

Latest copy of this email chain here:

<https://dksdata.com/CareHomes/CapitalCareJusticeHealthMinistersNov152023-redacted.pdf>

From: David Dickson

Sent: Tuesday, November 14, 2023 11:02 AM

To: Aileen Wong <Aileen.Wong@capitalcare.net>; Health Minister <Health.Minister@gov.ab.ca>; Justice.Minister@gov.ab.ca

Cc: Andrew Boitchenko <Andrew.Boitchenko@assembly.ab.ca>; Drayton Valley-Devon <draytonvalley.devon@assembly.ab.ca>; Sharif Haji <Sharif.haji@assembly.ab.ca>; Edmonton-Decore <Edmonton.Decore@assembly.ab.ca>

Subject: URGENT request for a meeting related to the serious health and safety issues at Capital Care Dickinsfield.

Importance: High

To all concerned,

Following up on the below unanswered communication. This is a rapidly devolving situation that remains unaddressed. We are requesting an **urgent** meeting with Aileen Wong, Minister LaGrange and Minister Amery to discuss these concerns. Time is of the Essence as the health and safety of Long Term Care residents is in question.

Note that we have been informed by the unit manager at Capital Care Dickinsfield that staff have been instructed not to discuss masking, regardless of known ongoing concerns.

In response to the change in masking policy on June 19th, 2023 we added a sign to [redacted]'s door (our mother). This sign indicated that [redacted] must be able to see the faces of all those supporting her needs for her to receive safe and effective care. This was done due to the lack of response and action by [redacted] (site director), who was aware of continuing unaddressed issues and an outstanding med error complaint.

<https://dksdata.com/covidimages/if-ppih-covid-19-masking-patient-NOMASK.pdf>

The placement of this poster was in line with documented expectations of Alberta Health, AHS, Capital Care and the prior CMOH on removing the risk of harm to residents due to staff and DSP masking. This poster was to ensure that staff followed the prescribed protocol related to communication challenges due to masking when assisting residents who are impaired through hearing or cognitive issues, in particular our mother, [redacted].

The unit manager was made aware of this poster. Neither she nor any of the staff voiced any concerns. This was a clearly printed, laminated sign (with a second copy placed in [redacted]'s room). The sign on the door was above another sign listing [redacted]'s care goals (which has not been removed).

This "no masking" sign remained on [redacted]'s door until recently when it was removed (leaving just the sign relating to her care goals). Yesterday, on visiting [redacted], we noticed the request for no mask sign had been removed without any discussion or notice to ourselves, [redacted]'s PoA and Medical Proxy.

Based on the timing of the removal, this appears to be a malicious action in response to our URGENT email (below) to the Capital Care CEO, Justice and Health Minister (as yet unresponded to by [redacted] or anyone else).

Even during the worst of the COVID response, Dr. Deena Hinshaw's Orders and AHS Directives specifically included direction that masks should NOT be worn when they hindered "*caregiving or assistance*". It has been clearly demonstrated that a staff member wearing a face covering mask resulted in a dangerous med error

when assisting [redacted]. This is a serious and ongoing breach of Duty of Care in Capital Care Dickinsfield that remains unaddressed and is likely to be repeated as a result.

AHS recognised the challenges of communication due to mask wearing as early as 2020 and has provided alternatives to face covering masking.

<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-options-adapt-hcp-pt-comm-chal.pdf>
<https://dksdata.com/Forms/communication/>

Note that the AHS suggested window masks are not approved by Health Canada or NIOSH and are not considered safe for use due to restricted airflow. In light of this, these windowed masks should be removed from the AHS list of options. This has been explained to [redacted] and others at AHS/Capital Care with no response.

Even the AHS/Government Scientific Advisory Group acknowledged the harms of masking in relation to “*inter-personal communication and the emotional elements of patient care*”.

COVID-19 Scientific Advisory Group Rapid Evidence Report - Continuous Masking Policies (4 July 2022)

Little to no evidence to support mask use.

"The evidence identified in this review cannot definitively show specific effect of continuous masking which started at the same time as multiple protective measures healthcare settings, and the level of evidence is not strong."

KNOWN HARMS

"...however, continuous masking may have some unwanted physical, emotional, and communication effects as well as environmental, and financial implications that should be considered."

"Continuous masking could have physical impacts on individuals as well as nonphysical impacts on inter-personal communication and the emotional elements of patient care..."

VIRTUE SIGNALLING?

"the optics of a universal mask policy are also important..."

HCS-267 - Continuous Masking;

"a) providing or receiving care or assistance where a mask would hinder that care or assistance; i.e. providing support and care/communication."

August 12, 2021

Part 5 5.1 (b)

"b) Health care providers should offer the inpatient a procedure mask to use while the inpatient is receiving care, if the mask will not hinder that care."

January 28, 2022

Part 5 5.1 (b)

"b) Health care providers should offer the inpatient a procedure mask to use while the inpatient is receiving care, if the mask will not hinder that care."

March 22, 2022

Part 5 5.1 (b)

"b) Health care providers should offer the inpatient a procedure mask to use while the inpatient is receiving care, if the mask will not hinder that care."

July 25, 2022, July 27th, 2022

Part 3 3.1 (d)

"d) are providing or receiving care or assistance where a mask would hinder that care or assistance;"

Part 5 5.1 (b)

"b) Health care providers should offer the inpatient a procedure mask to use while the inpatient is receiving care, if the mask will not hinder that care."

September 23, 2022, March 6, 2023, March 13, 2023

Part 3 3.2 (a)

"a) providing or receiving care or assistance where a mask would hinder that care or assistance;"

Part 5 5.1 (b)

"b) Health care providers should offer the inpatient a procedure mask to use while the inpatient is receiving care, if the mask will not hinder that care."

Dr. Deena Hinshaw acknowledged the risks and requirement for a solution in all areas where masking was in place and had specific exemptions and expectations even during the height of the pandemic.

August 29th, 2020

CMOH Order 33-2020

8 (f)

"(f) is providing or receiving care or assistance where a non-medical face mask would hinder that caregiving or assistance; or"

12 (c)

"(c) is providing or receiving care or assistance where a non-medical face mask would hinder that caregiving or assistance; or"

November 24th, 2020

CMOH Order 38-2020

Part 4 27 (f)

"(f) is providing or receiving care or assistance where a face mask would hinder that caregiving or assistance;"

November 28th, 2020

CMOH Order 40-2020

19.1 (e)

"(e) is providing or receiving care or assistance where a face mask would hinder that caregiving or assistance;"

December 11th, 2020

CMOH Order 42-2020

24 (f)

"(f) is providing or receiving care or assistance where a face mask would hinder that caregiving or assistance;"

June 30th, 2021

CMOH Order 34-2021

Part 1 2.5 (d)

"(d) providing or receiving care or assistance where a face mask would hinder that caregiving or assistance; or"

September 3rd, 2021

CMOH Order 40-2021

Part 4 B 4.1 (c)

"(c) providing or receiving care or assistance where a face mask would hinder that caregiving or assistance;"

September 16th, 2021

CMOH Order 42-2021

Part 3 B 3.4 (g)

"(g) providing or receiving care or assistance where a face mask would hinder that caregiving or assistance;"

Part 13 C 13.6 (f)

"(f) is providing or receiving care or assistance where a non-medical face mask would hinder that caregiving or assistance; or"

Part 13 D 13.10 (c)

"(c) is providing or receiving care or assistance where a face mask would hinder that caregiving or assistance; or"

September 18th, 2021

CMOH Order 43-2021

Part 4 B 4.3 (e)

"(e) providing or receiving care or assistance where a face mask would hinder that caregiving or assistance;"

September 23rd, 2021

CMOH Order 44-2021

Part 3 B 3.4 (i)

"(i) providing or receiving care or assistance where a face mask would hinder that caregiving or assistance;"

Part 13 C 13.6 (f)

"(f) is providing or receiving care or assistance where a non-medical face mask would hinder that caregiving or assistance; or"

Part 13 D 13.6 (c)

"(c) is providing or receiving care or assistance where a face mask would hinder that caregiving or assistance; or"

September 24th, 2021

CMOH Order 45-2021

Part 4 B 4.3 (f)

"(f) providing or receiving care or assistance where a face mask would hinder that caregiving or assistance;"

November 30th, 2021

CMOH Order 52-2021

Part 4 B 4.3 (f)

"(f) providing or receiving care or assistance where a face mask would hinder that caregiving or assistance;"

December 10th, 2021

CMOH Order 54-2021

Part 4 B 4.3 (f)

"(f) providing or receiving care or assistance where a face mask would hinder that caregiving or assistance;"

December 16th, 2021

CMOH Order 55-2021

Part 3 B 3.4 (g)

"(g) providing or receiving care or assistance where a face mask would hinder that caregiving or assistance;"

Part 13 D 13.6 (f)

“(f) is providing or receiving care or assistance where a non-medical face mask would hinder that caregiving or assistance; or”

Part 13 C 13.10 (c)

“(c) is providing or receiving care or assistance where a face mask would hinder that caregiving or assistance; or”

CMOH Order 08-2022

Part 3 B 3.4 (j)

“(j) providing or receiving care or assistance where a face mask would hinder that caregiving or assistance;”

Part 10 C 10.7 (f)

“(f) is providing or receiving care or assistance where a non-medical face mask would hinder that caregiving or assistance; or”

Part 10 C 10.9 (d)

“(d) is providing or receiving care or assistance where a non-medical face mask would hinder that caregiving or assistance; or”

Part 10 D 10.14 (c)

“(c) is providing or receiving care or assistance where a face mask would hinder that caregiving or assistance; or”

Part 10 E 10.17 (c)

“(c) is providing or receiving care or assistance where a face mask would hinder that caregiving or assistance; or”

Lastly, please note that the linked document in the October 20th, 2023 email (below) has been updated as of November 6th, 2023 with some disturbing changes that will no doubt drive more outbreaks.

<https://dksdata.com/CareHomes/NewOutbreak.png>

<https://dksdata.com/Forms/Outbreak/if-hp-cdc-ob-guide-for-outbreak-prevention-and-control-ltc-dsl-hospice20230901.pdf>

<https://dksdata.com/Forms/Outbreak/if-hp-cdc-ob-guide-for-outbreak-prevention-and-control-ltc-dsl-hospice20231106.pdf>

Some notable changes are;

- **Table A** has changed the trigger for an ‘outbreak’ to be two unconnected respiratory symptoms, rather than epidemiologically (i.e. spreading) cases, in a seven day period. With the changes to Acute Care transfer (see later in this email), this is going to ensure almost all Care Homes remain on ‘outbreak’ for the majority of this flu season under conditions worse than those implemented 2020.
- **5.10** has removed indoor visiting in the residents room and only offers “social activities” – “outdoors” during the Albertan Winter months. There are no words for this change.
- The change to forced/coerced masking and isolation of residents throughout this document.

When taken into context with the enforced/coerced isolation process (back to the red crosses on the floor outside of residents’ rooms that started in 2020) and the refusal to accept the care wishes of [redacted] and the resultant med errors, these changes are concerning. On the med error side, this is made more troubling

with the process of all residents being expected to be given Tamiflu on the first instance of an outbreak. Although this document doesn't specifically state that residents will be forced, it is clearly the intent; the wording is to have ALL residents have a pre-arranged prescription and for them to be given Tamiflu whether they have symptoms or not, and whether or not they have been vaccinated against influenza. This is something that has been set up with Alberta Pharmacies and appears unprecedented in this bulletin (having reviewed all pharmacy bulletins going back to 2017).

<https://www.ab.bluecross.ca/pdfs/pharmacy-benefacts/pharmacy-benefact-1137.pdf>

Considering the known and significant risks and side effects of Tamiflu are not being listed in these documents (<https://dksdata.com/CareHomes/Tamiflusiveeffects.jpg>), and the med errors we have already experienced, there is a growing concern about these unprecedented practices.

Further, why would Tamiflu be listed as part of the "**Resident Restrictions**" section of the outbreak checklist for staff? This appears to suggest more coercive approaches to force residents to take medication, with known, undeclared side effects, or face further restrictions. An explanation of this is required.

<https://albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-ob-influenza-outbreak-checklist.pdf>

<https://dksdata.com/CareHomes/ResidentRestrictionsTamiflu.jpg>

Add to all of the above, below and attached, the newly announced and unprecedented immediate expulsion of all Acute Care patients in the Edmonton Zone to LTC or home care with almost zero notice and planning. This is going to put unprecedented strain on these LTC locations, home care and our most vulnerable and their families that will lead to more harm and even deaths.

<https://dksdata.com/CareHomes/EdmontonZone.png>

<https://dksdata.com/CareHomes/GetOut.png>

We look forward to an immediate response and scheduling of a meeting to discuss these urgent concerns.

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."

James 4:17

Some rules to live by:

Always do the best you can by your family.

Go to work every day.

Always speak your mind.
Never hurt anyone that doesn't deserve it.
And never take anything from the bad guys.
(Mel Gibson: Edge of Darkness 2010)



<https://avoidabledeathawareness.com>

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From: David Dickson

Sent: Friday, October 20, 2023 8:57 AM

To: [redacted]@capitalcare.net; [redacted]@capitalcare.net; Aileen Wong <Aileen.Wong@capitalcare.net>

Cc: Andrew Boitchenko <Andrew.Boitchenko@assembly.ab.ca>; Drayton Valley-Devon <draytonvalley.devon@assembly.ab.ca>; Sharif Haji <Sharif.haji@assembly.ab.ca>; Edmonton-Decore <Edmonton.Decore@assembly.ab.ca>; Justice.Minister@gov.ab.ca

Subject: RE: Response From [redacted], Site Director

Importance: High

[redacted],

Thank you for the reply.

I am a little concerned as to the delay in responding to an urgent request from September 12th, 2023. Was the response prompted by my comment about Alberta Justice being involved in matters through COVID on Monday of this week?

A redacted copy of your letter is linked here for those unable to receive emails with attachments.

https://dksdata.com/CareHomes/image2023-10-19-133728_Redacted.pdf

Please note you only mentioned COVID 19 vaccination. In our email, we clearly stated;

“Specifically, there are to be NO changes to her medication, **NO TESTING, NO MASKING, NO ISOLATION** and **NO VACCINATIONS of any kind.**”.

- Please confirm no vaccinations have been given to [redacted] as per our explicit instructions.

Additionally, you may wish to review the “**Guide**” for “**recommended**” as it specifically addresses some of the wording in your letter.

[redacted] is not to be isolated, masked or tested at any time.

[Guide for Outbreak Prevention Control in Long Term Care and Designated Supportive Living Sites](https://www.albertahealthservices.ca/guide-for-outbreak-prevention-control-in-long-term-care-and-designated-supportive-living-sites)

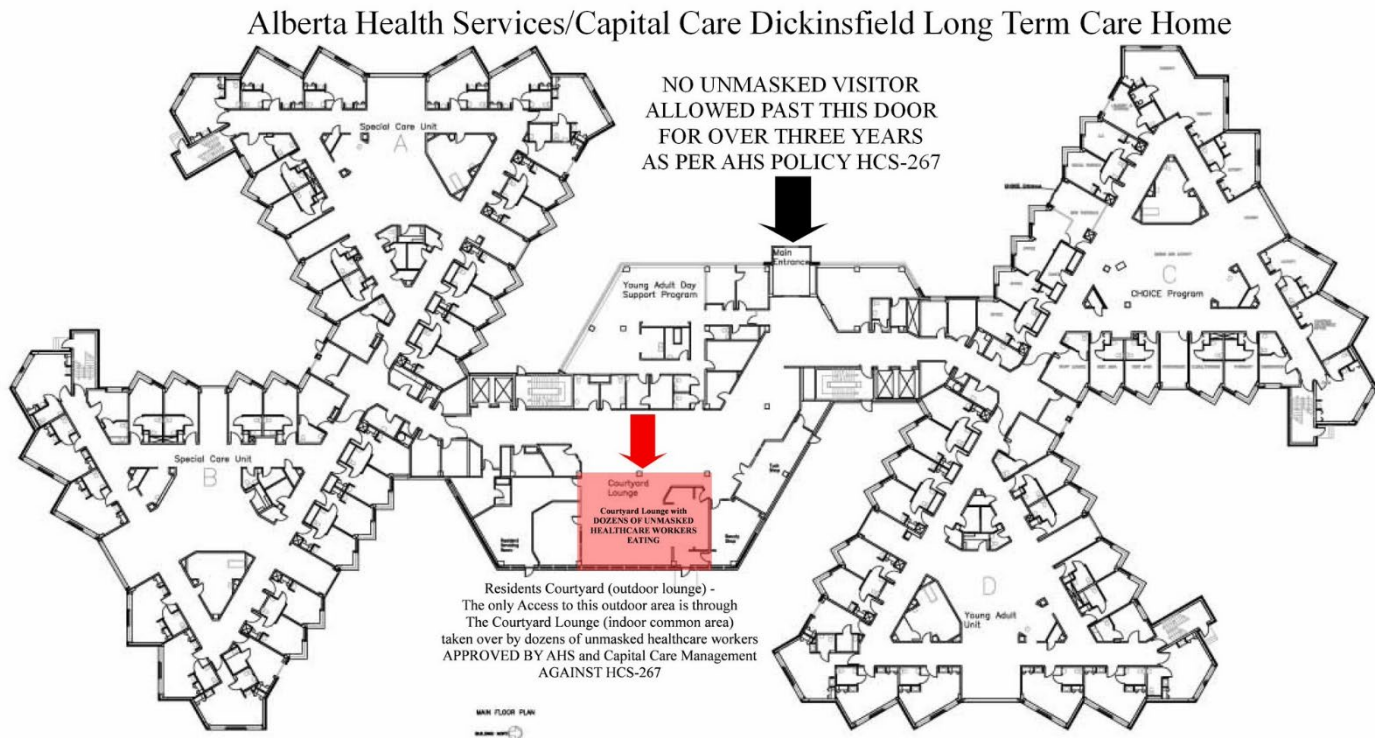
[albertahealthservices.ca](https://www.albertahealthservices.ca)

<https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-ob-guide-for-outbreak-prevention-and-control-ltcdsl-hospice.pdf>

Based on this response, we request an urgent meeting to discuss this and Capital Care’s specific requirement to ensure a duty of Care for [redacted] - in particular, as regards the issue of staff communication for a resident with cognitive and hearing difficulties that requires the removal of a mask when working with them. This was part of the Orders from the CMOH and a requirement from AHS throughout as part of HCS-267.

As you are aware [redacted], there has already been a serious issue reported to you as regards a breakdown of communication caused directly by a staff member wearing a mask when interacting with [redacted]. This resulted in [redacted] being given heavy duty pain medication (T3's) where the issue was the staff had misplaced her night dress which was what she was actually requesting. That was a serious reportable med error event. We are still awaiting for a full response to that incident.

Lastly, it is disappointing that you would wield AHS policies and guidelines in such a manner considering the staff at Capital Care Dickinsfield were allowed to use the main common area on the ground floor to eat and socialise, without being masked, in an open area adjacent to all main facilities, the main entrance and rear exit to the gardens. This central ground floor open area would be considered one of if not the highest traffic areas for staff, residents, DSP's and visitors in the facility.



As you confirmed in our recent call, the use of this area by unmasked staff was in direct conflict with Dr. Deena Hinshaw's Orders and the AHS Continuous Masking Directives (that were implemented at Capital Care Dickinsfield). What was more disturbing was that you suggested AHS approved these breaches in multiple audits throughout COVID.

These were the very same directives and Orders that forced me, as a retired and disabled police officer, to have to sit in the car park for every visit my wife made to see my mother-in-law. This included medical appointments with her doctor where I was duty bound to be part of her care as her medical proxy. Instead, I was left with no option but to sit outside and advocate blindly via a phone through three Alberta winters. In addition, my mother in law's partner, an eighty-year-old man with a heart condition, was accosted multiple times by staff for not wearing his mask 'properly'. On one occasion, he was publicly humiliated while in my mother in law's room by a large crowd of staff for not wearing a mask (despite this being allowed under the Directive and Orders due to my mother in law's communication challenges). Note that the presence of this large crowd including the site director's PA and many staff from other floors, constituting a breach of policy and Orders at this time. In addition to this, the center issued him with a notice saying as he had been 'caught' without a mask on, he was banned from all Capital Care facilities. This position was reversed when my wife and I pointed out they could not do this and that we would take the matter further if they persisted to persecute this gentleman. Note that this clear bullying of a vulnerable, elderly DSP also, by extension, impacted his partner, my mother-in-law, herself a resident of the facility who was present at the time. Sadly, she was unable to speak or otherwise communicate her distress as this played out in front of her. Unconscionable as this was on the part of the staff in question, this was the direct result of policies and Orders pushed on the facility. This implementation of Orders and

Directives caused untold distress and endangered residents and visitors alike, outside of any risk from a respiratory infection. These were not isolated incidents, nor restricted to this facility, in our experience.

For your information, here are some other breaches of masking policy by Capital Care during COVID.

<https://dksdata.com/Court/CapitalCareandRAH-Masks.pdf>

<https://dksdata.com/Court/CapitalCare.pdf>

David & Karen, for [redacted].

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>



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From: [redacted]@capitalcare.net

Sent: Thursday, October 19, 2023 1:44 PM

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

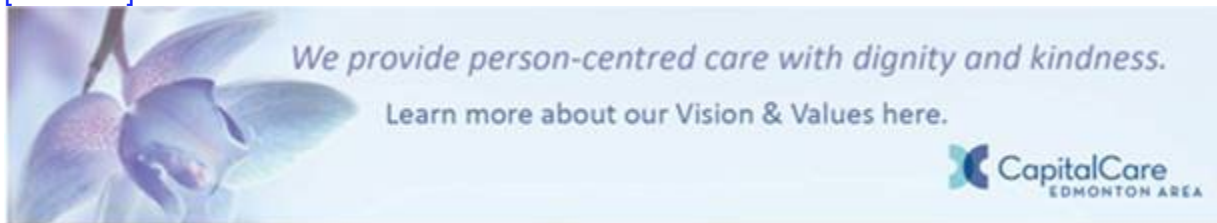
Cc: [redacted]@capitalcare.net; [redacted]@capitalcare.net; Aileen Wong <Aileen.Wong@capitalcare.net>

Subject: Response From [redacted], Site Director

Good afternoon Mr. Dickson, in follow up to your email, please find attached a letter from [redacted].

Thank you.

[redacted] Administrative Assistant, CapitalCare Dickinsfield
[redacted]



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

Sent: Tuesday, September 12, 2023 8:42 AM

To: [redacted]@capitalcare.net

Cc: [redacted]@capitalcare.net

Subject: [redacted] plan for Fall 2023

Importance: High

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To All Responsible for the Care of [redacted].

As has been the case since 2020, please note that there is to be NO changes made to [redacted]'s care plan without prior consultation and written confirmation from David Dickson (son-in-law and [redacted]'s medical proxy) and Karen Dickson (daughter and her primary caregiver).

Specifically, there are to be NO changes to her medication, NO TESTING, NO MASKING, NO ISOLATION and NO VACCINATIONS of any kind.

As of June 19th, and the lifting of mask mandates, we request that everyone who cares for [redacted] does so without a mask. She has endured three years where the wearing of masks by staff has seriously impeded her physical and emotional wellbeing. After a serious stroke in 2012 and hearing loss with advancing age, she relies entirely on facial cues and lip reading from her carers to convey her needs and understand what is being said to her. The use of masks has resulted in a med error which fortunately was not serious. As long as possible, we do not want anyone caring for our mother to put her in jeopardy by wearing a mask.

The family MUST be notified immediately of any changes to her baseline health or to her daily routine because of policies implemented in the centre.

With thanks to everyone who has supported us in our efforts to keep [redacted] truly safe. She turns 80 this year, is in excellent health and is a living testament to how all residents should have been cared for since 2020.

Karen and David Dickson

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