

LESSONS FROM CLEVER COUNTRIES THAT PLAY THE PLAGUE

If you go to [wufu latest stats](#) you will get immediate link to what is happening around the world and what is happening in this land. The most clever countries are those that regionalised their populations and at the same time made sure that all children continued at school to develop herd immunity and the children would be monitored so that the teachers and parents would not be at much risk.

It is profoundly hard to believe that we can be so stupid to think that sending children to school would not work and would vastly increase the risk. The current Minister of Education happens to know and understand but he is surrounded by people with zero ability to work out the control principles and methods needed.

Firstly the chance of children passing the virus to others is real but it is also very real that the death range for NZ does not start until 60 years. The same principle applies globally and most people under 60 are able to fight it off.

It appears that people who make the most noise about their claimed knowledge are ignorant and the current evening special TV with the Prime Minister and the DG of Health is a disgraceful abdication of a traditional non partisan role for senior officials. In this case the DGH appears to be ignorant of his real duties to lead an army of primary health division dedicated people who are very keen to do their best to stop the spread of diseases.

AIR NZ PENALTIES

Air New Zealand currently has grounded more than half its fleet as travel restrictions bring passenger flights to a near halt. The airline has 114 aircraft, and now 58 of them are parked up at airports around the country. That includes six Dreamliner aircraft that are worth more than \$500 million new at list prices.



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John 3:16 (KJV)

"For God so loved the world that He gave His only begotten Son, that whoever believes in / receives Him should not perish but have everlasting life.

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News, Views, Solutions
from Summit Systems
August 2020



HEALTH ACT 1956 AND HEALTH & SAFETY AT WORK ACT 2015

Local authorities are required by the Health Act to maintain healthy conditions within their districts, and they carry out these functions with the general advice and oversight of the Medical Officer of Health.

They are empowered to make health bylaws, and are required to appoint a sufficient number of health inspectors to investigate cases of infectious disease, and to report on them to the Medical Officer of Health. They are required also to carry out inspections for the detection and removal of nuisances and conditions injurious to health, and to inspect food shops, food premises, and eating houses to ensure that they comply with regulations under the Health Act and with the local bylaws.

Healthy conditions in dwellings and places of work and entertainment are a responsibility of the local authorities who must provide and maintain safe water supplies as well as adequate sanitary services for the removal and disposal of refuse. They must also exercise control over offensive trades.

Most local body politicians do not understand their duties and liabilities in relationship to the Health Act 1956. I recall that when CEO of the Gore Borough Council it took me several attempts and several reports to get approval for a replacement Health Inspector for the district. Such is the typical mentality of our elected members who think that they are more than adequately endowed for the management of the health needs of the people.

For a period of years I was Manager of General Affairs for Cant Area Health Board and this was when Helen Clark was Minister. She was not an ordinary Minister and had the vision and willpower to introduce User Part Charges. This was to stop the local populace from using the Emergency Department at no cost in place of going to their own Doctor. The User Part Charge was designed to make sure they would end up paying a suitable fee for using the public system.

Helen Clark also insisted on having very active Primary Health Division to attack all of the public health issues. Smoking, asthma, alcohol and drugs. This was totally the opposite of the present system where the Director General is ignoring his roles and responsibilities and playing politics instead of using all of the departmental people to stamp out inferior practices relating to virus identification and eradication. This is reprehensible and it is disgraceful that we have such an inadequate group of politicians at the present time who do not understand basic health management and the clear roles of DoH and NZ Local Government.

2.

THE ROLE OF PRIMARY HEALTH DIVISIONS

1. Definitions, Principles & Activities of Primary Health Care

2. DEFINITION OF PRIMARY HEALTH CARE • Primary Health Care is essential health care made universally accessible to individuals and families in the community by means acceptable to them through their full participation and at a cost that the community and country can afford. • It is the first level of contact of individuals and the family with the national health system bringing health care as close as possible to where people live and work and establishes the first element of a continuing care process.

3. ELEMENTS OF PRIMARY HEALTH CARE 1. Education and information concerning prevailing health problems and methods of preventing and controlling them 2. Promotion of food supply and proper nutrition 3. An adequate supply of safe water and basic sanitation 4. Maternal and child health care including family planning

4. ELEMENTS OF PRIMARY HEALTH CARE 5. Immunization against the major infectious diseases 6. Prevention and control of locally endemic diseases 7. Appropriate treatment of common diseases and injuries 8. Provision of essential drugs

5. Element No. 1 : Education concerning prevailing health problems and methods of preventing and controlling them • is an essential factor mentioned in Alma-Ata • People should be educated with this concept in their minds for health practice. • Also education to make the individual able to think and decide about his health • Education is based on socio economic conditions, politics, culture and

6. Element No. 2 Promotion of food supply and proper nutrition • Why there is importance is given to nutrition? • Nutrition is a basic factor influencing the quality of human life. • Under nutrition is still one of the greatest health hazards. • Child and maternal malnutrition is widespread.

7. Element No. 2 Promotion of food supply and proper nutrition • Community health workers should be responsible: for A. the promotion of better nutrition. B. Correction of faulty feeding practices and prevention of infectious diseases which are nutrition related e.g., diarrhoea.

8. Element No. 3 An adequate supply of safe water and basic sanitation • the foremost (principle) in primary health care is: Safe, adequate and accessible supplies of water together with proper sanitation.

9. What are the main objectives of PHC elements? And by what? 1. to prevent diseases and 2. improve the quality of life and well-being of population • By: 1. promoting personal and community hygiene, ensuring the availability of safe water supply and sanitation facilities through independent community action and 2. also by associating water supply and sanitation with other health and / or development programs.

10. Element No. 4 Maternal and child health care including family planning • aims at: • promoting and protecting the health of children and women of childbearing age, • Why: 1. so that all children have the possibility for healthy growth and development 2. and so that the reproductive life of women is compatible with a state of health and well-being.

Much of the next page is a deliberate repeat. It is important!

3.

WHAT ARE THE LAWS THAT ARE FREQUENTLY BEING BROKEN BY THE APPOINTMENT OF A SAFETY MANAGER?

Section 17 Meaning of PCBU - this means every Owner and Director & General Manager or CEO of a company or entity or partnership.

Section 18 Meaning of Officer. – in plain language this means every Owner and Director and Manager with authority. For example a recent fine in Sydney for one accident event involved nine (9) managers including owners getting prosecuted for the same failure. Owners and Directors cannot pass away their liability. They often double their liability due to failure to get themselves qualified and certificated. They must not appoint another person to avoid their personal direct roles and responsibilities.

Section 28 No contracting out. A term of any agreement or contract that purports to exclude, limit, or modify the operation of this Act, or any duty owed under this Act, or to transfer to another person any duty owed under this Act—
(a) has no effect to the extent that it does so; but
(b) is not an illegal contract under the Illegal Contracts Act 1970.

Section 29 Insurance against fines is unlawful. You cannot take out insurance to pay for your fines but you can insure for legal and or Court costs.

Section 31 Duties not transferrable. In plain language you cannot make somebody else responsible for your duties and obligations. Each duty holder must comply with that duty to the standard required by or under this Act even if another duty holder has the same duty. It means every Owner, every Director.

WHAT DOES WORKSAFE HAVE TO SAY ABOUT THIS MATTER? GET A COPY OF THE **WORKING TOGETHER** TRAINING COURSE

There is one document or training course that is available from WorkSafe and it will tell you exactly the same story in plain language. Near the middle you will find pages that relate to the Owners, Directors and Managers. They are the key people and they cannot pass their strict obligations to another person.

HOW TO RECTIFY THE SITUATION & BE SURE IT WILL WORK

There is only one solution. Get all Owners, Directors and top Managers qualified as Safety Officers with a formal ticket and Certificate

