From: David Dickson

Sent: Monday, August 26, 2024 5:02 PM

To: 'Jason.Nixon@assembly.ab.ca' <Jason.Nixon@assembly.ab.ca>; 'SCSS.minister@gov.ab.ca'

<SCSS.minister@gov.ab.ca>

Cc: Karen Dickson karen.dickson@dksdata.com; 'mike.ellis@assembly.ab.ca' <mike.ellis@assembly.ab.ca' <i href="mailto:karen.ca">karen.dickson@dksdata.com; 'mike.ellis@assembly.ab.ca'; 'Adriana.LaGrange@assembly.ab.ca' karin.a.LaGrange@assembly.ab.ca; 'Andrew Boitchenko' <Andrew.Boitchenko@assembly.ab.ca>; 'Sharif Haji' Sharif.haji@assembly.ab.ca>; 'Office of the Premier' Premier@gov.ab.ca>; 'Danielle.Smith@assembly.ab.ca LaGrange@assembly.ab.ca>; 'Sharif Haji' Sharif.haji@assembly.ab.ca>; 'Office of the Premier' Premier@gov.ab.ca>; 'Danielle.Smith@assembly.ab.ca>

Subject: RE: ILLEGAL LOCKDOWNS CONTINUE IN CARE HOMES - URGENT - ADDITIONAL DETAILS - SECOND

REQUEST

Importance: High

Sensitivity: Confidential

Minister Nixon,

Please find a redacted copy of a follow up communication regarding Care Homes currently operating under COVID lockdown type processes. This was discussed with Premier Smith on Saturday August 17th, 2024.

Note we are still waiting for a response to my previous urgent message sent last week. Vulnerable Albertans are suffering and dying daily while this correspondence goes unanswered.

David T. Dickson

Disabled Police Officer (retired - injury on duty)

COVID 19 Information: https://dksdata.com/COVID19

"The darkest places in hell are reserved for those who maintain their neutrality in times of moral crisis." Dante Alighieri

"So whoever knows the right thing to do and fails to do it, for him it is sin."

James 4:17

Some rules to live by:

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https://avoidabledeathawareness.com

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From: David Dickson

Sent: Monday, August 26, 2024 11:49 AM

To: Aileen Wong < Aileen. Wong@capitalcare.net>

Cc: [unit manager3-redacted]@capitalcare.net>; Karen Dickson <karen.dickson@dksdata.com>; [Site Director-

redacted]

Subject: RE: Masks & Outbreaks

Importance: High

Sensitivity: Confidential

Good morning, Aileen,

Based on the below, we are requesting another urgent face to face meeting.

Firstly, our apologies for the delay in responding but the tragic loss of Harold Duke (Harold.jfif), the gentleman Karen and I took to see Grease at the Mayfield recently, took a toll. Sadly, his untimely death was [redacted] from which he never recovered. Karen will be putting a timeline of events and witnesses together for the investigation [unit manager3-redacted] assured us will follow. As we advocate for those in life, we must advocate for them when taken in ways that should have been prevented, especially when it impacts those who are still here. This must involve Edmonton Police [redacted]. As this incident could impact any resident of Capital Care, there is a duty of care to ensure that this is fully investigated while [redacted] continues to provide service in which Capital Care assists (booking appointments for residents and allowing them onsite etc.)

Now on to the matters at hand, considering the ongoing 'outbreak' in CCD (now in 3C and soon to be in [redacted-Mum]'s unit 3D.

We note at this point that the coincidence of there being zero outbreaks on 3C/D in over 9 months then effectively two outbreaks in the weeks [unit manager3-redacted] was away is concerning. These outbreaks were called under the guidance of the same unit manager involved in the major outbreak(s) recently on the second floor. This should be looked at in more detail. Is this due to excessive testing practices? Is it due to the fire doors being illegally closed (creating a specific fomite/infection transmission point)? We can't just assume coincidences at this point, especially considering the outstanding items related to the 1st floor manager ([unit manager1-redacted]) who covered for [unit manager3-redacted] during the last incident that impacted [redacted-Mum].

Face masks - when providing care for residents with cognitive or hearing challenges.

As regards the face coverings you have provided, there is only one that would not be considered dangerous from an OH&S standard and that is Mask2.jfif(attached). This provides similar droplet control to N95 and procedural masks without impeding the voice or view of the wearer's face. There were concerns raised by [unit manager3-redacted], with the quality of this specific model being multi part, however, there is a single part version available that was approved for use during the height of COVID by the Court of Queen's Bench in Alberta (see:

https://www.amazon.ca/Mingle-Mask-Invisible-Ergonomically-

<u>Protection/dp/B08HJGRTVR/ref=asc_df_B08HJGRTVR/</u> and Mask5.jpg). This would be the only one that met the spirit and practice of the requirement to not have the carer's face or voice obscured when working with residents with cognitive or hearing challenges. These challenges would apply to the majority of the residents.

The other masks completely fail to provide adequate airflow for the wearer due to the small filter, especially on the full-face mask. See: Mask1.jfif, Mask3.jfif, Mask4.jfif.

The mask issue has now become urgent again with the 3C COVID outbreak and 3-4 residents on 3D being put on isolation waiting for COVID test results. This brings us to the closed fire doors now in place on 3C since August 21, 2024. We discussed the practice of closing the fire doors, signage, staff interactions with residents and family with

[Site Director-redacted] and [CPL-redacted] in our meeting on Friday July 26th, 2024. Although some changes were made to the signage, it appears that our concerns have not been addressed.

1. Fire Doors closed.

- a. This is a fire code violation. Although the strict wording relates to a locked fire door, in practice, for most of these residents (and some family members), these heavy closed fire doors are no different than locked doors. The residents specifically cannot open the doors themselves which creates an unlawful barrier to their free movement and a clear and present safety risk to them.
- b. This creates an additional burden on already overworked staff in having to become door monitors (especially for residents who vape/smoke marijuana or cigarettes). As you know, even during the height of COVID, smokers, even those fully symptomatic and tested positive, have been allowed to leave their rooms to smoke. This meant an almost constant stream of residents traversing the building throughout COVID (and to this day). Note that residents were never required at any time to wear a mask (until recently). This, in of itself, makes a mockery of the protocols put in place. This includes me (and others like me) being excluded from the building for 1,193 days due to my medical condition preventing the use of any face covering (including a face shield). Further, the practice of removing shower options from those in 'isolation' while allowing smokers to leave their rooms is hard to reconcile. And yet it happened until we raised this recently. Sadly, the 'miscommunications' (especially with newer staff) that have allowed residents to be forced to stay in their rooms still persists. Many residents and visitors do not have the will, knowledge or strength to question these ongoing practices and just comply quietly due to the inferred imbalance of power I discussed with [Site Director-redacted] and [CPL-redacted].
- c. If COVID or other respiratory viruses intended to be contained by closing these doors are airborne, as is the prevailing thought, closing these doors does nothing to prevent the spread. Worse, if the myth that this is only spread by fomites (spit and other mucous transfers on the hands etc.) on hard surfaces is the primary form of spread, then closing the doors has CREATED a point of spread that impacts every person coming through those doors. A point of spread that only exists because the doors are closed. This is so counterintuitive to IPC standards it is almost as if there is a will to ensure the spread of infectious diseases in these vulnerable communities. Note that comments from staff that hand sanitizer is available not only does not counter this issue, it provides a false sense of security. Hand sanitizer does not prevent the spread of Clostridium difficile (C.Diff). In addition, many staff, along with visitors, are also highly sensitive to the harsh industrial chemical contents in the sanitizer used by Capital Care and AHS.
 - i. On this point, we have now been informed that the doors being closed on 3C (thus unlawfully detaining/preventing the freedom of movement of residents) is at the request of some family members. Are we now allowing uninformed family members to dictate hazardous and unlawful practices that negatively impact all residents? The proper approach, as we discussed with [Site Director-redacted] and [CPL-redacted], is to educate the family and residents, not bow to uninformed concerns.

I raised these concerns with Premier Smith at a recent Townhall (August 17th, 2024). Premier Smith assured the attendees that this practice was not happening in care homes and that Minister Nixon would be looking into this further. I would ask that Minister Nixon be invited to an urgent meeting with us to discuss these items in full.

2. Signage/staff messaging

a. The initial signage on the units on the second floor stated anyone entering the unit must wear faceshields and masks. As was pointed out to [Site Director-redacted] and [CPL-redacted] in our last meeting, this was clearly not something that could be enforced and should not be stated as such. That sign was partially modified with a second sign above saying "STAFF" and a new sign

- informing visitors that masks and faceshields were available. This clearly inferred the same message that masks and faceshields were required by all. In addition, staff had been telling visitors on the second floor that masks/faceshields were required and guilt inducing statements were used to coerce use. [Site Director-redacted] agreed this was not appropriate.
- b. Although the latest sign now 'encourages' face masks and shields, it provides no information on the risks of use, especially to those with breathing difficulties, such as myself. There is a duty of care, not just to residents but also to visitors when not only suggesting the use of medical devices, but also providing them.

As I explained to [Site Director-redacted], there is a power dynamic between the healthcare workers and residents/visitors that creates an imbalance as demonstrated during the Milgram (and other psychological) experiments. Even when it is not a requirement, the uninformed recommendation to conform to wearing these medical devices is taken as an order by most. In addition, CCD is handing out KN95 masks to visitors that that require FIT testing and training for safe use. Even the faceshields and procedural masks have risks that are not being explained to visitors. As a result, there is a significant risk being taken on by CCD and the staff themselves, no different than any medical intervention that requires fully informed consent.

We also note that none of the signs conform to the current AHS signs which go further and require masks on residents along with masks, gowns, gloves and faceshields on visitors/DSP's (as of the July 2024 updated signs). See: https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-droplet-and-contact-sign-cc.pdf

Clearly these continued mixed messages, lack of informed consent and dangerous practices cannot continue. As has been expressed in our previous meetings, neither [redacted-Mum] or Karen or I will be wearing any of this PPE or be prevented from visiting [redacted-Mum], even if [redacted-Mum] is on isolation (as was the case in December 2023).

I look forward to your urgent response.

Many thanks,

David & Karen

David T. Dickson

Disabled Police Officer (retired - injury on duty)

C.E.O. DKS DATA (www.dksdata.com)

Consulting C.I.O.

Management/Legal Consultant Privacy and Cybersecurity Expert.

Cell: [redacted] **Fax:** [redacted]

Email: david.dickson@dksdata.com

COVID 19 Information: https://dksdata.com/COVID19





"The darkest places in hell are reserved for those who maintain their neutrality in times of moral crisis." Dante Alighieri

"So whoever knows the right thing to do and fails to do it, for him it is sin."

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From: David Dickson < david.dickson@dksdata.com >

Sent: Monday, July 22, 2024 5:36 PM

To: [Site Director-redacted]; Aileen Wong < <u>Aileen.Wong@capitalcare.net</u>>

Cc: [unit manager3-redacted]@capitalcare.net; Karen Dickson < karen.dickson@dksdata.com >

Subject: Re: Masks & Outbreaks

2 - 3pm Friday would work.

Thank you.

David and Karen

Sent from my Bell Samsung device over Canada's largest network.

From: [Site Director-redacted]

Sent: Monday, July 22, 2024 4:39:29 PM

To: David Dickson <<u>david.dickson@dksdata.com</u>>; Aileen Wong <<u>Aileen.Wong@capitalcare.net</u>> **Cc:** [unit manager3-redacted]@capitalcare.net; Karen Dickson <<u>karen.dickson@dksdata.com</u>>

Subject: RE: Masks & Outbreaks

Hello,

Would 2-3pm work for you? I have availability Fri afternoon if another time works better for you before 3:30 pm.

Thanks,

[Site Director-redacted]

[Site Director-redacted] | Site Director | <u>CapitalCare</u> Dickinsfield [Site Director Number-redacted]

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From: David Dickson < david.dickson@dksdata.com >

Sent: Monday, July 22, 2024 4:00 PM

To: [Site Director-redacted] Aileen Wong < Aileen. Wong@capitalcare.net >

Cc: [unit manager3-redacted]@capitalcare.net; Karen Dickson karen.dickson@dksdata.com

Subject: Re: Masks & Outbreaks

Yes. We can make Friday work. What time?

Thanks,

David

Sent from my Bell Samsung device over Canada's largest network.

From: [Site Director-redacted]

Sent: Monday, July 22, 2024 3:55:48 PM

To: David Dickson <<u>david.dickson@dksdata.com</u>>; Aileen Wong <<u>Aileen.Wong@capitalcare.net</u>> **Cc:** [unit manager3-redacted]@capitalcare.net; Karen Dickson <<u>karen.dickson@dksdata.com</u>>

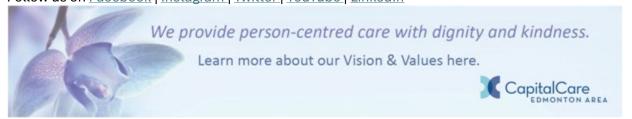
Subject: RE: Masks & Outbreaks

Hello Karen and David,

I would like to respond to your questions in person if possible. Are you available this Friday afternoon or next week Wednesday or Thursday afternoon?

[Site Director-redacted]

[Site Director-redacted] | Site Director | CapitalCare Dickinsfield [Site Director Number-redacted]
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From: David Dickson < david.dickson@dksdata.com >

Sent: Friday, July 19, 2024 10:28 AM

To: Aileen Wong < Aileen. Wong@capitalcare.net >

Cc: [unit manager3-redacted]@capitalcare.net; Karen Dickson < karen.dickson@dksdata.com >; [Site Director-

redacted]

Subject: RE: Masks & Outbreaks

Importance: High

Good morning, Aileen.

Do we have any further on the masks? It has now been over 7 months since you initially said you had a solution in December 2023. Currently, we have multiple units on COVID Outbreak in CCD.

In addition, we still have no response on who was the unit manager who signed off on the unlawful isolation of [redacted-Mum] in February, nor any update on [unit manager1-redacted] relating to Informed Consent.

Now things appear to be getting even worse and we are aware that units on Outbreak have the fire doors closed. Not only is this a fire safety hazard, it restricts healthy residents from leaving the units, which we all agreed was not just cruel but unlawful. I know this is something that [unit manager3-redacted] ensures does not happen on 3D but the fact that multiple other units are doing this is a serious concern.

Thanks for your immediate attention to the above.

David & Karen

David T. Dickson
C.E.O. DKS DATA (www.dksdata.com)
Consulting C.I.O.
Disabled Police Officer (retired - injury on duty)

Management/Legal Consultant
Privacy and Cybersecurity Expert.

Email: david.dickson@dksdata.com



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From: Aileen Wong < Aileen. Wong@capitalcare.net >

Sent: Wednesday, July 3, 2024 8:14 AM

To: David Dickson < david.dickson@dksdata.com>

Cc: [unit manager3-redacted]@capitalcare.net; Karen Dickson karen.dickson@dksdata.com

Subject: RE: Masks

Hi David

Yes, we had a great Canada Day, thank you. I hope you did too.

I have ordered 2 other types of masks for you to look at, but they will not be here until between July 16 and 26th. I am a little concerned about the availability of these two masks, but I think it is good to look at them, they appear to be not as bulky as the full face option.

Once they arrive, I will send you and email and give them to [unit manager3-redacted] for you to review.

Thank you.

Aileen

Aileen Wong|Chief Operating Officer|CapitalCare|

[redacted]|Like us on Facebook |Follow us on Twitter | See us on YouTube

CapitalCare respectfully acknowledges that our care homes are situated on Treaty 6 territory, traditional lands of First nations and Metis people, whose history, languages, and cultures enrich our communities

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From: David Dickson < david.dickson@dksdata.com >

Sent: Tuesday, July 2, 2024 4:43 PM

To: Aileen Wong < <u>Aileen.Wong@capitalcare.net</u>>

Cc: [unit manager3-redacted]@capitalcare.net; Karen Dickson karen.dickson@dksdata.com

Subject: RE: Masks

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Afternoon Aileen,

We hope you had a great Canada Day.

We were wondering if the third mask option came in yet?

The full-face option with a tiny filter (double use for breathing in and out) would be dangerous to wear due to;

- fogging up,
- being impossible to create a seal due to the single size (no ability to FIT test which would be required for a full face mask).
- bulky nature for wearing
- still creates an issue with communication with almost complete sound dampening. (All the care staff would sound like Darth Vader waring this one).

The second one would provide similar protection to a procedural mask and is close to the designs accepted by the Alberta Courts and other locations (Karen has a single piece one). The only issue I could see with the one provided related more to build quality.

Thanks,

David & Karen

David T. Dickson
C.E.O. DKS DATA (www.dksdata.com)
Consulting C.I.O.

Disabled Police Officer (retired - injury on duty)

Management/Legal Consultant Privacy and Cybersecurity Expert.

Email: david.dickson@dksdata.com



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From: Aileen Wong < Aileen. Wong@capitalcare.net >

Sent: Thursday, June 20, 2024 12:57 PM

To: David Dickson < david.dickson@dksdata.com Cc: [unit manager3-redacted]@capitalcare.net

Subject: Masks

Hi David

I am bringing the masks tomorrow to [unit manager3-redacted]. One looks promising the other one not so as it does not have filters.

There is a third mask and right now they are out of it but will send me the order once they are in stock.

Sorry for the delay.

Aileen

Aileen Wong|Chief Operating Officer|CapitalCare|

[redacted]|Like us on Facebook |Follow us on Twitter | See us on YouTube

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...

IN LOVING

WHOLY

OF



HAROLD DUKE

27-11-1960 TO 01-08-2024

JOIN US THURSDAY, AUGUST 8, 2024, AT 11:00 AN GOSPEL CENTRE 9445 153 ST NW IN EDMONTON.

LIVESTREAM: HTTPS://YOUTUBE.COM/LIVE/ 3PDPVIEZYOC? FEATURE=SHARE Those who live in care homes face enormous challenges. Over the last four years, I have seen first-hand the impacts of restrictions on residents and advocated for those I felt I could help. One of my mother's favourite residents is just a few doors away from her room. We pass by and chat every time we visit. He is a gentleman in every sense of the word, someone who, despite health issues which would daunt the best of us, always has a smile from ear to ear for everyone he meets. He is legendary in Dickinsfield and loved by all. I dropped by his room recently on my way to my mum and was devastated to see sadness in his face for the first time. He told me his one wish was to see "Grease" which was playing at our local dinner theatre. Somehow, I knew I just had to make this happen. With multiple health issues, this was no mean feat. But with the blessing of his family and support from his care team to prepare, a group of us, including, of course, my dear mum (also disabled), hit the town! Sometimes, it takes a village to turn things around - but nothing is impossible

With special thanks to my husband David (who moves mountains for so many and is disabled himself), a wonderful unit manager (Kathy Harrigan), Royal Wagon taxi service, and The Mayfield Dinner Theatre (who made every accommodation to assist our party). You all made this a night to remember for these deserving seniors.

CapitalCare Mayfield Dinner Theatre Royal Wagon



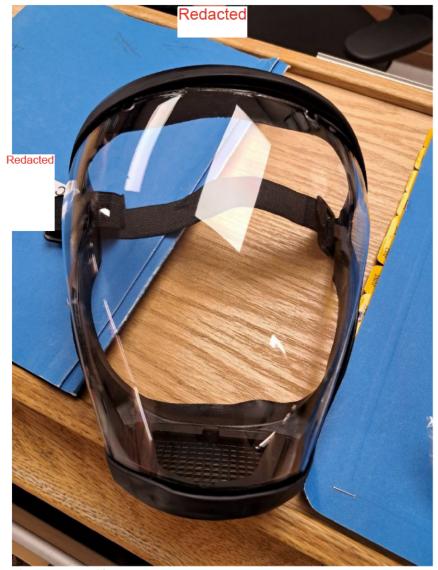


Figure 1: Mask1.jfif



Figure 2:Mask1a.jfif



Figure 3: MAsk2.jfif



Figure 4: Mask3.jfif



Figure 5: Mask4.jfif

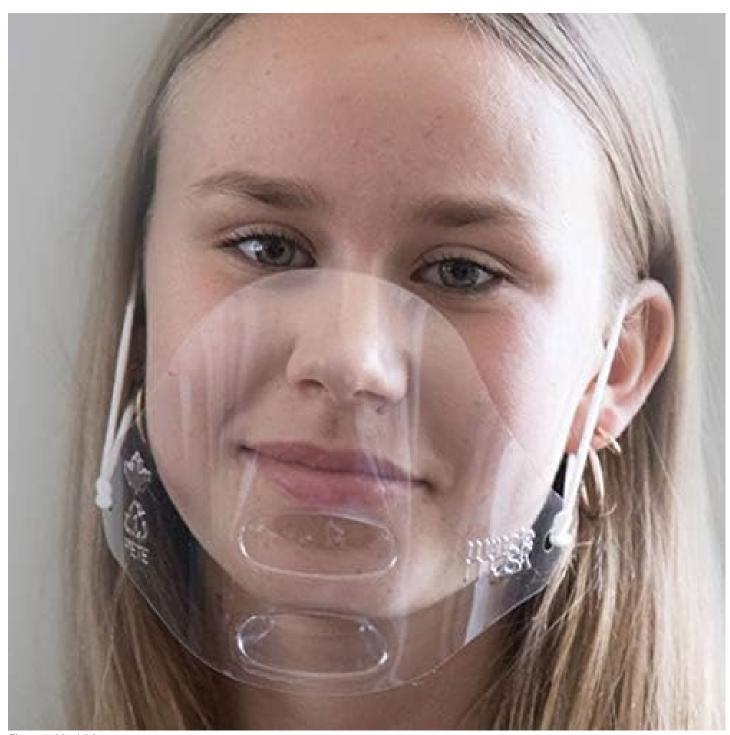


Figure 6: Mask5.jpg

