccination with COVID-19 in a patient with a history of recurrent Bell's palsy: case report: https://pubmed.ncbi.nlm.nih.gov/34621891/
16. Bell's palsy after vaccination with mRNA (BNT162b2) and inactivated (CoronaVac) SARS-CoV-2 vaccines: a case series and a nested case-control study: https://pubmed.ncbi.nlm.nih.gov/34411532/
17. A case of acute demyelinating polyradiculoneuropathy with bilateral facial palsy after ChAdOx1 nCoV-19 vaccine:. https://pubmed.ncbi.nlm.nih.gov/34272622/
18. Type I interferons as a potential mechanism linking COVID-19 mRNA vaccines with Bell's palsy: https://pubmed.ncbi.nlm.nih.gov/33858693/

Axillary adenopathy (includes term: Adenopathy)
Also called armpit lump, axillary lymphadenopathy occurs when your underarm (axilla) lymph nodes grow larger in size. While this condition may be concerning, it's usually attributed to a benign cause. It may also be temporary.

1. COVID-19 vaccine-induced axillary and pectoral lymphadenopathy in PET: https://www.sciencedirect.com/science/article/pii/S1930043321002612
2. Evolution of bilateral hypermetabolic axillary hypermetabolic lymphadenopathy on FDG PET/CT after 2-dose COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34735411/
3. COVID-19 vaccine-related axillary lymphadenopathy in breast cancer patients: case series with literature review: https://pubmed.ncbi.nlm.nih.gov/34836672/.
4. Subclinical axillary lymphadenopathy associated with COVID-19 vaccination on screening mammography: https://pubmed.ncbi.nlm.nih.gov/34906409/
5. Axillary adenopathy associated with COVID-19 vaccination: imaging findings and follow-up recommendations in 23 women: https://pubmed.ncbi.nlm.nih.gov/33624520/
6. Unilateral axillary adenopathy in the setting of COVID-19 vaccination: follow-up: https://pubmed.ncbi.nlm.nih.gov/34298342/
7. COVID-19 vaccine-related axillary and cervical lymphadenopathy in patients with current or previous breast cancer and other malignancies: cross-sectional imaging findings on MRI, CT and PET-CT: https://pubmed.ncbi.nlm.nih.gov/34719892/
8. Incidence of axillary adenopathy on breast imaging after vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34292295/.
9. Unilateral axillary lymphadenopathy related to COVID-19 vaccine: pattern on screening breast MRI allowing benign evaluation: https://pubmed.ncbi.nlm.nih.gov/34325221/
10. Axillary lymphadenopathy in patients with recent Covid-19 vaccination: a new diagnostic dilemma: https://pubmed.ncbi.nlm.nih.gov/34825530/.
11. COVID-19 vaccine-induced unilateral axillary adenopathy: follow-up evaluation in the USA: https://pubmed.ncbi.nlm.nih.gov/34655312/.
12. Axillary adenopathy associated with COVID-19 vaccination: imaging findings and follow-up recommendations in 23 women: https://pubmed.ncbi.nlm.nih.gov/33624520/
13. Unilateral axillary adenopathy in the setting of COVID-19 vaccination: follow-up: https://pubmed.ncbi.nlm.nih.gov/34298342/
14. Incidence of axillary adenopathy on breast imaging after vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34292295/.
15. Unilateral axillary lymphadenopathy related to COVID-19 vaccine: pattern on screening breast MRI allowing benign evaluation: https://pubmed.ncbi.nlm.nih.gov/34325221/
16. Axillary lymphadenopathy in patients with recent Covid-19 vaccination: a new diagnostic dilemma: https://pubmed.ncbi.nlm.nih.gov/34825530/.
17. COVID-19 vaccine-induced unilateral axillary adenopathy: follow-up evaluation in the USA: https://pubmed.ncbi.nlm.nih.gov/34655312/.

18. Adenopathy after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/33625299/.

Pericarditis
Swelling and irritation of the thin, saclike tissue surrounding your heart (pericardium). Pericarditis often causes sharp chest pain and sometimes other symptoms. The chest pain occurs when the irritated layers of the pericardium rub against each other.

1. Myocarditis and pericarditis after vaccination with COVID-19 mRNA: practical considerations for care providers: https://www.sciencedirect.com/science/article/pii/S0828282X21006243
2. Myocarditis, pericarditis and cardiomyopathy after COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S1443950621011562
3. Myocarditis and pericarditis after COVID-19 vaccination: https://jamanetwork.com/journals/jama/fullarticle/2782900
4. Pericarditis after administration of BNT162b2 mRNA COVID-19 mRNA vaccine: https://www.sciencedirect.com/science/article/pii/S1885585721002218
5. Epidemiology and clinical features of myocarditis/pericarditis before the introduction of COVID-19 mRNA vaccine in Korean children: a multicenter study https://search.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov/resource/en/covidwho-1360706.
6. Myocarditis, pericarditis, and cardiomyopathy after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34340927/
7. Clinical Guidance for Young People with Myocarditis and Pericarditis after Vaccination with COVID-19 mRNA: https://www.cps.ca/en/documents/position/clinical-guidance-for-youth-with-myocarditis-and-pericarditis
8. Myocarditis / pericarditis associated with COVID-19 vaccine: https://science.gc.ca/eic/site/063.nsf/eng/h_98291.html
9. Acute myocarditis after the second dose of SARS-CoV-2 vaccine: serendipity or causal relationship: https://pubmed.ncbi.nlm.nih.gov/34236331/
10. Pericarditis after administration of COVID-19 mRNA BNT162b2 vaccine: https://pubmed.ncbi.nlm.nih.gov/34364831/
11. Unusual presentation of acute pericarditis after vaccination against SARS-COV-2 mRNA-1237 Modern: https://pubmed.ncbi.nlm.nih.gov/34447639/
12. A case series of acute pericarditis after vaccination with COVID-19 in the context of recent reports from Europe and the United States: https://pubmed.ncbi.nlm.nih.gov/34635376/
13. Acute pericarditis and cardiac tamponade after vaccination with Covid-19: https://pubmed.ncbi.nlm.nih.gov/34749492/
14. Pericarditis after administration of the BNT162b2 mRNA vaccine COVID-19: https://pubmed.ncbi.nlm.nih.gov/34149145/
15. Case report: symptomatic pericarditis post COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34693198/.

Acute Myelitis (Includes Term: Transverse Myelitis)
An inflammation of the spinal cord which can disrupt the normal responses from the brain to the rest of the body, and from the rest of the body to the brain. Inflammation in the spinal cord, can cause the myelin and axon to be damaged resulting in symptoms such as paralysis and sensory loss. Myelitis is classified to several categories depending on the area or the cause of the lesion; however, any inflammatory attack on the spinal cord is often referred to as transverse myelitis.

1. Acute myelitis and ChAdOx1 nCoV-19 vaccine: coincidental or causal association: https://www.sciencedirect.com/science/article/pii/S0165572821002137
2. Acute transverse myelitis (ATM): clinical review of 43 patients with COVID-19-associated ATM and 3 serious adverse events of post-vaccination ATM with ChAdOx1 nCoV-19 vaccine (AZD1222): https://pubmed.ncbi.nlm.nih.gov/33981305/
3. Transverse myelitis induced by SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34458035/
4. Acute transverse myelitis (ATM): clinical review of 43 patients with COVID-19-associated ATM and 3 serious adverse events of post-vaccination ATM with ChAdOx1 nCoV-19 (AZD1222) vaccine: https://pubmed.ncbi.nlm.nih.gov/33981305/.
5. Acute transverse myelitis after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34684047/.
6. Extensive longitudinal transverse myelitis after ChAdOx1 nCOV-19 vaccine: case report: https://pubmed.ncbi.nlm.nih.gov/34641797/.
7. Acute transverse myelitis after SARS-CoV-2 vaccination: case report and review of the literature: https://pubmed.ncbi.nlm.nih.gov/34482455/.
8. Acute transverse myelitis following inactivated COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34370410/
9. Acute transverse myelitis after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34579245/.
10. A case of longitudinally extensive transverse myelitis following Covid-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34182207/
11. Post COVID-19 transverse myelitis; a case report with review of the literature: https://pubmed.ncbi.nlm.nih.gov/34457267/.
12. Acute bilateral bilateral optic neuritis/chiasm with longitudinal extensive transverse myelitis in long-standing stable multiple sclerosis after vector-based vaccination against SARS-CoV-2: https://pubmed.ncbi.nlm.nih.gov/34131771/
13. Extensive longitudinal transverse myelitis following AstraZeneca COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34507942/.
14. Extensive longitudinal transverse myelitis following AstraZeneca COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34507942/.
15. Longitudinally extensive cervical myelitis after vaccination with inactivated virus based COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34849183/

Perimyocarditis
An acute inflammation of the pericardium and the underlying myocardium resulting in myocellular damage. It is usually asymptomatic with complete resolution in most cases. It can however lead to fulminant cardiac failure resulting in death or requiring cardiac transplantation.

1. Perimyocarditis in adolescents after Pfizer-BioNTech COVID-19 vaccine: https://academic.oup.com/jpids/advance-article/doi/10.1093/jpids/piab060/6329543
2. Perimyocarditis in adolescents after Pfizer-BioNTech COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34319393/
3. Unusual presentation of acute perimyocarditis after modern SARS-COV-2 mRNA-1237 vaccination: https://pubmed.ncbi.nlm.nih.gov/34447639/
4. Perimyocarditis after the first dose of mRNA-1273 SARS-CoV-2 (Modern) mRNA-1273 vaccine in a young healthy male: case report: https://bmccardiovascdisord.biomedcentral.com/articles/10.1186/s12872-021-02183
5. Acute perimyocarditis after the first dose of COVID-19 mRNA vaccine: https://pubmed.ncbi.nlm.nih.gov/34515024/
6. Perimyocarditis after vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34866957/
7. Tinoco, M., Leite, S., Faria, B., Cardoso, S., Von Hafe, P., Dias, G., . . . Lourenco, A. (2021). Perimyocarditis Following COVID-19 Vaccination. Clin Med Insights Cardiol, 15, 11795468211056634. doi:10.1177/11795468211056634. https://www.ncbi.nlm.nih.gov/pubmed/34866957
8. Jhaveri, R., Adler-Shohet, F. C., Blyth, C. C., Chiotos, K., Gerber, J. S., Green, M., . . . Zaoutis, T. (2021). Weighing the Risks of Perimyocarditis With the Benefits of SARS-CoV-2 mRNA Vaccination in Adolescents. J Pediatric Infect Dis Soc, 10(10), 937-939. doi:10.1093/jpids/piab061. https://www.ncbi.nlm.nih.gov/pubmed/34270752
9. Khogali, F., & Abdelrahman, R. (2021). Unusual Presentation of Acute Perimyocarditis Following SARS-COV-2 mRNA-1237 Moderna Vaccination. Cureus, 13(7), e16590. doi:10.7759/cureus.16590. https://www.ncbi.nlm.nih.gov/pubmed/34447639
10. Hasnie, A. A., Hasnie, U. A., Patel, N., Aziz, M. U., Xie, M., Lloyd, S. G., & Prabhu, S. D. (2021). Perimyocarditis following first dose of the mRNA-1273 SARS-CoV-2 (Moderna) vaccine in a healthy young male: a case report. BMC Cardiovasc Disord, 21(1), 375. doi:10.1186/s12872-021-02183-3. https://www.ncbi.nlm.nih.gov/pubmed/34348657

Intracerebral Haemorrhage (Includes Term: Stroke)
Intracerebral hemorrhage (bleeding into the brain tissue) is the second most common cause of stroke (15-30% of strokes) and the most deadly. Blood vessels carry blood to and from the brain. Arteries or veins can rupture, either from abnormal pressure or abnormal development or trauma.

1. Intracerebral haemorrhage due to thrombosis with thrombocytopenia syndrome after COVID-19 vaccination: the first fatal case in Korea: https://pubmed.ncbi.nlm.nih.gov/34402235/

2. Intracerebral haemorrhage twelve days after vaccination with ChAdOx1 nCoV-19: https://pubmed.ncbi.nlm.nih.gov/34477089/
3. Neurosurgical considerations regarding decompressive craniectomy for intracerebral hemorrhage after SARS-CoV-2 vaccination in vaccine-induced thrombotic thrombocytopenia-VITT: https://pubmed.ncbi.nlm.nih.gov/34202817/
4. First dose of ChAdOx1 and BNT162b2 COVID-19 vaccines and thrombocytopenic, thromboembolic, and hemorrhagic events in Scotland: https://pubmed.ncbi.nlm.nih.gov/34108714/
5. Large hemorrhagic stroke after vaccination against ChAdOx1 nCoV-19: a case report: https://pubmed.ncbi.nlm.nih.gov/34273119/
6. Major hemorrhagic stroke after ChAdOx1 nCoV-19 vaccination: a case report: https://pubmed.ncbi.nlm.nih.gov/34273119/
7. Aphasia seven days after the second dose of an mRNA-based SARS-CoV-2 vaccine. Brain MRI revealed an intracerebral haemorrhage (ICBH) in the left temporal lobe in a 52-year-old man. https://www.sciencedirect.com/science/article/pii/S2589238X21000292#f0005
8. Incidence of acute ischemic stroke after coronavirus vaccination in Indonesia: case series: https://pubmed.ncbi.nlm.nih.gov/34579636/

Immune-Mediated Hepatitis
Defined as an elevation in the patient's liver function tests that requires corticosteroids and that has no alternate etiology.

1. Autoimmune hepatitis developing after coronavirus disease vaccine 2019 (COVID-19): causality or victim?: https://pubmed.ncbi.nlm.nih.gov/33862041/
2. Autoimmune hepatitis triggered by vaccination against SARS-CoV-2: https://pubmed.ncbi.nlm.nih.gov/34332438/
3. Acute autoimmune-like hepatitis with atypical antimitochondrial antibody after vaccination with COVID-19 mRNA: a new clinical entity: https://pubmed.ncbi.nlm.nih.gov/34293683/.
4. Autoimmune hepatitis after COVID vaccine: https://pubmed.ncbi.nlm.nih.gov/34225251/
5. Hepatitis C virus reactivation after COVID-19 vaccination: a case report: https://pubmed.ncbi.nlm.nih.gov/34512037/
6. Autoimmune hepatitis developing after ChAdOx1 nCoV-19 vaccine (Oxford-AstraZeneca): https://pubmed.ncbi.nlm.nih.gov/34171435/
7. Autoimmune hepatitis triggered by SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34332438/.
8. Immune-mediated hepatitis with the Moderna vaccine is no longer a coincidence but confirmed: https://www.sciencedirect.com/science/article/pii/S0168827821020936

Facial Nerve Palsy
Patients cannot move the upper and lower part of their face on one side.

1. Facial nerve palsy following administration of COVID-19 mRNA vaccines: analysis of self-report database: https://www.sciencedirect.com/science/article/pii/S1201971221007049
2. COVID-19 vaccination association and facial nerve palsy: A case-control study: https://pubmed.ncbi.nlm.nih.gov/34165512/
3. Sequential contralateral facial nerve palsy after first and second doses of COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34281950/.
4. Peripheral facial nerve palsy after vaccination with BNT162b2 (COVID-19): https://pubmed.ncbi.nlm.nih.gov/33734623/
5. Facial nerve palsy after administration of COVID-19 mRNA vaccines: analysis of self-report database: https://pubmed.ncbi.nlm.nih.gov/34492394/
6. A case of acute demyelinating polyradiculoneuropathy with bilateral facial palsy following ChAdOx1 nCoV-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34272622/

Neurological Symptoms (Includes Terms: Neurological Side Effects & Neurological Complications)
Medically defined as disorders that affect the brain as well as the nerves found throughout the human body and the spinal cord.

1. Neurological symptoms and neuroimaging alterations related to COVID-19 vaccine: cause or coincidence: https://www.sciencedirect.com/science/article/pii/S0899707121003557.
2. Neurological symptoms and neuroimaging alterations related to COVID-19 vaccine: cause or coincidence?: https://pubmed.ncbi.nlm.nih.gov/34507266/
3. Spectrum of neurological complications after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34719776/.
4. n-hospital observational study of neurological disorders in patients recently vaccinated with COVID-19 mRNA vaccines: https://pubmed.ncbi.nlm.nih.gov/34688190/
5. Neurological side effects of SARS-CoV-2 vaccines: https://pubmed.ncbi.nlm.nih.gov/34750810/
6. Neurological complications after the first dose of COVID-19 vaccines and SARS-CoV-2 infection: https://pubmed.ncbi.nlm.nih.gov/34697502/

Haemorrhage (includes terms: cerebral, lobar, acral and retinal
The release of blood from a broken bloody vessel, either inside or outside the body

1. Lobar hemorrhage with ventricular rupture shortly after the first dose of an mRNA-based SARS-CoV-2 vaccine: https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC8553377/
2. Retinal hemorrhage after SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34884407/.
3. Lobar hemorrhage with ventricular rupture shortly after the first dose of a SARS-CoV-2 mRNA-based SARS-CoV-2 vaccine: https://pubmed.ncbi.nlm.nih.gov/34729467/

4. Acral hemorrhage after administration of the second dose of SARS-CoV-2 vaccine. A post-vaccination reaction: https://pubmed.ncbi.nlm.nih.gov/34092400/742.
5. Fatal cerebral hemorrhage after COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/33928772/
6. Intracerebral hemorrhage associated with vaccine-induced thrombotic thrombocytopenia after ChAdOx1 nCOVID-19 vaccination in a pregnant woman: https://pubmed.ncbi.nlm.nih.gov/34261297/

Immune-Mediated Disease Outbreaks
Autoimmune diseases occur when the immune system produces antibodies that attack the body's own cells. There are many types, including Coeliac disease, lupus and Graves' disease. Although they can't be cured, there are various treatment options to manage the symptoms and reduce further damage to your body.

1. Immune-mediated disease outbreaks or recent-onset disease in 27 subjects after mRNA/DNA vaccination against SARS-CoV-2: https://pubmed.ncbi.nlm.nih.gov/33946748/
2. Severe autoimmune hemolytic autoimmune anemia after receiving SARS-CoV-2 mRNA vaccine: https://pubmed.ncbi.nlm.nih.gov/34549821/
3. Severe autoimmune hemolytic anemia after receipt of SARS-CoV-2 mRNA vaccine: https://onlinelibrary.wiley.com/doi/10.1111/trf.16672
4. https://www.ncbi.nlm.nih.gov/pubmed/34127481
5. Autoimmune encephalitis after ChAdOx1-S SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34846583/
6. Immune-mediated disease outbreaks or new-onset disease in 27 subjects after mRNA/DNA vaccination against SARS-CoV-2: https://pubmed.ncbi.nlm.nih.gov/33946748/

Takotsubo cardiomyopathy
A temporary heart condition that develops in response to an intense emotional or physical experience. It's also known as stress cardiomyopathy or broken heart syndrome. In this condition, the heart's main pumping chamber changes shape, affecting the heart's ability to pump blood effectively. Death is rare, but heart failure occurs in about 20% of patients. Rarely reported complications include arrhythmias (abnormal heart rhythms), obstruction of blood flow from the left ventricle, and rupture of the ventricle wall.

1. Myocarditis, pericarditis and cardiomyopathy after COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S1443950621011562
2. Takotsubo cardiomyopathy after vaccination with mRNA COVID-19: https://www.sciencedirect.com/science/article/pii/S1443950621011331
3. Takotsubo (stress) cardiomyopathy after vaccination with ChAdOx1 nCoV-19: https://pubmed.ncbi.nlm.nih.gov/34625447/
4. Takotsubo cardiomyopathy after coronavirus 2019 vaccination in patient on maintenance hemodialysis: https://pubmed.ncbi.nlm.nih.gov/34731486/.
5. Takotsubo syndrome after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34539938/.

Cardiac
Cardiac complications include myocardial injury, heart failure (HF), cardiogenic shock, multisystem inflammatory syndrome in adults, and cardiac arrhythmias including sudden cardiac arrest.

1. Transient cardiac injury in adolescents receiving the BNT162b2 mRNA COVID-19 vaccine: https://journals.lww.com/pidj/Abstract/9000/Transient_Cardiac_Injury_in_Adolescents_Receiving.95800.aspx
2. Snapiri, O., Rosenberg Danziger, C., Shirman, N., Weissbach, A., Lowenthal, A., Ayalon, I., . . . Bilavsky, E. (2021). Transient Cardiac Injury in Adolescents Receiving the BNT162b2 mRNA COVID-19 Vaccine. Pediatr Infect Dis J, 40(10), e360-e363. doi:10.1097/INF.0000000000003235. https://www.ncbi.nlm.nih.gov/pubmed/34077949
3. Fazlollahi, A., Zahmatyar, M., Noori, M., Nejadghaderi, S. A., Sullman, M. J. M., Shekarriz-Foumani, R., . . . Safiri, S. (2021). Cardiac complications following mRNA COVID-19 vaccines: A systematic review of case reports and case series. Rev Med Virol, e2318. doi:10.1002/rmv.2318. https://www.ncbi.nlm.nih.gov/pubmed/34921468
4. Ho, J. S., Sia, C. H., Ngiam, J. N., Loh, P. H., Chew, N. W., Kong, W. K., & Poh, K. K. (2021). A review of COVID-19 vaccination and the reported cardiac manifestations. Singapore Med J. doi:10.11622/smedj.2021210. https://www.ncbi.nlm.nih.gov/pubmed/34808708
5. Temporal relationship between the second dose of BNT162b2 mRNA Covid-19 vaccine and cardiac involvement in a patient with previous SARS-COV-2 infection: https://www.sciencedirect.com/science/article/pii/S2352906721000622

Post-Mortem (includes term: Postmortem)
See papers below.

1. Sessa, F., Salerno, M., Esposito, M., Di Nunno, N., Zamboni, P., & Pomara, C. (2021). Autopsy Findings and Causality Relationship between Death and COVID-19 Vaccination: A Systematic Review. J Clin Med, 10(24). doi:10.3390/jcm10245876. https://www.ncbi.nlm.nih.gov/pubmed/34945172
2. Post-mortem investigation of deaths after vaccination with COVID-19 vaccines: https://pubmed.ncbi.nlm.nih.gov/34591186/
3. A look at the role of postmortem immunohistochemistry in understanding the inflammatory pathophysiology of COVID-19 disease and vaccine-related thrombotic adverse events: a narrative review: https://pubmed.ncbi.nlm.nih.gov/34769454/
4. COVID-19 vaccine and death: causality algorithm according to the WHO eligibility diagnosis: https://pubmed.ncbi.nlm.nih.gov/34073536/
5. Post-mortem investigation of deaths after vaccination with COVID-19 vaccines: https://pubmed.ncbi.nlm.nih.gov/34591186/

Rhabdomyolysis
A serious syndrome due to a direct or indirect muscle injury. It results from the death of muscle fibers and release of their contents into the bloodstream. This can lead to serious complications such as renal (kidney) failure. This means the kidneys cannot remove waste and concentrated urine. In rare cases, rhabdomyolysis can even cause death.

1. Rhabdomyolysis and fasciitis induced by the COVID-19 mRNA vaccine: https://pubmed.ncbi.nlm.nih.gov/34435250/
2. COVID-19 vaccine-induced rhabdomyolysis: case report with literature review: https://pubmed.ncbi.nlm.nih.gov/34186348/
3. COVID-19 vaccine-induced rhabdomyolysis: case report with review of the literature: https://www.sciencedirect.com/science/article/pii/S1871402121001880
4. Rhabdomyolysis and fasciitis induced by COVID-19 mRNA vaccine: https://pubmed.ncbi.nlm.nih.gov/34435250/.
5. Case report: ANCA-associated vasculitis presenting with rhabdomyolysis and crescentic Pauci-Inmune glomerulonephritis after vaccination with Pfizer-BioNTech COVID-19 mRNA: https://pubmed.ncbi.nlm.nih.gov/34659268/

Thrombotic Thrombocytopenic Purpura
A disorder that causes blood clots (thrombi) to form in small blood vessels throughout the body. These clots can cause serious medical problems if they block vessels and restrict blood flow to organs such as the brain, kidneys, and heart.

1. Thrombotic thrombocytopenic purpura after vaccination with Ad26.COV2-S: https://pubmed.ncbi.nlm.nih.gov/33980419/
2. Thrombotic thrombocytopenic purpura: a new threat after COVID bnt162b2 vaccine: https://pubmed.ncbi.nlm.nih.gov/34264514/.
3. Severe immune thrombocytopenic purpura after SARS-CoV-2 vaccine: https://pubmed.ncbi.nlm.nih.gov/34754937/
4. Immune thrombocytopenic purpura associated with COVID-19 mRNA vaccine Pfizer-BioNTech BNT16B2b2: https://pubmed.ncbi.nlm.nih.gov/34077572/

Cardiovascular events
Refer to any incidents that may cause damage to the heart muscle.

1. Myocarditis and other cardiovascular complications of COVID-19 mRNA-based COVID-19 vaccines https://www.cureus.com/articles/61030-myocarditis-and-other-cardiovascular-complications-of-the-mrna-based-covid-19-vaccines
2. Cardiovascular magnetic resonance imaging findings in young adult patients with acute myocarditis after COVID-19 mRNA vaccination: a case series: https://jcmr-online.biomedcentral.com/articles/10.1186/s12968-021-00795-4
3. Be alert to the risk of adverse cardiovascular events after COVID-19 vaccination: https://www.xiahepublishing.com/m/2472-0712/ERHM-2021-00033

4. Myocarditis and other cardiovascular complications of mRNA-based COVID-19 vaccines: https://pubmed.ncbi.nlm.nih.gov/34277198/

Acute Hyperactive Encephalopathy (Includes Terms: Acute Encephalopathy & Encephalitis)
A general brain dysfunction due to significantly high blood pressure. Symptoms may include headache, vomiting, trouble with balance, and confusion. Onset is generally sudden. Complications can include seizures, posterior reversible encephalopathy syndrome, and bleeding in the back of the eye.

1. Acute hyperactive encephalopathy following COVID-19 vaccination with dramatic response to methylprednisolone: a case report: https://www.sciencedirect.com/science/article/pii/S2049080121007536
2. Post-vaccinal encephalitis after ChAdOx1 nCov-19: https://pubmed.ncbi.nlm.nih.gov/34324214/
3. Acute disseminated encephalomyelitis following vaccination against SARS-CoV-2: https://pubmed.ncbi.nlm.nih.gov/34325334/
4. Acute hyperactive encephalopathy following COVID-19 vaccination with dramatic response to methylprednisolone: case report: https://pubmed.ncbi.nlm.nih.gov/34512961/

Acute Kidney Injury
A sudden episode of kidney failure or kidney damage that occurs within a few hours or a few days

1. Minimal change disease with severe acute kidney injury after Oxford-AstraZeneca COVID-19 vaccine: case report: https://pubmed.ncbi.nlm.nih.gov/34242687/.
2. Acute kidney injury with macroscopic hematuria and IgA nephropathy after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34352309/
3. AstraZeneca): https://pubmed.ncbi.nlm.nih.gov/34362727/
4. Minimal change disease and acute kidney injury after Pfizer-BioNTech COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34000278/

Multiple sclerosis
A potentially disabling disease of the brain and spinal cord (central nervous system).

1. Severe relapse of multiple sclerosis after COVID-19 vaccination: a case report: https://pubmed.ncbi.nlm.nih.gov/34447349/
2. Acute relapse and impaired immunization after COVID-19 vaccination in a patient with multiple sclerosis treated with rituximab: https://pubmed.ncbi.nlm.nih.gov/34015240
3. Humoral response induced by Prime-Boost vaccination with ChAdOx1 nCoV-19 and BNT162b2 mRNA vaccines in a patient with multiple sclerosis treated with teriflunomide: https://pubmed.ncbi.nlm.nih.gov/34696248/

Henoch-Schonlein Purpura
Affects the small blood vessels of the skin, joints, intestines and kidneys. It's most common before the age of seven but can affect anyone. A disorder causing inflammation and bleeding in the small blood vessels.

1. A rare case of Henoch-Schönlein purpura after a case report of COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34518812/
2. Henoch-Schönlein purpura occurring after vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34247902/.
3. Henoch-Schönlein purpura following the first dose of COVID-19 viral vector vaccine: case report: https://pubmed.ncbi.nlm.nih.gov/34696186/.

Bleeding episodes
Major episodes include most joint bleeds, bleeding into large muscles, muscle bleeds with signs of compartment syndrome, life-threatening bleeds, and surgery. These usually require a 70% – 100% correction and more than one infusion. The exact dose will depend on the individual and on HTC policy.

1. Blood clots and bleeding episodes after BNT162b2 and ChAdOx1 nCoV-19 vaccination: analysis of European data: https://www.sciencedirect.com/science/article/pii/S0896841121000937
2. Association between ChAdOx1 nCoV-19 vaccination and bleeding episodes: large population-based cohort study: https://pubmed.ncbi.nlm.nih.gov/34479760/.
3. Association between ChAdOx1 nCoV-19 vaccination and bleeding episodes: large population-based cohort study: https://pubmed.ncbi.nlm.nih.gov/34479760/.

Cutaneous Adverse Effects
Also known as toxidermia, are skin manifestations resulting from systemic drug administration. These reactions range from mild erythematous skin lesions to much more severe reactions such as Lyell's syndrome.

1. Cutaneous adverse effects of available COVID-19 vaccines: https://pubmed.ncbi.nlm.nih.gov/34518015/
2. Rare cutaneous adverse effects of COVID-19 vaccines: a case series and review of the literature: https://pubmed.ncbi.nlm.nih.gov/34363637/
3. Cutaneous adverse reactions of 35,229 doses of COVID-19 Sinovac and AstraZeneca vaccine COVID-19: a prospective cohort study in health care workers: https://pubmed.ncbi.nlm.nih.gov/34661934/

Skin Reactions
An allergic reaction can cause rash, itching, burning, redness, bumps, hives, and swelling.

1. A case series of skin reactions to COVID-19 vaccine in the Department of Dermatology at Loma Linda University: https://pubmed.ncbi.nlm.nih.gov/34423106/
2. Skin reactions reported after Moderna and Pfizer's COVID-19 vaccination: a study based on a registry of 414 cases: https://pubmed.ncbi.nlm.nih.gov/33838206/
3. Skin reactions after vaccination against SARS-COV-2: a nationwide Spanish cross-sectional study of 405 cases: https://pubmed.ncbi.nlm.nih.gov/34254291/

Coagulopathies (includes term: Prothrombotic)
Is often broadly defined as any derangement of hemostasis resulting in either excessive bleeding or clotting, although most typically it is defined as impaired clot formation.

1. Coagulopathies after SARS-CoV-2 vaccination may derive from a combined effect of SARS-CoV-2 spike protein and adenovirus vector-activated signaling pathways: https://pubmed.ncbi.nlm.nih.gov/34639132/
2. Diffuse prothrombotic syndrome after administration of ChAdOx1 nCoV-19 vaccine: case report: https://pubmed.ncbi.nlm.nih.gov/34615534/
3. Calcaterra, G., Bassareo, P. P., Barilla, F., Romeo, F., & Mehta, J. L. (2022). Concerning the unexpected prothrombotic state following some coronavirus disease 2019 vaccines. J Cardiovasc Med (Hagerstown), 23(2), 71-74. doi:10.2459/JCM.0000000000001232. https://www.ncbi.nlm.nih.gov/pubmed/34366403

Multisystem Inflammatory Syndrome (includes term: Autoantibody Release)
A condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs.

1. Post-vaccination multisystem inflammatory syndrome in adults without evidence of prior SARS-CoV-2 infection: https://pubmed.ncbi.nlm.nih.gov/34852213/
2. Buchhorn, R., Meyer, C., Schulze-Forster, K., Junker, J., & Heidecke, H. (2021). Autoantibody Release in Children after Corona Virus mRNA Vaccination: A Risk Factor of Multisystem Inflammatory Syndrome? Vaccines (Basel), 9(11). doi:10.3390/vaccines9111353. https://www.ncbi.nlm.nih.gov/pubmed/34835284
3. Chai, Q., Nygaard, U., Schmidt, R. C., Zaremba, T., Moller, A. M., & Thorvig, C. M. (2022). Multisystem inflammatory syndrome in a male adolescent after his second Pfizer-BioNTech COVID-19 vaccine. Acta Paediatr, 111(1), 125-127. doi:10.1111/apa.16141.

Vogt-Koyanagi-Harada syndrome
A rare disorder of unknown origin that affects many body systems, including as the eyes, ears, skin, and the covering of the brain and spinal cord (the meninges). The most noticeable symptom is a rapid loss of vision.

1. Vogt-Koyanagi-Harada syndrome after COVID-19 and ChAdOx1 nCoV-19 (AZD1222) vaccination: https://pubmed.ncbi.nlm.nih.gov/34462013/.
2. Reactivation of Vogt-Koyanagi-Harada disease under control for more than 6 years, after anti-SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34224024/

Capillary Leak Syndrome (Includes Term: Systemic Capillary Extravasation Syndrome)
A rare disorder by acute and severe recurrent attacks associated with a rapid fall in blood pressure as a result of fluid leaks from smaller vessels called capillaries. Attacks often last several days and require emergency care. They are sometimes life threatening. SCLS occurs most often in adults and the disease is very rare in children.

1. Fatal systemic capillary leak syndrome after SARS-COV-2 vaccination in a patient with multiple myeloma: https://pubmed.ncbi.nlm.nih.gov/34459725/
2. Systemic capillary extravasation syndrome following vaccination with ChAdOx1 nCOV-19 (Oxford-AstraZeneca): https://pubmed.ncbi.nlm.nih.gov/34362727/

Systemic Lupus Erythematosus
An autoimmune disease in which the immune system attacks its own tissues, causing widespread inflammation and tissue damage in the affected organs. It can affect the joints, skin, brain, lungs, kidneys, and blood vessels. Treatment can help, but this condition can't be cured.

1. Induction and exacerbation of subacute cutaneous lupus erythematosus erythematosus after mRNA- or adenoviral vector-based SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34291477/
2. Ntouros, P. A., Vlachogiannis, N. I., Pappa, M., Nezos, A., Mavragani, C. P., Tektonidou, M. G., . . . Sfikakis, P. P. (2021). Effective DNA damage response after acute but not chronic immune challenge: SARS-CoV-2 vaccine versus Systemic Lupus Erythematosus. Clin Immunol, 229, 108765. doi:10.1016/j.clim.2021.108765. https://www.ncbi.nlm.nih.gov/pubmed/34089859

Petechiae (also includes: Petechial rash)
Tiny purple, red, or brown spots on the skin. They usually appear on your arms, legs, stomach, and buttocks. You might also find them inside your mouth or on your eyelids. These pinpoint spots can be a sign of many different conditions — some minor, others serious. They can also appear as a reaction to certain medications. Though petechiae look like a rash, they're actually caused by bleeding under the skin.

1. Petechiae and peeling of fingers after immunization with BTN162b2 messenger RNA (mRNA)-based COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34513435/
2. Petechial rash associated with CoronaVac vaccination: first report of cutaneous side effects before phase 3 results: https://ejhp.bmj.com/content/early/2021/05/23/ejhpharm-2021-002794

Purpura Annularis Telangiectodes
An uncommon pigmented purpuric eruption, which is characterized by symmetrical, purpuric, telangiectatic, and atrophic patches with a predilection for the lower extremities and buttocks.

1. Purpuric rash and thrombocytopenia after mRNA-1273 (Modern) COVID-19 vaccine: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7996471/
2. Generalized purpura annularis telangiectodes after SARS-CoV-2 mRNA vaccination: https://pubmed.ncbi.nlm.nih.gov/34236717/

Pulmonary Embolism
Pulmonary embolism is a blockage in one of the pulmonary arteries in your lungs. In most cases, pulmonary embolism is caused by blood clots that travel to the lungs from deep veins in the legs or, rarely, from veins in other parts of the body (deep vein thrombosis). Because the clots block blood flow to the lungs, pulmonary embolism can be life-threatening.

1. Pulmonary embolism, transient ischemic attack, and thrombocytopenia after Johnson & Johnson COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34261635/
2. A case of acute pulmonary embolism after immunization with SARS-CoV-2 mRNA: https://pubmed.ncbi.nlm.nih.gov/34452028/

Psoriasis
A chronic autoimmune condition that causes the rapid buildup of skin cells. This buildup of cells causes scaling on the skin's surface. Inflammation and redness around the scales is fairly common. Typical psoriatic scales are whitish-silver and develop in thick, red patches. Sometimes, these patches will crack and bleed.

1. Onset / outbreak of psoriasis after Corona virus ChAdOx1 nCoV-19 vaccine (Oxford-AstraZeneca / Covishield): report of two cases: https://pubmed.ncbi.nlm.nih.gov/34350668/
2. Exacerbation of plaque psoriasis after COVID-19 inactivated mRNA and BNT162b2 vaccines: report of two cases: https://pubmed.ncbi.nlm.nih.gov/34427024/

Miller Fisher Syndrome
A rare acquired nerve disease related to Guillain-Barré syndrome (GBS). Features include weakness of the eye muscles causing difficulty moving the eyes; impaired limb coordination and unsteadiness; and absent tendon reflexes.

1. Miller Fisher syndrome after Pfizer COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34817727/.
2. Miller Fisher syndrome after 2019 BNT162b2 mRNA coronavirus vaccination: https://pubmed.ncbi.nlm.nih.gov/34789193/.

Nephrotic Syndrome
Kidney disorder that causes your body to pass too much protein in your urine. Nephrotic syndrome is usually caused by damage to the clusters of small blood vessels in your kidneys that filter waste and excess water from your blood

1. Nephrotic syndrome after ChAdOx1 nCoV-19 vaccine against SARScoV-2: https://pubmed.ncbi.nlm.nih.gov/34250318/.
2. New-onset nephrotic syndrome after Janssen COVID-19 vaccination: case report and literature review: https://pubmed.ncbi.nlm.nih.gov/34342187/

Macroscopic Hematuria
Visible blood in the urine causing it to be discoloured pink, red, brownish-red or tea-coloured.

1. Hematuria, a generalized petechial rash and headaches after Oxford AstraZeneca ChAdOx1 nCoV-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34620638/
2. A case of outbreak of macroscopic hematuria and IgA nephropathy after SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/33932458/

Bullous Drug Eruption
Refers to adverse drug reactions that result in fluid-filled blisters or bullae. Blistering may be localised and mild, or widespread and severe, even life-threatening.

1. Bullous drug eruption after the second dose of COVID-19 mRNA-1273 (Moderna) vaccine: Case report: https://www.sciencedirect.com/science/article/pii/S1876034121001878.
2. Widespread fixed bullous drug eruption after vaccination with ChAdOx1 nCoV-19: https://pubmed.ncbi.nlm.nih.gov/34482558/

Hemophagocytic lymphohistiocytosis
An aggressive and life-threatening syndrome of excessive immune activation. It most frequently affects infants from birth to 18 months of age, but the disease is also observed in children and adults of all ages.

1. Hemophagocytic lymphohistiocytosis after vaccination with ChAdOx1 nCov-19: https://pubmed.ncbi.nlm.nih.gov/34406660/.
2. Hemophagocytic lymphohistiocytosis following COVID-19 vaccination (ChAdOx1 nCoV-19): https://pubmed.ncbi.nlm.nih.gov/34862234/

Pulmonary Embolism
Pulmonary embolism is a blockage in one of the pulmonary arteries in your lungs. In most cases, pulmonary embolism is caused by blood clots that travel to the lungs from deep veins in the legs or, rarely, from veins in other parts of the body (deep vein thrombosis). Because the clots block blood flow to the lungs, pulmonary embolism can be life-threatening.

1. Isolated pulmonary embolism after COVID vaccination: 2 case reports and a review of acute pulmonary embolism complications and follow-up: https://pubmed.ncbi.nlm.nih.gov/34804412/
2. Myocardial infarction, stroke, and pulmonary embolism after BNT162b2 mRNA COVID-19 vaccine in persons aged 75 years or older: https://pubmed.ncbi.nlm.nih.gov/34807248/

Neuromyelitis Optica
also called NMO or Devic's disease, is a rare yet severe demyelinating autoimmune inflammatory process affecting the central nervous system. It specifically affects the myelin, which is the insulation around the nerves

1. Beware of neuromyelitis optica spectrum disorder after vaccination with inactivated virus for COVID-19: https://pubmed.ncbi.nlm.nih.gov/34189662/
2. Neuromyelitis optica in a healthy woman after vaccination against severe acute respiratory syndrome coronavirus 2 mRNA-1273: https://pubmed.ncbi.nlm.nih.gov/34660149/

Shingles (includes term: Herpes zoster)
a reactivation of the chickenpox virus in the body, causing a painful rash.

1. Shingles-like skin lesion after vaccination with AstraZeneca for COVID-19: a case report: https://pubmed.ncbi.nlm.nih.gov/34631069/
2. Recurrent herpes zoster after COVID-19 vaccination in patients with chronic urticaria on cyclosporine treatment – A report of 3 cases: https://pubmed.ncbi.nlm.nih.gov/34510694/

Blood Clots
A gelatinous mass of fibrin and blood cells formed by the coagulation of blood.

1. Blood clots and bleeding after BNT162b2 and ChAdOx1 nCoV-19 vaccination: an analysis of European data: https://pubmed.ncbi.nlm.nih.gov/34174723/

Thrombophilia
A blood disorder that makes the blood in your veins and arteries more likely to clot. This is also known as a "hypercoagulable" condition because your blood coagulates or clots more easily.

1. Antiphospholipid antibodies and risk of thrombophilia after COVID-19 vaccination: the straw that breaks the camel's back?: https://docs.google.com/document/d/1XzajasO8VMMnC3CdxSBKks1o7kiOLXFQ

iTTP episode
A rare, life-threatening thrombotic microangiopathy caused by severe ADAMTS13 (a disintegrin and metalloproteinase with thrombospondin motifs 13) deficiency, recurring in 30–50% of patients.

1. First report of a de novo iTTP episode associated with a COVID-19 mRNA-based anti-COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34105244/

Refractory Status Epilepticus
Can be defined as status epilepticus (seizures) that continues despite treatment with benzodiazepines and one antiepileptic drug. RSE should be treated promptly to prevent morbidity and mortality; however, scarce evidence is available to support the choice of specific treatments.

1. New-onset refractory status epilepticus after chadox1 ncov-19 vaccination: https://www.sciencedirect.com/science/article/pii/s0165572821001569

Central Serous Retinopathy
A medical condition where fluid builds up behind the retina in the eye. It can cause sudden or gradual vision loss as the central retina detaches. This central area is called the macula.

1. Acute-onset central serous retinopathy after immunization with COVID-19 mRNA vaccine:. https://www.sciencedirect.com/science/article/pii/S2451993621001456.

Cutaneous Reactions

A group of potentially lethal adverse drug reactions that involve the skin and mucous membranes of various body openings such as the eyes, ears, and inside the nose, mouth, and lips.

1. Late cutaneous reactions after administration of COVID-19 mRNA vaccines: https://www.sciencedirect.com/science/article/pii/S2213219821007996

Prion Disease
Prion diseases comprise several conditions. A prion is a type of protein that can trigger normal proteins in the brain to fold abnormally. Prion diseases or transmissible spongiform encephalopathies (TSEs) are a family of rare progressive neurodegenerative disorders that affect both humans and animals. They are distinguished by long incubation periods, characteristic spongiform changes associated with neuronal loss, and a failure to induce inflammatory

1. COVID-19 RNA-based vaccines and the risk of prion disease: https://scivisionpub.com/pdfs/covid19rna-based-vaccines-and-the-risk-of-prion-disease-1503.pdf

Pregnant Woman
See below studies.

1. This study notes that 115 pregnant women lost their babies, out of 827 who participated in a study on the safety of covid-19 vaccines: https://www.nejm.org/doi/full/10.1056/NEJMoa2104983.

Process-Related Impurities
See below studies.

1. Process-related impurities in the ChAdOx1 nCov-19 vaccine: https://www.researchsquare.com/article/rs-477964/v1

CNS Inflammation
A disease that causes inflammation of the small arteries and veins in the brain and/or spinal cord. The brain and spinal cord make up the CNS. Intense interest in inflammation in the CNS has arisen from its potential role in diseases including acute brain injury, stroke, epilepsy, multiple sclerosis, motor neurone disease, movement disorders and Alzheimer's disease, and more recently some psychiatric disorders.

1. COVID-19 mRNA vaccine causing CNS inflammation: a case series: https://link.springer.com/article/10.1007/s00415-021-10780-7

CNS Demyelination
a demyelinating disease is any condition that results in damage to the protective covering (myelin sheath) that surrounds nerve fibers in your brain, optic nerves and spinal cord. When the myelin sheath is damaged, nerve impulses slow or even stop, causing neurological problems.

1. A systematic review of cases of CNS demyelination following COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34839149/

Orofacial
An orofacial myofunctional disorder (OMD) is when there is an abnormal lip, jaw, or tongue position during rest, swallowing or speech.

1. Reported orofacial adverse effects from COVID-19 vaccines: the known and the unknown: https://pubmed.ncbi.nlm.nih.gov/33527524/

Brain Haemorrhage (Includes Term: Lobar Hemorrhage)
An emergency condition in which a ruptured blood vessel causes bleeding inside the brain.

1. Fatal brain haemorrhage after COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/33928772/

Varicella Zoster Virus
The varicella-zoster virus (VZV) is so named because it causes two distinct illnesses: varicella (chickenpox), following primary infection, and herpes zoster (shingles), following reactivation of latent virus. Varicella is a highly contagious infection with an incubation period of 10–21 days, most commonly 14–16 days, after which a characteristic rash appears. Acute varicella may be complicated by secondary bacterial skin infections, haemorrhagic complications, cerebellitis, encephalitis, and viral and bacterial pneumonia.

1. Acute retinal necrosis due to varicella zoster virus reactivation after vaccination with BNT162b2 COVID-19 mRNA: https://pubmed.ncbi.nlm.nih.gov/34851795/.

Nerve And Muscle Adverse Events
Many different possible neurologic adverse events including encephalitis, myelopathy, aseptic meningitis, meningoradiculitis, Guillain-Barré-like syndrome, peripheral neuropathy (including mononeuropathy, mononeuritis multiplex, and polyneuropathy) as well as myasthenic syndrome.

1. Nerve and muscle adverse events after vaccination with COVID-19: a systematic review and meta-analysis of clinical trials: https://pubmed.ncbi.nlm.nih.gov/34452064/.

Oculomotor Paralysis
Defines the decreased strength of a muscle, which produces a reduced rotational movement of the eyeball in the direction corresponding to the paralysed muscle. Partial deficit is called paresis, while full deficit is called paralysis.

1. Transient oculomotor paralysis after administration of RNA-1273 messenger vaccine for SARS-CoV-2 diplopia after COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34369471/

Parsonage-Turner Syndrome
An neurological disorder characterized by rapid onset of severe pain in the shoulder and arm. This acute phase may last for a few hours to a few weeks and is followed by wasting and weakness of the muscles (amyotrophy) in the affected areas.

1. Parsonage-Turner syndrome associated with SARS-CoV-2 or SARS-CoV-2 vaccination. Comment on: “Neuralgic amyotrophy and COVID-19 infection: 2 cases of accessory spinal nerve palsy” by Coll et al. Articular Spine 2021; 88: 10519: https://pubmed.ncbi.nlm.nih.gov/34139321/.

Acute Macular Neuroretinopathy
A rare, acquired retinal disorder characterised by transient or permanent visual impairment accompanied by the presence of reddish-brown, wedge-shaped lesions in the macula, the apices of which tend to point towards the fovea.

1. Bilateral acute macular neuroretinopathy after SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34287612/

Lipschütz ulcers (Vaginal ulcers)
Acute genital ulceration, also known as "Lipschütz ulcer" or "ulcus vulvae acutum," is an uncommon, self-limited, nonsexually transmitted condition characterized by the rapid onset of painful, necrotic ulcerations of the vulva or lower vagina.

1. Lipschütz ulcers after AstraZeneca COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34366434/.

Amyotrophic Neuralgia
A disorder characterized by episodes of severe pain and muscle wasting (amyotrophy) in one or both shoulders and arms. Neuralgic pain is felt along the path of one or more nerves and often has no obvious physical cause.

1. Amyotrophic Neuralgia secondary to Vaxzevri vaccine (AstraZeneca) COVID-19: https://pubmed.ncbi.nlm.nih.gov/34330677/

Polyarthralgia
Pain in multiple joints. Symptoms may include pain, tenderness, or tingling in the joints and reduced range of motion. Polyarthralgia is similar to polyarthritis, but it doesn't cause inflammation. Lifestyle changes, home remedies, and medication can help manage the symptoms.

1. Polyarthralgia and myalgia syndrome after vaccination with ChAdOx1 nCOV-19: https://pubmed.ncbi.nlm.nih.gov/34463066/

Thyroiditis
The swelling, or inflammation, of the thyroid gland and can lead to over- or under-production of thyroid hormone. A thyroid storm -- or thyroid crisis -- can be a life-threatening condition. It often includes a rapid heartbeat, fever, and even fainting. Symptoms may include pain in the throat, feeling generally unwell, swelling of the thyroid gland and, sometimes, symptoms of an overactive thyroid gland or symptoms of an underactive thyroid gland.

1. Three cases of subacute thyroiditis after SARS-CoV-2 vaccination: post-vaccination ASIA syndrome: https://pubmed.ncbi.nlm.nih.gov/34043800/.

Keratolysis (also termed: corneal melting)
A common prelude to the development of corneal perforation. This process occurs from conditions such as infections, sterile inflammation, or surgical/chemical injury to the cornea. Collectively, these conditions are a significant cause for blindness world-wide.

1. Bilateral immune-mediated keratolysis after immunization with SARS-CoV-2 recombinant viral vector vaccine: https://pubmed.ncbi.nlm.nih.gov/34483273/.

Arthritis
The swelling and tenderness of one or more joints. The main symptoms of arthritis are joint pain and stiffness, which typically worsen with age. The most common types of arthritis are osteoarthritis and rheumatoid arthritis.

1. Reactive arthritis after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34033732/.

Thymic hyperplasia
A condition in which the thymus gland is inflamed. It isoften accompanied by autoimmune diseases such as systemic lupus erythematosus, myasthenia gravis and rheumatoid arthritis.

1. Thymic hyperplasia after Covid-19 mRNA-based vaccination with Covid-19: https://pubmed.ncbi.nlm.nih.gov/34462647/

Tolosa-Hunt syndrome
A rare disorder characterized by severe periorbital headaches, along with decreased and painful eye movements (ophthalmoplegia). Symptoms usually affect only one eye (unilateral). In most cases, affected individuals experience intense sharp pain and decreased eye movements.

1. Tolosa-Hunt syndrome occurring after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34513398/

Hailey-Hailey disease
Also known as benign chronic pemphigus, is a rare skin condition that usually appears in early adulthood. The disorder is characterized by red, raw, and blistered areas of skin that occur most often in skin folds, such as the groin, armpits, neck, and under the breasts.

1. Hailey-Hailey disease exacerbation after SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34436620/

Acute lympholysis
The destruction of lymph cells.

1. Rituximab-induced acute lympholysis and pancytopenia following vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34429981/

Interstitial lung disease
Describes a large group of disorders, most of which cause progressive scarring of lung tissue. The scarring associated with interstitial lung disease eventually affects your ability to breathe and get enough oxygen into your bloodstream.

1. Vaccine-induced interstitial lung disease: a rare reaction to COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34510014/.

Vesiculobullous cutaneous reactions
A vesiculobullous lesion of the skin encompasses a group of dermatological disorders with protean clinicopathological features. They usually occur as a part of the spectrum of various infectious, inflammatory, drug-induced, genetic, and autoimmune disorders.

1. Vesiculobullous cutaneous reactions induced by COVID-19 mRNA vaccine: report of four cases and review of the literature: https://pubmed.ncbi.nlm.nih.gov/34236711/

Hematologic conditions
Disorders of the blood and blood-forming organs.

1. Collection of complement-mediated and autoimmune-mediated hematologic conditions after SARS-CoV-2 vaccination: https://ashpublications.org/bloodadvances/article/5/13/2794/476324/Autoimmune-and-complement-mediated-hematologic

Hemolysis
The destruction of red blood cells.

1. COVID-19 vaccines induce severe hemolysis in paroxysmal nocturnal hemoglobinuria: https://ashpublications.org/blood/article/137/26/3670/475905/COVID-19-vaccines-induce-severe-hemolysis-in

Headache
See below papers.

1. Headache attributed to COVID-19 (SARS-CoV-2 coronavirus) vaccination with the ChAdOx1 nCoV-19 (AZD1222) vaccine: a multicenter observational cohort study: https://pubmed.ncbi.nlm.nih.gov/34313952/

Acute Coronary Syndrome
Any condition brought on by a sudden reduction or blockage of blood flow to the heart.

1. Mrna COVID vaccines dramatically increase endothelial inflammatory markers and risk of Acute Coronary Syndrome as measured by PULS cardiac testing: a caution: https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712

ANCA Glomerulonephritis
is the term we use when ANCA vasculitis has affected or involved the kidneys, and when this happens there is inflammation and swelling in the kidney filters, meaning that the body's own immune system injures its cells and tissues.

1. ANCA glomerulonephritis following Modern COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34081948/

Neurologic Phantosmia
is an olfactory hallucination perceived when no odorants are present. Both the olfactory distortions are typically described as unpleasant.

1. Unique imaging findings of neurologic phantosmia after Pfizer-BioNtech COVID-19 vaccination: a case report: https://pubmed.ncbi.nlm.nih.gov/34096896/

Uveitis (includes terms: bilateral)
is a form of eye inflammation. It affects the middle layer of tissue in the eye wall (uvea). Uveitis warning signs often come on suddenly and get worse quickly. They include eye redness, pain and blurred vision.

1. Bilateral uveitis after inoculation with COVID-19 vaccine: a case report: https://www.sciencedirect.com/science/article/pii/S1201971221007797

Pathophysiologic Alterations
Deranged function in an individual or an organ due to a disease. For example, a pathophysiologic alteration is a change in function as distinguished from a structural defect.

1. Extensive investigations revealed consistent pathophysiologic alterations after vaccination with COVID-19 vaccines: https://www.nature.com/articles/s41421-021-00329-3

Gross Hematuria (includes term: Acral Hemorrahge)

produces pink, red or cola-colored urine due to the presence of red blood cells. It takes little blood to produce red urine, and the bleeding usually isn't painful. Passing blood clots in your urine, however, can be painful. Bloody urine often occurs without other signs or symptoms.

1. Gross hematuria after severe acute respiratory syndrome coronavirus 2 vaccination in 2 patients with IgA nephropathy: https://pubmed.ncbi.nlm.nih.gov/33771584/

Inflammatory Myositis
inflammatory myopathies aare a group of diseases that involve chronic (long-standing) muscle inflammation, muscle weakness, and, in some cases, muscle pain. Myopathy is a general medical term used to describe a number of conditions affecting the muscles. All myopathies cause muscle weakness.

1. Inflammatory myositis after vaccination with ChAdOx1: https://pubmed.ncbi.nlm.nih.gov/34585145/

Still's Disease
is a rare type of inflammatory arthritis that features fevers, rash and joint pain. Some people have just one episode of adult Still's disease. In other people, the condition persists or recurs. This inflammation can destroy affected joints, particularly the wrists.

1. An outbreak of Still's disease after COVID-19 vaccination in a 34-year-old patient: https://pubmed.ncbi.nlm.nih.gov/34797392/

Pityriasis Rosea
a skin rash that sometimes begins as a large spot on the chest, abdomen or back, followed by a pattern of smaller lesions.

1. Case report: Pityriasis rosea-like rash after vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34557507/

Acute Eosinophilic Pneumonia
is the acute-onset form of eosinophilic pneumonia, a lung disease caused by the buildup of eosinophils, a type of white blood cell, in the lungs. It is characterized by a rapid onset of shortness of breath, cough, fatigue, night sweats, and weight loss.

1. Acute eosinophilic pneumonia associated with anti-COVID-19 vaccine AZD1222: https://pubmed.ncbi.nlm.nih.gov/34812326/.

Sweet's Syndrome
is an uncommon skin condition marked by a distinctive eruption of tiny bumps that enlarge and are often tender to the touch. They can appear on the back, neck, arms or face. Sweet's syndrome, also called acute febrile neutrophilic dermatosis, is an uncommon skin condition.

1. Sweet's syndrome after Oxford-AstraZeneca COVID-19 vaccine (AZD1222) in an elderly woman: https://pubmed.ncbi.nlm.nih.gov/34590397/

Sensorineural Hearing Loss
Hearing loss caused by damage to the inner ear or the nerve from the ear to the brain. Sensorineural hearing loss is permanent.

1. Sudden sensorineural hearing loss after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34670143/.

Serious Adverse Events Among Health Care Professionals
See below paper.

1. Prevalence of serious adverse events among health care professionals after receiving the first dose of ChAdOx1 nCoV-19 coronavirus vaccine (Covishield) in Togo, March 2021: https://pubmed.ncbi.nlm.nih.gov/34819146/.

Toxic Epidermal Necrolysis
A life-threatening skin disorder characterized by a blistering and peeling of the skin. This disorder can be caused by a drug reaction—often antibiotics or anticonvulsives.

1. A case of toxic epidermal necrolysis after vaccination with ChAdOx1 nCoV-19 (AZD1222): https://pubmed.ncbi.nlm.nih.gov/34751429/.

Ocular Adverse Events
The majority of ocular immune-related adverse events (irAEs) are mild, low-grade, non-sight threatening, such as blurred vision, conjunctivitis, and ocular surface disease.

1. Ocular adverse events following COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34559576/

Depression

A common and serious medical illness that negatively affects how you feel, the way you think and how you act. Depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed.

1. Depression after ChAdOx1-S / nCoV-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34608345/.

Pancreas Allograft Rejection
the body's blood cells identify the pancreas as foreign and begin mounting an army of cells to attack the transplanted organ. Although acute rejection can happen at any time, about 15 to 25% of pancreas acute rejection occurs within the first three months after transplant.

1. Pancreas allograft rejection after ChAdOx1 nCoV-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34781027/

Acute Hemichorea-Hemibalismus
Hemiballismus is characterized by high amplitude, violent, flinging and flailing movements confined to one side of body and hemichorea is characterized by involuntary random-appearing irregular movements that are rapid and non-patterned confined to one side of body.

1. Acute hemichorea-hemibalismus after COVID-19 (AZD1222) vaccination: https://pubmed.ncbi.nlm.nih.gov/34581453/

Alopecia Areata
Sudden hair loss that starts with one or more circular bald patches that may overlap. Alopecia areata occurs when the immune system attacks hair follicles and may be brought on by severe stress.

1. Recurrence of alopecia areata after covid-19 vaccination: a report of three cases in Italy: https://pubmed.ncbi.nlm.nih.gov/34741583/

Graves' Disease
is an autoimmune disorder that causes hyperthyroidism, or overactive thyroid. With this disease, your immune system attacks the thyroid and causes it to make more thyroid hormone than your body needs. The thyroid is a small, butterfly-shaped gland in the front of your neck. Thyroid hormones control how your body uses energy, so they affect nearly every organ in your body—even the way your heart beats. If left untreated, hyperthyroidism can cause serious problems with the heart, bones, muscles, menstrual cycle, and fertility. During pregnancy, untreated hyperthyroidism can lead to health problems for the mother and baby. Graves' disease also can affect your eyes and skin.

1. Two cases of Graves' disease after SARS-CoV-2 vaccination: an autoimmune / inflammatory syndrome induced by adjuvants: https://pubmed.ncbi.nlm.nih.gov/33858208/

Cardiovascular Events
refer to any incidents that may cause damage to the heart muscle.

1. Cardiovascular, neurological, and pulmonary events after vaccination with BNT162b2, ChAdOx1 nCoV-19, and Ad26.COV2.S vaccines: an analysis of European data: https://pubmed.ncbi.nlm.nih.gov/34710832/

Metabolic Syndrome
A cluster of conditions that increase the risk of heart disease, stroke and diabetes.

1. Change in blood viscosity after COVID-19 vaccination: estimation for persons with underlying metabolic syndrome: https://pubmed.ncbi.nlm.nih.gov/34868465/

Eosinophilic Dermatosis
Eosinophilic skin diseases, commonly termed as eosinophilic dermatoses, refer to a broad spectrum of skin diseases characterized by eosinophil infiltration and/or degranulation in skin lesions, with or without blood eosinophilia. The majority of eosinophilic dermatoses lie in the allergy-related group, including allergic drug eruption, urticaria, allergic contact dermatitis, atopic dermatitis, and eczema.

1. Eosinophilic dermatosis after AstraZeneca COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34753210/.

Hypercoagulability
the tendency to have thrombosis as a result of certain inherited and/or acquired molecular defects. Clinical manifestations of hypercoagulability can be devastating and even lethal

1. COVID-19 vaccine in patients with hypercoagulability disorders: a clinical perspective: https://pubmed.ncbi.nlm.nih.gov/34786893/

Neuroimaging Findings in Post COVID-19 Vaccination
see paper below.

1. Spectrum of neuroimaging findings in post-CoVID-19 vaccination: a case series and review of the literature: https://pubmed.ncbi.nlm.nih.gov/34842783/

Urticaria

A rash of round, red welts on the skin that itch intensely, sometimes with dangerous swelling, caused by an allergic reaction.

1. Increased risk of urticaria/angioedema after BNT162b2 mRNA COVID-19 vaccination in health care workers taking ACE inhibitors: https://pubmed.ncbi.nlm.nih.gov/34579248/

Central Vein Occlusion
Is a blockage of this vein that causes the vein to leak blood and excess fluid into the retina. This fluid often collects in the area of the retina responsible for central vision called the macula. When the macula is affected, central vision may become blurry. The second eye will develop vein occlusion in 6-17% of cases. There's no cure for retinal vein occlusion. Your doctor can't unblock the retinal veins. What they can do is treat any complications and protect your vision.

1. Central retinal vein occlusion after vaccination with SARS-CoV-2 mRNA: case report: https://pubmed.ncbi.nlm.nih.gov/34571653/.

Thrombophlebitis
A condition in which a blood clot in a vein causes inflammation and pain.

1. Idiopathic external jugular vein thrombophlebitis after coronavirus disease vaccination (COVID-19): https://pubmed.ncbi.nlm.nih.gov/33624509/.

Squamous Cell Carcinoma
A slow-growing type of lung cancer.

1. Squamous cell carcinoma of the lung with hemoptysis following vaccination with tozinameran (BNT162b2, Pfizer-BioNTech): https://pubmed.ncbi.nlm.nih.gov/34612003/

Chest Pain
See paper below

1. Chest pain with abnormal electrocardiogram redevelopment after injection of COVID-19 vaccine manufactured by Moderna: https://pubmed.ncbi.nlm.nih.gov/34866106/

Acute Inflammatory Neuropathies
Encompass groups of heterogeneous disorders characterized by pathogenic immune-mediated hematogenous leukocyte infiltration of peripheral nerves, nerve roots or both, with resultant demyelination or axonal degeneration or both, and the pathogenesis of these disorders remains elusive.

1. Reporting of acute inflammatory neuropathies with COVID-19 vaccines: subgroup disproportionality analysis in VigiBase: https://pubmed.ncbi.nlm.nih.gov/34579259/

Brain Death
Irreversible cessation of all functions of the entire brain, including the brain stem. A person who is brain dead is dead.

1. Brain death in a vaccinated patient with COVID-19 infection: https://pubmed.ncbi.nlm.nih.gov/34656887/

Kounis Syndrome
is the concurrence of acute coronary syndromes with conditions associated with mast cell activation, such as allergies or hypersensitivity and anaphylactic or anaphylactoid insults that can involve other interrelated and interacting inflammatory cells behaving as a 'ball of thread'.

1. Kounis syndrome type 1 induced by inactivated SARS-COV-2 vaccine: https://pubmed.ncbi.nlm.nih.gov/34148772/

Angioimmunoblastic T-cell Lymphoma
is a type of peripheral T-cell lymphoma. It is a high grade (aggressive) lymphoma that affects blood cells called T cells. High grade lymphomas tend to grow more quickly than low grade lymphomas. AITL usually affects older people, typically around the age of 70, is typically aggressive with a median survival of fewer than 3 years, even with intensive treatment.

1. Rapid progression of angioimmunoblastic T-cell lymphoma after BNT162b2 mRNA booster vaccination: case report: https://www.frontiersin.org/articles/10.3389/fmed.2021.798095/

Gastroparesis
A condition that affects the stomach muscles and prevents proper stomach emptying.

1. Gastroparesis after Pfizer-BioNTech COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34187985/

Asthma
a condition in which a person's airways become inflamed, narrow and swell and produce extra mucus, which makes it difficult to breathe. Asthma can be minor or it can interfere with daily activities. In some cases, it may lead to a life-threatening attack.

1. Colaneri, M., De Filippo, M., Licari, A., Marseglia, A., Maiocchi, L., Ricciardi, A., . . . Bruno, R. (2021). COVID vaccination and asthma exacerbation: might there be a link? Int J Infect Dis, 112, 243-246. doi:10.1016/j.ijid.2021.09.026. https://www.ncbi.nlm.nih.gov/pubmed/34547487

Safety in Adolescents
see below paper

1. Dimopoulou, D., Spyridis, N., Vartzelis, G., Tsolia, M. N., & Maritsi, D. N. (2021). Safety and tolerability of the COVID-19 mRNA-vaccine in adolescents with juvenile idiopathic arthritis on treatment with TNF-inhibitors. Arthritis Rheumatol. doi:10.1002/art.41977. https://www.ncbi.nlm.nih.gov/pubmed/34492161
2. Hause, A. M., Gee, J., Baggs, J., Abara, W. E., Marquez, P., Thompson, D., . . . Shay, D. K. (2021). COVID-19 Vaccine Safety in Adolescents Aged 12-17 Years – United States, December 14, 2020-July 16, 2021. MMWR Morb Mortal Wkly Rep, 70(31), 1053-1058. doi:10.15585/mmwr.mm7031e1. https://www.ncbi.nlm.nih.gov/pubmed/34351881

Safety Monitoring of the Janssen Vaccine
see below paper

1. Shay, D. K., Gee, J., Su, J. R., Myers, T. R., Marquez, P., Liu, R., . . . Shimabukuro, T. T. (2021). Safety Monitoring of the Janssen (Johnson & Johnson) COVID-19 Vaccine – United States, March-April 2021. MMWR Morb Mortal Wkly Rep, 70(18), 680-684. doi:10.15585/mmwr.mm7018e2. https://www.ncbi.nlm.nih.gov/pubmed/33956784

Myocardial Injury
refers to the cell death of cardiomyocytes and is defined by an elevation of cardiac troponin values. It is not only considered a prerequisite for the diagnosis of myocardial infarction but also an entity in itself and can arise from non-ischaemic or non-cardiac conditions.

1. Acute myocardial injury after COVID-19 vaccination: a case report and review of current evidence from the Vaccine Adverse Event Reporting System database: https://pubmed.ncbi.nlm.nih.gov/34219532/
2. Deb, A., Abdelmalek, J., Iwuji, K., & Nugent, K. (2021). Acute Myocardial Injury Following COVID-19 Vaccination: A Case Report and Review of Current Evidence from Vaccine Adverse Events Reporting System Database. J Prim Care Community Health, 12, 21501327211029230. doi:10.1177/21501327211029230. https://www.ncbi.nlm.nih.gov/pubmed/34219532

Autoimmune Inflammatory Rheumatic Diseases
Rheumatic diseases are autoimmune and inflammatory diseases that cause your immune system to attack your joints, muscles, bones and organs. Rheumatic diseases are often grouped under the term “arthritis” — which is used to describe over 100 diseases and conditions.

1. Furer, V., Eviatar, T., Zisman, D., Peleg, H., Paran, D., Levartovsky, D., . . . Elkayam, O. (2021). Immunogenicity and safety of the BNT162b2 mRNA COVID-19 vaccine in adult patients with autoimmune inflammatory rheumatic diseases and in the general population: a multicentre study. Ann Rheum Dis, 80(10), 1330-1338. doi:10.1136/annrheumdis-2021-220647. https://www.ncbi.nlm.nih.gov/pubmed/34127481

Neurological Autoimmune Diseases
If you have a neurological autoimmune disease, your immune system may be overly active and mistakenly attack healthy cells. These include central nervous system demyelinating disorders such as multiple sclerosis and neuromyelitis optica, paraneoplastic, and other autoimmune encephalomyelitis and autoimmune inflammatory myositis and demyelinating neuropathies.

1. Neurological autoimmune diseases after SARS-CoV-2 vaccination: a case series: https://pubmed.ncbi.nlm.nih.gov/34668274/.

V-REPP
vaccine-related eruption of papules and plaques.

1. Clinical and pathologic correlates of skin reactions to COVID-19 vaccine, including V-REPP: a registry-based study: https://www.sciencedirect.com/science/article/pii/S0190962221024427

Herpes Simplex Virus
A virus causing contagious sores, most often around the mouth or on the genitals.

1. Varicella zoster virus and herpes simplex virus reactivation after vaccination with COVID-19: review of 40 cases in an international dermatologic registry: https://pubmed.ncbi.nlm.nih.gov/34487581/

COVID-19 vaccination mandate proposal

Consultation feedback

Contents

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Contributors:			
		Date of review	**New version number**
Reviewed by:			
Authorised by:			

QFES COVID-19 vaccination mandate proposal – consultation feedback

Executive Summary

<insert content to be drafted when report is nearing finalisation>

Dot points for consideration / inclusion

- Positive engagement with existing industrial bodies and associations
- New contact from advocates and other parties who are not party to any of the existing four awards
- No stakeholder contacts other than those made direct to QFES
- No adverse media during the consultation period
- Themes of mistrust, discrimination and workforce issues identified through a range of channels from those whom are both supportive and not supportive of a mandate.
- Lessons from this consultation process should be captured separately and considered in order to improve and build upon the positive relations with industrial bodies and associations
- This report summarises and captures the information gleaned during the consultation period in order for inclusion in CMT deliberations, amongst other factors to then make recommendations for CQFES decision. This report alone should not be the sole factor considered on whether QFES progresses with a vaccination mandate or not.

Introduction

The Crisis Management Team (CMT) is a group of QFES senior management drawn from QFES Deputy Commissioners, Assistant Commissioner QFES People, Assistant Commissioner Emergency Management, Executive Director Strategy with other subject matter experts invited to CMT meetings as necessary. This group has continued to consider high level items for key issues and make recommendations to the Commissioner (CQFES).

On 18/2/2022 CMT and CQFES determined that given the high transmissibility of COVID-19 variants such as Omicron, safe of the workforce and continued delivery of critical services, that CQFES was considering mandating COVID-19 vaccinations for paid personnel. The creation of a taskforce was approved, and consultation was to commence.

Following this determination consultation process would be progressed to explore the concept of mandatory COVID-19 vaccinations for paid personnel. This determination also sought to explore the concept of volunteers being willing to voluntarily providing their COVID-19 vaccination status.

This report does not outline the rationale for CQFES' determination; it summarises the consultation process undertaken as directed by CQFES.

On 24/1/2022, CQFES sent out an email to all staff outlining that a two-week consultation period would commence seeking feedback for a proposed COVID-19 vaccination mandate. The advertised consultation period end was midday 7 February 2022.

Prior to distributing an all QFES email, contact was made, and meetings held with all relevant industrial bodies and associations who had members directly and indirectly impacted by the proposal. Throughout all communications it has been made clear that no decision had been made by CQFES.

One Senior Officer was taken offline to lead the activity as a taskforce with other relevant subject matter areas prioritising support to this activity. Two existing administrative staff were made available on a part time basis to assist with the processing of feedback. All staff were briefed on taskforce confidentiality.

Consultation process

Prior to sending out communication to all staff, QFES confirmed specialist advice on the reasonableness of undertaking a two-week consultation period with all staff. Communications to staff and stakeholders was via established mechanisms:

- Emails to all staff and volunteers
- Face to face meetings and emails to known industrial bodies and associations
- Emails to QFES health and safety representatives
- Emails to QFES health and safety committee chairs

- Emails and regular verbal updates to QFES Executive Leadership Team

In addition to the above communication channels, managers and leaders were instructed to contact personnel who were away from the workplace to inform of the CQFES email and current consultation process regarding COVID-19 vaccination mandate proposal. Managers and leaders were further instructed to provide confirmation of this contact. There a 68 managers who reported contact via varying means with their staff away from the workplace, including AC Walsh who outlined extensive reach out via SMS and other platforms to make contact within SER.

An existing email address QFES.COVID.Vaccination@qfes.qld.gov.au was utilised as the point of feedback.

Stakeholder consultation and engagement

On 20/1/2022 each of the industrial bodies and associations (impacted and non-impacted) were contacted and MS Teams meetings were arranged for 21/1/2022 for all available and 24/1/2022 for UFUQ to accommodate their representative's availability.

Additional information was requested and distributed to industrial bodies:

1. 25/1/2022 – a consultation draft COVID-19 Vaccination Proposal was distributed
2. 2/2/2022 – a consultation draft COVID-19 risk assessment was distributed

Post the initial briefings with industrial bodies and associations (See Attachment xx), three further meetings were requested by UFUQ. These meetings were scheduled between QFES representatives and a UFUQ industrial officers and a cross section of state committee members.

Attachments a, b and c outline the engagement between UFUQ and QFES. This engagement has been proactive, positive and engaging with both QFES and UFUQ points of contact ensuring that engagement ensured ample opportunities for all viewpoints to be presented. At the conclusion of the meetings and email exchanges between QFES and UFUQ representatives, the following questions from UFUQ remain outstanding from a UFUQ perspective:

1. Will CQFES consider rapid antigen testing (RAT) pre-shift at their own cost as an alternative to mandatory vaccination?
2. Will CQFES consider expanding the current draft RAT Standing Order to include unvaccinated persons?
3. Will CQFES consider undertaking a risk assessment on the age range of 18-65 cohort?
4. What would be the implications caused if Novovax is not available through the public health system for staff complying with a proposed mandated direction?
5. Will CQFES meet with a UFUQ member who has a list of over 400 personnel who will remain unvaccinated should a direction be implemented?
6. Will QFES release the human rights compatibility assessment?
7. If a direction is implemented, will it be permanent or what trigger would rescind the directive?

During the consultation period UFUQ issued two Code 2's (neither of which contained adverse content against QFES):

1. CODE 2, VOL 36, NO 3: 24 JANUARY 2022 – COMMISSIONER'S ANNOUNCEMENT ON TWO WEEK CONSULTATION PERIOD REGARDING MANDATORY COVID-19 VACCINATION
2. CODE 2, VOL 36, NO 4 : 01 FEBRUARY 2022 - UPDATE ON CONSULTATION PROCESSES REGARDING COMMISSIONER'S CONSIDERATION OF A COVID-19 VACCINATION MANDATE

A high level summary of initial industrial body and association feedback is below:

Key stakeholder	High level feedback
RFBAQ	• Outlined they did not understand the utility of voluntarily collecting information from volunteers and sought for a hard copy letter to be sent to all volunteers as well as information made available on a website. • RFBAQ sought confirmation that the current standing order was not changing
RFS Together	• Outlined that where mandates were based on a CHO direction that TQ did not have any difficult and where there is no CHO direction, TQ ballot their members. • Raised associated workload impact if a mandate were to be passed • Agreed to provide briefing to TQ where a meeting was not possible.

Commented [L1]: Question for CMT – do you want more narrative about the topics covered in these meetings in the report?

Commented [L2]: Please note legal advice and current industrial arrangement would mean this suggestion may not be feasible

AMWU	• Outlined they would like to see email wording and additional documents and confirmed how vaccination status would be validated (preference was for green tick on phone). • AMWU followed up with email on 1/2/2022 to outline they would not support a mandate which includes boosters
UWU	• Had recently been engaged on the QAS proposal and asked QFES to consider reasonable requests for exemptions such as pregnant workers as is allowed under the QAS arrangements.
SOU	• Wanted to know the definition for "fully vaccinated"
SESVA	• Sought clarification on the exclusion of volunteers and noted that if this were ever to be extended to volunteers it would require further consultation.
UFUQ	• Discussed the timing of messaging to be distributed to staff and wanted to ensure that all views on the topic would heard during the consultation period.
QAFA	• Expect that their members will be largely accepting and have a high vaccination rate with an expected 10% who have chosen not to be vaccinated. • This request was consistent with Queensland Government and Queensland Health messaging.

There was one letter received from Together Queensland during the consultation period. This correspondence was on the topic of return to work as announced by the Premier to commence on 7 February 2022 and unrelated to the mandate proposal.

QFES was also approached by two separate entities who both outlined they were acting as advocates for greater than one hundred members: The Sworn Officers' Professional Association of Australia (affiliated with Red Union) (SOPAA) and Allan Bullock Solicitors and Advocates. SOPAA is not a registered industrial organisations party to the four awards and industrial instruments for QFES. Prior to returning contact internal and OIR advice was sought (See Attachments x and y). The departmental response was that they were to provide their advocacy via the advertised feedback channel. At the conclusion of the contact with SOPAA, they outlined they would give consideration to raising an industrial dispute with QFES.

On 7/2/2022 at 11:59 Contrary to the public interest from Allan Bullock Solicitors and Advocates sent a formal letter to the Commissioner outlining the represent a large group who oppose the proposal and have reservations about the consultation undertaken by QFES with various union groups. Contrary to the public interest

This letter have been referred to QFES Legal for consideration and response.

Engagement with staff and volunteers

There were two specific emails sent to all staff during the consultation process:

1. Email 1 (initial) sent Monday 24/1/2022 at 9.12am to all paid staff and volunteers (32,325 total recipients): 39.83% open rate (12,876)
2. Email 2 (reminder) sent 1/2/2022 at 10am to paid staff only (8002 recipients) 46.88% open rate (3,751)

Also, note the consultation process was also mentioned in the January Commissioner's Update, although figures are not available for how many people accessed that specific piece of information that newsletter had an open rate of 37.84% across all paid staff and all volunteers including marine rescue volunteers.

The key messages contained within the above communications were:

- QFES is responsible for protecting the health, safety and well-being of all paid staff and acts to provide safe workplaces.
- Based on the current transmissibility of Omicron and the requirement for continued service delivery, CQFES is considering mandating full COVID-19 vaccination for permanent full time, part time and casual employees.
- CQFES wants to hear what you have to say about mandatory vaccination and what it means to you.

- The two week consultation period is open from Monday 24 January to Monday 7 February 2022.
- After the consultation period CQFES will review the current situation and all feedback provided and then determine whether mandatory vaccination is required.
- If CQFES determines a COVID-19 vaccination mandate is reasonable, then the identified cohorts will have six weeks to be fully vaccinated.
- Fully vaccinated means two shots of an Australian Technical Advisory Group on Immunisation (ATAGI) approved COVID-19 vaccine, or, if you have already had two vaccinations, to have an approved booster.

Additional engagement channels

As this consultation process relates to work health and safety (WHS) matters, QFES also sought to engage staff and volunteers though health and safety representatives (HSRs) and service stream WHS Committee Chairs.

<insert timeline of information distributed>

Consultation with other agencies

Updates from the Leadership Board were provided by CQFES to CMT. These updates included advice on what other agencies such as 1WS, QPS and others with regard to COVID-19 updates and the consideration or progress of COVID-19 vaccination mandates for staff and / or visitors, contractors and consultants.

QFES actively reached out to other agencies such as FRNSW and QPS as to the mechanisms they utilised during their consultation period and prior to implementing a vaccination mandate. They provided input on the types of engagement undertaken and the information provided to their workforce during the consultation period. During this engagement FRNSW confirmed they had provided their risk assessment to their workforce during consultation. FRNSW also provided their current estimated non-compliance rates for permanent and retained firefighter personnel.

Consultation summary

In total, there were a total of xx emails sent to the QFES.COVID.Vaccination@qfes.qld.gov.au inbox. Noting, staff and volunteers sent multiple feedback emails to this inbox.

Commented [L3]: QA to be done to ensure no duplicates 1494

There were a number of requests to extend the consultation period, to either accommodate stakeholder internal committee meetings, engage with others or ensure that personnel on leave had time to respond. All requests of this nature were reminded of the advertised deadline.

There was one formal complaint received via the QFES complaints system during the consultation period where the complainant outlined “My job is being threatened due to vaccine mandates”. <insert further information>

Additional material

- There are two pdf documents which are scanned documents so the content could not be copied into the compiled spreadsheet – they are noted as attachments in the spreadsheet (See Attachments xx and xx)
- There was one document provided by a sender – a 36 page document – stating it contains a list of peer reviewed medical papers submitted to various medical journals, evidencing a multitude of adverse events in covid-19 vaccine recipients – See Attachment xx
- There are four emails from outside of QFES which contain links or attachments which may be suspicious. They have been referred to Cyber Security for urgent checking prior to opening. Once advice from Cyber Security has been received these will be processed (if possible).

Post close off emails

There were 1 emails received after midday 7/2/2022

- One was a query seeking confirmation that their email sent during the consultation period had been received – response sent.
- One email was to acknowledge the response they had received which confirmed that no decision had been made – did not require a response.
- One was an email from UFUQ Assistant State Secretary Shane Malley who made contact with A/AC Bulow to provide a copy of UFUQ Brisbane South Branch motions at a meeting 30 November 2021.
    - Contrary to the public interest

- Contrary to the public interest

- One was an out of office reply generated when an acknowledgement email was sent to the senders account.
- One was a follow up in response to the general response email they had received and sought responses to their original questions.
- There were twelve other response emails received post the midday deadline.

Consultation results and themes

Each email sent to the QFES.COVID.Vaccination@qfes.qld.gov.au inbox was read, copied into a spreadsheet, responded to and then allocated a theme. Where additional information was provided such as: reference to service stream type, region or where the sender stated they were vaccinated but did not agree with a mandate, this was also noted.

It is important for CMT and CQFES to consider that just because someone is COVID-19 vaccinated (to any level) does not necessarily mean they will be agreeable to an employer vaccination mandate. In some data views this cohort averages around 20-30 per cent of those who do not agree with a mandate but voluntarily confirmed they are vaccinated.

Whilst the consultation results do not constitute a ballot / survey type as many senders sent multiple responses and there was no validation undertaken on emails received from outside of QFES whether they were genuinely staff or volunteers.

Consultation results

<draft table>

Service stream

Service Stream	Supports	Does not support	Vaccinated but does not support mandate
AUX	18	34	5
EM	5	5	3
EMVCR		3	2
FRS	351	376	78
PS	68	36	12
RFS	103	76	29
SES	64	32	4
SES / RFS	2	2	
(blank)	101	117	33
RFBAQ			
Grand Total	**712**	**681**	**166**

It would be unwise to interpret from the above table that the department is almost equally divided due to the following limitations:

- For some cohorts within QFES there are a statistically small number of responses.
- Many senders responded multiple times. <insert number of duplicate senders>
- Of the responses received there are a number of references to mistrust, confidentiality concerns, unwillingness to have conversations on this topic due to fear, bullying and harassment
- Queensland currently has 90 per cent fully vaccinated rate (as at 8/2/2022). Staff and volunteers who fall into this category and would not be significantly impacted by a mandate of this nature may have chosen not to respond during the consultation period.
- Equally so, due to the polarising nature of this topic, there may also be staff who would be significantly impacted by a mandate of this nature and not believed the genuine nature of the consultation process, outlining that the decision has already been made. This is true of many verbal conversations with the taskforce director and managers and leaders throughout QFES, despite continuing to reinforce the message that no decision has been made.
- There are 228 responses where QFES service stream was not identified

The above limitations will apply to the following tables.

Region
<draft table>

Region	Supports	Does not support	Vaccinated but does not support mandate
BR	69	103	21
CR	31	41	7
FNR	28	31	3
NCR	72	60	8
NR	18	20	9
SER	78	92	24
State	105	48	16
SWR	25	19	4
(blank)	286	267	74
Grand Total	**712**	**681**	**166**

Noting the previous data limitations, it may appear that Central and South Eastern regions are more weighted toward not supporting a mandated proposal. <Lyn to check if this is representative of the broader community>

Service stream and region
<draft table>
The following table **may** indicate workforce loss and capability deficits if those who outline they did not support a mandate were indicative of those who would remain non-compliant if a mandate were to proceed.

Region / Service stream	Supports	Does not support	Vaccinated but does not support mandate
BR	**69**	**103**	**21**
EM	1		
FRS	58	99	20
PS	1	2	
RFS	4	2	1
SES	4		
(blank)	1		
CR	**31**	**41**	**7**
AUX	1	5	
FRS	27	30	5
RFS	2	2	1
SES	1	3	
(blank)		1	1
FNR	**28**	**31**	**3**
AUX		2	
EM	2		
FRS	17	24	2
PS	1		
RFS	4	3	1
SES	3	1	
SES / RFS		1	
(blank)	1		
NCR	**72**	**60**	**8**

AUX	1	6	1
FRS	53	46	5
RFS	9	7	2
SES	7	1	
(blank)	2		
NR	**18**	**20**	**9**
EM		1	1
FRS	15	16	6
RFS	1	2	2
SES	2	1	
SER	**78**	**92**	**24**
AUX	3	1	1
FRS	60	77	20
PS	1	2	
RFS	7	2	3
SES	5	9	
(blank)	2	1	
State	**105**	**48**	**16**
EM	1	3	1
FRS	30	12	2
PS	63	28	11
RFS	5		
SES	4	1	
(blank)	2	1	
EMVCR		3	2
SWR	**25**	**19**	**4**
AUX	1	1	
FRS	16	16	4
PS		1	
RFS	4	1	
SES	3		
(blank)	1		
(blank)	**286**	**267**	**74**
AUX	12	19	3
EM	1	1	1
FRS	75	56	14
PS	2	3	1
RFS	67	57	19
SES	35	16	4
SES / RFS	2	1	
(blank)	92	114	32
RFBAQ			
Grand Total	**712**	**681**	**166**

Consultation themes

COVID-19 vaccinations and mandates and a polarising issue at a broad community level as well as at a workplace and workgroup level. The consultation process relating to this topic has seen discussions in the workplace create tensions and workforce issues. Despite consistent messaging via ELT, CQFES communications there have been continued reports by individuals, managers, leaders and FESSN of the increased tension this has caused within the workplace. Most individuals within QFES have been impacted in many forms by COVID-19 over the past two years and now more recently increasingly by increased infection rated. Due to the polarising nature of this topic, there was one response who seeks that whatever decision is made that it be a made quickly by way of resolving some of the increased tension fester in the workplace.

Supportive of a mandate

The following table is a high level overview of the primary theme allocated to responses which were supportive of a mandate.

Given the profile of staff and volunteers who are likely drawn to a fire and emergency services organisation (across all service streams), it is not surprising that the top three themes are they agree with a mandate, with some responses providing further information they agree on the basis that they want to consider their own health and safety, their fellow QFES colleagues and / or a safe workplace (allocated the theme of health and safety) or for broader reasons such as the protection of the community they serve (either in a broad sense or due to having close proximity to family members or others whom are considered vulnerable).

The next most common responses were to make some form of comparison to other frontline agencies who already have a mandate in place such as QPS or QH. It should be noted that many of these responses didn't just outline other agencies have mandated, so QFES should. Many responses outlined the increasing complexities the current arrangement to operationalise in some circumstances such as not putting patients at risk during QAS Assists with current risk control measures.

The responses which were allocated the "Align with community standards" outlined reputational complexities in being the only frontline agency not to have a mandate and the associated public optic or personnel embarrassment that QFES not mandated to date or that the community has an expectation of a fire and emergency service setting a high standard for the community to follow. Some examples within this response group compared the incongruence with magnets on sides of the fire appliances promoting COVID-19 vaccination but not having a mandate in place.

Other responses highlighted that QFES should have considered / implemented this topic sooner.

Throughout all responses, including supportive responses, it should be noted that some behavioural issues of concern were highlighted. These behavioural issues can be, at a high level categorised as vaccinated personnel outlining their discomfort (for a range of reasons) of not wanting to work alongside an unvaccinated colleague, outlining their discomfort with espousing their views on this topic because it did not align with others in their workgroup (lack of psychological safety) or they felt they would be discriminated on the basis of their support of a mandate. One example highlights that a colleague circulated an email with information that could be considered to contain mistruths (SER example).

<Supportive draft table>

Theme	Number of responses
Agree	156
Health & Safety	152
Protect community	144
Other frontline agencies have	85
Align with community standards	46
Should have been done sooner	24
Vaccines work	15
Non mandate position is causing workforce issues	10
Provision of vaccination status	8
Close proximity to others	8
Workforce issues	5
Too late	4
Freedom of choice	4
Loss of workforce	3
Not include boosters	3
Agrees with medical advice	3
Novovax	2
Vaccination reduces COVID symptoms	2
Query	2
High vaccination rate	2
Ambiguous	2
Vaccines reduce symptoms	1
Unvaccinated people don't pose a risk	1
Know workforce vaccination status	1
Query - how do I report my vaccination status	1
Mandate for risk based roles	1
Mandate should include volunteers	1
Mistrust	1
(blank)	
Grand Total	**687**

Does not support a mandate

During the consultation period, there were face to face meetings with members of the UFUQ which afforded a cross section of State Committee Members some of whom represented members who were against a mandate. The posed a number of questions to QFES which relating to: the true intent of the proposed mandate and whom it was for, the basis on which CQFES can implement a mandate (legal, human rights and constitutional powers), countering the original rationale put forth by CQFES regarding the impact of COVID-19 and current variant Omicron and the impact on critical service delivery. The most prominent argument put forth was that there are a significantly large cohort of FRS members who would remain non-compliant if a mandate was implemented (up to 400 members, representing 16.93%). UFUQ put forth an offer for CQFES to meet with a UFUQ member who had lists of specific members to back this claim. The SCM members proffered to QFES there would be a significant workforce loss of intellectual capital which would immediately impact service delivery and potentially take QFES years to recover from this workforce loss. Other issues highlighted during these meetings were regarding vaccine efficacy against the current COVID-19 variant Omicron and the adverse side effects of vaccinations. During these conversations there was some articulation of mistrust on many levels, with vaccines in general, government advice, stated claims by CQFES, the veracity of the QFES risk assessment and the order in which QFES undertook actions during the consultation period. Examples such as: if you haven't made a decision, then why do you have a draft proposal? If you are being open and transparent why don't you circulate all the documents to everyone?

These consultation discussions were held in a productive and professional manner with follow up actions undertaken, minutes taken and circulated in draft for UFUQ comment with changes accepted and finalised.

On the 4/2/2022 the taskforce started receiving a number of template type responses which articulated a range of arguments on why QFES cannot progress with a vaccination mandate. The key theme of these responses were that QFES does not have the authority to amend employment conditions, further outlining that the consultation process did not comply with the WHS Act and requested or demanded an updated workplace assessment for the senders worksite. It should be noted these responses also outlined other arguments such as the high loss of workforce should a mandate proceed. These responses were customised to outline the senders personal family circumstances and current employment tenure with QFES but similar in nature. Each of these responses were all individually read and allocated a theme (primary theme – not employer decision, secondary theme – requests further information – workplace risk assessment). There were approximately 135 of these responses.

The next most common theme, was the sender outlining their freedom to choose a vaccination or not. Among those senders who outlined they were already vaccinated, they respected the rights of their colleagues and others to choose not to be vaccinated or did not agree with a employer mandated position.

Following on from freedom of choice and against mandates where the senders who outlined the efficacy of COVID-19 vaccines, especially against the current COVID-19 Omicron strain. Amongst these responses were those who outlined that there is and has been a high COVID-19 Omicron infection rate in the community, affording those whom have recovered with some form of immunity or that the severity (duration and symptoms) of illness of Omicron did not warrant a mandate.

Loss of workforce (as previously outlined), adverse vaccination effects and reference to vaccine trials were the next most common reason behind not supporting a QFES mandated proposal.

<draft does not support table>

Does not support theme	Number
Not employer decision	135
Freedom of choice	126
Against mandates	76
Vaccine efficacy	38
Loss of workforce	29
Adverse vaccination effects	20
Vaccines untested	19
Against human rights	15
Mandate will not benefit QFES	15
High vaccination rate	14
Too late	13
Disagree	13
Against vaccines	7
Mistrust	7
Comparison of COVID to flu	6
Workforce issues	5
Coercion	4
Unvaccinated people don't pose a risk	4
Against the law	4
Protect community	4
I will consider resigning	3
Political decision not based on safety	3
Use other risk control measures	3
Natural immunity as effective as vaccines	3
Covid has peaked	2
Against legal and human rights	1
Mandate for risk based roles	1
Not supported by medical evidence	1
Doesn't align with QH advice	1
Mandate not supported by stats	1
Need to understand pros and cons	1
No benefit to QFES	1
Ambiguous	1
(blank)	
Grand Total	**576**

Other matters

Insert discussion on the following:

- The topic of mask wearing is included in the draft proposal so there were a number of queries of this nature raised
- The management and leadership skills in proactively addressing / facilitating discussions where differing viewpoints should be further explored
- Many responders supportive / not supportive felt they were not always in a psychologically safe workplace, subject to discriminatory behaviour or could not authentically share their views on some COVID-19 topics. This should be further explored, regardless of the mandate decision (Yes or no) as there is likely to need to be a resetting of the workplace post this consultation period.

Insert common questions arising from responses

<draft content>
CMT should consider the release of FAQs responding to the following topics:

- Why not include volunteers, we need health and safety protection too?
- Isn't it too late, Omicron has peaked?
- Why haven't we done this sooner, when other agencies have?
- If you haven't already made a decision, then why do you have a draft proposal?
- If you haven't already made a decision, then why do you have a vaccination exemption email address already created (note this inbox was created late last year when the topic of mandate was previously contemplated)?
- Why include boosters?
- Can't unvaccinated people just use a RAT before work each shift (either at their own expense or at the department expense)?
- Is this genuine consultation? Have you really not made a decision?
- Have you thought about other measures which do not force a medical procedure on workers. At the end of our work day we can take out PPE off, but we can take a vaccine out of our body?
- What is the data you are basing this decision / proposal on?

Possible appendices

1. Consultation timeline
2. Consolidated feedback
3. Risk assessment
4. Consultation draft proposal
5. HRCA

Contrary to the public interest

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COVID-19 vaccination mandate proposal

Consultation feedback

Contents

Prepared by:	Lyn Richards		
Contributors:			
		Date of review	**New version number**
Reviewed by:			
Authorised by:			

QFES COVID-19 vaccination mandate proposal – consultation feedback

Executive Summary

<insert content to be drafted when report is nearing finalisation>

Dot points for consideration / inclusion

- Positive engagement with existing industrial bodies and associations
- New contact from advocates and other parties who are not party to any of the existing four awards
- No stakeholder contacts other than those made direct to QFES
- No adverse media during the consultation period
- Themes of mistrust, discrimination and workforce issues identified through a range of channels from those whom are both supportive and not supportive of a mandate.
- Lessons from this consultation process should be captured separately and considered in order to improve and build upon the positive relations with industrial bodies and associations
- This report summarises and captures the information gleaned during the consultation period in order for inclusion in CMT deliberations, amongst other factors to then make recommendations for CQFES decision. This report alone should not be the sole factor considered on whether QFES progresses with a vaccination mandate or not.

Introduction

The Crisis Management Team (CMT) is a group of QFES senior management drawn from QFES Deputy Commissioners, Assistant Commissioner QFES People, Assistant Commissioner Emergency Management and Community Capability, Executive Director Strategy with other subject matter experts invited to CMT meetings as necessary. This group has continued to consider high level items for key issues and make recommendations to the Commissioner (CQFES).

On 18/2/2022 CMT and CQFES determined that given the high transmissibility of COVID-19 variants such as Omicron, safety of the workforce and continued delivery of critical services, that CQFES consider mandating COVID-19 vaccinations for paid personnel. The creation of a taskforce was approved, and consultation was to commence.

Following this determination, a consultation process would be progressed to explore the concept of mandatory COVID-19 vaccinations for paid personnel. This determination also sought to explore the concept of volunteers being willing to voluntarily providing their COVID-19 vaccination status.

This report does not outline the rationale for CQFES' determination; it summarises the consultation process undertaken as directed by CQFES.

On 24/1/2022, CQFES sent out an email to all staff outlining that a two-week consultation period would commence seeking feedback for a proposed COVID-19 vaccination mandate. The advertised consultation period end was midday 7 February 2022.

Prior to distributing an all QFES email, contact was made, and meetings held with all relevant industrial bodies and associations who had members directly and indirectly impacted by the proposal. Throughout all communications it has been made clear that no decision had been made by CQFES.

One Senior Officer was taken offline to lead the activity as a taskforce with other relevant subject matter areas prioritising support to this activity. Two existing administrative staff were made available on a part time basis to assist with the processing of feedback. All staff were briefed on taskforce confidentiality.

Consultation process

Prior to sending out communication to all staff, QFES confirmed specialist advice on the reasonableness of undertaking a two-week consultation period with all staff. Communications to staff and stakeholders was via established mechanisms:

- Emails to all staff and volunteers
- Face to face meetings and emails to known industrial bodies and associations
- Emails to QFES health and safety representatives
- Emails to QFES health and safety committee chairs

- Emails and regular verbal updates to QFES Executive Leadership Team

In addition to the above communication channels, managers and leaders were instructed to contact personnel who were away from the workplace to inform them of the CQFES email and current consultation process regarding COVID-19 vaccination mandate proposal. Managers and leaders were further instructed to provide confirmation of this contact. There were a total of 68 managers who reported contact via varying means with their staff away from the workplace, including AC Walsh who outlined extensive reach out via SMS and other platforms to make contact within SER.

An existing email address QFES.COVID.Vaccination@qfes.qld.gov.au was utilised as the point of feedback.

Stakeholder consultation and engagement

On 20/1/2022 each of the industrial bodies and associations (impacted and non-impacted) were contacted and MS Teams meetings were arranged for 21/1/2022 for all available and 24/1/2022 for UFUQ to accommodate their representative's availability.

Additional information was requested and distributed to industrial bodies:

1. 25/1/2022 – a consultation draft COVID-19 Vaccination Proposal was distributed
2. 2/2/2022 – a consultation draft COVID-19 risk assessment was distributed

Post the initial briefings with industrial bodies and associations (See Attachment xx), three further meetings were requested by UFUQ. These meetings were scheduled between QFES representatives and a UFUQ industrial officers and a cross section of state committee members.

Attachments a, b and c outline the engagement between UFUQ and QFES. This engagement has been proactive, positive and engaging with both QFES and UFUQ points of contact ensuring that engagement ensured ample opportunities for all viewpoints to be presented. At the conclusion of the meetings and email exchanges between QFES and UFUQ representatives, the following questions from UFUQ remain outstanding from a UFUQ perspective:

1. Will CQFES consider rapid antigen testing (RAT) pre-shift at their own cost as an alternative to mandatory vaccination?
2. Will CQFES consider expanding the current draft RAT Standing Order to include unvaccinated persons?
3. Will CQFES consider undertaking a risk assessment on the age range of 18-65 cohort?
4. What would be the implications caused if Novovax is not available through the public health system for staff complying with a proposed mandated direction?
5. Will CQFES meet with a UFUQ member who has a list of over 400 personnel who will remain unvaccinated should a direction be implemented?
6. Will QFES release the human rights compatibility assessment?
7. If a direction is implemented, will it be permanent or what trigger would rescind the directive?

During the consultation period UFUQ issued two Code 2's (neither of which contained adverse content against QFES):

1. CODE 2, VOL 36, NO 3: 24 JANUARY 2022 – COMMISSIONER'S ANNOUNCEMENT ON TWO WEEK CONSULTATION PERIOD REGARDING MANDATORY COVID-19 VACCINATION
2. CODE 2, VOL 36, NO 4 : 01 FEBRUARY 2022 - UPDATE ON CONSULTATION PROCESSES REGARDING COMMISSIONER'S CONSIDERATION OF A COVID-19 VACCINATION MANDATE

A high level summary of initial industrial body and association feedback is below:

Key stakeholder	High level feedback
RFBAQ	• Outlined they did not understand the utility of voluntarily collecting information from volunteers and sought for a hard copy letter to be sent to all volunteers as well as information made available on a website. • RFBAQ sought confirmation that the current standing order was not changing
RFS Together	• Outlined that where mandates were based on a CHO direction that TQ did not have any difficulty and where there is no CHO direction, TQ would ballot their members. • Raised associated workload impact if a mandate were to be passed • Agreed to provide briefing to TQ where a meeting was not possible.

AMWU	• Outlined they would like to see email wording and additional documents and confirmed how vaccination status would be validated (preference was for green tick on phone). • AMWU followed up with email on 1/2/2022 to outline they would not support a mandate which includes boosters
UWU	• Had recently been engaged on the QAS proposal and asked QFES to consider reasonable requests for exemptions such as pregnant workers as is allowed under the QAS arrangements.
SOU	• Wanted to know the definition for "fully vaccinated"
SESVA	• Sought clarification on the exclusion of volunteers and noted that if this were ever to be extended to volunteers it would require further consultation.
UFUQ	• Discussed the timing of messaging to be distributed to staff and wanted to ensure that all views on the topic would be heard during the consultation period.
QAFA	• Expect that their members will be largely accepting and have a high vaccination rate with an expected 10% who have chosen not to be vaccinated. • This request was consistent with Queensland Government and Queensland Health messaging.

QFES was also approached by two separate entities, who both outlined they were acting as advocates for greater than one hundred members: The Sworn Officers' Professional Association of Australia (affiliated with Red Union) (SOPAA) and Allan Bullock Solicitors and Advocates. SOPAA is not a registered industrial organisation, party to the four awards and industrial instruments for QFES. Prior to returning contact, internal and OIR advice was sought (See Attachments x and y). The departmental response was that they were to provide their advocacy via the advertised feedback channel. At the conclusion of the contact with SOPAA, they outlined they would give consideration to raising an industrial dispute with QFES.

On 7/2/2022 at 11:59 Contrary to the public interest from Allan Bullock Solicitors and Advocates sent a formal letter to the Commissioner outlining they represent a large group who oppose the proposal and have reservations about the consultation undertaken by QFES with various union groups. Contrary to the public interest This letterhas been referred to QFES Legal for consideration and response.

Engagement with staff and volunteers

There were two specific emails sent to all staff during the consultation process:

1. Email 1 (initial) sent Monday 24/1/2022 at 9.12am to all paid staff and volunteers (32,325 total recipients): 39.83% open rate (12,876)
2. Email 2 (reminder) sent 1/2/2022 at 10am to paid staff only (8002 recipients) 46.88% open rate (3,751)

Also, note the consultation process was also mentioned in the January Commissioner's Update, although figures are not available for how many people accessed that specific piece of information that newsletter had an open rate of 37.84% across all paid staff and all volunteers including marine rescue volunteers.

The key messages contained within the above communications were:

- QFES is responsible for protecting the health, safety and well-being of all paid staff and acts to provide safe workplaces.
- Based on the current transmissibility of Omicron and the requirement for continued service delivery, CQFES is considering mandating full COVID-19 vaccination for permanent full time, part time and casual employees.
- CQFES wants to hear what you have to say about mandatory vaccination and what it means to you.
- The two week consultation period is open from Monday 24 January to Monday 7 February 2022.

- After the consultation period CQFES will review the current situation and all feedback provided and then determine whether mandatory vaccination is required.
- If CQFES determines a COVID-19 vaccination mandate is reasonable, then the identified cohorts will have six weeks to be fully vaccinated.
- Fully vaccinated means two doses of an Australian Technical Advisory Group on Immunisation (ATAGI) approved COVID-19 vaccine, or, if you have already had two vaccinations, to have an approved booster.

Additional engagement channels

As this consultation process relates to work health and safety (WHS) matters, QFES also sought to engage staff and volunteers though health and safety representatives (HSRs) and service stream WHS Committee Chairs.

<insert timeline of information distributed>

Consultation with other agencies

Updates from the Leadership Board were provided by CQFES to CMT. These updates included advice on the position or approach of t other agencies and locations such as QPS, QAS, QH and 1WS with regard to COVID-19 updates and the consideration or progress of COVID-19 vaccination mandates for staff and / or visitors, contractors and consultants.

QFES actively engaged with other agencies such as FRNSW and QPS as to the mechanisms they utilised during their consultation period and prior to implementing a vaccination mandate. They provided input on the types of engagement undertaken and the information provided to their workforce during the consultation period. During this engagement FRNSW confirmed they had provided their risk assessment to their workforce during consultation. FRNSW also provided their current estimated non-compliance rates for permanent and retained firefighter personnel.

Consultation summary

There were a total of xx emails sent to the QFES.COVID.Vaccination@qfes.qld.gov.au inbox. Noting, staff and volunteers sent multiple feedback emails to this inbox.

There were a number of requests to extend the consultation period, to either accommodate stakeholder internal committee meetings, engage with others or ensure that personnel on leave had time to respond. All requests of this nature were not approved and further reminded of the advertised deadline.

There was one formal complaint received via the QFES complaints system during the consultation period where the complainant outlined “My job is being threatened due to vaccine mandates”. <insert further information>

Additional material

- There are two pdf documents which are scanned documents so the content could not be copied into the consultation spreadsheet – they are noted as attachments in the spreadsheet (See Attachments xx and xx)
- There was one document provided by a sender – a 36 page document – stating it contains a list of peer reviewed medical papers submitted to various medical journals, evidencing a multitude of adverse events in covid-19 vaccine recipients – See Attachment xx
- There are four emails from outside of QFES which contain links or attachments which may be suspicious. They have been referred to Cyber Security for urgent checking prior to opening. Once advice from Cyber Security has been received these will be processed (if possible).

Post close off emails

There were 13 emails received after midday 7/2/2022

- One was a query seeking confirmation that their email sent during the consultation period had been received – response sent.
- One email was to acknowledge the response they had received which confirmed that no decision had been made – did not require a response.
- One was an email from UFUQ Assistant State Secretary Shane Malley who made contact with A/AC Bulow to provide a copy of UFUQ Brisbane South Branch motions at a meeting 30 November 2021.
    - Contrary to the public interest

- Contrary to the public interest

- One was an out of office reply generated when an acknowledgement email was sent to the senders account.
- One was a follow up in response to the general response email they had received and sought responses to their original questions.
- There were twelve other response emails received post the midday deadline.

Consultation results and themes

Each email sent to the QFES.COVID.Vaccination@qfes.qld.gov.au inbox was read, copied into a spreadsheet, responded to and then allocated a theme. Where additional information was provided such as: reference to service stream type, region or whether the sender stated they were vaccinated but did not agree with a mandate, was also noted.

It is important for CMT and CQFES to consider that a COVID-19 vaccinated (to any level) QFES member does not necessarily mean they an employer vaccination mandate. In some data, this cohort averages around 20-30 per cent of those who do not agree with a mandate but voluntarily confirmed they are vaccinated.

The consultation results do not constitute a ballot / survey type as many senders sent multiple responses. Furthermoe, there was no validation undertaken on emails received from outside of QFES to determine if they were genuine staff or volunteers.

Consultation results

<draft table>

Service stream

Service Stream	Supports	Does not support	Vaccinated but does not support mandate
AUX	18	34	5
EM	5	5	3
EMVCR		3	2
FRS	351	376	78
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SES / RFS	2	2	
(blank)	101	117	33
RFBAQ			
Grand Total	**712**	**681**	**166**

It would be unwise to interpret from the above table that the department is almost equally divided due to the following limitations:

- For some cohorts within QFES there are a statistically small number of responses.
- Many senders responded multiple times. <insert number of duplicate senders>
- Of the responses received there are a number of references to mistrust, confidentiality concerns, unwillingness to have conversations on this topic due to fear, bullying and harassment
- Queensland currently has 90 per cent fully vaccinated rate (as at 8/2/2022). Staff and volunteers who fall into this category and would not be significantly impacted by a mandate of this nature may have chosen not to respond during the consultation period.
- Equally so, due to the polarising nature of this topic, there may also be staff who would be significantly impacted by a mandate of this nature and not believed the genuine nature of the consultation process, outlining that the decision has already been made. This is true of many verbal conversations with the taskforce director and managers and leaders throughout QFES, despite continuing to reinforce the message that no decision has been made.
- There are 228 responses where QFES service stream was not identified

The above limitations will apply to the following tables.

Region

<draft table>

Region	Supports	Does not support	Vaccinated but does not support mandate
BR	69	103	21
CR	31	41	7
FNR	28	31	3
NCR	72	60	8
NR	18	20	9
SER	78	92	24
State	105	48	16
SWR	25	19	4
(blank)	286	267	74
Grand Total	**712**	**681**	**166**

Noting the previous data limitations, it may appear that Central and South Eastern regions are more weighted toward not supporting a mandated proposal. <Lyn to check if this is representative of the broader community>

Service stream and region

<draft table>

The following table **may** indicate workforce loss and capability deficits if those who outline they did not support a mandate were indicative of those who would remain non-compliant if a mandate were to proceed.

Region / Service stream	Supports	Does not support	Vaccinated but does not support mandate
BR	**69**	**103**	**21**
EM	1		
FRS	58	99	20
PS	1	2	
RFS	4	2	1
SES	4		
(blank)	1		
CR	**31**	**41**	**7**
AUX	1	5	
FRS	27	30	5
RFS	2	2	1
SES	1	3	
(blank)		1	1
FNR	**28**	**31**	**3**
AUX		2	
EM	2		
FRS	17	24	2
PS	1		
RFS	4	3	1
SES	3	1	
SES / RFS		1	
(blank)	1		
NCR	**72**	**60**	**8**

AUX	1	6	1
FRS	53	46	5
RFS	9	7	2
SES	7	1	
(blank)	2		
NR	**18**	**20**	**9**
EM		1	1
FRS	15	16	6
RFS	1	2	2
SES	2	1	
SER	**78**	**92**	**24**
AUX	3	1	1
FRS	60	77	20
PS	1	2	
RFS	7	2	3
SES	5	9	
(blank)	2	1	
State	**105**	**48**	**16**
EM	1	3	1
FRS	30	12	2
PS	63	28	11
RFS	5		
SES	4	1	
(blank)	2	1	
EMVCR		3	2
SWR	**25**	**19**	**4**
AUX	1	1	
FRS	16	16	4
PS		1	
RFS	4	1	
SES	3		
(blank)	1		
(blank)	**286**	**267**	**74**
AUX	12	19	3
EM	1	1	1
FRS	75	56	14
PS	2	3	1
RFS	67	57	19
SES	35	16	4
SES / RFS	2	1	
(blank)	92	114	32
RFBAQ			
Grand Total	**712**	**681**	**166**

Consultation themes

COVID-19 vaccinations and mandates are a polarising issue at a broad community level as well as at a workplace and workgroup level. The consultation process relating to this topic has resulted in discussions in the workplace, which have created tension and workforce issues. Despite consistent messaging via CQFES and ELT communications, there have been continued reports by individuals, managers, leaders and FESSN of increased tensions thin the workplace. One response seeks a rapid decision as one way of resolving some of the increased tension within the workplace.

Supportive of a mandate

The following table is a high level overview of the primary theme allocated to responses which were supportive of a mandate.

Given the profile of staff and volunteers who are likely drawn to a fire and emergency services organisation (across all service streams), it is not surprising that the top three themes are they agree with a mandate, with some responses further supporting the proposed mandate on the basis of their own health and safety, the health and safety of their QFES colleagues and a safe workplace (allocated the theme of health and safety). A further reason included protection of the community they serve (either in a broad sense or due to having close proximity to family members or others whom are considered vulnerable).

The next most common responses related to a form of comparison to other frontline agencies who already have a mandate in place such as QPS or QH. It should be noted that many of these responses didn't outline that simply because other agencies have mandated, so should QFES . Rather, many responses outlined the increasing complexities within the operational environment as result of requirements from other agencies and high risk settings.
The responses which were allocated the "Align with community standards" outlined reputational complexities in being the only frontline agency not to have a mandate and the associated public optic or personal embarrassment that QFES has not mandated to date or that the community has an expectation of a fire and emergency service setting a high standard for the community to follow. Some examples within this response group compared the incongruence with magnets on sides of the fire appliances promoting COVID-19 vaccination but not having a mandate in place.

Other responses highlighted that QFES should have considered / implemented this measure sooner.

Throughout all responses, including supportive responses, it should be noted that some behavioural issues of concern were highlighted. These behavioural issues can be, at a high level categorised as vaccinated personnel outlining their discomfort (for a range of reasons) of not wanting to work alongside an unvaccinated colleague, outlining their discomfort with espousing their views on this topic because it did not align with others in their workgroup (lack of psychological safety) or they felt they would be discriminated on the basis of their support of a mandate. One example highlights that a colleague circulated an email with information that could be considered to contain mistruths (SER example).

<Supportive draft table>

Theme	Number of responses
Agree	156
Health & Safety	152
Protect community	144
Other frontline agencies have	85
Align with community standards	46
Should have been done sooner	24
Vaccines work	15
Non mandate position is causing workforce issues	10
Provision of vaccination status	8
Close proximity to others	8
Workforce issues	5
Too late	4
Freedom of choice	4
Loss of workforce	3
Not include boosters	3
Agrees with medical advice	3
Novovax	2
Vaccination reduces COVID symptoms	2
Query	2
High vaccination rate	2
Ambiguous	2
Vaccines reduce symptoms	1
Unvaccinated people don't pose a risk	1
Know workforce vaccination status	1
Query - how do I report my vaccination status	1
Mandate for risk based roles	1
Mandate should include volunteers	1
Mistrust	1
(blank)	
Grand Total	**687**

Does not support a mandate

During the consultation period, there were face to face meetings with members of the UFUQ which afforded a cross section of State Committee Members (SCM), some of whom represented members who were against a mandate. They posed a number of questions to QFES relating to: the true intent of the proposed mandate and whom it was for, the basis on which CQFES can implement a mandate (legal, human rights and constitutional powers), countering the original rationale put forth by CQFES regarding the impact of COVID-19 and current variant Omicron and the impact on critical service delivery.

The most prominent argument put forth was that a significantly large cohort of FRS members would remain non-compliant if a mandate was implemented (up to 400 members, representing 16.93%). The SCM members proffered to QFES there would be a significant workforce loss of intellectual capital, which would immediately impact service delivery and potentially take QFES years to recover from this workforce loss.

Other issues highlighted during these meetings included vaccine efficacy against the current COVID-19 variant Omicron and the adverse side effects of vaccinations. During these conversations there was some articulation of mistrust on many levels, with vaccines in general, government advice, stated claims by CQFES, the veracity of the QFES risk assessment and the order in which QFES undertook actions during the consultation period.

On the 4/2/2022 the taskforce started receiving a number of template type responses which articulated a range of arguments as to why QFES cannot progress with a vaccination mandate. The key theme of these responseswas that QFES does not have the authority to amend employment conditions, further outlining that the consultation process did not comply with the WHS Act and requested or demanded an updated workplace assessment for the senders worksite. It should be noted these responses also outlined other arguments such as the high loss of workforce should a mandate proceed. These responses were customised to outline the senders personal family circumstances and current employment tenure with QFES but were similar in nature. Each of these responses were allocated a theme (primary theme – not employer decision, secondary theme – requests further information – workplace risk assessment). There were approximately 135 of these responses.

The next most common theme, was freedom to choose . Among those senders who outlined they were already vaccinated, they respected the rights of their colleagues and others to choose not to be vaccinated or did not agree with a employer mandated position.

Following on from freedom of choice , the next reason put forward related to the efficacy of COVID-19 vaccines, especially against the current COVID-19 Omicron strain. Amongst these responses, were those who outlined that there is and has been a high COVID-19 Omicron infection rate in the community, affording those whom have recovered with some form of immunity or that the severity (duration and symptoms) of illness of Omicron did not warrant a mandate. This aligns to the herd immunity rationale.

Loss of workforce (as previously outlined), adverse vaccination effects and reference to vaccine trials were the next most common reason behind not supporting a QFES mandated proposal.

<draft does not support table>

Does not support theme	Number
Not employer decision	135
Freedom of choice	126
Against mandates	76
Vaccine efficacy	38
Loss of workforce	29
Adverse vaccination effects	20
Vaccines untested	19
Against human rights	15
Mandate will not benefit QFES	15
High vaccination rate	14
Too late	13
Disagree	13
Against vaccines	7
Mistrust	7
Comparison of COVID to flu	6
Workforce issues	5
Coercion	4
Unvaccinated people don't pose a risk	4
Against the law	4
Protect community	4
I will consider resigning	3
Political decision not based on safety	3
Use other risk control measures	3
Natural immunity as effective as vaccines	3
Covid has peaked	2
Against legal and human rights	1
Mandate for risk based roles	1
Not supported by medical evidence	1
Doesn't align with QH advice	1
Mandate not supported by stats	1
Need to understand pros and cons	1
No benefit to QFES	1
Ambiguous	1
(blank)	
Grand Total	**576**

Other matters

Insert discussion on the following:

- The topic of mask wearing is included in the draft proposal so there were a number of queries of this nature raised
- The management and leadership skills in proactively addressing / facilitating discussions where differing viewpoints should be further explored
- Many responders supportive / not supportive felt they were not always in a psychologically safe workplace, subject to discriminatory behaviour or could not authentically share their views on some COVID-19 topics. This should be further explored, regardless of the mandate decision (Yes or no) as there is likely to need to be a resetting of the workplace post this consultation period.

Insert common questions arising from responses

<draft content>

CMT should consider the release of FAQs responding to the following topics:

- Why not include volunteers, we need health and safety protection too?
- Isn't it too late, Omicron has peaked?
- Why haven't we done this sooner, when other agencies have?
- If you haven't already made a decision, then why do you have a draft proposal?
- If you haven't already made a decision, then why do you have a vaccination exemption email address already created (note this inbox was created late last year when the topic of mandate was previously contemplated)?
- Why include boosters?
- Can't unvaccinated people just use a RAT before work each shift (either at their own expense or at the department expense)?
- Is this genuine consultation? Have you really not made a decision?
- Have you thought about other measures which do not force a medical procedure on workers. At the end of our work day we can take out PPE off, but we can take a vaccine out of our body?
- What is the data you are basing this decision / proposal on?

Possible appendices

1. Consultation timeline
2. Consolidated feedback
3. Risk assessment
4. Consultation draft proposal
5. HRCA

Contrary to the public interest

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CONSULTATION DRAFT – Vaccination Proposal

QUEENSLAND FIRE AND EMERGENCY SERVICES

INSTRUMENT OF COMMISSIONER'S DIRECTION

Fire and Emergency Services Act 1990 (Qld) – sections 7A, 7B, 8B,

Public Service Act 2008 – section 11

Pursuant to s11 of the *Public Service At 2008* and s7A of the *Fire and Emergency Services Act 1990*, I Greg Leach, Commissioner and Chief Executive of the Queensland Fire and Emergency Service (QFES), hereby direct that for the efficient and proper functioning of QFES, the below responsibilities apply to such persons and subject to such conditions as are specified in this instrument.

MANDATORY COVID-19 VACCINATION AND MASK REQUIREMENTS FOR QFES OFFICERS, AUXILIARY FIREFIGHTERS AND QFES EMPLOYEES

Background

1. A public health emergency was declared on 29 January 2020 for the whole of Queensland, under the *Public Health Act 2005,* due to the outbreak of COVID-19 and the health implications to Queensland. The risk presented by COVID-19 is heightened by the increased transmissibility of the omicron variant. Additionally, the Chief Health Officer Direction Public Health and Social Measures linked to Vaccination Status (which came into effect on 17 December 2021 and requires members of the public to be fully vaccinated to enter specified venues) impacts the delivery of QFES critical services under non-emergency situations.

2. QFES' priority is the health, safety and wellbeing of its staff and volunteers and is committed to meeting its workplace health and safety obligations. In addition, QFES prioritises community safety at all times.

3. In order to fulfil the functions of QFES as set out in the *Fire and Emergency Services Act 1990*, including but not limited to QFES' functions to protect persons under section 8B, QFES officers, auxiliary firefighters and employees must be frontline-ready and available for deployment. The QFES has particular responsibilities during the

declared public health emergency, including deployment of QFES officers, auxiliary firefighters, volunteers and QFES employees to quarantine facilities as well as to COVID-19 border compliance duties. More broadly, the nature and frequency of QFES officers' interactions with members of the community, particularly vulnerable members of the community (for example, when assisting the Queensland Ambulance Service), results in a significantly increased risk of QFES officers contracting or transmitting COVID-19. Rapid transmission of COVID-19 through the QFES would take QFES officers, auxiliary firefighters, QFES employees and volunteers out of service while they undertake quarantine periods or recover from COVID-19. In an extreme scenario, this could reduce the availability of QFES officers, auxiliary firefighters employees and volunteers for deployment, and threaten the ability of the QFES to serve the community.

4. While it is primarily QFES officers, auxiliary firefighters and volunteers who are on the front line, many QFES employees:

   a) have close working relationships with QFES officers, auxiliary firefighters and volunteers;
   b) interact with members of the community (including vulnerable members of the community); and
   c) are mission critical, such as QFES employees stationed at Communications Centres including FireCom, fleet maintenance facilities, procurement and the State Disaster Coordination Centre (SDCC).

5. The *Work Health and Safety Act 2011* places a responsibility on me as the Commissioner of QFES, so far as is reasonably practicable, to ensure the health and safety of QFES officers, auxiliary firefighters, employees and volunteers. That Act also requires me to ensure, so far as is reasonably practicable, the health and safety of other people with whom QFES officers, auxiliary firefighters and employees interact when performing the functions of QFES.

6. While individual QFES officers, auxiliary firefighters and employees have

important human rights, those rights must be weighed against the interests of the community, including the human rights of others and the need to ensure that the QFES is able to serve the community during a public health emergency.

Application

7. This Direction applies to:
   a) all QFES officers appointed on a permanent basis pursuant to section 25 of the *Fire and Emergency Services Act 1990;*
   b) all QFES auxiliary firefighters employed under the *Fire and Emergency Service Act 1990;*
   c) QFES employees:
      (i) appointed on a permanent basis pursuant to the *Fire and Emergency Services Act 1990* and/or sections 110, 119, 147 and 148 of the *Public Service Act 2008*; and
      (ii) appointed on a casual or permanent basis as a Fire Communications Officer under the *Fire and Emergency Services Act 1990*; and
   d) all personnel currently seconded to QFES and undertaking the role of either a QFES officer, QFES auxiliary firefighter and/or QFES employee.

8. This Direction does not apply to
   a) volunteers; and
   b) employees who are absent from the workplace, for example, on long term leave or on secondment to another department, or not currently undertaking their usual role (as identified in paragraph 7) (an employee in this situation would be expected to comply with a vaccination requirement prior to returning to their usual role).

Requirements for vaccination against COVID-19

9. Unless a QFES officer, auxiliary firefighter or QFES employee is exempt under paragraph 10 or 11 of this directive, the person must:

a) receive two doses of a COVID-19 vaccine by [Insert date six weeks from date of direction], or if ineligible to receive the second dose by that date, within 48 hours of becoming eligible to do so;

b) receive a booster dose of a COVID-19 vaccine:

(i) if eligible to do so at the date of this direction – no more than [one month] after the date of this direction; or

(ii) otherwise – no more than [one month] after they become eligible to do so, in accordance with the advice of the Australian Technical Advisory Group on Immunisation on the use of a booster dose of COVID-19 vaccine at that time; and

c) provide evidence of receiving a COVID-19 vaccine if requested by the Commissioner of QFES (or delegate).

Exemption from requirements for vaccination against COVID-19

10. A QFES officer, auxiliary firefighter or QFES employee is exempt from the requirements in paragraph 9 if the Commissioner of QFES (or delegate) grants an exemption on the basis that the QFES officer, auxiliary firefighter or QFES employee is unable to be vaccinated due to a medical contraindication.

11. A QFES officer, auxiliary firefighter or QFES employee who applies for an exemption under paragraph 10 must provide to the Commissioner of QFES (or delegate):

a) a letter from a treating doctor or specialist outlining:

(i) the condition which makes it unsafe for the QFES officer, auxiliary firefighter or QFES employee to receive all available COVID-19 vaccines; and

(ii) whether the condition is temporary in nature, and, if so, the duration; and

b) any other supporting evidence requested.

12. A QFES officer, auxiliary firefighter or QFES employee is also exempt from the requirements in paragraph 9 if the Commissioner of QFES (or delegate) grants an exemption:

a) due to a genuine religious objection; or

b) due to other exceptional circumstances.

13. A QFES officer, auxiliary firefighter or QFES employee who applies for an exemption under paragraph 12 must provide any supporting evidence requested.

14. An exemption granted under paragraph 10 and/or 12 must be given in writing and may be subject to conditions. A QFES officer, auxiliary firefighter or QFES employee given an exemption must comply with any conditions specified therein.

Requirements to wear a mask

15. All QFES officers, auxiliary firefighter and QFES employees must carry and wear a face mask where required to do so in accordance with any public health directions in effect under the *Public Health Act 2005.*

16. A QFES officer, auxiliary firefighter or QFES employee who has not received at least two doses of a COVID-19 vaccine or who is exempt under paragraph 10 and/or 12 must, in addition to complying with paragraph 15:

    a) when on duty, carry a face mask at all times, except if wearing the face mask or where paragraph 17(a) applies; and
    b) when on duty, wear a face mask covering the nose and mouth at all times if they are in an indoor space; and
    c) when on duty, wear a face mask covering the nose and mouth at all times if they are in an outdoor space and it is not possible to practise physical distancing.

17. The requirement to wear a face mask under paragraph 16 does not apply:

    a) to a QFES officer, auxiliary firefighter or QFES employee who has a diagnosed physical or mental health illness or condition, or disability, which makes wearing a face mask unsuitable; or

        Examples: a QFES officer who has obstructed breathing, a serious skin condition on their/ace, an intellectual disability, a mental health illness, or who has experienced trauma.

b) to a QFES officer, auxiliary firefighter or QFES employee communicating with a person who is deaf or hard of hearing and visibility of the mouth is essential for communication; or

c) if the QFES officer, auxiliary firefighter or QFES employee is consuming food, drink or medicine; or

d) if not doing so is for emergency purposes; or

e) if not doing so is required or authorised by law; or

f) if doing so is not safe in all the circumstances.

Reporting and Record Keeping

18. In accordance with paragraph 9 of this Directive, evidence of COVID-19 vaccination must be provided to the QFES officer, auxiliary firefighter or QFES employee's line manager or the person nominated in locally developed processes.

19. The personal information is being collected to comply with obligations under the *Work Health and Safety Act 2011* to ensure, so far as is reasonably practicable, the health and safety of workers and others in the workplace.
    (a) A record will be kept of all COVID-19 vaccinations reported by an existing or prospective employee (covered by this Directive).
    (b) The record will be stored in a secure database that is accessible to authorised persons only and maintained in accordance with the *Information Privacy Act 2009* and the *Public Records Act 2002.*
    (c) Documentary evidence of exemptions, and supporting information will be kept for all existing or prospective employees.
    (d) De-identified information about employee vaccination rates will be reported in accordance with relevant state or federal government requirements.

Definitions

20. For the purposes of this Direction:

COVID-19 vaccine means:

a) a COVID-19 vaccine approved by the Therapeutic Goods Administration for use in Australia; or

b) if the QFES officer, auxiliary firefighter or QFES employee has been vaccinated overseas, a COVID-19 vaccine endorsed by WHO-COVAX.

A person is ***eligible*** to receive the relevant dose of the vaccine on the first day after the minimum period recommended by the Australian Technical Advisory Group on Immunisation has elapsed since the last dose.

evidence of vaccination means a copy of the employee's immunisation history statement from the Australian Immunisation Register. Where a person has been vaccinated overseas, a record of this must be provided.

face mask means a flat surgical mask, P2/N95 mask or a cloth mask with three layers that covers the nose and mouth (but does not include a face shield).

Example - a scarf or bandana is not a face mask.

indoor space means an area, room, premises or vehicle that is or are substantially enclosed, regardless of whether the roof or walls or any part of them are:

a) permanent or temporary; or

b) open or closed.

outdoor space means a space that is not an indoor space.

physical distancing includes remaining at least 1.5 metres away from other persons where possible.

Queensland Fire and Emergency Services *established under the Fire and Emergency Services Act 1990.*

volunteer means

a) a State Emergency Service (SES) member appointed as an SES member under section 132(1) of the *Fire and Emergency Services Act 1990; or*

b) a member of a rural fire brigade formed under s79 of the *Fire and Emergency Services Act 1990.*

Approval and implementation Directive

Greg Leach

Commissioner, Queensland Fire and Emergency Services

Date:

Risk Register Builder

Risk Register/Assessment Title:	Hazards and risks associated with COVID-19 in the workplace	Register/Assessment Owner:	Commissioner
Context:	The QFES workforce operate in a range of environments, from offices and call centres to training facilities, industrial areas, bushland, and high risk sites. Staff and volunteers work a range of shift types and may travel extensively. QFES is required to provide a safe workplace for its staff, volunteers, contractors and visitors.	Signature:	
Date of Assessment:	21/01/2022	Date:	1/02/2022
Version:	0.3	Next review date:	31-Mar

Risk					Inherent risk rating				Controls	Residual risk rating					Possible future controls		Accountability		Target risk rating		
Risk No.	Risk (what can go wrong?)	Description (how can it happen? / causes)	Consequences (Qualitative)	Consequences (Quantitative)	Consequence	Likelihood	Rating Value	Rating Score	Current Controls	Consequence	Likelihood	Rating Value	Rating Score	Rating Variance - effectiveness of controls	Possible future controls under consideration	Action owner (& due date)	Risk Owner	Status	Consequence	Likelihood	Rating Value
1	Possibility of harm caused by the psychological characteristics of the work design and social conditions during the COVID-19 pandemic (workplace or home).	Exposure to distressing events involving COVID-19. Conflict and/or aggression amongst staff related to personal views on COVID-19 and/or COVID-19 vaccinations and/or control measures (e.g. masks). Stress as a result of COVID-19 workplace measures. Stress from isolation whilst working at home	Psychological injury (e.g. anxiety, depression, PTSD) Chronic disease (e.g. heart disease, type two diabetes) Physical injury (e.g. musculoskeletal disorders)	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, increased member turnover and depleted workforce.	Moderate	Possible	Medium	9	Safety and Wellbeing Policy. Early Intervention Program. Video (Microsoft teams) and teleconferencing facilities made available to all staff to maintain social connection and contact with the workplace. Leadership Advice Line available to increase managers capability with regard to supporting staff health and wellbeing. 24 hour counselling service available to support workers and their families. Peer support officers. Chaplaincy service in place. Domestic and family violence support program available to all staff. Leave entitlements available for staff who may become need time away from the workplace. SHE hazard and incident reporting system.	Moderate	Unlikely	Medium	6	3	Continue to monitor Queensland Health (QH), Public Service Commission (PSC) and Workplace Health and Safety Queensland (WHSQ) guidance and adjust control measures as required.	Assistant Commissioner QFES People	Commissioner	Watch	Moderate	Unlikely	Medium
2	Possibility of harm caused by the biomechanical characteristics of the work design in the home office in situations where increased telecommuting is required.	Poor ergonomic set up in the home office environment.	Acute and chronic related sprains/strains or other musculoskeletal disorders	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, increased member turnover and depleted workforce.	Moderate	Possible	Medium	9	Safety and Wellbeing Policy. Flexible work arrangements and telecommuting arrangements in place for staff working from home. Working from home risk assessment checklist in place to identify hazards, assess risks and put in place suitable control measures. Gateway videos related to suitable desk set-up and ergonomics in the home environment. Video (Microsoft teams) and teleconferencing facilities made available to all staff to maintain social connection and contact with the workplace. Leadership Advice Line available to support managers with work from home arrangements. SHE hazard and incident reporting system.	Moderate	Unlikely	Medium	6	3	Continue to monitor Queensland Health (QH), Public Service Commission (PSC) and Workplace Health and Safety Queensland (WHSQ) guidance and adjust control measures as required. Implement the Prevention and response to workplace bullying procedure.	Assistant Commissioner QFES People	Commissioner	Watch	Moderate	Unlikely	Medium
3	Possibility of harm caused by exposure to COVID-19 in a QFES facility environment (e.g. Kedron, Albion, workshop, station, regional headquarters).	Corporate staff and / or operational staff attending a QFES office / workplace facility.	COVID-19 could be transmitted from a corporate staff member to a QFES operational staff member resulting in serious illness (including long term serious adverse health consequences even for those who recover) and death in extreme circumstances.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Major	Possible	High	12	State Pandemic Plan and Associated Annexes. Standing Order (SO-Q-OM-5.13 QFES COVID-19 Activities - COVID-19 Vaccinations). QFES 2020-21 Deployment Plan: COVID-19 Specific. Floor plans identify requirements for physical distancing. Promotion of good hygiene practices Handwashing facilities are kept clean, in good working order and appropriately stocked. QFES Events Covid Safe plans Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES facilities. Posters and signage installed in meeting and conference rooms, lifts, desk areas and kitchen facilities to comply with physical distancing requirements. A COVID Check In QR Code is in place and monitor workplace numbers and physical distancing requirements. A regular cleaning regime has been implemented for high touch areas such as desks, handles, lift buttons and bathroom facilities (PPE provided to cleaners). Emergency response procedures in place should a suspected or confirmed case of COVID-19 enter the workplace. Flexible work arrangements and telecommuting arrangements in place to manage staff numbers at QFES facilities. Onsite and offsite car parking facilities available to all staff to minimise commuting via public transport. Staggered start and finish times implemented where required, with option for staff to apply for extended work hours between 5:00am and 10.00pm. QFES operational doctrine and infection control procedures Access to QH COVID-19 testing facilities COVID-19 specific information available on the QFES Gateway and circulated via other communication channels and email Operational personnel have access to PPE (workplaces, appliances, regional and state cache) Personnel are encouraged to comply with QH and QG guidance and consider COVID-19 vaccination Video (Microsoft teams) and teleconferencing facilities made available to all staff. SHE hazard and incident reporting system. Workplace cleaning guides for suspected or confirmed case of COVID-19. Staff are provided time during work hours to receive COVID-19 vaccination where reasonably practicable	Major	Rare	Medium	4	8	Continue to monitor Queensland Health (QH), Public Service Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. Mandatory COVID-19 vaccination policy for all QFES paid staff (except those with certified medical contraindications or exemption) who may be required to interact with other operational workers or members of the public will be required to receive their double dose of COVID-19 vaccine by a specified date and booster within one month of eligibility Standing Order Rapid Antigen Testing - COVID-10 for specified activities (Deployments and Indigenous Communities)	Assistant Commissioner QFES People	Commissioner	Open	Major	Unlikely	Medium
4	Transmission of COVID-19 to or from member of the public to a QFES staff during delivery of critical services in an operational context (emergency / non emergency) - including COVID-19 activities.	QFES staff attend a range of operational settings and are required to work in close proximity with each other, other emergency service workers and members of the public in the course of their operational duties. This may occur in hospitals, aged care facilities, at risk communities, airports, high density housing, large scale venues where physical distancing and PPE may not always be adequate, suitable, worn correctly, reliably and without potential for damage or failure to sufficiently protect from COVID-19 transmission or infection.	COVID-19 could be transmitted from a member of the public to a QFES operational staff member resulting in serious illness (including long term serious adverse health consequences even for those who recover) and death in extreme circumstances. COVID-19 could be transmitted from a QFES operational staff member to a member of the public, including those at risk populations during the course of their duties, resulting in serious adverse health consequences even for those who recover) and death in extreme circumstances.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced ability to deliver critical service, and depleted operational workforce.	Major	Possible	High	12	State Pandemic Plan and Associated Annexes. Standing Order (SO-Q-OM-5.13 QFES COVID-19 Activities - COVID-19 Vaccinations). QFES 2020-21 Deployment Plan: COVID-19 Specific. Handwashing facilities are kept clean, in good working order and appropriately stocked. Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES stations, brigades, groups, appliances. Posters and signage installed in QFES operational facilities to comply with physical distancing requirements. QFES operational procedures which document operational staff present in operational settings. PPE including P2, P3 masks, gloves and other PPC requirements QFES Events Covid Safe Plans Regular cleaning regimes have been implemented for appliances and operational workplaces. Emergency response procedures in place should a suspected or confirmed case of COVID-19 enter the workplace.. QFES operational doctrine and infection control procedures QFES Events Covid Safe Plans Access to QH COVID-19 testing facilities COVID-19 specific information available on the QFES Gateway and circulated via other channels and email Operational personnel have access to PPE (workplaces, appliances, regional and state cache) Personnel are required to comply with QH CHO Directions and QG guidance and consider COVID-19 vaccination Video (Microsoft teams) and teleconferencing facilities made available to operational personnel to minimise interaction with others to attend meetings away from operational workplaces. Minimise visitors to operational workplaces SHE hazard and incident reporting system. Workplace cleaning guides for suspected or confirmed case of COVID-19. Staff are provided time during work hours to receive COVID-19 vaccination where reasonably practicable.	Moderate	Possible	Medium	9	3	Continue to monitor Queensland Health, Public Service Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. Mandatory COVID-19 vaccination policy for all QFES staff (except those with certified medical contraindications) who may be required to interact with other operational workers or members of the public will be required to receive their double dose of COVID-19 vaccine by a specified date and booster within one month of eligibility Standing Order Rapid Antigen Testing - COVID-10 for specified activities (Deployments and Indigenous Communities) Minimise the time in which unvaccinated visitors, contractors or third party providers attend QFES occupied facilities. Provide alternate arrangements for visits where practicable	Assistant Commissioner QFES People	Commissioner	Open	Moderate	Unlikely	Medium

Risk					Inherent risk rating				Controls	Residual risk rating					Possible future controls		Accountability		Target risk rating		
Risk No.	Risk (what can go wrong?)	Description (how can it happen? / causes)	Consequences (Qualitative)	Consequences (Quantitative)	Consequence	Likelihood	Rating Value	Rating Score	Current Controls	Consequence	Likelihood	Rating Value	Rating Score	Rating Variance - effectiveness of controls	Possible future controls under consideration	Action owner (& due date)	Risk Owner	Status	Consequence	Likelihood	Rating Value
5	Staff with unknown COVID-19 vaccination status.	QFES staff may be unwilling to declare their COVID-19 vaccination status or make a false vaccination status declaration.	An unvaccinated staff could be exposed to COVID-19 resulting in serious illness and/or death to QFES staff or the public resulting from transmission of COVID-19. Conflict and/or aggression resulting from differing views amongst staff and /or staff choosing not to openly discuss vaccination status.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Major	Almost Certain	Very High	20	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. All QFES staff can access surgical mask, hand sanitiser, surface spray / surface wipes. QFES operational staff to access range of PPE.	Major	Likely	High	16	4	Mandatory COVID-19 vaccination policy for all QFES paid staff (except those with certified medical contraindications or exemption) who may be required to interact with other operational workers or members of the public will be required to receive their double dose of COVID-19 vaccine by a specified date and booster within one month of eligibility	Assistant Commissioner QFES People	Commissioner	Open	Major	Unlikely	Medium
6	Failure to effectively quarantine single or multiple positive cases of COVID-19 infection in QFES workplaces.	Unaware of infected personnel i.e. asymptomatic or delayed notification could attend a QFES workplace or QFES managed incident or other agency managed disaster incident site Staff come into QFES workplaces unwell.	COVID-19 infection could be transmitted to other QFES staff. All potentially affected staff would be required to isolate and the station / site taken offline (partial or full) for cleaning. This could increase the number of infected staff (including long term serious adverse health consequences even for those who recover) and death in extreme circumstances.	Impact to service delivery	Major	Likely	High	16	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. Continue to encourage staff to receive their COVID-19 vaccination. Staff required to remain away from QFES workplaces when displaying symptoms of COVID-19 and to have a PCR test and isolate and await results.	Moderate	Almost Certain	High	15	1	Continue to monitor Queensland Health, Public Service Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. Mandatory COVID-19 vaccination policy for all QFES paid staff (except those with certified medical contraindications or exemption) who may be required to interact with other operational workers or members of the public will be required to receive their double dose of COVID-19 vaccine by a specified date and booster within one month of eligibility	All Deputy Commissioners	Commissioner	Open	Moderate	Likely	High
7	Transmission of COVID-19 to or from an unvaccinated member of the public to an unvaccinated QFES staff.	Transmission in the workplace or operational setting where there may be unknown cases of COVID-19.	Serious illness and/or death to QFES staff or the public resulting from the transmission of COVID-19.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Adverse publicity for QFES and potential litigation. Reputational damage as a result of media reports.	Major	Possible	High	12	State Pandemic Plan and Associated Annexes. Standing Order (SO-Q-OM-5.13 QFES COVID-19 Vaccinations). QFES 2020-21 Deployment Plan: COVID-19 Specific. Handwashing facilities are kept clean, in good working order and appropriately stocked. Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES stations, brigades, groups, appliances. Posters and signage installed in QFES operational facilities to comply with physical distancing requirements. QFES operational procedures which document operational staff requirements in operational settings. Promotion of good hygiene practices Regular cleaning regimes have been implemented for appliances and operational workplaces. Emergency response procedures in place should a suspected or confirmed case of COVID-19 enter the workplace.. QFES operational doctrine and infection control procedures Access to QH COVID-19 testing facilities COVID-19 specific information available on the QFES Gateway and circulated via various communication channels and email Operational personnel have access to PPE (workplaces, appliances, regional and state cache) Personnel are required to comply with QH CHO Directions and QG guidance and consider COVID-19 vaccination Video (Microsoft teams) and teleconferencing facilities made available to operational personnel to minimise interaction with others to attend meetings away from operational workplaces. Minimise visitors to operational workplaces SHE hazard and incident reporting system. Workplace cleaning guides for suspected or confirmed case of COVID-19. Staff are provided time during work hours to receive COVID-19 vaccination where reasonably practicable.	Moderate	Possible	Medium	9	3	All QFES staff may be required to interact with operational personnel who will be required to attend various work locations and operations at short notice. Mandatory COVID-19 vaccination policy for all QFES paid staff (except those with certified medical contraindications or exemption) who may be required to interact with other operational workers or members of the public will be required to receive their double dose of COVID-19 vaccine by a specified date and booster within one month of eligibility	Deputy Commissioner Strategy and Corporate Services	Commissioner	Open	Moderate	Possible	Medium
8	COVID-19 infection during secondary or other employment / volunteering activities.	QFES staff could come into contact with COVID-19 during the course of their secondary or other employment / volunteering duties.	Serious illness and/or death to QFES staff or the public resulting from the transmission of COVID-19.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Major	Possible	High	12	When undertaking QFES work, it is undertaken in accordance with QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. State Pandemic Plan and Associated Annexes. Standing Order (SO-Q-OM-5.13 QFES COVID-19 Activities - COVID-19 Vaccinations). QFES 2020-21 Deployment Plan: COVID-19 Specific. Handwashing facilities are kept clean, in good working order and appropriately stocked. Alcohol based hand sanitizer and anti-bacterial wipes made available throughout all QFES stations, facilities and appliances. Posters and signage installed in QFES operational facilities to comply with physical distancing requirements. QFES operational procedures which document operational staff requirements in operational settings. Regular cleaning regimes have been implemented for appliances and operational workplaces. Emergency response procedures in place should a suspected or confirmed case of COVID-19 enter the workplace. QFES operational doctrine and infection control procedures. Access to QH COVID-19 testing facilities.	Moderate	Possible	Medium	9	3	Continue to monitor Queensland Health, Public Service Commission and Workplace Health and Safety Queensland guidance and adjust control measures as required. Mandatory COVID-19 vaccination policy for all QFES paid staff (except those with certified medical contraindications or exemption) who may be required to interact with other operational workers or members of the public will be required to receive their double dose of COVID-19 vaccine by a specified date and booster within one month of eligibility	All Deputy Commissioners	Commissioner	Open	Moderate	Possible	Medium
9	COVID-19 infection during meetings / interactions with partner agencies.	Transmission of COVID-19 to / from QFES staff and members of partner agencies.	Serious illness (including long term serious adverse health consequences even those who recover) and death in extreme circumstances for both / either QFES and / or partner agency personnel.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Loss of confidence in QFES ability to maintain adequate infection control measures.	Major	Possible	High	12	Current COVID-19 physical distancing measures to be maintained. Alternate meeting platforms utilised where appropriate such as MS Teams, Zoom. Interagency operational plans have been developed, agreed and circulated. State Pandemic Plan and Associated Annexes. QFES Events Covid Safe plans.	Moderate	Possible	Medium	9	3	All QFES staff who come into contact with workers from other organisations will be required to comply with the mandatory COVID-19 vaccination policy to reduce the risk of transmission between QFES staff and others and possible subsequent transmission to members of other agencies or members of the public.	All Deputy Commissioners	Commissioner	Open	Moderate	Possible	Medium
10	COVID-19 infection from contractors, consultants, attending a QFES workplace.	Transmission of COVID-19 to / from QFES staff and contractors, consultants, vendors and third party providers during attendance at a QFES workplace.	Serious illness (including long term serious adverse health consequences even those who recover) and death in extreme circumstances for both / either QFES and / or contractors, consultants, vendors and third party providers.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Loss of confidence in QFES ability to maintain adequate infection control measures.	Major	Possible	High	12	Entry into all QFES premises requires the use of the Qld Government Check In App. Entry to QFES premises should be planned in advance to enable sanitisation before and after in accordance with COVID-19 precautions. State Pandemic Plan and Associated Annexes.	Moderate	Possible	Medium	9	3	QFES may require all contractors, consultants who work for long periods in QFES facilities to comply with the mandatory COVID-19 vaccination policy (subject to consultation), use of risk mitigation strategies such as minimise the time in QFES facilities, PPE, hand hygiene, physical distancing or alternate arrangements will need to be enacted to enable the provision of service.	All ELT members	Commissioner	Watch	Moderate	Unlikely	Medium

Risk					Inherent risk rating				Controls	Residual risk rating					Possible future controls		Accountability		Target risk rating		
Risk No.	Risk (what can go wrong?)	Description (how can it happen? / causes)	Consequences (Qualitative)	Consequences (Quantitative)	Consequence	Likelihood	Rating Value	Rating Score	Current Controls	Consequence	Likelihood	Rating Value	Rating Score	Rating Variance - effectiveness of controls	Possible future controls under consideration	Action owner (& due date)	Risk Owner	Status	Consequence	Likelihood	Rating Value
11	COVID-19 infection from visitors, union officials, regulators, family members or other members of the public attending a QFES workplace.	Transmission of COVID-19 to QFES staff resulting from visitors, family members or other members of the public attending the workplace. This may include people who cannot be vaccinated against COVID-19 at the present time such as children.	Serious illness (including long term serious adverse health consequences even those who recover) and death in extreme circumstances for QFES staff, family members or members of the public.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Loss of confidence in QFES ability to maintain adequate infection control measures.	Major	Possible	High	12	Limit entry to all QFES occupied facilities and meet with members of the public outside of QFES occupied facilities in accordance with the QFES PPL Entry into all QFES premises requires the use of the Qld Government Check In App. Where possible, physical distancing requirements are maintained, use of hand sanitiser. Entry to QFES premises should be planned in advance to enable sanitisation before and after in accordance with COVID-19 precautions. State Pandemic Plan and Associated Annexes. QFES Events Covid Safe Plans. Actively engage with union officials and regulators to explore ways in which visit on site is possible such as duration is minimised, use of PPE	Moderate	Possible	Medium	9	3	Undertake consultation and engagement with unions and officials and regulators and where possible consider alternate meeting arrangements should be explored where possible. Union officials and regulators are not to be refused entry to QFES premises. QFES should actively work to implement measures where visit is possible such as visit duration is minimised, meeting via MS Teams (if the meeting is expected to be of a long duration) QFES will continue to review the PPL content as it relates to the evolving nature of COVID-19 and visitors and members of the public access to QFES facilities	All ELT members	Commissioner	Open	Moderate	Unlikely	Medium
12	Staff members health worsen as a result of the COVID-19 vaccination.	QFES staff could have a contraindication to receiving the COVID-19 vaccination.	Serious injury or death in extreme circumstances.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Moderate	Possible	Medium	9	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. Continue to encourage staff to receive their COVID-19 vaccination. Staff required to remain away from QFES workplaces when displaying symptoms of COVID-19 and to have a PCR test and isolate and await results.	Moderate	Possible	Medium	9		Staff with a QFES approved exemption and a medically registered contraindication will not be required to comply with the mandatory COVID-19 vaccination, but will need to comply with the exemption requirements to minimise the risk to the staff and others.	Assistant Commissioner QFES People	Commissioner	Open	Moderate	Unlikely	Medium
13	Staff with underlying medical conditions or vulnerabilities are exposed to COVID-19.	Transmission of COVID-19 to / from QFES staff.	Serious illness and/or death to QFES staff or the public resulting from transmission of COVID-19.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Potential	Major	Possible	High	12	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. All QFES staff can access surgical mask, hand sanitiser, surface spray / surface wipes. QFES operational staff to access range of PPE as required by the operational context. State Pandemic Plan and Associated Annexes.	Major	Possible	High	12		QFES will be required to identify on a case by case risk assessment basis via an approved exemption process and in consultation with QFES WHS / QFES medical advisor how the non-vaccinated worker can remain isolated from potential exposure to COVID-19 infection or transmission sources while in QFES premises. This may be impracticable with the intermingling of QFES service stream personnel, especially during operations. Where the risk assessment deems the risk to be too high alternative duties must be considered. In the event that suitable alternative duties cannot be identified or supported, personal leave or LWOP may be considered on a case by case basis. If no alternative work arrangements are available, QFES will refer the matter to QFES People Directorate for further management.	Assistant Commissioner QFES People	Commissioner	Open	Major	Unlikely	Medium
14	Staff members psychological health could be impacted by the requirement to vaccinate.	QFES staff could have a strong religious objection to having the COVID-19 vaccination.	Short or long term mental health condition including anxiety, adjustment disorder or depression.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce.	Major	Possible	High	12	QFES to follow QH CHO Directions and COVID-19 safety measures published on the QFES Gateway. QFES supports the Australian Government's rollout of COVID-19 vaccination. Provision of QFES FESSN and other wellbeing resources.	Moderate	Likely	High	12		If a QFES staff refuses to be COVID-19 vaccinated in accordance with the Mandatory COVID-19 vaccination policy, the supervisor or manager should as a first step, ask the staff to explain their reasons for refusing the COVID-19 vaccination. QFES can ask the staff to provide evidence of the reason for their refusal. If the staff gives a legitimate reason for not being COVID-19 vaccinated via an approved exemption, QFES will consider whether there are any other options available instead of the COVID-19 vaccination. This could be alternative work arrangements. This would require identifying duties that could be reasonably undertaken by "working from home", with no QFES duties that require attendance at QFES facilities or interaction with QFES staff or members of the public. If no alternative work arrangements are available, and the staff member is unable or unwilling to utilise leave / LWOP, QFES will refer the matter to QFES People Directorate for advice to be provided back to local management.	Assistant Commissioner QFES People	Commissioner	Open	Moderate	Possible	Medium
15	Staff could refuse or be refused admittance to QFES facilities or other nominated places where COVID-19 vaccination is required.	QFES staff may not agree with COVID-19 vaccination requirements put in place.	QFES staff involved in verbal or physical altercations or sustain a psychological health condition as a result of stress, bullying or violence.	Increase in costs associated with workers compensation claims/premiums, injury management, absenteeism, reduced productivity, reduced organisational output, and depleted workforce. Potential Common Law costs.	Major	Possible	High	12	If a QFES staff refuses to attend work because a co-worker isn't COVID-19 vaccinated QFES can direct them to attend work if the direction is lawful and reasonable. Whether a direction is lawful and reasonable depends on all the circumstance and advice from QFES People Directorate will be required before taking disciplinary action. This must be assessed on a case by case basis. Code of Conduct for the Queensland Public Service and QFES Workforce Conduct Policy are in place and must be followed by all QFES staff at all times. All instances of workplace bullying, harassment, discrimination, violence, or intimidation must be immediately reported to the supervisor and manager and must be addressed in a timely manner. Any instance of physical assault of QFES staff must be reported to QPS. Additional QFES resources are available such as Think, Say, Do.	Moderate	Possible	Medium	9	3	Implement the Prevention and response to workplace bullying procedure. Implement the Prevention and response to aggression and violence in the workplace guide.	Assistant Commissioner QFES People	Commissioner	Open	Moderate	Possible	Medium

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Peer Reviewed Medical Papers Submitted To Various Medical Journals, Evidencing A Multitude Of Adverse Events In Covid-19 Vaccine Recipients

Myocarditis (includes terms: Inflammatory Heart Reactions & Myocardial)
An inflammation of the heart muscle (myocardium). The inflammation can reduce the heart's ability to pump and cause rapid or irregular heart rhythms (arrhythmias). Signs and symptoms of myocarditis include chest pain, fatigue, shortness of breath, and rapid or irregular heartbeats. In a small percentage of cases persons with myocarditis can be at risk of sudden death following strenuous activity. Some sufferers of myocarditis may require heart surgery or a heart transplant later in life.

1. Myocarditis after mRNA vaccination against SARS-CoV-2, a case series: https://www.sciencedirect.com/science/article/pii/S2666602221000409
2. Myocarditis after immunization with COVID-19 mRNA vaccines in members of the US military. This article reports that in “23 male patients, including 22 previously healthy military members, myocarditis was identified within 4 days after receipt of the vaccine”: https://jamanetwork.com/journals/jamacardiology/fullarticle/2781601
3. Association of myocarditis with the BNT162b2 messenger RNA COVID-19 vaccine in a case series of children: https://pubmed.ncbi.nlm.nih.gov/34374740/
4. Acute symptomatic myocarditis in seven adolescents after Pfizer-BioNTech COVID-19 vaccination: https://pediatrics.aappublications.org/content/early/2021/06/04/peds.2021-052478
5. Myocarditis and pericarditis after vaccination with COVID-19 mRNA: practical considerations for care providers: https://www.sciencedirect.com/science/article/pii/S0828282X21006243
6. Myocarditis, pericarditis and cardiomyopathy after COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S1443950621011562
7. Myocarditis with COVID-19 mRNA vaccines: https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.121.056135
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225. Acute myocardial infarction within 24 hours after COVID-19 vaccination: is Kounis syndrome Clinical and histopathologic spectrum of delayed adverse skin reactions after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34292611/.
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Thrombosis (includes terms: Thrombotic & Thromboembolic & Thromboembolism)
There are three categories of causes of thrombosis: damage to the blood vessel (catheter or surgery), slowed blood flow (immobility), and/or thrombophilia (if the blood itself is more likely to clot).

1. Three cases of acute venous thromboembolism in women after vaccination against COVID-19: https://www.sciencedirect.com/science/article/pii/S2213333X21003929
2. Acute thrombosis of the coronary tree after vaccination against COVID-19: https://www.sciencedirect.com/science/article/abs/pii/S1936879821003988
3. US case reports of cerebral venous sinus thrombosis with thrombocytopenia after vaccination with Ad26.COV2.S (against covid-19), March 2 to April 21, 2020: https://pubmed.ncbi.nlm.nih.gov/33929487/
4. Portal vein thrombosis associated with ChAdOx1 nCov-19 vaccine: https://www.thelancet.com/journals/langas/article/PIIS2468-1253(21)00197-7/

5. Management of cerebral and splanchnic vein thrombosis associated with thrombocytopenia in subjects previously vaccinated with Vaxzevria (AstraZeneca): position statement of the Italian Society for the Study of Hemostasis and Thrombosis (SISET): https://pubmed.ncbi.nlm.nih.gov/33871350/
6. Thrombosis with thrombocytopenia syndrome associated with COVID-19 vaccines: https://www.sciencedirect.com/science/article/abs/pii/S0735675721004381
7. Covid-19 vaccine-induced thrombosis and thrombocytopenia: a commentary on an important and practical clinical dilemma: https://www.sciencedirect.com/science/article/abs/pii/S0033062021000505
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Thrombocytopenia
A condition in which there is a lower-than-normal number of platelets in the blood. It may result in easy bruising and excessive bleeding from wounds or bleeding in mucous membranes and other tissues.

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Cerebral Venous Thrombosis
A type of stroke in which the venous channels of the brain become thrombosed, resulting in cerebral infarction in the areas corresponding to the thrombosis.

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Vasculitis (includes term: Microscopic polyangiitis)
An inflammation of the blood vessels that causes changes in the blood vessel walls. When your blood vessel becomes weak, it might stretch and bulge (called an aneurysm). It might also burst open, causing bleeding. This can be life-threatening.

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Guillain-Barré syndrome
A neurological disorder in which the body's immune system mistakenly attacks part of its peripheral nervous system—the network of nerves located outside of the brain and spinal cord. GBS can range from a very mild case with brief weakness to nearly devastating paralysis, leaving the person unable to breathe independently. Fortunately, most people eventually recover from even the most severe cases of GBS. After recovery, some people will continue to have some degree of weakness.

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Lymphadenopathy (includes term: Unilateral, Supraclavicular And Cervical
A disease affecting the lymph nodes where the sizes of the lymph can be affected

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Anaphylaxis (includes term: Anaphylactoid)
A severe, potentially life-threatening allergic reaction.

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Myopericarditis
A complication of acute pericarditis, is characterized by extension of pericardial inflammation to the myocardium, which manifests as an elevated troponin level. It is generally evaluated and treated as acute pericarditis.

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2. Myopericarditis after vaccination with COVID-19 mRNA in adolescents 12 to 18 years of age: https://www.sciencedirect.com/science/article/pii/S0022347621007368
3. Important information on myopericarditis after vaccination with Pfizer COVID-19 mRNA in adolescents: https://www.sciencedirect.com/science/article/pii/S0022347621007496
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21. Myopericarditis in a previously healthy adolescent male after COVID-19 vaccination: Case report: https://pubmed.ncbi.nlm.nih.gov/34133825/

Allergic Reactions (Includes Term: Allergy)
A condition in which the immune system reacts abnormally to a foreign substance.

1. An academic hospital experience assessing the risk of COVID-19 mRNA vaccine using patient's allergy history: https://www.sciencedirect.com/science/article/pii/S2213219821007972
2. Allergic reactions, including anaphylaxis, after receiving the first dose of the Pfizer-BioNTech COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/33475702/
3. Allergic reactions to the first COVID-19 vaccine: a potential role of polyethylene glycol: https://pubmed.ncbi.nlm.nih.gov/33320974/
4. Pfizer Vaccine Raises Allergy Concerns: https://pubmed.ncbi.nlm.nih.gov/33384356/
5. Allergic reactions, including anaphylaxis, after receiving the first dose of Pfizer-BioNTech COVID-19 vaccine – United States, December 14-23, 2020: https://pubmed.ncbi.nlm.nih.gov/33444297/
6. Allergic reactions, including anaphylaxis, after receiving first dose of Modern COVID-19 vaccine – United States, December 21, 2020-January 10, 2021: https://pubmed.ncbi.nlm.nih.gov/33507892/
7. Severe Allergic Reactions after COVID-19 Vaccination with the Pfizer / BioNTech Vaccine in Great Britain and the USA: Position Statement of the German Allergy

Societies: German Medical Association of Allergologists (AeDA), German Society for Allergology and Clinical Immunology (DGAKI) and Society for Pediatric Allergology and Environmental Medicine (GPA): https://pubmed.ncbi.nlm.nih.gov/33643776/
8. Allergic reactions and anaphylaxis to LNP-based COVID-19 vaccines: https://pubmed.ncbi.nlm.nih.gov/33571463/
9. Allergenic components of the mRNA-1273 vaccine for COVID-19: possible involvement of polyethylene glycol and IgG-mediated complement activation: https://pubmed.ncbi.nlm.nih.gov/33657648/
10. Acute allergic reactions to COVID-19 mRNA vaccines: https://pubmed.ncbi.nlm.nih.gov/33683290/
11. Polyethylene glycole allergy of the SARS CoV2 vaccine recipient: case report of a young adult recipient and management of future exposure to SARS-CoV2: https://pubmed.ncbi.nlm.nih.gov/33919151/
12. Allergic reactions and adverse events associated with administration of mRNA-based vaccines. A health system experience: https://pubmed.ncbi.nlm.nih.gov/34474708/
13. Allergic reactions to COVID-19 vaccines: statement of the Belgian Society of Allergy and Clinical Immunology (BelSACI): https://www.tandfonline.com/doi/abs/10.1080/17843286.2021.1909447
14. Allergic reactions after COVID-19 vaccination: putting the risk in perspective: https://pubmed.ncbi.nlm.nih.gov/34463751/
15. Risk of severe allergic reactions to COVID-19 vaccines among patients with allergic skin disease: practical recommendations. An ETFAD position statement with external experts: https://pubmed.ncbi.nlm.nih.gov/33752263/
16. Association of self-reported history of high-risk allergy with allergy symptoms after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34698847/
17. Greenhawt, M., Abrams, E. M., Shaker, M., Chu, D. K., Khan, D., Akin, C., . . . Golden, D. B. K. (2021). The Risk of Allergic Reaction to SARS-CoV-2 Vaccines and Recommended Evaluation and Management: A Systematic Review, Meta-Analysis, GRADE Assessment, and International Consensus Approach. J Allergy Clin Immunol Pract, 9(10), 3546-3567. doi:10.1016/j.jaip.2021.06.006. https://www.ncbi.nlm.nih.gov/pubmed/34153517
18. Klimek, L., Bergmann, K. C., Brehler, R., Pfutzner, W., Zuberbier, T., Hartmann, K., . . . Worm, M. (2021). Practical handling of allergic reactions to COVID-19 vaccines: A position paper from German and Austrian Allergy Societies AeDA, DGAKI, GPA and OGAI. Allergo J Int, 1-17. doi:10.1007/s40629-021-00165-7. https://www.ncbi.nlm.nih.gov/pubmed/33898162
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Bell's Palsy (Includes Terms: Facial Paralysis & Facial Palsy)
An unexplained episode of facial muscle weakness or paralysis. It begins suddenly and worsens over 48 hours. This condition results from damage to the facial nerve (the 7th cranial nerve). Pain and discomfort usually occur on one side of the face or head.

1. Bell's palsy and SARS-CoV-2 vaccines: an unfolding story: https://www.sciencedirect.com/science/article/pii/S1473309921002735
2. Bell's palsy after the second dose of the Pfizer COVID-19 vaccine in a patient with a history of recurrent Bell's palsy: https://www.sciencedirect.com/science/article/pii/S266635462100020X
3. Bell's palsy after COVID-19 vaccination: case report: https://www.sciencedirect.com/science/article/pii/S217358082100122X.
4. The association between COVID-19 vaccination and Bell's palsy: https://pubmed.ncbi.nlm.nih.gov/34411533/
5. Bell's palsy after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/33611630/
6. Bell's palsy after 24 hours of mRNA-1273 SARS-CoV-2 mRNA-1273 vaccine: https://pubmed.ncbi.nlm.nih.gov/34336436/
7. Bell's palsy after Ad26.COV2.S COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34014316/
8. Bell's palsy after COVID-19 vaccination: case report: https://pubmed.ncbi.nlm.nih.gov/34330676/
9. Acute facial paralysis as a possible complication of SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/33975372/.
10. Bell's palsy after COVID-19 vaccination with high antibody response in CSF: https://pubmed.ncbi.nlm.nih.gov/34322761/.
11. Bell's palsy after a single dose of vaccine mRNA. SARS-CoV-2: case report: https://pubmed.ncbi.nlm.nih.gov/34032902/.
12. Adverse event reporting and risk of Bell's palsy after COVID-19 vaccination: https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00646-0/fulltext.
13. Bilateral facial nerve palsy and COVID-19 vaccination: causality or coincidence: https://pubmed.ncbi.nlm.nih.gov/34522557/
14. Left Bell's palsy after the first dose of mRNA-1273 SARS-CoV-2 vaccine: case report: https://pubmed.ncbi.nlm.nih.gov/34763263/.
15. Bell's palsy after inactivated vaccination with COVID-19 in a patient with a history of recurrent Bell's palsy: case report: https://pubmed.ncbi.nlm.nih.gov/34621891/
16. Bell's palsy after vaccination with mRNA (BNT162b2) and inactivated (CoronaVac) SARS-CoV-2 vaccines: a case series and a nested case-control study: https://pubmed.ncbi.nlm.nih.gov/34411532/
17. A case of acute demyelinating polyradiculoneuropathy with bilateral facial palsy after ChAdOx1 nCoV-19 vaccine:. https://pubmed.ncbi.nlm.nih.gov/34272622/
18. Type I interferons as a potential mechanism linking COVID-19 mRNA vaccines with Bell's palsy: https://pubmed.ncbi.nlm.nih.gov/33858693/

Axillary adenopathy (includes term: Adenopathy)
Also called armpit lump, axillary lymphadenopathy occurs when your underarm (axilla) lymph nodes grow larger in size. While this condition may be concerning, it's usually attributed to a benign cause. It may also be temporary.

1. COVID-19 vaccine-induced axillary and pectoral lymphadenopathy in PET: https://www.sciencedirect.com/science/article/pii/S1930043321002612
2. Evolution of bilateral hypermetabolic axillary hypermetabolic lymphadenopathy on FDG PET/CT after 2-dose COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34735411/
3. COVID-19 vaccine-related axillary lymphadenopathy in breast cancer patients: case series with literature review: https://pubmed.ncbi.nlm.nih.gov/34836672/.
4. Subclinical axillary lymphadenopathy associated with COVID-19 vaccination on screening mammography: https://pubmed.ncbi.nlm.nih.gov/34906409/
5. Axillary adenopathy associated with COVID-19 vaccination: imaging findings and follow-up recommendations in 23 women: https://pubmed.ncbi.nlm.nih.gov/33624520/
6. Unilateral axillary adenopathy in the setting of COVID-19 vaccination: follow-up: https://pubmed.ncbi.nlm.nih.gov/34298342/
7. COVID-19 vaccine-related axillary and cervical lymphadenopathy in patients with current or previous breast cancer and other malignancies: cross-sectional imaging findings on MRI, CT and PET-CT: https://pubmed.ncbi.nlm.nih.gov/34719892/
8. Incidence of axillary adenopathy on breast imaging after vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34292295/.
9. Unilateral axillary lymphadenopathy related to COVID-19 vaccine: pattern on screening breast MRI allowing benign evaluation: https://pubmed.ncbi.nlm.nih.gov/34325221/
10. Axillary lymphadenopathy in patients with recent Covid-19 vaccination: a new diagnostic dilemma: https://pubmed.ncbi.nlm.nih.gov/34825530/.
11. COVID-19 vaccine-induced unilateral axillary adenopathy: follow-up evaluation in the USA: https://pubmed.ncbi.nlm.nih.gov/34655312/.
12. Axillary adenopathy associated with COVID-19 vaccination: imaging findings and follow-up recommendations in 23 women: https://pubmed.ncbi.nlm.nih.gov/33624520/
13. Unilateral axillary adenopathy in the setting of COVID-19 vaccination: follow-up: https://pubmed.ncbi.nlm.nih.gov/34298342/
14. Incidence of axillary adenopathy on breast imaging after vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34292295/.
15. Unilateral axillary lymphadenopathy related to COVID-19 vaccine: pattern on screening breast MRI allowing benign evaluation: https://pubmed.ncbi.nlm.nih.gov/34325221/
16. Axillary lymphadenopathy in patients with recent Covid-19 vaccination: a new diagnostic dilemma: https://pubmed.ncbi.nlm.nih.gov/34825530/.
17. COVID-19 vaccine-induced unilateral axillary adenopathy: follow-up evaluation in the USA: https://pubmed.ncbi.nlm.nih.gov/34655312/.

18. Adenopathy after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/33625299/.

Pericarditis
Swelling and irritation of the thin, saclike tissue surrounding your heart (pericardium). Pericarditis often causes sharp chest pain and sometimes other symptoms. The chest pain occurs when the irritated layers of the pericardium rub against each other.

1. Myocarditis and pericarditis after vaccination with COVID-19 mRNA: practical considerations for care providers: https://www.sciencedirect.com/science/article/pii/S0828282X21006243
2. Myocarditis, pericarditis and cardiomyopathy after COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S1443950621011562
3. Myocarditis and pericarditis after COVID-19 vaccination: https://jamanetwork.com/journals/jama/fullarticle/2782900
4. Pericarditis after administration of BNT162b2 mRNA COVID-19 mRNA vaccine: https://www.sciencedirect.com/science/article/pii/S1885585721002218
5. Epidemiology and clinical features of myocarditis/pericarditis before the introduction of COVID-19 mRNA vaccine in Korean children: a multicenter study https://search.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov/resource/en/covidwho-1360706.
6. Myocarditis, pericarditis, and cardiomyopathy after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34340927/
7. Clinical Guidance for Young People with Myocarditis and Pericarditis after Vaccination with COVID-19 mRNA: https://www.cps.ca/en/documents/position/clinical-guidance-for-youth-with-myocarditis-and-pericarditis
8. Myocarditis / pericarditis associated with COVID-19 vaccine: https://science.gc.ca/eic/site/063.nsf/eng/h_98291.html
9. Acute myocarditis after the second dose of SARS-CoV-2 vaccine: serendipity or causal relationship: https://pubmed.ncbi.nlm.nih.gov/34236331/
10. Pericarditis after administration of COVID-19 mRNA BNT162b2 vaccine: https://pubmed.ncbi.nlm.nih.gov/34364831/
11. Unusual presentation of acute pericarditis after vaccination against SARS-COV-2 mRNA-1237 Modern: https://pubmed.ncbi.nlm.nih.gov/34447639/
12. A case series of acute pericarditis after vaccination with COVID-19 in the context of recent reports from Europe and the United States: https://pubmed.ncbi.nlm.nih.gov/34635376/
13. Acute pericarditis and cardiac tamponade after vaccination with Covid-19: https://pubmed.ncbi.nlm.nih.gov/34749492/
14. Pericarditis after administration of the BNT162b2 mRNA vaccine COVID-19: https://pubmed.ncbi.nlm.nih.gov/34149145/
15. Case report: symptomatic pericarditis post COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34693198/.

Acute Myelitis (Includes Term: Transverse Myelitis)
An inflammation of the spinal cord which can disrupt the normal responses from the brain to the rest of the body, and from the rest of the body to the brain. Inflammation in the spinal cord, can cause the myelin and axon to be damaged resulting in symptoms such as paralysis and sensory loss. Myelitis is classified to several categories depending on the area or the cause of the lesion; however, any inflammatory attack on the spinal cord is often referred to as transverse myelitis.

1. Acute myelitis and ChAdOx1 nCoV-19 vaccine: coincidental or causal association: https://www.sciencedirect.com/science/article/pii/S0165572821002137
2. Acute transverse myelitis (ATM): clinical review of 43 patients with COVID-19-associated ATM and 3 serious adverse events of post-vaccination ATM with ChAdOx1 nCoV-19 vaccine (AZD1222): https://pubmed.ncbi.nlm.nih.gov/33981305/
3. Transverse myelitis induced by SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34458035/
4. Acute transverse myelitis (ATM): clinical review of 43 patients with COVID-19-associated ATM and 3 serious adverse events of post-vaccination ATM with ChAdOx1 nCoV-19 (AZD1222) vaccine: https://pubmed.ncbi.nlm.nih.gov/33981305/.
5. Acute transverse myelitis after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34684047/.
6. Extensive longitudinal transverse myelitis after ChAdOx1 nCOV-19 vaccine: case report: https://pubmed.ncbi.nlm.nih.gov/34641797/.
7. Acute transverse myelitis after SARS-CoV-2 vaccination: case report and review of the literature: https://pubmed.ncbi.nlm.nih.gov/34482455/.
8. Acute transverse myelitis following inactivated COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34370410/
9. Acute transverse myelitis after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34579245/.
10. A case of longitudinally extensive transverse myelitis following Covid-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34182207/
11. Post COVID-19 transverse myelitis; a case report with review of the literature: https://pubmed.ncbi.nlm.nih.gov/34457267/.
12. Acute bilateral bilateral optic neuritis/chiasm with longitudinal extensive transverse myelitis in long-standing stable multiple sclerosis after vector-based vaccination against SARS-CoV-2: https://pubmed.ncbi.nlm.nih.gov/34131771/
13. Extensive longitudinal transverse myelitis following AstraZeneca COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34507942/.
14. Extensive longitudinal transverse myelitis following AstraZeneca COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34507942/.
15. Longitudinally extensive cervical myelitis after vaccination with inactivated virus based COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34849183/

Perimyocarditis
An acute inflammation of the pericardium and the underlying myocardium resulting in myocellular damage. It is usually asymptomatic with complete resolution in most cases. It can however lead to fulminant cardiac failure resulting in death or requiring cardiac transplantation.

1. Perimyocarditis in adolescents after Pfizer-BioNTech COVID-19 vaccine: https://academic.oup.com/jpids/advance-article/doi/10.1093/jpids/piab060/6329543
2. Perimyocarditis in adolescents after Pfizer-BioNTech COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34319393/
3. Unusual presentation of acute perimyocarditis after modern SARS-COV-2 mRNA-1237 vaccination: https://pubmed.ncbi.nlm.nih.gov/34447639/
4. Perimyocarditis after the first dose of mRNA-1273 SARS-CoV-2 (Modern) mRNA-1273 vaccine in a young healthy male: case report: https://bmccardiovascdisord.biomedcentral.com/articles/10.1186/s12872-021-02183
5. Acute perimyocarditis after the first dose of COVID-19 mRNA vaccine: https://pubmed.ncbi.nlm.nih.gov/34515024/
6. Perimyocarditis after vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34866957/
7. Tinoco, M., Leite, S., Faria, B., Cardoso, S., Von Hafe, P., Dias, G., . . . Lourenco, A. (2021). Perimyocarditis Following COVID-19 Vaccination. Clin Med Insights Cardiol, 15, 11795468211056634. doi:10.1177/11795468211056634. https://www.ncbi.nlm.nih.gov/pubmed/34866957
8. Jhaveri, R., Adler-Shohet, F. C., Blyth, C. C., Chiotos, K., Gerber, J. S., Green, M., . . . Zaoutis, T. (2021). Weighing the Risks of Perimyocarditis With the Benefits of SARS-CoV-2 mRNA Vaccination in Adolescents. J Pediatric Infect Dis Soc, 10(10), 937-939. doi:10.1093/jpids/piab061. https://www.ncbi.nlm.nih.gov/pubmed/34270752
9. Khogali, F., & Abdelrahman, R. (2021). Unusual Presentation of Acute Perimyocarditis Following SARS-COV-2 mRNA-1237 Moderna Vaccination. Cureus, 13(7), e16590. doi:10.7759/cureus.16590. https://www.ncbi.nlm.nih.gov/pubmed/34447639
10. Hasnie, A. A., Hasnie, U. A., Patel, N., Aziz, M. U., Xie, M., Lloyd, S. G., & Prabhu, S. D. (2021). Perimyocarditis following first dose of the mRNA-1273 SARS-CoV-2 (Moderna) vaccine in a healthy young male: a case report. BMC Cardiovasc Disord, 21(1), 375. doi:10.1186/s12872-021-02183-3. https://www.ncbi.nlm.nih.gov/pubmed/34348657

Intracerebral Haemorrhage (Includes Term: Stroke)
Intracerebral hemorrhage (bleeding into the brain tissue) is the second most common cause of stroke (15-30% of strokes) and the most deadly. Blood vessels carry blood to and from the brain. Arteries or veins can rupture, either from abnormal pressure or abnormal development or trauma.

1. Intracerebral haemorrhage due to thrombosis with thrombocytopenia syndrome after COVID-19 vaccination: the first fatal case in Korea: https://pubmed.ncbi.nlm.nih.gov/34402235/

2. Intracerebral haemorrhage twelve days after vaccination with ChAdOx1 nCoV-19: https://pubmed.ncbi.nlm.nih.gov/34477089/
3. Neurosurgical considerations regarding decompressive craniectomy for intracerebral hemorrhage after SARS-CoV-2 vaccination in vaccine-induced thrombotic thrombocytopenia-VITT: https://pubmed.ncbi.nlm.nih.gov/34202817/
4. First dose of ChAdOx1 and BNT162b2 COVID-19 vaccines and thrombocytopenic, thromboembolic, and hemorrhagic events in Scotland: https://pubmed.ncbi.nlm.nih.gov/34108714/
5. Large hemorrhagic stroke after vaccination against ChAdOx1 nCoV-19: a case report: https://pubmed.ncbi.nlm.nih.gov/34273119/
6. Major hemorrhagic stroke after ChAdOx1 nCoV-19 vaccination: a case report: https://pubmed.ncbi.nlm.nih.gov/34273119/
7. Aphasia seven days after the second dose of an mRNA-based SARS-CoV-2 vaccine. Brain MRI revealed an intracerebral haemorrhage (ICBH) in the left temporal lobe in a 52-year-old man. https://www.sciencedirect.com/science/article/pii/S2589238X21000292#f0005
8. Incidence of acute ischemic stroke after coronavirus vaccination in Indonesia: case series: https://pubmed.ncbi.nlm.nih.gov/34579636/

Immune-Mediated Hepatitis
Defined as an elevation in the patient's liver function tests that requires corticosteroids and that has no alternate etiology.

1. Autoimmune hepatitis developing after coronavirus disease vaccine 2019 (COVID-19): causality or victim?: https://pubmed.ncbi.nlm.nih.gov/33862041/
2. Autoimmune hepatitis triggered by vaccination against SARS-CoV-2: https://pubmed.ncbi.nlm.nih.gov/34332438/
3. Acute autoimmune-like hepatitis with atypical antimitochondrial antibody after vaccination with COVID-19 mRNA: a new clinical entity: https://pubmed.ncbi.nlm.nih.gov/34293683/.
4. Autoimmune hepatitis after COVID vaccine: https://pubmed.ncbi.nlm.nih.gov/34225251/
5. Hepatitis C virus reactivation after COVID-19 vaccination: a case report: https://pubmed.ncbi.nlm.nih.gov/34512037/
6. Autoimmune hepatitis developing after ChAdOx1 nCoV-19 vaccine (Oxford-AstraZeneca): https://pubmed.ncbi.nlm.nih.gov/34171435/
7. Autoimmune hepatitis triggered by SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34332438/.
8. Immune-mediated hepatitis with the Moderna vaccine is no longer a coincidence but confirmed: https://www.sciencedirect.com/science/article/pii/S0168827821020936

Facial Nerve Palsy
Patients cannot move the upper and lower part of their face on one side.

1. Facial nerve palsy following administration of COVID-19 mRNA vaccines: analysis of self-report database: https://www.sciencedirect.com/science/article/pii/S1201971221007049
2. COVID-19 vaccination association and facial nerve palsy: A case-control study: https://pubmed.ncbi.nlm.nih.gov/34165512/
3. Sequential contralateral facial nerve palsy after first and second doses of COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34281950/.
4. Peripheral facial nerve palsy after vaccination with BNT162b2 (COVID-19): https://pubmed.ncbi.nlm.nih.gov/33734623/
5. Facial nerve palsy after administration of COVID-19 mRNA vaccines: analysis of self-report database: https://pubmed.ncbi.nlm.nih.gov/34492394/
6. A case of acute demyelinating polyradiculoneuropathy with bilateral facial palsy following ChAdOx1 nCoV-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34272622/

Neurological Symptoms (Includes Terms: Neurological Side Effects & Neurological Complications)
Medically defined as disorders that affect the brain as well as the nerves found throughout the human body and the spinal cord.

1. Neurological symptoms and neuroimaging alterations related to COVID-19 vaccine: cause or coincidence: https://www.sciencedirect.com/science/article/pii/S0899707121003557.
2. Neurological symptoms and neuroimaging alterations related to COVID-19 vaccine: cause or coincidence?: https://pubmed.ncbi.nlm.nih.gov/34507266/
3. Spectrum of neurological complications after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34719776/.
4. n-hospital observational study of neurological disorders in patients recently vaccinated with COVID-19 mRNA vaccines: https://pubmed.ncbi.nlm.nih.gov/34688190/
5. Neurological side effects of SARS-CoV-2 vaccines: https://pubmed.ncbi.nlm.nih.gov/34750810/
6. Neurological complications after the first dose of COVID-19 vaccines and SARS-CoV-2 infection: https://pubmed.ncbi.nlm.nih.gov/34697502/

Haemorrhage (includes terms: cerebral, lobar, acral and retinal
The release of blood from a broken bloody vessel, either inside or outside the body

1. Lobar hemorrhage with ventricular rupture shortly after the first dose of an mRNA-based SARS-CoV-2 vaccine: https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC8553377/
2. Retinal hemorrhage after SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34884407/.
3. Lobar hemorrhage with ventricular rupture shortly after the first dose of a SARS-CoV-2 mRNA-based SARS-CoV-2 vaccine: https://pubmed.ncbi.nlm.nih.gov/34729467/

4. Acral hemorrhage after administration of the second dose of SARS-CoV-2 vaccine. A post-vaccination reaction: https://pubmed.ncbi.nlm.nih.gov/34092400/742.
5. Fatal cerebral hemorrhage after COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/33928772/
6. Intracerebral hemorrhage associated with vaccine-induced thrombotic thrombocytopenia after ChAdOx1 nCOVID-19 vaccination in a pregnant woman: https://pubmed.ncbi.nlm.nih.gov/34261297/

Immune-Mediated Disease Outbreaks
Autoimmune diseases occur when the immune system produces antibodies that attack the body's own cells. There are many types, including Coeliac disease, lupus and Graves' disease. Although they can't be cured, there are various treatment options to manage the symptoms and reduce further damage to your body.

1. Immune-mediated disease outbreaks or recent-onset disease in 27 subjects after mRNA/DNA vaccination against SARS-CoV-2: https://pubmed.ncbi.nlm.nih.gov/33946748/
2. Severe autoimmune hemolytic autoimmune anemia after receiving SARS-CoV-2 mRNA vaccine: https://pubmed.ncbi.nlm.nih.gov/34549821/
3. Severe autoimmune hemolytic anemia after receipt of SARS-CoV-2 mRNA vaccine: https://onlinelibrary.wiley.com/doi/10.1111/trf.16672
4. https://www.ncbi.nlm.nih.gov/pubmed/34127481
5. Autoimmune encephalitis after ChAdOx1-S SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34846583/
6. Immune-mediated disease outbreaks or new-onset disease in 27 subjects after mRNA/DNA vaccination against SARS-CoV-2: https://pubmed.ncbi.nlm.nih.gov/33946748/

Takotsubo cardiomyopathy
A temporary heart condition that develops in response to an intense emotional or physical experience. It's also known as stress cardiomyopathy or broken heart syndrome. In this condition, the heart's main pumping chamber changes shape, affecting the heart's ability to pump blood effectively. Death is rare, but heart failure occurs in about 20% of patients. Rarely reported complications include arrhythmias (abnormal heart rhythms), obstruction of blood flow from the left ventricle, and rupture of the ventricle wall.

1. Myocarditis, pericarditis and cardiomyopathy after COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S1443950621011562
2. Takotsubo cardiomyopathy after vaccination with mRNA COVID-19: https://www.sciencedirect.com/science/article/pii/S1443950621011331
3. Takotsubo (stress) cardiomyopathy after vaccination with ChAdOx1 nCoV-19: https://pubmed.ncbi.nlm.nih.gov/34625447/
4. Takotsubo cardiomyopathy after coronavirus 2019 vaccination in patient on maintenance hemodialysis: https://pubmed.ncbi.nlm.nih.gov/34731486/.
5. Takotsubo syndrome after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34539938/.

Cardiac
Cardiac complications include myocardial injury, heart failure (HF), cardiogenic shock, multisystem inflammatory syndrome in adults, and cardiac arrhythmias including sudden cardiac arrest.

1. Transient cardiac injury in adolescents receiving the BNT162b2 mRNA COVID-19 vaccine: https://journals.lww.com/pidj/Abstract/9000/Transient_Cardiac_Injury_in_Adolescents_Receiving.95800.aspx
2. Snapiri, O., Rosenberg Danziger, C., Shirman, N., Weissbach, A., Lowenthal, A., Ayalon, I., . . . Bilavsky, E. (2021). Transient Cardiac Injury in Adolescents Receiving the BNT162b2 mRNA COVID-19 Vaccine. Pediatr Infect Dis J, 40(10), e360-e363. doi:10.1097/INF.0000000000003235. https://www.ncbi.nlm.nih.gov/pubmed/34077949
3. Fazlollahi, A., Zahmatyar, M., Noori, M., Nejadghaderi, S. A., Sullman, M. J. M., Shekarriz-Foumani, R., . . . Safiri, S. (2021). Cardiac complications following mRNA COVID-19 vaccines: A systematic review of case reports and case series. Rev Med Virol, e2318. doi:10.1002/rmv.2318. https://www.ncbi.nlm.nih.gov/pubmed/34921468
4. Ho, J. S., Sia, C. H., Ngiam, J. N., Loh, P. H., Chew, N. W., Kong, W. K., & Poh, K. K. (2021). A review of COVID-19 vaccination and the reported cardiac manifestations. Singapore Med J. doi:10.11622/smedj.2021210. https://www.ncbi.nlm.nih.gov/pubmed/34808708
5. Temporal relationship between the second dose of BNT162b2 mRNA Covid-19 vaccine and cardiac involvement in a patient with previous SARS-COV-2 infection: https://www.sciencedirect.com/science/article/pii/S2352906721000622

Post-Mortem (includes term: Postmortem)
See papers below.

1. Sessa, F., Salerno, M., Esposito, M., Di Nunno, N., Zamboni, P., & Pomara, C. (2021). Autopsy Findings and Causality Relationship between Death and COVID-19 Vaccination: A Systematic Review. J Clin Med, 10(24). doi:10.3390/jcm10245876. https://www.ncbi.nlm.nih.gov/pubmed/34945172
2. Post-mortem investigation of deaths after vaccination with COVID-19 vaccines: https://pubmed.ncbi.nlm.nih.gov/34591186/
3. A look at the role of postmortem immunohistochemistry in understanding the inflammatory pathophysiology of COVID-19 disease and vaccine-related thrombotic adverse events: a narrative review: https://pubmed.ncbi.nlm.nih.gov/34769454/
4. COVID-19 vaccine and death: causality algorithm according to the WHO eligibility diagnosis: https://pubmed.ncbi.nlm.nih.gov/34073536/
5. Post-mortem investigation of deaths after vaccination with COVID-19 vaccines: https://pubmed.ncbi.nlm.nih.gov/34591186/

Rhabdomyolysis
A serious syndrome due to a direct or indirect muscle injury. It results from the death of muscle fibers and release of their contents into the bloodstream. This can lead to serious complications such as renal (kidney) failure. This means the kidneys cannot remove waste and concentrated urine. In rare cases, rhabdomyolysis can even cause death.

1. Rhabdomyolysis and fasciitis induced by the COVID-19 mRNA vaccine: https://pubmed.ncbi.nlm.nih.gov/34435250/
2. COVID-19 vaccine-induced rhabdomyolysis: case report with literature review: https://pubmed.ncbi.nlm.nih.gov/34186348/
3. COVID-19 vaccine-induced rhabdomyolysis: case report with review of the literature: https://www.sciencedirect.com/science/article/pii/S1871402121001880
4. Rhabdomyolysis and fasciitis induced by COVID-19 mRNA vaccine: https://pubmed.ncbi.nlm.nih.gov/34435250/.
5. Case report: ANCA-associated vasculitis presenting with rhabdomyolysis and crescentic Pauci-Inmune glomerulonephritis after vaccination with Pfizer-BioNTech COVID-19 mRNA: https://pubmed.ncbi.nlm.nih.gov/34659268/

Thrombotic Thrombocytopenic Purpura
A disorder that causes blood clots (thrombi) to form in small blood vessels throughout the body. These clots can cause serious medical problems if they block vessels and restrict blood flow to organs such as the brain, kidneys, and heart.

1. Thrombotic thrombocytopenic purpura after vaccination with Ad26.COV2-S: https://pubmed.ncbi.nlm.nih.gov/33980419/
2. Thrombotic thrombocytopenic purpura: a new threat after COVID bnt162b2 vaccine: https://pubmed.ncbi.nlm.nih.gov/34264514/.
3. Severe immune thrombocytopenic purpura after SARS-CoV-2 vaccine: https://pubmed.ncbi.nlm.nih.gov/34754937/
4. Immune thrombocytopenic purpura associated with COVID-19 mRNA vaccine Pfizer-BioNTech BNT16B2b2: https://pubmed.ncbi.nlm.nih.gov/34077572/

Cardiovascular events
Refer to any incidents that may cause damage to the heart muscle.

1. Myocarditis and other cardiovascular complications of COVID-19 mRNA-based COVID-19 vaccines https://www.cureus.com/articles/61030-myocarditis-and-other-cardiovascular-complications-of-the-mrna-based-covid-19-vaccines
2. Cardiovascular magnetic resonance imaging findings in young adult patients with acute myocarditis after COVID-19 mRNA vaccination: a case series: https://jcmr-online.biomedcentral.com/articles/10.1186/s12968-021-00795-4
3. Be alert to the risk of adverse cardiovascular events after COVID-19 vaccination: https://www.xiahepublishing.com/m/2472-0712/ERHM-2021-00033

4. Myocarditis and other cardiovascular complications of mRNA-based COVID-19 vaccines: https://pubmed.ncbi.nlm.nih.gov/34277198/

Acute Hyperactive Encephalopathy (Includes Terms: Acute Encephalopathy & Encephalitis)
A general brain dysfunction due to significantly high blood pressure. Symptoms may include headache, vomiting, trouble with balance, and confusion. Onset is generally sudden. Complications can include seizures, posterior reversible encephalopathy syndrome, and bleeding in the back of the eye.

1. Acute hyperactive encephalopathy following COVID-19 vaccination with dramatic response to methylprednisolone: a case report: https://www.sciencedirect.com/science/article/pii/S2049080121007536
2. Post-vaccinal encephalitis after ChAdOx1 nCov-19: https://pubmed.ncbi.nlm.nih.gov/34324214/
3. Acute disseminated encephalomyelitis following vaccination against SARS-CoV-2: https://pubmed.ncbi.nlm.nih.gov/34325334/
4. Acute hyperactive encephalopathy following COVID-19 vaccination with dramatic response to methylprednisolone: case report: https://pubmed.ncbi.nlm.nih.gov/34512961/

Acute Kidney Injury
A sudden episode of kidney failure or kidney damage that occurs within a few hours or a few days

1. Minimal change disease with severe acute kidney injury after Oxford-AstraZeneca COVID-19 vaccine: case report: https://pubmed.ncbi.nlm.nih.gov/34242687/.
2. Acute kidney injury with macroscopic hematuria and IgA nephropathy after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34352309/
3. AstraZeneca): https://pubmed.ncbi.nlm.nih.gov/34362727/
4. Minimal change disease and acute kidney injury after Pfizer-BioNTech COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34000278/

Multiple sclerosis
A potentially disabling disease of the brain and spinal cord (central nervous system).

1. Severe relapse of multiple sclerosis after COVID-19 vaccination: a case report: https://pubmed.ncbi.nlm.nih.gov/34447349/
2. Acute relapse and impaired immunization after COVID-19 vaccination in a patient with multiple sclerosis treated with rituximab: https://pubmed.ncbi.nlm.nih.gov/34015240
3. Humoral response induced by Prime-Boost vaccination with ChAdOx1 nCoV-19 and BNT162b2 mRNA vaccines in a patient with multiple sclerosis treated with teriflunomide: https://pubmed.ncbi.nlm.nih.gov/34696248/

Henoch-Schonlein Purpura
Affects the small blood vessels of the skin, joints, intestines and kidneys. It's most common before the age of seven but can affect anyone. A disorder causing inflammation and bleeding in the small blood vessels.

1. A rare case of Henoch-Schönlein purpura after a case report of COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34518812/
2. Henoch-Schönlein purpura occurring after vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34247902/.
3. Henoch-Schönlein purpura following the first dose of COVID-19 viral vector vaccine: case report: https://pubmed.ncbi.nlm.nih.gov/34696186/.

Bleeding episodes
Major episodes include most joint bleeds, bleeding into large muscles, muscle bleeds with signs of compartment syndrome, life-threatening bleeds, and surgery. These usually require a 70% – 100% correction and more than one infusion. The exact dose will depend on the individual and on HTC policy.

1. Blood clots and bleeding episodes after BNT162b2 and ChAdOx1 nCoV-19 vaccination: analysis of European data: https://www.sciencedirect.com/science/article/pii/S0896841121000937
2. Association between ChAdOx1 nCoV-19 vaccination and bleeding episodes: large population-based cohort study: https://pubmed.ncbi.nlm.nih.gov/34479760/.
3. Association between ChAdOx1 nCoV-19 vaccination and bleeding episodes: large population-based cohort study: https://pubmed.ncbi.nlm.nih.gov/34479760/.

Cutaneous Adverse Effects
Also known as toxidermia, are skin manifestations resulting from systemic drug administration. These reactions range from mild erythematous skin lesions to much more severe reactions such as Lyell's syndrome.

1. Cutaneous adverse effects of available COVID-19 vaccines: https://pubmed.ncbi.nlm.nih.gov/34518015/
2. Rare cutaneous adverse effects of COVID-19 vaccines: a case series and review of the literature: https://pubmed.ncbi.nlm.nih.gov/34363637/
3. Cutaneous adverse reactions of 35,229 doses of COVID-19 Sinovac and AstraZeneca vaccine COVID-19: a prospective cohort study in health care workers: https://pubmed.ncbi.nlm.nih.gov/34661934/

Skin Reactions
An allergic reaction can cause rash, itching, burning, redness, bumps, hives, and swelling.

1. A case series of skin reactions to COVID-19 vaccine in the Department of Dermatology at Loma Linda University: https://pubmed.ncbi.nlm.nih.gov/34423106/
2. Skin reactions reported after Moderna and Pfizer's COVID-19 vaccination: a study based on a registry of 414 cases: https://pubmed.ncbi.nlm.nih.gov/33838206/
3. Skin reactions after vaccination against SARS-COV-2: a nationwide Spanish cross-sectional study of 405 cases: https://pubmed.ncbi.nlm.nih.gov/34254291/

Coagulopathies (includes term: Prothrombotic)
Is often broadly defined as any derangement of hemostasis resulting in either excessive bleeding or clotting, although most typically it is defined as impaired clot formation.

1. Coagulopathies after SARS-CoV-2 vaccination may derive from a combined effect of SARS-CoV-2 spike protein and adenovirus vector-activated signaling pathways: https://pubmed.ncbi.nlm.nih.gov/34639132/
2. Diffuse prothrombotic syndrome after administration of ChAdOx1 nCoV-19 vaccine: case report: https://pubmed.ncbi.nlm.nih.gov/34615534/
3. Calcaterra, G., Bassareo, P. P., Barilla, F., Romeo, F., & Mehta, J. L. (2022). Concerning the unexpected prothrombotic state following some coronavirus disease 2019 vaccines. J Cardiovasc Med (Hagerstown), 23(2), 71-74. doi:10.2459/JCM.0000000000001232. https://www.ncbi.nlm.nih.gov/pubmed/34366403

Multisystem Inflammatory Syndrome (includes term: Autoantibody Release)
A condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs.

1. Post-vaccination multisystem inflammatory syndrome in adults without evidence of prior SARS-CoV-2 infection: https://pubmed.ncbi.nlm.nih.gov/34852213/
2. Buchhorn, R., Meyer, C., Schulze-Forster, K., Junker, J., & Heidecke, H. (2021). Autoantibody Release in Children after Corona Virus mRNA Vaccination: A Risk Factor of Multisystem Inflammatory Syndrome? Vaccines (Basel), 9(11). doi:10.3390/vaccines9111353. https://www.ncbi.nlm.nih.gov/pubmed/34835284
3. Chai, Q., Nygaard, U., Schmidt, R. C., Zaremba, T., Moller, A. M., & Thorvig, C. M. (2022). Multisystem inflammatory syndrome in a male adolescent after his second Pfizer-BioNTech COVID-19 vaccine. Acta Paediatr, 111(1), 125-127. doi:10.1111/apa.16141.

Vogt-Koyanagi-Harada syndrome
A rare disorder of unknown origin that affects many body systems, including as the eyes, ears, skin, and the covering of the brain and spinal cord (the meninges). The most noticeable symptom is a rapid loss of vision.

1. Vogt-Koyanagi-Harada syndrome after COVID-19 and ChAdOx1 nCoV-19 (AZD1222) vaccination: https://pubmed.ncbi.nlm.nih.gov/34462013/.
2. Reactivation of Vogt-Koyanagi-Harada disease under control for more than 6 years, after anti-SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34224024/

Capillary Leak Syndrome (Includes Term: Systemic Capillary Extravasation Syndrome)
A rare disorder by acute and severe recurrent attacks associated with a rapid fall in blood pressure as a result of fluid leaks from smaller vessels called capillaries. Attacks often last several days and require emergency care. They are sometimes life threatening. SCLS occurs most often in adults and the disease is very rare in children.

1. Fatal systemic capillary leak syndrome after SARS-COV-2 vaccination in a patient with multiple myeloma: https://pubmed.ncbi.nlm.nih.gov/34459725/
2. Systemic capillary extravasation syndrome following vaccination with ChAdOx1 nCOV-19 (Oxford-AstraZeneca): https://pubmed.ncbi.nlm.nih.gov/34362727/

Systemic Lupus Erythematosus
An autoimmune disease in which the immune system attacks its own tissues, causing widespread inflammation and tissue damage in the affected organs. It can affect the joints, skin, brain, lungs, kidneys, and blood vessels. Treatment can help, but this condition can't be cured.

1. Induction and exacerbation of subacute cutaneous lupus erythematosus erythematosus after mRNA- or adenoviral vector-based SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34291477/
2. Ntouros, P. A., Vlachogiannis, N. I., Pappa, M., Nezos, A., Mavragani, C. P., Tektonidou, M. G., . . . Sfikakis, P. P. (2021). Effective DNA damage response after acute but not chronic immune challenge: SARS-CoV-2 vaccine versus Systemic Lupus Erythematosus. Clin Immunol, 229, 108765. doi:10.1016/j.clim.2021.108765. https://www.ncbi.nlm.nih.gov/pubmed/34089859

Petechiae (also includes: Petechial rash)
Tiny purple, red, or brown spots on the skin. They usually appear on your arms, legs, stomach, and buttocks. You might also find them inside your mouth or on your eyelids. These pinpoint spots can be a sign of many different conditions — some minor, others serious. They can also appear as a reaction to certain medications. Though petechiae look like a rash, they're actually caused by bleeding under the skin.

1. Petechiae and peeling of fingers after immunization with BTN162b2 messenger RNA (mRNA)-based COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34513435/
2. Petechial rash associated with CoronaVac vaccination: first report of cutaneous side effects before phase 3 results: https://ejhp.bmj.com/content/early/2021/05/23/ejhpharm-2021-002794

Purpura Annularis Telangiectodes
An uncommon pigmented purpuric eruption, which is characterized by symmetrical, purpuric, telangiectatic, and atrophic patches with a predilection for the lower extremities and buttocks.

1. Purpuric rash and thrombocytopenia after mRNA-1273 (Modern) COVID-19 vaccine: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7996471/
2. Generalized purpura annularis telangiectodes after SARS-CoV-2 mRNA vaccination: https://pubmed.ncbi.nlm.nih.gov/34236717/

Pulmonary Embolism
Pulmonary embolism is a blockage in one of the pulmonary arteries in your lungs. In most cases, pulmonary embolism is caused by blood clots that travel to the lungs from deep veins in the legs or, rarely, from veins in other parts of the body (deep vein thrombosis). Because the clots block blood flow to the lungs, pulmonary embolism can be life-threatening.

1. Pulmonary embolism, transient ischemic attack, and thrombocytopenia after Johnson & Johnson COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34261635/
2. A case of acute pulmonary embolism after immunization with SARS-CoV-2 mRNA: https://pubmed.ncbi.nlm.nih.gov/34452028/

Psoriasis
A chronic autoimmune condition that causes the rapid buildup of skin cells. This buildup of cells causes scaling on the skin's surface. Inflammation and redness around the scales is fairly common. Typical psoriatic scales are whitish-silver and develop in thick, red patches. Sometimes, these patches will crack and bleed.

1. Onset / outbreak of psoriasis after Corona virus ChAdOx1 nCoV-19 vaccine (Oxford-AstraZeneca / Covishield): report of two cases: https://pubmed.ncbi.nlm.nih.gov/34350668/
2. Exacerbation of plaque psoriasis after COVID-19 inactivated mRNA and BNT162b2 vaccines: report of two cases: https://pubmed.ncbi.nlm.nih.gov/34427024/

Miller Fisher Syndrome
A rare acquired nerve disease related to Guillain-Barré syndrome (GBS). Features include weakness of the eye muscles causing difficulty moving the eyes; impaired limb coordination and unsteadiness; and absent tendon reflexes.

1. Miller Fisher syndrome after Pfizer COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34817727/.
2. Miller Fisher syndrome after 2019 BNT162b2 mRNA coronavirus vaccination: https://pubmed.ncbi.nlm.nih.gov/34789193/.

Nephrotic Syndrome
Kidney disorder that causes your body to pass too much protein in your urine. Nephrotic syndrome is usually caused by damage to the clusters of small blood vessels in your kidneys that filter waste and excess water from your blood

1. Nephrotic syndrome after ChAdOx1 nCoV-19 vaccine against SARScoV-2: https://pubmed.ncbi.nlm.nih.gov/34250318/.
2. New-onset nephrotic syndrome after Janssen COVID-19 vaccination: case report and literature review: https://pubmed.ncbi.nlm.nih.gov/34342187/

Macroscopic Hematuria
Visible blood in the urine causing it to be discoloured pink, red, brownish-red or tea-coloured.

1. Hematuria, a generalized petechial rash and headaches after Oxford AstraZeneca ChAdOx1 nCoV-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34620638/
2. A case of outbreak of macroscopic hematuria and IgA nephropathy after SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/33932458/

Bullous Drug Eruption
Refers to adverse drug reactions that result in fluid-filled blisters or bullae. Blistering may be localised and mild, or widespread and severe, even life-threatening.

1. Bullous drug eruption after the second dose of COVID-19 mRNA-1273 (Moderna) vaccine: Case report: https://www.sciencedirect.com/science/article/pii/S1876034121001878.
2. Widespread fixed bullous drug eruption after vaccination with ChAdOx1 nCoV-19: https://pubmed.ncbi.nlm.nih.gov/34482558/

Hemophagocytic lymphohistiocytosis
An aggressive and life-threatening syndrome of excessive immune activation. It most frequently affects infants from birth to 18 months of age, but the disease is also observed in children and adults of all ages.

1. Hemophagocytic lymphohistiocytosis after vaccination with ChAdOx1 nCov-19: https://pubmed.ncbi.nlm.nih.gov/34406660/.
2. Hemophagocytic lymphohistiocytosis following COVID-19 vaccination (ChAdOx1 nCoV-19): https://pubmed.ncbi.nlm.nih.gov/34862234/

Pulmonary Embolism
Pulmonary embolism is a blockage in one of the pulmonary arteries in your lungs. In most cases, pulmonary embolism is caused by blood clots that travel to the lungs from deep veins in the legs or, rarely, from veins in other parts of the body (deep vein thrombosis). Because the clots block blood flow to the lungs, pulmonary embolism can be life-threatening.

1. Isolated pulmonary embolism after COVID vaccination: 2 case reports and a review of acute pulmonary embolism complications and follow-up: https://pubmed.ncbi.nlm.nih.gov/34804412/
2. Myocardial infarction, stroke, and pulmonary embolism after BNT162b2 mRNA COVID-19 vaccine in persons aged 75 years or older: https://pubmed.ncbi.nlm.nih.gov/34807248/

Neuromyelitis Optica
also called NMO or Devic's disease, is a rare yet severe demyelinating autoimmune inflammatory process affecting the central nervous system. It specifically affects the myelin, which is the insulation around the nerves

1. Beware of neuromyelitis optica spectrum disorder after vaccination with inactivated virus for COVID-19: https://pubmed.ncbi.nlm.nih.gov/34189662/
2. Neuromyelitis optica in a healthy woman after vaccination against severe acute respiratory syndrome coronavirus 2 mRNA-1273: https://pubmed.ncbi.nlm.nih.gov/34660149/

Shingles (includes term: Herpes zoster)
a reactivation of the chickenpox virus in the body, causing a painful rash.

1. Shingles-like skin lesion after vaccination with AstraZeneca for COVID-19: a case report: https://pubmed.ncbi.nlm.nih.gov/34631069/
2. Recurrent herpes zoster after COVID-19 vaccination in patients with chronic urticaria on cyclosporine treatment – A report of 3 cases: https://pubmed.ncbi.nlm.nih.gov/34510694/

Blood Clots
A gelatinous mass of fibrin and blood cells formed by the coagulation of blood.

1. Blood clots and bleeding after BNT162b2 and ChAdOx1 nCoV-19 vaccination: an analysis of European data: https://pubmed.ncbi.nlm.nih.gov/34174723/

Thrombophilia
A blood disorder that makes the blood in your veins and arteries more likely to clot. This is also known as a "hypercoagulable" condition because your blood coagulates or clots more easily.

1. Antiphospholipid antibodies and risk of thrombophilia after COVID-19 vaccination: the straw that breaks the camel's back?: https://docs.google.com/document/d/1XzajasO8VMMnC3CdxSBKks1o7kiOLXFQ

iTTP episode
A rare, life-threatening thrombotic microangiopathy caused by severe ADAMTS13 (a disintegrin and metalloproteinase with thrombospondin motifs 13) deficiency, recurring in 30–50% of patients.

1. First report of a de novo iTTP episode associated with a COVID-19 mRNA-based anti-COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34105244/

Refractory Status Epilepticus
Can be defined as status epilepticus (seizures) that continues despite treatment with benzodiazepines and one antiepileptic drug. RSE should be treated promptly to prevent morbidity and mortality; however, scarce evidence is available to support the choice of specific treatments.

1. New-onset refractory status epilepticus after chadox1 ncov-19 vaccination: https://www.sciencedirect.com/science/article/pii/s0165572821001569

Central Serous Retinopathy
A medical condition where fluid builds up behind the retina in the eye. It can cause sudden or gradual vision loss as the central retina detaches. This central area is called the macula.

1. Acute-onset central serous retinopathy after immunization with COVID-19 mRNA vaccine:. https://www.sciencedirect.com/science/article/pii/S2451993621001456.

Cutaneous Reactions

A group of potentially lethal adverse drug reactions that involve the skin and mucous membranes of various body openings such as the eyes, ears, and inside the nose, mouth, and lips.

1. Late cutaneous reactions after administration of COVID-19 mRNA vaccines: https://www.sciencedirect.com/science/article/pii/S2213219821007996

Prion Disease
Prion diseases comprise several conditions. A prion is a type of protein that can trigger normal proteins in the brain to fold abnormally. Prion diseases or transmissible spongiform encephalopathies (TSEs) are a family of rare progressive neurodegenerative disorders that affect both humans and animals. They are distinguished by long incubation periods, characteristic spongiform changes associated with neuronal loss, and a failure to induce inflammatory

1. COVID-19 RNA-based vaccines and the risk of prion disease: https://scivisionpub.com/pdfs/covid19rna-based-vaccines-and-the-risk-of-prion-disease-1503.pdf

Pregnant Woman
See below studies.

1. This study notes that 115 pregnant women lost their babies, out of 827 who participated in a study on the safety of covid-19 vaccines: https://www.nejm.org/doi/full/10.1056/NEJMoa2104983.

Process-Related Impurities
See below studies.

1. Process-related impurities in the ChAdOx1 nCov-19 vaccine: https://www.researchsquare.com/article/rs-477964/v1

CNS Inflammation
A disease that causes inflammation of the small arteries and veins in the brain and/or spinal cord. The brain and spinal cord make up the CNS. Intense interest in inflammation in the CNS has arisen from its potential role in diseases including acute brain injury, stroke, epilepsy, multiple sclerosis, motor neurone disease, movement disorders and Alzheimer's disease, and more recently some psychiatric disorders.

1. COVID-19 mRNA vaccine causing CNS inflammation: a case series: https://link.springer.com/article/10.1007/s00415-021-10780-7

CNS Demyelination
a demyelinating disease is any condition that results in damage to the protective covering (myelin sheath) that surrounds nerve fibers in your brain, optic nerves and spinal cord. When the myelin sheath is damaged, nerve impulses slow or even stop, causing neurological problems.

1. A systematic review of cases of CNS demyelination following COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34839149/

Orofacial
An orofacial myofunctional disorder (OMD) is when there is an abnormal lip, jaw, or tongue position during rest, swallowing or speech.

1. Reported orofacial adverse effects from COVID-19 vaccines: the known and the unknown: https://pubmed.ncbi.nlm.nih.gov/33527524/

Brain Haemorrhage (Includes Term: Lobar Hemorrhage)
An emergency condition in which a ruptured blood vessel causes bleeding inside the brain.

1. Fatal brain haemorrhage after COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/33928772/

Varicella Zoster Virus
The varicella-zoster virus (VZV) is so named because it causes two distinct illnesses: varicella (chickenpox), following primary infection, and herpes zoster (shingles), following reactivation of latent virus. Varicella is a highly contagious infection with an incubation period of 10–21 days, most commonly 14–16 days, after which a characteristic rash appears. Acute varicella may be complicated by secondary bacterial skin infections, haemorrhagic complications, cerebellitis, encephalitis, and viral and bacterial pneumonia.

1. Acute retinal necrosis due to varicella zoster virus reactivation after vaccination with BNT162b2 COVID-19 mRNA: https://pubmed.ncbi.nlm.nih.gov/34851795/.

Nerve And Muscle Adverse Events
Many different possible neurologic adverse events including encephalitis, myelopathy, aseptic meningitis, meningoradiculitis, Guillain-Barré-like syndrome, peripheral neuropathy (including mononeuropathy, mononeuritis multiplex, and polyneuropathy) as well as myasthenic syndrome.

1. Nerve and muscle adverse events after vaccination with COVID-19: a systematic review and meta-analysis of clinical trials: https://pubmed.ncbi.nlm.nih.gov/34452064/.

Oculomotor Paralysis
Defines the decreased strength of a muscle, which produces a reduced rotational movement of the eyeball in the direction corresponding to the paralysed muscle. Partial deficit is called paresis, while full deficit is called paralysis.

1. Transient oculomotor paralysis after administration of RNA-1273 messenger vaccine for SARS-CoV-2 diplopia after COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34369471/

Parsonage-Turner Syndrome
An neurological disorder characterized by rapid onset of severe pain in the shoulder and arm. This acute phase may last for a few hours to a few weeks and is followed by wasting and weakness of the muscles (amyotrophy) in the affected areas.

1. Parsonage-Turner syndrome associated with SARS-CoV-2 or SARS-CoV-2 vaccination. Comment on: “Neuralgic amyotrophy and COVID-19 infection: 2 cases of accessory spinal nerve palsy” by Coll et al. Articular Spine 2021; 88: 10519: https://pubmed.ncbi.nlm.nih.gov/34139321/.

Acute Macular Neuroretinopathy
A rare, acquired retinal disorder characterised by transient or permanent visual impairment accompanied by the presence of reddish-brown, wedge-shaped lesions in the macula, the apices of which tend to point towards the fovea.

1. Bilateral acute macular neuroretinopathy after SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34287612/

Lipschütz ulcers (Vaginal ulcers)
Acute genital ulceration, also known as "Lipschütz ulcer" or "ulcus vulvae acutum," is an uncommon, self-limited, nonsexually transmitted condition characterized by the rapid onset of painful, necrotic ulcerations of the vulva or lower vagina.

1. Lipschütz ulcers after AstraZeneca COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34366434/.

Amyotrophic Neuralgia
A disorder characterized by episodes of severe pain and muscle wasting (amyotrophy) in one or both shoulders and arms. Neuralgic pain is felt along the path of one or more nerves and often has no obvious physical cause.

1. Amyotrophic Neuralgia secondary to Vaxzevri vaccine (AstraZeneca) COVID-19: https://pubmed.ncbi.nlm.nih.gov/34330677/

Polyarthralgia
Pain in multiple joints. Symptoms may include pain, tenderness, or tingling in the joints and reduced range of motion. Polyarthralgia is similar to polyarthritis, but it doesn't cause inflammation. Lifestyle changes, home remedies, and medication can help manage the symptoms.

1. Polyarthralgia and myalgia syndrome after vaccination with ChAdOx1 nCOV-19: https://pubmed.ncbi.nlm.nih.gov/34463066/

Thyroiditis
The swelling, or inflammation, of the thyroid gland and can lead to over- or under-production of thyroid hormone. A thyroid storm -- or thyroid crisis -- can be a life-threatening condition. It often includes a rapid heartbeat, fever, and even fainting. Symptoms may include pain in the throat, feeling generally unwell, swelling of the thyroid gland and, sometimes, symptoms of an overactive thyroid gland or symptoms of an underactive thyroid gland.

1. Three cases of subacute thyroiditis after SARS-CoV-2 vaccination: post-vaccination ASIA syndrome: https://pubmed.ncbi.nlm.nih.gov/34043800/.

Keratolysis (also termed: corneal melting)
A common prelude to the development of corneal perforation. This process occurs from conditions such as infections, sterile inflammation, or surgical/chemical injury to the cornea. Collectively, these conditions are a significant cause for blindness world-wide.

1. Bilateral immune-mediated keratolysis after immunization with SARS-CoV-2 recombinant viral vector vaccine: https://pubmed.ncbi.nlm.nih.gov/34483273/.

Arthritis
The swelling and tenderness of one or more joints. The main symptoms of arthritis are joint pain and stiffness, which typically worsen with age. The most common types of arthritis are osteoarthritis and rheumatoid arthritis.

1. Reactive arthritis after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34033732/.

Thymic hyperplasia
A condition in which the thymus gland is inflamed. It isoften accompanied by autoimmune diseases such as systemic lupus erythematosus, myasthenia gravis and rheumatoid arthritis.

1. Thymic hyperplasia after Covid-19 mRNA-based vaccination with Covid-19: https://pubmed.ncbi.nlm.nih.gov/34462647/

Tolosa-Hunt syndrome
A rare disorder characterized by severe periorbital headaches, along with decreased and painful eye movements (ophthalmoplegia). Symptoms usually affect only one eye (unilateral). In most cases, affected individuals experience intense sharp pain and decreased eye movements.

1. Tolosa-Hunt syndrome occurring after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34513398/

Hailey-Hailey disease
Also known as benign chronic pemphigus, is a rare skin condition that usually appears in early adulthood. The disorder is characterized by red, raw, and blistered areas of skin that occur most often in skin folds, such as the groin, armpits, neck, and under the breasts.

1. Hailey-Hailey disease exacerbation after SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/34436620/

Acute lympholysis
The destruction of lymph cells.

1. Rituximab-induced acute lympholysis and pancytopenia following vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34429981/

Interstitial lung disease
Describes a large group of disorders, most of which cause progressive scarring of lung tissue. The scarring associated with interstitial lung disease eventually affects your ability to breathe and get enough oxygen into your bloodstream.

1. Vaccine-induced interstitial lung disease: a rare reaction to COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34510014/.

Vesiculobullous cutaneous reactions
A vesiculobullous lesion of the skin encompasses a group of dermatological disorders with protean clinicopathological features. They usually occur as a part of the spectrum of various infectious, inflammatory, drug-induced, genetic, and autoimmune disorders.

1. Vesiculobullous cutaneous reactions induced by COVID-19 mRNA vaccine: report of four cases and review of the literature: https://pubmed.ncbi.nlm.nih.gov/34236711/

Hematologic conditions
Disorders of the blood and blood-forming organs.

1. Collection of complement-mediated and autoimmune-mediated hematologic conditions after SARS-CoV-2 vaccination: https://ashpublications.org/bloodadvances/article/5/13/2794/476324/Autoimmune-and-complement-mediated-hematologic

Hemolysis
The destruction of red blood cells.

1. COVID-19 vaccines induce severe hemolysis in paroxysmal nocturnal hemoglobinuria: https://ashpublications.org/blood/article/137/26/3670/475905/COVID-19-vaccines-induce-severe-hemolysis-in

Headache
See below papers.

1. Headache attributed to COVID-19 (SARS-CoV-2 coronavirus) vaccination with the ChAdOx1 nCoV-19 (AZD1222) vaccine: a multicenter observational cohort study: https://pubmed.ncbi.nlm.nih.gov/34313952/

Acute Coronary Syndrome
Any condition brought on by a sudden reduction or blockage of blood flow to the heart.

1. Mrna COVID vaccines dramatically increase endothelial inflammatory markers and risk of Acute Coronary Syndrome as measured by PULS cardiac testing: a caution: https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712

ANCA Glomerulonephritis
is the term we use when ANCA vasculitis has affected or involved the kidneys, and when this happens there is inflammation and swelling in the kidney filters, meaning that the body's own immune system injures its cells and tissues.

1. ANCA glomerulonephritis following Modern COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34081948/

Neurologic Phantosmia
is an olfactory hallucination perceived when no odorants are present. Both the olfactory distortions are typically described as unpleasant.

1. Unique imaging findings of neurologic phantosmia after Pfizer-BioNtech COVID-19 vaccination: a case report: https://pubmed.ncbi.nlm.nih.gov/34096896/

Uveitis (includes terms: bilateral)
is a form of eye inflammation. It affects the middle layer of tissue in the eye wall (uvea). Uveitis warning signs often come on suddenly and get worse quickly. They include eye redness, pain and blurred vision.

1. Bilateral uveitis after inoculation with COVID-19 vaccine: a case report: https://www.sciencedirect.com/science/article/pii/S1201971221007797

Pathophysiologic Alterations
Deranged function in an individual or an organ due to a disease. For example, a pathophysiologic alteration is a change in function as distinguished from a structural defect.

1. Extensive investigations revealed consistent pathophysiologic alterations after vaccination with COVID-19 vaccines: https://www.nature.com/articles/s41421-021-00329-3

Gross Hematuria (includes term: Acral Hemorrahge)

produces pink, red or cola-colored urine due to the presence of red blood cells. It takes little blood to produce red urine, and the bleeding usually isn't painful. Passing blood clots in your urine, however, can be painful. Bloody urine often occurs without other signs or symptoms.

1. Gross hematuria after severe acute respiratory syndrome coronavirus 2 vaccination in 2 patients with IgA nephropathy: https://pubmed.ncbi.nlm.nih.gov/33771584/

Inflammatory Myositis
inflammatory myopathies aare a group of diseases that involve chronic (long-standing) muscle inflammation, muscle weakness, and, in some cases, muscle pain. Myopathy is a general medical term used to describe a number of conditions affecting the muscles. All myopathies cause muscle weakness.

1. Inflammatory myositis after vaccination with ChAdOx1: https://pubmed.ncbi.nlm.nih.gov/34585145/

Still's Disease
is a rare type of inflammatory arthritis that features fevers, rash and joint pain. Some people have just one episode of adult Still's disease. In other people, the condition persists or recurs. This inflammation can destroy affected joints, particularly the wrists.

1. An outbreak of Still's disease after COVID-19 vaccination in a 34-year-old patient: https://pubmed.ncbi.nlm.nih.gov/34797392/

Pityriasis Rosea
a skin rash that sometimes begins as a large spot on the chest, abdomen or back, followed by a pattern of smaller lesions.

1. Case report: Pityriasis rosea-like rash after vaccination with COVID-19: https://pubmed.ncbi.nlm.nih.gov/34557507/

Acute Eosinophilic Pneumonia
is the acute-onset form of eosinophilic pneumonia, a lung disease caused by the buildup of eosinophils, a type of white blood cell, in the lungs. It is characterized by a rapid onset of shortness of breath, cough, fatigue, night sweats, and weight loss.

1. Acute eosinophilic pneumonia associated with anti-COVID-19 vaccine AZD1222: https://pubmed.ncbi.nlm.nih.gov/34812326/.

Sweet's Syndrome
is an uncommon skin condition marked by a distinctive eruption of tiny bumps that enlarge and are often tender to the touch. They can appear on the back, neck, arms or face. Sweet's syndrome, also called acute febrile neutrophilic dermatosis, is an uncommon skin condition.

1. Sweet's syndrome after Oxford-AstraZeneca COVID-19 vaccine (AZD1222) in an elderly woman: https://pubmed.ncbi.nlm.nih.gov/34590397/

Sensorineural Hearing Loss
Hearing loss caused by damage to the inner ear or the nerve from the ear to the brain. Sensorineural hearing loss is permanent.

1. Sudden sensorineural hearing loss after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34670143/.

Serious Adverse Events Among Health Care Professionals
See below paper.

1. Prevalence of serious adverse events among health care professionals after receiving the first dose of ChAdOx1 nCoV-19 coronavirus vaccine (Covishield) in Togo, March 2021: https://pubmed.ncbi.nlm.nih.gov/34819146/.

Toxic Epidermal Necrolysis
A life-threatening skin disorder characterized by a blistering and peeling of the skin. This disorder can be caused by a drug reaction—often antibiotics or anticonvulsives.

1. A case of toxic epidermal necrolysis after vaccination with ChAdOx1 nCoV-19 (AZD1222): https://pubmed.ncbi.nlm.nih.gov/34751429/.

Ocular Adverse Events
The majority of ocular immune-related adverse events (irAEs) are mild, low-grade, non-sight threatening, such as blurred vision, conjunctivitis, and ocular surface disease.

1. Ocular adverse events following COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34559576/

Depression

A common and serious medical illness that negatively affects how you feel, the way you think and how you act. Depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed.

1. Depression after ChAdOx1-S / nCoV-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34608345/.

Pancreas Allograft Rejection
the body's blood cells identify the pancreas as foreign and begin mounting an army of cells to attack the transplanted organ. Although acute rejection can happen at any time, about 15 to 25% of pancreas acute rejection occurs within the first three months after transplant.

1. Pancreas allograft rejection after ChAdOx1 nCoV-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34781027/

Acute Hemichorea-Hemibalismus
Hemiballismus is characterized by high amplitude, violent, flinging and flailing movements confined to one side of body and hemichorea is characterized by involuntary random-appearing irregular movements that are rapid and non-patterned confined to one side of body.

1. Acute hemichorea-hemibalismus after COVID-19 (AZD1222) vaccination: https://pubmed.ncbi.nlm.nih.gov/34581453/

Alopecia Areata
Sudden hair loss that starts with one or more circular bald patches that may overlap. Alopecia areata occurs when the immune system attacks hair follicles and may be brought on by severe stress.

1. Recurrence of alopecia areata after covid-19 vaccination: a report of three cases in Italy: https://pubmed.ncbi.nlm.nih.gov/34741583/

Graves' Disease
is an autoimmune disorder that causes hyperthyroidism, or overactive thyroid. With this disease, your immune system attacks the thyroid and causes it to make more thyroid hormone than your body needs. The thyroid is a small, butterfly-shaped gland in the front of your neck. Thyroid hormones control how your body uses energy, so they affect nearly every organ in your body—even the way your heart beats. If left untreated, hyperthyroidism can cause serious problems with the heart, bones, muscles, menstrual cycle, and fertility. During pregnancy, untreated hyperthyroidism can lead to health problems for the mother and baby. Graves' disease also can affect your eyes and skin.

1. Two cases of Graves' disease after SARS-CoV-2 vaccination: an autoimmune / inflammatory syndrome induced by adjuvants: https://pubmed.ncbi.nlm.nih.gov/33858208/

Cardiovascular Events
refer to any incidents that may cause damage to the heart muscle.

1. Cardiovascular, neurological, and pulmonary events after vaccination with BNT162b2, ChAdOx1 nCoV-19, and Ad26.COV2.S vaccines: an analysis of European data: https://pubmed.ncbi.nlm.nih.gov/34710832/

Metabolic Syndrome
A cluster of conditions that increase the risk of heart disease, stroke and diabetes.

1. Change in blood viscosity after COVID-19 vaccination: estimation for persons with underlying metabolic syndrome: https://pubmed.ncbi.nlm.nih.gov/34868465/

Eosinophilic Dermatosis
Eosinophilic skin diseases, commonly termed as eosinophilic dermatoses, refer to a broad spectrum of skin diseases characterized by eosinophil infiltration and/or degranulation in skin lesions, with or without blood eosinophilia. The majority of eosinophilic dermatoses lie in the allergy-related group, including allergic drug eruption, urticaria, allergic contact dermatitis, atopic dermatitis, and eczema.

1. Eosinophilic dermatosis after AstraZeneca COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34753210/.

Hypercoagulability
the tendency to have thrombosis as a result of certain inherited and/or acquired molecular defects. Clinical manifestations of hypercoagulability can be devastating and even lethal

1. COVID-19 vaccine in patients with hypercoagulability disorders: a clinical perspective: https://pubmed.ncbi.nlm.nih.gov/34786893/

Neuroimaging Findings in Post COVID-19 Vaccination
see paper below.

1. Spectrum of neuroimaging findings in post-CoVID-19 vaccination: a case series and review of the literature: https://pubmed.ncbi.nlm.nih.gov/34842783/

Urticaria

A rash of round, red welts on the skin that itch intensely, sometimes with dangerous swelling, caused by an allergic reaction.

1. Increased risk of urticaria/angioedema after BNT162b2 mRNA COVID-19 vaccination in health care workers taking ACE inhibitors: https://pubmed.ncbi.nlm.nih.gov/34579248/

Central Vein Occlusion
Is a blockage of this vein that causes the vein to leak blood and excess fluid into the retina. This fluid often collects in the area of the retina responsible for central vision called the macula. When the macula is affected, central vision may become blurry. The second eye will develop vein occlusion in 6-17% of cases. There's no cure for retinal vein occlusion. Your doctor can't unblock the retinal veins. What they can do is treat any complications and protect your vision.

1. Central retinal vein occlusion after vaccination with SARS-CoV-2 mRNA: case report: https://pubmed.ncbi.nlm.nih.gov/34571653/.

Thrombophlebitis
A condition in which a blood clot in a vein causes inflammation and pain.

1. Idiopathic external jugular vein thrombophlebitis after coronavirus disease vaccination (COVID-19): https://pubmed.ncbi.nlm.nih.gov/33624509/.

Squamous Cell Carcinoma
A slow-growing type of lung cancer.

1. Squamous cell carcinoma of the lung with hemoptysis following vaccination with tozinameran (BNT162b2, Pfizer-BioNTech): https://pubmed.ncbi.nlm.nih.gov/34612003/

Chest Pain
See paper below

1. Chest pain with abnormal electrocardiogram redevelopment after injection of COVID-19 vaccine manufactured by Moderna: https://pubmed.ncbi.nlm.nih.gov/34866106/

Acute Inflammatory Neuropathies
Encompass groups of heterogeneous disorders characterized by pathogenic immune-mediated hematogenous leukocyte infiltration of peripheral nerves, nerve roots or both, with resultant demyelination or axonal degeneration or both, and the pathogenesis of these disorders remains elusive.

1. Reporting of acute inflammatory neuropathies with COVID-19 vaccines: subgroup disproportionality analysis in VigiBase: https://pubmed.ncbi.nlm.nih.gov/34579259/

Brain Death
Irreversible cessation of all functions of the entire brain, including the brain stem. A person who is brain dead is dead.

1. Brain death in a vaccinated patient with COVID-19 infection: https://pubmed.ncbi.nlm.nih.gov/34656887/

Kounis Syndrome
is the concurrence of acute coronary syndromes with conditions associated with mast cell activation, such as allergies or hypersensitivity and anaphylactic or anaphylactoid insults that can involve other interrelated and interacting inflammatory cells behaving as a 'ball of thread'.

1. Kounis syndrome type 1 induced by inactivated SARS-COV-2 vaccine: https://pubmed.ncbi.nlm.nih.gov/34148772/

Angioimmunoblastic T-cell Lymphoma
is a type of peripheral T-cell lymphoma. It is a high grade (aggressive) lymphoma that affects blood cells called T cells. High grade lymphomas tend to grow more quickly than low grade lymphomas. AITL usually affects older people, typically around the age of 70, is typically aggressive with a median survival of fewer than 3 years, even with intensive treatment.

1. Rapid progression of angioimmunoblastic T-cell lymphoma after BNT162b2 mRNA booster vaccination: case report: https://www.frontiersin.org/articles/10.3389/fmed.2021.798095/

Gastroparesis
A condition that affects the stomach muscles and prevents proper stomach emptying.

1. Gastroparesis after Pfizer-BioNTech COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34187985/

Asthma
a condition in which a person's airways become inflamed, narrow and swell and produce extra mucus, which makes it difficult to breathe. Asthma can be minor or it can interfere with daily activities. In some cases, it may lead to a life-threatening attack.

1. Colaneri, M., De Filippo, M., Licari, A., Marseglia, A., Maiocchi, L., Ricciardi, A., . . . Bruno, R. (2021). COVID vaccination and asthma exacerbation: might there be a link? Int J Infect Dis, 112, 243-246. doi:10.1016/j.ijid.2021.09.026. https://www.ncbi.nlm.nih.gov/pubmed/34547487

Safety in Adolescents
see below paper

1. Dimopoulou, D., Spyridis, N., Vartzelis, G., Tsolia, M. N., & Maritsi, D. N. (2021). Safety and tolerability of the COVID-19 mRNA-vaccine in adolescents with juvenile idiopathic arthritis on treatment with TNF-inhibitors. Arthritis Rheumatol. doi:10.1002/art.41977. https://www.ncbi.nlm.nih.gov/pubmed/34492161
2. Hause, A. M., Gee, J., Baggs, J., Abara, W. E., Marquez, P., Thompson, D., . . . Shay, D. K. (2021). COVID-19 Vaccine Safety in Adolescents Aged 12-17 Years – United States, December 14, 2020-July 16, 2021. MMWR Morb Mortal Wkly Rep, 70(31), 1053-1058. doi:10.15585/mmwr.mm7031e1. https://www.ncbi.nlm.nih.gov/pubmed/34351881

Safety Monitoring of the Janssen Vaccine
see below paper

1. Shay, D. K., Gee, J., Su, J. R., Myers, T. R., Marquez, P., Liu, R., . . . Shimabukuro, T. T. (2021). Safety Monitoring of the Janssen (Johnson & Johnson) COVID-19 Vaccine – United States, March-April 2021. MMWR Morb Mortal Wkly Rep, 70(18), 680-684. doi:10.15585/mmwr.mm7018e2. https://www.ncbi.nlm.nih.gov/pubmed/33956784

Myocardial Injury
refers to the cell death of cardiomyocytes and is defined by an elevation of cardiac troponin values. It is not only considered a prerequisite for the diagnosis of myocardial infarction but also an entity in itself and can arise from non-ischaemic or non-cardiac conditions.

1. Acute myocardial injury after COVID-19 vaccination: a case report and review of current evidence from the Vaccine Adverse Event Reporting System database: https://pubmed.ncbi.nlm.nih.gov/34219532/
2. Deb, A., Abdelmalek, J., Iwuji, K., & Nugent, K. (2021). Acute Myocardial Injury Following COVID-19 Vaccination: A Case Report and Review of Current Evidence from Vaccine Adverse Events Reporting System Database. J Prim Care Community Health, 12, 21501327211029230. doi:10.1177/21501327211029230. https://www.ncbi.nlm.nih.gov/pubmed/34219532

Autoimmune Inflammatory Rheumatic Diseases
Rheumatic diseases are autoimmune and inflammatory diseases that cause your immune system to attack your joints, muscles, bones and organs. Rheumatic diseases are often grouped under the term “arthritis” — which is used to describe over 100 diseases and conditions.

1. Furer, V., Eviatar, T., Zisman, D., Peleg, H., Paran, D., Levartovsky, D., . . . Elkayam, O. (2021). Immunogenicity and safety of the BNT162b2 mRNA COVID-19 vaccine in adult patients with autoimmune inflammatory rheumatic diseases and in the general population: a multicentre study. Ann Rheum Dis, 80(10), 1330-1338. doi:10.1136/annrheumdis-2021-220647. https://www.ncbi.nlm.nih.gov/pubmed/34127481

Neurological Autoimmune Diseases
If you have a neurological autoimmune disease, your immune system may be overly active and mistakenly attack healthy cells. These include central nervous system demyelinating disorders such as multiple sclerosis and neuromyelitis optica, paraneoplastic, and other autoimmune encephalomyelitis and autoimmune inflammatory myositis and demyelinating neuropathies.

1. Neurological autoimmune diseases after SARS-CoV-2 vaccination: a case series: https://pubmed.ncbi.nlm.nih.gov/34668274/.

V-REPP
vaccine-related eruption of papules and plaques.

1. Clinical and pathologic correlates of skin reactions to COVID-19 vaccine, including V-REPP: a registry-based study: https://www.sciencedirect.com/science/article/pii/S0190962221024427

Herpes Simplex Virus
A virus causing contagious sores, most often around the mouth or on the genitals.

1. Varicella zoster virus and herpes simplex virus reactivation after vaccination with COVID-19: review of 40 cases in an international dermatologic registry: https://pubmed.ncbi.nlm.nih.gov/34487581/