**Suggested Responses for Care Providers Specific Questions**

**Re: Open Public Consultation published 9 September 2021 - “Making vaccination a condition of deployment in the health and wider social care sector”**

**Q1** Do you provide health care and/or social care to patients or service users?

* yes
* no
* I don’t know

**A1 [Yes – or insert reply for circumstance]**

**Q2 T**his question is for those who provide health care and/or social care to patients or service users. Which of the following best describes your preference about the COVID-19 and flu vaccination status of you and your colleagues who provide care to service users?

Please provide a separate response for COVID-19 vaccination and flu vaccination.

* I feel strongly that we should be vaccinated
* I would prefer that we are vaccinated
* I don’t mind either way
* I would prefer that we are not vaccinated
* I feel strongly that we should not be vaccinated
* I don’t know

**A2** **[If Q1 was a yes, then insert the following]**

**Feel strongly that we should not be vaccinated for COVID-19**

**Feel strongly that we should not be vaccinated for the Flu**

**Q3** This question is for those who provide health and/or social care to patients or service user. Which of the following best describes your preference with respect to COVID-19 vaccination and flu vaccination being compulsory for you and your colleagues who provide care to service users?

Please provide a separate response for COVID-19 vaccination and flu vaccination.

* I feel strongly that vaccination should be compulsory
* I would prefer vaccination to be compulsory
* I don’t mind either way
* I would prefer vaccination not to be compulsory
* I feel strongly that vaccination should not be compulsory
* I don’t know

**A3 [If Q1 was a yes, then insert the following]**

**Feel strongly that COVID-19 vaccination should not be compulsory**

**Feel strongly that Flu vaccination should not be compulsory**

**Q4** Which of the following best describes your opinion of the requirement: Those deployed to undertake direct treatment or personal care as part of a CQC regulated activity in a healthcare or social care setting (including in someone’s home) must have a COVID-19 and flu vaccination?

Please provide a separate response for COVID-19 vaccination and flu vaccination. You may also provide a separate response for healthcare settings and social care settings.

* supportive
* slightly supportive
* neither supportive nor unsupportive
* slightly unsupportive
* not supportive
* I don’t know

**A4**  **Not supportive for mandatory COVID-19 vaccination in either healthcare setting or social care settings**

**Not supportive for mandatory Flu vaccination in either healthcare setting or social care settings**

Please provide details to support your answer.

***“Blanket rules, such as mandating vaccinations for everyone across a whole profession or industry, regardless of the actual risk, fail the test of proportionality, necessity and reasonableness. It is a lazy and fundamentally flawed approach to risk management. It is an abhorrent concept and is morally and ethically wrong.***

***COVID-19 Vaccine -There is no scientific basis for mandating COVID-19 vaccines as the vaccines:***

***(a) do not prevent a person from being infected with the SARS-CoV-2 virus nor do they prevent transmission of the virus once infection has occurred***

***(b) do not treat the disease COVID-19***

***(c) there are proven safe and effective treatments already available***

***(d) symptoms of the disease COVID-19 are frequently mild and benign***

***(e) immunity to the disease is now widespread due to prior infection with other coronaviruses in the past including SARS and prior infection with the SARS-CoV-2 virus***

***(f) claims of efficacy based on the vaccine companies’ statistics are misleading, because the numbers stated pertain to relative, as opposed to absolute risk reduction (efficacy), the latter being on the order of only around 1%, and***

***(g) no efficacy at all has been demonstrated against severe disease or mortality.***

***In fact, current UK hospital data show that, at minimum, 80% of those who died with COVID-19 are the vaccinated. COVID-19 deaths across the UK are now 3,000% more frequent than they were at the same time a year ago, when the population was unvaccinated. Clearly the vaccines do not prevent COVID-19.***

***Flu Vaccine - It is well known that the Flu vaccines do not prevent a person from catching or spreading the Flu; therefore, there is no scientific basis for mandating these vaccines.***

***In conclusion: There is no need or benefit to start vaccinating everyone in a misguided attempt to further protect the ‘vulnerable’.  Covid-19 injections have not been shown to prevent either viral infection or transmission, and the clinical trials only demonstrated that the vaccines may suppress the severity of a person’s symptoms, compared to a theoretical severe case of Covid-19.”***

**Q5** Do you think there are people deployed in or visiting a healthcare or social care setting (including someone’s home) who do not undertake direct treatment or personal care as part of a CQC regulated activity but should also be included within the scope of a requirement to have a COVID-19 and flu vaccine?

* Yes
* No
* I don’t know

**A6 No**

**Q7** Which people do you think should be covered by the scope of the requirement to have a COVID-19 vaccination and flu vaccination? (tick all that apply)

Please provide a separate response for COVID-19 vaccination and flu vaccination.

* porters
* administration staff
* cleaners
* volunteers
* other (please specify)
* I don’t know

**A7** **Choose ‘other’ and write - No one should fall under the scope to be required to have a COVID-19 vaccine**

**Choose ‘other’ and write - No one should fall under the scope to be required to have a Flu vaccine**

**Q8** For COVID-19 and flu vaccination are there people deployed to undertake direct treatment or personal care as part of a CQC regulated activity that should not be in scope of the policy?

Please provide a separate response for COVID-19 vaccination and flu vaccination.

* Yes
* No
* I don’t know

**A8**  **Yes there are people who should not be in the scope of the COVID-19 mandatory vaccine policy.**

**Yes there are people who should not be in the scope of the Flu mandatory vaccine policy**

Please explain your answer

***“No one should be required by law or contract to take any of the COVID-19 or Flu vaccinations as no vaccine is safe or effective so inevitably some workers will be injured or killed by the jabs. The latest MHRA Yellow Card figures (as of 23 September 2021) show 1662 deaths and for those who survived 1,204,555 million adverse reactions were reported, many life changing.***

***All medical treatments should be voluntary with an understanding of risk versus benefit analysis for that individual. The COVID-19 vaccines are still experimental, use novel technologies, and the long-term safety profile is not known so this potentially carries more risk than any perceived benefit. No-one should have their job and livelihood threatened or removed for choosing not to accept these vaccines. These measures can only be about punishing those who choose not to be vaccinated. If the basis of the mandatory vaccination is genuinely to reduce the spread of SARS-CoV-2, (there is no evidence that it will) there is no basis for locking out people who do not have the disease COVID-19.”***

**Q9** Are there any other health and social care settings where an approach similar to adult care homes should be taken (that is, all those working or volunteering in the care home must have a COVID-19 vaccination or have an exemption)?

* Yes
* No
* No opinion

**A9 No**

**Q10** If Q9 “Yes”, please select setting listed below. If other, please specify.

* hospice
* residential recovery services for drugs and alcohol
* registered extra care and supported living services
* registered Shared Lives services
* other

**A10 N/A**

**Q11** Which of the following best describes your opinion of the requirement: Those under the age of 18, undertaking direct treatment or personal care as part of a CQC regulated activity (in a healthcare or social care setting, including in someone’s home), must have a COVID-19 and flu vaccination? Please provide a separate response for COVID-19 vaccination and flu vaccination. You may also provide a separate response for healthcare settings and social care settings.

* supportive
* slightly supportive
* neither supportive nor unsupportive
* slightly unsupportive
* not supportive
* I don’t know

**A11 Not supportive of mandatory COVID-19 vaccines for workers under the age of 18.**

**Not supportive of mandatory Flu vaccines for workers under the age of 18.**

Please provide details to support your answer.

***“The benefit to young, healthy workers from the vaccine are minimal to none, and many are young women of childbearing age, who are yet to start or complete their families. With no data to prove definitively that these vaccines do not affect fertility (or long-term health) and new data emerging that the vaccines may indeed affect fertility, there is good reason that many may wish not to take up the offer of one. There should be no infringement of the right to family life and right to bodily autonomy imposed on workers, who should be free to work with no requirement to take a vaccine.***

***There is a good deal of scientific data and peer-reviewed studies that demonstrate that natural immunity is far superior to any COVID-19 vaccine available at this time. Natural immunity from infection is more robust, comprehensive against variants and long-lasting than vaccine-induced immunity, which is narrow, short-lived and has poor efficacy against the newer variants. A recently published peer-reviewed study concluded that natural immunity provides a 13-fold better protection against COVID-19 infections than any currently available COVID-19 vaccine.***

***None of the temporary emergency authorised COVID-19 vaccines can or will provide better immunity than an infection-recovered person. All Covid 19 vaccines, in the age group of under 18, come with more known and unknown risks than benefits to that individual and there are reports that side-effects may be more severe in Covid recovered patients, skewing the risk v benefit calculation further to risk. Deaths and serious, life-limiting and life-changing injuries from clots, myocarditis and neurological conditions have been widely reported worldwide in young, healthy people following the jab.”***

**Q12** Do you agree or disagree that exemption from COVID-19 vaccination and flu vaccination should only be based on medical grounds?

Please provide a separate response for COVID-19 vaccination and flu vaccination.

* strongly agree
* somewhat agree
* neither agree nor disagree
* somewhat disagree
* strongly disagree
* I don’t know

**A12 Strongly disagree**

**Q13** On what other basis, if any, should a person be exempt from this requirement?

**A13 “*Everyone should be entitled to claim an exemption from this requirement – for medical, health choice, religious, personal or philosophical reasons, or due to pre-existing immunity from natural infection. Informed consent includes being aware of short-, medium- and long-term risks and since the vaccines are still in trials there is only limited short-term and NO long-term safety data on which to base a decision. Therefore, everyone is eligible to claim a valid exemption as no-one should be compelled to take part in what is effectively a mass population experiment with a novel vaccine.***

***Consenting to the vaccine must be a personal, voluntary choice by that particular individual and under NO circumstance should this choice be overridden by any professional medical opinion, as would be required under the proposed policy. Discrimination under the Equality Act 2010 applies equally to existing employees and to job seekers. We also urge you to read the contents of Paragraph 7.3.2 of the Resolution passed by the Council of Europe that states “no one is [to be] discriminated against for not having been vaccinated, due to possible health risks or not wanting to be vaccinated”.***

**Q14.** Are there particular groups of people, such as those with protected characteristics, who would particularly benefit from COVID-19 vaccination and flu vaccination being a condition of deployment in healthcare and social care?

* Yes
* No
* Not sure

**A14 No**

***“Everyone should be treated equally, regardless of their medical history, and free and informed consent must be obtained in every situation. Those people who might be unable or unwilling to have the vaccines due to a protected characteristic, those having pre-existing conditions, previous COVID-19 disease, religious objections or otherwise, would be negatively impacted if they were forced to have the COVID-19 vaccine or lose their employment, both of which will also negatively affect their families. Refer to the Nuremberg code from WWII, which requires individuals, “to be able to exercise free power of choice, without the intervention of any element of force.””***

**Q15** Which particular groups might be positively impacted and why?

**A15 “*None. There is no wider public health benefit to an individual taking the vaccines. The vaccines do not prevent a person from being infected with the SARS-CoV-2 virus nor do they prevent transmission of the virus once infection has occurred. A vulnerable person in a healthcare setting is just as likely to be infected with SARS-CoV-2 or Influenza by a fully vaccinated worker as by an unvaccinated worker.”***

**Q16** Are there particular groups of people, such as those with protected characteristics, who would be particularly negatively affected by COVID-19 and flu vaccination being a condition of deployment in healthcare and social care?

* Yes
* No
* Not sure

**A16 Yes**

**Q17** Which particular groups might be negatively impacted and why?

**A17 “*All groups would be negatively impacted. All of the temporarily authorised COVID-19 vaccines are now being demonstrated to carry more risk than having no vaccine at all for the vast majority of the healthy population, whether a person is COVID-19 recovered or facing a COVID-19 infection. There is a great deal of direct evidence that reports that a significant number of people who have received a COVID-19 vaccine are suffering microclotting and endothelial injury in various organs and systems from the spike proteins that the vaccines instruct the body to make. We have no idea of the long-term impact this will have on their health.”***

These questions are specific to those who manage frontline health and care workers

**Q18** Thinking about circumstances in which staff fall within a requirement to be vaccinated but remain unvaccinated, how do you anticipate you would respond?

* redeploy unvaccinated staff
* cease employment for unvaccinated staff
* other (please specify)
* not applicable

**A18 Other – expand below**

***“All staff should have the same protection under the law regardless of their vaccine status. A far safer and more democratic and humane approach to addressing vaccine hesitancy lies in promoting genuine informed consent and respecting an individual’s choice to remain unvaccinated. It does not lie in censoring differing opinions or removing rights and civil liberties that are fundamental in a democratic nation. It certainly does not lie in the use of highly coercive, undemocratic and unethical mandates.”***

**Q19** Do you have concerns about the impact of a vaccination requirement policy on the ability of your organisation to deliver safe services?

* Yes
* No
* I don’t know

**A19 Yes**

**Q20** Which of the following are concerns that you have about the impact of a vaccination requirement policy on your organisation? (tick all that apply)

**A20 Check all**

* some staff may refuse the vaccine and leave their current job
* some staff may leave in protest at the policy, if this conflicts with their personal beliefs
* remaining staff may resent the requirement, reducing morale
* staff may seek to challenge employers in court
* the supply of alternative trained staffing available
* the cost of short-term staff cover
* the cost of recruiting new permanent staff
* the time it will take to recruit new permanent staff
* time taken to train new members of staff
* other (please specify) – “***Vaccines give a false sense of being fully protected as the vaccines have been shown not to prevent infection with or transmission of the virus, but may lead to reduced or no symptoms thus creating an asymptomatic carrier with high viral load, which could led to a lack of adherence to other more important and efficacious safety measures being applied. e.g. proper cleaning”***

**Q21** Please provide an estimate of the scale of potential impact

* severe impact
* major impact
* moderate impact
* minor impact
* insignificant impact
* I don’t know

**A21 Severe impact**

**Q22** What, if anything, do you think could minimise any negative impact of a vaccination requirement policy on the healthcare and social care workforce? (tick all that apply)

* ease of access to vaccination
* access to up-to-date information
* support from local vaccination champions
* I don’t know
* none
* Other (please specify)

**A22** **None – on ‘other’ write –“*To avoid any negative impact, do not implement this policy for mandatory vaccination.”***

**Q23** Which of the following, if any, do you think your organisation could benefit from as a result of a vaccination requirement policy? (tick all that apply)

* reduction in patient or client morbidity or mortality
* prevention of outbreaks
* reduced levels of staff sickness absence
* reduced number of staff self-isolating after being in contact with someone testing positive for COVID-19
* cost savings from reduced bank or agency staff needed to cover staff sickness absence
* time saved by needing to acquire less staff to cover staff sickness absence
* reduction in staff anxiety about contracting COVID-19 and/or passing it on to friends or family
* reduction in the anxiety of family and friends of those being cared for
* none
* other (please specify)
* I don’t know

**A23 None**

**Q24** Please provide an estimate of the scale of potential benefit

* very substantial benefit
* substantial benefit
* moderate benefit
* minor benefit
* insignificant benefit
* I don’t know

**A24 Insignificant benefit**

**Q25** Do you think a vaccination requirement policy could cause any conflict with other statutory requirements that healthcare or social care providers must meet?

* yes
* no
* I don’t know
* not applicable

**A25 Yes**

**Q26** Please give further detail on other statutory requirements that a vaccination requirement policy could conflict with.

**A26 *“This new policy will be in breach of existing laws on Informed Consent, which applies to all medical interventions. The principle of consent is an important part of medical ethics and is enshrined in national and international law. It is UNLAWFUL to breach the requirements of Informed Consent and will leave any medical professional so doing open to legal proceedings for Negligence, Misconduct, and a report to their Regulatory body.”***

***The following laws apply (not an exhaustive list)***

1. ***THE PUBLIC HEALTH (CONTROL OF DISEASE) ACT 1984 (section 45E) provides that Regulations made under certain sections of that Act “may not include provision requiring a person to undergo medical treatment .... “Medical treatment” includes vaccinations and other prophylactic treatment”. Only Parliament may enact Acts of Parliament and any such Acts are superior to all other sources of law and may not be challenged in the courts.   
   International laws which would be breached.***
2. ***PARLIAMENTARY ASSEMBLY OF THE COUNCIL OF EUROPE, 27 January 2021: Paragraph 7.3.1 – “ensure that citizens are informed that the vaccination is NOT mandatory and that no one is politically, socially, or otherwise pressured to get themselves vaccinated, if they do not wish to do   
   so themselves”; and Paragraph 7.3.2 – “ensure that no one is discriminated against for not having been vaccinated, due to possible health risks or not wanting to be vaccinated.”***
3. ***THE UNIVERSAL DECLARATON ON BIOETHICS AND HUNMAN RIGHTS 2005 (“UNESCO”) – any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free, and informed consent of the person concerned, based on adequate information and special protection should be provided to persons who do not have the capacity to consent. More specifically in relation to the experimental vaccines, scientific research should only be carried out with the prior, free, express, and informed consent of the person concerned. Further – individual(s) or group(s) should not be discriminated against or stigmatised on any grounds, in violation of human dignity.***
4. ***1949 GENEVA CONVENTION IV Article 32, “mutilation and medical or scientific experiments not necessitated by the medical treatment of a protected person” are prohibited. According to Article 147, conducting biological experiments on protected persons is a grave breach of the Convention.***
5. ***NUREMBERG CODE - The “vaccine” fails to meet at least five requirements to be considered a vaccine and is by definition a medical “experiment”. The “experimental” vaccine is in violation of all 10 of the Nuremberg Codes.”***

**Q27** Thinking about your staff who were initially hesitant to get vaccinated, what were the effective steps and actions that led to those staff accepting the vaccine?

**A27 – No answer**

**Q28** The question below is specific to those people delivering health and care services to patients and users of services.

How would you prefer to show that you have been vaccinated for both flu and COVID-19 or that you are exempt from vaccination?

* mobile phone app
* written self-declaration
* I don’t know
* other (please specify)

**A28 Choose ‘other’ and write – *“No one should be required to share their medical history as it should remain private between a patient and their doctor.”***

**Q29** This question is specific to those managing frontline healthcare and social care workers as we want to understand how managers would respond to staff that aren’t vaccinated.

The people you deploy would need to be able to show that they had been vaccinated for both flu and COVID-19 or are exempt from vaccination. How would you prefer that they do this?

* mobile phone app
* written self-declaration
* I don’t know
* other (please specify)

**A29 Choose ‘other’ and write - *This should not be the responsibility of managers as the medical history of any person should remain private between the patient and their doctor. The keeping of sensitive medical information by employers may also conflict with the right to privacy and confidentiality around medical care decisions that employees are entitled to. I strongly oppose the implementation of any mandates or requirements for my employees and uphold their right to choose what goes into their bodies and their medical privacy”***

**Q30** What could the government do to encourage those working in unregulated roles to have the COVID-19 and flu vaccine?

**A30 “*This is a disturbing and dystopian question. Nothing should be done to actively encourage workers to have any medical treatments as this should never be the role of government, but a private matter between individuals and their doctors. Unvaccinated people are not a threat to public health and should not ever be locked out of society and denied the ability to work as these are not measures to protect public health. These measures are not about public health and not justified because they do not address the actual risk of COVID-19. These measures can only be about punishing those who choose not to be vaccinated. I vigorously oppose the introduction of a system of medical apartheid and segregation in the UK.”***