From: David Dickson
Sent: Thursday, December 21, 2023 10:48 AM
To: Office of the Premier <Premier@gov.ab.ca>; Health Minister <Health.Minister@gov.ab.ca>; Ministry of Justice <ministryofjustice@gov.ab.ca>; Andrew Boitchenko <Andrew.Boitchenko@assembly.ab.ca>; Sharif Haji <Sharif.haji@assembly.ab.ca>
Cc: Karen Dickson <karen.dickson@dksdata.com>
Subject: FW: [redacted]'s Isolation notes
Importance: High

Premier Smith, Health Minister LaGrange, Justice Minister Amery, MLA Boitchenko and MLA Haji.

It has now been many months since we were promised an audience to present the evidence of crimes in this province. Every follow up has been ignored by all above. The Premier's office responds that our concerns have been passed to the Health Minister - and then silence. The Justice Ministers office has promised us a meeting months ago - and still we wait.

[redacted]'s MLA, Sharif Haji, met with us and has ignored us ever since. Our MLA, Andrew Boitchenko has seen much of the evidence which he considers criminal and yet silence from him also.

In the time since, we have watched the chaos in Care Homes and Hospitals due to COVID Protocols that are themselves based on a foundational bed of lies.

This is a link to redacted copy of all previous communications.
https://dksdata.com/Care#COMMUNICATIONS .

In the last two weeks, this escalated to the point that without our direct intervention, our mother, [redacted], would have died.

We cannot be delayed any further. People are dying in this province, and you are all willfully ignoring this.

We need an immediate meeting date to address concerns which are negatively impacting all Albertans.

Please ensure this material is provided to the addressed MLA's, Minister and Premier immediately as Time is of the Essence. As was previously mentioned, we have been provided evidence that secretaries have been deleting emails and not providing them to the intended recipients.

David/Karen Dickson and [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*

Microsoft Partner

"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: Thursday, December 21, 2023 10:22 AM
To: [redacted - CEO]@capitalcare.net
Subject: FW: [redacted]'s Isolation notes
Importance: High

Good morning, [redacted - CEO],

As part of our follow up on the masking issue, we thought you should be aware of what transpired during the last two weeks for our family in Dickinsfield. As I have still not heard back from the Health and Justice Ministers and as this is clearly an urgent matter for all residents of Care Homes, we will be forwarding this to the Premier, Health Minister and Justice Minister for their response.

Note that this is not a reflection on the staff or Capital Care but rather a reflection on the impossible protocols that continue to escalate to the detriment of residents, families and staff alike. This cannot continue and must be addressed without any further delay. It is time the Ministers and Premier stepped up to assist and not continue hinder or ignore what is happening.

Many thanks again for your efforts in this matter,

David & Karen

From: David Dickson
Sent: Tuesday, December 19, 2023 9:50 PM
To: [redacted]@capitalcare.net
Cc: Karen Dickson <karen.dickson@dksdata.com>
Subject: [redacted]'s Isolation notes

Hi [redacted],

As requested here is a summary of [redacted]'s isolation. Please let us know if you have any questions. [redacted - CEO] should be apprised of this document as she is currently dealing with issues related to it. Let us know if you want us to send it to her directly or if you have any feedback first.

Karen really appreciated the last conversation with you about this. Hopefully, this will assist in moving forward in the interest of all residents, families, and staff.

Thanks again.

David & Karen

Thursday 7th December 2023

Thursday night 11:00pm. Call and voicemail from RN ([redacted]) - [redacted] not doing well, she had vomited and they were putting her on isolation. Tried to call back no - response.

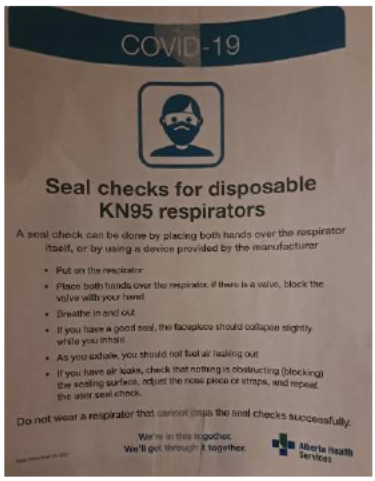
RN ([redacted]) called 1am - spoke to us both. She'd spoken to Dr. [redacted] who told RN [redacted] to contact us. Dr. [redacted] prescribed antibiotics (Levo 750 for 5 days) immediately, plus oxygen. This is a repeat of a successful first response that has been used most flu seasons if and when [redacted] gets sick.

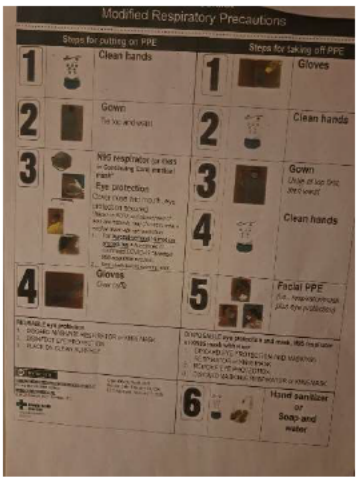
Confirmed [redacted] was settled and there were no further concerns at this time. Arranged to visit the next day. At this point there was no mention that the unit was on 'Outbreak'.

Note that all of the below was brought to the attention of multiple staff members and the duty Unit Managers, IPC and duty RN at the time it happened.

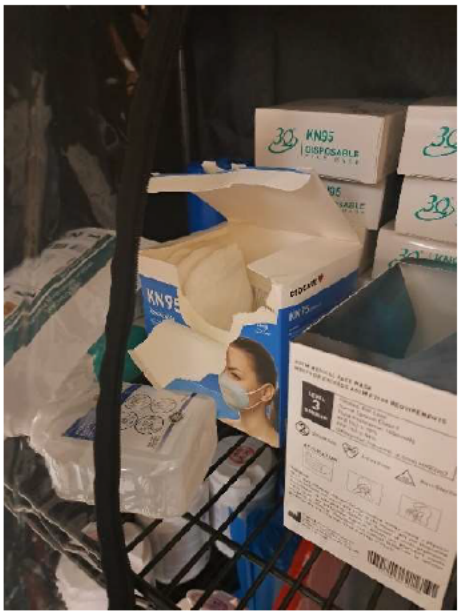
Friday 8th December 2023

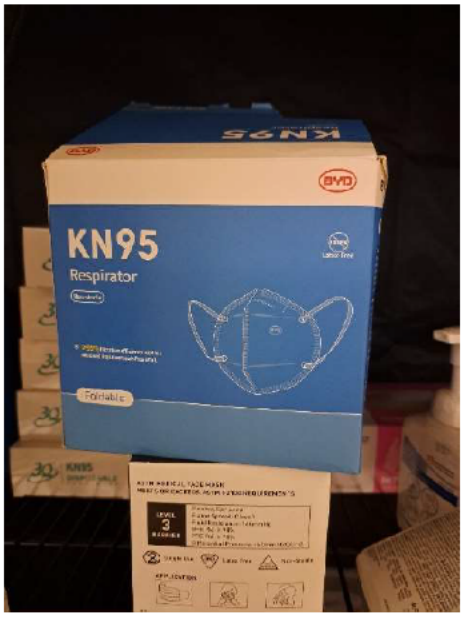
Arrived at the CCD about 2:50pm



Confronted by signs on [redacted]'s door. Improper PPE (KN95 respirators that are banned in China – GB2626-2006 and others that are not certified in Canada – GB2626-2019) on carts and outside rooms for untrained (not fit tested) visitors.



We noted that there were at least three rooms now with red boxes, red crosses, and carts outside of them. Also, there were some rooms with just PPE outside (like [redacted]'s). We were told the unit was on outbreak, hence the doors were now permanently closed to 3D and 3C. We asked when this happened as we had spoken earlier that day and no one mentioned the outbreak. We were told it had just happened (which seemed improbable with the number of rooms now isolated).

We also discovered that the red boxes/crosses were for residents who had agreed to be tested. How many of these residents understood the level of false positives in the tests and the implications of the COVID protocols (and lack of further diagnosis) if their test came back positive? As has been the case since 2020, a COVID 'diagnosis' from a known flawed PCR or RAT test could (and was) a death sentence for many in Care Homes. 'Marking' these residents with red boxes and crosses is reminiscent of the Black Plague. Further, this creates a clear distinction for the staff (and visitors) in who is deemed to be compliant and has agreed to be tested vs. those who have refused to be tested. Whether this is deliberate or not, this creates a psychological segregation not dissimilar to the vaccine passports. As all residents are being isolated and treated as if they had COVID, the reasoning behind this practice must be questioned.

There is a level of psychology and discrimination in relation to all this that is highly questionable.

Upon entering [redacted]'s room, Karen found dried vomit on the floor, walls, and clothes (from the day before when we received the initial call). Also, there was laundry on the floor. Then we found [redacted] lying on an unmade bed directly on the plastic cover of her automated air mattress. It is unclear how long she was left in this state but it would appear it had been some time from when she first vomited the previous night.

How is this IPC?






Karen attended to [redacted]'s personal hygiene needs (bed bath, clean linen and clothing etc.). Karen also cleaned the room which required her to get on her hands and knees to clean the floor and walls. The cleaning staff had gone home. However, a member of the cleaning staff confirmed the next day that they could not attend to this type of contamination. Karen rinsed the vomit covered laundry then put it in the washing machine to clean it thoroughly.

KN95 (Illegal, unapproved – and unsafe) PPE outside of door.

[redacted] had some lunch and a small amount to drink. She vomited again soon after (contained to her new nightdress). Karen cleaned [redacted] again and settled her with 2L O2 via a nasal cannular. Again, Karen attended to the clean up of [redacted] and the newly soiled laundry.

3:44pm Call from Dr. [redacted] to David.

[redacted] on O2 (2L) and anti-biotics. Although looking poorly, no significant concerns. Although the unit was on COVID outbreak due to a number of residents testing positive (some with minimal to no symptoms), Dr. [redacted] was concerned that [redacted]s symptoms may be related to a possible heart complication or other chest/GI infection. However, there was no edema in her legs so it

was unlikely to be heart related. He indicated that he would be in to see [redacted] on the Sunday.

Note that it has since been diagnosed as stomach flu by Dr. [redacted].

Saturday 9th December 2O23

Karen returned to the centre with an RN friend at lunchtime. [redacted] was up and dressed when they arrived. [redacted]'s room was tidy at this time. [redacted] was eating a little and drinking. On O2 via nasal cannula. The duty RN told our friend that [redacted]'s vital signs had been taken at 10am. She said [redacted] was at 93% 2L O2 lying down.

1:08pm – X-Ray tech performed x-rays of [redacted] sitting in her wheelchair and lying down on the bed. The x-ray tech was wearing a KN95 mask (worn improperly with straps cris-crossed at the back) and face shield impairing communication. Our friend, an RN – unmasked and without a face shield was able to assist and communicate with [redacted] to get the x-rays completed. The communication issues were acknowledged by the x-ray tech to be caused by the PPE he was required to wear. He also was very thankful for the assistance of Karen and her friend who assisted unmasked (as per the AHS requirements when dealing with a person with communication or cognitive issues). Despite this being explained to all staff throughout the time [redacted] was isolated, all felt compelled to 'just follow orders' (in the words of one member of staff when they refused to shower [redacted]). This is despite concerns that many staff have expressed regarding how the PPE (as it is being deployed) compromises their ability to care for residents. This is in addition to the blatant contradiction with residents leaving (and navigating the whole building) to smoke (continuously) while being unable to shower even once during their forced 'isolation'.

1:41pm - RN repeated [redacted]'s O2 SATS – 89% RA. [redacted] had been x-rayed in the chair and then a second x-ray was completed with [redacted] in bed which left her lying down thus impacting her O2 SATS again. Note that during the second x-ray while [redacted] was on the bed the x-ray tech experienced some challenges that required [redacted] to move up in the bed. It was at this point that his inability to communicate with [redacted] due to the PPE became the most concerning. It was here that our friend provided the necessary facial queues and unhindered communication to complete the task. However, by this time, [redacted] was becoming obviously tired, frustrated and sore which went further to impact her O2 saturation. The RN placed back [redacted] back on 2L O2 while she was resting in bed. Our friend suggested to the RN that the O2 sats should be checked when [redacted] is sitting upright in the wheelchair.

Karen and her friend left the center at around 3pm and [redacted] was settled and comfortable.

9:50pm - We received a call at home call from [redacted] (RN) to say [redacted] was doing very poorly. They had called Dr. [redacted] who said to call 911 but check with the family first.

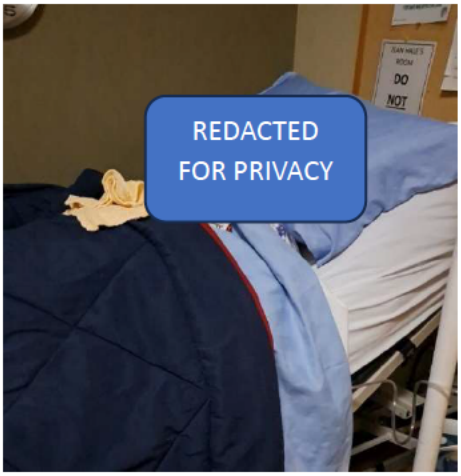
10:00pm we spoke with Dr. [redacted] and told him we were going immediately to the center to further assess [redacted] and would speak with him again once we had more information.

As you are aware, a 911 call to a Care Home does not necessarily lead to a transfer to hospital but does require the attendance of a paramedic with access to additional diagnostic tools to further assess a resident onsite. This could include providing IV fluids, pain management and more detailed heart checks.

We spoke with Dr. [redacted] after seeing [redacted] and agreed she was stable enough to wait for him to see her the next morning. We also confirmed we would be staying the night in her room to monitor in case anything changed. Dr. [redacted] was comforted by that as he had concerns with there only being one RN on duty for the building overnight and so many sick people in the center.

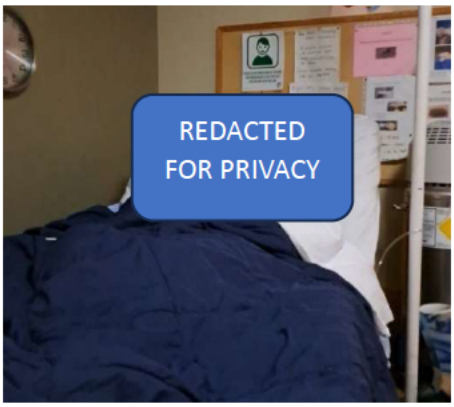
Told by the RN that the x-Ray Saturday showed nothing unusual. However, Dr. [redacted] confirmed [redacted]'s x-ray wasn't clear. The lower left lobe atelectasis was worse than last time, so it was likely this is an infection that the antibiotic was breaking up, causing [redacted] to cough and bring up some fluid from her lungs. Dr. [redacted] had ordered bloodwork and said he would be there in the morning between 9-10am.

11:20pm – [redacted] was 90% at 4l O2 lying down (sight elevation). Staff had changed [redacted] from a cannula to a mask to assist in O2 uptake. [redacted] was coughing up white foamy phlegm during the night. This was most likely the antibiotic starting to break up the consolidation on her lungs. Spoke again with Dr. [redacted] and discussed options. [redacted] was stable at this point.



[redacted] started to develop a low-grade fever (37.6) during the night so was given T3's for pain and fever management. The T3's slowed her respiration slightly (from 26 to 20) and abated the fever. We elevated her position in bed to assist in breathing and reduce fluid collection in her lungs.

We stayed all night clearing white, foamy sputum from her mouth. She had developed a deep, chesty cough and rattle as fluid was building and congestion was breaking up. In the morning, oxygen increased again to 5L after her SATS were down to 86 on 4L.

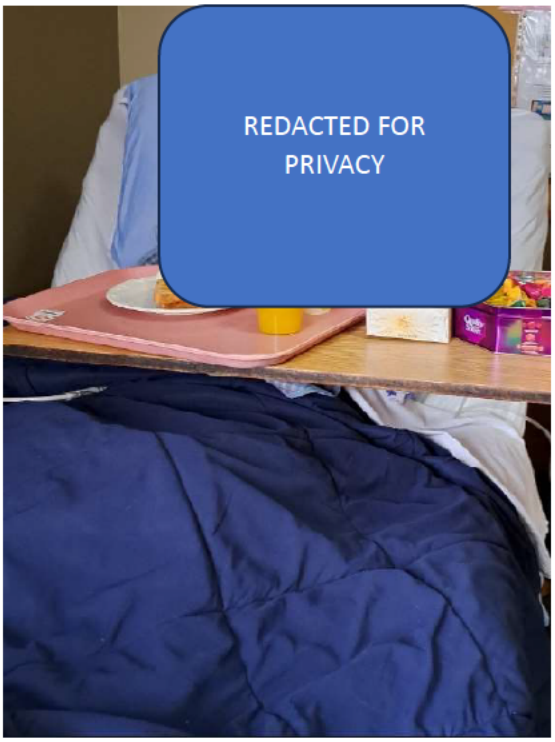


Waiting for Dr. [redacted] to come to the center Sunday morning.

Sunday 10th December 2023

Dr. [redacted] arrived a little late at around 11am after we called to confirm his attendance at 10am. Dr. [redacted] agreed [redacted] did not need to go to hospital (but might if things deteriorated although that was unlikely at this point). Dr. [redacted] did a full assessment and said he could put [redacted] on Paxlovid. He was excited to tell us they only required a positive RAT test to be able to give this now, instead of waiting for a PCR test. David talked about the known inaccuracy of the RAT test (and how most had expired and had their date extended) and issues with rebound on Paxlovid. David pointed out the issue of a false positive designating [redacted] as a 'COVID' patient. Then, if she went to hospital, it would force [redacted] down the COVID treatment pathway ruling out any other diagnosis or treatment. This would ensure [redacted] never returned. He agreed and confirmed that he was aware that when Care Home residents are sent with a COVID diagnosis many doctors are treating them as palliative and letting them die. He described this practice as ageism brought on by the last few years of impossible protocols. He agreed with us that [redacted]'s prognosis if sent to hospital would, as a result, be likely less than favorable. While still able to be cared for at CCD, this was the preferred location for [redacted], in familiar surroundings, with caring staff she knows (and who know her) and with easy access to critical family support.

Dr. [redacted] added Prednisone and a diuretic (for the potential heart concern) for three days and fluid by needle (hypodermoclysis) as at this point, [redacted] was not drinking. Also extended the antibiotic (Levo 750) for a further 2 days. Legs checked – no edema (continuing to rule out heart implications). The general agreement was that [redacted] was to remain at Dickinsfield although [redacted] did say she may need to be hospitalized to get arterial gas testing. David again questioned benefits against all risks of sending her to hospital, where it was unlikely arterial gas testing would be completed anyway. We talked about risky treatments in the current protocols (Remdesivir removed from use in many countries due to serious side effects, use of respiratory depressant drugs etc.) and ongoing misuse of ventilators. Added to this would be the complete lack of control for us on medical decisions (exacerbated by David being unable to attend in person due to the ongoing mask challenges). All of this would have put [redacted] at an unacceptable risk of an avoidable death while she was still able to be cared for at CCD.

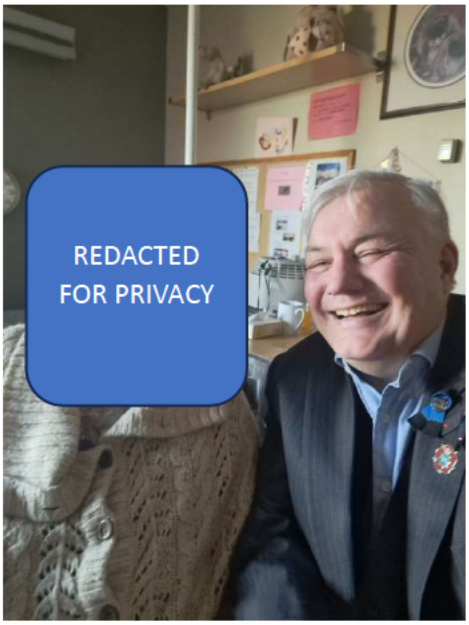


Karen returned to the center at 5pm. The LPN told Karen that [redacted]'s SATS were 72 at one point over the previous days (which we had not been told up to that point). This was extremely concerning to have been left out of our briefing on [redacted]'s health. Hypodermoclysis was withdrawn after a single application (on Sunday) as [redacted] was up, eating, drinking (5 glasses of juice total) and very animated. [redacted] still had a productive cough suggesting the antibiotics were working. Her recovery was progressing well.

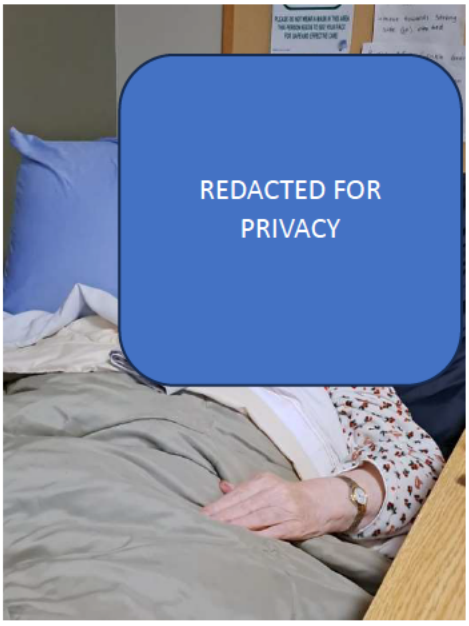
Monday 11th December 2023

11:30am David arrived at the centre. [redacted] was sitting up in her wheelchair and dressed, watching TV. No O2 and vitals were very good. Antibiotics are working and she is on the road to recovery confirming sending her to hospital would have been the wrong choice. Issues in the days leading up to her becoming poorly appear to have been exacerbated by her being left lying down. It is unclear when [redacted] started to feel poorly but the sooner she had been put on antibiotics and oxygen (with elevation and not being left lying in bed) the sooner she would have recovered. Sadly, this is not our first experience of this in recent years.

David spoke in a conference call to [redacted] and Karen. David told [redacted] to stay in her room to recover and because there were so many people sick on the floor. David spoke to nurses and suggested they speak with the residents' doctors and look at antibiotics for all that are sick and to ensure they are not left lying down for long periods (where it is avoidable). 9 rooms now appear affected, 6 with red crosses on the floor.



6:45pm - Return visit by David to check on [redacted]. She had been sitting up most of the day and was now having an early night. [redacted] had eaten and was feeling much better. BP 144/76. SATS 92% lying down, no O2. Pulse 64. Baseline for [redacted] is 92% spO2.



Tuesday 12th December 2023

Visit by David - [redacted] is sitting up again and looking well. Vitals checked and close to normal range without O2.

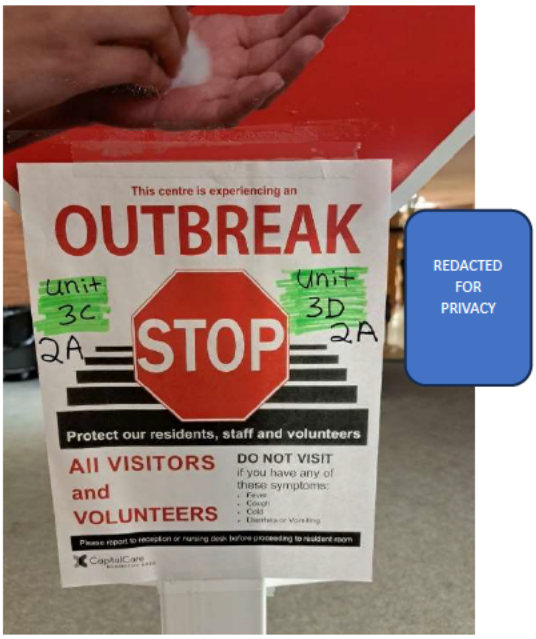
Wednesday 13th December 2023

Visit by Karen. Found [redacted] lying in bed and not doing well again. [redacted] had been left in bed all day contrary to all instructions. This put [redacted] back as a result of fluids being allowed to collect in her lungs (a constant risk from her atelectasis). Karen made her concerns quite clear to the staff including the senior duty staff. Had Karen not come in that day it would have potentially put [redacted] back to square one or worse.

Karen got [redacted] up and she started to look much better. What happened this day, after all that had happened in the days before is unacceptable.

Thursday 14th December 2023

Arrived at center and found outbreak now spread to Unit 2A (previously 3C and 3D)

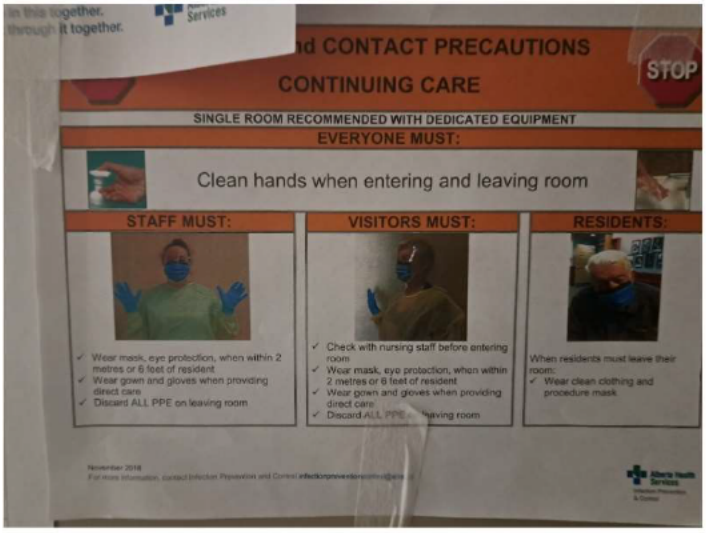


[redacted] was due a shower this day (and really needed one for her health and wellbeing). The staff had been told the day before she needed to be showered. When we arrived, we were told [redacted] could not leave her room and they had given her a bed bath instead. [redacted] has a shower hose in her bathroom, but no one had washed [redacted]'s hair, which would be part of her shower regime. Karen washed her hair and made it clear that keeping [redacted] in her room un-showered was unacceptable. Even prisoners are allowed out of their room once a day and must have access to a shower as needed. These are basic human rights that are being denied without any good reason. As we are now aware, if [redacted] smoked, she would be allowed out of the unit whenever she wanted with staff regularly opening the main unit fire doors for smokers while other residents are left alone in their rooms.

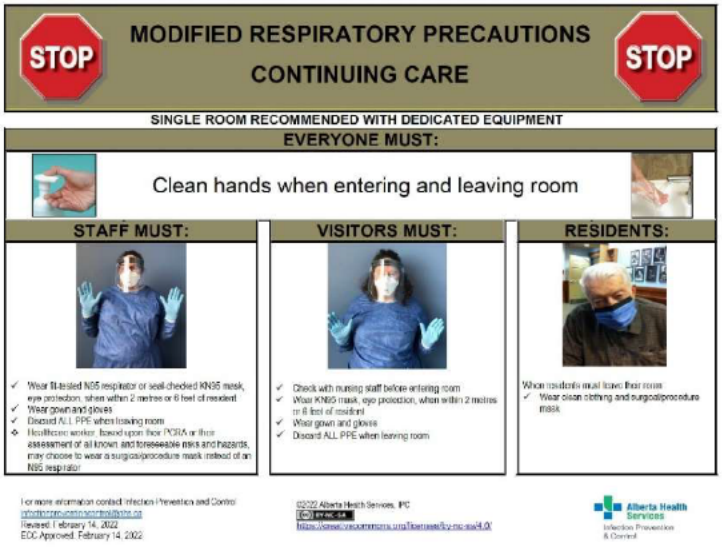
We took [redacted] out for brunch (confirmed with onsite IPC this was not an issue and also confirmed with them we would be taking her out on Saturday also).

The duty RN seemed very stressed by us taking [redacted] offsite and called the IPC lead. IPC had no issues and we had a very positive discussion with them. David did point out to the duty RN that she was wearing her KN95 mask wrong (she acknowledged that). David also pointed out the KN95 was not approved by Health Canada and that the IPC poster on all the doors was out of date. The IPC poster in use at CCD is from 2014 (with a manual date typed on it of November 2018, despite no changes since 2014 to that poster). However, the most current AHS poster is from 2022.

Sign on the door (dated November 2018)

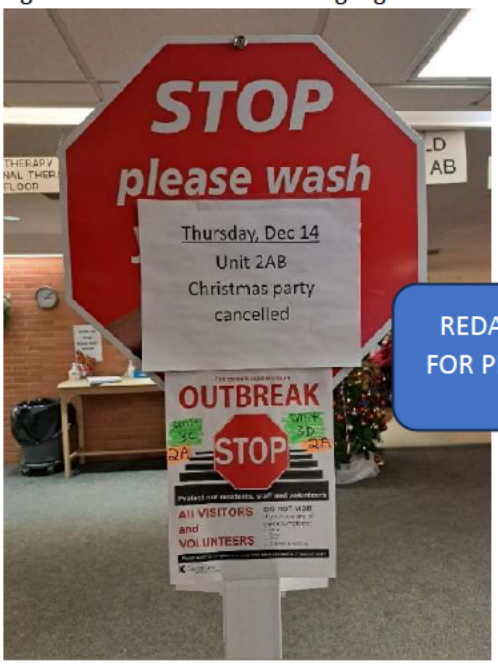


Current sign (not posted) from 2022



David noted that the TV area right next to [redacted]'s room has now been officially turned into a break room for staff. Many have been using that area in the evening already, taking off their masks to eat and drink. Now this area appears to have been formalized (just as the outbreak encompasses almost every room with red boxes and crosses outside most rooms). Rolling partitions have been moved in place to screen this area from view. This is reminiscent of the process throughout COVID where staff congregated in the main area on the ground floor despite this being against Deena Hinshaw's orders. At least now David is not left sitting in the car park. Again, as with the practices from 2020 and the special treatment of smokers, how can this be reconciled with not providing residents with a shower and the impossible (and mostly useless, at best) IPC protocols in place for an airborne respiratory outbreak?

Sign at entrance to CCD now highlighted for Unit 2A and the Christmas party for Unit 2A and 2B has been cancelled.



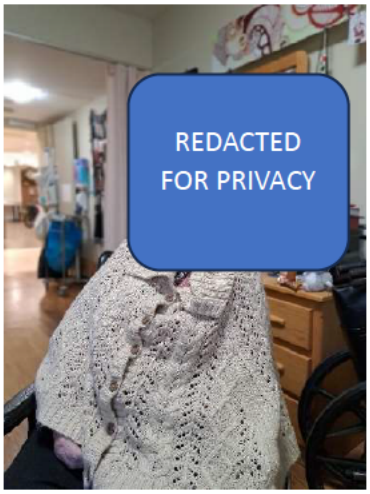
Friday 15th December 2023

David visited [redacted] around super time. She is sitting up and eating supper and doing well. We had been informed something had been removed from her orders the day before and upon checking this was hypodermoclysis. However, when checking with the nurse

there was confusion as to whether she had been given it or not as it was still on her orders until the evening before. Further investigation of her notes suggests it was only given once on the previous Sunday. [redacted] had been drinking since Sunday afternoon so did not need additional fluids and we had requested they not be given hypodermoclysis as a result. No one could explain why it was still on her orders though and yet had not been given. This is a concern.

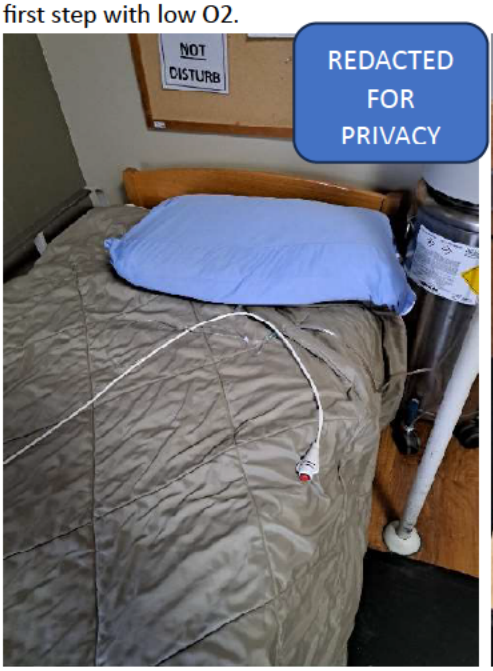
[redacted] looked a little tired but that is something Dr. [redacted] said was to be expected as part of the recovery and antibiotics.

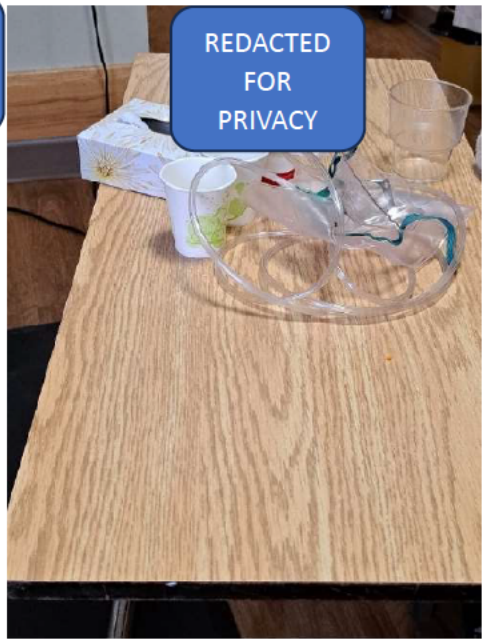
David asked for her vitals to be checked and [redacted] was still doing fine. David told staff that she could have an early night if she requested it but should not be put to bed before she had had her supper.



On this visit David found [redacted]'s nasal cannula line attached to the O2 bottle and lying on her bed. The O2 mask she had been wearing was on her movable table along with her budesonide.

[redacted] had been on oxygen (2L) for a short period overnight as her O2 SATS dropped slightly. Unlike the previous Friday (when [redacted]'s O2 dropped to a similar level) we did not get a call about this. It was only when David asked about the cannula on [redacted]'s bed and mask on her table that this use of oxygen overnight was mentioned. [redacted] did stabilize on 2L overnight and was taken off it once she was up and, in her wheelchair, again showing that the lying down is the issue that should be addressed as a first step with low O2.

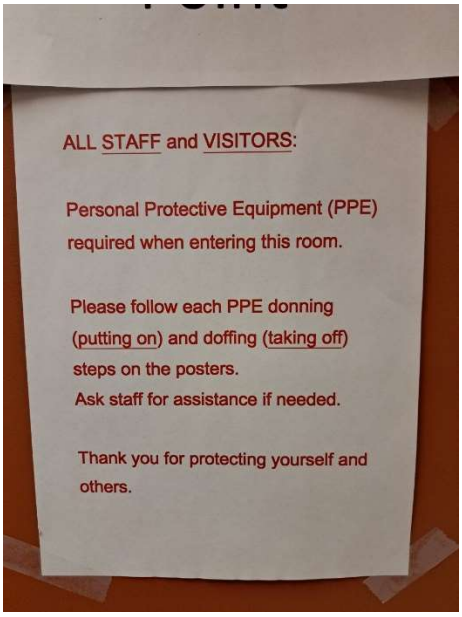


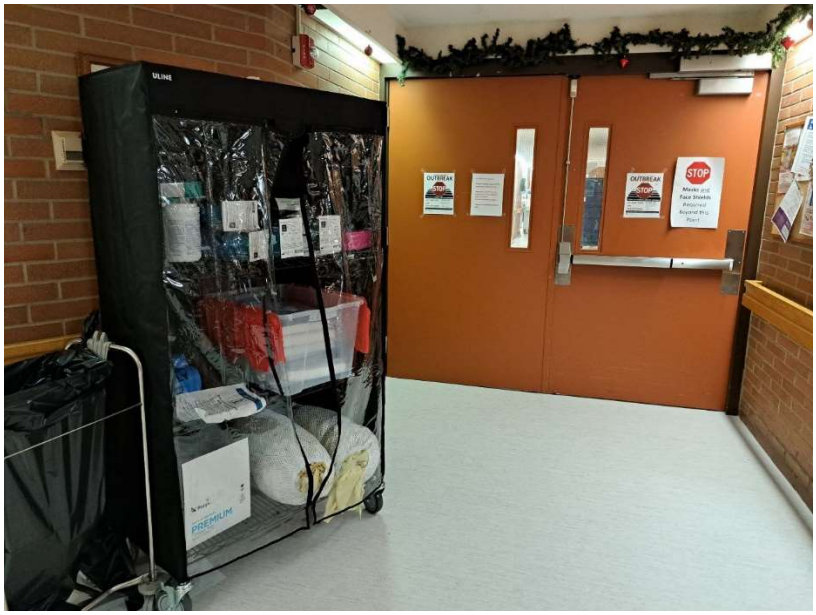


More rooms on the unit were showing red boxes and crosses outside indicating more residents had elected to test and had tested positive.

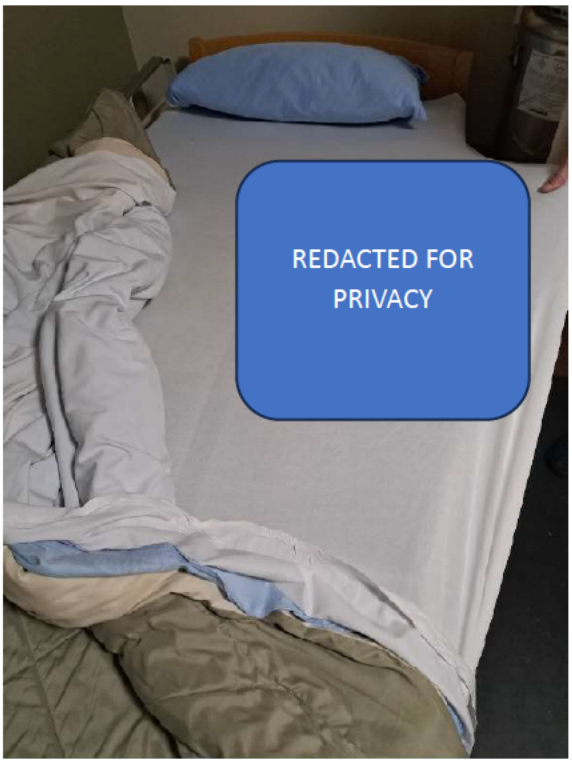
Saturday 16th December 2023

Karen and I visited [redacted] again. Now there are signs on the door (still closed so residents can't get out). Note that the doors were closed in both 3C and 3D until [redacted] (Unit Manager) returned on Monday December 18th, 2023. This is both a fire safety (evacuation) risk and could be construed as unlawful detention for those residents unable to open the doors themselves (almost everyone on the unit).





We took [redacted] out for supper and when we returned Karen got her ready for bed. As Karen was about to put [redacted] to bed, she discovered the bed linen was soiled from the overnight (this was now the following evening). She asked a staff member for a change of bedding and the staff member assisted in changing the bed. We (the staff, Karen, and I) were not impressed to find the bed in this condition again.

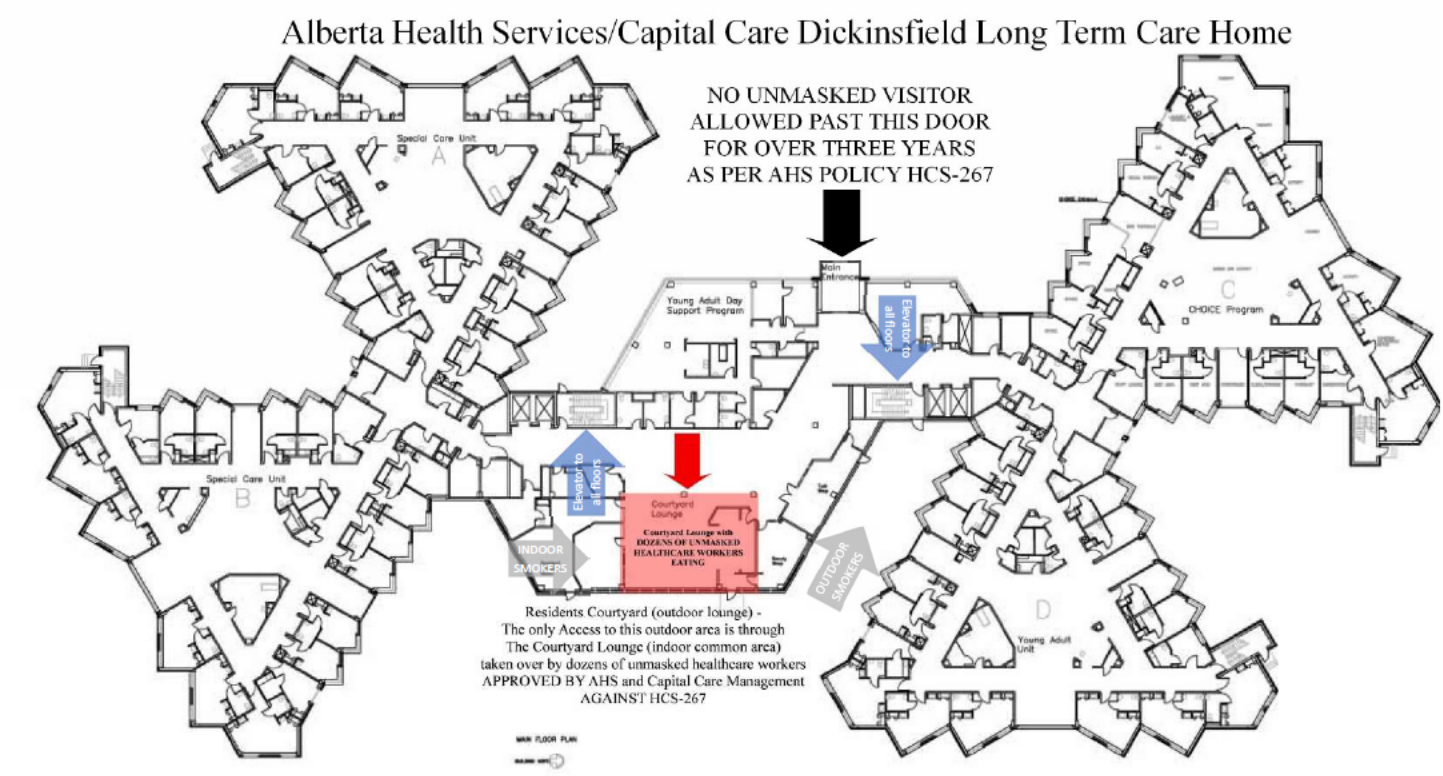


Besides the contradictions in IPC from gloves, gowns, masks and face shield to soiled linen and vomit left for almost a day, we have the additional contradiction of isolation in the most discriminatory way possible.

Note the issues with things left on the floor was not limted to the rooms. Note the used mask left under the communal sink in the dining area.

During our conversations the staff confirmed that one group of residents continued to come and go from the unit as they had throughout COVID (whether symptomatic, tested or not). – SMOKERS. They would (and still do) regularly leave the unit, travel through the complex to the smoking room on the ground floor adjacent to the area where CCD staff have congregated (unmasked) since 2020, contrary to Deena Hinshaw's Orders and AHS/Capital Care policy. Those wanting to smoke outside took (and take) the same high traffic route but exited the rear doors, even if they are themselves on isolation.

Smoking allowed – basic hygiene i.e. showers, not allowed!



Sunday 17th December 2023

[redacted] seen by Dr. [redacted]. Confirmed she is off isolation later that day and no concerns.
[redacted] was to be off isolation that evening.

Monday 18th December 2023

Karen visited, and [redacted] is now off isolation. Karen spoke with the Unit manager, [redacted], who asked if all of these issues had been raised at the time with senior management. Karen confirmed it had. Karen agreed to provide this document of facts for the duration of [redacted]'s isolation for follow up. [redacted] confirmed that the doors must never be shut as the residents cannot be restricted in their movement from the unit. One door was open when Karen arrived. [redacted] also confirmed she would be talking to the staff about the multiple issues we had raised from leaving residents lying down, basic hygiene and cleaning of the rooms to ensuring the Unit doors remain open. Lastly, Karen reminded [redacted] that [redacted] must not be masked at any time as she has a written mask exemption from Dr. [redacted]. This last point was necessary to mention due to the concerns raised in our meeting with [redacted – CEO] that are ongoing and yet to be resolved. [redacted] acknowledged that residents could not be confined to their rooms or forced to mask.

Despite the issues raised here, the staff for the most part are wonderful and doing their best in an impossible environment created by protocols that are not helping anyone. We are very grateful for the care [redacted] has received for more than a decade at CCD and hope that it continues. However, the current protocols, as they did from 2020 are hurting and killing residents and making life for everyone untenable, dangerous and cannot continue without question. There were long standing and highly effective protocols for flu season in Care Homes pre 2020. While we appear to have forgotten what those were, we must find a way to return some sanity to these environments. COVID never was everything and it certainly isn't now. There is documentation with the Government Ministers and Executives at AHS that demonstrates some serious concerns with misinformation from the government itself. We have been promised a meeting with the Justice Minister's office to review this and hopefully help bring some resolution and normalcy back to the Care Homes and beyond. We are also waiting for a response to concerns raised directly with CCD management. In the meantime, we will continue to advocate for all, not just [redacted].