

COURT OF QUEEN'S BENCH OF ALBERTA
JUDICIAL DISTRICT EDMONTON

APPLICANT

DAVID THOMAS DICKSON

RESPONDENT

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ALBERTA

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COURT FILE NUMBER

2103 - 14553

COURT

COURT OF QUEEN'S BENCH OF ALBERTA

JUDICIAL DISTRICT

EDMONTON

APPLICANT

DAVID THOMAS DICKSON

RESPONDENT

HER MAJESTY THE QUEEN IN RIGHT OF THE
PROVINCE OF ALBERTA

DOCUMENT

ORIGINATING APPLICATION

ADDRESS FOR SERVICE AND
CONTACT INFORMATION OF
PARTY FILING THIS DOCUMENT

David Dickson
Redacted



NOTICE TO THE RESPONDENTS:

This Application is made against you. You are a Respondent.

You have the right to state your side of this matter before the Court.

To do so, you must be in Court when the application is heard as shown below:

Date Oct 22, 2021
 Time 10am
 Where Law Courts Bldg
 Before Whom Justice Chambers
 Judge in Motions Court

Go to the end of this document to see what else you can do and when you must do it.

Basis for this claim:

1. It is in the best interest of persons living in the Province of Alberta that the administration of COVID-19 vaccinations be halted due to the seriousness and prevalence of COVID-19 vaccination side effects, risks and injuries.
2. It is in the best interest of persons living in the Province of Alberta to be provided with full and informed consent related to the COVID-19 vaccines, including advising patients of the risks associated with the COVID-19 vaccines.

To appear by video:
<https://www.albertacourts.ca/qb/court-operations-schedules/scheduling>
 Civil Chambers - Virtual Courtroom 50 (ELC QB)
 To appear by telephone:
 Dial in Number: 780-951-3573
 Access code: 999 378 739

3. There is a serious issue to be tried regarding whether the administration of COVID-19 vaccinations should be halted in the Province of Alberta due to the seriousness and prevalence of COVID-19 vaccine side effects, risks and injuries.
4. There is a serious issue to be tried regarding the necessity of full and informed consent being given in conjunction with the administration of COVID-19 vaccines, including advice regarding the associated risks,
5. Irreparable harm has and will continue to result in persons who have been administered the COVID-19 vaccines in Alberta that current date indicates far outweigh the current harm associated with the COVID-19 virus.
6. Irreparable harm has and will continue to result in persons who are not provided with full and informed consent prior to being administered the COVID-19 vaccines.
7. The balance of convenience favours the halting of COVID-19 vaccines forthwith, given the side effects, risk and injuries that these vaccines are causing.
8. The balance of convenience favours the necessity of providing patients with full and informed consent prior to being administered COVID-19 vaccines, given the side effects, risk and injuries that these vaccines are causing.

Remedy sought:

9. An Order to halt the administration of all COVID-19 vaccines in the Province of Alberta, or
10. An Order requiring that all persons receiving the COVID-19 vaccine in the Province of Albert be provided full and informed consent, which includes being provided with a comprehensive list of the risk factors associated with the COVID-19 vaccines.

ABRIDGE TIME FOR SERVICE
Affidavit or other evidence to be used in support of this application:

11. Affidavit of David Thomas Dickson
12. Affidavit of **Redacted**
13. Affidavit of **Redacted**
14. Affidavit of **Redacted**

Applicable Acts and regulations:

15. Judicature Act, RSA 2000, c. J-2, sections 8 and 13(2);
16. Alberta Rules of Court Part 3, Division 1, Rules 3.2(1) and 3.2(5) and (6); and Part 6, Division 1, Rules 6.1, 6.2, 6.2 and 6.11(1)

WARNING

You are named as a respondent because you have made or are expected to make an adverse claim in respect of this originating application. If you do not come to Court either in person or by your lawyer, the Court may make an order declaring you and all person claiming under you to be barred from taking any further proceedings against the applicant(s) and against all persons claiming under the applicant(s). You will be bound by any order the Court makes, or another order might be given or other proceedings taken which the applicant(s) is/are entitled to make without any further notice to you. If you want to take part in the application, you or your lawyer must attend in Court on the date and at the time shown at the beginning of this form. If you intend to rely on an affidavit or other evidence when the originating application is heard or considered, you must reply by giving reasonable notice of that material to the applicant(s).

COURT FILE NUMBER 2103-14553

COURT COURT OF QUEEN'S BENCH OF ALBERTA

JUDICIAL DISTRICT EDMONTON

APPLICANT DAVID THOMAS DICKSON

RESPONDENT HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ALBERTA

DOCUMENT AFFIDAVIT

ADDRESS FOR SERVICE AND CONTACT INFORMATION OF PARTY FILING THIS DOCUMENT David Dickson
Redacted



I, David Thomas Dickson, of the City of Spruce Grove, Alberta, SWEAR AND SAY THAT:

- 1) I am a medically retired United Kingdom Police Officer, having been injured on duty. I am an internationally recognised expert in various fields including Informed Consent, Cyber Security and Privacy and Compliance. I have chaired the Provincial/Federal Technical Working Group for Justice in Alberta and have been invited to speak on e-Disclosure at the Chiefs of Police and Chiefs of Justice conferences on multiple occasions. As such, I have personal knowledge of the following information, except where I say that which is stated to be based on information and belief, which I verily believe to be true. My curriculum vitae is attached as Exhibit "A".
- 2) As an expert on informed consent, I am deeply concerned at the growing evidence that the basic fundamental principle that all health care professionals must obtain fully informed consent prior to any medical treatment or intervention is not being adhered to in the Province of Alberta. In particular, but not limited to, health care professionals are not complying with the requirements of their college Standard of Practice. For doctors in particular, this is outlined in the College of Physicians and Surgeons of Alberta (CPSA) Standard of Practice document^{1,2} that;

"A regulated member must obtain a patient's informed consent prior to an examination, assessment, treatment or procedure; such consent may be implied, expressed orally or in writing as appropriate."
- 3) This document further refers to the Canadian Medical Protective Association ("CMPA") in relation to informed consent in that consent **must be properly informed**.³ I verily believe that without meeting

¹ https://cpsa.ca/wp_content/uploads/2020/05/Informed-Consent.pdf accessed October 4th, 2021.

² https://cpsa.ca/physicians/standards_of_practice/informed-consent/ accessed October 4th, 2021.

³ https://www.cmpa-acpm.ca/en/advice_publications/handbooks/consent-a-guide-for-canadian-physicians#types%20of%20consent accessed October 4th, 2021.

this basic premise, professionals who fail to obtain fully informed consent leave themselves without a defence for potential disciplinary or criminal actions to be taken against them. Valid consent is described in the CMPA as follows:

“Requirements for valid consent

For consent to serve as a defence to allegations of either negligence or assault and battery, it must meet certain requirements. The consent must have been voluntary, the patient must have had the capacity to consent and the patient must have been properly informed.”

4) Further, informed consent can only be obtained from a person and/or legal guardian as appropriate. The person must be assessed to be competent, provided with all relevant information and make an informed decision without any form of coercion.

5) The CMPA website states (emphasis added):

a) *“The right to determine what shall, or shall not, be done with one’s own body, and to be free from non-consensual medical treatment, is a right deeply rooted in our common law. This right underlies the doctrine of **informed consent**. With very limited exceptions, every person’s body is considered inviolate, and, accordingly, every competent adult has the right to be free from unwanted medical treatment. The fact that serious risks or consequences may result from a refusal of medical treatment does not vitiate the right of medical self-determination. **The doctrine of informed consent ensures the freedom of individuals to make choices about their medical care.** It is the patient, not the physician, who ultimately must decide if treatment any treatment is to be administered.”⁴*

6) Further. (Emphasis added):

a) ***“Voluntary consent***

*Patients must always be free to consent to or refuse treatment, **and be free of any suggestion of duress or coercion. Consent obtained under any suggestion of compulsion either by the actions or words of the physician or others may be no consent at all** and therefore may be successfully repudiated. In this context physicians must keep clearly in mind there may be circumstances when the initiative to consult a physician was not the patient’s, but was rather that of a third party, a friend, an employer, or even a police officer. Under such circumstances the physician may be well aware that the patient is only very reluctantly following the course of action suggested **or insisted upon by a third person.** Then, **physicians should be more than usually careful to assure themselves patients are in full agreement with what has been suggested, that there has been no coercion and that the will of other persons has not been imposed on the patient.***

The bottom line:

Consent obtained under any suggestion of compulsion either by the actions or words of the doctor or others may be no consent at all and therefore may be successfully repudiated.⁵

⁴ <https://www.cmpa-acpm.ca/en/advice-publications/handbooks/consent-a-guide-for-canadian-physicians> accessed October 4th, 2021.

⁵ <https://www.cmpa-acpm.ca/en/advice-publications/handbooks/consent-a-guide-for-canadian-physicians> accessed October 4th, 2021.

- 7) During the past 18 months, Dr. Deena Lynn Hinshaw (“Dr. Hinshaw”), the Chief Medical Officer of Health (“CMOH”) and a registered physician within the Province of Alberta⁶, governed by the CPSA Standard of Practice, has made statements and passed Orders, which are now law, that clearly contravene this Standard of Practice. Such Orders include but are not limited to the following:
- a) MEDICAL NOTE FOR MASK EXEMPTION.
 - b) Order 22-2021;
 - c) Order 34-2021;
 - d) Order 40-2021;
 - e) Order 42-2021;
 - f) Order 43-2021;
 - g) Order 44-2021; and
 - h) Order 45-2021;

These Orders and mask exemption letter template are attached as Exhibit “B”.

- 8) Dr. Hinshaw, by virtue of the aforementioned Orders, has interfered with the direct doctor-patient care relationship in such matters, including but not limited to, mandating into law the use of face coverings by the general population including those two years old and older.
- 9) Dr. Hinshaw has specifically defined exemption limitations related to mask-wearing without consulting with any of the patients in Alberta. She has been forcing Albertans to comply with these medical interventions. Her restriction on exemptions in the use of a face covering has hindered the ability of doctors to provide advice and appropriately care for their patients. Dr. Hinshaw’s directive was further reinforced by the CPSA in directing doctors to not provide a medical exemption letter to a patient no matter their health conditions. This has had a direct impact on me in relation to an exemption letter for my personal medical conditions. I suffer from lung damage caused by improper ventilation. This has resulted in a significant reduction in my lung capacity. As a result, I obtained a letter of exemption from my personal physician on May 6th, 2020. This letter has now been rendered obsolete due to the changes made by Dr. Hinshaw. However, my medical condition and therefore exemption has not changed. Attached hereto and marked as Exhibit “C” is a summary of my medical history and copies of my baseline lung x-rays from 2017 and 2018 for reference.
- 10) Dr. Hinshaw set a precedent in the simple matter of masking that is reversible. However, this precedent has been followed with the incessant coercive language we hear daily regarding COVID-19 vaccinations. COVID-19 vaccines, as opposed to mask wearing, are not a reversible health procedure. Health care professionals presently are given no choice but to push vaccination as the only option despite a lack of fully informed consent from their patients.
- 11) Furthermore, contrary to the Spirit of Bill 66, Section 11, which was passed into law by the Government of Alberta on June 17th, 2021, the Premier, Mr. Jason Kenney (“Premier Kenney”), and others in his government have intensified the coercive language to enforce mandatory vaccination. This was solidified on September 30th, 2021 when Mr. Kenney announced the mandatory vaccination of all remaining provincial employees, with the specific exclusion of Members of the Legislative Assembly.

⁶ https://search.cpsa.ca/PhysicianProfile?e=847bff19_62dc_43b3_b34e_0eda45c07146&i=0 accessed October 4th, 2021.

- 12) This government action is similar to that taken by Dr. Verna W.Y. Yiu (“Dr. Yiu”) the Chief Executive Officer (“CEO”) of Alberta Health Services (“AHS”) on all AHS employees. Like Dr. Hinshaw, Dr. Yiu is a registered physician within the Province of Alberta⁷ and thus her actions are contrary to the CPSA Standard of Practice to which she is also bound.
- 13) Similarly, many members of the CPSA and other regulatory bodies currently using coercive language and techniques are also bound by these same Standards of Practice. However, they continue to fail to abide by these standards.
- 14) For further clarity, the CPSA, in their “Exemption Requests: Patient FAQs” state⁸;

“What are the warranting medical conditions for vaccination exemptions?”

Clinical decisions on COVID-19 vaccination exemption are expected to align with recommendations set out by the Alberta Health Services COVID-19 Scientific Advisory Group. Clinical decisions may also be made based on the latest evidence from the National Advisory Council on Immunization, the Centers for Disease Control and Prevention and Alberta Health”

“Who can issue an exemption from vaccination?”

Your primary care physician is qualified to determine whether your medical condition warrants an exemption from COVID-19 vaccination. However, the likelihood of obtaining an exemption from vaccination is extremely unlikely.

“Is my physician obligated to provide me with an exemption?”

No. Physicians are highly unlikely to provide patients with an exemption from COVID-19 vaccination. Physicians will only offer an exemption based on the latest medical evidence from authorities like Alberta Health, Alberta Health Services, the National Advisory Council on Immunization and the Centers for Disease Control and Prevention.”

“What are the warranting medical conditions for vaccination exemptions?”

***Clinical decisions on COVID-19 vaccination exemption are expected to align with recommendations set out by the Alberta Health Services COVID-19 Scientific Advisory Group*⁹. Clinical decisions may also be made based on the latest evidence from the National Advisory Council on Immunization, the Centers for Disease Control and Prevention and Alberta Health.”**

“Will vaccination exemptions be given to pregnant women, or those trying to become pregnant?”

No. Pregnancy, or attempting to become pregnant, does not warrant exemption from vaccination. COVID-19 vaccines are safe and effective for pregnant individuals and their babies, and vaccination may occur at any time, or during any trimester of pregnancy. Since the outset of the pandemic, the only pregnant women admitted to ICU in Alberta have been unvaccinated. COVID-19 has severe impacts on the mother’s health and also the child’s. Alberta Health Services has very helpful information on COVID-19 vaccination and pregnancy.”

“Can I complain to CPSA if I am denied an exemption request?”

⁷ <https://search.cpsa.ca/PhysicianProfile?e=847bff19-62dc-43b3-b34e-0eda45c07146&i=0> accessed October 4th, 2021.

⁸ <https://cpsa.ca/wp-content/uploads/2021/09/Vaccine-exemption-public-FAQ.pdf> accessed October 18th, 2021

⁹ <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-medical-exemptions-to-mandatory-vaccination-rapid-review.pdf#page=6> accessed October 18th, 2021

CPSA expects physicians to assess all patient requests for vaccination exemptions. CPSA would only investigate a complaint if a physician has refused to provide an assessment, or if the physician issued an exemption for an unwarranted medical condition. CPSA accepts evidence based clinic judgements by physicians.”

The wording of these documents is quite deliberately designed to suggest there are **NO** exemptions. Any potential for an exemption is controlled, not through the doctor/patient relationship, but rather at the direction of the government and its agents. Additionally, the CPSA appears to ‘trust’ the doctor’s judgment when they do as they are instructed, but not if the patient has a genuine concern that goes against the government’s narrative. As such, informed consent cannot be obtained. We are now in the realm of controlled speech and a fundamental breach of the doctor/patient relationship.

- 15) Doctors are required by law to complete vaccine adverse impact assessments.¹⁰ This does not appear to be taking place in all incidences within Alberta. I am personally aware of several adverse event incidents where a doctor has refused and/or been unable to report an adverse event as a result of not having the information made available to them, which is required to complete the reporting. I am personally aware of cases where a doctor has not been able to report an adverse event due to not having the batch number of the vaccine. This is not available in many cases resulting in a significant underreporting of vaccine adverse events. Such underreporting results in an inability to provide fully informed consent. The requirement under the Alberta Public Health Act IMMUNIZATION REGULATION to report adverse events is as follows:

“5(1) A health practitioner shall ensure that an adverse event following immunization is reported to a regional health authority within 3 days of the health practitioner determining or being informed that a patient of the health practitioner has experienced an adverse event following immunization that has not been reported to a regional health authority.”

- 16) Despite this lack of thorough reporting, currently in Alberta we have seen a significant increase in severe Adverse Events Following Immunization (“AEFI”) related to COVID 19 vaccines specifically.
- a) As of October 14th, 2021, “1,749 adverse events following immunization (AEFI) have been reported to Alberta Health.”. Of these, 1,102 have been associated with **Pfizer** specifically. Attached hereto and marked as Exhibit “D” is the Alberta Health Services publicly available chart for October 8th, 2021¹¹. Included in this exhibit are comparison reports from the UK Office of National Statistics¹²¹³ ¹⁴ ¹⁵ and the CDC Vaccine Adverse Effect Reporting System (VAERS) database¹⁶.

¹⁰https://www.gp.alberta.ca/1266.cfm?page=2018_182.cfm&leg_type=Regs&isbncIn=9780779806669&display=html accessed October 4th, 2021.

¹¹ <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccinations> accessed October 17th, 2021.

¹² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977005/COVID-19_mRNA_Pfizer-BioNTech_Vaccine_Analysis_Print.pdf accessed October 15th, 2021.

¹³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977006/COVID-19_vaccine_AstraZeneca_analysis_print.pdf accessed October 15th, 2021.

¹⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1013605/COVID-19_Moderna_Vaccine_Analysis_Print_18.08.2021.pdf accessed October 15th, 2021.

¹⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977007/COVID-19_vaccine_brand_unspecified_analysis_print.pdf accessed October 15th, 2021.

¹⁶ <https://vaers.hhs.gov/data/datasets.html> accessed October 15th, 2021.

- b) All reported adverse impacts from ALL vaccines in all of CANADA for 2014-2018^{17, 18}. Attached hereto and marked as Exhibit “E” are the Canada Health publicly available charts for AEFI 2014-2018.¹⁹
- c) AEFI in Alberta are categorised under a twenty-three (23) page reference document, attached hereto and marked as Exhibit “F”. Doctors must refer to this when assessing the recommendations as to whether their patients should be vaccinated and treated in the event of a potential vaccine injury^{20, 21}.

17) Currently, AHS and the Government of Alberta use potentially confusing and misleading terms for “hospitalizations”, “unvaccinated”, “partially vaccinated” and ‘COVID Cases’. For example, the AHS website²² states (emphasis added);

- *“Since Jan 1, 2021, 0.3% of people with one dose (10,595/3,204,805) were diagnosed with COVID-19 14 days after the first immunization date*
- *Since Jan 1, 2021, 0.7% of people with two doses (19,063/2,876,419) were diagnosed with COVID-19 14 days after the second immunization date*
- *85.3% of cases (179,981/210,988) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date*
- *85.1% of hospitalized cases (8,586/10,090) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date*
- *77.1% of COVID-19 deaths (1,090/1,414) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date”*

18) Despite the clearly misleading message it portrays, on October 8th, 2021, Dr. Hinshaw tweeted to all Albertans that 88% of ICU patients were “unvaccinated”, 5% “partially vaccinated” and 7% “fully vaccinated”, without the caveat of “**diagnosed within two weeks**” being included in those terms.²³. A copy of the Tweet is attached as Exhibit “G”

Critical pieces of information missing in this reporting by AHS and Dr. Hinshaw include but may not be limited to:

- How many people are admitted in the first two weeks after a vaccination (first, second or booster dose)?
- Were they symptomatic?
- Were they admitted for reasons other than COVID 19?

¹⁷ <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/adverse-events-following-immunization-bi-annual-report-january-1-june-30-2018.html> accessed October 4th, 2021.

¹⁸ <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/adverse-events-following-immunization-bi-annual-report-july-1-december-31-2018.html> accessed October 4th, 2021.

¹⁹ <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccinations> accessed October 15th, 2021.

²⁰ <https://open.alberta.ca/publications/covid-19-vaccine-aeafi> accessed October 4th, 2021.

²¹ <https://open.alberta.ca/dataset/4d885a4c-f9b3-4434-bf5a-5accb63e22a1/resource/c6c6c92d-1015-4c79-ae4a-b9daf9628086/download/health-aip-aeafi-covid-19-2021-07-15.pdf> accessed October 4th, 2021.

²² <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccine-outcomes> accessed October 11th, 2021.

²³ https://twitter.com/CMOH_Alberta/status/1446621934410739715?s=20 accessed October 12th, 2021.

Having access to this information could completely change the view of the potential risk of vaccination. However, without it we cannot be fully informed to provide informed consent. In order to ensure fully informed consent, it is imperative that the doctors and other healthcare providers be in possession of information beyond these misleading terms so that the true impact of COVID-19 on the Alberta population can be judged. I verily believe that this information should include, but not be limited to:

- a) The breakdown of COVID cases in hospital that were admitted for COVID-19 and are being treated primarily for COVID-19 rather than COVID-19 being secondary and/or asymptomatic. For example, in 2020, the two oldest reported deaths ‘with’ COVID-19 and multiple co-morbidities were 105 and 107 years old. It is clear that COVID-19 was not the primary cause of death in these cases. Currently, AHS do not consider age or obesity as co-morbidities for COVID 19, despite those conditions being recognised as the primary co-morbidities for all other respiratory diseases.
- b) The actual number of current hospitalisations versus the number of ‘hospitalizations’ as defined by AHS in their response attached hereto and marked as Exhibit “H”.
- c) The actual number of ICU patients throughout the pandemic with an explanation of the significant retroactive modification of reported ICU hospitalizations with COVID-19. There are significant concerns regarding the sudden and unexplained retroactive change of reported ICU beds and hospitalisations as shown in the reported charts from AHS’s public website, attached hereto and marked as Exhibit “I”²⁴.
- d) The number of people who were hospitalized within two weeks of a COVID-19 vaccine, including type of vaccine. This reporting breakdown should be expanded from one to nine months as we now have data for a period of more than nine months of vaccinations. This reporting is highly relevant in relation to vaccination in pregnancy and contemplated pregnancies.
- e) The number of people who are currently listed as a COVID-19 cases but are asymptomatic with a breakdown by hospitalization, ICU admission and those isolating outside of hospital. Attached hereto and marked as Exhibit “J” is the expectation of the COVID-19 Scientific Advisory Group (“SAG”) Rapid Response Group Report from August 7th, 2020²⁵ on the improper inference of infection for positive tested asymptomatic persons.

19) As an internationally recognised expert in informed consent, I can categorically state that a large percentage of the Albertan population has taken a COVID-19 vaccine without having been provided informed consent due to such factors as:

- a) A lack of information as highlighted here.
- b) Coercion by incentive such as a lottery or bribe by the government or employer.
- c) Coercion by threat such as loss of income or other financial penalties such as paying for his/her own testing.
- d) Coercion by restriction of time. Dr. Hinshaw stated in early 2021 that longer periods between first and second doses were the most ideal method to ensure full protection. However, the recent mandates provided minimal turnaround times for vaccination and therefore placed undue stress on a person’s ability to be fully informed and without undue coercion.

²⁴ <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#healthcare-capacity> accessed October 4th, 2021.

²⁵ <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-asymptomatic-transmission-rapid-review.pdf> accessed October 4th, 2021.

- 20) As an internationally recognised expert on informed consent, I have given many talks in this area, specifically on Privacy and Compliance. With my background as a police officer, as a way to demonstrate the importance of informed consent without coercion, I use the example of sexual assault and rape. The reason for this analogy is that often the victim of such crimes appears to have consented. However, the victim is often found to have not met the definition of consent despite believing they were consensual in their actions. To illustrate this further, I would enter into evidence an article I authored in 2017 (with links to explanatory videos) on informed consent, attached hereto and marked as Exhibit “**K**”.^{26,27,28}
- 21) I verily believe that the Government of Alberta, Premier Kenney, Dr. Hinshaw, Dr. Yiu, in their positions of authority, are forcing the administration of COVID-19 vaccines on the Alberta public. The administration and effects of a COVID 19 vaccination are irreversible. The long term effects are unknown, and I verily believe that sufficient evidence exists to prove that the COVID 19 vaccine has been damaging and deadly to many people in Alberta. Accordingly, I verily believe that the administration of COVID 19 vaccines should be halted in the Province of Alberta.
- 22) The recent announcement of the mandates to Government of Alberta employees (and others) to be fully vaccinated regardless of working location or contact with others constitutes a direct violation of, if not the Letter of the Law, at least the Spirit of the Act. Specifically, it contravenes the intent of Bill 66, Section 11, the removal of Section 38(1)(c) and 38(3) of the Provincial Health Act (“PHA”) as it relates to mandatory vaccinations. Attached hereto and marked as Exhibit “**L**” are the relevant sections of the PHA and Bill 66.
- 23) Further, and contrary to the announcements by Premier Kenney, Dr. Hinshaw and others, in authority, the misleading information that **all** Health workers in this Province have been required to be vaccinated for **multiple** diseases is also incorrect. The Alberta Public Health Act - Communicable Diseases Regulation, Schedule 4, Page 45, Section 5(5) clearly states that;

*“All staff of day care facilities and **persons with face to face contact with patients** in a health care facility shall ensure that they are immunized against **Rubella**.”*

It further states that **all other immunizations** are **recommended**, not mandatory. The public announcements that portray a different position are not just misleading but also contribute to an inability for the citizens of Alberta to provide informed consent. Attached hereto and marked as Exhibit “**M**” is the relevant section of the Alberta Public Health Act Communicable Diseases Regulation.

- 24) On December 31, 2020, Premier Kenney stated publicly that (emphasis added);

*“...there will be **no mandatory or coerced** administration of the COVID-19 vaccines in Alberta, **period. Full stop.**”*

- 25) On October 7th, 2021, Premier Kenney stated publicly that (emphasis added);

²⁶ <https://www.linkedin.com/pulse/cyber-security-compliance-consent-dave-dickson/> accessed October 11th, 2021.

²⁷ <https://youtu.be/9yu4ocJ4250> Informed Consent. ©DKS DATA accessed October 11th, 2021.

²⁸ <https://youtu.be/u7Nii5w2FaI> Tea and Consent (British VO version) © Blue Seat Studios. accessed October 11th, 2021.

“...we are **prohibiting** indoor **socializing** amongst **unvaccinated** people.”

26) On October 7th, 2021, Premier Kenney stated publicly that (emphasis added);

*“We are seeking a supply of **six million** rapid antigen test units **to roll out to our schools and through them to parents** so that **parents of unvaccinated younger school children** can administer an antigen test about **twice a week.**”*

27) On October 12th, 2021, Premier Kenney stated publicly that (emphasis added);

*“Many reports of people, particularly **younger** people, who who[sic] finally got the, who finally decided to get the job so they could receive that **bonus payment.**”*

*“The **lottery** that we announced in the summer led to an **uptick in rates.**
The **\$100 incentive** led to an **uptick in rates.**
The **REP** led to an **uptick in rates.**”*

28) On October 12th, 2021, at just over 24 minutes into the Alberta Government COVID 19 update, Dr. Hinshaw stated that (emphasis added);

“Since Friday we have had an average of eight new deaths per day reported to Alberta Health, with a total of 33 over the weekend.

***This includes the death of a 14 year old** who had complex, pre-existing medical conditions that played a significant role in their death.*

I extend my deepest condolences to the loved ones of all of these individuals, and to any Albertan who's mourning the loss of someone they cared about.”

This statement had the obvious intent of terrifying the public and furthering the push for uninformed vaccination of children in the province. This then became a story widespread in the media creating more panic and fear, thus interfering in the ability of people to be fully informed when providing consent.

29) On the evening of 12th, October 2021, as a direct result of this clearly irresponsible public statement by Dr. Hinshaw, a heart wrenching response was issued by the sister of this 14 year old boy on social media. Attached hereto and marked as Exhibit “N” is a copy of that statement.

*“Simone Spitzer: **The 14-year old on the article is my brother. He died from stage 4 brain cancer, not from covid.** This is fake news. He was diagnosed in January 2021, and hospitalized in August. Two days before his death he was tested for covid and it turned out positive... please share and comment that **this is fake.**”*

EDMONTON CITYNEWS.CA Alberta reports youngest COVID-related death to date CityNews Edmonton”

30) As a direct result of being called out by the family for this blatant misrepresentation, Dr. Hinshaw was forced to make a public apology. This happened two days later on 14th, October 2021 at

approximately 4 minutes into the Alberta Government COVID 19 update. In it, Dr. Hinshaw stated (emphasis added);

“I would like to start today by explaining our process for identifying and reporting deaths due to COVID-19. Before I get to that, however, I first want to apologize to the family of the 14 year old whose death I spoke about on Tuesday. The pain of losing a child is terrible enough without having that loss, compounded by a public debate about the circumstances. I am sorry if the way that I spoke about that death made your grief worse. Since the start of this pandemic. I have heard from many Albertans, including those who have lost a loved one.

I reflect often on the impact that our reporting measures and every other element of the pandemic response has on them. When I speak about cases and our reporting process, it is not to diminish the losses, whether caused by COVID or anything else.

At the same time, we are in a global pandemic. We have an obligation to monitor and report deaths from COVID-19 infection and to be as timely and transparent as possible. In our reporting, we always include all deaths that have COVID as either a primary or secondary cause of death according to the health care teams that were involved in the cases. For example, a primary cause would be someone in whom COVID infection progresses to pneumonia, and this is the direct cause of death.

A secondary cause could be a case where someone with a severe underlying illness such as heart failure, gets COVID and the infection makes their pre existing condition worse, leading to death.

We report in this way to accurately capture the impact that COVID-19 is having.

That is also why our reporting process includes both deaths that come to us, where a person has COVID listed as a primary or secondary cause of death. As well as cases with a recent diagnosis of COVID where the cause of death is still under investigation.

To make sure we are as accurate as possible. After a death is reported, if there is uncertainty it is reviewed to validate our information. If that review identifies that COVID was not a primary or secondary cause of death, it is removed from our totals.

Every surveillance system has to balance this tug of war between between[sic] precision and timeliness.

The more precise reporting is, the slower it is. We have chosen to focus on being as timely as possible in the interests of transparency.

Sometimes, though, as in the case reported on Tuesday, the initial information provided to us changes after a review.

While the initial report of the death of the 14 year old included COVID as a secondary cause. We have now received additional information that indicates COVID was not a cause of death.

As we routinely do with all similar reviews, when this happens, we remove the death from our reporting.

This incident has caused suffering for many, and again, I apologize for this.

We are making changes to prevent similar situations in the future.

Going forward, we will not publicly report any COVID deaths in anyone under 18 until the review process has been completed. We will prioritize accuracy over timeliness in these cases.

I want to assure everyone that these reviews are always done in cases of any uncertainty, so the overall COVID numbers we have been reporting are as accurate as possible.

However, it is clear that we need a different process for young people and we have put that in place now. Again, I offer my sympathies to everyone who has suffered loss from any cause. As I have said many times, every life matters and every death matters.

Turning to today's numbers. Over the last 24 hours we have identified 916 new cases of COVID 19 and completed about 12,700 tests."

- 31) Attached as Exhibit "O" are the publicly published vaccination rates, by age and dose, for October 13th and 14th, 2021²⁹.
- 32) Due to the imminent emergency approval of vaccinations for children 5-11 years old and the loss of critical health care workers from the workplace in an already stressed health care system, this request for injunctive relief is considered urgent. Without this urgent relief, there will be irreparable harm to the citizens of this Province, including myself and my immediate family.
- 33) Further, it is my expert opinion that informed consent regarding the COVID 19 vaccine, including potential risks, is not being afforded to the people of Alberta.
- 34) It is my expert opinion that it is in the best interest of the people of Alberta to halt the administration of all COVID 19 vaccines in the Province of Alberta or at very least require that each and every person be provided with full and informed consent, including but not limited to a list of all associated risk factors and such other information as is listed in this application.
- 35) I make this Affidavit in support of an Originating Application seeking an Order to halt the administration of all COVID 19 vaccines in the Province of Alberta or in the alternative, an Order requiring that all persons receiving a COVID 19 vaccine in the Province of Alberta be provided with full and informed consent, which includes, but is not limited to a comprehensive list of the risk factors associated with the COVID 19 vaccines.

²⁹ <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccinations>

Redacted

SWORN BEFORE ME at
Devon __, Alberta, this _18th_ day
of ____October_____, 2021)

Redacted

David Thomas Dickson

Commissioner for Oaths in and
for the Province of Alberta

A Commissioner for Oaths
in and for the Province of Alberta
Appointment expires: 2022/02/22



CURRICULUM VITAE

MR. DAVID T. DICKSON

Email: david.dickson@dksdata.com

PROFESSIONAL SUMMARY

Experienced Senior Project/Program Manager & Management/Legal Consultant with over thirty-five years of experience in the public and private sector from Waterfall to Scrum, XP SAFe, e-Commerce, DevOps, Civil, Criminal, National Security and more. During his time as a UK police officer, David received a rare research award presented by Lord Ferris for a country wide multi agency software deployment and integration project. He chaired the Provincial/Federal Technical Working Group for Justice in Alberta and was invited to talk on e-Disclosure at the Chiefs (Police) and Chiefs(Justice) conference on multiple occasions. He is an acknowledged expert in digital evidence, informed consent, e-Disclosure and chain of custody among other areas. His multi-disciplinary experience in many verticals has allowed him to bring a 'Big Picture' critical thinking approach to all his work. His strong background in multiple disciplines from cybersecurity, forensic investigation, infrastructure, architecture, construction (National Security), development, cloud, legal, compliance and more provide a unique skill set allowing him to create and manage solutions that address business, legal, compliance and technology equally.

His technical skills from the development and design of database n-tier systems including DBII (and up), MS Access, FoxPro, Oracle, MS SQL, SAP and more. He is proficient in many development languages from VBA macros, web (HTML, JavaScript etc.) to full application system design and development as a senior systems/database analyst, programmer and architect.

He has significant experience in complete end to end management of concurrent multi-million-dollar projects, working with all aspects of organizations including internal and external stakeholders, vendors and other professionals such as engineers. Experienced with many Project Management methodologies and tools.

He has significant experience in business presentations starting in the early 1980's including the British Home Office and police agencies, using tools such as SCALA, Harvard Graphics. This has continued with a progression to working with all versions of PowerPoint, Visio and more. Presenting to local, provincial, national and international private and public-sector organizations including ministerial staff and Chief Prosecutors, Chiefs of Police and Executive Boards.

SKILLS

- Business Analysis
- Business/Enterprise Architecture
- Business Intelligence including GIS
- Change Management
- Cloud migration
- Corporate Governance
- Cyber & Physical Security
- Digital Transformation
- E-Commerce
- E-Discovery
- Executive Team Leadership
- Forensic Investigations (Physical & Digital)
- Infrastructure (Architecture)
- IT/Business/Legal Strategy/Review
- Management Consultation
- Presentation & Workshop Management
- Privacy Impact Assessment (PIA)
- Privacy/Compliance/Audit (GDPR, PIPA & more)
- Project/Program Management
- Request for Proposal/Quote (RFP/RFQ)
- Risk Management
- Threat Risk Assessment (TRA)



EDUCATION

Masters Level Advanced Legal Studies in International Law	Ongoing
<ul style="list-style-type: none"> Advanced Legal Studies (International), Advanced Dispute Resolution, International Intellectual Property Law, International Human Rights Law, International Trade Law, Corporate Governance 	
Microsoft Small and Midmarket Cloud Solutions	2017-2021
Microsoft Cloud Specialist	2016-2021
Chair – Technical, Standing Committee on Prosecution Enforcement	2010-2013
Microsoft Partner	2003-2021
Microsoft Small Business Specialist	2003-2021
Ben Graham Group – Business Process Improvement	2011-2021
Lotus Notes Administrator/Developer	2000
National British Police Research Innovation Award	1990-1994
Criminal Forensics and Investigation (Various Specialties)	1986-1995
National British Home Office Certified PMP Course	1991-1992
Management Services in Policing	1990-1995
Scenes of Crime Officer	1989-1990
Police Support Unit Fire Fighter/First Aid	1988-1990
Secure Communications Specialist (Computer Aided Dispatch (CAD), Telecoms)	1988-1990

WORK HISTORY

DKS DATA

JULY 1995 – PRESENT

C.E.O. (CONSULTING C.I.O.) – PROGRAM MANAGER/ MANAGEMENT CONSULTANT

Providing Project/Program Manager (Construction, Technical & Legal) in methodologies such as Agile (Scrum/XP), DevOps, Waterfall. IT management, Cybersecurity, Business and Legal based services to large and small, public and private organizations. Working with all levels of staff including executive level, internal and external stakeholders, vendors and professionals in all areas of business and technology.

Leveraging a wide array of skills, knowledge and experience to maximize the benefit, identify risks, weaknesses, strengths and opportunities and deliver clear communications and solutions to all levels of organizations.

- City of Edmonton
- Solicitor General/Public Security/Alberta Justice
- RCMP
- Blood Tribe Police Service
- Triton Canada
- Alberta Pensions Services Corporation
- Purple Consulting (UK)
- Biomedical US
- Neomet UK
- City of London UK
- Air Extreme Inc
- Kids with Cancer Society
- The Portal at Stewart Creek
- Tantus Solutions Group
- Alberta Infrastructure, Edmonton, AB J
- Edatagolf/Edatanetworks
- EPCOR
- Alberta Children Services
- Property Suite/ JDO Direct
- Federation of Alberta Co-ops (FedGas)
- Listings Limited
- E-Convey
- Approved 2000
- DataNet Information Systems Inc
- Alberta Forest Products Shipping Association
- Luscar



Microsoft
Partner

Curriculum Vitae

David Thomas Dickson

- Westaim
- TELUS
- Remax Real Estate
- ISM (IBM Global Services)
- Syncrude
- Provincial Health Council of Alberta
- Viridian/Agrium Inc.
- Human Resources Development Canada
- Interprovincial Pipeline Ltd.
- Merseyside Police Federation UK
- Merseyside Police Authority UK
- British Home Office UK
- Oxford (SME)
- CPC Med

EDMONTON TRANSIT AUTHORITY

FEBRUARY 2019 – PRESENT

E-COMMERCE SME, ENTERPRISE ARCHITECT, PM, SENIOR DEVELOPER

- Reporting to Executive.
- Managing multiple enterprise wide teams (Finance, Transit, Customer Support, IT).
- Managing external providers (Payment provider, Cloud Hosts, E-Commerce Platform).
- Design, develop and deploy the re-platforming of multiple multi-million-dollar e-commerce solutions.
- External Public and B2B e-commerce solutions integrated to enterprise back end (SAP, S&D, AP).
- Fully responsive and secured with custom functionality to match requirements of existing legacy systems.
- Project came in ahead of schedule and on budget with enhanced functionality.
- First month figures show an increase in sales of 25% on the public platform.
- Due to restriction placed on the client (legacy hosted system being decommissioned), this project was managed using a highly Agile XP/SAFe type approach.
- Solution required to conform to Government privacy and security requirements.
- Full documentation (system, architecture, customer, support etc.) with a repository of all enterprise artifacts.
- Emergency third e-commerce platform developed to address unique COVID 19 challenges developed and deployed.
- Ongoing support for all three e-commerce platforms.

PURPLE CONSULTING UK/CITY OF LONDON (UK)

FEBRUARY 2019 – JUNE 2019

COMPLIANCE AND SECURITY SME, DIGITAL FORENSIC INVESTIGATOR

- Reporting CEO.
- Cybersecurity SME.
- Management Consultant .
- Business/Enterprise Architect.
- Multiple Multi Million GBP/USD Spear-Phishing campaign investigations for High Profile clients.
- Security review of cloud-based services and associated proves and internal/external infrastructure.
- Successful investigation, reporting, presentation to Executive of VIP client.
- Criminal referrals recommended.



CPC CLINICAL RESEARCH, US

NOVEMBER 2018 – MARCH 2019

COMPLIANCE AND SECURITY SME

- Reporting to the Executive Director
- HIPPA, FIPS, GDPR & Compliance and Audit SME
- Cybersecurity SME
- Management Consultant
- Business Architect
- Performing a full compliance and security audit

OXFORD GLOBAL RESOURCES

AUGUST 2018 – PRESENT

COMPLIANCE AND SECURITY SME

- Secure Dev Ops SME.
- HIPPA, FIPS, GDPR & Compliance and Audit SME
- Cybersecurity SME
- Management Consultant

BLOOD TRIBE POLICE SERVICE, AB

NOVEMBER 2014 – MAY 2017

SR. MANAGEMENT/LEGAL/COMPLIANCE CONSULTANT

- Reporting directly to the Chief of Police.
- Infrastructure re-architecture (proposal and implementation oversight.)
- Onsite physical audit of IT services, infrastructure, business processes, security and service providers.
- Review of integration with RCMP and GOA including GIS (CAD), BI, RMS and intelligence systems.
- Management of development and review of secure databases and supporting systems - remote/local.
- RFP for operations, strategic planning, segregation of services and duties. (Infrastructure & Technology).

TRITON CANADA, ON

OCTOBER 2014 – PRESENT

SR. MANAGEMENT/LEGAL/COMPLIANCE CONSULTANT

- Reporting directly to CEO and CIO.
- Strategic planning for future RFP, TRA, PIA and associated work.
- Legal and business review related to Contracted Services including RFQ, RFP, TRA and PIA.
- Legal and business review of documentation from the Ontario Government and RCMP with full written reports and presentations.



ALBERTA PENSIONS SERVICES CORPORATION, AB

OCTOBER 2013– OCTOBER 2014

SR. TECHNICAL PROJECT MANAGER/COMPLIANCE CONSULTANT

- Reporting directly to the Executive branch (Directors, VP's and CEO).
- Successful management of multiple dependency projects (end to end), with budgets between \$1.5 million and \$3 million dollars with oversight on associated projects (Construction, DevOps, Infrastructure, Digital Transformation, Change Management).
- Project charter development and presentation to full executive (VP's and CEO) for approval.

THE PORTAL AT STEWART CREEK, AB

NOVEMBER 2008 – AUGUST 2021

BOARD CHAIR/ SR. LEGAL CONSULTANT/ PROJECT MANAGER (LEGAL & CONSTRUCTION)/LEGAL/COMPLIANCE CONSULTANT

- Reporting directly to the Board.
- Legal strategy consultant and Board advisor on all legal matters involving a multi-million-dollar lawsuit.
- Oversight of expert witnesses (Engineers) and report Q/A.
- Construction Project Management oversight, forensic investigation support and legal tie in.
- E-Disclosure expert.
- Managing multiple successful Law Society and APEGA professional investigations, appeals and sanctions.
- Successful prosecution of multiple lawyers and engineers for code of conduct issues.
- Successful negotiation of significant settlements in legal files.



SOLICITOR GENERAL AND PUBLIC SECURITY/ALBERTA JUSTICE

MAY 2007 –MAY 2013

SR. PROJECT/PROGRAM/CHANGE MANAGER/SR. ARCHITECT

A key figure in a \$100+ million initiative, reporting directly to Ministers, Senior Police Officers (RCMP and Provincial) and invited to present at the Chiefs and Chiefs national conference on multiple occasions.

- Protected B (confidential) and Protected C (national security) police and intelligence national data center design and construction (physical and digital aspects).
 - Planning for security, structural integrity.
 - hardened for technological and physical attacks to RCMP national security standards.
 - Secure area access and emergency planning.
 - Harmonized Threat Risk Assessment (before and after construction).
- Chairman of national technical working group on Provincial and Federal disclosure processes.
- Presentations at executive and ministerial levels (Provincial and National).
- Review, develop, design and implement interconnected secure records and intelligence database systems.
 - Working with proprietary systems, legacy mainframe, MS SQL, Oracle, PostgreSQL and more.
- Developed new standards for application system design, documentation and methodologies.
- Subject Matter Expert in Law Enforcement processes and associated information technology.
- SME for Provincial and Federal Criminal file disclosure process.
 - Develop, design, manage, document with presentations to support.
- Provincial Law Enforcement Disaster Recovery Process (Physical construction and system).
 - Develop, design, manage and document with presentations to support.
- As-Is and High Level To-Be Business Process Mapping and detailed requirements gathering.
- Enterprise Architect support for Technical Architect in overall systems design.
- Support RFP processes for Integrated Provincial Law Enforcement System.
- Developed & Managed Provincial Business Process Workshops for law enforcement (Police & Justice).
- Business Architect for Provincial Police Solution (Provincial, National and International Secure Databases).
- Full repository of all enterprise artifacts (National Security Level).
- Readiness Lead for Police and Legal Business processes and Business Architecture.
- SME, trainer and architect for CAD systems and interfaces.
- Agency Roll Out Project Delivery Manager and Lead (Agile/XP).

CITY OF EDMONTON (TRANSIT/IT SERVICES)

APRIL 2006 –APRIL 2010

SR. BUSINESS ARCHITECT/SR. PROJECT/PROGRAM MANAGER/ SME

- Reporting directly to City Management.
- Managed construction of new secure storage facility for \$100 million fare products (annually) including planning and integration with new bar code and distribution operations.
- Acquisition of a high-speed bar-coding machine to facilitate and track fare product distribution.
- Implementation of B2B retail outlet fare product distribution processes through the Online Store.
- Management/Development and review of databases and other supporting systems - web and local (SAP, MS SQL etc.)
- Full documentation (system, architecture, customer, support etc.) with a repository of all enterprise artifacts.
- Increase in scalability increasing Outlets accounts from 180 to over 700.



CITY OF EDMONTON (CORPORATE SERVICES - EBUSINESS) OCTOBER 2004 –MARCH 2006

SR. BUSINESS ARCHITECT/SR. PROJECT/PROGRAM MANAGER/ SME

- Full Business Analysis, Technical and Business Architecting.
- Recovery of over \$6 million in outstanding receivables in first year.
- Management/Development and review of databases and other supporting systems - web and local.
- Project management (full life cycle) of multiple infrastructure, development and technical projects.
- Legal, Compliance and Technical support and strategic planning.

TANTUS SOLUTIONS GROUP, EDMONTON, AB MARCH 2013 –OCTOBER 2013

SR. BUSINESS ARCHITECT/SUBJECT MATTER EXPERT (SME)/ SR. LEGAL CONSULTANT

- Reporting directly to the Executive & CEO.
- Assisted in enhancing an existing Law Enforcement practice for national and international expansion.
- White papers (law enforcement use only).
- Review and documentation of secure databases and other supporting systems - remote and local.
- Collaboration with public, private sector and research community.
- Development of executive dashboards, reports and presentation to senior level stakeholder groups.

MICROSOFT JANUARY 2003 – PRESENT

PARTNER & SR. LEGAL/COMPLIANCE CONSULTANT

Building on his partnership and working with Senior Management and international CISO, invited to work with Microsoft Canada on Legal and Compliance, GIS related to cloud based services, data sovereignty, business intelligence and more. Presentations and papers provided to support work in this and other areas.

EDATAGOLF/EDATANETWORKS APRIL 2004– SEPTEMBER 2004

PROJECT MANAGER/OPERATIONS MANAGER.

- Senior Project Manager and interim Chief Operations Officer.
- Responsible for multiple software and infrastructure (construction) projects with budgets over \$1 million.
- Design, development and review of databases and other supporting systems, web and local (DB2, SQL).
- Full documentation (system, architecture, customer, support etc.) with a repository of all enterprise artifacts.
- Project Management for large infrastructure and technical project including new construction.
 - Zero down time operationally during construction and move phases including consolidation of province wide operations. (Agile/XP).



ISM (IBM GLOBAL SERVICES)

MARCH 1998 – APRIL 1999

TECHNICAL PROJECT MANAGER.

- Management of Service Requests for Alberta Municipal Affairs and Alberta Health.
- Project Management, architecting and liaison with vendors and clients.
- Documentation and presentation of projects and findings at company and ministerial levels.
- Management of support staff and regular (weekly) meetings with client.

SYNCRUDE (FORT MACMURRAY)

SEPTEMBER 1997 – MARCH 1998

PROGRAM MANAGER/MANAGEMENT CONSULTANT

- Complete company analysis (infrastructure, process and technology).
- Design and implementation of a new Budget/Forecast Business Plan integrated company wide solution.
- Project management (full life cycle) of infrastructure and technical project.
- Meetings/interviews at all levels of the company involving all business units.
- Documentation and presentation of projects and findings at all levels of the organization.

MERSEYSIDE POLICE AUTHORITY/BRITISH HOME OFFICE

1986 – 1995

POLICE OFFICE, SR. BUSINESS ANALYST/PROGRAMMER, PROJECT MANAGER

Early in his career, transferred to police headquarters. Responsible for research/data evaluation and received a Research Innovation Award presented by Lord Ferris, Secretary of State.

- Attended the Police Staff College and Accelerated Promotion Center, Bramshill, UK.
- Qualifications including National British Home Office Certified Project Management Professional.
- Presentations to law enforcement, local & national, using tools such as Harvard Graphics and Scala.
- Worked in specialized departments including (but not limited to)
 - Criminal Investigation
 - Police and Technology Forensics
 - Community Policing
 - Criminal Intelligence
 - Research in I.T. and Law
 - General Police Duties
 - Computer Aided Dispatch (CAD)
 - Traffic Enforcement
 - Management and Information Services
- Seconded to British Home Office as part of a National Research Program.
- Worked directly with Home Office Force Inspectorate and responsible for the IT systems and processes.
- Simplified many COTS “commercial off the shelf” applications with the aid of macro languages.
- Complete architecture plan for IT infrastructure.
- Project management (full life cycle) of multiple infrastructure and development projects (up to £200M).
- Management of research and development of new systems for use within the British Police and Courts.
- Pensioned off from the Police service after a serious injury on duty.



NOTABLE WHITE PAPERS/ DISCUSSION DOCUMENTS/ARTICLES

- <https://www.researchgate.net/publication/341694309> Are we the new Digital Soyilent Green
- <https://www.researchgate.net/publication/341713221> The Best Laid Plans COVID-19 A SARS-COV-2 Story A SARS-CoV-2 Story Page 2 106
- <https://www.researchgate.net/publication/344159232> Winter Is Coming
- <https://principia-scientific.com/the-covid-winter-is-coming/>
- <https://principia-scientific.com/how-gin-tonic-may-save-the-world-from-covid-19/>
- Redaction challenges in an electronic age. (Protected C).
- Prosecution Package for the 21st Century. (Protected B).
- Force Majeure – Use in Contract Law. (Protected B).
- Use of Force – electronic Management. (Protected B).
- e-Disclosure in the 21st Century. (Protected B).
- Duty of Care and Negligence – A Chain of Custody/Events view. (Protected B).
- [Data Sovereignty and Privacy Compliance - Compliance.](#)
- [Data Sovereignty and Privacy Compliance – In Transit vs At Rest.](#)
- [Consent - When “No Means No” is not enough.](#)
- [Consent - When “No Means No” is not enough \(video\).](#)
- [Data in Transit - Sometimes the Destination is more important than the Journey.](#)
- [AI - Real World Turing Test.](#)
- [AI – Trust but Verify.](#)
- [The Changing Role of Professionals – The First Digital Evolution.](#)
- [Social Media or Social Engineering - When they know more about you than you do about yourself.](#)
- [Professional discrimination and AI.](#)
- [Informed Consent \(video\)](#)
- Guest speaker at the International Conference of Big Data in Cybersecurity (2018) (invited 2019 and 2020)
- [The Einstein Test Rebooted – AI, Big Data and GDPR.](#)
- [The Einstein Test Rebooted – AI, Big Data and GDPR. \(video\)](#)

This is Exhibit "A" referred to in the Affidavit of:

David Thomas Dickson

Sworn before me this

18th day of ~~October, 2021~~

Redacted

Commissioner for Oaths, Justice of the Peace,

or Notary Public in and for Alberta
A Commissioner for Oaths
in and for the Province of Alberta

Appointment expires 2022/03/22



MEDICAL NOTE FOR MASK EXCEPTION

Patient Name:	
Mask Exceptions for Health Conditions A person who is unable to wear a face mask due to a qualifying health condition as determined by an authorizing health professional defined in CMOH Order 22-2021, is exempted from wearing a face mask while attending an indoor public place. List of qualifying health conditions: <ul style="list-style-type: none">• Sensory processing disorders• Developmental delay• Cognitive impairment• Mental illness including:<ul style="list-style-type: none">• Anxiety disorders• Psychotic disorders• Dissociative identity disorders• Depressive disorders• Facial trauma or recent oral maxillofacial surgery• Contact dermatitis or allergic reactions to mask components• Clinically significant acute respiratory distress It is important to continue practicing good hand hygiene and maintain 2 metres of physical distance from others to reduce the spread of COVID-19. It is strongly recommended that individuals who qualify for a masking exception avoid indoor public spaces and circumstances where physical distancing is not possible.	
By signing below, I confirm that: <ul style="list-style-type: none">• I am one of the following authorized health professionals:<ul style="list-style-type: none">o Nurse practitionero Physiciano Psychologist• The individual named above has been assessed and confirmed to have one of the medical conditions listed above <i>Additional comments:</i>	
Healthcare Provider Name (printed):	Professional Registration Number:
Email Address (optional):	Phone Number:
Signature:	Date:

RECORD OF DECISION – CMOH Order 22-2021

Re: 2021 COVID-19 Response

Whereas I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

Whereas the investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.

Whereas under section 29(2.1) of the *Public Health Act*, I have the authority by order to prohibit a person from attending a location for any period and subject to any conditions that I consider appropriate, where I have determined that the person engaging in that activity could transmit an infectious agent. I also have the authority to take whatever other steps that are, in my opinion, necessary in order to lessen the impact of the public health emergency.

Whereas having determined that additional measures respecting masking are necessary to protect Albertans from exposure to COVID-19 and to prevent the spread of COVID-19, I hereby make the following order which provides for new masking restrictions:

Part 1 – Application

- 1.1 This Order applies throughout the Province of Alberta and:
 - (a) rescinds Part 2 of Record of Decision – CMOH Order 19-2021 and Part 2 of Record of Decision – CMOH Order 20-2021; and
 - (b) deletes the references to Part 2 in the Table of Contents of Record of Decision – CMOH Order 19-2021 and Record of Decision – CMOH Order 20-2021.
- 1.2 If a section in this Order is inconsistent or in conflict with a provision in Record of Decision – CMOH Orders 10-2020, 13-2020, 33-2020, 07-2021 and 16-2021 the provisions in Record of Decision – CMOH Order 10-2020, 13-2020, 33-2020, 07-2021 and 16-2021 prevail to the extent of the inconsistency or conflict.
- 1.3 This Order is effective May 13, 2021.

Part 2 – Definitions

- 2.1 For the purposes of this Order:
 - (a) “authorizing health professional” means one of the following regulated members under the *Health Professions Act* who holds a practice permit:

- 4.4 For greater certainty, although the medical exception letter must verify that a health condition listed in Appendix A applies, it must not include specific information about the health condition.

Exceptions for children and students

- 4.5 Despite Part 3 of this Order, a child under two years of age does not need to wear a face mask at all times while attending an indoor public place.
- 4.6 Despite Part 3 of this Order, a child does not need to wear a face mask while attending any of the following child care programs:
- (a) a facility-based program providing day care, out of school care or preschool care;
 - (b) a family day home program;
 - (c) a group family child care program;
 - (d) an innovative child care program.
- 4.7 Despite Part 3 of this Order, a student, including a student that attends a home schooling co-op, does not need to wear a face mask while attending:
- (a) an early childhood services program;
 - (b) grades one through three at an indoor location within a school building; or
 - (c) the home schooling equivalent to an early childhood services program, grades one, two and three at a home schooling co-op.
-

Exception for farming or ranching operations

- 4.8 Despite Part 3 of this Order, a person does not need to wear a face mask while working at a farming or ranching operation, unless the person is interacting with a member of the public.

Part 14 – General

- 14.1 Notwithstanding anything in this Order, the Chief Medical Officer of Health may exempt a person or a class of persons from the application of this Order.
- 14.2 This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 13 day of May, 2021.


Deena Hinshaw, MD
Chief Medical Officer of Health





Document: Appendix A to Record of Decision – CMOH Order 22-2021

Subject: CMOH Order 22-2021 Health Conditions for Exceptions to Masking

Effective Date: May 13, 2021

Scope of Application: As per Record of Decision – CMOH Order 22-2021

Overview

This document lists the health conditions for which an authorizing health professional may issue a medical exception letter.

Health Conditions for Exceptions to Masking

- Sensory processing disorders.
- Developmental delay.
- Cognitive impairment.
- Mental illnesses including:
 - anxiety disorders;
 - psychotic disorders;
 - dissociative identity disorder;
 - depressive disorders.
- Facial trauma or recent oral maxillofacial surgery.
- Contact dermatitis or allergic reactions to mask components.
- Clinically significant acute respiratory distress.

RECORD OF DECISION – CMOH Order 34-2021

2021 COVID-19 Response re: Stage 3 – Open for Summer Plan

Whereas I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

Whereas the investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.

Whereas under section 29(2.1) of the *Public Health Act*, I have the authority by order to prohibit a person from attending a location for any period and subject to any conditions that I consider appropriate where I have determined that the person engaging in that activity could transmit an infectious agent. I also have the authority to take whatever other steps that are, in my opinion, necessary in order to lessen the impact of the public health emergency.

Whereas having determined that it is possible to modify certain restrictions while still protecting Albertans from exposure to COVID-19 and preventing the spread of COVID-19, I hereby make the following order:

Table of Contents

Part 1	Application
Part 2	Masking Requirements
Part 3	General

Part 1 – Application

- 1.1 This Order is effective on July 1, 2021 and applies throughout the Province of Alberta.
- 1.2 This Order rescinds all Records of Decision - CMOH Orders signed between March 16, 2020 and June 10, 2021 that are still in effect except for the following Records of Decision - CMOH Orders:
 - (a) CMOH Order 10-2020;
 - (b) CMOH Order 06-2021;
 - (c) CMOH Order 16-2021; and
 - (d) CMOH Order 32-2021.
- 1.3 This Order amends section 3 and section 10 of CMOH Order 06-2021 by deleting “CMOH Order 05-2020” and substituting “CMOH Order 35-2021”.
- 1.4 This Order does not apply to those subject matters covered by CMOH Order 10-2020. If a section in this Order is inconsistent, or in conflict with a provision in Record of Decision –

CMOH Order 10-2020, the sections in CMOH Order 10-2020 apply to the extent of the inconsistency or conflict.

Part 2 – Masking Requirements

2.1 For the purposes of this Order:

- (a) “authorizing health professional” means one of the following regulated members under the *Health Professions Act* who holds a practice permit:
 - i. nurse practitioners;
 - ii. physicians;
 - iii. psychologists.
- (b) “commercial vehicle” means a vehicle operated on a highway by or on behalf of a person for the purpose of providing transportation, but does not include a private passenger vehicle;
- (c) “masking directive or guidance” means a directive or guidance document made by a regional health authority, or a contracted service provider of a regional health authority, which sets out directions or guidance respecting the use of face masks in facilities or settings operated by the regional health authority or the contracted service provider.
- (d) “face mask” means a medical or non-medical mask or other face covering that covers a person’s nose, mouth and chin;
- (e) “health condition” means the following mental or physical limitations:
 - i. sensory processing disorders;
 - ii. developmental delays;
 - iii. mental illnesses including anxiety disorders, psychotic disorders; dissociative identity disorder or depressive disorders;
 - iv. facial trauma or recent oral maxillofacial surgery;
 - v. contact dermatitis or allergic reactions to mask components; or
 - vi. clinically significant acute respiratory distress.
- (f) “highway” means any thoroughfare, street, road, trail, avenue, parkway, driveway, viaduct, lane, alley, square, bridge, causeway, trestleway or other place or any part of any of them, whether publicly or privately owned, that the public is ordinarily entitled or permitted to use for the passage or parking of vehicles and includes:
 - i. a sidewalk, including a boulevard adjacent to the sidewalk,
 - ii. if a ditch lies adjacent to and parallel with the roadway, the ditch, and
 - iii. if a highway right of way is contained between fences or between a fence and one side of the roadway, all the land between the fences, or all the land between the fence and the edge of the roadway, as the case may be,but does not include a place declared by regulation not to be a highway.
- (g) “medical exception letter” means written confirmation provided to a person by an authorizing health professional which verifies that the person has a health condition

that prevents the person from wearing a face mask while attending an indoor public place, is valid for a period of one year from the date on which it is made, and clearly sets out the following information:

- (i) the name of the person to whom the exception applies;
 - (ii) the name, phone number, email address, professional registration number, and signature of the authorizing health professional; and
 - (iii) the date on which the written confirmation was provided.
- 2.2 A person driving or being transported in a commercial vehicle with one or more additional persons must wear a face mask at all times.
- 2.3 A person must comply with all masking directives or guidance while attending at a facility operated by a regional health authority under the *Regional Health Authorities Act* or a facility operated by a contracted service provider of a regional health authority.
- 2.4 Despite sections 2.2 and 2.3 of this Order, a person who is unable to wear a face mask due to a health condition who has a medical exemption letter provided by an authorizing health professional is excepted from wearing a face mask.
- 2.5 Despite sections 2.2 and 2.3 of this Order, a person is not required to wear a face mask if the person is:
- (a) a child under two years of age;
 - (b) unable to place, use or remove a face mask without assistance;
 - (c) seated while consuming food or drink;
 - (d) providing or receiving care or assistance where a face mask would hinder that caregiving or assistance; or
 - (e) a person who needs to temporarily remove their face mask while in the public place for the purposes of:
 - i. receiving a service that requires the temporary removal of their face mask;
 - ii. an emergency or medical purpose, or
 - iii. establishing their identity.

Part 3 – General

- 3.1 Notwithstanding anything in this Order, the Chief Medical Officer of Health may exempt a person or a class of persons from the application of this Order.
- 3.2 This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 30 day of June, 2021.


Deena Hinshaw, MD
Chief Medical Officer of Health



RECORD OF DECISION – CMOH Order 40-2021

Re: 2021 COVID-19 Response

Whereas I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

Whereas the investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.

Whereas under section 29(2.1) of the *Public Health Act*, I have the authority by order to prohibit a person from attending a location for any period and subject to any conditions that I consider appropriate, where I have determined that the person engaging in that activity could transmit an infectious agent. I also have the authority to take whatever other steps that are, in my opinion, necessary in order to lessen the impact of the public health emergency.

Whereas having determined that additional measures are necessary to protect Albertans from exposure to COVID-19 and to prevent the spread of COVID-19, I hereby make the following order:

Table of Contents

- Part 1 – Application
- Part 2 – Definitions
- Part 3 – Indoor masking requirements
- Part 4 – Masking Exceptions
 - A. General exceptions to indoor masking
 - B. Exceptions for health conditions
 - C. Exceptions for children
 - D. Exceptions for farming or ranching operations
 - E. Exceptions for physical and performance activities
 - F. Exceptions for places of worship
- Part 5 – Time limitations on alcohol service and consumption
- Part 6 – General

- (g) "Facility Licence" has the same meaning given to it under the *Gaming, Liquor and Cannabis Regulation, AR 143/96*, under the *Gaming, Liquor and Cannabis Act*.
- (h) "family day home program" has the same meaning given to it in the *Early Learning and Child Care Act*;
- (i) "farming or ranching operation" means the primary production of eggs, milk, grain, seeds, fruit, vegetables, honey, livestock, diversified livestock animals within the meaning of the *Livestock Industry Diversification Act*, poultry or bees, an operation that produces cultured fish within the meaning of the *Fisheries (Alberta) Act*, and any other primary agricultural operation specified in the regulations, but does not include the operation of a greenhouse, mushroom farm, nursery or sod farm;
- (j) "fitness activity" means a physical activity that occurs at a gym, fitness studio, dance studio, rink, pool, arena or recreation centre and includes dance classes, rowing, spin, pole dancing, yoga, boxing, boot camp, Pilates and other activities of a similar nature;
- (k) "food-serving business or entity" means a restaurant, café, bar, pub or similar business or entity;
- (l) "Gaming Licence" has the same meaning given to it under the *Gaming, Liquor and Cannabis Regulation, AR 143/96*, under the *Gaming, Liquor and Cannabis Act*.
- (m) "group family child care program" has the same meaning given to it in the former *Child Care Licensing Regulation*;
- (n) "health condition" means the following mental or physical limitations:
 - i. sensory processing disorders;
 - ii. developmental delays;
 - iii. mental illnesses including: anxiety disorders; psychotic disorders; dissociative identity disorder; and depressive disorders;
 - iv. facial trauma or recent oral maxillofacial surgery;
 - v. contact dermatitis or allergic reactions to mask components; or
 - vi. clinically significant acute respiratory distress.
- (o) "highway" means any thoroughfare, street, road, trail, avenue, parkway, driveway, viaduct, lane, alley, square, bridge, causeway, trestleway or other place or any part of any of them, whether publicly or privately owned, that the public is ordinarily entitled or permitted to use for the passage or parking of vehicles and includes:
 - i. a sidewalk, including a boulevard adjacent to the sidewalk;
 - ii. if a ditch lies adjacent to and parallel with the roadway, the ditch; and
 - iii. if a highway right of way is contained between fences or between a fence and one side of the roadway, all the land between the fences, or all the land between the fence and the edge of the roadway, as the case may be,

F. Exceptions for places of worship

- 4.11 Despite Part 3 of this Order, a person is not required to wear a face mask while participating at a worship service at a place of worship.

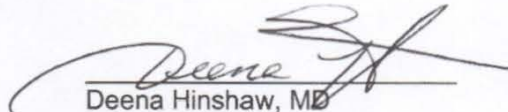
Part 5 – Time limitations on alcohol service and consumption

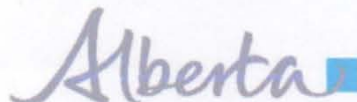
- 5.1 An operator of a food-serving business or entity that offers or provides food and beverage services must require persons to remain seated while consuming food or beverages.
- 5.2 An operator of a business or entity with a Class A or C liquor licence, including but not limited to restaurants, bars, lounges, pubs, cafes, legions or private clubs is prohibited from serving liquor after 10 p.m.
- 5.3 An operator of a business or entity with a Gaming Licence or Facility Licence or a Class B liquor licence, including but not limited to bowling alleys, casinos, bingo halls, pool halls and indoor recreation entertainment centers is prohibited from serving liquor after 10 p.m.
- 5.4 A person who holds a Special Event Licence is prohibited from serving liquor after 10 p.m. and must ensure that liquor consumption at the event ends at 11 p.m..
- 5.5 An operator of a food-serving business or entity with a Class A, B, or C liquor licence or with a Gaming Licence or Facility Licence must ensure that liquor consumption at the food-serving business or entity ends at 11 p.m..
- 5.6 For greater certainty, an operator of a business or entity with a Class A, B or C liquor licence, may, subject to applicable laws, provide liquor by take-out or delivery at any time, including after 10 p.m..

Part 6 – General

- 6.1 Notwithstanding anything in this Order, the Chief Medical Officer of Health may exempt a person or a class of persons from the application of this Order.
- 6.2 This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 3 day of September, 2021.


Deena Hinshaw, MD
Chief Medical Officer of Health



RECORD OF DECISION – CMOH Order 42-2021

Re: 2021 COVID-19 Response

Whereas I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

Whereas the investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.

Whereas under section 29(2.1) of the *Public Health Act* (the Act), I have the authority by order to prohibit a person from attending a location for any period and subject to any conditions that I consider appropriate, where I have determined that the person engaging in that activity could transmit an infectious agent. I also have the authority to take whatever other steps that are, in my opinion, necessary in order to lessen the impact of the public health emergency.

Whereas a state of public health emergency for the province of Alberta was declared on September 15, 2021.

Whereas having determined that additional measures are necessary to protect Albertans from exposure to COVID-19 and to prevent the spread of COVID-19, I hereby make the following order:

Table of Contents

Part 1 Application

Part 2 Definitions

Part 3 Masking

- A. Indoor masking requirements
- B. General exceptions to indoor masking
- C. Exceptions for health conditions
- D. Exception for childcare programs
- E. Exceptions for performance activities
- F. Exceptions for professional physical activities and performance activities
- G. Exceptions for farming or ranching operations

Part 4 Physical distancing

- A. Two metres physical distance required
- B. General exceptions to two metre physical distance requirement
- C. Three metres physical distance required

- (t) “health condition” means the following mental or physical limitations:
 - i. sensory processing disorders;
 - ii. developmental delays;
 - iii. mental illnesses including: anxiety disorders; psychotic disorders; dissociative identity disorder; and depressive disorders;
 - iv. facial trauma or recent oral maxillofacial surgery;
 - v. contact dermatitis or allergic reactions to face mask components; or
 - vi. clinically significant acute respiratory distress.

- (u) “highway” means any thoroughfare, street, road, trail, avenue, parkway, driveway, viaduct, lane, alley, square, bridge, causeway, trestleway or other place or any part of any of them, whether publicly or privately owned, that the public is ordinarily entitled or permitted to use for the passage or parking of vehicles and includes:
 - i. a sidewalk, including a boulevard adjacent to the sidewalk;
 - ii. if a ditch lies adjacent to and parallel with the roadway, the ditch; and
 - iii. if a highway right of way is contained between fences or between a fence and one side of the roadway, all the land between the fences, or all the land between the fence and the edge of the roadway, as the case may be,but does not include a place declared by regulation not to be a highway.

- (v) “innovative child care program” has the same meaning given to it in the former *Child Care Licensing Regulation*.

- (w) “masking directive or guidance” means, as the context of this Order requires, either:
 - i. a directive or guidance document made by a regional health authority, or a contracted service provider of a regional health authority, which sets out directions or guidance respecting the use of face masks in facilities or settings operated by the regional health authority or the contracted service provider; or
 - ii. a directive or guidance document made by Alberta Health and posted on the Government of Alberta website which sets out directions or guidance respecting the use of face masks in the child care program setting.

- (x) “medical exception letter” means written confirmation provided to a person by an authorizing health professional which verifies that the person has a health condition that prevents the person from wearing a face mask while attending an indoor public place and
 - i. clearly sets out the information required by section 3.6 of this Order; and
 - ii. is valid for a period of one year from the date on which it is made.

- (y) “outdoor food and beverage services” means services which an operator of a food-serving business or entity provides in an outdoor area to persons who remain at the food-serving business or entity while consuming food or beverages. For greater

- (ii) to allow the greatest possible distance between seated persons.

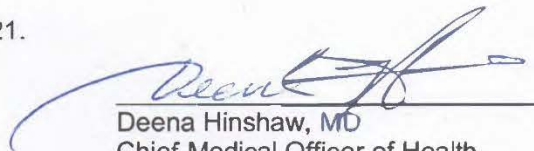
Part 14 – Exemptions under Alberta Government’s Restrictions Exemption Program

- 14.1 Notwithstanding anything in this Order, the Chief Medical Officer of Health may, pursuant the Alberta Government’s Restrictions Exemption Program, exempt a person or class of persons from the application of some, or all, parts of this Order.

Part 15 – General

- 15.1 Notwithstanding anything in this Order, the Chief Medical Officer of Health may exempt a person or a class of persons from the application of this Order.
- 15.2 This Order provides the minimum standards for public health measures in Alberta for those matters addressed by this Order.
- 15.3 For greater certainty, nothing in this Order relieves a person from complying with any provision of any federal, provincial or municipal law or regulation or any requirement of any lawful permit, order or licence covering those matters which are addressed in this Order.
- 15.4 This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 16th day of September, 2021.


Deena Hinshaw, MD
Chief Medical Officer of Health

- (e) “eligible person” means a person who is living, working or going to school in Alberta who is eligible to receive the COVID-19 vaccine.
- (f) “employee” means workers, contractors, repair workers, delivery workers, volunteers, students inspectors or others who are entering the eligible participant for work purposes and not as patrons or attendees.
- (g) “face mask” means a medical or non-medical mask or other face covering that covers a person’s nose, mouth and chin.
- (h) “fitness activity” means a physical activity that occurs at a gym, fitness studio, dance studio, rink, pool, arena or recreation centre and includes dance classes, rowing, spin, yoga, boxing, boot camp, Pilates and other activities of a similar nature.
- (i) “Guidelines” means the Requirements for the Restrictions Exemption Program published on the Government of Alberta website.
- (j) “health condition” means the following mental or physical limitations:
 - i. sensory processing disorders;
 - ii. developmental delays;
 - iii. mental illnesses including: anxiety disorders; psychotic disorders; dissociative identity disorder; and depressive disorders;
 - iv. facial trauma or recent oral maxillofacial surgery;
 - v. contact dermatitis or allergic reactions to face mask components; or
 - vi. clinically significant acute respiratory distress.
- (k) “masking medical exception letter” means written confirmation provided to a person by an authorizing health professional which verifies that the person has a health condition that prevents the person from wearing a face mask while attending an indoor public place and:
 - i. clearly sets out the information required by section 4.6 of this Order; and
 - ii. is valid for a period of one year from the date on which it is made.
- (l) “medical contraindication to vaccination” means a condition diagnosed by an authorizing health professional as determined by guidance provided by the College of Physicians and Surgeons or the College and Association of Registered Nurses.
- (m) “personal identification” means a valid:
 - i. birth certificate issued by a government of a province of Canada and including the photograph of the holder;
 - ii. citizenship card;
 - iii. driver’s licence issued by a government of a province of Canada and including the photograph of the holder;

- 5.8 Despite section 5.2, the following persons are not required to provide proof of vaccination:
- (a) a person ineligible for immunization under the Alberta COVID-19 immunization program;
 - (b) a person with a medical exemption letter for vaccination;
 - (c) a person with a written or printed copy of a negative COVID-19 test.


D. Positive Test Result

- 5.9 An eligible participant is prohibited from allowing a person presenting a positive COVID-19 test result from attending at the eligible participant's premises and must advise a person who presents a positive COVID-19 test result that the person must isolate in accordance with CMOH Order 06-2021.

Part 6 – General

- 6.1 This Order provides the minimum standards for public health measures in Alberta for those matters addressed by this Order.
- 6.2 For greater certainty, nothing in this Order relieves a person from complying with any provision of any federal, provincial or municipal law or regulation or any requirement of any lawful permit, order or licence covering those matters which are addressed in this Order.
- 6.3 This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 18th day of September, 2021.


Deena Hinshaw, MD
Chief Medical Officer of Health

Alberta 



Document: Appendix A to Record of Decision – CMOH Order 43-2021

Subject: CMOH Order 43-2021 Alberta Government's Restrictions Exemption Program

Scope of Application: As per Record of Decision – CMOH Order 43-2021

In Scope	Out of Scope
Restaurants	Events in Private Dwellings
Nightclubs	Retail & Shopping Malls
Casinos, Bingo Halls, VLT Lounges	Food Courts
Entertainment/Rec Centers, such as: <ul style="list-style-type: none"> • Bowling, racing entertainment, arcades, billiards halls, other similar entertainment • Museums, art galleries 	Libraries
Movie theatres	Employees in/on a worksite for the purposes of their employment
Recreation facilities for physical activity, performance activity or recreational activity	Schools, K-12
Conferences / Meeting Spaces / Halls/ Rented space (excluding dwelling units)	School curriculum based activity
Weddings and Funerals held in public facilities where the facility maintains responsibility for adherence to these requirements	Accommodations (e.g., hotel)
Spectator at a professional sport activity	Places of Worship – for faith services
Spectator at a professional performance activity	Health Services
Private social events held in public facilities where the facility maintains responsibility for adherence to these requirements	Personal Services
Adult sport activity participants	Wellness Services

RECORD OF DECISION – CMOH Order 44-2021

Re: 2021 COVID-19 Response

Whereas I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

Whereas the investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.

Whereas under section 29(2.1) of the *Public Health Act* (the Act), I have the authority by order to prohibit a person from attending a location for any period and subject to any conditions that I consider appropriate, where I have determined that the person engaging in that activity could transmit an infectious agent. I also have the authority to take whatever other steps that are, in my opinion, necessary in order to lessen the impact of the public health emergency.

Whereas a state of public health emergency for the province of Alberta was declared on September 15, 2021.

Whereas having determined that additional measures are necessary to protect Albertans from exposure to COVID-19 and to prevent the spread of COVID-19, I hereby make the following order:

Table of Contents

- Part 1 Application**
- Part 2 Definitions**
- Part 3 Masking**
 - A. Indoor masking requirements
 - B. General exceptions to indoor masking
 - C. Exceptions for health conditions
 - D. Exception for childcare programs
 - E. Exceptions for farming or ranching operations
- Part 4 Physical distancing**
 - A. Two metres physical distance required
 - B. General exceptions to two metre physical distance requirement
 - C. Three metres physical distance required
 - D. Exceptions to three metre physical distance requirement
- Part 5 Work from one’s private residence**
- Part 6 Private residences**

- (r) "Gaming Licence" has the same meaning given to it under the *Gaming, Liquor and Cannabis Regulation, AR 143/96*, under the *Gaming, Liquor and Cannabis Act*.
- (s) "group family child care program" has the same meaning given to it in the former *Child Care Licensing Regulation*.
- (t) "health condition" means the following mental or physical limitations:
 - i. sensory processing disorders;
 - ii. developmental delays;
 - iii. mental illnesses including: anxiety disorders; psychotic disorders; dissociative identity disorder; and depressive disorders;
 - iv. facial trauma or recent oral maxillofacial surgery;
 - v. contact dermatitis or allergic reactions to face mask components; or
 - vi. clinically significant acute respiratory distress.
- (u) "highway" means any thoroughfare, street, road, trail, avenue, parkway, driveway, viaduct, lane, alley, square, bridge, causeway, trestleway or other place or any part of any of them, whether publicly or privately owned, that the public is ordinarily entitled or permitted to use for the passage or parking of vehicles and includes:
 - i. a sidewalk, including a boulevard adjacent to the sidewalk;
 - ii. if a ditch lies adjacent to and parallel with the roadway, the ditch; and
 - iii. if a highway right of way is contained between fences or between a fence and one side of the roadway, all the land between the fences, or all the land between the fence and the edge of the roadway, as the case may be,but does not include a place declared by regulation not to be a highway.
- (v) "innovative child care program" has the same meaning given to it in the former *Child Care Licensing Regulation*.
- (w) "masking directive or guidance" means, as the context of this Order requires, either:
 - i. a directive or guidance document made by a regional health authority, or a contracted service provider of a regional health authority, which sets out directions or guidance respecting the use of face masks in facilities or settings operated by the regional health authority or the contracted service provider; or
 - ii. a directive or guidance document made by Alberta Health and posted on the Government of Alberta website.
- (x) "medical exception letter" means written confirmation provided to a person by an authorizing health professional which verifies that the person has a health condition that prevents the person from wearing a face mask while attending an indoor public place and
 - i. clearly sets out the information required by section 3.6 of this Order; and
 - ii. is valid for a period of one year from the date on which it is made.

- (i) to prevent persons who are seated from facing each other, and
- (ii) to allow the greatest possible distance between seated persons.

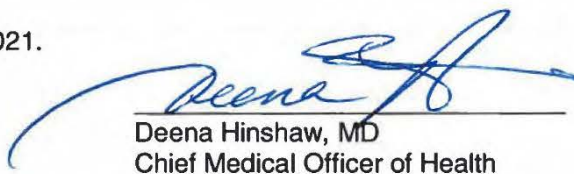
Part 14 – Exemptions under Alberta Government’s Restrictions Exemption Program

14.1 Notwithstanding anything in this Order, the Chief Medical Officer of Health may, pursuant the Alberta Government’s Restrictions Exemption Program, exempt a person or class of persons from the application of some, or all, parts of this Order.

Part 15 – General

- 15.1 Notwithstanding anything in this Order, the Chief Medical Officer of Health may exempt a person or a class of persons from the application of this Order.
- 15.2 This Order provides the minimum standards for public health measures in Alberta for those matters addressed by this Order.
- 15.3 For greater certainty, nothing in this Order relieves a person from complying with any provision of any federal, provincial or municipal law or regulation or any requirement of any lawful permit, order or licence covering those matters which are addressed in this Order.
- 15.4 This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 23rd day of September, 2021.


Deena Hinshaw, MD
Chief Medical Officer of Health

RECORD OF DECISION – CMOH Order 45-2021

Re: 2021 COVID-19 Response – Alberta Government’s Restrictions Exemption Program; Rescinding and replacing RECORD OF DECISION – CMOH Order 43-2021

Whereas I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

Whereas the investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.

Whereas under section 29(2.1) of the *Public Health Act*, I have the authority by order to prohibit a person from attending a location for any period and subject to any conditions that I consider appropriate, where I have determined that the person engaging in that activity could transmit an infectious agent. I also have the authority to take whatever other steps that are, in my opinion, necessary in order to lessen the impact of the public health emergency.

Whereas a state of public health emergency was declared in the province of Alberta on September 15, 2021.

Whereas I have determined it is possible to exempt eligible businesses, entities and events and patrons and attendees at their premises from certain restrictions found in Record of Decision CMOH Order 44-2021 provided that eligible participants screen patrons or attendees for proof of vaccination or a negative COVID-19 test result, I hereby make the following order:

Table of Contents

- Part 1 – Application
- Part 2 – Definitions
- Part 3 – Restrictions Exemption Program
- Part 4 – Masking Requirements
 - A. Indoor masking requirements
 - B. General exceptions to indoor masking
 - C. Masking exceptions for health conditions
- Part 5 – Obligations of eligible participants
 - A. Screening of patrons or attendees
 - B. Forms of proof of vaccination
 - C. Exceptions for proof of vaccination
 - D. Positive test result
- Part 6 - General

- (d) “eligible participant” means an operator of a discretionary business, entity or event that chooses to implement the Restrictions Exemption Program under this Order.
- (e) “eligible person” means a person who is living, working or going to school in Alberta who is eligible to receive the COVID-19 vaccine.
- (f) “first responders” means emergency medical responders registered with the Alberta College of Paramedics, police officers as defined in the *Police Act* and firefighters.
- (g) “employee” means workers, contractors, repair workers, delivery workers, volunteers, inspectors, or others who are entering the eligible participant for work purposes and not as patrons or attendees.
- (h) “face mask” means a medical or non-medical mask or other face covering that covers a person’s nose, mouth and chin.
- (i) “fitness activity” means a physical activity that occurs at a gym, fitness studio, dance studio, rink, pool, arena or recreation centre and includes dance classes, rowing, spin, yoga, boxing, boot camp, Pilates and other activities of a similar nature.
- (j) “Guidelines” means the Requirements for the Restrictions Exemption Program, as amended from time to time and as published on the Government of Alberta website.
- (k) “health condition” means the following mental or physical limitations:
 - i. sensory processing disorders;
 - ii. developmental delays;
 - iii. mental illnesses including: anxiety disorders; psychotic disorders; dissociative identity disorder; and depressive disorders;
 - iv. facial trauma or recent oral maxillofacial surgery;
 - v. contact dermatitis or allergic reactions to face mask components; or
 - vi. clinically significant acute respiratory distress.
- (l) “masking medical exception letter” means written confirmation provided to a person by an authorizing health professional which verifies that the person has a health condition that prevents the person from wearing a face mask while attending an indoor public place and:
 - i. clearly sets out the information required by section 4.5 of this Order; and
 - ii. is valid for a period of one year from the date on which it is made.
- (m) “medical contraindication to vaccination” means a condition diagnosed by an authorizing health professional as determined by guidance provided by the College of Physicians and Surgeons or the College and Association of Registered Nurses.

- 6.2 For greater certainty, nothing in this Order relieves a person from complying with any provision of any federal, provincial or municipal law or regulation or any requirement of any lawful permit, order or licence covering those matters which are addressed in this Order.
- 6.3 This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 24th day of September, 2021.

Deena Hinshaw, MD
Chief Medical Officer of Health

This is Exhibit "B" referred to in the Affidavit of:
David Thomas Dickson
Sworn before me this
18th ~~day~~ of October, 2021
Redacted

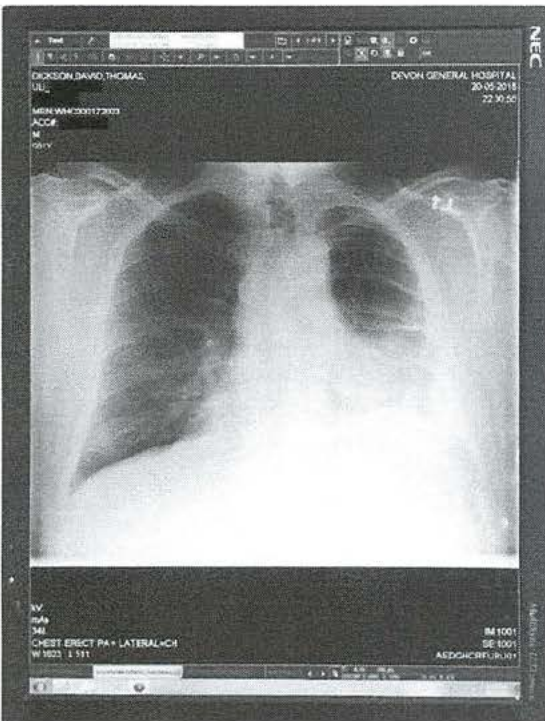
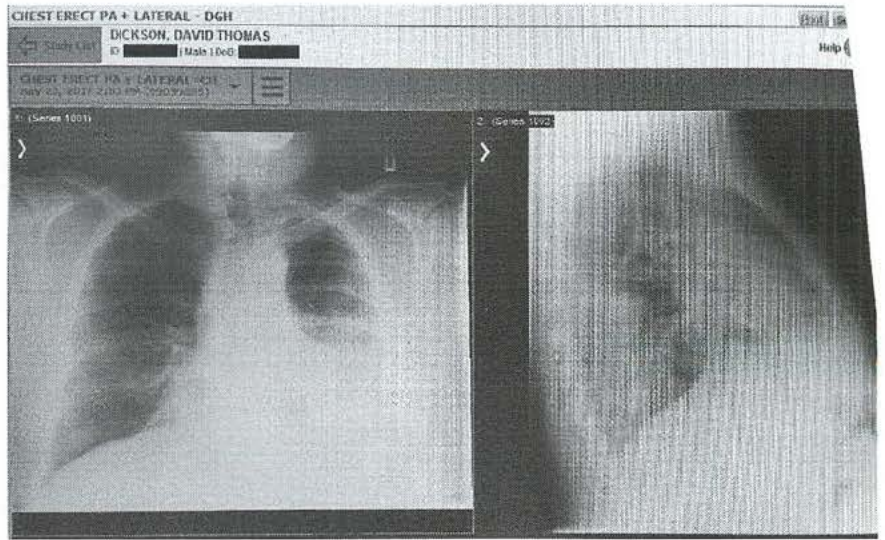
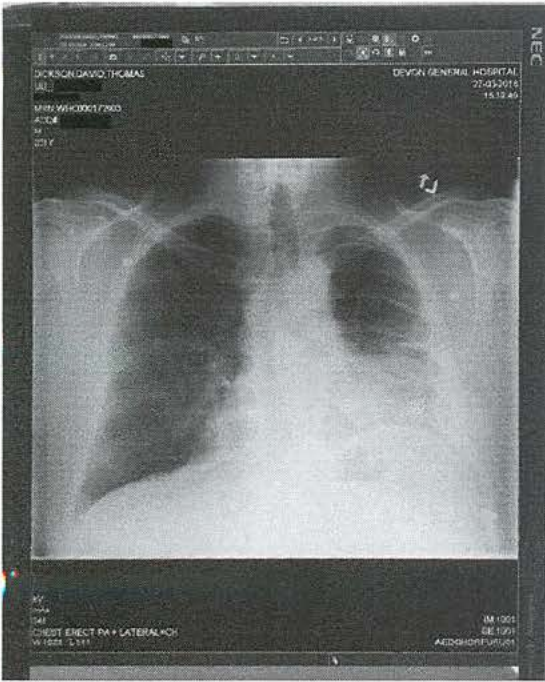
Commissioner for Oaths, Justice of the Peace,
or Notary Public in and for Alberta
A Commissioner for Oaths
in and for the Province of Alberta

Appointment expires 2022/07/20
Print Name and Expiry Date

Alberta ■

Relevant Medical History

- January 2020. Treated for tenosynovitis in right hand middle finger (cortisone injection).
- December 2019. Chest infection/pneumonia – unusual symptoms – no x-ray. Pain in right middle finger (knuckle). Treated with Antibiotics (4 courses – final course Azithromycin and Amoxi/Clav).
- September 2019. Kidney infection/kidney stones, Canmore Hospital.
- 2019 CT scan of lungs. No change.
- Feb 28th, 2019. Sleep Study – No sleep apnea – PFT consistent with severe restrictive lung disease.
- December 10th, 2018. Dr. Valji. CT – Some changes.
- November 26th, 2018 CT of lungs at Misericordia
- October 2018. Tetanus, Flu and Critical flu shots
- September/October 2018 – pneumonia-4 courses of Anti biotics
- Multiple times to Devon Emergency in 2018
- March 18th, 2018. Right upper quadrant chest pain (plural). Admitted Devon hospital. Sinus tachycardia (pain). Chest X-Rays & blood OK. Kept overnight. CT next morning no change from previous scan/x rays.
- November 2017 - Flu and 5-year flu shots.
- November 20th, 2017. Devon Hospital for tests. Xray's, (Doctor concerned lung has not improved and thinks something should be done). Conclusion, pain from long standing neck issues was the primary cause. Sent home to continue pain management.
- Waiting on Level 3 and Level 1 sleep studies plus lung function test.
- November 17th – November 19th, 2017. Episode left effectively totally paralyzed for many hours. Same symptoms as in England due to excessive pain related to neck/back injury.
- November 1st – 17th, 2017. Recurring stomach issues resulting in overnight vomiting and loss of sleep. Neck pain worsening but unable to take pain medication as it makes stomach worse.
- September 19th, 2017. facial pain getting worse.
- September 18th, 2017. Devon Hospital, Blood work OK. Chest X-Ray OK. Bolas, left side of face hot and sensitive to touch.
- September 14th, 2017. Trouble breathing & pain plus persistent headache. Left shoulder pain into left arm (assumed to be cervical spondylosis).
- September 17/18 Chest worse, cough started.
- CT scan shows no significant change from previous x-rays/CT.
- August 2017 – Anti-biotics resolved chest issues.
- June 2017 – Second course of Cefuroxime (doubled dose) – 10 days. Cough abated (somewhat). Pain still present.
- June 2017 – Additional course of Cefuroxime – 10 days. Partial improvement then deterioration after course finished.
- May 2017 - Plural pain and cough return. X-Rays appear to be unchanged, although there is a slight change.
 - CT scan booked (August 31st).
 - Treated with Amoxi/Clav – 10 days. Partial improvement then deterioration at end of course.
 - Blood pressure elevated and uncontrolled. Lowered partially with pain medication.
- March 2017 - Plural pain and cough return. X-Rays appear to be unchanged.
- February 2017, pain from cervical spondylosis & calcified tendonitis now causing significant issues sleeping. Diagnosed with trapped nerve from Operation in April 2016.
- Shoulder pain from cervical spondylosis & calcified tendonitis spread to left arm.
- Bowel and Lung spontaneous recovery. Still unknown why.
- June, 2016 PlurX leaking and removed. Initial thought was a requirement for decortication. X-Ray showed Lung partially recovered.
- April 16th, 2016 Drain PlurX. Continuing Monday, Wednesday, Friday. Draining 250ml-500ml
- April 15th, 2016 Admitted Devon hospital for constipation causing pressure on lung. Treated with Colyte.
- April 14th, 2016 PlurX drain 90 ml.
- April 13th, 2016 Discharged. No bowel movements for 3 days.
- April 12th, 2016 Thoracoscopy, Biopsy & PlurX drain.
 - April 11th, 2016 admitted to RAH for emergency surgery. Scheduled for Thoracoscopy, Biopsy & PlurX drain April 27th, 2016.
- 2016 Lung issues more severe. Breathing difficulties. Repeat CT showed increase in pleural effusion/ scarring like asbestosis both lungs.
- August 2015 thoracentesis caused severe pain followed by serious kidney infection and hospitalization at UofA for 5 days
- 2015 Cortisone treatment for 1994 injury (calcified tendonitis) – Helped bowel and lung temporarily by reducing inflammation.
- Chronic Pleural effusion. Regular drainage since 2012. Atelectasis lower left lobe. Multiple thoracentesis to drain.
- January – August 2015 – Thickening of pleural area (possible lung cancer) – PET Scan, CT's Bronchoscopy, Thoracentesis.
- 2010 Lung compression diagnosis. Lost 30% lung capacity. Diaphragm impacted. Lungs scarred due to aspirations. Breathing issues.
- Tested for possible Heart defect (Multiple Stress tests including Mibi). Heart slightly enlarged and pumps half volume until stressed then pumps full volume and slows to around 60 bpm. Regular heartbeat is around 100 bpm.
- 1994 – Police (on duty) Injury to I, T & C spine, and left shoulder (Injury on Duty in Police). Cervical spondylosis, Calcified tendonitis, and Rotator cuff injury (left shoulder). Chronic pain, significant sleep interruption, paralysis (unable to move often left for hours on floor until symptoms abate. More often impacting left side but sometimes total. Ongoing issues.



This is Exhibit "C" referred to in the Affidavit of:

David Thomas Dickson

Sworn before me this

18th day of October, 2021

Redacted

Commissioner for Oaths, Justice of the Peace,

or Notary Public in and for Alberta
in and for the Province of Alberta

Appointment expires 2024/02/28

Print Name and Expiry Date

Alberta Adverse Events Following Vaccination (AEFI) reported as of October 14th, 2021. Includes overlay of all Canadian vaccine AEFI in previous years.
<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccinations>

- **1,749** adverse events following immunization (AEFI) have been reported to Alberta Health. This represents **1,717** people, and **1,815** symptoms.
 - **1,102** related to Pfizer
 - **446** related to Moderna
 - **201** related to AstraZeneca

- There have been **4,546** vaccine refusals and **2,478** contraindications to receiving the vaccine

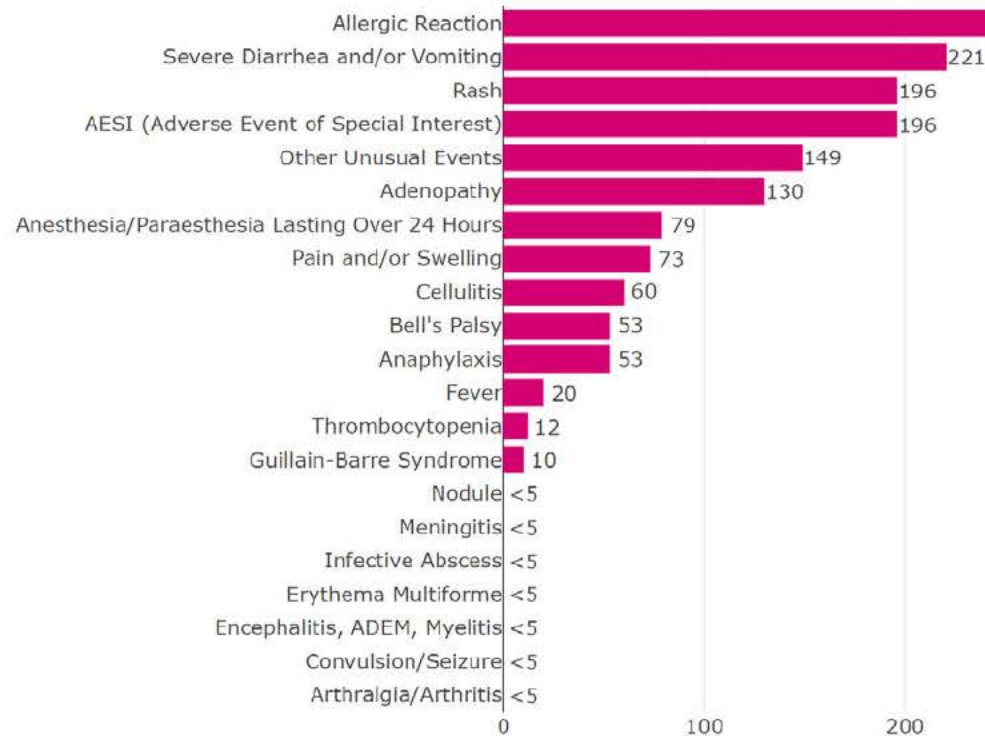


Figure 1: Total AEFI reports received, by bi-annual calendar year (serious and non-serious) for 2018 compared to the average of the previous four years.

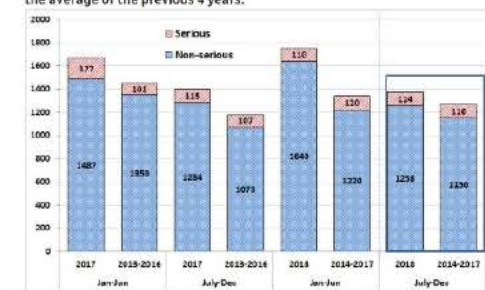


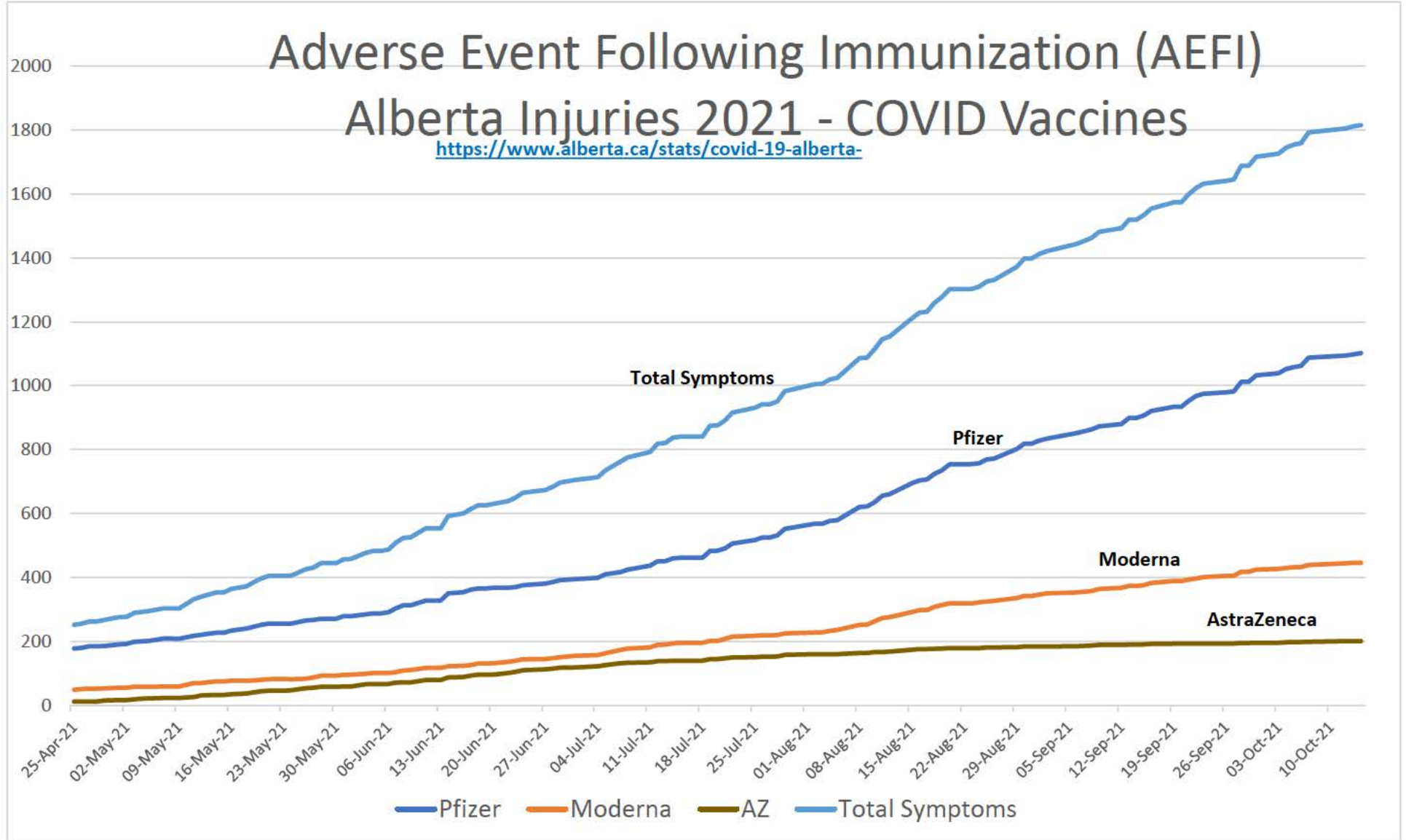
Figure 1 - Text description

Number of events

Number of adverse events following immunization (AEFI) by condition reported in Alberta

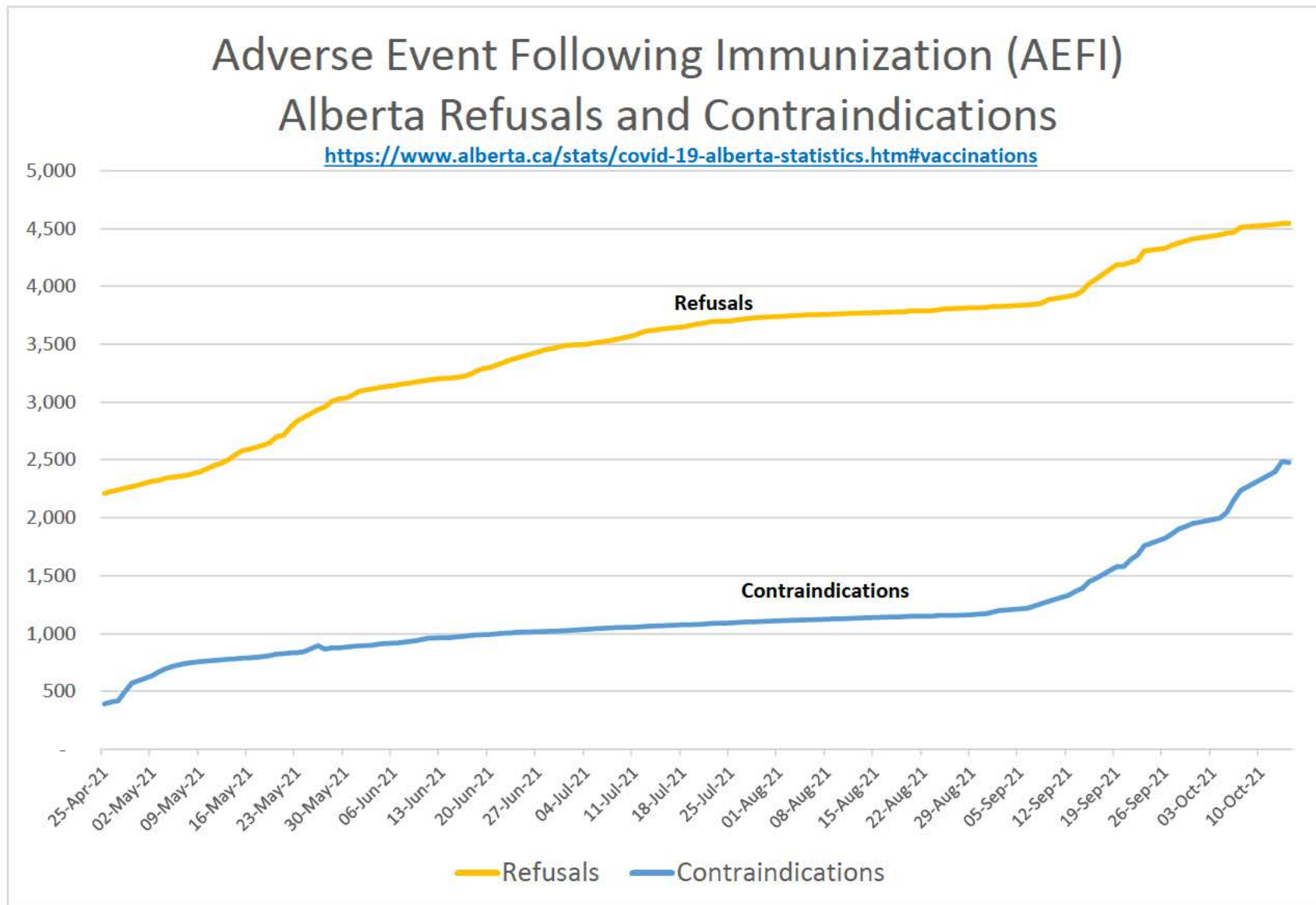
Alberta Adverse Events Following Vaccination (AEFI) reported publicly online from April 25th, 2021 to October 14th, 2021.

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccinations>



Alberta Adverse Events Following Vaccination (AEFI) Refusals and Contraindication reported publicly online from April 25th, 2021 to October 14th, 2021.

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccinations>



US Adverse Events Following Vaccination (AEFI) reported as of October 8th, 2021.

In the US 186,917,921 people are fully vaccinated and 216,573,911 have had at least one dose.

<https://usafacts.org/visualizations/covid-vaccine-tracker-states/>

Remember these numbers below are considered 1% of the actual numbers.

VAERS (US) REPORTS 1% of all deaths and injuries.

<https://thevaccinereaction.org/2020/01/only-one-percent-of-vaccine-reactions-reported-to-vaers/>

<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

VAERS (US)

<https://vaers.hhs.gov/data/datasets.html>

Adverse effects 779,636 = 1 in 234 fully vaccinated people.

<https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19>

Deaths 16,766 = 1 in 11,149 people fully vaccinated people.

<https://www.medalerts.org/vaersdb/findfield.php?EVENTS=ON&VAX=COVID19&VAXTYPES=COVID-19&DIED=Yes>

Average Reported deaths from
1990 to 2020 = 159

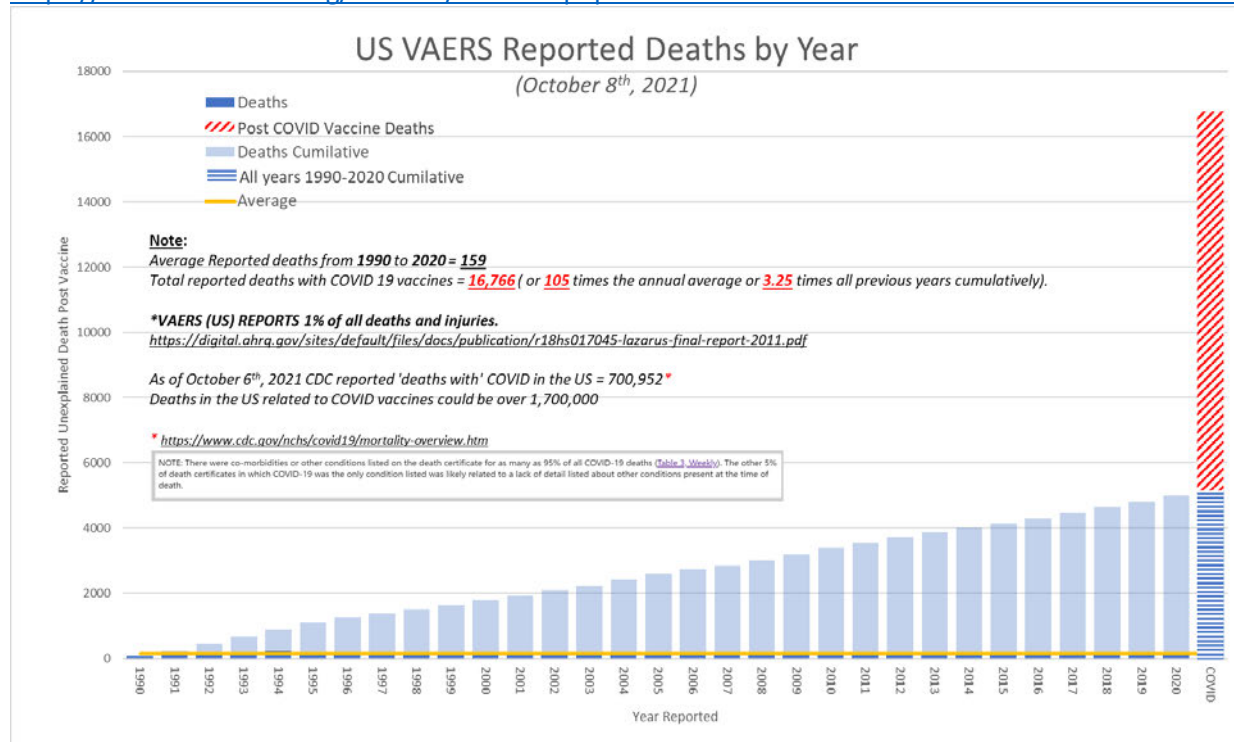
Total reported deaths (2020/2021)

with COVID 19 vaccines = 16,310

105 times the annual average

3.35 times ALL previous years cumulatively.

Year	Reported Deaths	Deaths Cumilative	Average
1990	76	76	159
1991	160	236	159
1992	218	454	159
1993	219	673	159
1994	223	892	159
1995	140	1,115	159
1996	123	1,255	159
1997	133	1,378	159
1998	132	1,511	159
1999	144	1,643	159
2000	141	1,787	159
2001	174	1,928	159
2002	135	2,102	159
2003	199	2,237	159
2004	162	2,436	159
2005	131	2,598	159
2006	123	2,729	159
2007	162	2,852	159
2008	182	3,014	159
2009	191	3,196	159
2010	161	3,387	159
2011	173	3,548	159
2012	166	3,721	159
2013	129	3,887	159
2014	131	4,016	159
2015	150	4,147	159
2016	178	4,297	159
2017	165	4,475	159
2018	165	4,640	159
2019	183	4,805	159
2020	166	4,988	159
COVID	16,766	5,154	159



UK Adverse Events Following Vaccination (AEFI) reported as of October 6th, 2021.

In the UK 45,078,529 people are fully vaccinated and 49,068,705 have had at least one dose. <https://coronavirus.data.gov.uk/details/vaccinations>

UK Normal years AEFI reactions for comparison.

<https://vk.ovg.ox.ac.uk/vk/vaccine-side-effects>

In the UK between 1997 and 2003 there were a total of **130 reports of anaphylaxis** following ALL immunisations. Around 117 million doses of vaccines were given in the UK during this period. This means that the overall rate of anaphylaxis is around 1 in 900,000.”

Anaphylaxis. In COVID Vaccines alone in the UK – October 6th, 2021

<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>

“Anaphylaxis (Severe allergic reactions)

*The MHRA continues to monitor reports of severe allergic reactions with the Pfizer/BioNTech vaccine and has received **489** UK spontaneous adverse reactions associated with anaphylaxis or anaphylactoid reactions. The nature and frequency of these reports is in line with that reported in previous updates, and severe allergic reactions to the Pfizer/BioNTech vaccine remain very rare. The MHRA’s guidance remains that those with a previous history of allergic reactions to the ingredients of the vaccine should not receive it.*

*The MHRA is closely monitoring reports of anaphylaxis with the COVID-19 Vaccine Moderna and has received **40** reports of anaphylaxis in association with the vaccine. Anaphylaxis is a potential side effect of the vaccine, and it is recommended that those with known hypersensitivity to the ingredients of the vaccine should not receive it.*

*The MHRA also closely monitors reports of anaphylaxis or anaphylactoid reactions with the COVID-19 Vaccine AstraZeneca and has received **823** UK spontaneous adverse reactions associated with anaphylaxis or anaphylactoid reactions reported and is very rare. An update to the product information has been made to reflect the fact that reports of anaphylaxis have been received for the COVID-19 Vaccine AstraZeneca.”*

Reported **1,352** cases of Anaphylaxis in **TEN MONTHS** for three vaccines vs. **130** cases of Anaphylaxis in **SIX YEARS** for ALL vaccines.

Thrombo-embolic events with concurrent low platelets

“Up to 6 October 2021, the MHRA had received Yellow Card reports of 424 cases of major thromboembolic events (blood clots) with concurrent thrombocytopenia (low platelet counts) in the UK following vaccination with COVID-19 Vaccine AstraZeneca. Forty six of the 424 reports have been reported after a second dose. Of the 424 reports, 213 occurred in women, and 207 occurred in men aged from 18 to 93 years. The overall case fatality rate was 17% with 72 deaths, six of which occurred after the second dose.”

UK Deaths and Adverse Events Following Vaccination (AEFI) reported as of October 6th, 2021.

In the UK 45,078,529 people are fully vaccinated and 49,068,705 have had at least one dose. <https://coronavirus.data.gov.uk/details/vaccinations>

Pfizer

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977005/COVID-19 mRNA Pfizer- BioNTech Vaccine Analysis Print.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977005/COVID-19_mRNA_Pfizer-BioNTech_Vaccine_Analysis_Print.pdf)
562 reported deaths out of **339,672** adverse reactions reported.

AstraZeneca

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977006/COVID-19 vaccine AstraZeneca analysis print.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977006/COVID-19_vaccine_AstraZeneca_analysis_print.pdf)
1,106 reported deaths out of **832,283** adverse reactions reported.

Moderna

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1013605/COVID-19 Moderna Vaccine Analysis Print 18.08.2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1013605/COVID-19_Moderna_Vaccine_Analysis_Print_18.08.2021.pdf)
20 reported deaths out of **53,584** adverse reactions reported.

'Other' Covid Vaccine

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977007/COVID-19 vaccine brand unspecified analysis print.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977007/COVID-19_vaccine_brand_unspecified_analysis_print.pdf)
31 reported deaths out of **3,452** adverse reactions reported.

In the UK, as of October 6th, 2021, there had been **1,719** deaths reported post vaccination and **1,228,991** adverse reactions.

In the UK between 1997 and 2003 there were a total of 130 reports of anaphylaxis following ALL immunisations.

COVID Vaccinations As of October 6th, 2021 - Reported cases of Anaphylaxis in the UK. 1,352.

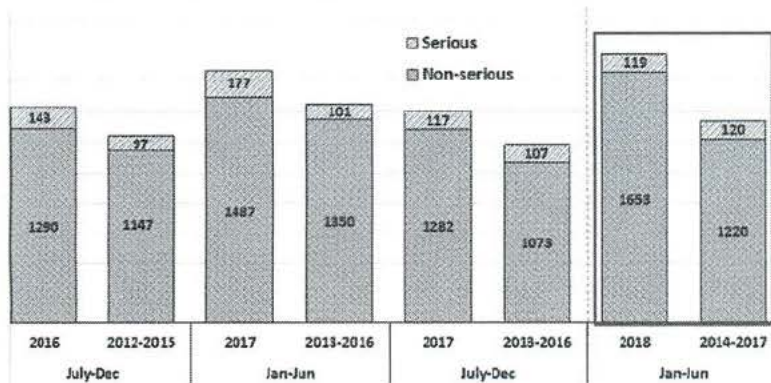
ONS UK	Reactions	Deaths	Months	Per month Reactions	Per month Deaths	Full Covid	Deaths per 100,000
AZ	832,283	1,106	10	83,228	111		
Pfizer	339,672	562	10	33,967	56		
Moderna	53,584	20	10	5,358	2		
Other	3,452	31	10	345	3		
Total	1,228,991	1,719	10	122,899	172	45,078,529	3.813

ONS UK	Reactions	Deaths	Months	Per month Reactions	Per month Deaths	First Dose	Deaths per 100,000
AZ	832,283	1,106	8.00	104,035	138		
Pfizer	339,672	562	8.00	42,459	70		
Moderna	53,584	20	8.00	6,698	3		
Other	3,452	31	8.00	432	4		
Total	1,228,991	1,719	10.00	122,899	172	49,068,705	3.503

<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>
<https://coronavirus.data.gov.uk/details/vaccinations> * (as of September 29th, 2021)

This is Exhibit "D" referred to in the Affidavit of:
David Thomas Dickson
 Sworn before me this
 18th day of October, 2021
 Redacted
 Commissioner for Oaths, Justice of the Peace,
 or Notary Public in and for Alberta
 Redacted
 Print Name and Expiry Date
 A Commissioner for Oaths
 in and for the Province of Alberta
 Appointment expires 2022/02/20

Figure 1: Total AEFI reports received, by bi-annual calendar year (serious and non-serious) for 2018 compared to the average of the previous four years.

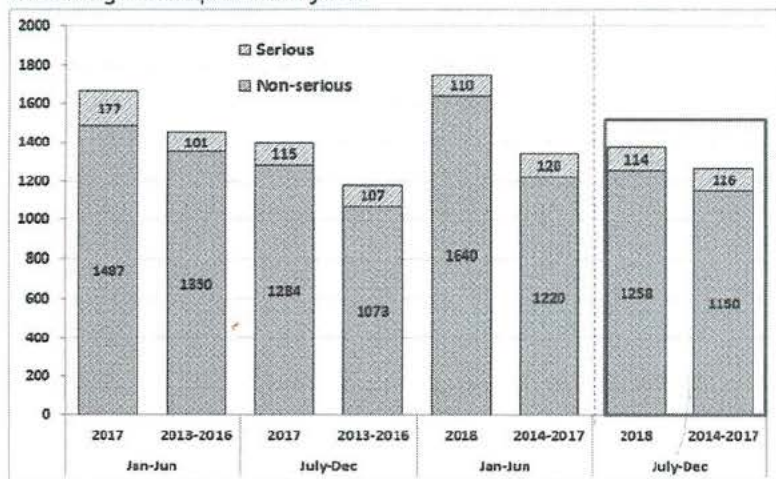


► Figure 1 - Text Description

Figure 1: January-June 2018 reporting AEFI

1

Figure 1: Total AEFI reports received, by bi-annual calendar year (serious and non-serious) for 2018 compared to the average of the previous 4 years.



► Figure 1 - Text description

Figure 2: July-December 2018 reporting AEFI

2

This is Exhibit "E" referred to in the Affidavit of:
David Thomas Dickson
 Sworn before me this
 ___18th day of October, 2021
Redacted
 Commissioner for Oaths, Justice of the Peace,
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Redacted ssioner for Oaths
 Province of Alberta
 Appointment expires 2022/1/22
 Print Name and Expiry Date

¹ <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/adverse-events-following-immunization-bi-annual-report-january-1-june-30-2018.html> accessed October 4th, 2021.

² <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/adverse-events-following-immunization-bi-annual-report-july-1-december-31-2018.html> accessed October 4th, 2021.

COVID-19 Vaccine

Active Surveillance and Reporting of Adverse Events Following Immunization (AEFI)

Revised: July 15, 2021

This policy is evergreen and will be updated as new information becomes available.

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I. Introduction

The monitoring of adverse events following immunization (AEFI) involving vaccines and biologicals administered in Alberta is an important evaluation component of the provincial immunization program. AEFI reporting and monitoring is also a key contributor to public confidence in vaccine programs; is critical to vaccine safety surveillance; is used to confirm results of pre-licensure clinical trials; and provides a process to identify previously unknown concerns for each product.

Alberta has a robust passive AEFI surveillance system. In the context of COVID-19 vaccine introduction, as these are new vaccines based on new technology, it is essential to establish an active surveillance system to supplement the routine passive reporting system. Active surveillance will ensure information on AEFIs are collected rapidly and safety signals are detected and responded to early. It also enables enhanced monitoring of pre-specified adverse events of special interest (AESIs) for COVID-19 vaccines in the context of overall AEFI surveillance.

This document has been developed specifically for COVID-19 vaccine AEFI active surveillance. Active AEFI surveillance for COVID-19 vaccine in Alberta involves a collaboration between Alberta Health, Alberta Health Services Provincial AEFI Team, and the [Canadian National Vaccine Safety Network \(CANVAS\)](#).

For AEFI reporting guidance in Alberta see [Adverse Events Following Immunization \(AEFI\) Policy for Alberta Immunization Providers](#).

II. Legislative Authority

The AEFI Policy for Alberta Immunization Providers is provided under the authority of the Public Health Act (Act) and Part 2 of the [Immunization Regulation](#) which outlines the requirements for the reporting of adverse events following immunization.

III. Reporting to Alberta Health Services (AHS)

When to report to Alberta Health Services

Health practitioners are to report an adverse event following immunization to AHS within 3 days of determining or being informed that a patient has experienced an adverse event following immunization unless it has already been reported.

What to report to Alberta Health Services

Any "adverse event following immunization" defined as an unfavourable health occurrence experienced by a patient that:

- a) follows immunization,
- b) cannot be attributed to a pre-existing condition, and
- c) meets one or more of the following criteria, as determined by a health practitioner:
 - i. the health occurrence is life threatening, could result in permanent disability, requires hospitalization or urgent medical attention, or for any other reason is considered to be of a serious nature;
 - ii. the health occurrence is unusual or unexpected, including, without limitation, an occurrence that
 - A. has not previously been identified, or
 - B. has previously been identified but is being reported at increased frequency;
 - iii. the health occurrence cannot be explained by anything in the patient's medical history, including, without limitation, a recent disease or illness, or consumption of medication.

If unsure or if there are questions contact AHS.

Data elements

The following data elements must be reported in respect of the adverse event following immunization:

- a) patient first name and last name;
- b) patient personal health number or unique lifetime identifier;
- c) patient date of birth;
- d) patient sex at birth;
- e) description of the adverse event, including, without limitation, any applicable symptom or diagnosis listed in the [Immunization Regulation](#) Schedule as reported by the patient or observed or diagnosed by the health practitioner, as the case may be, and the onset and duration of the adverse event;
- f) vaccine code of the vaccine used in the immunization preceding the adverse event following immunization, if available;
- g) lot number of the vaccine used in the immunization preceding the adverse event following immunization, if available;
- h) manufacturer of the vaccine used in the immunization preceding the adverse event following immunization, if available;
- i) date of the immunization preceding the adverse event following immunization;
- j) delivery management site code for the immunization preceding the adverse event following immunization, if available;
- k) first name, last name and telephone number of the person reporting.

How to report an adverse event following immunization

The health practitioner shall ensure that the adverse event following immunization is reported to the AHS Provincial AEFI Reporting Line at 1-855-444-2324 (1-855-444-CDCI) or online see [Alberta Health Services information on how to report an adverse event following immunization](#) for information.

IV. AEFI versus AESI (Adverse Events of Special Interest)

AEFI

Any untoward medical occurrence which follows immunization, and which does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease.

Ref: https://www.who.int/vaccine_safety/committee/Module_AESI.pdf?ua=1

AESI in the context of COVID-19

A pre-identified and predefined event that has the potential to be causally associated with a vaccine product that needs to be carefully monitored and confirmed by further special studies. The AESI descriptions and definitions provided in this document are for passive reporting. This list of AESIs will also be assessed through CANVAS or special studies and the timeframe for monitoring may be longer.

Note: These Adverse Events of Special Interest are in addition to the current reportable AEFIs summarized in section VI and detailed in [Adverse Events Following Immunization \(AEFI\) Policy for Alberta Immunization Providers](#).

The AESIs defined for COVID-19 vaccines are described in Section V.

Not currently reportable in Alberta:

- acute aseptic arthritis
- acute cardiovascular injury
- acute kidney injury
- acute respiratory distress syndrome
- acute liver injury
- anosmia/ageusia
- chilblain – like lesions
- coagulation disorder
- meningoencephalitis
- multisystem inflammatory syndrome in children
- single organ cutaneous vasculitis
- vaccine-associated enhanced disease

Currently reportable in Alberta:

- ADEM
- anaphylaxis
- convulsions
- erythema multiforme
- GBS
- thrombocytopenia

AESIs which are not currently reportable will be reported under the "AESI" category – include in comments the designated AESI.

Ref: https://www.who.int/vaccine_safety/committee/Module_AESI.pdf?ua=1

V. Adverse Events of Special Interest Following COVID-19 Immunization

The designated AESIs are:

AESI	Currently reportable in Alberta	Brighton Collaboration case definition link
"Acute aseptic arthritis"		10_1016/j.vaccine.2017.08.087
"Acute cardiovascular injury" (microangiopathy, heart failure, stress cardiomyopathy, coronary artery disease arrhythmia, myocarditis)		Targeted for Nov 15, 2020
"ADEM" Acute disseminated encephalomyelitis	Yes	10_1016/j.vaccine.2007.04.060
"Acute kidney injury"		Targeted completion by Nov
"Acute liver injury"		Targeted completion by Nov
"ARDS" Acute respiratory distress syndrome		https://brightoncollaboration.us/bc-case-definition-acute-respiratory-distress-syndrome-ards/
"Anaphylaxis"	Yes	10_1016/j.vaccine.2007.02.064
"Anosmia", "ageusia"		Targeted completion by Nov
"Chilblain – like lesions"		Targeted completion by Apr 2021
"Coagulation disorder" (thromboembolism, haemorrhage)		Targeted for Nov 15, 2020
"Convulsion"	Yes	10_1016/j.vaccine.2003.09.008
"Erythema multiforme"	Yes	
"GBS" Guillain Barré Syndrome	Yes	10_1016/j.vaccine.2010.06.003
"Meningoencephalitis"		10_1016/j.vaccine.2007.04.060
"MISC" Multisystem inflammatory syndrome in children		https://brightoncollaboration.us/multisystem-inflammatory-syndrome-in-children-and-adults-mis-c-a-case-definition/
"Single organ cutaneous vasculitis"		10_1016/j.vaccine.2016.09.032
"Thrombocytopenia"	Yes	10_1016/j.vaccine.2007.02.067
"VAED" Vaccine-associated enhanced disease		https://brightoncollaboration.us/vaed/

https://www.who.int/vaccine_safety/committee/Module_AESI.pdf?ua=1

AESI Reporting Criteria

These criteria are under development and will be updated as new information becomes available

Acute aseptic arthritis

Definition: Acute aseptic arthritis is a clinical syndrome characterized by acute onset of signs and symptoms of joint inflammation, increased white blood count (WBC) in synovial fluid and the absence of an identifiable causative organism

Reportable if: Onset within 7 days of COVID immunization:

1. Physician or health care provider assessed septic arthritis

AND

2. Without history of recent trauma

AND

3. Develops one of the following
 - o Joint or surrounding tissue swelling
 - OR
 - o Joint effusion
 - OR
 - o Joint and/or surrounding tissues erythema
 - OR
 - o Increased warmth palpable over the joint
 - OR
 - o Restricted range of movements in a joint

AND

4. The above findings are present for less than 6 weeks.

Notes:

- Analysis of synovial fluid may or may not be performed
- One or more joints may be involved

See: Acute aseptic arthritis: Case definition & guidelines for data collection, analysis, and presentation of immunisation safety data. 2019, January 7. [10.1016/j.vaccine.2017.08.087](https://doi.org/10.1016/j.vaccine.2017.08.087)

Acute cardiovascular injury

Definition: Acute cardiovascular injury (ACI) is an acute disorder which may manifest clinically either as microangiopathy, heart ischemia, myocarditis, pericarditis, cardiomyopathy, arrhythmia, heart failure, cardiogenic shock, stroke and/or thromboembolic events usually associated with abnormalities on ECG, echocardiography or cardiac MRI and elevated biochemical markers.

Reportable if: Onset within 7 days of immunization:

1. Physician-diagnosed Acute cardiovascular injury

AND

2. Vaccine recipient develops a new-onset clinical symptom(s) compatible with acute cardiovascular illness/event (e.g., shortness of breath, chest pain, tachycardia, hypotension, headache, visual disturbances, motor/sensory/balance abnormalities)

OR

3. Has newly detected abnormalities on ECG (e.g., ST elevation, arrhythmia) or echocardiography or cardiac MRI

OR

4. Has at least one cardiac troponin (cTn) or creatinine kinase-MB concentration that is above the 99th percentile upper reference limit regardless of symptoms

AND

5. No alternative cause for diagnosis was identified

NEW Myocarditis

Definition: Myocarditis is a disorder characterized by inflammation of the heart muscle and can affect heart's electrical system, leading to irregular heart rhythm or compromised cardiac function. Pericarditis is an inflammation of the outer lining of the heart. Myocarditis/pericarditis can be caused by infections, drugs, systemic illnesses, and sometimes the exact cause cannot be identified.

Reportable if: Onset within 42 days of immunization:

1. Physician-diagnosed myocarditis

OR

2. Histopathological evidence of myocardial inflammation

OR

3. A new-onset of clinical symptom(s) compatible with myocarditis or pericarditis (e.g., one or combinations of dyspnea, chest pain, palpitations, syncope, edema, diaphoresis, fatigue/lethargy, nausea/vomiting or irritability and poor feeding in small children)

AND

Develops one or more of the following

- Elevated myocardial biomarker(s) (troponin I or troponin T or CK-MB)
- Non-specific ECG abnormalities (e.g., premature atrial or ventricular beats) and elevated inflammatory markers (e.g., ESR or CRP or D-dimer)
- ECG abnormalities (ST-segment or T-wave abnormalities, paroxysmal or sustained atrial or ventricular arrhythmias or conduction abnormalities)
- Abnormalities on echocardiography (e.g., abnormalities of ventricular function, segmental wall motion abnormalities, ventricular dilatation, intracavitary thrombi)
- Abnormalities on cardiac MRI

OR

4. No symptoms outlined above, but elevated myocardial biomarkers (troponin I or troponin T) **AND** at least one of the following
 - Abnormalities on cardiac MRI
 - Abnormalities on echocardiography (e.g., abnormalities of ventricular function, segmental wall motion abnormalities, ventricular dilatation, intracavitary thrombi)

WITH or WITHOUT

5. Associated pericarditis

AND

6. No alternative cause for diagnosis was identified

Acute kidney injury

Definition: Acute kidney injury (AKI) is a sudden episode of kidney failure or kidney damage which causes a build-up of waste products in the blood and may lead to alterations in fluid, electrolyte, acid-base and hormonal regulation.

Reportable if: Onset within 7 days of COVID immunization:

1. Physician diagnosed acute kidney injury;

AND

2. Has developed elevated serum creatinine and/or reduced urinary output

AND

3. There is no pre-existing condition or concurrent administration of medications which may explain this presentation

Acute liver injury

Definition: Acute liver injury is an illness of variable severity that occurs in persons who develops clinical symptoms of hepatotoxicity and/or laboratory evidence of elevated liver enzymes and/or altered liver function

Reportable if: Onset within 7 days of COVID immunization:

1. Physician diagnosed acute liver injury;

AND

2. Vaccine recipient develops a new-onset clinical symptom(s) of hepatotoxicity

AND/OR

3. Has developed elevated liver enzymes

AND

4. There is no pre-existing condition or concurrent administration of other medications which may explain this presentation

Acute respiratory distress syndrome

Definition: Acute respiratory distress syndrome (ARDS) is defined as an acute disorder which is characterized by bilateral lung infiltrates and severe progressive hypoxemia not fully explained by cardiogenic pulmonary edema.

Reportable if: Onset within 7 days of immunization:

1. Physician-diagnosed ARDS

AND

2. Vaccine recipient develops dyspnea, hypoxemia and/or altered mental status, which progressively worsens within hours to days

AND

3. Characterized by bilateral lung infiltrates on chest radiography or CT of a non-cardiac origin, and a PaO₂/FiO₂ ratio of less than 300 mmHg with a minimum of 5 cm H₂O PEEP (or CPAP)

AND

4. There is no pre-existing or known acute medical condition which may explain this presentation

Anosmia, Ageusia

Definition: Anosmia/ageusia is a condition characterized by subjective loss or alteration of sense of smell or taste.

Reportable if: Onset within 7 days of COVID immunization:

1. Vaccine recipient develops a subjective loss or alteration of sense of smell or taste

AND

2. It persists for at least 24 hours

AND

3. It is not associated with trauma, respiratory infections such as influenza or previously diagnosed medical condition manifesting as anosmia or ageusia

Note: Reporting does not require confirmation by physician

Chilblain – like lesions

Definition: Chilblains are the inflammation of small blood vessels in the skin that occur in response to repeated exposure to cold temperatures. Lesions resembling chilblain may be seen on toes, fingers, feet, or hands.

Reportable if: Onset within 7 days of COVID immunization:

1. Vaccine recipient develops lesions resembling chilblain (usually on toes and fingers)

AND

2. One or more of the following symptoms/signs
 - o Discoloration
 - o Blisters
 - o Swelling
 - o Pain
 - o Pruritis

AND

3. Lesions persist for at least 24 hours

AND

4. The appearance of lesions is not precipitated by exposure to cold

Note: Reporting does not require confirmation by physician

Coagulation disorder

Definition: Coagulation disorder is an abnormality of hemostasis cascade leading to either excessive bleeding or the increased risk of thrombosis.

Reportable if: Onset within 28 days of COVID immunization:

1. Physician diagnosed coagulation disorder

AND

2. Vaccine recipient develops a new-onset clinical symptom(s) compatible with thrombotic event or bleeding (e.g., organ bleeding, stroke, deep vein thrombosis, pulmonary embolism)

OR

3. Has newly detected elevations in fibrinogen and D-dimer levels and/or prolongation of PT/aPTT regardless of platelet count

AND/OR

4. Evidence of thrombotic event or bleeding detected ultrasonography or other imaging modality

AND

5. No alternative cause for diagnosis was identified

NEWThrombosis with Thrombocytopenia Syndrome (TTS)

Interim Draft Case Definition – for investigation and reporting purposes.

Reportable if: Onset within 42 days of COVID immunization

1. Physician diagnosed Thrombosis with Thrombocytopenia Syndrome

AND

2. Patient presents with symptoms suggestive of acute venous or arterial thrombosis including one of the following specific clinical syndromes:
 - Cerebral venous sinus thrombosis / other Cerebral venous thrombosis (new onset of unexplained headache, often severe; focal cerebral dysfunction; encephalopathy; seizure)
 - Limb ischemia due to arterial thrombosis (new onset of a cold, painful, discoloured limb, reduced sensation, paralysis)
 - Deep vein thrombosis (new onset swelling usually but not always in lower extremities; localized swelling accompanied by pain [may be crampy in nature] and tenderness; reddened/discoloured/warm skin; pitting edema)
 - Pulmonary thromboembolism (sudden onset: shortness of breath[at rest or on exertion], pleuritic chest pain[sudden, intense, sharp, stabbing or burning in nature, made worse by breathing/coughing/sneezing/laughing], cough +/- hemoptysis), tachypnea, tachycardia, arrhythmia, cyanosis, hypotension)
 - Intra-abdominal thrombosis (abdominal pain [may be out of proportion to physical exam findings], bloating, nausea, vomiting, diarrhea, bloody stools, ascites, hepatomegaly if hepatic vein location)
 - Ischemic Stroke (sudden onset of focal neurologic deficits such as difficulty with speech [dysphasia or dysarthria], hemiparesis, ataxic gait abnormal eye movements, facial paresis)
 - Myocardial infarction (chest pain [often crushing in nature], shortness of breath, arrhythmias including asystole, cyanosis)

AND

3. Thrombocytopenia (defined as platelets count <150x10⁹/L)

WITH or WITHOUT

4. Imaging studies supportive of diagnosis of thrombosis/thromboembolism

AND/OR

5. Lab findings supportive of diagnosis of thrombosis/thromboembolism
e.g. D-dimer elevated above the upper limit of normal for age OR shortened PT, PTT – below the lower limit of normal for age

NOTE: Cases reported under TTS will be investigated and reviewed to determine if the criteria for Vaccine Induced Thrombotic Immune Thrombocytopenia (VITT) have been met.

Interim case definition developed by PHAC and based on draft Brighton Collaboration case definition and [Case Finding Definition of Thrombosis with Thrombocytopenia Syndrome \(TTS\)](#)

For additional information: see [Vaccine-Induced Prothrombotic Immune Thrombocytopenia \(VIPIT\) following AstraZeneca COVID-19 Vaccination: Interim Guidance for Healthcare Professionals in Emergency Department and Inpatient Settings](#)

Meningoencephalitis

Definition: Meningitis is an infection or inflammation of the membranes covering the brain and spinal cord. Encephalitis is central nervous system inflammation presenting with depressed or altered consciousness and signs of focal or multifocal central nervous system abnormality. Evidence of both conditions are required to diagnose meningoencephalitis.

Reportable if: Onset within 15 days of COVID immunization:

1. Physician diagnosed Meningoencephalitis

AND

2. Vaccine recipient develops clinical symptoms of meningitis AND/OR encephalitis

AND

3. No etiological agent/cause for diagnosis was identified

AND

4. CSF evaluation and/or neuroimaging are usually performed and are supportive of the diagnosis.

See: Encephalitis, myelitis, and acute disseminated encephalomyelitis (ADEM): Case definitions and guidelines for collection, analysis, and presentation of immunization safety data. 2007, August 1. [10.1016/j.vaccine.2007.04.060](https://doi.org/10.1016/j.vaccine.2007.04.060)

MIS-C - Multisystem inflammatory syndrome in children

Definition: Multisystem inflammatory syndrome in children (MIS-C) is a condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs

Reportable if: Onset within 42 days of COVID-19 immunization:

1. Physician-diagnosed MIS-C

AND

2. Vaccine recipients (typically aged 0-19 years old) develops fever lasting 3 days or longer

AND

3. Other signs/symptoms or abnormal test results involving at least two of the following
 - o Rash or bilateral non-purulent conjunctivitis or muco-cutaneous inflammation signs
 - o Hypotension or shock
 - o Features of myocardial dysfunction, or pericarditis, or valvulitis, or coronary abnormalities
 - o Evidence of coagulopathy (abnormal PT, PTT, elevated d-Dimers)
 - o Acute gastrointestinal problems (diarrhea, vomiting or abdominal pain)

see [Public health disease management guidelines : Multisystem Inflammatory Syndrome in Children \(MIS-C\)](#)

AND

4. Elevated inflammatory markers (e.g., ESR, CRP, procalcitonin)

AND

No etiological or infectious cause identified to explain this presentation

Single organ cutaneous vasculitis

Definition: Single organ cutaneous vasculitis (SOCV) is a syndrome characterized by clinical and histological features of small vessel vasculitis of the skin without involvement of other organ systems.

Reportable if: Onset within 7 days of COVID immunization:

1. Physician diagnosed single organ cutaneous vasculitis
AND
2. Vaccine recipient has developed a new-onset cutaneous lesions including
 - o Hemorrhagic papules
OR
 - o Urticaria-like lesions (hives)
OR
 - o Purpuric rash involving face or extremities AND edema AND low-grade fever**OR**
3. Confirmed by histology.
AND
4. Exclusion of other organ or systemic involvement

See: Single organ cutaneous vasculitis: Case definition & guidelines for data collection, analysis, and presentation of immunization safety data. 2016 December 12. [10.1016/j.vaccine.2016.09.032](https://doi.org/10.1016/j.vaccine.2016.09.032)

Vaccine-associated enhanced disease

Definition: Vaccine-associated enhanced disease (VAED) is an illness that occurs in persons who receive a vaccine and who are subsequently infected with the pathogen that the vaccine is meant to protect against.

Reportable if: Onset within 42 days of COVID immunization:

1. Physician-diagnosed VAED
AND
2. Vaccine recipient develops laboratory confirmed (by RT-PCR performed by APL) COVID-19 infection after receiving a COVID-19 vaccine dose
AND
3. Has severe and/or modified/unusual clinical symptoms compatible with COVID-19 infection as determined by the attending physician
AND/OR
4. Hospitalized
AND/OR
5. Has evidence of immunopathology in target organs as determined by the histopathologist

Note:

- Regardless of results of validated serological test for COVID-19 prior to receiving vaccine

See: Vaccine-associated Enhanced Disease: Case Definition and Guidelines for Data Collection, Analysis, and Presentation of Immunization Safety Data. 2020, October 19. <https://brightoncollaboration.us/vaed/>

VI. Reportable Adverse Events Following Immunization

Summary of AEFI Reporting Criteria

See the [Adverse Events Following Immunization \(AEFI\) Policy for Alberta Immunization Providers](#) for complete descriptions.

AEFI	Reporting Criteria	Vaccines (temporal criteria**)	
		Inactivated	Live
ADEM (acute disseminated encephalomyelitis)	<ul style="list-style-type: none"> Physician-diagnosed encephalomyelitis AND One or more focal or multifocal findings referable to the central nervous system 	0 – 42 days	MMR 5 – 30 days Varicella 5 – 42 days
Adenopathy	<ul style="list-style-type: none"> Enlargement of one or more lymph nodes, > 1.5 cm in diameter AND/OR Draining sinus over a lymph node. 	0 – 7 days mRNA COVID-19 5 – 30 days	5 – 30 days
Allergic Reaction	<ul style="list-style-type: none"> One or more of the following signs/symptoms: hives, itching, edema, stridor, wheezing 	0 – 48 hours	0 – 48 hours
Anaesthesia/Paraesthesia	<ul style="list-style-type: none"> Physician-diagnosed anaesthesia or paraesthesia lasting 24 hours or more 	0 to 15 days	MMR: 0 – 30 days Varicella: 0 – 42 days
Anaphylaxis	<ul style="list-style-type: none"> Sudden onset* AND rapid progression of signs and symptoms AND Symptoms include one or more of the following: progressive painless swelling around face or mouth, new onset of wheezing, shortness of breath, and/or stridor, hypotension/collapse OR Event managed as anaphylaxis at the time of occurrence 	0 – 24 hours	0 – 24 hours <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Typically, within seconds to minutes, usually within 1 hour.</div>
Arthralgia/Arthritis	<ul style="list-style-type: none"> Arthralgia or arthritis lasting ≥ 24 hours 	n/a	5 – 30 days
Bell's Palsy	<ul style="list-style-type: none"> Physician-diagnosed Bell's palsy 	0 – 3 months	0 – 3 months
Cellulitis	<ul style="list-style-type: none"> Physician-diagnosed cellulitis AND Characterized by at least three of the following local signs or symptoms: pain or tenderness to touch, erythema, induration or swelling, warm to touch AND Reaction is at the injection site 	0 - 7 days	0 - 7 days

AEFI	Reporting Criteria	Vaccines (temporal criteria**)	
		Inactivated	Live
Convulsions (febrile and afebrile)	<ul style="list-style-type: none"> Seizures (febrile or afebrile) with generalized, tonic, clonic, tonic-clonic, or atonic motor manifestations, occurring within AND History or report of loss of consciousness. 	0 – 72 hours	5 – 14 days
Encephalitis	<ul style="list-style-type: none"> Physician diagnosed encephalitis AND At least one listed indicator of central nervous system inflammation AND > 24 hours of depressed or altered consciousness with one or more signs of reduced responsiveness OR One or more signs of focal or multi-focal central nervous system abnormality 	0 – 42 days	MMR 5 – 30 days Varicella 5 – 42 days
Erythema Multiforme	<ul style="list-style-type: none"> Rash specific to Erythema Multiforme Must be diagnosed by a physician. 	5 days or more	5 days or more
GBS (Guillain-Barre syndrome)	<ul style="list-style-type: none"> Physician-diagnosed GBS 	0 to 6 weeks	0 to 6 weeks
HHE (hypotonic-hyporesponsive episode)	<ul style="list-style-type: none"> Hypotonia (muscle limpness) AND Either hyporesponsiveness or unresponsiveness AND Either pallor or cyanosis 	0 – 72 hours	0 – 72 hours
Infected Abscess	<ul style="list-style-type: none"> Spontaneous or surgical drainage of purulent material from the mass OR Demonstration of material by an imaging technique AND Localized sign(s) of inflammation, which would include one of the following: erythema, pain to light touch, swelling, and warmth to touch AND Evidence of resolution/improvement temporally related to antimicrobial therapy 	0 - 7 days	0 - 7 days
Intussusception	<ul style="list-style-type: none"> Physician-diagnosed intussusception following rotavirus vaccine receipt AND Evidence of intestinal obstruction and/or invagination and/or vascular compromise 	n/a	Rotavirus vaccine: 0 – 42 days
Meningitis	<ul style="list-style-type: none"> Physician-diagnosed aseptic meningitis for which no other cause has been identified. 	0 – 15 days	MMR: 5 – 30 days Varicella: 0 – 42 days
Myelitis	<ul style="list-style-type: none"> Physician-diagnosed myelitis AND Two or more indicators suggestive of spinal cord inflammation. 	0 – 42 days	5 – 42 days

AEFI	Reporting Criteria	Vaccines (temporal criteria ^{***})	
		Inactivated	Live
Narcolepsy	<ul style="list-style-type: none"> Narcolepsy is characterized by excessive daytime sleepiness and episodes of muscle weakness brought on by emotions. See www.who.int/vaccine_safety/initiative/BC_Narcolepsy_case_definition.pdf (Reported under "Other Severe or Unusual Events") 	0 – 4 weeks	0 – 4 weeks
Nodule	<ul style="list-style-type: none"> Firm nodule is at the injection site AND Persists for > 1 month 	0 - 7 days	0 - 7 days
ORS	<ul style="list-style-type: none"> Onset of bilateral red eyes AND One or more of the following respiratory symptoms: Cough, wheeze, chest tightness, difficulty breathing, difficulty swallowing, hoarseness, sore throat WITH or WITHOUT facial edema. 	Influenza: 0 – 24 hours	n/a
Orchitis	<ul style="list-style-type: none"> Physician-diagnosed orchitis 	n/a	Mumps: 5 – 30 days
Paralysis	<ul style="list-style-type: none"> Physician-diagnosed paralysis with no other cause identified AND Lasting more than 24 hours 	0 - 15 days	MMR or OPV: 0 – 30 days Varicella: 0 – 42 days
Parotitis	<ul style="list-style-type: none"> Physician-diagnosed parotitis 	n/a	Mumps: 5 – 30 days
Rash	<ul style="list-style-type: none"> Varicella-like rash with ≥ 50 lesions OR Requiring hospitalization OR Rashes or eruptions on the skin that are not expected, with an onset within 7 days of immunization and lasts ≥ 4 days AND either Generalized rash: systemic eruption in two or more parts of the body OR Localized at non-injection site; eruption localized at another part of the body, away from the injection site OR Requires hospitalization. 	0 – 7 days	Varicella: 0 – 42 days
Screaming Episode/Persistent Crying	<ul style="list-style-type: none"> Presence of screaming or crying > 3 hours 	0 – 72 hours	0 – 72 hours
Severe Diarrhea and/or Vomiting	<ul style="list-style-type: none"> Three or more episodes of vomiting or diarrhea within a 24-hour period AND Vomiting and/or diarrhea is severe 	0 – 72 hours	0 – 72 hours

AEFI	Reporting Criteria	Vaccines (temporal criteria ^{**})	
		Inactivated	Live
SIRVA	<ul style="list-style-type: none"> Includes both pain and reduced range of motion AND these are limited to the shoulder in which the intramuscular vaccine was administered; and No history of pain, inflammation or dysfunction of the affected shoulder prior to intramuscular vaccine administration that would explain the alleged signs, symptoms, examination findings, and/or diagnostic studies occurring after vaccine injection; including no other condition or abnormality is present that would explain the patient's symptoms. Lasting longer than 4 days (Reported under "Other Severe or Unusual Events") 	0 – 7 days	0 – 7 days
Sterile Abscess	<ul style="list-style-type: none"> Spontaneous or surgical drainage of non-purulent material from the mass OR Demonstration of material by an imaging technique AND Absence of localized signs of inflammation such as erythema, pain to light touch, and warm to touch at the injection site OR Failure to resolve or improve on antimicrobial therapy 	0 - 7 days	0 - 7 days
SSPE (subacute sclerosing panencephalitis)	<ul style="list-style-type: none"> Physician-diagnosed SSPE 	n/a	Measles: 0 – 10 years
Swelling and/or Pain	<ul style="list-style-type: none"> Swelling extends past the nearest joint OR Severe pain that interferes with the normal use of the limb lasts > 4 days OR Reaction requires hospitalization 	0 - 48 hours	0 - 48 hours
Thrombocytopenia	<ul style="list-style-type: none"> Physician-diagnosed platelet count of less than 150 X 10⁹/L 	0 – 6 weeks	0 – 6 weeks
Other Severe or Unusual Events	<ul style="list-style-type: none"> Not clearly covered by other reporting categories and fits description above or requires emergency room visit within 72 hours of immunization OR Any death of a vaccine recipient temporally linked to immunization where no other clear cause of death can be established. 	0 – 4 weeks	0 – 4 weeks

^{**}Temporal criteria guidelines in this table are generally agreed upon approximate timelines. The timeframe between immunization and event onset is an important consideration in assessment of causality.

VII. Active AEFI Surveillance following COVID-19 Immunization

7.1 Population

The population that will be asked to enroll in the active AEFI surveillance program are those individuals eligible for receipt of the COVID-19 vaccine.

7.2 Active Surveillance Survey Timing

AHS Provincial AEFI Team	CANVAS
<u>Two dose schedule</u> <ul style="list-style-type: none"> 8 days after dose 1 8 days after dose 2 6 month post-immunization 	<u>Two dose schedule</u> <ul style="list-style-type: none"> 8 days after dose 1 8 days after dose 2 6 month post-immunization
<u>One dose schedule</u> <ul style="list-style-type: none"> 8 days 28 days 6 months post-immunization 	<u>One dose schedule</u> <ul style="list-style-type: none"> 8 days 28 days 6 months post-immunization.

7.3 Participant recruitment and Consent

	AHS Provincial AEFI Team	CANVAS
Phase 0 (Early Phase 1)	N/A	HCWs <ul style="list-style-type: none"> Recruitment to be done at time of immunization Planning to have ability to recruit online when immunization appointment is made (end of January 2021). Every vaccine recipient eligible to take part of active surveillance. Require consent of the vaccine recipient to send information Participants will be provided a brief description of what to expect on follow-up. See CANVAS protocol.
Phase 1	Congregate Care/Supportive Living Residents	
Phase 2	N/A	CANVAS is the lead on active surveillance
Phase 3	N/A	

PHAC/CANVAS goal – 50,000 individuals per province per vaccine

7.4 Participant follow-up

At follow-up, a standard AEFI questionnaire (see below 4.6), developed by PHAC and the Vaccine Vigilance Working Group (VWVG), will be used by all jurisdictions to ensure standard common data elements are collected.

CANVAS - See CANVAS documents and study protocol. <https://canvas-covid.ca/>

Reportable AEFIs and AESIs must also be reported using the current reporting process outlined above (Section III - Reporting to Alberta Health Services (AHS) and in the AEFI Policy for Alberta Immunization Providers.)

7.5 Data Elements

The **follow-up questionnaire** for self-reporting by participants will include the following data elements:

- Unique identifier
- Demographics (age, sex, occupation, race/ethnicity)
- Health Card number
- Adverse events experienced including time to onset and duration of event
- Level of care obtained
- Absenteeism from work/school or prevented daily activities
- Treatment received
- Outcome of events

7.6 Standard Questionnaire for Active Surveillance

1. Data elements are listed above. Below are individual questions to collect the data.
2. If female and 15-49 years old.
 - a. Are you currently pregnant?
 - If Yes what trimester are you in?
 - 1st (0-14 weeks)
 - 2nd (15-28 weeks)
 - 3rd (29-42 weeks)
 - b. Have you experienced a birth, stillbirth, or miscarriage in the last 7 days?
 - If Yes, what trimester were you in?
 - 1st (0-14 weeks)
 - 2nd (15-28 weeks)
 - 3rd (29-42 weeks)
3. In the first week (7 days) after your COVID vaccine did you develop a new health problem or did an existing health problem get worse?
 - If Yes
 - Was this health problem severe enough to prevent/stop normal activities?
 - Was this health problem severe enough to miss work/school?
 - Did you see a health care provider for this health problem?
 - i. If Yes, what type of medical visit did you have? (check all that apply)
 - Clinic/family physician (telephone or in-person)
 - Emergency room
 - Hospitalization
 - COVID-19 Testing
 - Other: _____ e.g. Physiotherapist, chiropractor
 - ii. Did the health care provider give you a diagnosis?
If Yes, specify the diagnosis: _____
4. [If Yes to 3.]: How long after the vaccine did your health problem start or your existing health problem get worse?
 - Within the first hour (60 minutes) after my COVID vaccine
 - Within the first day (2 to 24 hours) after my COVID vaccine
 - 2-3 days after my COVID vaccine
 - 4-5 days after my COVID vaccine
 - 6 -7 days after my COVID vaccine
 - 8 or more days after my COVID vaccine
5. [If Yes to 3.]: How long did your health problem last?
 - Lasted less than one hour (60 minutes)
 - Lasted 1 to 10 hours
 - Lasted one day (11-24 hours)
 - Lasted 2-3 days
 - Lasted 4-5 days
 - Lasted 6 or more days
 - It is still present: [If Yes], has your health problem improved, stayed the same, or worsened?

6. [If Yes to 3.]: Please check all the symptoms you experienced as part of your health problem. We are interested in the symptoms that started in the first week (7 days) after your COVID vaccine. This does not mean these are common symptoms of the COVID vaccine (check all that apply):

- Any of the following: Feeling unwell, tiredness, weakness, muscle aches, fatigue, or chills.
- Any of the following: Nausea, Vomiting, Diarrhea, or Stomach pain
- Fever (temperature at least 38.0°C or higher)
- Headache or migraine
- Arthritis/joint pain/stiffness
- Inability to walk
- Loss of taste/smell
- Loss of vision
- Hoarseness (raspy or strained voice; "frog in throat")
- Sore throat
- Chest tightness/discomfort/pain/angina
- Difficulty breathing/shortness of breath without throat/tongue swelling
- Wheezing
- Cough
- Runny nose
- Nasal congestion(stuffed nose)/sinus congestion
- Swelling of the throat and/or tongue with difficulty breathing or swallowing
- Swelling of a part of your face or lips (excluding eyelids)
- Swelling of the eyelid(s)
- Redness of both eyes
- Painful eyes
- Itchy eyes
- Tearing or eye discharge
- Earache/ear pain/ear symptoms/decreased hearing/hearing loss
- Rash or hives
- Bruising or pinpoint dark red rash (NOT at injection site)
- Shingles
- Rapid heart rate (pounding or racing heart; palpitations)
- Symptoms of a blood clot or bleeding: swelling/pain in legs/blood clot/low platelets
- Sudden weakness or paralysis on one side of the face
- Numbness, tingling, pins and needles, decreased sensation or burning sensation anywhere in the body
- Dizziness/vertigo/light-headedness
- Fainting
- Seizure or convulsion
- Neurologic symptoms: weakness or paralysis of the arms or legs/confusion/change in personality/behavior or difficulty with urination or defecation
- Difficulty or pain with urination (urinary tract infection symptoms)
- Jaundice/yellowing of eyes
- Anaphylaxis
- Other (specify) _____

[If Yes to 3.] and If pregnant:

- Stillbirth or miscarriage
- Preterm labour (regular contractions starting before 37 weeks gestation (>3 weeks before your due date))
- Preterm birth (delivery of infant before 37 weeks gestation (>3 weeks before your due date))
- High blood pressure
- [if yes to above] eclampsia/preeclampsia
- Vaginal spotting or vaginal bleeding
- Abnormal fetal heart rate (heart rate that is too fast or too slow)
- Other complication of pregnancy (specify: _____)

7. [If Yes to 3.]Did you experience any of the following:

- Redness, pain or swelling at the injection site
- Redness, pain or swelling above the shoulder or below the elbow in the immunized arm

8. [If Yes to 3.]: If you had more than one symptom that started in the first 7 days after your vaccine what was the most severe symptom?

References for AESI Case Definitions

MIS-C

1. Multisystem Inflammatory Syndrome in Children and Adults (MIS-C/A): Case Definition and Guideline for Data Collection, Analysis, and Presentation of Immunization Safety Data – Manuscript Draft. Brighton Collaboration.

Acute Cardiovascular Injury

2. Mullins KE, Christenson RH. Optimal Detection of Acute Myocardial Injury and Infarction with Cardiac Troponin: Beyond the 99th Percentile, into the High-Sensitivity Era. *Curr Cardiol Rep.* 2020 Aug 4;22(9):101. doi: 10.1007/s11886-020-01350-w. PMID: 32748286.
3. De Lorenzo A, Kasal DA, Tura BR, Lamas CC, Rey HC. Acute cardiac injury in patients with COVID-19. *Am J Cardiovasc Dis.* 2020 Jun 15;10(2):28-33. PMID: 32685261; PMCID: PMC7364273.
4. Ludwig A, Lucero-Obusan C, Schirmer P, Winston C, Holodniy M. Acute cardiac injury events \leq 30 days after laboratory-confirmed influenza virus infection among U.S. veterans, 2010-2012. *BMC Cardiovasc Disord.* 2015 Sep 30;15:109. doi: 10.1186/s12872-015-0095-0. PMID: 26423142; PMCID: PMC4589211.
5. Kwong JC, Schwartz KL, Campitelli MA, Chung H, Crowcroft NS, Karnauchow T, Katz K, Ko DT, McGeer AJ, McNally D, Richardson DC, Rosella LC, Simor A, Smieja M, Zahariadis G, Gubbay JB. Acute Myocardial Infarction after Laboratory-Confirmed Influenza Infection. *N Engl J Med.* 2018 Jan 25;378(4):345-353. doi: 10.1056/NEJMoa1702090. PMID: 29365305
6. Hendren NS, Drazner MH, Bozkurt B, Cooper LT Jr. Description and Proposed Management of the Acute COVID-19 Cardiovascular Syndrome. *Circulation.* 2020 Jun 9;141(23):1903-1914. doi: 10.1161/CIRCULATIONAHA.120.047349. Epub 2020 Apr 16. PMID: 32297796; PMCID: PMC7314493.
7. Cruz Rodriguez JB, Lange RA, Mukherjee D. Gamut of cardiac manifestations and complications of COVID-19: a contemporary review. *J Investig Med.* 2020 Dec;68(8):1334-1340. doi: 10.1136/jim-2020-001592. Epub 2020 Oct 19. PMID: 33077488.

Coagulation Disorder

1. Hunt BJ. Bleeding and coagulopathies in critical care. *N Engl J Med.* 2014 Feb 27;370(9):847-59. doi: 10.1056/NEJMr1208626. PMID: 24571757.
2. Iba T, Levy JH, Levi M, Thachil J. Coagulopathy in COVID-19. *J Thromb Haemost.* 2020 Sep;18(9):2103-2109. doi: 10.1111/jth.14975. Epub 2020 Jul 21. PMID: 32558075; PMCID: PMC7323352.
3. Tshikudi DM, Tripathi MM, Hajjarian Z, Van Cott EM, Nadkarni SK. Optical sensing of anticoagulation status: Towards point-of-care coagulation testing. *PLoS One.* 2017 Aug 3;12(8):e0182491. doi: 10.1371/journal.pone.0182491. PMID: 28771571; PMCID: PMC5542647.
4. Gulen M, Satar S. Uncommon presentation of COVID-19: Gastrointestinal bleeding. *Clin Res Hepatol Gastroenterol.* 2020 Sep;44(4):e72-e76. doi: 10.1016/j.clinre.2020.05.001. Epub 2020 May 21. PMID: 32505730; PMCID: PMC7241390.
5. Wool GD, Miller JL. The Impact of COVID-19 Disease on Platelets and Coagulation. *Pathobiology.* 2020 Oct 13:1-13. doi: 10.1159/000512007. Epub ahead of print. PMID: 33049751; PMCID: PMC7649697.
6. Kariyanna PT, Aurora L, Jayarangaiah A, Yadav V, Hossain NA, Akter N, Salifu MO, McFarlane IM. Utility of D-dimer as a Prognostic Factor in SARS CoV2 Infection: A Review. *Am J Med Case Rep.* 2020;8(10):337-340. Epub 2020 Jun 22. PMID: 32851129; PMCID: PMC7447555.

Acute Kidney Injury

1. Khwaja A. KDIGO clinical practice guidelines for acute kidney injury. *Nephron Clin Pract.* 2012;120(4):c179-84. doi: 10.1159/000339789. Epub 2012 Aug 7. PMID: 22890468.
2. Levey AS, Levin A, Kellum JA. Definition and classification of kidney diseases. *Am J Kidney Dis.* 2013 May;61(5):686-8. doi: 10.1053/j.ajkd.2013.03.003. PMID: 23582249.
3. Mercado MG, Smith DK, Guard EL. Acute Kidney Injury: Diagnosis and Management. *Am Fam Physician.* 2019 Dec 1;100(11):687-694. PMID: 31790176.
4. Waikar SS, McMahon GM. Expanding the Role for Kidney Biopsies in Acute Kidney Injury. *Semin Nephrol.* 2018 Jan;38(1):12-20. doi: 10.1016/j.semnephrol.2017.09.001. PMID: 29291757; PMCID: PMC5753426.
5. Kellum JA, van Till JWO, Mulligan G. Targeting acute kidney injury in COVID-19. *Nephrol Dial Transplant.* 2020 Oct 1;35(10):1652-1662. doi: 10.1093/ndt/gfaa231. PMID: 33022712; PMCID: PMC7665651.

Acute Liver Injury

1. Aithal GP, Watkins PB, Andrade RJ, Larrey D, Molokhia M, Takikawa H, Hunt CM, Wilke RA, Avigan M, Kaplowitz N, Bjornsson E, Daly AK. Case definition and phenotype standardization in drug-induced liver injury. *Clin Pharmacol Ther.* 2011 Jun;89(6):806-15. doi: 10.1038/clpt.2011.58. Epub 2011 May 4. PMID: 21544079. <https://pubmed.ncbi.nlm.nih.gov/21544079/>
2. Kurtz AB, Rubin CS, Cooper HS, Nisenbaum HL, Cole-Beuglet C, Medoff J, Goldberg BB. Ultrasound findings in hepatitis. *Radiology.* 1980 Sep;136(3):717-23. doi: 10.1148/radiology.136.3.7403553. PMID: 7403553.
3. Robles-Diaz M, Lucena MI, Kaplowitz N, Stephens C, Medina-Cáiz I, González-Jimenez A, Ulzurrun E, Gonzalez AF, Fernandez MC, Romero-Gómez M, Jimenez-Perez M, Bruguera M, Prieto M, Bessone F, Hernandez N, Arrese M, Andrade RJ; Spanish DILI Registry; SLatinDILI Network; Safer and Faster Evidence-based Translation Consortium. Use of Hy's law and a new composite algorithm to predict acute liver failure in patients with drug-induced liver injury. *Gastroenterology.* 2014 Jul;147(1):109-118.e5. doi: 10.1053/j.gastro.2014.03.050. Epub 2014 Apr 1. PMID: 24704526.
4. Kataray D, Verma S. Drug-induced liver injury. *Clin Med (Lond).* 2016 Dec;16(Suppl 6):s104-s109. doi: 10.7861/clinmedicine.16-6-s104. PMID: 27956449; PMCID: PMC6329561.
5. Kleiner DE. Recent Advances in the Histopathology of Drug-Induced Liver Injury. *Surg Pathol Clin.* 2018 Jun;11(2):297-311. doi: 10.1016/j.path.2018.02.009. PMID: 29751876; PMCID: PMC5953206.

Anosmia/Ageusia

1. Boesveldt S, Postma EM, Boak D, Welge-Luessen A, Schöpf V, Mainland JD, Martens J, Ngai J, Duffy VB. Anosmia-A Clinical Review. *Chem Senses.* 2017 Sep 1;42(7):513-523. doi: 10.1093/chemse/bjx025. Erratum in: *Chem Senses.* 2017 Sep 1;42(7):607. PMID: 28531300; PMCID: PMC5863566.
2. Patel A, Charani E, Ariyanayagam D, Abdulaai A, Denny SJ, Mughal N, Moore LSP. New-onset anosmia and ageusia in adult patients diagnosed with SARS-CoV-2 infection. *Clin Microbiol Infect.* 2020 Sep;26(9):1236-1241. doi: 10.1016/j.cmi.2020.05.026. Epub 2020 Jun 2. PMID: 32502645; PMCID: PMC7265826.
3. Kaye R, Chang CWD, Kazahaya K, Brereton J, Denneny JC 3rd. COVID-19 Anosmia Reporting Tool: Initial Findings. *Otolaryngol Head Neck Surg.* 2020 Jul;163(1):132-134. doi: 10.1177/0194599820922992. Epub 2020 Apr 28. PMID: 32340555.
4. Klopfenstein T, Kadiane-Oussou NJ, Toko L, Royer PY, Lepiller Q, Gendrin V, Zayet S. Features of anosmia in COVID-19. *Med Mal Infect.* 2020 Aug;50(5):436-439. doi: 10.1016/j.medmal.2020.04.006. Epub 2020 Apr 17. PMID: 32305563; PMCID: PMC7162775.
5. Scangas GA, Bleier BS. Anosmia: Differential diagnosis, evaluation, and management. *Am J Rhinol Allergy.* 2017 Jan 1;31(1):3-7. doi: 10.2500/ajra.2017.31.4403. PMID: 28234141.
6. Doty RL, Shaman P, Kimmelman CP, Dann MS. University of Pennsylvania Smell Identification Test: a rapid quantitative olfactory function test for the clinic. *Laryngoscope.* 1984 Feb;94(2 Pt 1):176-8. doi: 10.1288/00005537-198402000-00004. PMID: 6694486.

This is Exhibit "F" referred to in the Affidavit of:

David Thomas Dickson

Sworn before me this

18th day of October, 2021

Redacted

Commissioner for Oaths, Justice of the Peace,

or Notary Public in and for Alberta

Redacted d for the Province of Alberta
Commissioner for Oaths
Appointment expires 2021/10/18

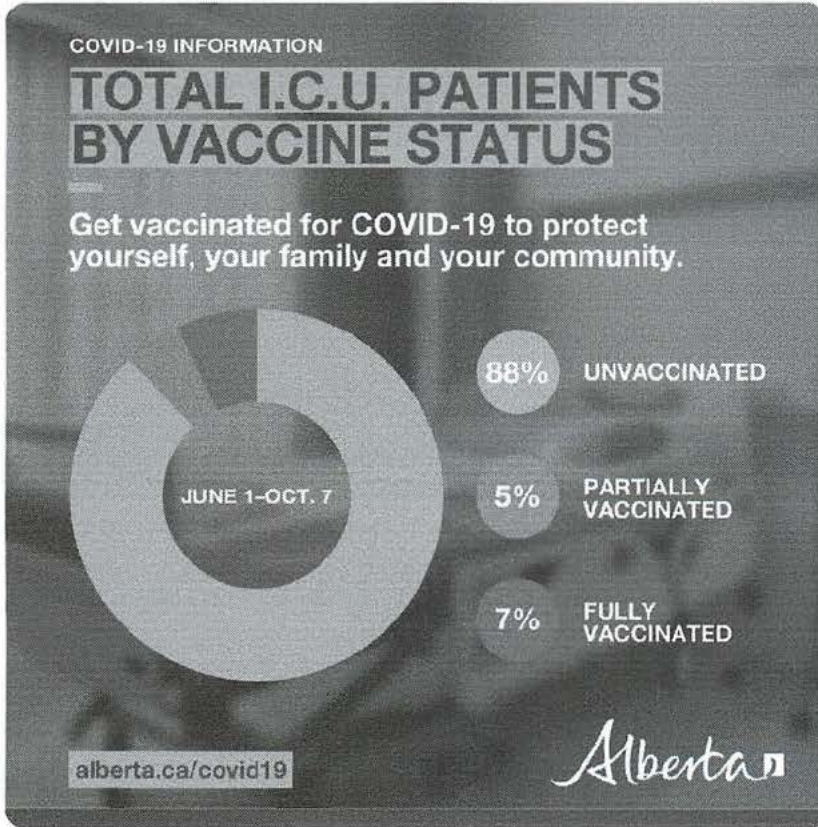
Print Name and Expiry Date



Dr. Deena Hinshaw
@CMOH_Alberta

...

Here is a summary of the latest #COVID19AB numbers: There are now 1,101 people in hospital due to COVID-19. Of the 851 non-ICU, 73.9% are unvaccinated or partially vaccinated. Of the 250 in ICU, 89.6% are unvaccinated or partially vaccinated. (1/5)



5:42 PM · Oct 8, 2021 · Twitter Web App

This is Exhibit "G" referred to in the Affidavit of:

David Thomas Dickson

Sworn before me this

18th day of October, 2021

Redacted

Commissioner for Oaths, Justice of the Peace,

or Notary Public in and for Alberta

Redacted A Commissioner for Oaths
and for the Province of Alberta
Appointment expires 2021/10/22

Print Name and Expiry Date

Subject: Private citizen FOIP- how to avoid answering the question

Importance: High

Dear [REDACTED]

Thank you for your email. We are pleased to respond.

If someone is hospitalized within 30 days following a COVID-19 diagnosis, regardless of the reason for hospitalization, they are counted as a hospitalized COVID case. If they acquire disease while in hospital, they are included as a hospitalized COVID case after the date of onset date/diagnosis date/specimen collection date.

They are removed from the current hospitalized count if they are noted as 'recovered' in our chronic disease and outbreak management (CDOM) system or when 10 days has passed following discharge from hospital.

Alberta follows the WHO recommended definitions for recovery: symptoms resolve and two negative tests collected within 24 hours OR 14 days from diagnosis.

Since most people are not re-tested, Alberta Health has been using the proxy of 14 days from diagnosis. The diagnosis date is either specimen collected date (if it is a confirmed case) or the date the case is reported to Alberta Health (if it is a probable case). If the client was hospitalized, they are considered recovered 10 days from the discharge date.

This applies to both symptomatic and asymptomatic cases, and additional information can be found on the [WHO website](#).

The situation with COVID-19 continues to evolve, and the Government of Alberta is updating public health orders, guidance and recommendations continuously based on evidence and the expert advice of our public health officials. You are encouraged to visit alberta.ca/COVID regularly for the most up-to-date information.

Sincerely,

Michael
Alberta Health Emergency Operations Centre

Classification: Protected A

From: [REDACTED]
Sent: Saturday, March 27, 2021 10:03 AM
To: Alberta Health Operations <AH-Operations@gov.ab.ca>
Subject: Question regarding the definition of a Covid hospitalization

CAUTION: This email has been sent from an external source. Treat hyperlinks and attachments in this email with care.

Good morning

I have a question based on personal experience regarding what AHS is classifying as a "Covid hospitalization".

I have noted with some interest that the hospitalization number seems fixed around 250 and then the fluctuations go up and down above that number. We have never gone below 250, despite the fact the hospitalization numbers were dropping at a fairly consistent rate on a weekly rolling average basis since mid to late January. We hit 250 and now are fluctuating up and down between that number and 290 over the past few weeks.

I ask this as an elderly friend of my mother's was one of these hospitalizations. She tested positive for Covid back in late Dec/early January and was hospitalized for this and the resulting uncontrolled COPD that she has suffered from for some years. After she was stabilized and no longer considered infectious, she refused to be discharged because she did not want to go back to the care home she had been at before. She sat at South Health campus for some weeks and then was temporarily discharged to family but wound up back in South Health within a week or two because of family conflict that caused her COPD to flare up again and she developed minor pneumonia.

She was only just recently discharged again into another care home.

I want to make it clear that I do not believe that my mother's friend should be denied medical care. My question is at what point during this would she have been declared no longer a Covid hospitalization and declared simply any other patient. Would she ever have been declared case resolved? Was she redeclared a "Covid hospitalization" when she was readmitted?

The crux of my question is this – are there a percentage of "Covid hospitalizations" that have been hospitalized for weeks or months for other medical and/or mental health and/or social problems? If so, when are they declared non-Covid hospitalizations?

Another question if you have time – if someone is fully vaccinated but yet tests positive for Covid on a PCR test in hospital, are they considered a "covid hospitalization" despite not being actively ill with Covid?

Thank you in advance.

Regards,

[Redacted]

Sent from [Mail](#) for Windows 10

This is Exhibit "H" referred to in the Affidavit of:
David Thomas Dickson
Sworn before me this
18th day of October, 2021
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Redacted and for the Province of Alberta
appointment expires 2023/10/22
Print Name and Expiry Date

Figure 18: Intensive Care Unit (ICU) bed capacity. Data included may only be available at a lagged interval. As a result, the number of COVID occupied ICU beds on a particular day may not match the number reported elsewhere on the dashboard.

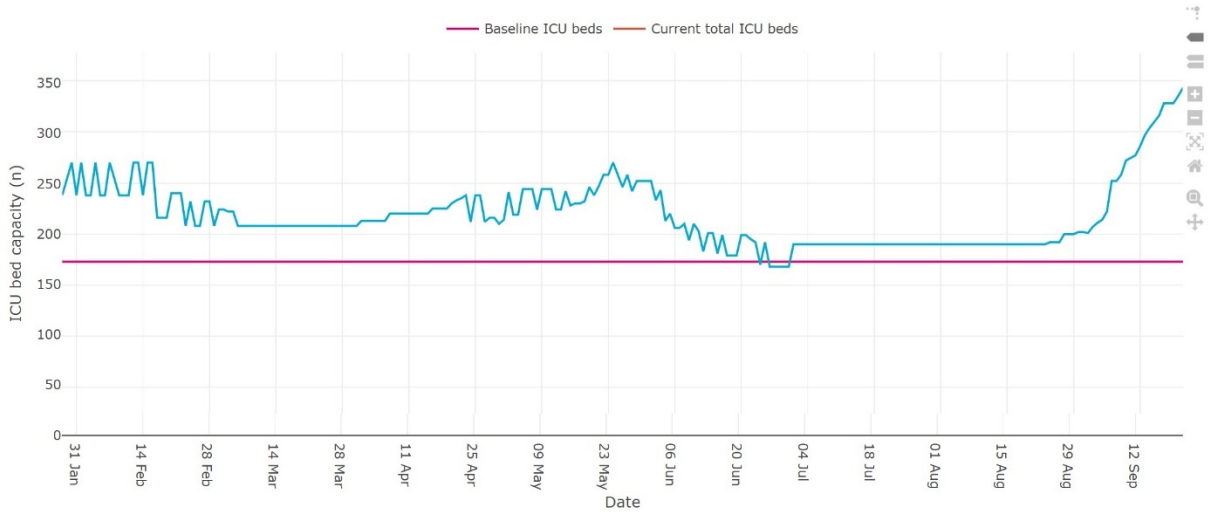


Figure 19: Total ICU bed capacity over time. Data included may only be available at a lagged interval. As a result, the number of COVID occupied ICU beds on a particular day may not match the number reported elsewhere on the dashboard.

Figure 18: Intensive Care Unit (ICU) bed capacity. Data included may only be available at a lagged interval. As a result, the number of COVID occupied ICU beds on a particular day may not match the number reported elsewhere on the dashboard.

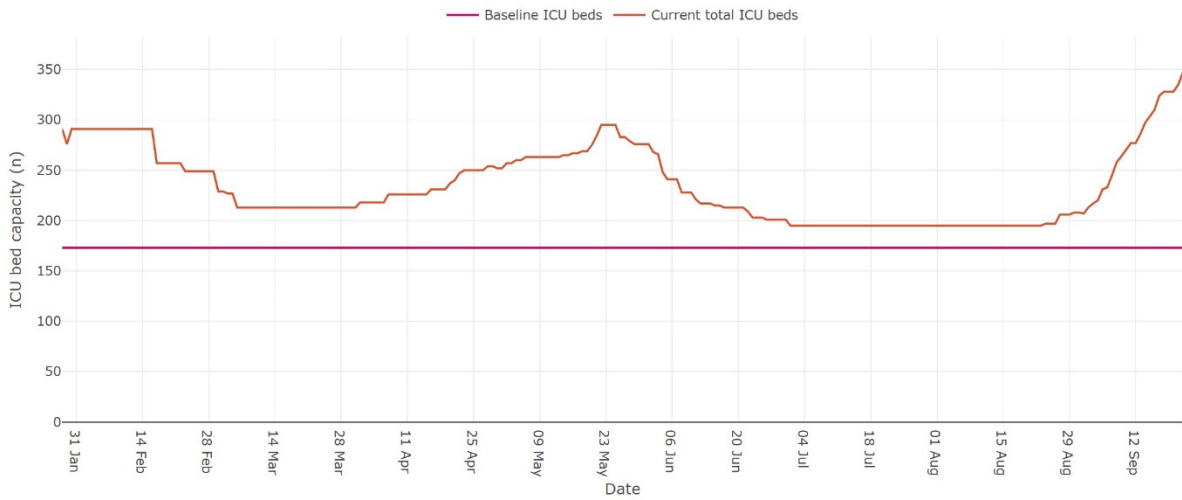


Figure 19: Total ICU bed capacity over time. Data included may only be available at a lagged interval. As a result, the number of COVID occupied ICU beds on a particular day may not match the number reported elsewhere on the dashboard.

Figure 18: Intensive Care Unit (ICU) bed capacity. Data included may only be available at a lagged interval. As a result, the number of COVID occupied ICU beds on a particular day may not match the number reported elsewhere on the dashboard.

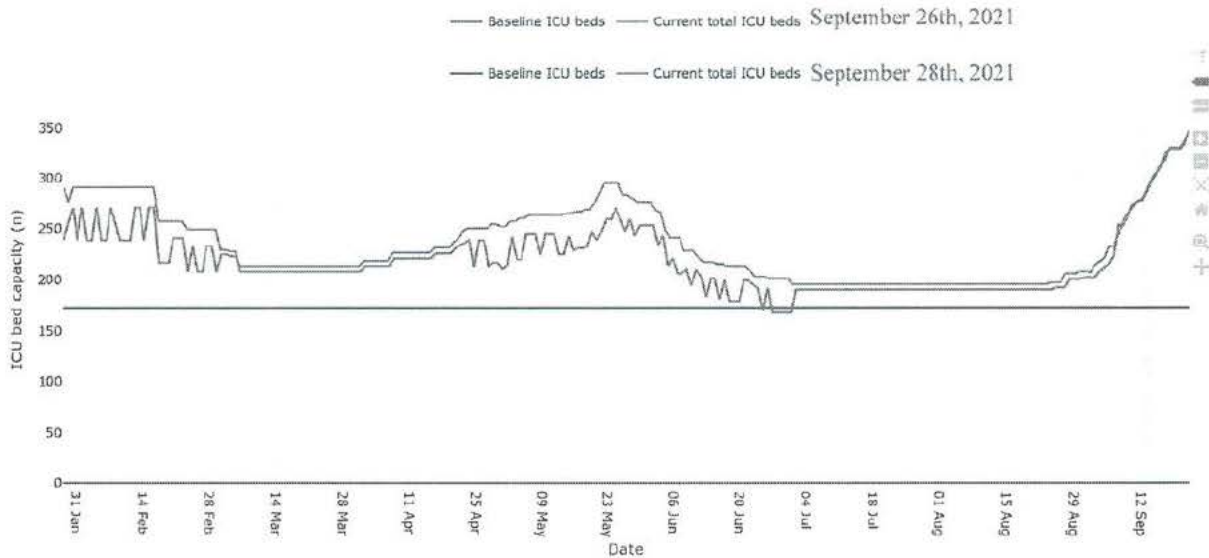


Figure 19: Total ICU bed capacity over time. Data included may only be available at a lagged interval. As a result, the number of COVID occupied ICU beds on a particular day may not match the number reported elsewhere on the dashboard.

Figure 1: Overlay of dramatic change in ICU bed stats after MLA calls out apparent bed reporting manipulation.

This is Exhibit "I" referred to in the Affidavit of:

David Thomas Dickson

Sworn before me this

18th day of October, 2021

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my commission expires 2021/07/27

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Asymptomatic Transmission of SARS-CoV-2 • 2

Key Messages from the Evidence Summary

1. Evidence thus far has not adequately defined or assessed "asymptomatic" individuals who test positive for SARS-CoV-2 by RT-PCR, making much of the current data unreliable. A single positive RT-PCR without current symptoms could be classified as 1) Presymptomatic, 2) Asymptomatic (or paucisymptomatic), or 3) Positive after infection (regardless of symptoms) or rarely, a false positive result (which cannot transmit infection.) Transmission might occur from only the first two types of individuals (pre and asymptomatic infected persons).

- Interpretation of existing data (including that used in modeling studies) is clouded by a lack of clarity in 1) definition of "asymptomatic" (whether defined by Influenza Like Illness screening (absence of cough and fever) or a more comprehensive symptom list was used) and 2) lack of reporting of symptoms for 4 weeks prior to, and 2 weeks after the test.
- There is evolving data on viral kinetics in asymptomatic, pre-symptomatic, and paucisymptomatic SARS-CoV-2 infection. One series documented higher viral loads (by 60 fold) and a longer time to RT-PCR clearance in patients with severe illness, and a median of 24d to become RT-PCR negative (with 32.1% still positive at 1 month post onset). Importantly, other studies have shown that SARS-CoV-2 RT-PCR can remain positive for 4 weeks in patients with milder outpatient managed COVID-19 as well.
- Therefore a RT-PCR positive result in a currently asymptomatic person is of unclear significance and RT-PCR positive status cannot be used to infer potentially infectious status.

2. Studies suggest that levels of SARS-CoV-2 can be high by RT-PCR and detected by virus cultivation early in infection, prior to symptom onset, with replication in upper respiratory (nasal lining) and respiratory cells. This is distinct from SARS-CoV and would support the potential importance of presymptomatic transmission. Two publications demonstrate a lack of viable virus detected after day 8 of symptoms, with another suggesting a possible longer duration of shedding of viable virus in severe illness.

In addition, the RT-PCR CT (threshold cycle) value may eventually become useful as a proxy for cultivatable virus - one source suggested <24 is associated with cultivatable virus. However development of validated methodologies to use SARS-CoV-2 CT as a quantification assay would be required.

3. To define the role of asymptomatic transmission, processes to rule out post infectious and presymptomatic RT-PCR positive states are required, as the proportion of people with truly asymptomatic infection cannot be accurately inferred from studies that report "asymptomatic" status at the time of testing. Prevalence studies carried out after epidemics in high risk closed populations are potentially more likely to include post infection RT-PCR positives, and overestimate the proportion of people who may transmit infection.

To establish asymptomatic SARS-CoV-2 infection:

- Post symptomatic PCR positivity should be ruled out by documentation of a negative 4 week symptom history and potentially with concurrent serologic testing, where available, for the presence of SARS-CoV-2 antibodies. Current evidence suggests that a positive PCR with positive antibody test would suggest past infection and low likelihood of current transmission potential.
- Presymptomatic PCR positivity should be ruled out by documenting absence of compatible symptoms over a 14 day period from test collection.
- If an asymptomatic person who is RT-PCR positive is seronegative, documentation of seroconversion at 3-4 weeks after the initial test should be considered.

4. The best individual studies of the true asymptomatic proportion in high risk populations suggest a range of 15 to 20%, in studies of individuals who were close contacts isolated in centralized quarantine facilities. Similarly, a well conducted RT-PCR and serology based study of US service members aboard an aircraft carrier reported an asymptomatic proportion of 18.9%, raising the possibility that younger

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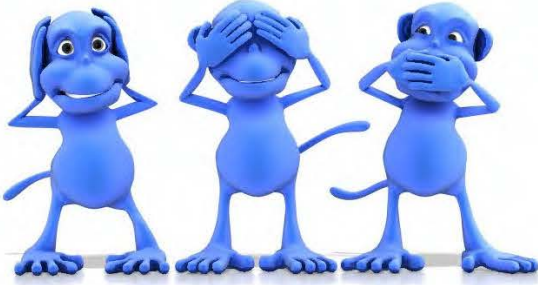
18th day of October, 2021

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Redacted A Commission expires 22/10/21



Cyber-security, Compliance and Consent.

Published on December 4, 2017

When “No Means No” is not enough.

*[Note: This article is available in Video format with soothing background music ¹.](#)
[Informed Consent Video with no tracking cookies.](#)²*

Data is the new Oil is the new rally cry for investors. They do share a common challenge. An oil spill can be devastating to an organisation as well as the environment.

A data spill (or data breach) can be just as devastating to an organisation and its customers.

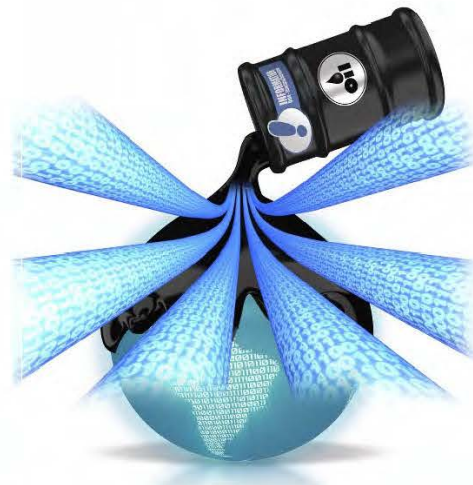
So, why do we handle data so poorly?

Cyber security is top news today. Too many organisations think they are either too small to matter or their data isn't significant because they are not the only ones that have it.

The bad news is neither is true.

In recent months, I have written about [AI](#)³, [Chatbots](#)⁴, [Data Sovereignty](#)⁵, [Data In Transit](#)⁶ and more.

What do these areas have in common?



¹ https://www.youtube-nocookie.com/embed/aWDU_vMrP-o

² <https://www.youtube-nocookie.com/embed/9yu4ocJ4250>

³ <https://www.linkedin.com/pulse/ai-trust-verify-dave-dickson/>

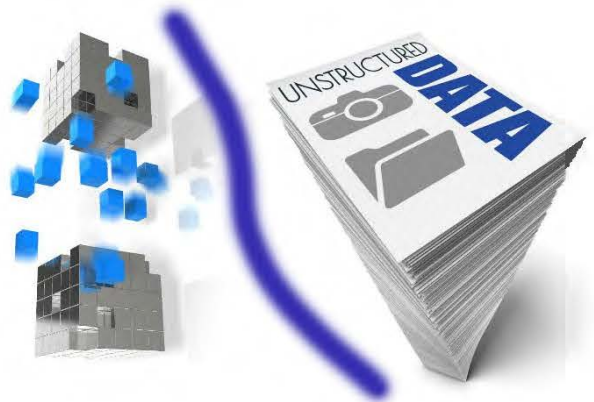
⁴ <https://www.linkedin.com/pulse/real-world-turing-test-would-you-pass-dave-dickson/>

⁵ <https://www.linkedin.com/pulse/data-wherefore-art-thou-dave-dickson-1/>

⁶ <https://www.linkedin.com/pulse/sometimes-destination-more-important-than-journey-dave-dickson/>

Information.

In today's world, we gather information, both structured (databases etc.) and unstructured (documents etc.) at an alarming rate. Due to the global digital transformation, the line between structured and unstructured is already becoming blurred. As a result, the challenges of managing all of this information responsibly can become incrementally more challenging. However, this can be more easily navigated with a responsible approach to digital transformation.



So, how does this impact you and your organization? The answer boils down to one focal point.

Consent – more than just a definition in the legislation.

Consent under GDPR and other privacy legislation has a narrow definition. However, it is important to view “Consent” in its larger dictionary definition when looking at information under your care, custody and/or control.

Understanding cyber-security, physical security, legal and compliance rules is a complex task. However, by taking each area and applying one simple question will help clarify what you can, cannot, should or should not do.

Ask yourself;

Would the customer/owner of the information truly “consent” to what you, or someone else is about to do (or has done) with the information?

This could be anything from an unauthorized breach by an internal/external party (cyber-security) to a new use of the information such as using AI/Machine Learning/Deep analysis or even third-party disclosure (compliance/legal) for something other than the reason it was originally gathered.

We have all heard the cry “**No Means No**”. However, in real life, you don’t actually have to say “**No**” to mean “**NO**”. This short (2:50) video by [BlueSeat Studios](#)⁷ illustrates Consent in the non digital world.

[Link: Consent a cup of tea solves everything](#)⁸.

I'm going to need an explicit YES.

In the digital world, “**NO**” is usually inferred **AND** you need explicit consent to show otherwise at every step of the information management, analysis and transformation. Be prepared to show a time and date stamped explicit acknowledgement of everything from buying the tea bags, to washing the cups (and everything in between or after) in the above example, especially if you suddenly want to make coffee!



[Article 4 of GDPR \(11\)](#)⁹,

“(11) 'consent' of the data subject means any **freely given , specific , informed** and **unambiguous** indication of the data subject's wishes by which he or she, by a statement or by a clear affirmative action, signifies agreement to the processing of personal data relating to him or her;”

⁷ <https://www.blueseatstudios.com/>

⁸ <https://www.youtube-nocookie.com/embed/u7Nii5w2Fal>

⁹ <https://www.privacy-regulation.eu/en/4.htm>

Although the wording may be slightly different in each privacy legislation, the intent is the same in most cases.

To further complicate matters, most privacy legislation has focused on identifying 'personal data'. For GDPR, this has been expanded to;

“means any information relating to an identified or identifiable natural person ('data subject'); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person; ”

“Once more unto the breach, dear friends”



There are many forms of breach beyond having your data stolen by a foreign hacker. Effectively an unauthorized access or use of the data you have custody and/or control is

deemed a breach. You should assume that no matter what your privacy policy might state, customers do not consent to a breach.

Just because they don't drink the tea, doesn't mean you can give it to someone else or leave it out for someone else to drink.



Ask yourself:

- Has your customer truly consented to storing their data in the current location ([#datasovereignty](#)¹⁰)?
- Would your customer be happy if a foreign government or third party accessed their information without their knowledge?
- Would a customer be happy with you using the data in new and exciting ways?
- Does your customer (or you) truly know what data you are collecting, or is being collected by systems you have in place?
- Has your customer consented to storing their data in the current location?
- Would your customer be happy if a foreign government or third party accessed their information without their CONSENT?

Think about hosted systems that may be gathering and extrapolating from your customers' use of your systems hosted or supported by others i.e. the digital supply chain for information;

- e-Commerce
- Web Sites
- Apps (voice, data, video)
- [Chatbots](#)¹¹
- Third Party WiFi hosts

¹⁰ <https://www.linkedin.com/pulse/data-wherefore-art-thou-dave-dickson-1/>

¹¹ <https://www.linkedin.com/pulse/real-world-turing-test-would-you-pass-dave-dickson/>

Can they hear me now? (*Who's listening?*)

The IoT devices we now see proliferating our every-day life are always listening and collecting data to 'make your life better'. However, did the client who just walked in to your office, consent to their voice or other data being captured, stored and used by a third party?

- Think home/office automation and the IoT (*Google Home, Siri, Amazon Echo and more.*)



Do you really know what information you have in your;



If not, then you probably should rethink your process for obtaining informed consent, change what data you collect, the way you collect it and how it is stored/accessed.

Do you know what to do if you discover a breach?

- **Clue:** *Paying hackers and trying to cover it up is an **'uber'** bad decision!*

The digital information supply chain, end to end¹².

Third parties may be collecting data at various levels as a by product of the services they provide. Do you know what they gather and what they do with that data? Do your clients or other individuals who use your systems or premises know that they may have their digital identities or other personal information captured? An unintentional (or intentional) disclosure of this information to a third party could be a breach.

Don't be a weak link in the supply chain and don't be a victim of another weak link.



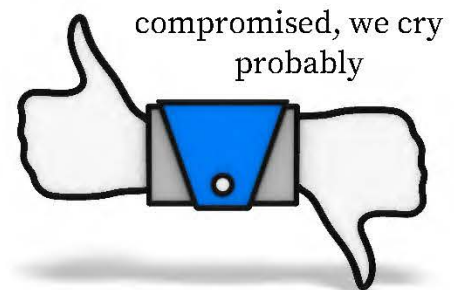
Is an expectation of privacy reasonable anymore?

If you are in a private location or you have provided data willingly, you may have a reasonable expectation of privacy. Is that realistic anymore in a consistently monitored and digitally connected world? If not, what are the implications to the new privacy laws and society as a whole?



Are we even trying to maintain our privacy anymore?

When we discover that our personal data has been from the rooftops about the injustice. Yet we have provided that same information (and more) on social media, at restaurants and over the phone many times before without even a passing thought. This information is collated, analyzed and extrapolated from us in milliseconds.



This does not excuse lax security and privacy in business... but it should make us think.

¹² <https://www.linkedin.com/pulse/sometimes-destination-more-important-than-journey-dave-dickson/>

We **ALL** have a role in the privacy equation and it is an important one.

David Dickson is a Consulting C.E.O. and owner at DKS DATA
(www.dksdata.com). **Our Services**

<https://youtu.be/NwvTobVFTDw>

Informed Consent. Video as slides

<https://www.youtube-nocookie.com/embed/9yu4ocJ4250>

Informed Consent

What does it mean?



Informed Consent

You must be:

- ABLE to make the decision.

Not too young or otherwise compromised by age, disability or mental capacity.



Informed Consent

You must:

- COMPREHEND the relevant information.

The information should be presented in a manner that is easy to understand and be comprehensive whilst not overwhelming.



Informed Consent

You must be:

- AWARE of all the risks, benefits and alternatives.

What are the risks and benefits to you specifically?

Are there alternative options to mitigate the risks or provide benefits?



Informed Consent

You must:

- VOLUNTARILY give consent without duress or coercion.

Are you being offered incentives (direct or indirect)?

Are you being presented with penalties present or future?

Examples...

if you don't consent then you can't...

If you do consent you could win a prize or get benefits not available if you do not consent.



Informed Consent

You must provide:

- EXPLICIT CONSENT, not inferred consent.

Consent cannot be inferred. It must be given freely and can be removed at any time.

It must be documented in a manner that demonstrates all the factors for consent have been met.





If it is not INFORMED
It is not CONSENT

Stop. Research. Ask Questions. Think and Reflect.

Your life may just depend on it.



Informed Consent. Video as slides ([blueseatstudios](https://www.blueseatstudios.com/) ©)

<https://www.blueseatstudios.com/>

<https://www.youtube-nocookie.com/embed/u7Nii5w2Fal>

CONSENT

IT'S SIMPLE AS TEA

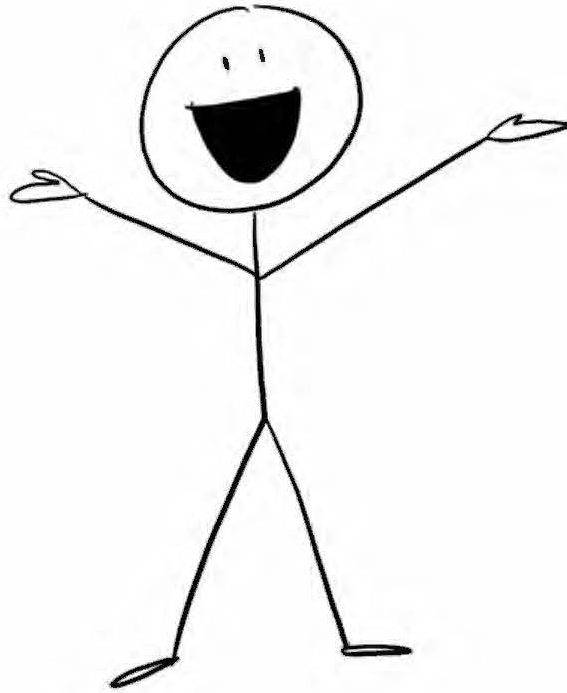
If you're still struggling with consent,



just imagine instead of initiating sex, you're making them a cup of tea.



You say, hey, would you like a cup of tea and they go?



Oh my God, I would love a cup of tea. Thank you.



Then you know they want a cup of tea.



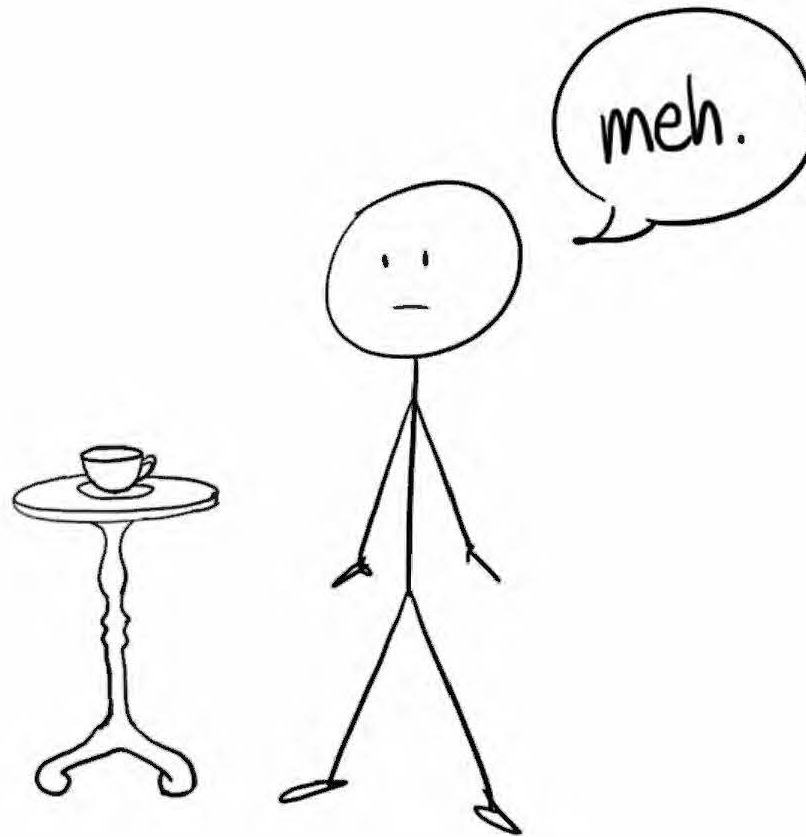
If you say hey, would you like a cup of tea and they're like...



You know, I'm not really sure.



Then you can make them a cup of tea or not,



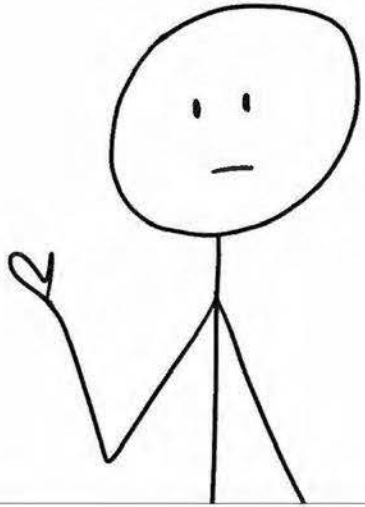
but be aware that they might not drink it.

And if they don't drink it then and this is the important bit.



Don't make them drink it.

Just because you made it doesn't mean you're entitled to watch them drink it.



And if they say no, thank you, then don't make them tea at all.

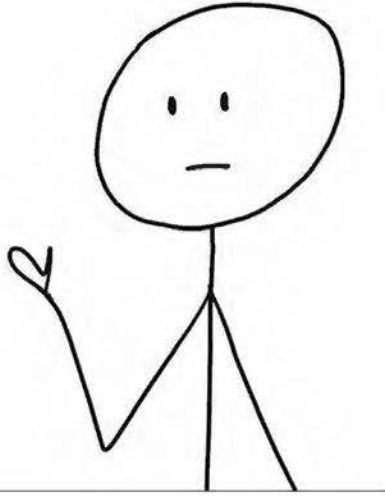
Just don't make them tea.



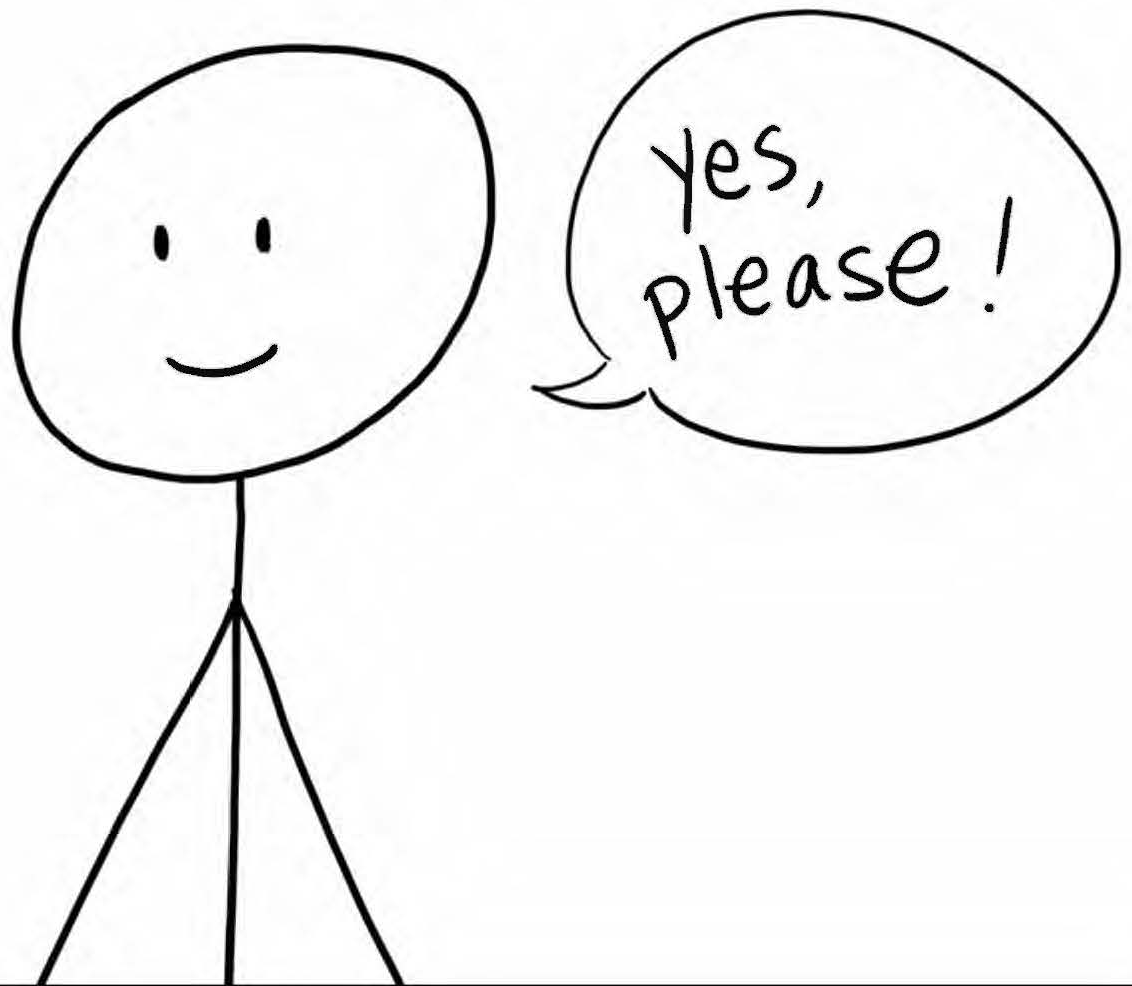
Don't make them drink tea.



Don't get annoyed at them for not wanting tea.



They just don't want tea.

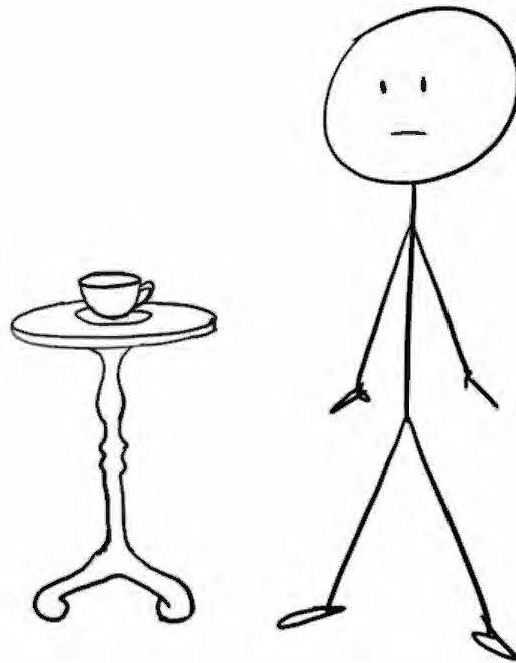


They might say yes, please.

That's kind of you.



And then when the tea arrives, they actually don't want that at all.



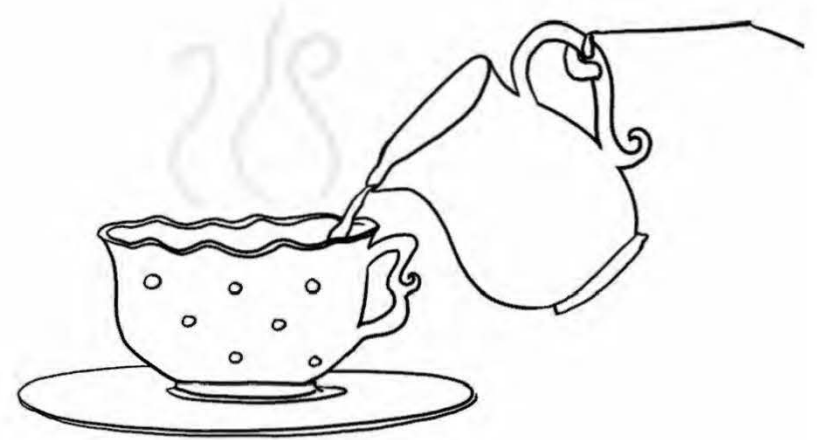
Sure, that's kind of annoying as you've gone to all the effort of making the tea, but they remain under no obligation to drink the tea.



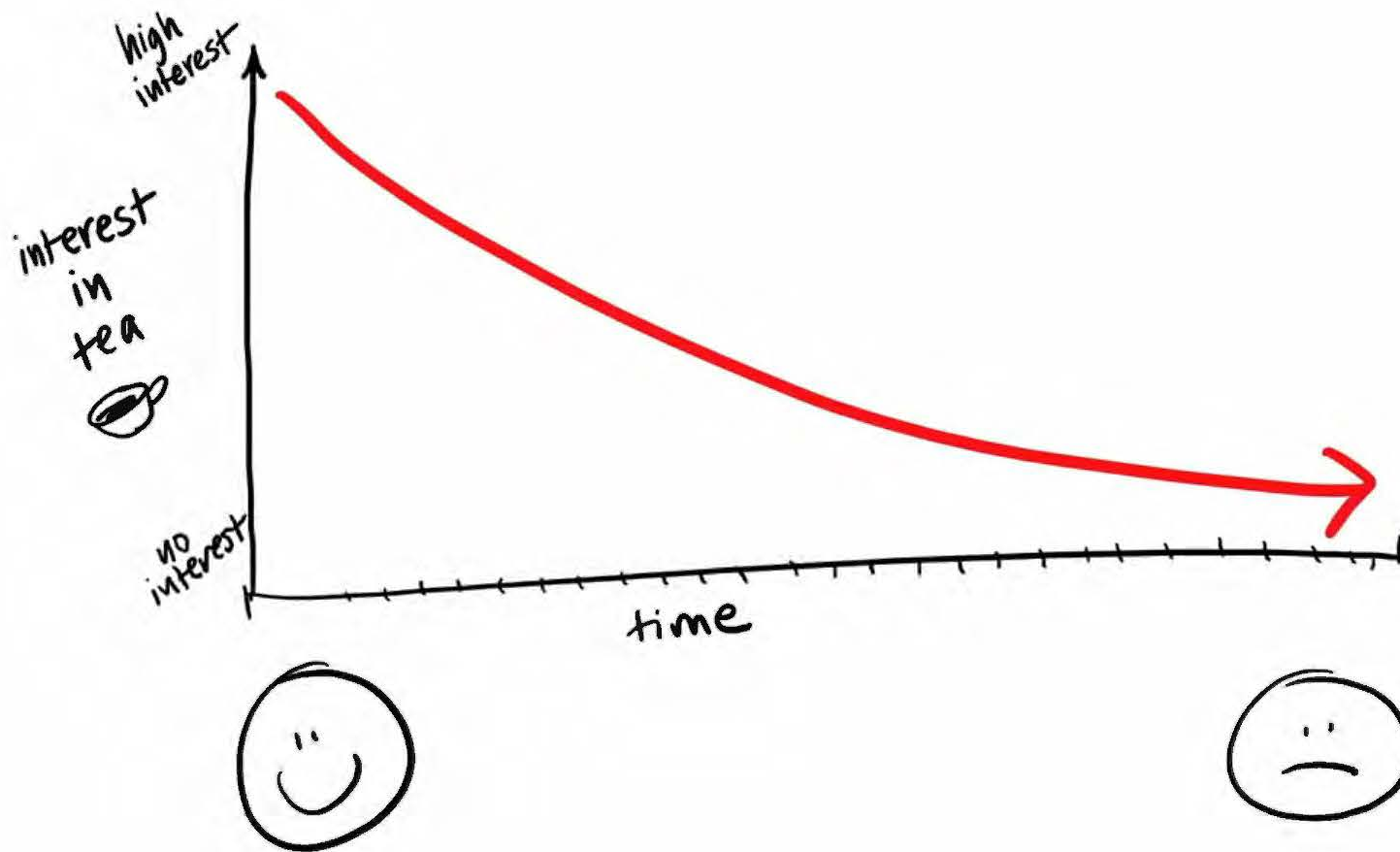
They did want tea,



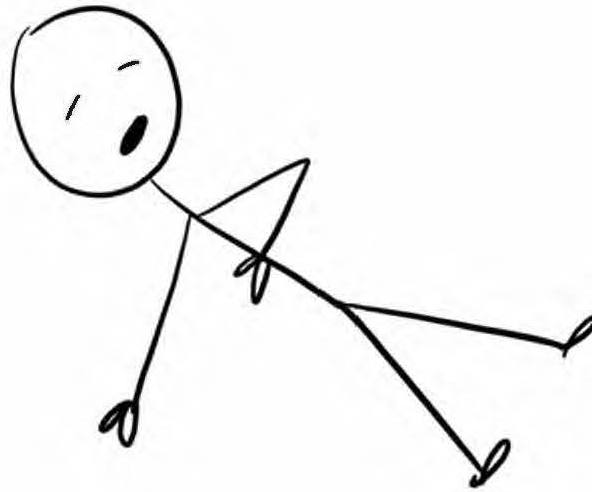
now they don't.



Some people change their mind in the time it takes to boil the kettle, brew the tea and add the milk

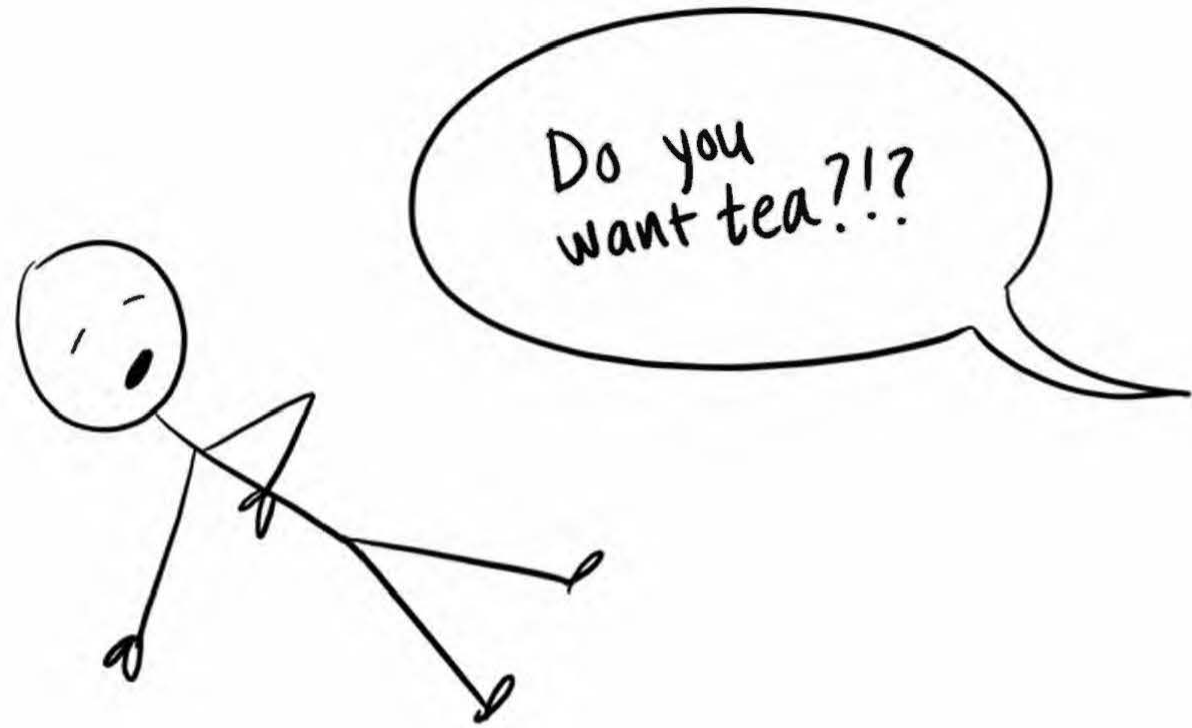


and it's OK for people to change their mind and you are still not entitled to watch them drink it.



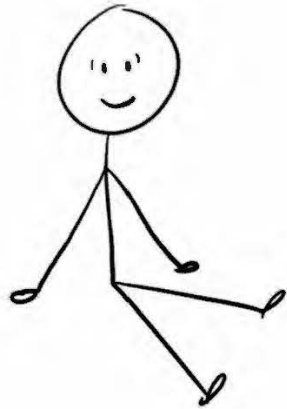
And if they are unconscious, don't make them tea.

Unconscious people don't want tea, and they can't answer the question.

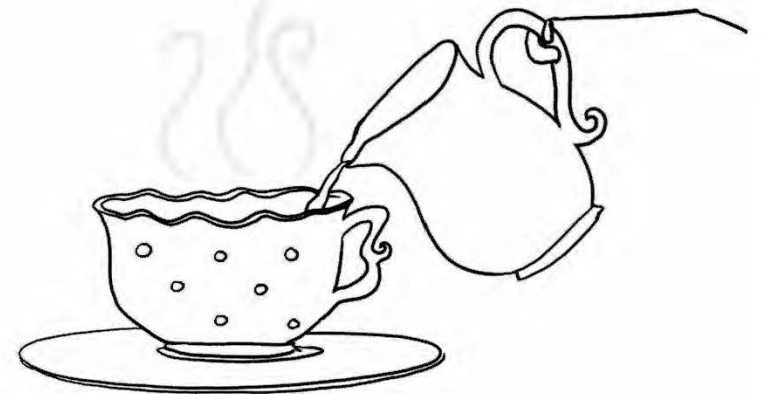


Do you want tea?

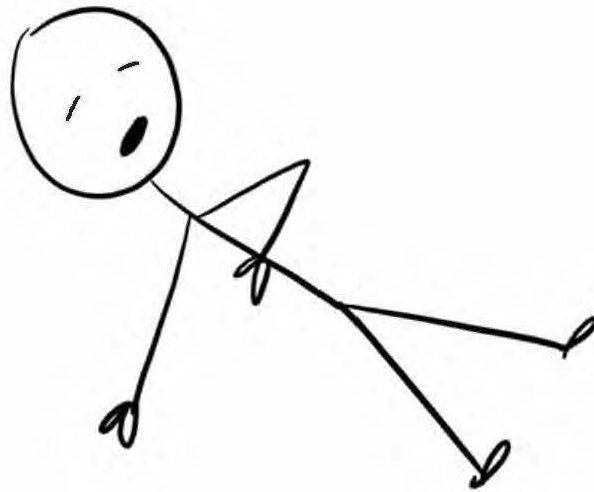
Because they're unconscious?



OK, maybe they were conscious when you asked them if they wanted tea and they said yes,



but in the time it took you to boil the kettle, brew the tea and add the milk,



they're now unconscious.



You should just put the tea down.



Make sure the unconscious person is safe and this is the important part again.

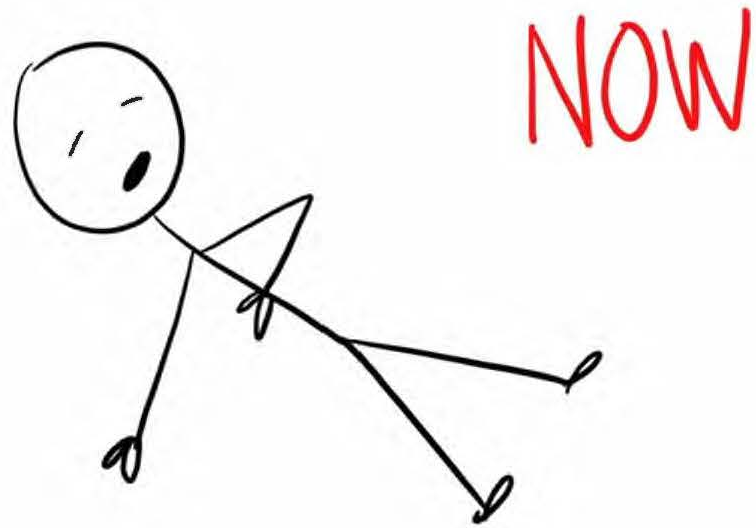


Don't make them drink the tea.



THEN

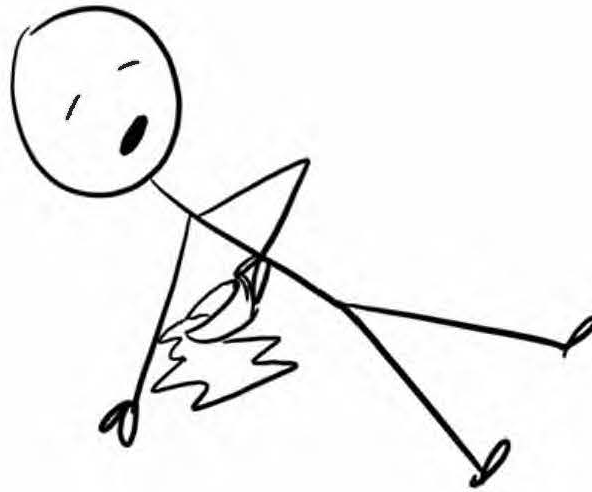
They said yes then, sure.



But unconscious people don't want tea.



If someone said yes to tea, started drinking it,



and then passed out before they finished it,




don't keep on pouring it down their throat.





Take the tea away, make sure they are safe.



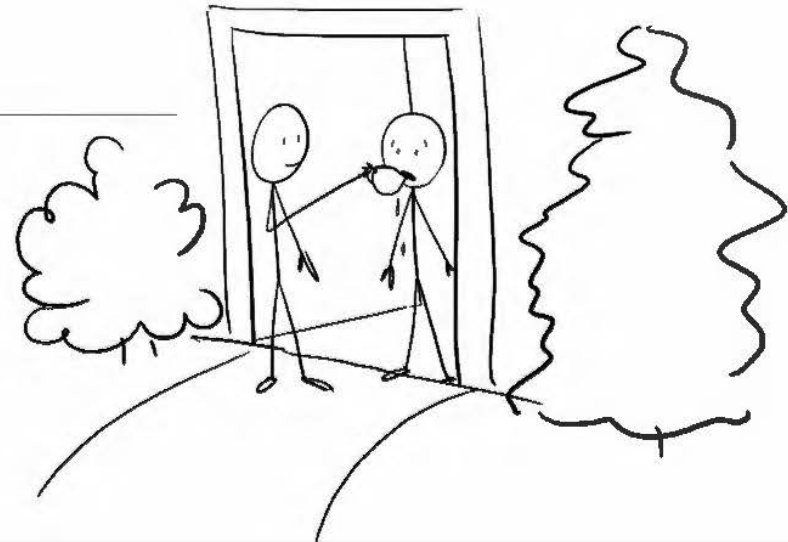
Because unconscious people don't want tea. Trust me on this.

Su	M	T	W	Th	F	Sa
						yay tea!! 

If someone said yes to tea around your house last Saturday.

Su	M	T	W	Th	F	Sa
						yay tea!! 
	tea!	tea!	tea!	tea!		tea!!
	tea!		tea!		tea!	tea!
tea!!	 !	tea!				

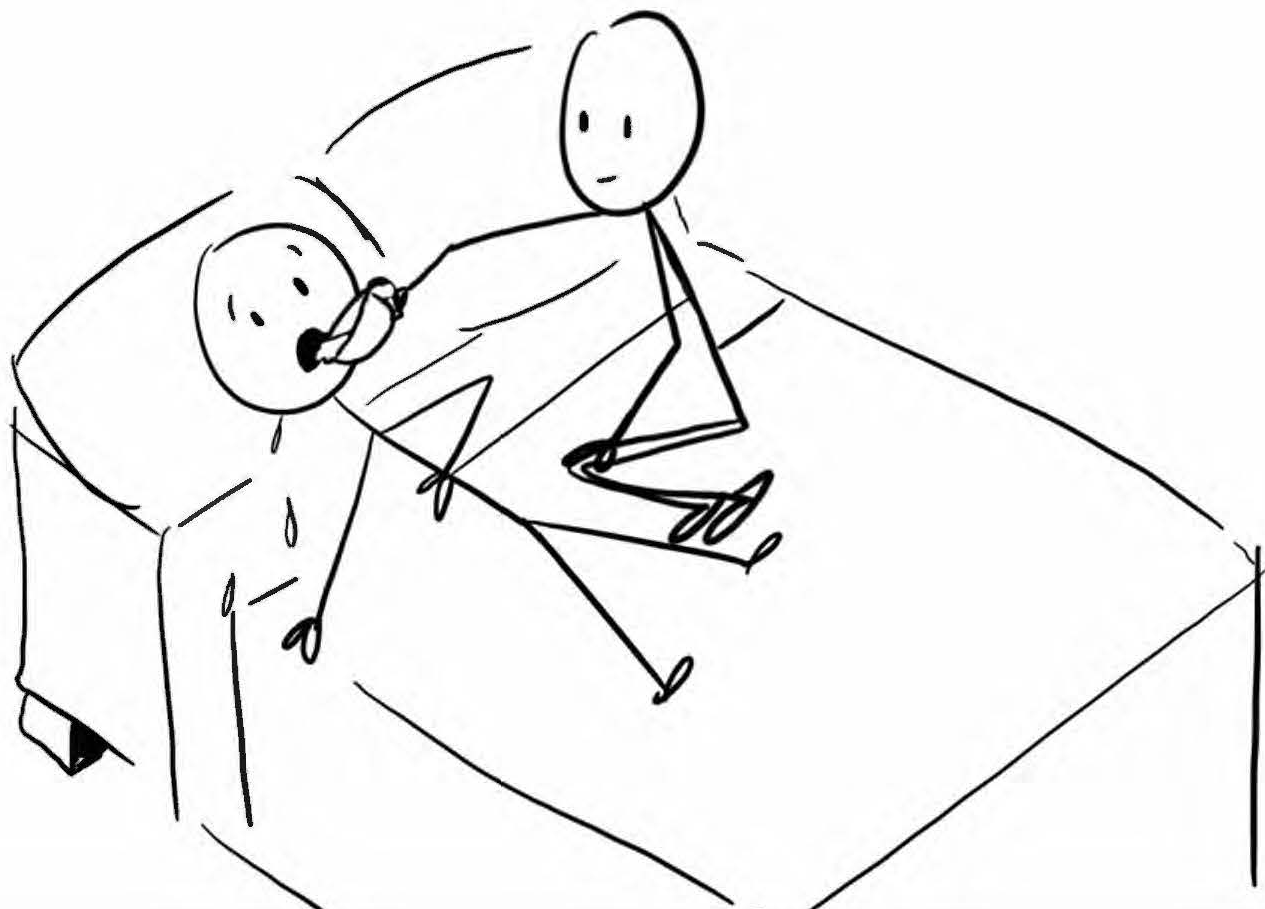
That doesn't mean they want you to make them tea all the time.



They don't want you to come around to their place unexpectedly and make them tea and force him to drink it going.



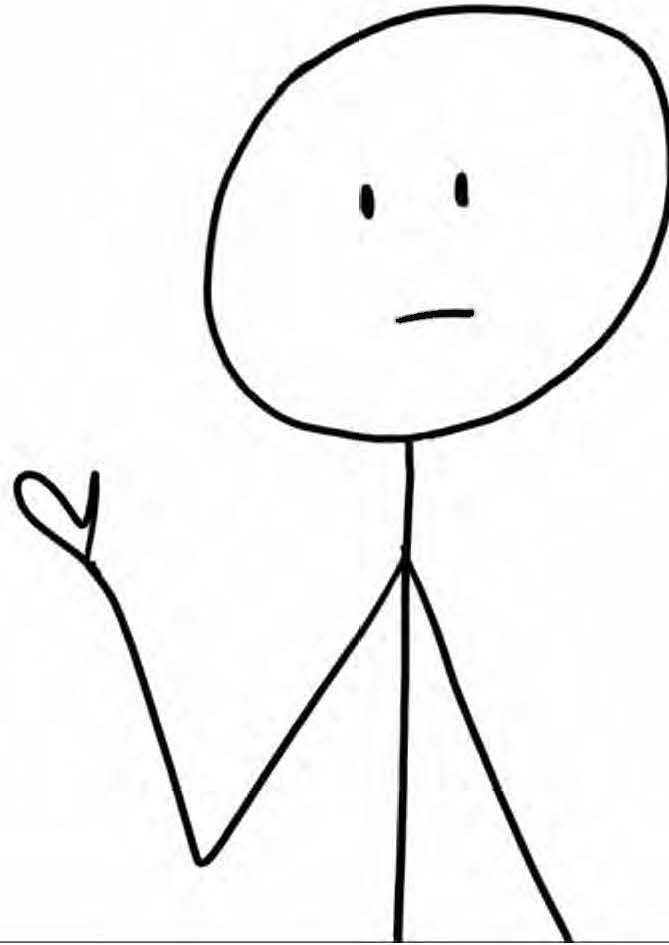
But you wanted tea last week or to wake up to find you pouring tea down their throat going, but you wanted tea last night.



But you wanted tea last week or to wake up to find you pouring tea down their throat going, but you wanted tea last night.



If you can understand how completely ludicrous it is to force people to have tea when they don't want tea.



and you are able to understand when people don't want tea, then how hard is it to understand when it comes to sex?

IT'S THE SAME
WITH
SEX.

Whether it's tea or sex,

CONSENT

IS EVERYTHING.

Consent is everything.



And on that note, I'm going to make myself a cup of tea.

script: rockstar dinosaur pirate princess

video: blueseatstudios.com

narrator: graham wheeler

animation: rachel brian

This is Exhibit "K" referred to in the Affidavit of:
David Thomas Dickson
Sworn before me this
18th day of October, 2021
Redacted
Commissioner for Oaths, Justice of the Peace,
or Notary Public in and for Alberta
Redacted Commissioner for Oaths
d for the Province of Alberta
Statement expires ~~2021/10/18~~
Print Name and Expiry Date2



Province of Alberta

PUBLIC HEALTH ACT

Revised Statutes of Alberta 2000 Chapter P-37

Current as of February 1, 2021

Office Consolidation

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(2) On the recommendation of the Minister, the Lieutenant Governor in Council

- (a) may order a board of an approved hospital as defined in the *Hospitals Act* to provide isolation or quarantine accommodation in the amount and manner prescribed in the order, and
- (b) may order the owner of a facility to provide isolation or quarantine accommodation in the amount and manner prescribed in the order.

(3) Where an order is made pursuant to subsection (2)(b), any reasonable expense incurred by the owner of a facility in compliance with the order is the responsibility of the Crown in right of Alberta.

1984 cP-27.1 s47;1996 c31 s20

Order of Lieutenant Governor in Council

38(1) Where the Lieutenant Governor in Council is satisfied that a communicable disease referred to in section 20(1) has become or may become epidemic or that a public health emergency exists, the Lieutenant Governor in Council may do any or all of the following:

- (a) order the closure of any public place;
- (b) subject to the *Legislative Assembly Act* and the *Senatorial Selection Act*, order the postponement of any intended election for a period not exceeding 3 months;
- (c) in the case of a communicable disease, order the immunization or re-immunization of persons who are not then immunized against the disease or who do not have sufficient other evidence of immunity to the disease.

(2) Where an election is postponed under subsection (1), the order shall name a date for holding the nominations or polling, or both of them, and nothing in the order adversely affects or invalidates anything done or the status of any person during the period of time between the date of the order and the completion of the election.

(3) Where a person refuses to be immunized pursuant to an order of the Lieutenant Governor in Council, the person shall be subject to this Part with respect to the disease concerned as if the person were proven to be infected with that disease.

RSA 2000 cP-37 s38;2002 c32 s12

Second Session, 30th Legislature, 70 Elizabeth II

THE LEGISLATIVE ASSEMBLY OF ALBERTA

BILL 66

PUBLIC HEALTH AMENDMENT ACT, 2021

THE MINISTER OF HEALTH

First Reading

Second Reading

Committee of the Whole

Third Reading

Royal Assent

- (a) post the order or exemption online as soon as is reasonably possible after the order or exemption is made, and
- (b) ensure that any code, standard, guideline, schedule or body of rules that is incorporated, adopted or declared in force by the order or exemption is readily available to the public.

10 The following is added after section 29:

Validation of orders

29.1(1) An order made under section 29(2)(b)(i) or (2.1) before the coming into force of this section is validated and declared for all purposes to have been validly made as of the date on which the order was made.

(2) Everything done before the coming into force of this section under or in reliance on an order made under section 29(2)(b)(i) or (2.1) is validated and declared for all purposes to have been validly done.

(3) Any code, standard, guideline, schedule or body of rules incorporated, adopted or declared in force by an order made under section 29(2)(b)(i) or (2.1) before the coming into force of this section is validated and declared for all purposes to have been validly incorporated, adopted or declared in force as of the date on which the order was made.

11 Section 38(1)(c) and (3) are repealed.

10 Validation of orders.

11 Section 38 presently reads in part:

38(1) Where the Lieutenant Governor in Council is satisfied that a communicable disease referred to in section 20(1) has become or may become epidemic or that a public health emergency exists, the Lieutenant Governor in Council may do any or all of the following:

(c) in the case of a communicable disease, order the immunization or re-immunization of persons who are not then immunized against the disease or who do not have sufficient other evidence of immunity to the disease.

(3) Where a person refuses to be immunized pursuant to an order of the Lieutenant Governor in Council, the person shall be subject to



Province of Alberta

PUBLIC HEALTH ACT

Revised Statutes of Alberta 2000 Chapter P-37

Current as of June 17, 2021

Office Consolidation

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(2) On the recommendation of the Minister, the Lieutenant Governor in Council

- (a) may order a board of an approved hospital as defined in the *Hospitals Act* to provide isolation or quarantine accommodation in the amount and manner prescribed in the order, and
- (b) may order the owner of a facility to provide isolation or quarantine accommodation in the amount and manner prescribed in the order.

(3) Where an order is made pursuant to subsection (2)(b), any reasonable expense incurred by the owner of a facility in compliance with the order is the responsibility of the Crown in right of Alberta.

1984 cP-27.1 s47;1996 c31 s20

Order of Lieutenant Governor in Council

38(1) Where the Lieutenant Governor in Council is satisfied that a communicable disease referred to in section 20(1) has become or may become epidemic or that a public health emergency exists, the Lieutenant Governor in Council may do any or all of the following:

- (a) order the closure of any public place;
- (b) subject to the *Legislative Assembly Act* and the *Senatorial Selection Act*, order the postponement of any intended election for a period not exceeding 3 months.
- (c) repealed 2021 c15 s11.

(2) Where an election is postponed under subsection (1), the order shall name a date for holding the nominations or polling, or both of them, and nothing in the order adversely affects or invalidates anything done or the status of any person during the period of time between the date of the order and the completion of the election.

(3) Repealed 2021 c15 s11.

RSA 2000 cP-37 s38;2002 c32 s12;2021 c15 s11

Recalcitrant Patients

Issue of certificate

39(1) Where a physician, community health nurse, midwife or nurse practitioner knows or has reason to believe that a person

- (a) is infected with a disease prescribed in the regulations for the purposes of this section, and

This is Exhibit "L" referred to in the Affidavit of:

David Thomas Dickson

Sworn before me this

18th day of October, 2021

Redacted_____

Commissioner for Oaths, Justice of the Peace,

or Notary Public in and for Alberta

Redacted A Commissioner for Oaths
and for the Province of Alberta
appointment expires 2020/02/22



Province of Alberta

PUBLIC HEALTH ACT

COMMUNICABLE DISEASES REGULATION

Alberta Regulation 238/1985

With amendments up to and including Alberta Regulation 122/2021

Current as of June 9, 2021

Office Consolidation

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Isolation Procedures

3 Not applicable.

Quarantine

4 Not applicable.

Special Measures

5(1) The medical officer of health shall by order exclude persons who have Rubella or who he suspects have Rubella from activities in which they will or are likely to expose pregnant women to Rubella.

(2) No woman of child bearing age shall care for an infant with Congenital Rubella Syndrome unless the woman is immune to Rubella.

(3) The medical officer of health shall by order exclude a person with Rubella or suspected Rubella from attendance at school or similar settings until the expiration of 4 days after the onset of the rash.

(4) The medical officer of health may require the operator of a day care centre to provide him with immunization records in his possession relating to the children attending the day care centre.

(5) All staff of day care facilities and persons with face to face contact with patients in a health care facility shall ensure that they are immunized against Rubella.

Salmonella Infections

Reporting Requirements

1 Individual occurrences (cases and carriers) are reportable by laboratories to the medical officer of health within 48 hours (see section 23(a)(ii) of the Act).

Investigation of Contacts and Source of Infection

2 See Enteric Infections.

Isolation Procedures

3 See Enteric Infections.

Quarantine

4 See Enteric Infections.

Special Measures

5 See Enteric Infections.

Scabies

(See Skin Infections)

This is Exhibit "M" referred to in the Affidavit of:

David Thomas Dickson

Sworn before me this

18th day of October, 2021

Redacted

Commissioner for Oaths, Justice of the Peace,

A Commissioner for Oaths
and for the Province of Alberta

Commission expires 2021/03/22

Redacted

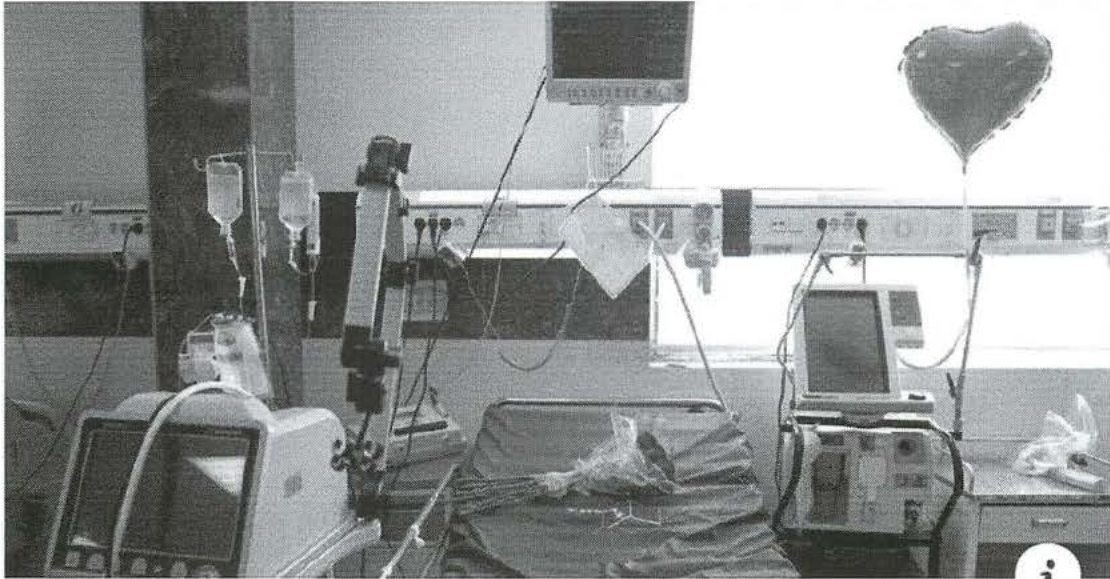


Simone Spitzer

October 12 at 11:11 PM · 🌐



The 14-year old on the article is my brother. He died from stage 4 brain cancer, not from covid. This is fake news. He was diagnosed in January 2021, and hospitalized in August. Two days before his death he was tested for covid and it turned out positive... please share and comment that this is fake.



EDMONTON.CITYNEWS.CA

Alberta reports youngest COVID-related death to date - CityNews Edmonton

This is Exhibit "N" referred to in the Affidavit of:

David Thomas Dickson

Sworn before me this

18th day of October, 2021

Redacted _____

Commissioner for Oaths, Justice of the Peace,

or Notary Public in and for Alberta

Redacted _____
Commissioner for Oaths
for the Province of Alberta
Appointment expires 2020/03/31

Wednesday Oct 13, 2021									Thursday Oct 14, 2021								
Age group	Population	At least 1 dose	% of population with at least 1 dose	2 doses	% of population fully vaccinated	3 doses	Total administered	Age group	Population	At least 1 dose	% of population with at least 1 dose	2 doses	% of population fully vaccinated	3 doses	Total administered		
00-11	660,747	0	0	0	0	0	0	00-11	660,747	0	0	0	0	0	0		
12-18	162,530	128,384	79	108,047	66.5	129	236,560	12-18	162,530	128,730	79.2	108,459	66.7	132	237,321		
15-19	256,743	205,193	79.9	174,766	68.1	366	380,325	15-19	256,743	205,668	80.1	175,504	68.4	368	381,540		
20-24	277,328	217,170	78.3	179,346	64.7	635	397,151	20-24	277,328	217,800	78.5	180,343	65	650	398,793		
25-29	314,508	236,875	75.3	198,610	63.1	964	436,449	25-29	314,508	237,617	75.5	199,749	63.5	980	438,346		
30-34	356,228	275,275	77.3	236,101	66.3	1,573	512,949	30-34	356,228	276,037	77.5	237,304	66.6	1,606	514,947		
35-39	359,302	291,020	81	255,016	71	2,764	548,800	35-39	359,302	291,776	81.2	256,195	71.3	2,818	550,789		
40-44	319,889	267,226	83.5	239,920	75	13,873	521,019	40-44	319,889	267,825	83.7	240,897	75.3	14,091	522,813		
45-49	288,547	244,309	84.7	222,316	77	15,161	481,786	45-49	288,547	244,776	84.8	223,152	77.3	15,384	483,312		
50-54	266,491	231,650	86.9	213,556	80.1	14,545	459,751	50-54	266,491	232,053	87.1	214,212	80.4	14,767	461,032		
55-59	284,260	245,125	86.2	227,157	79.9	21,049	493,331	55-59	284,260	245,489	86.4	227,709	80.1	21,372	494,570		
60-64	264,339	240,267	90.9	227,033	85.9	33,751	501,051	60-64	264,339	240,495	91	227,470	86	34,234	502,199		
65-69	210,073	197,923	94.2	191,209	91	7,053	396,185	65-69	210,073	198,058	94.3	191,526	91.2	7,267	396,851		
70-74	157,657	150,418	95.4	148,453	94.2	7,986	306,857	70-74	157,657	150,495	95.5	148,621	94.3	8,252	307,368		
75-79	102,977	96,380	93.6	94,624	91.9	21,142	212,146	75-79	102,977	96,433	93.7	94,712	92	23,696	214,841		
80-84	68,566	63,577	92.7	62,418	91	16,437	142,432	80-84	68,566	63,612	92.8	62,464	91.1	18,044	144,120		
85-89	44,034	40,494	92	39,711	90.2	14,065	94,270	85-89	44,034	40,516	92	39,735	90.2	14,912	95,163		
90+	27,669	25,679	92.8	25,181	91	13,214	64,074	90+	27,669	25,685	92.8	25,197	91.1	13,602	64,484		
Unknown	NA	62,918	NA	32,955	NA	5	95,878	Unknown	NA	62,784	NA	32,776	NA	5	95,565		
12+	3,761,140	3,219,883	85.6	2,876,419	76.5	184,712	6,281,014	12+	3,761,140	3,225,849	85.8	2,886,025	76.7	192,180	6,304,054		
ALL	4,421,887	3,219,883	72.8	2,876,419	65	184,712	6,281,014	ALL	4,421,887	3,225,849	73	2,886,025	65.3	192,180	6,304,054		

Increase in reported vaccinations October 13th-14th, 2021

	1st Dose	2nd Dose	3rd Dose	Total
12-18	475	412	3	890
15-19	630	738	2	1,370
All	5,966	9,606	7,468	23,040

This is Exhibit "O" referred to in the Affidavit of:

David Thomas Dickson

Sworn before me this

18th day of October, 2021

Redacted

Commissioner for Oaths, Justice of the Peace,

or Notary Public in and for Alberta

Redacted

Commissioner for Oaths
and for the Province of Alberta
appointment expires 2023/03/22

REMOVED AT REQUEST OF THE
MIDWIFE ON MARCH 25th,
2022.

CONTACT THE ALBERTA
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AB QB Action No.: 2103-14553

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2022.

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TRANSCRIPTS AND ANY OTHER
MATERIAL.

AB QB Action No.: 2103-14553

COURT FILE NUMBER

2103 14553

COURT

COURT OF QUEEN'S BENCH OF ALBERTA

JUDICIAL DISTRICT

EDMONTON

APPLICANT

DAVID THOMAS DICKSON

RESPONDENT

HER MAJESTY THE QUEEN IN RIGHT OF THE
PROVINCE OF ALBERTA

DOCUMENT

AFFIDAVIT

ADDRESS FOR SERVICE AND
CONTACT INFORMATION OF
PARTY FILING THIS DOCUMENT

David Dickson

Redacted



I, **Redacted** of the City of Calgary, Alberta, SWEAR AND SAY THAT:

1. I am a physician who has practiced medicine in the Province of Alberta for thirty years. I have been both a family doctor and currently a Royal College of Physicians and Surgeons certified Anesthesiologist. As such, I have personal knowledge of the following information, except where I say that which is stated to be based on information and belief, which I verily believe to be true. My curriculum vitae is available upon request.
2. Prior to the COVID-19 vaccines being administered in the Province of Alberta, I have never in any of my years of experience as a physician, dealt with patients who had experienced vaccine injuries. This changed soon after the introduction of the COVID-19 vaccine in Alberta as of December 15, 2020. I now have first-hand knowledge of vaccine injuries that I verily believe have been caused by the COVID-19 vaccine and as well, I have received such reports from medical colleagues. The first-hand accounts arise in instances where I have personally spoken with patients, and I have witnessed personally.
3. In one instance, a forty-nine year old male ("Patient One") advised me that he had a history of developing significant myalgia approximately one week after he had received his first influenza vaccine. With each subsequent influenza vaccine he received, the myalgia symptoms worsened. Patient One's medical colleague (advised him to stop receiving flu vaccines due to these symptoms).
4. Patient One advised me that when he attended with a nurse to receive a first COVID-19 vaccine on January 11, 2021 and a second COVID-19 vaccine on February 1, 2021 he was not informed that past negative reactions to the influenza vaccine was a risk factor to taking the COVID-19 vaccines. Approximately one to two weeks after the second COVID-19 vaccine, Patient One stated to me that he developed generalized muscle pain, most noticeably after exercising, causing him to significantly reduce his exercise regime. When he sneezed he had to brace himself as he would have severe generalized muscle pain immediately afterward. This generalized muscle pain persisted for months and began to improve after four to five months post COVID-19 vaccine. Patient One advised me that he trialed two doses of Ivermectin in about August 2021 and subsequently recovered from the severe generalized muscle pain.

5. As another example, Patient Two is a female in her eighties. She had a history of multiple sclerosis and was living in an assisted care facility. Patient Two was administered a mandatory Pfizer COVID-19 vaccine and within two weeks afterwards developed progressive loss of function in her right arm. Both MRI and CT scan investigations failed to find the cause of Patient Two's loss of function in her right arm. As a result of her loss of ability to use her right arm, Patient Two broke her hip and came into my care. I state that I have never before been aware of a circumstance involving loss of use of an arm following a vaccination prior to this instance involving the COVID-19 vaccine.
6. As a further example, Patient Three suffered an acute loss of hearing following his first Pfizer COVID-19 vaccine in March or April of 2021. Patient Three recovered approximately fifty (50) percent of his hearing loss prior to coming into my care for urologic surgery. He had comorbidities that included gross obesity, hypertension, Type 2 diabetes and obstructive sleep apnea. Patient Three advised me that he had not been informed of the potential of side effects when he received his first COVID-19 vaccine. I have never before heard of vaccines being administered in Alberta without a lack of informed consent such as is occurring with the COVID-19 vaccine. Patient Three advised me that he felt he needed to receive a second COVID-19 vaccine in order to travel to British Columbia where his son resides. I am not aware of whether Patient Three experienced further side effects after his second vaccination.
7. Patient Four is a forty-five year old male who advised me that due to his past history of a splenectomy he was given priority status to be vaccinated with the Pfizer COVID-19 vaccine on March 30, 2021. On April 6, 2021, being one week following the vaccine, he developed acute herpes zoster infection in his perineum. He also developed severe hip pain on the side where he had previously had a prosthetic hip placed. He was not informed at the time he was vaccinated of any potential side effects that could be caused by this vaccine. Again, I have never known of such a lack of informed consent with any prior vaccinations that have been administered in the Province of Alberta.
8. Patient Five received an AstraZeneca vaccination on April 21, 2021, from local Rexall drugstore. Patient Five had registered on-line with the government to schedule first shot but gave up waiting. The drugstore offered a quicker option.
9. Patient Five advised me that she waited for forty-five minutes at the drugstore. The person doing the Covid vaccinations was behind and in a rush. When it was her turn, she was asked if he had any questions. She was given paper to fill out while she waited. She told me that she assumed she signed something saying she consented. No risks were explained to her in person. She was not provided with a copy of what she signed and she was sent home with no printed information about what to expect. She was given a one-page print- out simply indicating that she had been vaccinated on that date.
10. Patient Five told me that she had gotten the shot around five or six p.m. That same night she woke from her sleep to go to the bathroom and felt very dizzy. She had to hold on to the walls to make her way to and from the bathroom. At first she thought she just had gotten up too fast but then recalled her shot. She was very disorientated and got back into by bed as soon as she could. Throughout the night her body started to hurt. She could feel the pain moving quickly to specific spots, and it seemed to be moving around fast, with the worse being her hips. Patient Five described a weird sensation, with the feeling that she could feel all the tiny bones on the top of her feet and toes and the tops of her hands and fingers. Her arm at the injection site hurt. She had a fever for about two days, followed by diarrhea. She had stomach upset and nausea for one week. Patient Five said that the day after receiving the shot she slept on an off for the entire day and all through the night. She lived alone in a condo and felt afraid because no one had a key. She just kept falling back to sleep and felt as though

she had been drugged. She was unable to go to work. She tried to call the pharmacist, but the pharmacy did not pick up.

- 11. Patient Five told me that she consulted with her family doctor and described her experience. Her family doctor told Patient Five that she could have a different type of second vaccine and it would still be effective. She received the Moderna shot June 26, 2021, as a second vaccine, at the same drugstore. The side effects were being very tired that day, stomach pain that afternoon, which she described as jabs of pain, primarily on the left side. This was unlike the upset stomach she had experienced after the first shot. These symptoms subsided within two days. Again, no informatuion was given on the potential side effects of the chemical injected into her.
- 12. I verily believe that patients in Alberta are not being provided with informed consent before being administered the COVID-19 vaccines, including information regarding potential side-effects of the COVID-19 vaccines. I verily believe that the practice of failing to provide patients with informed consent is prevalent throughout Alberta, and this is a breach of the standard of care in the administration of vaccinations and medical treatment generally in Alberta.
- 13. I have a growing concern that it is not in the best interests of patients in Alberta to continue the COVID-19 vaccinations due to the number and severity of side-effects patients are experiencing.
- 14. I make this Affidavit in support of an Originating Application seeking an Order to halt the administration of all COVID-19 vaccines in the Province of Alberta or in the alternative, an Order requiring that all persons receiving a COVID-19 vaccine in the Province of Alberta be provided with full and informed consent, which includes a comprehensive list of the risk factors associated with the COVID-19 vaccines.

SWORN BEFORE ME at)
Calgary, Alberta, this 12 day)
of October, 2021)

Redacted

Redacted

Commissioner for Oaths in and
for the Province of Alberta

Taranpreet Singh Brar
A Commissioner for Oaths
in and for Alberta
My Commission Expires November 11, 2022

COURT FILE NUMBER

2103 14553

COURT

COURT OF QUEEN'S BENCH OF ALBERTA

JUDICIAL DISTRICT

EDMONTON

APPLICANT

DAVID THOMAS DICKSON

RESPONDENT

HER MAJESTY THE QUEEN IN RIGHT OF THE
PROVINCE OF ALBERTA

DOCUMENT

SUPPLEMENTAL AFFIDAVIT

ADDRESS FOR SERVICE AND
CONTACT INFORMATION OF
PARTY FILING THIS DOCUMENT

David Dickson

Redacted



I, David Thomas Dickson, of the City of Spruce Grove, Alberta, SWEAR AND SAY THAT:

- 1) This affidavit is supplementary to an affidavit I swore in this action on October 18th, 2020 (the "Original Affidavit").
- 2) On October 19th, 2021, during the Alberta Government COVID 19 update, the Chief Medical Officer of Health ("CMOH") and a registered physician within the Province of Alberta, made mention of further restrictions being placed on residents of Care Homes. This included items outlined in Order 49-2021. Attached hereto and marked as Exhibit "P" is a copy of that Order.
- 3) Dr. Hinshaw stated;

"Starting on Monday, all visitors will be required to wear a mask in all indoor areas of the building, including in residence rooms.

This applies to all visitors whether they are unvaccinated or partially or fully vaccinated.

The only exception will be in cases where there are significant communication challenges, such as a resident being hard of hearing or an individual with dementia.

If you feel your mask will limit your ability to communicate with your loved one, please reach out to your site operator to discuss this.

The second change relates to quarantining and testing.

We want to make it harder for the virus to enter these facilities.

To increase protection, all long term care and designated supportive living residents, regardless of their vaccination status, must be quarantined temporarily when being admitted to a facility from acute care or returning from a hospital state that was longer than 24 hours.

This quarantine will last only until they receive a negative PCR test.

While this quarantine period is expected to only be a few days long, while awaiting test results, I know this can be very difficult for residents and families.

This is intended to help prevent the virus from entering these facilities where we know it can possibly spread quickly and put many at risk.

*I will also be sending a letter out **strongly, encouraging families and friends who were not fully vaccinated to not visit or attend to residents in person.***

I know this will impact residents in different ways, but it is very important to help protect residents and staff from COVID-19.

Fully vaccinated Albertans who have no signs of illness can continue to see their loved ones who are residents in these facilities as often as they wish.

While this is a recommendation in the letter, I will also reinforce that operators have the authority to implement additional mandatory measures in their facilities as appropriate in consultation with their residents and families.

This could include requirements for proof of vaccination or rapid testing for visitors entering the site. Operators have worked incredibly hard throughout this pandemic, and their goal is always to protect the health of our loved ones who live in these facilities.

*It is essential that all visitors to continuing care facilities follow all rules in place, whether set provincially or **locally.**"*

- 4) I do verily believe that, as with other matters, this is a blatant attempt on the part of the Government of Alberta to 'outsource' the mandating of vaccinations as a way of bypassing Bill 66 Section 11.
- 5) The mother of Karen Dickson (my wife, "Karen") has been a full-time resident of the Capital Care Dickinsfield care home for more than a decade after suffering a full aphasia stroke. Capital Care is a wholly owned subsidiary of Alberta Health Services. Capital Care Dickinsfield is her mother's home. During the time since care homes were locked down in March of 2020, my wife and I have been full time advocates for residents in these care homes including, but not limited to, my wife's mother. On many occasions, we have had to intervene to assist family members and residents who most likely would have died otherwise due to the implementation of the protocols put in place by Dr. Hinshaw and her proxies.
- 6) Karen and I have worked with other residents and the elderly in this and other care homes in the Edmonton region and also with many hospital patients. In fact, Karen is currently listed as the

Designated Support Person (DSP) for one senior at the Glenrose Hospital and multiple residents at Capital Care Dickinsfield.

- 7) Based on the aggressive and coercive statement by Dr Hinshaw on October 19th, 2021, follow up letter she has stated she will send, and Order 49-2021, it is highly likely that Karen (and others) will be refused access to the vulnerable people who rely on their 'in person' presence no later than October 25th, 2021. At this time, these residents will be forced to be abandoned by the persons most committed to their care just because of a vaccination status. Due to the concerns related to this application, neither Karen nor I are able to get vaccinated, despite us both being fully vaccinated in the past.
- 8) Even if the concerns raised in this application related to informed consent could be addressed, the timeline being imposed by Dr. Hinshaw would ensure removal of access for a minimum of six to eight weeks (or longer). This creates an unacceptable risk to the physical and mental welfare of those who rely on this critical 'in person' support. All of this is happening without proper notice or publicly available information to support Dr. Hinshaw's decision.
- 9) Being originally from England, Karen and I are both fully vaccinated against tuberculosis. I also have had the five-year pneumococcal vaccine due to my own health issues. We are as far from 'anti-vax' as anyone could be. However, the concerns raised in this application present an impossible barrier to providing informed consent for vaccination against COVID 19 for either of us to contemplate at this time.
- 10) Due to the concerns raised in my originating affidavit, asymptomatic testing is also not a reasonable option.
- 11) The timing of this highly aggressive and unsupported change by Dr. Hinshaw is unfathomable. The last Order (Order 37-2021) for care homes was signed by Dr. Hinshaw on July 13th, 2021. No other Orders have been written to change the approach taken in care homes during the worst of the fourth wave of COVID 19 in Alberta. However, now with active cases and hospitalisations plummeting (more than halved since September 26th, 2021), Dr. Hinshaw deems it necessary to remove access for people like my wife (and many others in her position) before the end of this month. In addition, some of the most trusted professionals in the care homes and hospitals will be removed from the direct care roles in these environments by the end of October 2021 due to the vaccine mandates. This is despite these professionals working throughout almost two years of this pandemic without being forced in an uninformed way to take a highly concerning vaccine.
- 12) Additionally, correspondence from Capital Care in September and October 2021 confirms that there are almost no residents without full vaccination.
- 13) Included in the Capital Care mail out to the family of residents on October 6th was the statement:
 - a) **"As of September 27, 96 per cent of Capital Care residents are fully vaccinated (two doses of COVID-19 vaccine), and 72 per cent of residents have received a third dose."**
- 14) Included in the Capital Care mail out to the family of residents on October 14th was the statement:
"As of October 11, 95 per cent of residents are fully vaccinated (two doses of COVID-19 vaccine) and 78 per cent of residents have a third dose of vaccine. As well, 97 per cent of staff

have at least one dose of vaccine. All Capital Care staff are required to be fully vaccinated by October 31, 2021."

- 15) I do verily believe that the steps being taken by Dr. Hinshaw and the Government of Alberta, using coerced proxy, are designed to force Alberta into 100% vaccination compliance. This is clearly contrary to Bill 66 section 11 by both the Letter of the Law and the Spirit of the Act.
- 16) Further to this, on October 19th, 2021, the public reporting of vaccinations by the Alberta Government was surreptitiously modified to include new age categories of zero to four years and five to eleven years. Attached as Exhibit "Q" are screenshots of the Alberta Government website showing these changes along with additional information regarding reported Adverse Events Following Immunization (AEFI) for COVID 19 from the Alberta Government and Health Canada.
- 17) On October 19th, 2021, during the Alberta Government COVID 19 update, Dr. Verna W.Y. Yiu ("Dr. Yiu") the Chief Executive Officer ("CEO") of Alberta Health Services ("AHS") and a registered physician within the Province of Alberta, made clearly misleading and potentially false statements regarding the reported vaccination status of AHS employees and the impact of the mandatory vaccination policy on staffing levels at AHS.

"I would also like to talk briefly about our mandatory vaccination policy, which we announced in August, just as the 4th wave was starting. As of this morning, approximately 92% of our full time and part time AHS employees have submitted proof of having two doses of COVID-19 vaccinations.

Approximately 92% of physicians working in AHS have done the same. And more than 97% of our ICU staff are fully immunized.

7% of our staff have yet to submit their proof of vaccination and we are actively working to confirm their vaccination status."

- 18) Attached as Exhibit "R" is information from the internal COVID 19 vaccination tracking system at AHS.

SWORN BEFORE ME at
Devon__, Alberta, this _21st_ day)
of ____ October _____, 2021)

Redacted

Commissioner for Oaths in and
for the Province of Alberta

A Commissioner for Oaths
and for the Province of Alberta
appointment expires 2022/03/22

) **Redacted**

)
David Thomas Dickson

RECORD OF DECISION – CMOH Order 49-2021

Re: 2021 COVID-19 Response – Modifies Record of Decision – CMOH Order 37-2021

Whereas I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

Whereas the investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.

Whereas under section 29(2.1) of the *Public Health Act* (the Act), I have the authority by order to prohibit a person from attending a location for any period and subject to any conditions that I consider appropriate, where I have determined that the person engaging in that activity could transmit an infectious agent. I also have the authority to take whatever other steps that are, in my opinion, necessary in order to lessen the impact of the public health emergency.

Whereas a state of public health emergency for the province of Alberta was declared on September 15, 2021.

Whereas I have made Record of Decision - CMOH Order 37-2021 on July 13, 2021.

Whereas I have determined that additional measures are necessary to protect Albertans from exposure to COVID-19 and to prevent the spread of COVID-19 and it is, therefore, necessary to revise Record of Decision – CMOH Order 37-2021.

I hereby make the following order, effective on October 25, 2021:

1. CMOH-Order 37-2021 is amended by modifying Appendix A to Record of Decision CMOH Order 37-2021, Updated Operational and Outbreak Standards for Licensed Supportive Living Long-Term Care and Hospice Settings Under Record of Decision – CMOH Order 37-2021 (Appendix A) as follows:
 - (a) The entire section titled “Continuous Masking” at page 4 of Appendix A, including the heading, is deleted and the following, revised, “Continuous Masking” section is substituted:

Continuous Masking

- o All staff, students, service providers, and volunteers must wear a surgical/procedure mask continuously, at all times and in any areas of the site where care/treatment is being provided, along with any non-care areas of the site except when working alone in an office or when a barrier is in place.
- o If staff are providing care to a resident with communication challenges where a mask would inhibit care being provided, operators have discretion to determine if circumstances are appropriate to use alternate Personal Protective Equipment (PPE).

- o Visiting persons must wear a surgical/procedure mask in all indoor areas of the building.
 - o Visiting persons who are spending time with residents with communication challenges (e.g. hearing concerns) where a mask would inhibit communication being provided, can remove mask while in a private space in the building if the resident consents and a distance of two meters is maintained between the visitor and the resident at all times.
- (b) At the Table of Contents of Appendix A, the reference to "Management of Residents Admission/Return from Outbreak Unit" is deleted and replaced with "Management of Residents Admissions/Return from other Health Settings".
- (c) The entire section titled "Management of Residents Admissions/Return from Outbreak Unit" at page 7 of Appendix A, including the heading, is deleted and the following, revised, section titled "Management of Residents Admissions/Return from other Health Settings" is substituted:

Management of Residents Admissions/Return from other Health Settings

- o All DSL/LTC residents must be placed on contact/droplet precautions and are to remain in their room upon admission or return from hospitals (after stays of more than 24 hours) until they receive a negative COVID-19 PCR test.
 - o The swab should be taken within 48 hours pre or post discharge.
 - o Hospital discharge must not be delayed awaiting test results.
 - o If the test result is positive, see Appendix 1, 2 or 3 for management of COVID-19 test results in fully, partially and unvaccinated residents.
- (d) At the Table of Contents of Appendix A, "Site-based Policies and Processes" is added after "Management of Residents Admissions/Return from other Health Settings" and the following section, titled "Site-based Policies and Processes", is added immediately following the section titled "Management of Residents Admissions/Return from other Health Settings":

Site-based Policies and Processes

- o Operators may choose to implement additional site-based policies and processes for COVID-19 prevention:
 - o policies and processes must be appropriate to local context.
 - o policies and processes must be based on resident and family member preferences.
- o Visiting persons must comply with site-based policies and processes for COVID-19 prevention.

If before October 25, 2021 an operator of a health care facility in the province of Alberta is in compliance with this Order, the operator is deemed not be in contravention of CMOH Order 37 - 2021.

This Order provides the minimum standards for public health measures in Alberta for those matters addressed by this Order.

For greater certainty, nothing in this Order relieves a person from complying with any provision of any federal, provincial or municipal law or regulation or any requirement of any lawful permit, order or licence covering those matters which are addressed in this Order

This Order remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 20 day of October, 2021.


Deena Hinshaw, MD
Chief Medical Officer of Health

This is Exhibit "P" referred to in the Affidavit of:
David Thomas Dickson
Sworn before me this
21th day of October, 2021
Redacted _____
Commissioner for Oaths, Justice of the Peace,
or Notary Public in and for Alberta

Commissioner for Oaths
for the Province of Alberta
appointment expires 2022/10/12



Table 2. Summary of COVID-19 vaccine doses administered and vaccine coverage by age group

<i>Monday Oct 18, 2021</i>							
Age group	Population	At least 1 dose	% of population with at least 1 dose	2 doses	% of population fully vaccinated	3 doses	Total administered
00-11	660,747	0	0	0	0	0	0
12-18	162,530	129,684	79.8	110,511	68	141	240,336
15-19	256,743	206,964	80.6	178,701	69.6	394	386,059

<i>Tuesday Oct 19, 2021</i>							
Age group	Population	At least 1 dose	% of population with at least 1 dose	2 doses	% of population fully vaccinated	3 doses	Total administered
00-04	269,163	0	0	0	0	0	0
05-11	391,584	0	0	0	0	0	0
12-15	162,530	129,853	79.9	110,978	68.3	143	240,974
15-19	256,743	207,212	80.7	179,407	69.9	396	387,015

Accessed October 21st, 2021



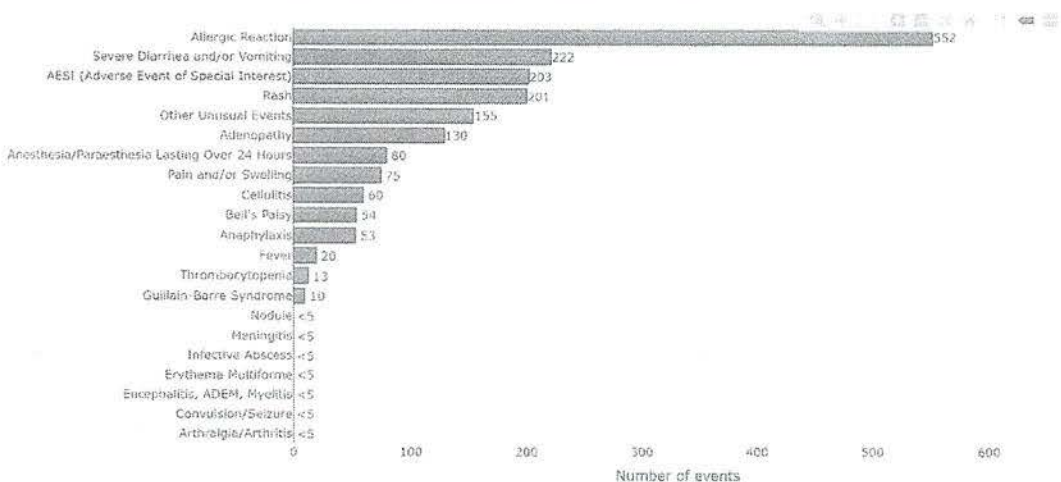
COVID-19 data included in the interactive data application are up-to-date as of end of day October 19, 2021, unless stated otherwise.

- Highlights
- New Cases
- Total Cases
- Characteristics
- Vaccinations
- Vaccine Outcomes
- Severe Outcomes
- Pre-existing Conditions
- Healthcare Capacity
- Geospatial
- Laboratory Testing
- Variants of Concern
- Data Export
- Data Notes

Vaccination data are up-to-date as of end of day October 19, 2021

- **6,389,130** doses of COVID-19 vaccine have been administered in Alberta
- **86.2** percent of 12+ population has received at least one dose (**73.4%** total population)
- **77.9** percent of 12+ population fully vaccinated (**66.2%** total population)

- **1,781** adverse events following immunization (AEFI) have been reported to Alberta Health. This represents **1,747** people, and **1,847** symptoms.
 - **1,126** related to Pfizer
 - **454** related to Moderna
 - **201** related to AstraZeneca
- There have been **4,559** vaccine refusals and **2,578** contraindications to receiving the vaccine



Number of adverse events following immunization (AEFI) by condition reported in Alberta

Table 2. Summary of COVID-19 vaccine doses administered and vaccine coverage by age group

Age group	Population	At least 1 dose	% of population with at least		% of population fully vaccinated	3 doses	Total administered
			1 dose	2 doses			
00-04	269,163	0	0.0	0	0.0	0	0
05-11	391,584	0	0.0	0	0.0	0	0
12-14	162,530	129,853	79.9	110,978	68.3	143	240,974
15-19	256,743	207,212	80.7	179,407	69.9	396	387,015
20-24	277,328	219,389	79.1	184,897	66.7	704	404,990
25-29	314,508	239,514	76.2	204,342	65.0	1,062	444,918
30-34	356,228	278,038	78.0	242,427	68.0	1,730	522,195
35-39	359,302	293,599	81.7	260,994	72.6	2,960	557,553
40-44	319,889	269,306	84.2	245,019	76.6	14,834	529,159
45-49	288,547	245,916	85.2	226,396	78.5	16,155	488,467
50-54	266,491	232,971	87.4	216,719	81.3	15,457	465,147
55-59	284,260	246,301	86.7	229,777	80.8	22,370	498,448
60-64	264,339	241,147	91.2	229,073	86.7	35,832	506,052
65-69	210,073	198,434	94.5	192,483	91.6	7,814	398,731
70-74	157,657	150,728	95.6	149,177	94.6	9,124	309,029
75-79	102,977	96,552	93.8	95,000	92.2	32,308	223,860
80-84	68,566	63,683	92.9	62,610	91.3	23,405	149,698
85-89	44,034	40,546	92.1	39,819	90.4	17,619	97,984
90+	27,669	25,719	93.0	25,243	91.2	14,660	65,622
12+	3,761,140	3,243,763	86.2	2,928,786	77.9	216,581	6,389,130
ALL	4,421,887	3,243,763	73.4	2,928,786	66.2	216,581	6,389,130



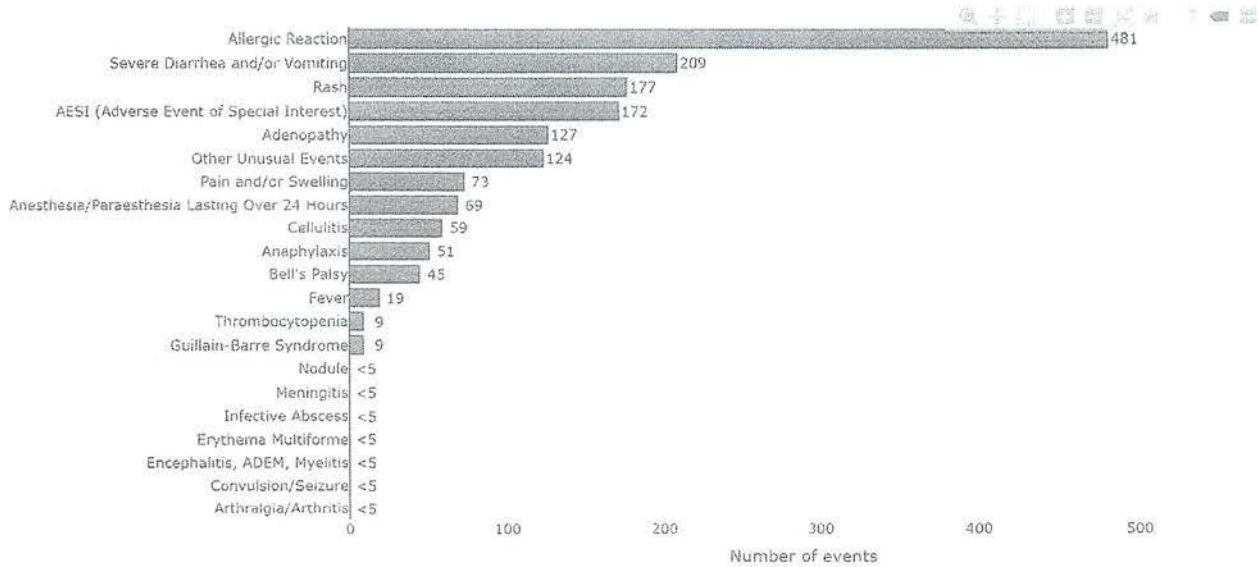
Data included in the interactive data application are up-to-date as of end of day September 26, 2021, unless stated otherwise.

- Highlights
- New Cases
- Total Cases
- Characteristics
- Vaccinations
- Vaccine Outcomes
- Severe Outcomes
- Pre-existing Conditions
- Healthcare Capacity
- Geospatial
- Laboratory Testing
- Variants of Concern
- Data Export
- Data Notes

Vaccination data are up-to-date as of end of day September 26, 2021

- **6,013,277** doses of COVID-19 vaccine have been administered in Alberta
- **83** percent of 12+ population has received at least one dose (**70.6%** total population)
- **73.8** percent of 12+ population fully vaccinated (**62.8%** total population)

- **1,578** adverse events following immunization (AEFI) have been reported to Alberta Health. This represents **1,553** people, and **1,641** symptoms.
 - **979** related to Pfizer
 - **405** related to Moderna
 - **194** related to AstraZeneca
- There have been **4,329** vaccine refusals and **1,824** contraindications to receiving the vaccine



Number of adverse events following immunization (AEFI) by condition reported in Alberta

Table 2. Summary of COVID-19 vaccine doses administered and vaccine coverage by age group

Age group	Population	At least 1 dose	% of population with at least 1 dose		2 doses	% of population fully vaccinated	3 doses	Total administered
00-11	660,747	0	0.0	0	0	0.0	0	0
12-14	162,530	122,074	75.1	102,851	63.3	75	225,000	
15-19	256,743	196,180	76.4	166,671	64.9	241	363,092	
20-24	277,328	207,000	74.6	169,148	61.0	399	376,547	
25-29	314,508	225,540	71.7	187,366	59.6	629	413,535	
30-34	356,228	262,951	73.8	224,066	62.9	1,001	488,018	
35-39	359,302	279,549	77.8	243,614	67.8	1,902	525,065	
40-44	319,889	258,187	80.7	230,539	72.1	10,199	498,925	
45-49	288,547	237,379	82.3	214,824	74.5	11,254	463,457	
50-54	266,491	225,913	84.8	207,206	77.8	10,691	443,810	
55-59	284,260	240,039	84.4	221,628	78.0	15,939	477,606	
60-64	264,339	236,428	89.4	222,709	84.2	25,266	484,403	
65-69	210,073	195,640	93.1	188,464	89.7	4,624	388,728	
70-74	157,657	149,025	94.5	146,790	93.1	4,930	300,745	
75-79	102,977	95,637	92.9	93,838	91.1	5,228	194,703	
80-84	68,566	63,146	92.1	61,988	90.4	6,082	131,216	
85-89	44,034	40,248	91.4	39,473	89.6	7,424	87,145	
90+	27,669	25,516	92.2	25,043	90.5	8,868	59,427	
Unknown	NA	60,446	NA	31,404	NA	5	91,855	
12+	3,761,140	3,120,898	83.0	2,777,622	73.8	114,757	6,013,277	
ALL	4,421,887	3,120,898	70.6	2,777,622	62.8	114,757	6,013,277	



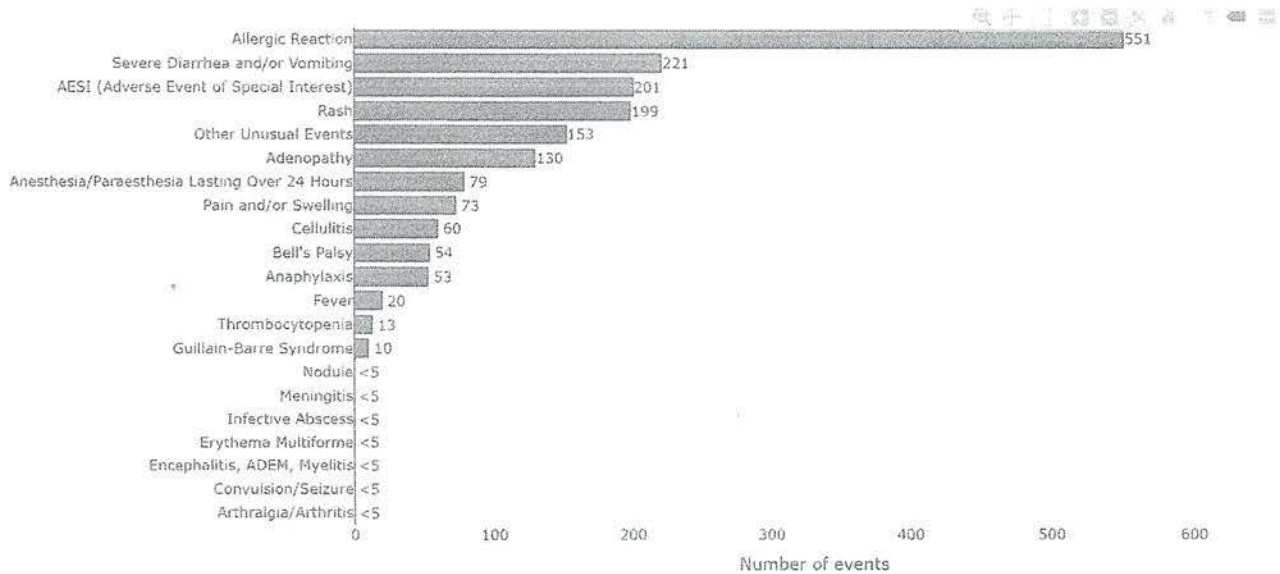
COVID-19 data included in the interactive data application are up-to-date as of end of day October 18, 2021, unless stated otherwise.

Highlights New Cases Total Cases Characteristics **Vaccinations** Vaccine Outcomes Severe Outcomes

Pre-existing Conditions Healthcare Capacity Geospatial Laboratory Testing Variants of Concern Data Export Data Notes

Vaccination data are up-to-date as of end of day October 18, 2021

- **6,388,880** doses of COVID-19 vaccine have been administered in Alberta
- **86.1** percent of 12+ population has received at least one dose (**73.2%** total population)
- **77.6** percent of 12+ population fully vaccinated (**66%** total population)
- **1,770** adverse events following immunization (AEFI) have been reported to Alberta Health. This represents **1,737** people, and **1,836** symptoms.
 - **1,119** related to Pfizer
 - **450** related to Moderna
 - **201** related to AstraZeneca
- There have been **4,556** vaccine refusals and **2,555** contraindications to receiving the vaccine



Number of adverse events following immunization (AEFI) by condition reported in Alberta

Table 2. Summary of COVID-19 vaccine doses administered and vaccine coverage by age group

Age group	Population	At least 1 dose	% of population with at least 1 dose		2 doses	% of population fully vaccinated	3 doses	Total administered
00-11	660,747	0	0.0	0	0	0.0	0	0
12-14	162,530	129,684	79.8	110,511	68.0	141	240,336	
15-19	256,743	206,964	80.6	178,701	69.6	394	386,059	
20-24	277,328	219,096	79.0	184,035	66.4	694	403,825	
25-29	314,508	239,101	76.0	203,446	64.7	1,051	443,598	
30-34	356,228	277,617	77.9	241,456	67.8	1,706	520,779	
35-39	359,302	293,194	81.6	260,094	72.4	2,935	556,223	
40-44	319,889	269,007	84.1	244,291	76.4	14,728	528,026	
45-49	288,547	245,727	85.2	225,820	78.3	16,031	487,578	
50-54	266,491	232,791	87.3	216,249	81.2	15,344	464,384	
55-59	284,260	246,124	86.6	229,412	80.7	22,190	497,726	
60-64	264,339	241,018	91.2	228,778	86.5	35,485	505,281	
65-69	210,073	198,339	94.4	192,294	91.5	7,653	398,286	
70-74	157,657	150,675	95.6	149,065	94.5	8,908	308,648	
75-79	102,977	96,528	93.7	94,924	92.2	30,229	221,681	
80-84	68,566	63,659	92.8	62,576	91.3	22,096	148,331	
85-89	44,034	40,533	92.0	39,802	90.4	16,970	97,305	
90+	27,669	25,715	92.9	25,236	91.2	14,413	65,364	
Unknown	NA	62,724	NA	32,718	NA	8	95,450	
12+	3,761,140	3,238,496	86.1	2,919,408	77.6	210,976	6,368,880	
ALL	4,421,887	3,238,496	73.2	2,919,408	66.0	210,976	6,368,880	

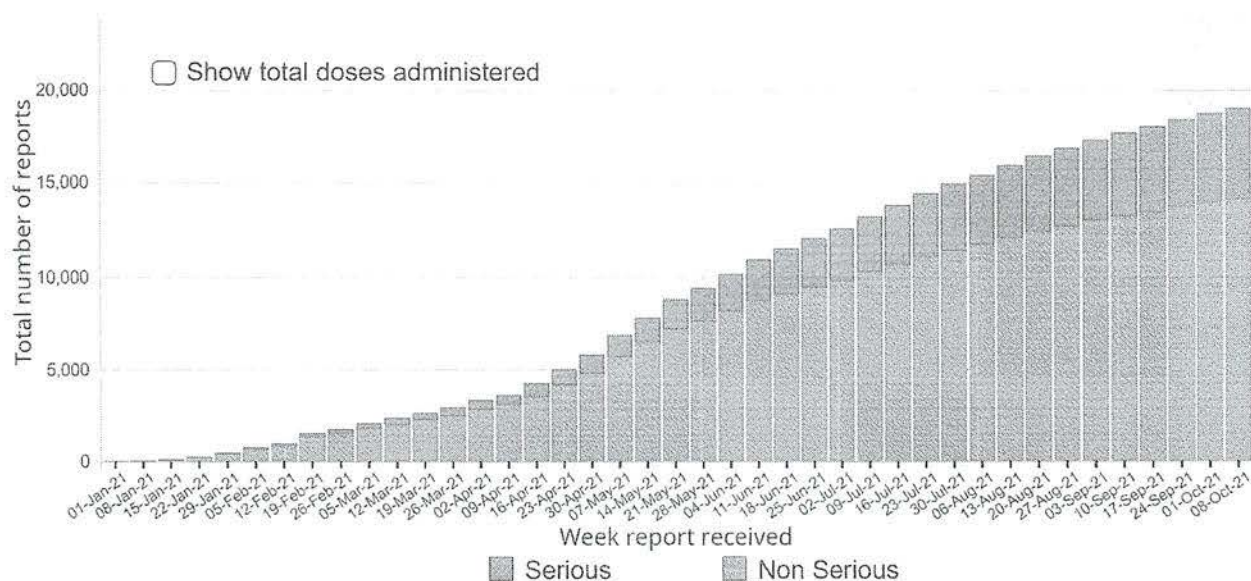
Summary of adverse event following immunization reports

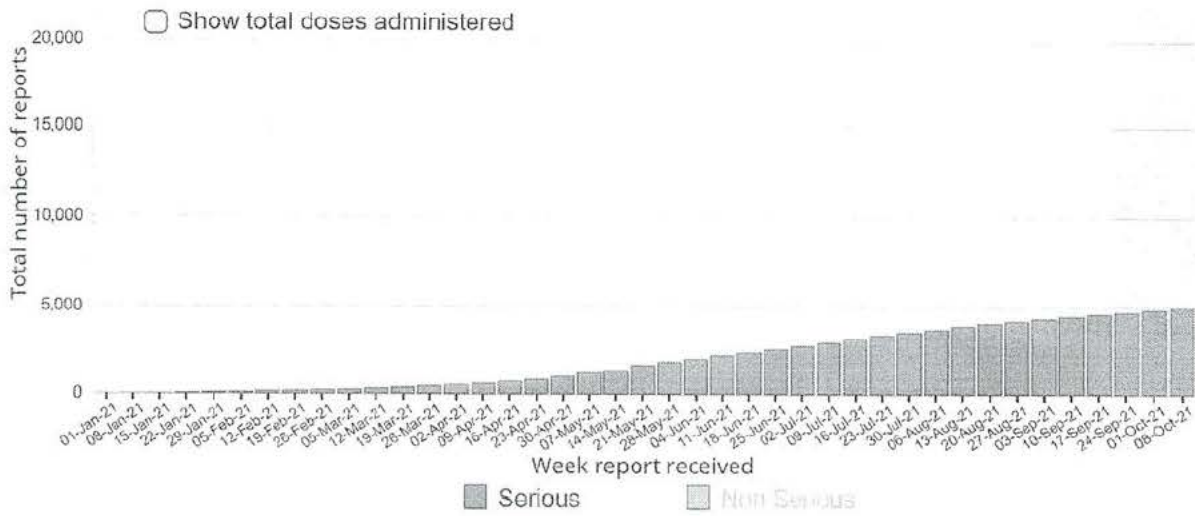
The information on this page reflects detailed case information data from the Public Health Agency of Canada's Canadian Adverse Events Following Immunization Surveillance System (CAEFISS) and Health Canada's Canada Vigilance program. Doses administered used for rate calculations have been adjusted to account for the delay between vaccination and reporting. The data on this page may undergo changes as more information about cases becomes available.

There have been a total of **19,014** reports (**33.9 reports per 100,000 doses administered**) up to and including **October 8, 2021**. Of the **19,014** reports, **4,927** were considered serious (**8.8 reports per 100,000 doses administered**). Overall, the rate of serious reports has remained low. The cumulative and weekly number of reports, as well as the weekly report rate, are shown in Figure 1.

Figure 1. of COVID-19 vaccine adverse event reports and total doses administered per week up to and including October 8, 2021 (n=19,014)

Note: Although the cumulative number of adverse event reports continues to increase over time, so does the number of doses administered. Up to and including October 8, adverse event reports represented 0.034% of all doses administered.





Children

This is Exhibit "Q" referred to in the Affidavit of:

David Thomas Dickson

Sworn before me this

21th day of October, 2021

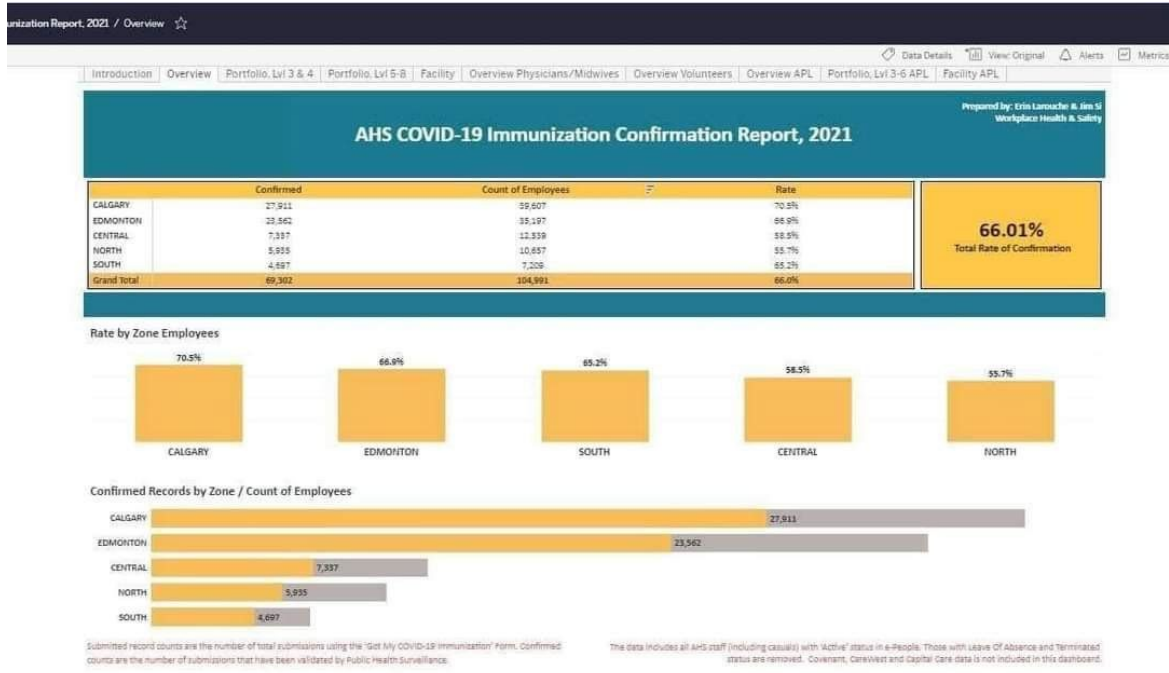
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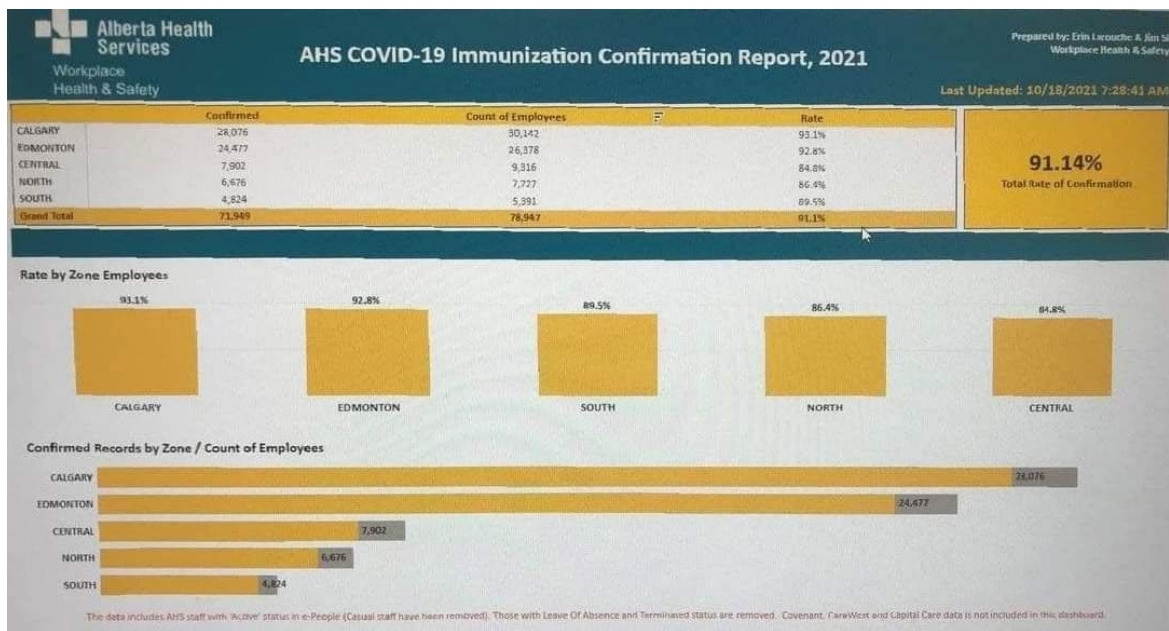
A Commissioner for Oaths
in and for the Province of Alberta

Appointment expires 2022/07/22



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Old Report	Confirmed	Employees	Rate
Calgary	27,911	39,607	70.47%
Edmonton	23,562	35,197	66.94%
Central	7,337	12,539	58.51%
North	5,935	10,657	55.69%
South	4,697	7,209	65.15%
Grand Total	69,442	105,209	66.00%
Discrepancy	140	218	
On chart total	69,302	104,991	66.01%

New Report	Confirmed	Employees	Rate
Calgary	28,076	30,142	93.15%
Edmonton	24,477	26,378	92.79%
Central	7,902	9,316	84.82%
North	6,676	7,727	86.40%
South	4,824	5,391	89.48%
Grand Total	71,955	78,954	91.14%
Discrepancy	6	7	
On chart total	71,949	78,947	91.14%

Change	Confirmed	Employees
Calgary	165	- 9,465
Edmonton	915	- 8,819
Central	565	- 3,223
North	741	- 2,930
South	127	- 1,818
Grand Total	2,513	- 26,255
On chart change	2,647	- 26,044

This is Exhibit "R" referred to in the Affidavit of:

David Thomas Dickson

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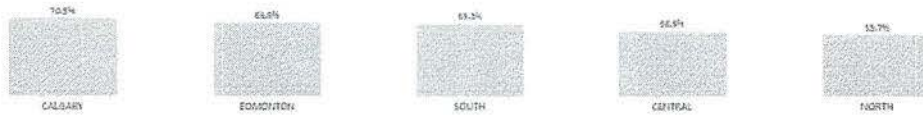
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Rate by Zone Employees



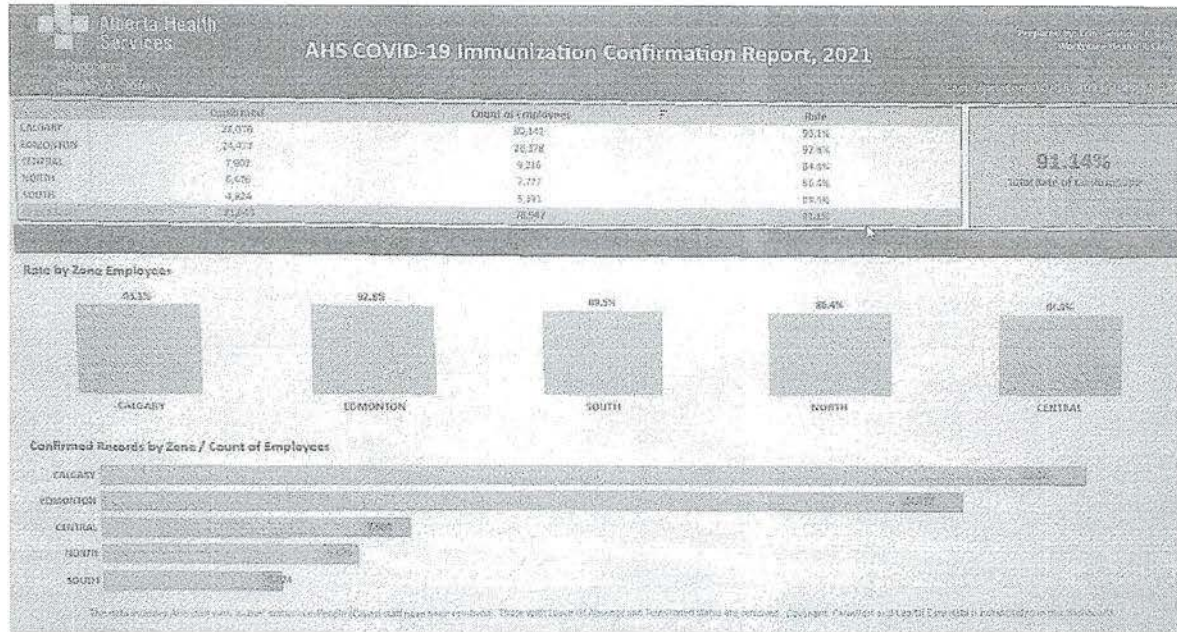
Confirmed Records by Zone / Count of Employees



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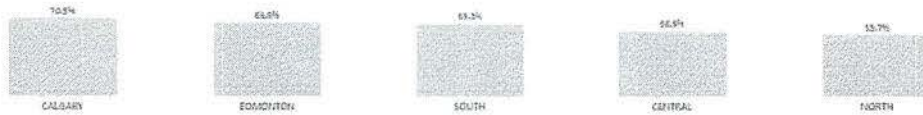
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Rate by Zone Employees



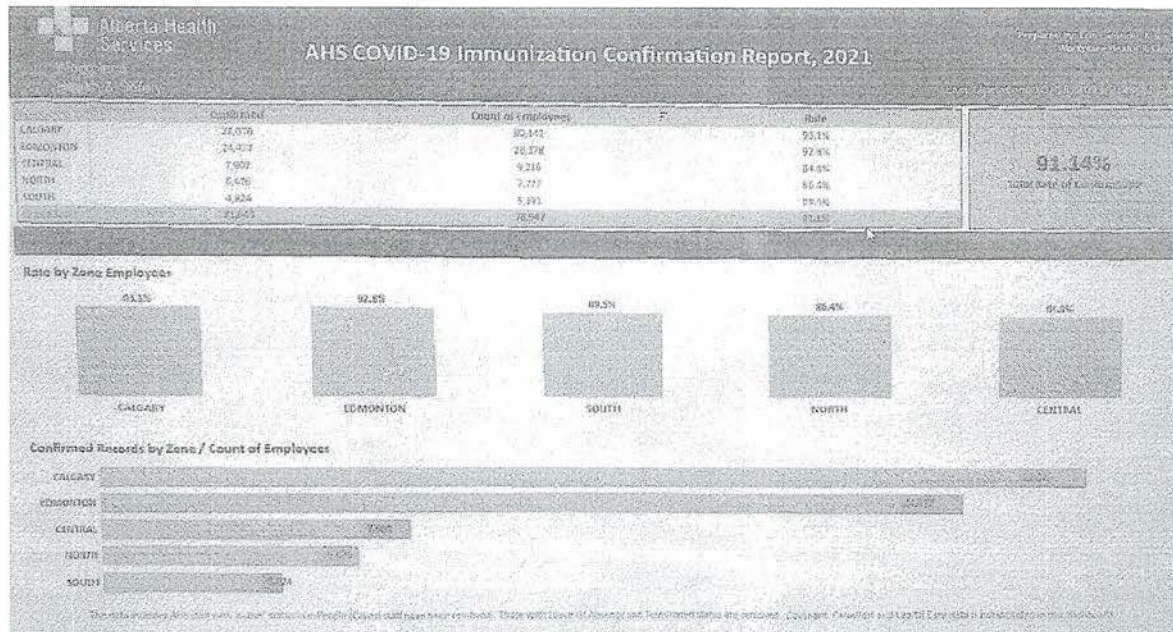
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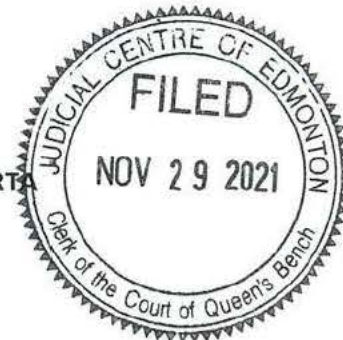
21 th day of October, 2021

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Commissioner for Oaths, Justice of the Peace,

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COURT FILE NUMBER 2103 14553
COURT COURT OF QUEEN'S BENCH OF ALBERTA
JUDICIAL DISTRICT EDMONTON
APPLICANT DAVID THOMAS DICKSON
RESPONDENT HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ALBERTA
DOCUMENT AFFIDAVIT IN RESPONSE/SUPPLEMENTAL AFFIDAVIT
ADDRESS FOR SERVICE AND CONTACT INFORMATION OF PARTY FILING THIS DOCUMENT David Dickson



Redacted

I, David Thomas Dickson, of the City of Spruce Grove, Alberta, SWEAR AND SAY THAT:

- 1) This affidavit is supplementary to affidavits I swore in this action on October 18th, 2021 (the "Original Affidavit"), October 21st, 2021 (Supplemental Affidavit) and in response to the Crown's Application to Strike in this matter.
- 2) I have personal knowledge of the following information, except where I say that it is based on information from another person, in which case, I believe that information to be true.
- 3) I have read the Affidavit filed by the Respondent, and I make this Affidavit in response to the application of the Respondent.
- 4) Unless otherwise stated here, I do not agree with the following things the Respondent is asking for, because:
- 5) "1) The Originating Respondent (Applicant for this application), Her Majesty the Queen in right of the Province of Alberta ("HMQ") seeks an Order that the Originating Application in this action be struck; "
- 6) HMQ fails to provide any relevant, supporting evidence for striking the Originating Application. Where evidence is provided by HMQ, it is either missing relevant parts (countering the Application to Strike) or the evidence supports the dismissal of the Application to Strike.
- 7) "2) Costs of this Application and the action; and "3) Such further and other relief as this Honourable Court may deem just and appropriate."
- 8) I believe that the Application to Strike brought by HMQ is an abuse of process. It fails to present a reasonable argument or evidence to support and is likely to fail as a result. In addition, it is missing relevant sections of Exhibits that are clearly exculpatory and damaging to HMQ's application. Whether

in whole or in part, the arguments against the Originating Application would have been better suited as part of the defence of the applications. As such, I believe this step has delayed the urgent application. Further, costs should not be granted to HMQ regardless of the outcome of this application.

- 9) *"4) The Originating Application is an abuse of process because the Respondent (Originating Applicant), David Thomas Dickson ("Dickson"), does not have standing to bring the claim."*
- 10) The Crown has presented nothing to support this position. This is a change in their filed approach, 6 weeks after I filed the Originating Application, and after three Court appearances.
- 11) *"6) In addition, Dickson does not have private interest standing to bring the claim."*
- 12) According to the Government of Alberta ("GOA"), I am in one of the highest risk categories for risk from COVID 19 due to (but not limited to);
 - a) Diagnosis of pre-diabetes.
 - b) Overweight (diagnosed obese).
 - c) Almost 55 years old, placing me in a higher risk age group
 - d) Chronic bi-lateral pleural effusions causing a constant risk of life-threatening pleurisy and pneumonia.
 - e) Chronic pulmonary fibrosis causing a constant risk of life-threatening pleurisy and pneumonia with significant risk of death if placed on a ventilator with a COVID 19 diagnosis.
 - f) Chronic lower lobe atelectasis (permanent collapsed lung).
 - g) Diagnosed enlarged heart.
 - h) Diagnosed high blood pressure (daily medication taken).
 - i) Chronic breathing issues causing chronic low oxygen.
- 13) I have received all childhood vaccines, been vaccinated for tuberculosis, regularly received my annual influenza vaccination, qualified for and received the 5-year pneumococcal vaccine. The current situation is new territory for me.
- 14) The healthcare professional/patient relationship has been seriously impaired by the direct and indirect interference of the GOA in all matters related to the COVID 19 response. As such, healthcare professionals' ability to perform their duties objectively, especially in regards to Informed Consent, has been completely compromised. Additionally, the lack of relevant information outside that sanctioned by the GOA further negates the ability for healthcare professionals to obtain Informed Consent or for the patient to provide Informed Consent.

- 15) Despite my alleged risk from COVID 19, according to the GOA, I am also at the highest risk for injury or death from this particular group of vaccines (COVID 19). Informed Consent is a requirement before any and all medical interventions from masks to vaccines are mandated or worse, coerced. My risk from these vaccines relates to my medical and family history, both of which may result in serious injury or death. My known risk factors include but are not limited to;
- a) Enlarged heart.
 - b) High Blood Pressure.
 - c) Bells Palsy (recovered but at risk of permanent paralysis on repeat of this condition).
 - d) History of subdural hematoma.
 - e) Family history of subarachnoid hemorrhage.
 - f) History of severe allergic reaction.
 - g) Seizure disorder (due to brain injury).
 - h) Inflammatory conditions due to injury on duty as a police officer.
 - i) Kidney stones causing intermittent bleeding and reduced kidney function.
 - j) Fatty liver leading to reduced liver function.
- 16) Due to the misinformation, lack of information and interference by the GOA, I am unable to receive reliable and critical information from my health care professionals. Without this, I am unable to provide Informed Consent on the COVID 19 vaccines and other health interventions mandated by the GOA, either directly or by proxy. This concern is repeated for my mother-in-law, for whom I am the medical proxy.
- 17) Further, the interference by the GOA in the Restrictions Exemption Program ("REP"), masking mandates and closures of facilities have prevented me from being able to take the required exercise/health regime that was prescribed for me before the initial lockdown in March 2020. I was prescribed walking in a swimming pool where my body would be supported. This is the only option I have to minimise my health issues. This option was taken away from me for the majority of the last 20+ months by the GOA and now may be permanently removed due to the REP. As such, my health continues to deteriorate. I was granted a mask exemption letter on May 6th, 2020, by my doctor due to the serious conditions I have. However, doctors in Alberta have been told they will be disciplined or worse if they give out mask or vaccine exemptions. The GOA through Dr. Deena Lynn Hinshaw ("Dr. Hinshaw"), the Chief Medical Officer of Health ("CMOH") has dictated what conditions are allowed to qualify for an exemption (mask or vaccine), without actually seeing a single patient. This directly interferes with the Doctor/Patient relationship and Informed Consent.
- 18) I am a father of two girls, one of whom was forced (without Informed Consent) to become vaccinated with a COVID 19 vaccine. This occurred after her employer gave her 24 hours to be vaccinated, based on GOA 'recommendations' or face losing her job. The same happened to my son

in law (father of my two granddaughters). I am the grandfather of a 6-year-old girl who is now being coerced to be vaccinated with Government created 'games' (COVID Zilla¹). This is just part of the misleading or partial information provided by the GOA that contradicts the information the GOA has from The National Advisory Committee on Immunization ("NACI").

- 19) In quotes directly from the NACI document published on November 19, 2021, and allegedly fully reviewed by the CMOH and the GOA ("Pfizer-biontech-10-mcg-children-5-11-years-age.pdf"²) [emphasis added].

"While it is not justified to vaccinate children only to benefit others, the indirect, population-level benefits of vaccination can also benefit children. The overall safety and effectiveness data are limited for children. While it is justifiable to make recommendations based on available data for children 5-11 years of age, including following the dosing intervals associated with the clinical trial data, the precautionary principle also justifies taking action under conditions of scientific uncertainty to mitigate vaccine-related risks, including through active post-market surveillance. This includes using data available from other age groups and applying vaccination principles. Generally, a vaccination program is justified if its anticipated benefits outweigh its potential risks. Children aged 5-11 years are unlikely to be deemed capable of consenting to vaccination, and decisions related to their vaccination will likely be made by parents or guardians. Given the short term uncertainties surrounding pediatric vaccination at this time, children and their parents or guardians should be supported and respected in their decisions regarding COVID-19 vaccinations for the child, whatever decisions they make, and should not be stigmatised for accepting, or not accepting, the vaccination offer."

"Any uncommon, rare, or very rare AE that occurs at the frequency less often than 1 in 1,000 would not be detected with this trial size. NACI will closely review emerging evidence and will update their recommendation, as well as its strength, as the evidence base evolves."

"Data from older age groups also suggests an extended interval may also be associated with a reduced risk of myocarditis/pericarditis following a second dose of an mRNA COVID-19 vaccine."

"Currently, the risk of myocarditis/pericarditis in children following immunization with the 10 mcg dose of the Pfizer-BioNTech vaccine is unknown."

"Real-world evidence in large pediatric populations is required to provide risk estimates of myocarditis/pericarditis and any other AE that may occur in children aged 5-11 years at a frequency less often than 1 in 1,000."

- 20) Additionally, in a quote directly from the NACI document published on October 22, 2021, relating to all COVID vaccines, and allegedly fully reviewed by the CMOH and GOA ("recommendations-use-

¹ <https://www.albertahealthservices.ca/topics/Page17769.aspx>

² <https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/pfizer-biontech-10-mcg-children-5-11-years-age/pfizer-biontech-10-mcg-children-5-11-years-age.pdf>

covid-19-vaccines-en.pdf³). Note the constant reference to a lack of information on safety, effectiveness and efficacy, contrary to the statements by the GOA and CMOH [emphasis added].

“Evidence from clinical trial data is limited due to limitations in the size and duration of follow-up of trial populations. However, clinical trials and studies in the real-world setting are ongoing.”

“Evidence of protection against asymptomatic SARS-CoV-2 infection is emerging for the mRNA and Janssen vaccines.”

“There is currently limited evidence on the duration of protection and on the efficacy of these vaccines in reducing transmission of SARS-CoV-2...”

“There is currently minimal evidence to inform on differences in vaccine efficacy, effectiveness, or safety between individuals with and those without prior evidence of SARS-CoV-2 infection at the time of vaccination.”

- 21) Almost 90% of the eligible population of Alberta have received the vaccine to date (approximately three times the targets for Influenza). It is clear that halting the rollout of vaccines until the true extent of all risks is known/communicated is the only responsible approach. A person **cannot be “un” vaccinated**. Until this can be clearly articulated, with **all** available information, in a manner that can be understood by myself (and any other impacted individuals), continuing with this vaccination rollout and enforced mandates is nothing less than reckless and grossly negligent on the part of the GOA. As per the Originating Application, in the alternate, it is critical that **all** relevant information be immediately compelled to be provided to myself, other impacted individuals and healthcare professionals to allow for Informed Consent to be provided, as is required by law.
- 22) Due to the ‘strongly worded’ letter^{4,5} from Adriana LaGrange (Education Minister) and Jason Copping (Health Minister), supported by the CMOH and Premier, to have schools mandate vaccines for anyone entering a school, my eldest unvaccinated daughter (the mother of my grandchild), my wife and myself may be imminently unable to enter my daughter’s school despite being the primary emergency contacts for my granddaughter. [emphasis added].

“It’s also clear that the best way to look after each other and to stop the spread of COVID-19 is for every eligible Albertan to get vaccinated. That’s why today’s announcement included a renewed call to all school authorities as employers, and operators of school facilities, to develop policies that require proof of vaccination or a negative COVID-19 test for any adult who enters a school. This would include teachers, staff and parents, but would exclude students. A school authority cannot deny their students access to education due to immunization status.

Many employers and facility owners already require their employees to submit proof of vaccination or a negative PCR test. On September 30, the Premier announced a new requirement for the Alberta Public Service to submit proof of vaccination or provide a negative PCR or rapid

³ <https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/recommendations-use-covid-19-vaccines-en.pdf>

⁴ <https://www.alberta.ca/assets/documents/edu-ministers-letter-managing-covid-19.pdf>

⁵ <https://fmcschools.ca/wp-content/uploads/2021/11/October-15th-2021-Special-Board-Meeting-Minutes.pdf>

testing result at their own cost. The Premier also encouraged all public employers, and specifically school authorities, to introduce similar policies.

Today we're reaching out to you directly to ask that you consider this request. Taking the steps necessary to have these measures in place as soon as possible will help all of us look out for our fellow Albertans and protect our province's health care system."

- 23) I am the medical proxy for my 78-year-old severely disabled mother-in-law who resides in a care home. She suffered a global aphasic stroke a decade ago. This left her unable to communicate or care for herself independently. She has resided in a care home ever since the stroke. Her continued mental and physical health has been a primary concern of mine ever since. Prior to the restrictions placed upon the care home by the CMOH/the GOA, I visited her regularly in her care home. However, I have been unable to visit my mother-in-law in her care home (due to the masking requirements) since March 12th, 2020. In the very near future, my wife (her Power of Attorney ("POA")) and I are expected to be unable to visit her in the care home due to the 'strongly recommended' vaccine mandates communicated directly to the care home by the CMOH⁶. [emphasis added]

"As always, I strongly recommend and encourage that all Albertans, and especially the family and friends of residents in these settings, be fully immunized against COVID-19. This is the most important thing you can do to protect not only yourself but also residents and staff. In addition to being fully immunized, wearing a mask continuously while indoors and in resident rooms..."

"If you are not fully immunized please reconsider your need to visit the resident onsite, indoors and in-person before entering the site. Those who are not fully immunized are at significantly higher risk to transmit COVID-19 to people living and working in the setting."

"Operators are required to comply with all mandatory and temporary CMOH orders. As well, some operators may implement additional site-based policies and processes for COVID-19 prevention (such as requiring proof of vaccine or rapid testing). Residents, families and friends must follow all mandatory orders and any additional site-based COVID-19 policies and processes implemented by the operator."

- 24) The 'strong recommendation' for mandatory vaccination, now being implemented in many care homes in Alberta, based solely on the 'strongly recommended' wording of the CMOH, denies access for primary support persons and legally responsible persons from direct access to their charges (my mother-in-law, a case in point). For the duration of COVID 19, my mother-in-law has not been required to wear a mask (as is the case for all residents in care homes in Alberta). She has not been tested and has not been vaccinated against COVID 19, despite receiving all prior vaccinations. Despite this, with the support of my wife (and myself where able), she has never been healthier physically. However, the strain on her mental health, being isolated and surrounded by faceless care workers for almost two years cannot be understated. Failure to Thrive and other preventable impacts caused by the COVID 19 protocols has led to the death of so many in care homes in the last 20+ months, including long time friends of my mother-in-law.

⁶ <https://media.campaigner.com/media/76/761170/cmoh-letter-oct25.pdf>

- 25) Changes in the healthcare system (and also businesses) directed by the Minister of Health and CMOH have removed access to general and critical healthcare for myself (and many like me) due to masking, questionable and invasive testing expectations and now mandatory COVID vaccine requirements. All of these are being enforced by the GOA, directly and by proxy, without any information to allow for Informed Consent relating to these medical procedures and interventions.
- 26) The Communicable Diseases Regulation has been introduced by the Crown in its Application to Strike. However, this regulation is still absent of any reference to COVID 19 or SARS-CoV-2. As such, it is incumbent on The Crown/GOA to provide the evidence they possess to support the position that COVID 19/SAR-CoV-2 is a highly infectious communicable disease that specifically warrants the response it has taken since March 2020, including mandatory masking and mandatory vaccination (directly or by proxy). Note this is not a challenge to the presence of COVID 19, which clearly exists.
- 27) Information is allegedly in the possession of the Crown/GOA as it is referred to in all the Orders signed by the CMOH and in one case, her deputy (another Ministerial member). This starts with Order 01-2020 on March 16th, 2020, where the GOA, through the CMOH states in 47 Orders in 2020 and 50 Orders (to date) in 2021 words similar to the below;

"I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

This investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health."

Or

"Whereas I, Dr. Deena Hinshaw, Chief Medical Officer of Health (CMOH) have initiated an investigation into the existence of COVID-19 within the Province of Alberta.

Whereas the investigation has confirmed that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health."

- 28) The Crown has failed to produce this information publicly or to relevant parties such as doctors and other healthcare professionals despite multiple Full Disclosure requests under R. v. Stinchcombe, 1991 CanLII 45 (SCC), [1991] 3 SCR 326⁷ and R. v. Gubbins, 2018 SCC 44 (CanLII), [2018] 3 SCR 35⁸. As such, Informed Consent is neither present nor possible at this time for so many interventions including the COVID 19 vaccines and masks.
- 29) The GOA's own data states that the risk of these vaccines to even healthy people is higher than any other vaccines this province has even seen. At the same time, GOA shows that risk of COVID 19 is questionable due to the inaccuracy of tests and most cases (based on those admitted questionable tests) being related to asymptomatic persons or those with multiple co-morbidities, as demonstrated and attached as Exhibit "S".
- 30) In fact, despite the CMOH stating that the GOA (and her and her office in particular) reviewed the NACI information and stating the vaccines were rigorously studied and considered safe, the actual

⁷ <https://canlii.ca/t/1fsgp>

⁸ <https://canlii.ca/t/hvqb7>

NACI reports state the complete opposite. Therefore, we must conclude that either the GOA is misleading the population or has information they hidden from the public.

31) "5) The Originating Application is brought as a claim in the public interest and Dickson does not meet the test for public interest standing, that test being:"

32) The Originating Application does not specifically state that Standing is being sought from a public interest viewpoint but rather acknowledges that an Order could not be granted just to myself, outside of the rest of the population. That being said, I will address this point. However, I would suggest that Standing is proven either way.

33) "a) Whether the Originating Application raises a serious justiciable issue;"

34) The impact to the patient/doctor relationship, Informed Consent and more critically than anything else, life, could not be more important or 'justiciable'. As outlined here, the matters before the Court are serious and justiciable by this test. The Crown should be put on an expectation of strict proof to address this allegation if they wish to pursue it.

35) Moreover, along with the evidence in support of the application, the following additional exhibits and information further clarify the concerns brought forward in the Originating Application.

36) In a press conference on Monday 23rd November 2021, Premier Kenney stated;

*"Fortunately, beginning this week, an additional **391,000 Albertans** will be eligible for a COVID-19 vaccine. **After completing a thorough scientific independent review** of the clinical research Data, Health Canada approved the Pfizer vaccine for use in children aged 5 to 11 years on Friday of last week. This is exciting news for hundreds of thousands of families across the province who have been eagerly awaiting for **vaccine protection** for their **younger children**. I'm happy to share that the wait is basically over the Pfizer supply for children arrived in the province today and the teams at Alberta Health Services **and Alberta Health** are working to get them distributed to more than 120 locations across the province over the next couple of days. So, starting tomorrow morning at 8:00 AM, parents and Guardians will be able to book first dose appointments for children between ages 5 and 11 to help protect them their loved ones. And there our communities from COVID-19 minister copying will provide additional details on the booking process in a moment. We are ready quickly to **safely administer vaccines** to those between 5 and 11 year olds. This is welcome news for many parents who will log in. I suspect first thing tomorrow morning to book their kids vaccines."*

37) Further in the same press conference, Minister Copping stated;

"Bookings will be open tomorrow, Wednesday at 8:00 AM..."

"...starting this Friday COVID-19 vaccinations for five to 11 year olds will take place."

"There have already been 43,000 registrations to date."

38) Additionally in the same press conference, Dr. Hinshaw stated;

*"In addition to the Health Canada announcement, the **National Advisory Committee on Immunization** released its **recommendations on extending the interval between first and second doses for children to at least eight weeks**. This is **based on the evidence in adults as I spoke about***

earlier, that suggests a longer interval between doses can result in higher vaccine effectiveness that lasts longer. It's also based on evidence that suggests that it may reduce the risks of the very rare potential side effect of myocarditis."

*"The other information I want to share before getting to today's numbers is a recommendation, we have received from the Alberta Advisory Committee on Immunization **regarding use of the Moderna vaccine in those ages 12 to 29.** We have been closely watching our vaccine data and the data from other jurisdictions, and at this point it seems clear that while still low, **the risk of myocarditis following Moderna vaccine is higher than following Pfizer vaccine** and those who were 12 to 29. As I mentioned, the risk of this outcome is still very small, **with approximately 1 case per 7000 doses in 12 to 17 year old males. That's with Pfizer and one case per 2000 second doses with Moderna.** Risks following vaccination are even lower for those aged 18 to 29 and it is also important to remember that myocarditis after COVID-19 infection is more common than after any vaccine. As a precaution, however, starting today we will be advising that anyone between the ages of 12 and 29 received Pfizer vaccine rather than Moderna."*

"Every life matters and every death matters."

- 39) Further, on November 24th, 2021, the CMOH authored a letter⁹ for parents and guardians of children 5 to 11 years that contradicts her public statements made the on previous day and data published by the GOA or in the possession of the GOA and the CMOH. This letter, along with the other letters by the CMOH and the Education/Health Minister are attached as Exhibit "T".

"Of 6,796,955 doses administered in Alberta to date, across all ages, there have been 2,005 AEFIs" (on November the 24th, 2021 there were 2,024 AEFI's reported in Alberta.

"Vaccinating young children will protect other family members, and help prevent hospitalizations by reducing overall community transmission."

"During the fourth wave of the pandemic in Alberta, the rate of COVID-19 cases has been highest among those aged 5 to 11 years compared to other age groups."

"In Alberta, there have been 23 confirmed cases of myocarditis after COVID-19 vaccination in youths aged 12 to 17 years, which works out to 9 cases per 100,000 vaccinated youths in that age group. We know that the risk of myocarditis after any infection is typically higher in the teenage population than in younger children, so it is possible that this risk after vaccine will be lower in younger children.". This equals 1 in 11,111 cases, not 1 in 7,000 or 1 in 2,000 as reported the day before.

"It is also important to remember that the risk of developing myocarditis is significantly higher following COVID-19 infection than following vaccination.". This statement is made often without any supporting evidence from the GOA.

- 40) The changing consent forms appear deliberately designed to allow for the relevant information (as minimal as it is) to not be provided at the time of vaccination. The information in these consent

⁹ <https://open.alberta.ca/dataset/94df0467-fe7d-4008-891b-911c230bc8b9/resource/2fa7e614-a976-4cd2-82e2-4bc739687056/download/health-cmoh-letter-covid-19-vaccine-for-children-age-5-11-parents-guardians.pdf>

documents is extremely concerning in the admission of improper use due to uninformed consent, lack of information, misleading information and information provided out of time i.e. “talk to your healthcare provider”, which would be a pre requisite for Informed Consent, not a post vaccination exercise. You cannot be “un” vaccinated, after all. The most recent¹⁰ and relevant consent forms are included as Exhibit “U”.

- 41) Further, it was not until November 3rd, 2021, that these consent forms mentioned that the use of a third ‘booster’ dose (or additional dose as the GOA now refers to it) was both “off-label” and not licensed for such use. By this time, almost 300,000 Albertans had already received a third dose. This third dose is still considered “off-label” and not licensed for such use in those under 18 years of age. Yet the GOA continues to issue third doses to those age groups. The GOA continues to provide contradictory information relating to vaccinated and unvaccinated deaths. There is a serious concern that is justiciable. References to the GOA data are included as Exhibit “S”. Due to the ever-changing nature of this information, published most days, I would request that the Court accept the latest data to be submitted at the time of trial rather than rely on an endless cycle of supplemental affidavits just to present the latest statistics already in the possession of the Crown/GOA.
- 42) “b) Whether the Originating Applicant has a real stake or genuine interest in the outcome of the Originating Application;”
- 43) I have outlined the details to address this item in the response to the allegation that I have “no private interest standing”. As such, I hold that I have standing in this matter, either private or both private and public.
- 44) “c) Whether the Originating Application is a reasonable and effective means of bringing the case to court.”
- 45) Due to the urgency of the matter and the fact that if I get vaccinated and die, or catch COVID and die (similar to the risks posed to many others), this is something that cannot be compensated. As such, it is not suitable for a civil lawsuit for compensation. In addition, the timelines associated with traditional litigation are not suitable for the urgency of this matter. I see no other options to address these urgent concerns before the Court.
- 46) “7) The Court does not have jurisdiction to grant the relief sought in the Originating Application.”
- 47) The Originating Application asks for an ORDER from the Court.
- 48) The Proceedings Against the Crown Act, 2019, SS 2019, c P-27.01¹¹ [emphasis added] states;
“Injunctions
17(1) *When in proceedings against the Crown any relief is sought that might, in proceedings between persons, be granted by way of injunction or specific performance, the court shall not, as against the Crown, grant an injunction or make an order for specific performance **but may, instead, make an order** declaratory of the rights of the parties.*
(2) *The court shall not in any proceedings grant an injunction or make an order against an officer of the Crown if the effect of granting the injunction or making the order would be to give any*

¹⁰ <https://www.albertahealthservices.ca/frm-21765.pdf>

¹¹ <https://canlii.ca/t/53pb9>

relief against the Crown that could not have been obtained in proceedings against the Crown **but may, instead, make an order** declaratory of the rights of the parties.

49) Further, in the Crown's evidence [emphasis added] "*Peter Lehmann Wines - 2015abqb481 excerpt*";

*"[57] available against the Crown, so long as the Crown is not acting **unconstitutionally or ultra vires its lawful authority**: Grand Council of Crees (of Quebec) v The Queen (1981), [1982] 1 FC 599 at 600; Lameman v Alberta, 2013 ABCA 148 at paras 40–41, 553 AR 44 [Lameman]. This common law bar has been codified in the **Proceedings Against the Crown Act**, RSA 2000, c P- 25, s 17(1)."*

*"[58] The Alberta Court of Appeal has suggested that **permanent injunctions against the Crown might be available** in the context of novel claims in rapidly evolving areas of the law (Lameman at para 42)."*

50) Further still (Sweiss v. Alberta Health Services, 2009)¹².

*"[31] In my opinion, the first requirement under R. 394 is satisfied by the authority given to the Court pursuant to the **Judicature Act**, R.S.A. 2000, c. J-2. Specifically, s. 8 of the **Judicature Act** provides the following:*

Section 8 of the Judicature Act¹³ provides the following:

*"The Court in the exercise of its jurisdiction in every proceeding pending before it **has power to grant and shall grant, either absolutely or on any reasonable terms and conditions that seem just to the Court, all remedies** whatsoever to which any of the parties to the proceeding may appear to be entitled in respect of any and every legal or equitable claim properly brought forward by them in the proceeding, so that as far as possible all matters in controversy between the parties can be completely determined and all multiplicity of legal proceedings concerning those matters avoided. [emphasis added]*

[32]Further, s. 13(2) of the Judicature Act states the following: An order in the nature of a mandamus or injunction may be granted or a receiver appointed by an interlocutory order of the Court in all cases in which it appears to the Court to be just or convenient that the order should be made, and the order may be made either unconditionally or on any terms and conditions the Court thinks just."

51) "8) [...] Dickson [...], filed an Originating Application on October 19, 2021, naming HMQ as Respondent, seeking:

d. An Order to halt the administration of all COVID-19 vaccines in the Province of Alberta; or

e. An order requiring that all persons receiving the COVID-19 vaccine in the Province of Alberta be provided full and informed consent, which includes being provided with a comprehensive list of the risk factors associated with the COVID-19 vaccines."

52) This is agreed to the extent that it was originally written in the Crown's first application. As written here, there appears to be some errors in numbering and naming.

¹² <https://www.canlii.org/en/ab/abqb/doc/2009/2009abqb691/2009abqb691.pdf>

¹³ https://www.qp.alberta.ca/1266.cfm?page=J02.cfm&leg_type=Acts&isbncln=9780779807505

- 53) "9) Section 17 of the Proceedings Against the Crown Act RSA 2000 c P-25 prohibits the granting of an injunction against the Crown."
- 54) As outlined above, this is a misleading statement, especially in conjunction with the redacted Exhibits. The Crown has produced a partial copy of the "Proceedings Against the Crown Act" missing s17(1) amongst other items. This is contrary to the expectations of the Crown in relation to Disclosure of both exculpatory and inculpatory evidence. An ORDER is something within the Jurisdiction of this Court as specifically mentioned in the Act. An Injunction is also something within the Jurisdiction of this Court if the Crown is found to be acting unconstitutionally or ultra vires its lawful authority. This is something that could only be discovered through a trial of the facts. This is also clarified in the case law¹⁴ provided by the Crown in their application.
- 55) "10) Section 2 of the Communicable Diseases Regulation, a regulation under the Public Health Act RSA 2000 c P-37 provides the Minister of Health with the statutory authority to provide "any drugs, medicines and biological agents" for the prevention, treatment or modification of communicable diseases."
- 56) As with the other Exhibits, the Crown has produced not the full document (60 pages) but rather a redacted sub section (7 pages). In actions being sought by the Crown, there is an expectation to ensure ALL evidence is included that is not clearly irrelevant. Or in layman's terms, Full Disclosure as per R. v. Stinchcombe, 1991 CanLII 45 (SCC), [1991] 3 SCR 326¹⁵ and R. v. Gubbins, 2018 SCC 44 (CanLII), [2018] 3 SCR 35¹⁶
- 57) Nowhere in the Crown's Exhibit does it refer to SARS-CoV-2 or COVID 19 as being a communicable disease. This is despite the COMMUNICABLE DISEASES REGULATION having been updated in June of 2021.
- 58) "11) The Court does not have the jurisdiction to assume the Minister's authority and make that public health decision regarding the provision of vaccines."
- 59) This point has already been addressed as outlined above. The Courts do have the authority to grant Orders and in some cases injunctions against the Crown and thus officers of the Crown.
- 60) This statement appears to negate point 16 in HMQ's Application to Strike. In fact, as the Crown argues "in addition", not "in the alternate", the Crown appears to be arguing with itself on whether HMQ is the proper respondent.
- 61) "12) Section 2.1 of the Communicable Diseases Regulation gives the regional health authority (i.e. Alberta Health Services) the statutory authority to implement distribution of a vaccine as well the requirement to ensure that employees who administer vaccines are trained to do so."

¹⁴ Peter Lehmann Wines Ltd v Vintage West Wine Marketing Inc, 2015 ABQB 481 (CanLII)

¹⁵ <https://canlii.ca/t/1fsgp>

¹⁶ <https://canlii.ca/t/hvqb7>

62) Section 2(1) as provided in the attachment from the Crown does not mention Regional Health Authorities or AHS. In fact, it clarifies that healthcare is the domain of the Crown through the Minister of Health.

"2(1) The Minister may

(a) provide health promotional, preventive, diagnostic, treatment, rehabilitative or palliative services, supplies, equipment and care and any drugs, medicines and biological agents for the prevention, treatment or modification of communicable diseases, and

(b) with respect to the services or things referred to in clause

(a), determine"

After this the Act states:

"(i) the persons eligible to receive those services or things,

(ii) the persons who may administer those services or things,

(iii) the conditions under which those services or things may be provided and administered, and

(iv) the methods and protocols respecting distribution and, where applicable, storage and handling of those services and things."

63) However, Section 2.1(1) states "*shall provide*", '**as directed/authorised/required/established BY THE MINISTER'**

"2.1

(1) A regional health authority shall provide

(a) health promotional, preventive, diagnostic, treatment, rehabilitative or palliative services, supplies, equipment and care for the prevention, treatment or modification of communicable diseases, and

*(b) any drugs, medicines and biological agents provided by the Minister under section 2(1)(a), **as directed by the Minister.**"*

"(2) A regional health authority shall, with respect to the provision of those services and things referred to in subsection (1),

*(a) implement distribution, storage and handling methods and protocols **as directed by the Minister,***

*(b) provide data, records or reports at the times and in the form and manner **required by the Minister,***

*(c) create and maintain the data and records **required by the Minister,** and*

*(d) monitor, **as directed by the Minister,** the health and safety of persons to whom the services or things are provided."*

*"(3) A regional health authority shall ensure that employees and other persons who provide or administer those services and things referred to in subsection (1) under its authority **are trained to do so in accordance with any requirements established by the Minister.**"*

*"(4) A regional health authority shall not charge for the services or things referred to in subsection (1) that are provided by the regional health authority, its employees or other persons acting under its authority under this section, **or provided by the Minister under section 2(1)(a), unless authorized to do so by the Minister.**"*

64) "13) AHS has issued policy #PRR-01 titled "Consent to Treatment/Procedure(s)" which sets out the elements and requirements for informed consent."

- 65) This item, introduced by the Crown, is not readily available to the general public (including myself). However, it clearly states that Informed Consent must be achieved consistently across all areas of health. This is the very nature of my application. There is no Informed Consent at present. Where bribery and coercion are being used, CONSENT cannot be INFORMED. Where critical information is being withheld or misrepresented, CONSENT is not INFORMED. Where the GOA insists that all its proxies (and those administering or advising on the vaccine) follow ONLY the GOA's "information", CONSENT is NOT INFORMED. This is something to be proven through trial/my application. It appears that the Crown is essentially agreeing with me in the fact that Informed Consent is a mandatory requirement in Alberta. However, the Crown has provided NO EVIDENCE that consent comes even close to being informed. In fact, in relation to my application, the only evidence the Crown has provided to date, actually supports my application.
- 66) Page 2, Section 1.4 and 1.5 of #PRR-01 specifically require documentary evidence of Informed Consent. This again is not happening. The Crown has brought this into evidence. As such, the Crown/GOA must provide evidence that in the almost 7 million cases where the COVID 19 vaccination has been administered in Alberta, there is documentary evidence to support **Informed Consent**. I know my daughter and son in law did not provide Informed Consent. They were coerced. If I were to be forced to be vaccinated at this point in time, to continue living (and maybe dying), it would not be informed or consensual whatsoever. If recipients of the vaccine were not aware that the vaccine use was "off-label" and not licensed, they could not have given Informed Consent. If they were not aware of the lack of safety and efficacy information or the significant increase in risk of adverse events over any other vaccine, again they could not have given **Informed Consent**.
- 67) "14) Section 133 of the Health Professions Act RSA 2000 c H-7 also gives statutory authority to the council of colleges for regulated professions to adopt codes of ethics and standards of practice, which would include standards related to informed consent, for its regulated professions."
- 68) The Crown has produced a redacted copy of the Act showing only information that alleges to support their application. They have a duty to provide Full Disclosure, including exculpatory information. The Health Information Act, as amended October 1, 2021, is 312 pages long. The Crown has presented 13 pages.
- 69) Specifically missing (but not limited to) is Part 8.1, Sections 135.1 (Minister's direction) through 135.5 (Minister's direction), which overrides the authority of the Colleges as the superior authority. This includes modifying standards of practice, bylaws, regulations etc. This authority is that of the Crown (The Lieutenant Governor in Council and/or Minister).

"Minister's direction

135.1(1) If in the opinion of the Minister it is in the public interest or if in the opinion of the Minister a direction would provide for matters related to health, safety or quality assurance, the Lieutenant Governor in Council, on the recommendation of the Minister after the Minister has consulted with the college in accordance with the regulations made under section 134(f), may, by order, direct a council to do any one or more of the following:

- (a) to adopt standards of practice or adopt amendments to its standards of practice under section 133, as set out in the order;*
- (b) to make bylaws under section 132, as set out in the order;*

- (c) to make regulations under section 131, or under a Schedule, as set out in the order;
- (d) to carry out any power or duty of a council under this Act or a bylaw, in the manner set out in the order.

(2) Despite section 133 and the bylaws of a college, the Minister may, in an order under subsection (1), provide for the procedure to be followed in developing, proposing, consulting on and reviewing a regulation or bylaw to be made or standards of practice to be adopted or amendments to be adopted pursuant to subsection (1).

(3) A council must, within 45 days of being given a copy of an order under this section or any other time period set out in the order, comply with an order made under this section.

Support

135.2(1) If

- (a) requested by a college, or
- (b) in the opinion of the Minister
 - (i) a college requires support in carrying out its powers and duties under section 3, and
 - (ii) it is in the public interest,

the Lieutenant Governor in Council, on the recommendation of the Minister after the Minister has consulted with the college in accordance with the regulations made under section 134(f), may, by order, with respect to a college

- (c) provide for the appointment of one or more persons as administrators;
- (d) prescribe the term of office of any person appointed as an administrator;
- (e) authorize the payment of remuneration and expenses to any person appointed as an administrator;
- (f) authorize a person appointed as an administrator to carry out as specified in the order any of the powers and duties of the college and of its council, its officers and its committees under this Act and the bylaws.

(2) The carrying out of a power or duty by a person appointed as an administrator pursuant to an order under subsection (1) is deemed to be the carrying out of a power or duty by the college, its council, its officers or its committees.

Variation

135.3 The Lieutenant Governor in Council may, on the recommendation of the Minister after the Minister has consulted with the college in accordance with the regulations made under section 134(f), by regulation, vary any provision of this Act as the provision applies to a college and its council, its officers or its committees.

Lieutenant Governor in Council regulations

135.4(1) The Lieutenant Governor in Council may, with respect to any college, make any regulation that its council may make under section 131 or under a Schedule.

(2) A regulation made under subsection (1) is deemed to be an approval by the Lieutenant Governor in Council of a regulation made by a council under section 131 or under a Schedule.

(3) The Lieutenant Governor in Council may by order, with respect to a college, make any bylaw that a council may make under section 132.

(4) A bylaw made under subsection (3) is deemed to be a bylaw made by a council under section 132.

(5) The Lieutenant Governor in Council may by order, with respect to a college, make standards of practice or make amendments to standards of practice that a council may adopt after a review under section 133.

(6) Standards of practice or amendments to the standards of practice made under subsection (5) are deemed to be standards of practice or amendments adopted by a council in accordance with section 133.

(7) A regulation, a bylaw or standards of practice or an amendment to standards of practice made under this section prevails over any regulation, bylaw or standards of practice, as amended, made or adopted by a council, with which it conflicts or is inconsistent.

(8) A regulation under subsection (1) or an order under subsection (3) or (5) made by the Lieutenant Governor in Council must be made on the recommendation of the Minister after the Minister has consulted with the college in accordance with the regulations made under section 134(f).

(9) The Regulations Act does not apply to bylaws, standards of practice or amendments to standards of practice made under this section, but the bylaws, standards of practice or amendments to standards of practice must be published in Part 1 of The Alberta Gazette.

Minister's direction

135.5(1) Despite sections 133 and 133.1 and the bylaws of a college, if in the opinion of the Minister the standards of practice proposed under section 133.1 are not in the public interest, the Lieutenant Governor in Council may by order, on the recommendation of the Minister, make any standards of practice required under section 133.1.

(2) Any standards of practice made under subsection (1) are deemed to be standards of practice adopted by a council."

70) Directive D1-2021 and Directive D5-2021, entered by the Crown, make it clear that vaccinations for COVID 19 were being completed under the Direction of the GOA's CMOH. This direction was given to ALL Medical Officers of Health who in turn control the actions relating to COVID 19 for all healthcare facilities in Alberta. This clearly demonstrates that the direction for action and communication of information was specifically controlled by the GOA via the CMOH and her direction to the Medical Officers of Health.

71) Further, the direction being given by the Colleges to those under their control is being exclusively driven by the GOA as will be demonstrated at trial/through my application.

72) "15) The Court does not have the jurisdiction to assume the authority that has been granted to these bodies on issues relating to standards of practice."

73) As the ultimate authority that overrides these Colleges is the GOA, it is clear that the Court would have jurisdiction as outlined above. Again, the Crown has wilfully excluded exculpatory evidence in their Disclosure, contrary to their requirements under the law. This is again made clear in the missing parts of the Health Professions Act, Part 8.1, Sections 135.1 through 135.5 as referenced above.

74) "16) In addition, HMQ is not the proper party as a respondent on any issue involving the standards of practice of regulated health professionals."

75) As this is "in Addition", not "in the alternate" as an argument, either it is rendered moot by the Crown's other arguments and evidence, or it renders moot the other arguments by the Crown.

76) In the arguments presented above, I believe I have outlined why HMQ would be the proper party in this application.

77) Regardless, I submit to the Court that the Crown has not even come close to proving their Application to Strike. It has instead raised significant questions to be answered at trial. As such, the Crown is putting the cart before the horse in its application.

78) I would suggest that if the Crown wishes to advance any of these arguments in its defence, that that should be done at the trial of the facts in the Originating Application as the Crown has failed to provide evidence to support a position to strike. I would ask that the Court dismiss the Crown's Application to Strike with costs as the Court sees fit.

79) Given the urgency of the rollout to children 5 and up that starts Friday 26th, November 2021, I would ask that an interim Order be provided to halt vaccines and/or the direction relating to mandatory requirements for vaccines, until this matter can be tried.

80) It is clear that even the Federal Government is not sure about the safety of these vaccines, especially for children 5 and up. This is a risk that is too great to bear for those who are not fully Informed but rather acting on misinformation, a lack of information and/or fear.

SWORN BEFORE ME at
Devon__, Alberta, this _26th_ day)
of ____ November _____, 2021)

) Redacted

vid Thomas Dickson

Redacted

Commissioner for Oaths in and
for the Province of Alberta

A Commissioner for Oaths
in and for the Province of Alberta
Appointment expires *see below*

Alberta Adverse Events Following Vaccination (AEFI) reported as of November 24th, 2021.

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccinations>

- **2,024** adverse events following immunization (AEFI) have been reported to Alberta Health. This represents **1,977** people, and **2,105** symptoms.
 - **1,292** related to Pfizer
 - **522** related to Moderna
 - **209** related to AstraZeneca
- There have been **4,715** vaccine refusals and **3,787** contraindications to receiving the vaccine

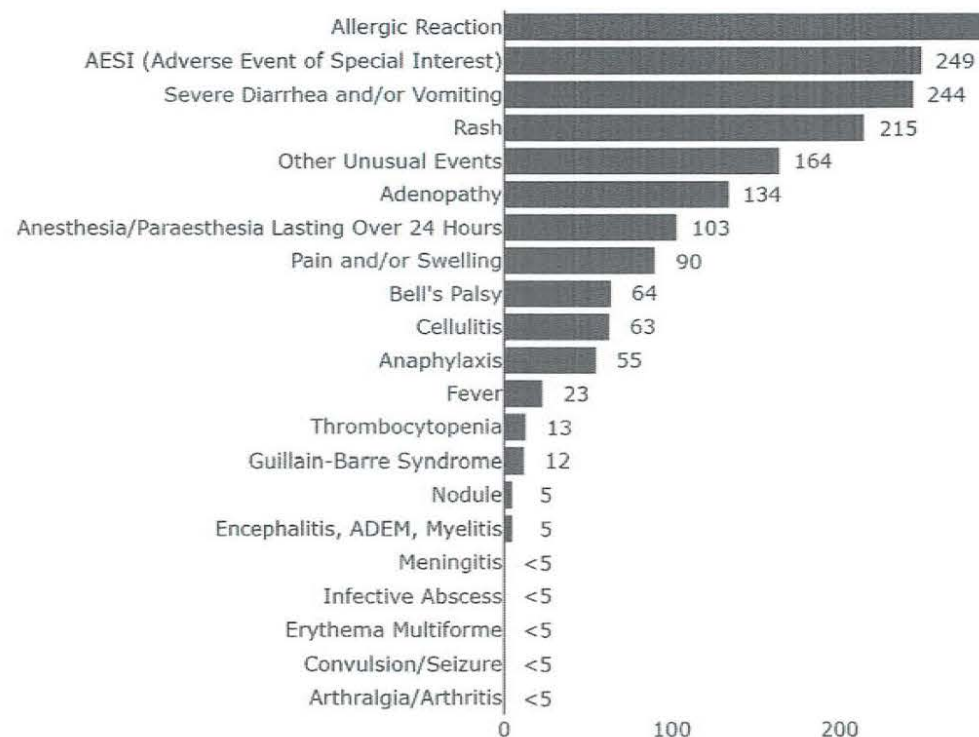


Figure 1: Total AEFI reports received, by bi-annual calendar year (serious and non-serious) for 2018 compared to the average of the previous four years.

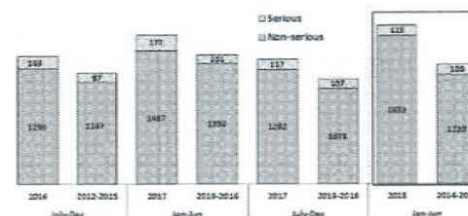


Figure 1 - Text Description

Figure 1: Total AEFI reports received, by bi-annual calendar year (serious and non-serious) for 2018 compared to the average of the previous 4 years.

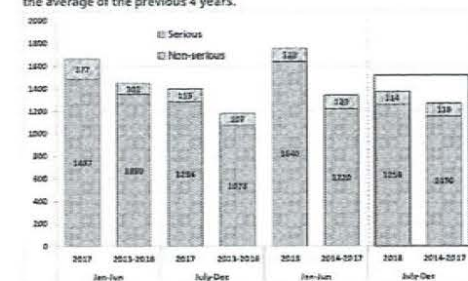


Figure 1 - Text description

Number of events

Number of adverse events following immunization (AEFI) by condition reported in Alberta

US Adverse Events Following Vaccination (AEFI) reported as of November 12th, 2021.
 In the US 194,747,839 people are fully vaccinated and 225,606,197 have had at least one dose.
<https://usafacts.org/visualizations/covid-vaccine-tracker-states/>

Remember these numbers below are considered 1% of the actual numbers.

VAERS (US) REPORTS 1% of all deaths and injuries.

<https://thevaccinereaction.org/2020/01/only-one-percent-of-vaccine-reactions-reported-to-vaers/>
<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

VAERS (US)

<https://vaers.hhs.gov/data/datasets.html>

Adverse effects 894,145 = 1 in 10,330 fully vaccinated people.

<https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19>

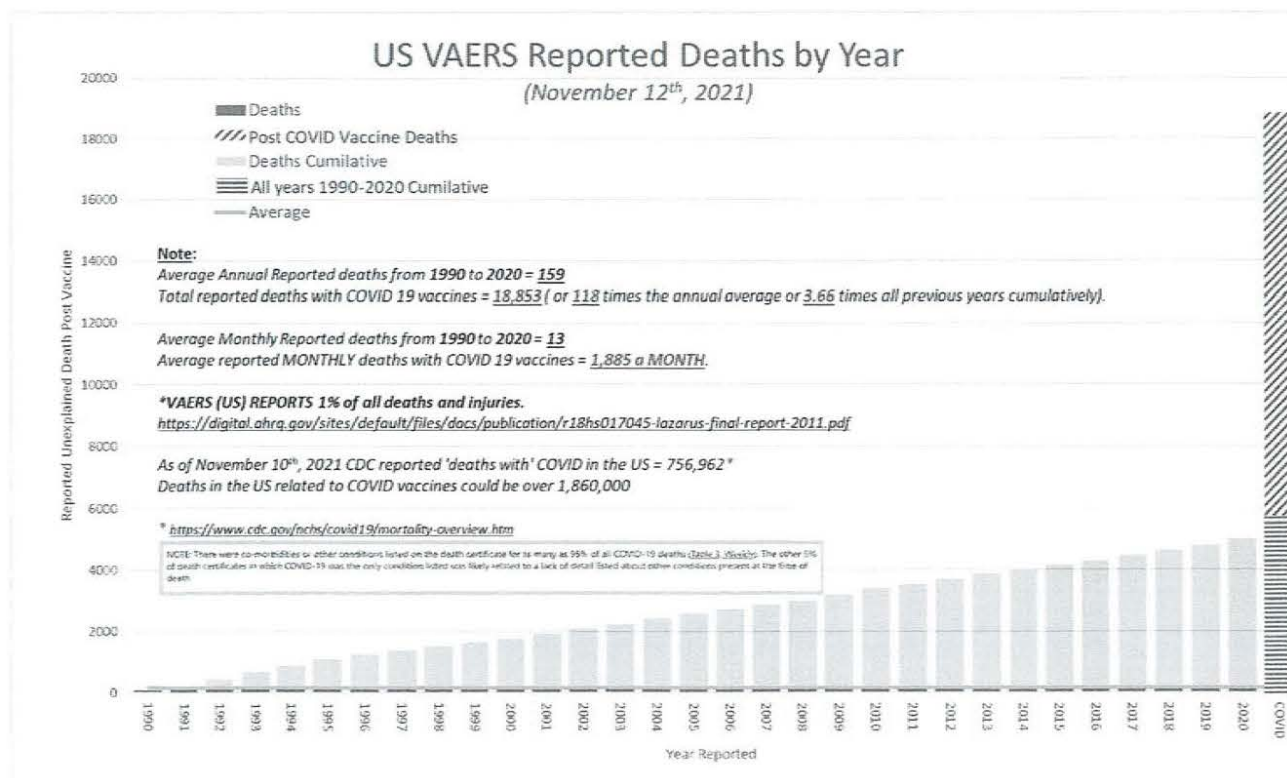
Deaths 18,853 = 1 in 9,681 people fully vaccinated people.

<https://www.medalerts.org/vaersdb/findfield.php?EVENTS=ON&VAX=COVID19&VAXTYPES=COVID-19&DIED=Yes>

*Average Reported deaths from
1990 to 2020 = 159*

*Total reported deaths (2020/2021)
with COVID 19 vaccines = 18,461
118 times the annual average
3.66 times ALL previous years cumulatively.*

Year	Reported Deaths	Deaths Cumulative	Average
1990	76	76	159
1991	160	236	159
1992	218	454	159
1993	219	673	159
1994	223	892	159
1995	140	1,115	159
1996	123	1,255	159
1997	133	1,378	159
1998	132	1,511	159
1999	144	1,643	159
2000	141	1,787	159
2001	174	1,928	159
2002	135	2,102	159
2003	199	2,237	159
2004	162	2,436	159
2005	131	2,598	159
2006	123	2,729	159
2007	162	2,852	159
2008	182	3,014	159
2009	191	3,196	159
2010	161	3,387	159
2011	173	3,548	159
2012	166	3,721	159
2013	129	3,887	159
2014	131	4,016	159
2015	150	4,147	159
2016	178	4,297	159
2017	165	4,475	159
2018	165	4,640	159
2019	183	4,805	159
2020	166	4,988	159
COVID	18,853	5,154	159



UK Adverse Events Following Vaccination (AEFI) reported as of November 10th, 2021.

In the UK 45,942,003 people are fully vaccinated and 50,455,318 have had at least one dose. 11,452,654 had a third dose (which was up to 14,266,368 for the third dose by November 18th). <https://coronavirus.data.gov.uk/details/vaccinations>

UK Normal years AEFI reactions for comparison.

<https://vk.ovg.ox.ac.uk/vk/vaccine-side-effects>

In the UK between 1997 and 2003 there were a total of **130 reports of anaphylaxis** following ALL immunisations. Around 117 million doses of vaccines were given in the UK during this period. This means that the overall rate of anaphylaxis is around 1 in 900,000."

Anaphylaxis. In COVID Vaccines alone in the UK – November 10th, 2021

<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>

"Anaphylaxis (Severe allergic reactions)

*The MHRA continues to monitor reports of severe allergic reactions with the COVID-19 Pfizer/BioNTech Vaccine and has received **540** UK spontaneous adverse reactions associated with anaphylaxis or anaphylactoid reactions. Severe allergic reactions to the COVID-19 Pfizer/BioNTech Vaccine remain very rare. The MHRA's guidance remains that those with a previous history of allergic reactions to the ingredients of the vaccine should not receive it.*

*The MHRA is closely monitoring reports of anaphylaxis with the COVID-19 Vaccine Moderna and has received **41** reports of anaphylaxis in association with the vaccine. Anaphylaxis is a potential side effect of the vaccine, and it is recommended that those with known hypersensitivity to the ingredients of the vaccine should not receive it.*

*The MHRA also closely monitors reports of anaphylaxis or anaphylactoid reactions with the COVID-19 Vaccine AstraZeneca and has received **843** UK spontaneous adverse reactions associated with anaphylaxis or anaphylactoid reactions reported and such reports are very rare. The product information reflects the fact that reports of anaphylaxis have been received for the COVID-19 Vaccine AstraZeneca."*

Reported **1,424** cases of Anaphylaxis in **TEN MONTHS** for three vaccines vs. **130** cases of Anaphylaxis in **SIX YEARS** for ALL vaccines.

Thrombo-embolic events with concurrent low platelets

*"Up to 10 November 2021, the MHRA had received Yellow Card reports of **425** cases of major thromboembolic events (blood clots) with concurrent thrombocytopenia (low platelet counts) in the UK following vaccination with COVID-19 Vaccine AstraZeneca. Forty-six of the **425** reports have been reported after a second dose. Of the **425** reports, **215** occurred in females, and 206 occurred in males aged from 18 to 93 years. The overall case fatality rate was 17% with **73** deaths, six of which occurred after the second dose."*

UK Adverse Events Following Vaccination (AEFI) reported as of November 10th, 2021.

In the UK 45,942,003 people are fully vaccinated and 50,455,318 have had at least one dose. 11,452,654 had a third dose (which was up to 14,266,368 for the third dose by November 18th). <https://coronavirus.data.gov.uk/details/vaccinations>

Pfizer

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977005/COVID-19 mRNA Pfizer- BioNTech Vaccine Analysis Print.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977005/COVID-19_mRNA_Pfizer-BioNTech_Vaccine_Analysis_Print.pdf)
611 reported deaths out of **370,739** adverse reactions reported.

AstraZeneca

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977006/COVID-19 vaccine AstraZeneca analysis print.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977006/COVID-19_vaccine_AstraZeneca_analysis_print.pdf)
1,122 reported deaths out of **840,295** adverse reactions reported.

Moderna

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1013605/COVID-19 Moderna Vaccine Analysis Print 18.08.2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1013605/COVID-19_Moderna_Vaccine_Analysis_Print_18.08.2021.pdf)
19 (down from a total of **20** three weeks before!) reported deaths out of **56,310** adverse reactions reported.

'Other' Covid Vaccine

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977007/COVID-19 vaccine brand unspecified analysis print.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977007/COVID-19_vaccine_brand_unspecified_analysis_print.pdf)
32 reported deaths out of **3,665** adverse reactions reported.

In the UK, as of November 10th, 2021, there had been **1,784** deaths reported post vaccination and **1,271,009** adverse reactions.

In the UK between 1997 and 2003 there were a total of 130 reports of anaphylaxis following ALL immunisations.

COVID vaccinations as of November 10th, 2021 - Reported cases of Anaphylaxis in the UK. 1,424.

Risk on Anaphalaxis rate 1997-2003 for ALL Vaccines = 1 in 900,000. COVID 19 Rate = 1 in 67,695.

ONS UK	Reactions	Deaths	Months	Per month Reactions	Per month Deaths	Full Covid	Deaths per 100,000
AZ	840,295	1,122	10	84,030	112		
Pfizer	370,739	611	10	37,074	61		
Moderna	56,310	19	10	5,631	2		
Other	3,665	32	10	367	3		
Total	1,271,009	1,784	10	127,101	178	45,942,003	3.883

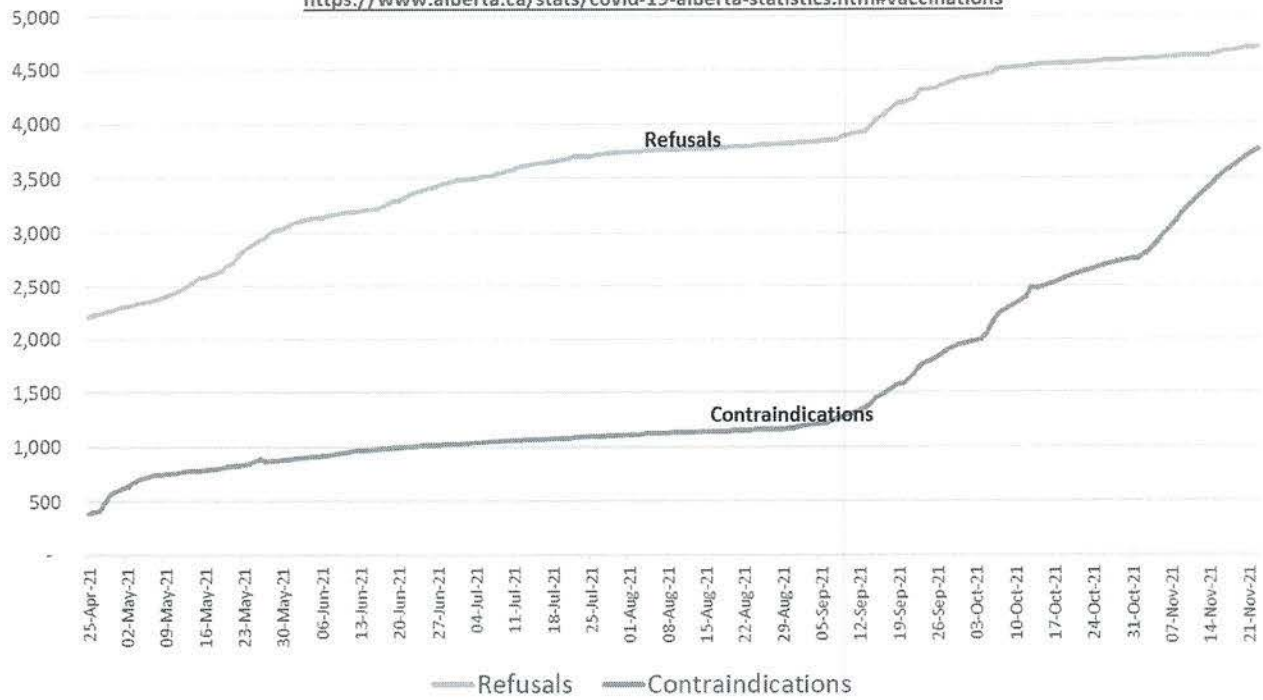
ONS UK	Reactions	Deaths	Months	Per month Reactions	Per month Deaths	First Dose	Deaths per 100,000
AZ	840,295	1,122	10	84,030	112		
Pfizer	370,739	611	10	37,074	61		
Moderna	56,310	19	10	5,631	2		
Other	3,665	32	10	367	3		
Total	1,271,009	1,784	10	127,101	178	50,455,318	3.536

<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>

<https://coronavirus.data.gov.uk/details/vaccinations> * (as of September 29th, 2021)

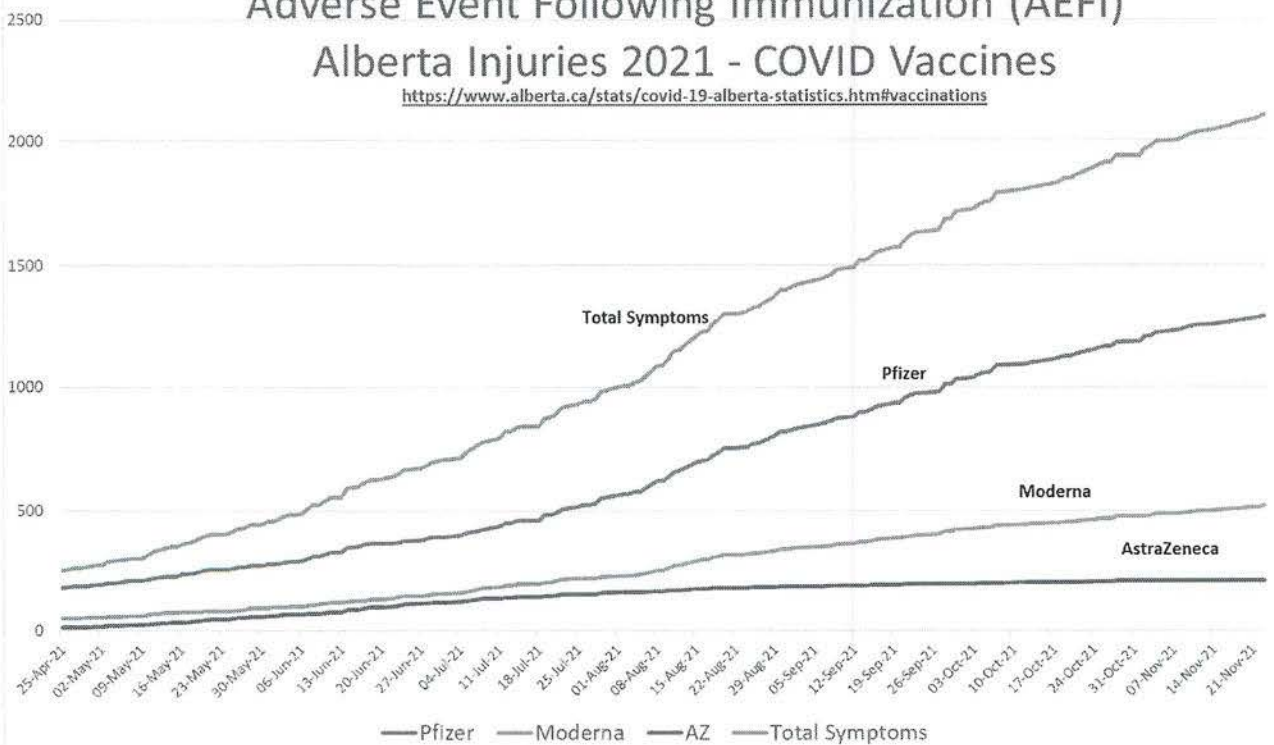
Adverse Event Following Immunization (AEFI) Alberta Refusals and Contraindications

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccinations>



Adverse Event Following Immunization (AEFI) Alberta Injuries 2021 - COVID Vaccines

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccinations>



Wednesday Nov 03, 2021

Age group	Population	% of population			% of population fully vaccinated	3 doses	Total administered
		At least 1 dose	with at least 1 dose	2 doses			
00-04	269,163	0	0	0	0	0	
05-11	391,584	0	0	0	0	0	
12-15	162,530	132,295	81.4	117,592	72.3	250,043	
15-19	256,743	210,848	82.1	189,610	73.8	400,910	
20-24	277,328	223,787	80.7	197,230	71.1	421,838	
25-29	314,508	244,558	77.8	217,190	69.1	463,034	
30-34	356,228	283,173	79.5	256,359	72	541,566	
35-39	359,302	298,306	83	274,187	76.3	575,837	
40-44	319,889	273,094	85.4	255,634	79.9	544,980	
45-49	288,547	248,869	86.2	234,450	81.2	500,917	
50-54	266,491	235,440	88.3	223,053	83.7	475,369	
55-59	284,260	248,356	87.4	235,440	82.8	508,208	
60-64	264,339	242,790	91.8	233,304	88.3	515,429	
65-69	210,073	199,459	95	195,014	92.8	403,914	
70-74	157,657	151,350	96	150,671	95.6	313,610	
75-79	102,977	96,909	94.1	95,796	93	245,224	
80-84	68,566	63,880	93.2	63,061	92	163,206	
85-89	44,034	40,651	92.3	40,062	91	105,247	
90+	27,669	25,787	93.2	25,369	91.7	68,668	
Unknown	NA	63,711	NA	32,885	NA	96,604	
12+	3,761,140	3,283,263	87.3	3,036,907	80.7	6,594,604	
ALL	4,421,887	3,283,263	74.2	3,036,907	68.7	6,594,604	

Monday Nov 08, 2021

Age group	Population	% of population			% of population fully vaccinated	3 doses	Total administered
		At least 1 dose	with at least 1 dose	2 doses			
00-04	269,163	0	0	0	0	0	
05-11	391,584	0	0	0	0	0	
12-15	162,530	133,014	81.8	119,387	73.5	252,563	
15-19	256,743	211,832	82.5	192,119	74.8	404,438	
20-24	277,328	224,910	81.1	200,146	72.2	426,087	
25-29	314,508	245,817	78.2	220,268	70	468,064	
30-34	356,228	284,509	79.9	259,614	72.9	547,127	
35-39	359,302	299,470	83.3	277,246	77.2	581,113	
40-44	319,889	273,988	85.7	258,041	80.7	549,425	
45-49	288,547	249,568	86.5	236,228	81.9	504,536	
50-54	266,491	235,996	88.6	224,475	84.2	478,439	
55-59	284,260	248,816	87.5	236,680	83.3	511,077	
60-64	264,339	243,184	92	234,230	88.6	518,266	
65-69	210,073	199,688	95.1	195,543	93.1	405,362	
70-74	157,657	151,495	96.1	150,991	95.8	316,601	
75-79	102,977	97,015	94.2	95,957	93.2	249,089	
80-84	68,566	63,934	93.2	63,155	92.1	165,590	
85-89	44,034	40,689	92.4	40,120	91.1	106,571	
90+	27,669	25,805	93.3	25,398	91.8	69,269	
Unknown	NA	63,582	NA	32,549	NA	96,140	
12+	3,761,140	3,293,312	87.6	3,062,147	81.4	6,649,757	
ALL	4,421,887	3,293,312	74.5	3,062,147	69.2	6,649,757	

Wednesday Nov 24, 2021

Age group	Population	% of population			% of population fully vaccinated	Additional dose	Total administered
		At least 1 dose	with at least 1 dose	Fully vaccinated			
00-04	269,163	0	0	0	0	0	
05-11	391,584	0	0	0	0	0	
12-15	162,530	135,284	83.2	124,150	76.4	259,614	
15-19	256,743	215,111	83.8	199,140	77.6	414,823	
20-24	277,328	228,646	82.5	208,319	75.1	439,035	
25-29	314,508	249,870	79.5	229,417	72.9	484,273	
30-34	356,228	288,706	81	268,931	75.5	584,180	
35-39	359,302	303,271	84.4	285,935	79.6	597,598	
40-44	319,889	276,923	86.6	264,866	82.8	583,589	
45-49	288,547	251,973	87.3	241,521	83.7	516,625	
50-54	266,491	237,917	89.3	228,891	85.9	488,934	
55-59	284,260	250,484	88.1	240,522	84.6	520,984	
60-64	264,339	244,526	92.5	237,135	89.7	527,525	
65-69	210,073	200,555	95.5	197,336	93.9	410,911	
70-74	157,657	152,106	96.5	152,063	96.5	325,994	
75-79	102,977	97,325	94.5	96,510	93.7	257,641	
80-84	68,566	64,089	93.5	63,461	92.5	170,738	
85-89	44,034	40,816	92.7	40,299	91.5	109,513	
90+	27,669	25,867	93.5	25,503	92.2	70,702	
Unknown	NA	66,665	NA	35,790	NA	102,465	
12+	3,761,140	3,330,134	88.5	3,139,789	83.5	6,825,144	
ALL	4,421,887	3,330,134	75.3	3,139,789	71	6,825,144	

October 25th, 2021 <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccine-outcomes>

- 84.8% of cases (182,989/215,913) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date
- 84.6% of hospitalized cases (8,851/10,465) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date
- 76.4% of COVID-19 deaths (1,142/1,494) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date

November 24th, 2021 <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccine-outcomes>

- Since Jan 1, 2021, 0.4% of people with one dose (11,598/3,312,946) were diagnosed with COVID-19 14 days after the first immunization date
- Since Jan 1, 2021, 0.8% of people with two doses (26,132/3,133,660) were diagnosed with COVID-19 14 days after the second immunization date
- 78.5% of cases (181,064/230,585) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date
- 78.3% of hospitalized cases (8,968/11,447) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date
- 67.5% of COVID-19 deaths (1,149/1,701) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm>



<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm>



Data as of November 24th, 2021

	Actual Total Reported Deaths	Unvaxxed or 2 weeks	Total since Jan 1 2021	Fully Vaxxed
October 21, 2021				
Cases		182,989	215,913	32,924
Hospital		8,851	10,465	1,614
Deaths	3026	1142	1494	352
November 24, 2021				
Cases		181,064	230,585	49,521
Hospital		8,968	11,447	2,479
Deaths	3232	1,149	1,701	552
Deaths in the Last 33 days	206	7	207	200

Additionally, 267 FULLY vaccinated died in the 120 days up to November 24th, 2021
300 vaccinated with one or more doses died in the 120 days up to November 24th, 2021

2020 reported COVID Deaths WITH COVID 19	1,046	
2021 reported COVID Deaths WITH COVID 19	2,186	485 (missing on vaccine page)
Total Reported 2020/2021 (Stats Canada and Alberta Health)	3,232	

This is Exhibit "S" referred to in the Affidavit of:

David Thomas Dickson

Sworn before me this

26th day of November, 2021

Redacted

Commissioner for Oaths, Justice of the Peace,

or Notary Public in and for the Province of Alberta

Appointment expires *2026/23*

October 19, 2021

AR 193514

All Licensed Supportive Living, Long-term Care and Hospice Residents and Families

RE: Temporary Public Health Measures & Congregate Care Settings

Dear Residents and Families:

Access to support and companionship from family and friends continues to be supported as **essential** to the maintenance of resident mental and physical health and wellbeing. As residents' risk tolerance varies across these settings, proof of vaccination for families and friends will not be a provincially mandated requirement. I am however implementing some increased required measures as noted below. In addition, operators have authority¹ to implement additional site-based policies and processes for COVID-19 prevention (including requiring proof of vaccine or rapid testing) as appropriate to local context and consideration of resident preferences. Once the site-based policies and processes have been developed, they will apply to all persons entering the site.

As always, I strongly recommend and encourage that all Albertans, and especially the family and friends of residents in these settings, be fully immunized against COVID-19. This is the most important thing you can do to protect not only yourself but also residents and staff. In addition to being fully immunized, wearing a mask continuously while indoors and in resident rooms (unless a significant communication barrier is present) and staying home if you have any symptoms of COVID-19 (even if mild and even if you are fully vaccinated) are critical.

If you are not fully immunized please reconsider your need to visit the resident onsite, indoors and in-person before entering the site. Those who are not fully immunized are at significantly higher risk to transmit COVID-19 to people living and working in the setting. Alternatives to onsite indoor in-person visits include, outdoor visits, virtual visits, and telephone calls.

The current public health measures applicable to these settings are outlined in CMOH Order 37-2021, including symptom screening, enhanced disinfecting and cleaning requirements and isolation when needed, continue to provide a high level of protection against COVID-19 outbreaks. As a result, we are seeing significantly smaller and more controlled outbreaks than previous waves of COVID-19.

¹ Supportive Living Accommodation Licensing Act, Nursing Homes Act

With the increased transmissibility of the delta variant we are facing in the fourth wave, I have issued additional temporary measures in [CMOH Order 49-2021](#), which requires:

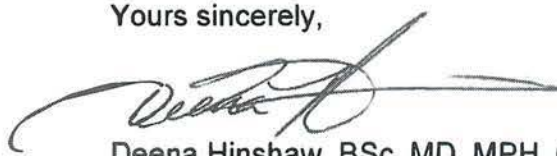
- Visiting persons in all settings to wear a mask continuously (i.e. not only in common areas) unless there is a significant communication barrier; and
- Long-term care and designated supportive living residents be tested for COVID-19 within 48 hours of hospital discharge (for new admissions from hospital and returns from hospital stays longer than 24 hours).
 - Residents must remain in their room and be placed on contact/droplet precautions in the facility until the negative test result is received.
 - This is not required for residents in other licensed supportive living setting (e.g. lodges) or hospices although some operators may implement rapid testing or other measures in these settings as an additional site-based policy and process.

Operators are required to comply with all mandatory and temporary CMOH orders. As well, some operators may implement additional site-based policies and processes for COVID-19 prevention (such as requiring proof of vaccine or rapid testing). Residents, families and friends must follow all mandatory orders and any additional site-based COVID-19 policies and processes implemented by the operator. In addition, I ask that all of you continue to remain vigilant in protecting yourselves from COVID exposure both on and offsite to lower the risk to the vulnerable members of our communities.

If you are not fully immunized, I encourage you to access accurate, science-based information to make an informed decision. Please see the [Alberta COVID-19 Vaccine Program](#) webpage for reliable information.

Thank you for your continued support and dedication to your loved ones and your communities. We remain in this together.

Yours sincerely,



Deena Hinshaw, BSc, MD, MPH, CCFP, FRCP
Chief Medical Officer of Health

Attachment

cc: Evan Romanow, Assistant Deputy Minister, Health Service Delivery, Alberta Health

Trish Merrithew-Mercredi, Assistant Deputy Minister, Public Health and Compliance, Alberta Health

David O'Brien, Senior Program Officer, Provincial Seniors Health and Continuing Care, Alberta Health Services



ALBERTA
EDUCATION

*Office of the Minister
MLA, Red Deer-North*

Encouraging mandatory proof-of-vaccination policies for adults in schools

**To: Board Chairs of Public, Separate, Francophone and Charter School Authorities
Independent school authorities
Private ECS operators**

Today, Alberta's government announced new measures to further protect students, staff and communities—strengthening what is already in place as we face the challenges of this fourth wave of COVID-19.

It's also clear that the best way to look after each other and to stop the spread of COVID-19 is for every eligible Albertan to get vaccinated. That's why today's announcement included a renewed call to all school authorities as employers, and operators of school facilities, to develop policies that require proof of vaccination or a negative COVID-19 test for any adult who enters a school. This would include teachers, staff and parents, but would exclude students. A school authority cannot deny their students access to education due to immunization status.

Many employers and facility owners already require their employees to submit proof of vaccination or a negative PCR test. On September 30, the Premier announced a new requirement for the Alberta Public Service to submit proof of vaccination or provide a negative PCR or rapid testing result at their own cost. The Premier also encouraged all public employers, and specifically school authorities, to introduce similar policies.

Today we're reaching out to you directly to ask that you consider this request. Taking the steps necessary to have these measures in place as soon as possible will help all of us look out for our fellow Albertans and protect our province's health care system.

Vaccines are among our best weapons to combat this pandemic, and the best way to protect children is to ensure the adults around them are vaccinated. During this critical time we must do all we can to reinforce that message—and to encourage as many Albertans as possible to get vaccinated.

Thank you for your hard work and continued efforts to keep students and staff safe.

Sincerely,

Adriana LaGrange
Minister of Education

Jason Copping
Minister of Health



ALBERTA
EDUCATION

*Office of the Minister
MLA, Red Deer-North*

Encouraging mandatory proof-of-vaccination policies for adults in schools

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Independent school authorities
Private ECS operators**

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Today we're reaching out to you directly to ask that you consider this request. Taking the steps necessary to have these measures in place as soon as possible will help all of us look out for our fellow Albertans and protect our province's health care system.

Vaccines are among our best weapons to combat this pandemic, and the best way to protect children is to ensure the adults around them are vaccinated. During this critical time we must do all we can to reinforce that message—and to encourage as many Albertans as possible to get vaccinated.

Thank you for your hard work and continued efforts to keep students and staff safe.

Sincerely,

[Original signed]

Adriana LaGrange
Minister of Education

[Original signed]

Jason Copping
Minister of Health

November 24, 2021

Dear parents and guardians:

COVID-19 continues to cause pressures on our health care system, and has challenged our work, social and recreational activities, particularly for families with young children. I know that the pandemic has impacted children in many difficult ways, and now that Health Canada has approved the Pfizer-BioNTech (Comirnaty) COVID-19 vaccine made for young children aged 5 to 11 years, you may have questions about this vaccine. I want to share some information as you consider the option of immunization for your children.

In recent months, I have heard from parents who are concerned their young children have not yet been eligible for vaccine protection from COVID-19. I have also heard from parents who are worried about whether the vaccine is safe for their young children. As a parent of young children myself, I know that all of us want to make the best choices to protect our families.

What we know about the vaccines for children

Health Canada approval for younger children was based on a clinical trial involving over 3,000 young children receiving the Pfizer vaccine. This study found that vaccine efficacy (protection level) against symptomatic COVID-19 was 90.7%. This is similar to the level of protection that the vaccines provide for older children and adults. The study also showed that if immunized children did get infected, they experienced milder illness. While some children in the study experienced mild vaccine reactions like a sore arm or fever, there were no safety issues found.

Vaccine safety

Ensuring COVID-19 vaccine safety is critically important. We closely watch for reports of adverse events following immunization (AEFIs) in Alberta, the rest of Canada, and around the world. For a summary of all AEFIs in Alberta to date, you can go to the [COVID-19 statistics on vaccination](#). Adverse events do happen, but they are very rare. Of 6,796,955 doses administered in Alberta to date, across all ages, there have been 2,005 AEFIs, or 0.03%.

Informed decision making

Whether to vaccinate your children is an important choice. I encourage you to base your decision on the available evidence after weighing the benefits and risks.

Although the risk of severe disease, hospitalization and death due to COVID-19 is low for children aged 5 to 11, I hope that you will consider the following benefits of immunization:

- Vaccinating young children will protect other family members, and help prevent hospitalizations by reducing overall community transmission.
- During the fourth wave of the pandemic in Alberta, the rate of COVID-19 cases has been highest among those aged 5 to 11 years compared to other age groups. Vaccine will help protect them from getting sick with COVID-19 and reduce outbreak and personal disruptions that result in kids being home from school and other important activities.

- While serious outcomes from COVID-19 infection in children are rare, throughout the pandemic, to date there have been 78 cases hospitalized and 20 cases admitted to ICU in children age 5 to 11. Preventing infection further reduces the risk of having a serious outcome.
- COVID-19 infection can cause a rare but severe condition in children called MIS-C (multisystem inflammatory syndrome in children). In Alberta, there have been 29 cases of MIS-C linked to COVID-19 infection in children age 5 to 11. Preventing infection can reduce the risk of this outcome.
- There is still a lot we don't know about post-COVID syndrome, in children, but it is possible for children to have symptoms for months after infection, even if they don't have severe outcomes at first. Preventing infection reduces this risk.

There is a very small risk of myocarditis (inflammation of the heart muscle) associated with COVID-19 vaccines that has been seen in older children, particularly teenage males. In Alberta, there have been 23 confirmed cases of myocarditis after COVID-19 vaccination in youths aged 12 to 17 years, which works out to 9 cases per 100,000 vaccinated youths in that age group. We know that the risk of myocarditis after any infection is typically higher in the teenage population than in younger children, so it is possible that this risk after vaccine will be lower in younger children. It is also important to remember that the risk of developing myocarditis is significantly higher following COVID-19 infection than following vaccination.

How to get your child vaccinated

If you choose to get your 5 to 11 year old child vaccinated, they will be able to get their first dose of the Pfizer-BioNTech (Comirnaty) COVID-19 vaccine soon. The timing is based on vaccine arrival, so please check online for the most up to date information. Two doses are needed to be fully protected, and second doses are recommended at least eight weeks after the first dose. We also recommend that if your child is getting other vaccines in addition to COVID-19 this fall, that the spacing is at least fourteen days between the different vaccines. While in other age groups we have seen that taking other vaccines with the COVID vaccine has been safe and effective, this spacing for 5 to 11 year olds is recommended for now as a precaution in our monitoring to watch for any side effects.

When vaccine is available, you will be able to book an appointment by using the online booking tool or by calling 811. Parent or guardian consent is required for children to get their vaccine, either provided in-person or by signing a consent form, at the vaccine appointment.

Where to find more information

For more information about COVID-19, you can visit: Alberta Health, Alberta Health Services, and the Government of Canada. Information in 13 other languages is also available. Please speak to your child's health care provider if you have any questions about the vaccines.

The pandemic continues to create stress for our children and families so if you need support or information about mental health and well-being, please visit the Alberta Health Services website Help in Tough Times, or you can call Health Link for information and help by dialing 811.

Whatever decision you make about vaccines for your children, I want to thank you for all you have done to keep our families and communities healthy and safe.

Sincerely,



Dr. Deena Hinshaw, BSc, MD, MPH, CCFP, FRCP
Chief Medical Officer of Health

This is Exhibit "T" referred to in the Affidavit of:

David Thomas Dickson

Sworn before me this

26th day of November, 2021

Redacted —

~~Commissioner for Oaths, Justice of the Peace,~~

~~or Notary Public for Alberta
in and for the Province of Alberta~~

~~Appointment expires 2022/2/22~~

Document Properties



Description Security Fonts Initial View Custom Advanced

Description

File: frm-21765 20-12

Title: Consent for COVID-19 Immunization form

Author: Forms Strategy & Management

Subject: Consent for COVID-19 Immunization

Keywords: Consent; COVID-19; Immunization; form; 21765

Created: 2020-12-28 8:48:40 PM

Modified: 2020-12-29 9:43:38 AM

Application: Adobe InDesign 15.0 (Windows)

Additional Metadata...

Advanced

PDF Producer: Adobe PDF Library 15.0

PDF Version: 1.6 (Acrobat 7.x)

Location: E:\RM\OneDrive - 703543 Alberta Ltd\Locals\Legal\Legal\

File Size: 541.42 KB (554,413 Bytes)

Page Size: 8.50 x 11.00 in

Number of Pages: 4

Tagged PDF: No

Fast Web View: No

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Document Properties



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For use at Alberta Health Services (AHS) immunization programs. Use this form when a parent or alternate decision-maker is **not** able to be with the person being immunized at an AHS immunization service. An alternate decision-maker could be an agent, guardian, specific decision-maker or co-decision-maker. The parent or alternate decision-maker should **complete this form** and **send it** with the person being immunized, to the AHS immunization service. For alternate decision-makers – please also send a copy of documents to show that you are authorized to be the alternate decision-maker.

Personal information for the person being immunized		
Name (<i>Last, First, Middle</i>)		Date of Birth (<i>dd-Mon-yyyy</i>)
Personal Health Number (PHN)		Gender
Health information for the person being immunized (<i>If you need more space, use the other side of this form.</i>)		
Does this person have any allergies, including allergies to any vaccine, medicine, or food? If yes, describe _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
Does this person have any chronic illness? (<i>List all if more than one</i>) If yes, describe _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
Is this person taking any medicine? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, describe _____
Is this person pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes		Is this person breastfeeding? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has this person had COVID-19 vaccine before? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, when _____
Has this person ever had a side effect from COVID-19 immunization? If yes, describe _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
Will this person get another vaccine in the 14 days before they get the COVID-19 vaccine?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Consent		
I confirm that I have read the COVID-19 vaccine information. I know about and understand the risks, benefits, and common side effects of this vaccine. Any questions I may have had about this person getting this vaccine have been answered by calling the local public health office or Health Link at 811. I understand the information I have been given.		
I understand this consent is for all doses of the vaccine. I will contact the local public health office or the healthcare provider giving the COVID-19 vaccine if this person: <ul style="list-style-type: none"> • has any changes to their health before getting any dose of the COVID-19 vaccine • gets another vaccine in the 14 days before they get any dose of the COVID-19 vaccine • has a severe or unusual side effect after the first dose of the COVID-19 vaccine (other than the expected side effects listed on the COVID-19 vaccine information sheet) 		
I consent to this person getting the COVID-19 immunization.		
I understand that I may withdraw this consent at any time by calling the local public health office or healthcare provider giving the COVID-19 vaccine.		
I confirm that I have the legal authority to consent to this immunization.		
Printed name of person giving consent	Daytime phone	Other phone
Relationship to person		
<input type="checkbox"/> Parent (with legal authority to consent)		<input type="checkbox"/> Guardian/Legal representative
<input type="checkbox"/> Co-decision-maker		<input type="checkbox"/> Specific decision-maker
		<input type="checkbox"/> Agent
Signature of person giving consent		Date (dd-Mon-yyyy)

Alberta Health Services collects health information according to Section 20 of the Health Information Act (HIA). This information is used to provide health services, determine eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this, please ask the healthcare provider giving the immunization or contact your local public health office. If you do not know your local public health office, call Health Link at 811 to get this information.

COVID-19 Vaccine

Immunization protects you from disease. Get protected, get immunized.

- **Vaccines make your immune system stronger. They build antibodies to help prevent diseases.**
- **Immunization is safe. It is much safer to get immunized than to get this disease.**

What is the COVID-19 vaccine?

The COVID-19 vaccine protects against the SARS-CoV-2 virus (also known as COVID-19).

Who should have the COVID-19 vaccine?

You should get the COVID-19 vaccine if you are age 16 years and older.

Everyone is at risk of COVID-19. The vaccine is very important for people who are more likely to be in contact with the virus because of where they work or live. This includes healthcare providers and people who live in a care facility, such as a nursing home.

It is also important for people who have a high risk of complications from COVID-19 to get this vaccine. This includes people who:

- have health problems such as heart, lung, kidney, or liver problems, high blood pressure, or diabetes
- have a lot of extra weight
- are over the age of 60

The vaccine is free and will be offered to everyone over the age of 16 years. The vaccine will be offered first to:

- those at high risk of getting very sick from COVID-19
- those who may spread disease to people at high risk
- essential workers, like frontline healthcare workers

Go to ahs.ca/covidvaccine to find out when you can get the COVID-19 vaccine.

How many doses do I need?

You need 2 doses that are 3 or 4 weeks apart. This depends on the type of COVID-19 vaccine you get. Your healthcare provider will let you know when you need your second dose. You need to get both doses to make sure you have the best protection against COVID-19.

Are there different types of COVID-19 vaccines?

There are 2 COVID-19 vaccines available in Alberta. Other COVID-19 vaccines may be approved in the coming months. They all protect against the COVID-19 virus but they are made by different companies.

How well does the vaccine work?

If you are healthy and get both doses, the protection for COVID-19 is about 94% to 95%, 7 to 14 days after you get the second dose.

It is still important to practice recommended public health measures, like washing your hands often, staying 2 meters away from others, and staying home when you are sick, to prevent the spread of COVID-19, even if you have had the vaccine. Visit ahs.ca/covid for the most up-to-date information.

Where can I get the COVID-19 vaccine?

Go to ahs.ca/covidvaccine to find out where and when you can get the COVID-19 vaccine.

Are there side effects from the COVID-19 vaccine?

There can be side effects from the COVID-19 vaccine, but they tend to be mild and go away in a few days. Side effects may include:

- redness, swelling, or feeling sore where you had the needle
- feeling tired
- headache
- fever or chills
- body aches or sore joints
- feeling sick to your stomach (nausea), vomiting (throwing up), or loose stool (diarrhea)
- swollen lymph nodes

It is important to stay at the clinic for 15 minutes after your vaccine. Some people may have a rare but serious allergic reaction called anaphylaxis. If anaphylaxis happens, you will get medicine to treat the symptoms.

Wait at least 28 days after you have all doses of the COVID-19 vaccine before you:

- get another vaccine
- try to get pregnant

It is rare to have a serious side effect after a vaccine. Call Health Link at 811 to report any serious or unusual side effects.

How can I manage side effects?

- To help with soreness and swelling, put a cool, wet cloth over the area where you had the needle.
- There is medicine to help with fever or pain. Check with your doctor or pharmacist if you are not sure what medicine or dosage to take. Follow the directions on the package.
- Children under the age of 18 years should **not** take aspirin because it can cause serious health problems.
- Some people with health problems, such as a weak immune system, must call their doctor if they get a fever. If you have been told to do this, call your doctor even if you think the fever is from the vaccine.

Who should not have the COVID-19 vaccine?

You may not be able to have the vaccine if you:

- have an allergy to parts of the vaccine
- had a severe or unusual side effect after this vaccine or one like it
- have a weak immune system (due to medicine or a health problem)
- have an autoimmune disorder (like rheumatoid arthritis or lupus)
- are under age 16 years
- have had another vaccine in the last 2 weeks
- are pregnant or breastfeeding

Check with your doctor or a public health nurse before you get the vaccine.

Always tell your healthcare provider if you have allergies or if you have had a side effect from a vaccine in the past.

For More Information



Call Health Link at 811



Go to [ImmunizeAlberta.ca](https://www.immunizealberta.ca)



Go to [MyHealth.Alberta.ca](https://www.myhealth.alberta.ca)



Go to [ahs.ca/covidvaccine](https://www.ahs.ca/covidvaccine)

Facts about COVID-19

What is COVID-19?

COVID-19 is a new strain of coronavirus responsible for a worldwide pandemic. The virus affects the lungs and airways (also called a respiratory illness). Symptoms may include:

- fever
- cough
- shortness of breath or trouble breathing
- sore throat
- runny or stuffy nose

Most people have only mild symptoms or no symptoms at all. But some people, such as seniors and adults with other health problems, can get very sick and may need care in a hospital. In serious cases, COVID-19 can cause a lung infection (called pneumonia), that makes it hard to breathe without help, and can even lead to death.

Go to [ahs.ca/covid](https://www.ahs.ca/covid) for a list of all symptoms that may be related to COVID-19.

How does it spread?

COVID-19 spreads:

- when an infected person sneezes, coughs, or even talks
- if you breathe in the virus
- if you touch something that carries the virus like hands or a door knob, then touch your eyes, mouth, or nose

It is important to know that COVID-19 can spread before symptoms start.

How can I prevent COVID-19 from spreading?

To prevent COVID-19 from spreading:

- get immunized
- wash your hands with warm water and soap or use an alcohol-based hand sanitizer often
- do not touch your face, nose, or mouth with unwashed hands
- cover your cough or sneeze into your arm or a tissue, not your hand
- stay home when you are sick
- avoid close contact with people who are sick

If you think you have been exposed to COVID-19 or have symptoms, take the COVID-19 Self Assessment at [ahs.ca/testing](https://www.ahs.ca/testing).

Document Properties



Description Security Fonts Initial View Custom Advanced

Description

File: frm-21765-052

Title: Consent for COVID-19 Immunization

Author: Form Strategy & Management

Subject: Consent for COVID-19 Immunization

Keywords: Consent, COVID-19, Immunization, form, 21765

Created: 2021-05-20 11:51:34 AM

Modified: 2021-05-20 1:22:44 PM

Application: Adobe InDesign 15.0 (Windows)

Additional Metadata...

Advanced

PDF Producer: Adobe PDF Library 15.0

PDF Version: 1.6 (Acrobat 7.x)

Location: E:\RM\OneDrive - 703543 Alberta Ltd\Locals\Legal\Legal\

File Size: 491.71 KB (503,515 Bytes)

Page Size: 8.50 x 11.00 in

Number of Pages: 4

Tagged PDF: No

Fast Web View: No

Help

OK

Cancel

For use at Alberta Health Services (AHS) immunization programs. Use this form when a parent or alternate decision-maker is **not** able to be with the person being immunized at an AHS immunization service. An alternate decision-maker could be an agent, guardian, specific decision-maker or co-decision-maker. The parent or alternate decision-maker should **complete this form** and **send it** with the person being immunized, to the AHS immunization service. For alternate decision-makers – please also send a copy of documents to show that you are authorized to be the alternate decision-maker.

Personal information for the person being immunized		
Name (<i>Last, First, Middle</i>)		Date of Birth (<i>dd-Mon-yyyy</i>)
Personal Health Number (PHN)		Gender
Health information for the person being immunized (<i>If you need more space, use the other side of this form.</i>)		
Does this person have any allergies, including allergies to any vaccine, medicine, or food? If yes, describe _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
Does this person have any chronic illness? (<i>List all if more than one</i>) If yes, describe _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
Is this person taking any medicine? If yes, describe _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
Is this person pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Is this person breastfeeding? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has this person had COVID-19 vaccine before? If yes, when _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
Has this person ever had a side effect from COVID-19 immunization? If yes, describe _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
Will this person get another vaccine in the 14 days before they get the COVID-19 vaccine?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Consent		
I confirm that I have read the attached COVID-19 vaccine information. I know about and understand the risks, benefits, and common side effects of this vaccine. Any questions I may have had about this person getting this vaccine have been answered by calling the local public health office or Health Link at 811. I understand the information I have been given.		
I understand this consent is for all doses of the vaccine. I will contact the local public health office or the healthcare provider giving the COVID-19 vaccine if this person: <ul style="list-style-type: none"> • has any changes to their health before getting any dose of the COVID-19 vaccine • gets another vaccine in the 14 days before they get any dose of the COVID-19 vaccine • has a severe or unusual side effect after the first dose of the COVID-19 vaccine (other than the expected side effects listed on the COVID-19 vaccine information sheet) 		
I consent to this person getting the (only select one): <ul style="list-style-type: none"> <input type="checkbox"/> mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna vaccine, depending which one they can get for their age) <input type="checkbox"/> Viral vector-based COVID-19 vaccine (AstraZeneca/COVISHIELD or Janssen vaccine) <input type="checkbox"/> Either an mRNA or viral vector-based COVID-19 vaccine (Depending which vaccines are available for this person at the time of their immunization) 		
I understand that I may withdraw this consent at any time by calling the local public health office or healthcare provider giving the COVID-19 vaccine.		
I confirm that I have the legal authority to consent to this immunization.		
Printed name of person giving consent	Daytime phone	Other phone
Relationship to person <ul style="list-style-type: none"> <input type="checkbox"/> Parent (with legal authority to consent) <input type="checkbox"/> Co-decision-maker <input type="checkbox"/> Guardian/Legal representative <input type="checkbox"/> Specific decision-maker <input type="checkbox"/> Agent 		
Signature of person giving consent		Date (<i>dd-Mon-yyyy</i>)

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COVID-19 vaccines

Immunization protects you from disease. Get protected, get immunized.

- **Vaccines make your immune system stronger. They build antibodies to help prevent diseases.**
- **Immunization is safe. It is much safer to get immunized than to get this disease.**

What are COVID-19 vaccines?

COVID-19 vaccines protect against the SARS-CoV-2 virus (also known as COVID-19). COVID-19 is a new strain of coronavirus that has caused a worldwide pandemic. The virus causes an infection in the lungs and airways and is a type of respiratory illness. Go to [ahs.ca/covid](https://www.ahs.ca/covid) to learn more about COVID-19.

There are 2 types of COVID-19 vaccines approved for use in Canada.

mRNA vaccines

The Pfizer-BioNTech and Moderna vaccines are mRNA vaccines.

mRNA vaccines have messenger RNA (mRNA) that teaches your cells to make a protein (called a spike protein). This is a spike protein like the one that is on the surface of the virus that causes COVID-19. Because the protein is not normally found on your cells, it triggers your immune system to make antibodies against it. So if you come in contact with the real COVID-19 virus, these antibodies will be ready to protect you and fight the virus.

Learn more about COVID-19 mRNA vaccines at [canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines.html](https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines.html)

Viral vector-based vaccines

The AstraZeneca/COVISHIELD and Janssen (Johnson and Johnson) vaccines are viral vector-based vaccines.

Viral vector-based vaccines use a harmless virus (that is not COVID-19) to carry information about the virus that causes COVID-19. This virus will not give you COVID-19. It shows your cells how to make a spike protein, like the one that is on the surface of the COVID-19 virus. This protein triggers your immune system to make antibodies against it. If you come in contact with the real COVID-19 virus, these antibodies will be ready to protect you and fight the virus.

Learn more about viral vector-based vaccines for COVID-19 at [canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines.html](https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines.html)

Who should get a COVID-19 vaccine?

You should get a COVID-19 vaccine if you are age 12 years and older. You are able to get the vaccine when it is your turn. COVID-19 vaccines are free. Go to [ahs.ca/covidvaccine](https://www.ahs.ca/covidvaccine) to find out when you can get a COVID-19 vaccine. Please check this page often as it is updated regularly.

Everyone is at risk of COVID-19. The vaccine is very important if you are more likely to be in contact with the virus because of where you work or live. This includes healthcare providers and people who live in a care facility, such as a nursing home.

It is also important to get the vaccine if you have a high risk of complications (problems) related to COVID-19. You have a higher risk of complications from COVID-19 if you:

- have health problems such as heart, lung, kidney, or liver problems, high blood pressure, or diabetes
- have a lot of extra weight
- are over the age of 60 years

If your child is getting a COVID-19 vaccine

Children under age 18 years need a parent or guardian to give consent for their immunization. If a parent or guardian cannot attend the appointment, they can give their written consent. Please complete the consent form on www.ahs.ca/frm-21765.pdf and send it with the person that is taking your child to their appointment. In some cases, children under age 18 years may be able to give their own consent.

Which COVID-19 vaccine will I get?

Go to [ahs.ca/covidvaccine](https://www.ahs.ca/covidvaccine) to find out what type of COVID-19 vaccine you can get. Please check this page often as it is updated regularly.

Once you get your first dose of a COVID-19 vaccine, you will not be able to switch to another type of COVID-19 vaccine to complete your immunization.

Can I get the COVID-19 vaccine if I am pregnant or breastfeeding?

Yes, you can get the COVID-19 vaccine if you are pregnant or breastfeeding. When you are pregnant, you have a higher risk of getting very sick from COVID-19. Getting a COVID-19 vaccine during pregnancy lowers your risk of getting seriously ill from COVID-19.

It is best to get an mRNA COVID-19 vaccine if you are pregnant or planning to get pregnant. Research to date shows that it is the safest type of COVID-19 vaccine to get during pregnancy.

If you are pregnant, breastfeeding, or planning on getting pregnant and have questions about getting the COVID-19 vaccine, talk to your healthcare provider.

How many doses do I need?

For the COVID-19 vaccines approved for use in Canada, you need 1 or 2 doses. The number of doses depends on the vaccine you get. If you get a vaccine that needs 2 doses your healthcare provider will let you know when you should get your second dose.

Visit [alberta.ca/covid19-vaccine.aspx](https://www.alberta.ca/covid19-vaccine.aspx) for more information.

How well do the COVID-19 vaccines work?

If you are healthy and get all the doses you need, the protection for COVID-19 is about:

- 95% for the Pfizer-BioNTech or Moderna vaccines
- 82% for the AstraZeneca/COVISHIELD vaccine
- 67% for the Janssen vaccine

After 1 dose of any COVID-19 vaccine, your risk of getting COVID-19 is lowered by about 60 to 80%. All COVID-19 vaccines work very well to lower your risk of getting seriously ill from COVID-19. They also lower your risk of needing to be in the hospital.

At this time, there is not enough information to know how long protection lasts or if you will need booster doses. It is still important to practice the recommended public health measures to prevent the spread of COVID-19, even if you have had the vaccine. This includes:

- following guidelines of when to wear a mask or other equipment that helps protect you
- washing your hands often
- staying 2 meters away from others
- staying home when you are sick (this means isolating)
- staying home for 14 days after having close contact with someone who has COVID-19 or after returning from travel outside of Canada (this means quarantining)

Visit ahs.ca/covid for more information, including information about isolation and quarantine.

Where can I get a COVID-19 vaccine?

Go to ahs.ca/covidvaccine to find out where and when you can get the COVID-19 vaccine.

Are there side effects from COVID-19 vaccines?

There can be side effects from COVID-19 vaccines, but they tend to be mild and go away in a few days. Side effects may include:

- redness, warmth, swelling, bruising, itching, or feeling sore where you had the needle
- feeling tired or unwell
- a headache
- a fever or chills
- body aches or sore joints
- feeling sick to your stomach (nausea), vomiting (throwing up), or loose stool (diarrhea)
- swollen lymph nodes

It is important to stay at the clinic for 15 minutes after your vaccine. Some people may have a rare but serious allergic reaction called anaphylaxis. If anaphylaxis happens, you will get medicine to treat the symptoms.

It is rare to have a serious side effect after a vaccine. Call Health Link at 811 to report any serious or unusual side effects.

Rare events after getting either the AstraZeneca/COVISHIELD or the Janssen vaccine

There have been very rare reports of blood clots, low levels of platelets (these help your blood to clot), and bleeding after getting either the AstraZeneca/COVISHIELD or the Janssen vaccine.

These events happened 4 to 28 days after getting the vaccine. The risk of these events in Canada is about 1 case in 55,000 doses of the AstraZeneca/COVISHIELD vaccine. Research is ongoing to find out the risk of these events after getting the Janssen vaccine.

COVID-19 continues to spread at a high rate in Alberta. Your risk of serious illness from COVID-19 is much higher than it is for developing a rare event after getting these vaccines.

Go to COVID-19 vaccine – Frequently Asked Questions on ahs.ca/topics/Page17389.aspx for more information.

If you have any of the following symptoms, get medical help **right away**:

- shortness of breath
- chest pain
- leg swelling
- stomach pain that does not go away
- a severe headache that does not go away
- blurry vision
- bruising (other than where you had the needle)
- red or purple spots anywhere on your body
- bleeding (more easily than normal)

How can I manage side effects?

- To help with soreness and swelling, put a cool, wet cloth over the area where you had the needle.
- There is medicine to help with a fever or pain. Check with your doctor or pharmacist if you are not sure what medicine or dose to take. Follow the directions on the package.
- Children under the age of 18 years should **not** take aspirin because it can cause serious health problems.
- Some people with health problems, such as a weak immune system, must call their doctor if they get a fever. If you have been told to do this, call your doctor even if you think the fever is from the vaccine.

What if I had or am getting another type of vaccine?

Wait at least 28 days after you have a dose of the COVID-19 vaccine before you get another vaccine.

If you have had another vaccine, wait 14 days before you get a COVID-19 vaccine.

Who should not get a COVID-19 vaccine?

You may not be able to get a COVID-19 vaccine if you:

- have an allergy to any part of the vaccine
- had a severe (serious) or unusual side effect after this vaccine or one like it
- are under age 11 years
- have had another vaccine in the last 2 weeks

Check with your doctor or a public health nurse before you get the vaccine.

Be sure to talk to your doctor **before** you get a COVID-19 vaccine, if you:

- have a weak immune system (because of a medicine you take or a health problem)
- have an autoimmune disorder (like rheumatoid arthritis or lupus)
- have had a stem cell or organ transplant

Always tell your healthcare provider if you have allergies or if you have had a side effect from a vaccine in the past.

For More Information

-  Call Health Link at 811
-  Go to [ImmunizeAlberta.ca](https://immunizealberta.ca)
-  Go to [MyHealth.Alberta.ca](https://myhealth.alberta.ca)
-  Go to ahs.ca/covidvaccine

Document Properties



Description Security Fonts Initial View Custom Advanced

Description

File: frm-21765-053

Title: Consent for COVID-19 Immunization

Author: Forms Strategy and Management

Subject: Consent for COVID-19 Immunization

Keywords: Consent, COVID-19, Immunization, form, 21765

Created: 2021-05-27 12:43:30 PM

Additional Metadata...

Modified: 2021-05-28 8:53:25 AM

Application: Adobe InDesign 15.0 (Windows)

Advanced

PDF Producer: Adobe PDF Library 15.0

PDF Version: 1.6 (Acrobat 7.x)

Location: E:\RM\OneDrive - 703543 Alberta Ltd\Locals\Legal\Legal\

File Size: 304.20 KB (311,497 Bytes)

Page Size: 8.50 x 11.00 in

Number of Pages: 4

Tagged PDF: Yes

Fast Web View: No

Help

OK

Cancel

For use at Alberta Health Services (AHS) immunization programs. Use this form when a parent or alternate decision-maker is **not** able to be with the person being immunized at an AHS immunization service. An alternate decision-maker could be an agent, guardian, specific decision-maker or co-decision-maker. The parent or alternate decision-maker should **complete this form** and **send it** with the person being immunized, to the AHS immunization service. For alternate decision-makers – please also send a copy of documents to show that you are authorized to be the alternate decision-maker.

Personal information for the person being immunized		
Name (<i>Last, First, Middle</i>)	Date of Birth (<i>dd-Mon-yyyy</i>)	
Personal Health Number (PHN)	Gender	
Health information for the person being immunized (<i>If you need more space, use the other side of this form.</i>)		
Does this person have any allergies, including allergies to any vaccine, medicine, or food? If yes, describe _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does this person have any chronic illness? (<i>List all if more than one</i>) If yes, describe _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is this person taking any medicine? If yes, describe _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is this person pregnant?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is this person breastfeeding?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this person had COVID-19 vaccine before? If yes, when _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this person ever had a side effect from COVID-19 immunization? If yes, describe _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Will this person get another vaccine in the 14 days before they get the COVID-19 vaccine?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Consent		
I confirm that I have read the attached COVID-19 vaccine information. I know about and understand the risks, benefits, and common side effects of this vaccine. Any questions I may have had about this person getting this vaccine have been answered by calling the local public health office or Health Link at 811. I understand the information I have been given.		
I understand this consent is for all doses of the vaccine. I will contact the local public health office or the healthcare provider giving the COVID-19 vaccine if this person:		
<ul style="list-style-type: none"> • has any changes to their health before getting any dose of the COVID-19 vaccine • gets another vaccine in the 14 days before they get any dose of the COVID-19 vaccine • has a severe or unusual side effect after the first dose of the COVID-19 vaccine (other than the expected side effects listed on the COVID-19 vaccine information sheet) 		
I consent to this person getting the (only select one):		
<input type="checkbox"/> mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna vaccine, depending which one they can get for their age)		
<input type="checkbox"/> Viral vector-based COVID-19 vaccine (AstraZeneca/COVISHIELD or Janssen vaccine)		
<input type="checkbox"/> Either an mRNA or viral vector-based COVID-19 vaccine (Depending which vaccines are available for this person at the time of their immunization)		
I understand that I may withdraw this consent at any time by calling the local public health office or healthcare provider giving the COVID-19 vaccine.		
I confirm that I have the legal authority to consent to this immunization.		
Printed name of person giving consent	Daytime phone	Other phone
Relationship to person		
<input type="checkbox"/> Parent (with legal authority to consent) <input type="checkbox"/> Guardian/Legal representative <input type="checkbox"/> Co-decision-maker <input type="checkbox"/> Specific decision-maker <input type="checkbox"/> Agent		
Signature of person giving consent	Date (<i>dd-Mon-yyyy</i>)	

Alberta Health Services collects health information according to Section 20 of the Health Information Act (HIA). This information is used to provide health services, determine eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this, please ask the healthcare provider giving the immunization or contact your local public health office. If you do not know your local public health office, call Health Link at 811 to get this information.

COVID-19 vaccines

Immunization protects you from disease. Get protected, get immunized.

- **Vaccines make your immune system stronger. They build antibodies to help prevent diseases.**
- **Immunization is safe. It is much safer to get immunized than to get this disease.**

What are COVID-19 vaccines?

COVID-19 vaccines protect against the SARS-CoV-2 virus (also known as COVID-19). COVID-19 is a new strain of coronavirus that has caused a worldwide pandemic. The virus causes an infection in the lungs and airways and is a type of respiratory illness. Go to [ahs.ca/covid](https://www.ahs.ca/covid) to learn more about COVID-19.

There are 2 types of COVID-19 vaccines approved for use in Canada.

mRNA vaccines

The Pfizer-BioNTech and Moderna vaccines are mRNA vaccines.

mRNA vaccines have messenger RNA (mRNA) that teaches your cells to make a protein (called a spike protein). This is a spike protein like the one that is on the surface of the virus that causes COVID-19. Because the protein is not normally found on your cells, it triggers your immune system to make antibodies against it. So if you come in contact with the real COVID-19 virus, these antibodies will be ready to protect you and fight the virus.

Learn more about COVID-19 mRNA vaccines at canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines.html

Viral vector-based vaccines

The AstraZeneca/COVISHIELD and Janssen (Johnson and Johnson) vaccines are viral vector-based vaccines.

Viral vector-based vaccines use a harmless virus (that is not COVID-19) to carry information about the virus that causes COVID-19. This virus will not give you COVID-19. It shows your cells how to make a spike protein, like the one that is on the surface of the COVID-19 virus. This protein triggers your immune system to make antibodies against it. If you come in contact with the real COVID-19 virus, these antibodies will be ready to protect you and fight the virus.

Learn more about viral vector-based vaccines for COVID-19 at canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines.html

Who should get a COVID-19 vaccine?

You should get a COVID-19 vaccine if you are age 12 years and older. You are able to get the vaccine when it is your turn. COVID-19 vaccines are free. Go to [ahs.ca/covidvaccine](https://www.ahs.ca/covidvaccine) to find out when you can get a COVID-19 vaccine. Please check this page often as it is updated regularly.

Everyone is at risk of COVID-19. The vaccine is very important if you are more likely to be in contact with the virus because of where you work or live. This includes healthcare providers and people who live in a care facility, such as a nursing home.

It is also important to get the vaccine if you have a high risk of complications (problems) related to COVID-19. You have a higher risk of complications from COVID-19 if you:

- have health problems such as heart, lung, kidney, or liver problems, high blood pressure, or diabetes
- have a lot of extra weight
- are over the age of 60 years

If your child is getting a COVID-19 vaccine

Children under age 18 years need a parent or guardian to give consent for their immunization. If a parent or guardian cannot attend the appointment, they can give their written consent. Please complete the consent form on www.ahs.ca/frm-21765.pdf and send it with the person that is taking your child to their appointment. In some cases, children under age 18 years may be able to give their own consent.

Which COVID-19 vaccine will I get?

Go to [ahs.ca/covidvaccine](https://www.ahs.ca/covidvaccine) to find out what type of COVID-19 vaccine you can get. Please check this page often as it is updated regularly.

Once you get your first dose of a COVID-19 vaccine, you will not be able to switch to another type of COVID-19 vaccine to complete your immunization.

Can I get the COVID-19 vaccine if I am pregnant or breastfeeding?

Yes, you can get the COVID-19 vaccine if you are pregnant or breastfeeding. When you are pregnant, you have a higher risk of getting very sick from COVID-19. Getting a COVID-19 vaccine during pregnancy lowers your risk of getting seriously ill from COVID-19.

It is best to get an mRNA COVID-19 vaccine if you are pregnant or planning to get pregnant. Research to date shows that it is the safest type of COVID-19 vaccine to get during pregnancy.

If you are pregnant, breastfeeding, or planning on getting pregnant and have questions about getting the COVID-19 vaccine, talk to your healthcare provider.

How many doses do I need?

For the COVID-19 vaccines approved for use in Canada, you need 1 or 2 doses. The number of doses depends on the vaccine you get. If you get a vaccine that needs 2 doses your healthcare provider will let you know when you should get your second dose.

Visit [alberta.ca/covid19-vaccine.aspx](https://www.alberta.ca/covid19-vaccine.aspx) for more information.

How well do the COVID-19 vaccines work?

If you are healthy and get all the doses you need, the protection for COVID-19 is about:

- 95% for the Pfizer-BioNTech or Moderna vaccines
- 82% for the AstraZeneca/COVISHIELD vaccine
- 67% for the Janssen vaccine

After 1 dose of any COVID-19 vaccine, your risk of getting COVID-19 is lowered by about 60 to 80%. All COVID-19 vaccines work very well to lower your risk of getting seriously ill from COVID-19. They also lower your risk of needing to be in the hospital.

At this time, there is not enough information to know how long protection lasts or if you will need booster doses. It is still important to practice the recommended public health measures to prevent the spread of COVID-19, even if you have had the vaccine. This includes:

- following guidelines of when to wear a mask or other equipment that helps protect you
- washing your hands often
- staying 2 meters away from others who do not live with you
- staying home when you are sick (this means isolating)
- staying home for 14 days after returning from travel outside of Canada (this means quarantining)

You may not have to quarantine after having close contact with someone who has COVID-19. This depends on how many doses of the COVID-19 vaccine you have had and if you have symptoms. Visit ahs.ca/quarantineaftervaccine for more information.

Where can I get a COVID-19 vaccine?

Go to ahs.ca/covidvaccine to find out where and when you can get the COVID-19 vaccine.

Are there side effects from COVID-19 vaccines?

There can be side effects from COVID-19 vaccines, but they tend to be mild and go away in a few days. Side effects may include:

- redness, warmth, swelling, bruising, itching, or feeling sore where you had the needle
- feeling tired or unwell
- a headache
- a fever or chills
- body aches or sore joints
- feeling sick to your stomach (nausea), vomiting (throwing up), or loose stool (diarrhea)
- swollen lymph nodes

It is important to stay at the clinic for 15 minutes after your vaccine. Some people may have a rare but serious allergic reaction called anaphylaxis. If anaphylaxis happens, you will get medicine to treat the symptoms.

It is rare to have a serious side effect after a vaccine. Call Health Link at 811 to report any serious or unusual side effects.

Rare events after getting either the AstraZeneca/COVISHIELD or the Janssen vaccine

There have been very rare reports of blood clots, low levels of platelets (these help your blood to clot), and bleeding after getting either the AstraZeneca/COVISHIELD or the Janssen vaccine.

These events happened 4 to 28 days after getting the vaccine. The risk of these events in Canada is about 1 case in 55,000 doses of the AstraZeneca/COVISHIELD vaccine. Research is ongoing to find out the risk of these events after getting the Janssen vaccine.

COVID-19 continues to spread at a high rate in Alberta. Your risk of serious illness from COVID-19 is much higher than it is for developing a rare event after getting these vaccines.

Go to COVID-19 vaccine – Frequently Asked Questions on ahs.ca/topics/Page17389.aspx for more information.

If you have any of the following symptoms, get medical help **right away**:

- shortness of breath
- chest pain
- leg swelling
- stomach pain that does not go away
- a severe headache that does not go away
- blurry vision
- bruising (other than where you had the needle)
- red or purple spots anywhere on your body
- bleeding (more easily than normal)

How can I manage side effects?

- To help with soreness and swelling, put a cool, wet cloth over the area where you had the needle.
- There is medicine to help with a fever or pain. Check with your doctor or pharmacist if you are not sure what medicine or dose to take. Follow the directions on the package.
- Children under the age of 18 years should **not** take aspirin because it can cause serious health problems.
- Some people with health problems, such as a weak immune system, must call their doctor if they get a fever. If you have been told to do this, call your doctor even if you think the fever is from the vaccine.

What if I had or am getting another type of vaccine?

Wait at least 28 days after you have a dose of the COVID-19 vaccine before you get another vaccine.

If you have had another vaccine, wait 14 days before you get a COVID-19 vaccine.

Who should not get a COVID-19 vaccine?

You may not be able to get a COVID-19 vaccine if you:

- have an allergy to any part of the vaccine
- had a severe (serious) or unusual side effect after this vaccine or one like it
- are under age 11 years
- have had another vaccine in the last 2 weeks

Check with your doctor or a public health nurse before you get the vaccine.

Be sure to talk to your doctor **before** you get a COVID-19 vaccine, if you:

- have a weak immune system (because of a medicine you take or a health problem)
- have an autoimmune disorder (like rheumatoid arthritis or lupus)
- have had a stem cell or organ transplant

Always tell your healthcare provider if you have allergies or if you have had a side effect from a vaccine in the past.

For More Information



Call Health Link at 811



Go to [ImmunizeAlberta.ca](https://immunizealberta.ca)



Go to [MyHealth.Alberta.ca](https://myhealth.alberta.ca)



Go to ahs.ca/covidvaccine

Document Properties



Description Security Fonts Initial View Custom Advanced

Description

File: frm-21765-092

Title: Consent for COVID-19 Immunization

Author: Forms Strategy & Management

Subject: Consent for COVID-19 Immunization

Keywords: Consent, COVID-19, Immunization, form, 21765

Created: 2021-09-16 8:47:17 AM

Modified: 2021-09-16 12:57:43 PM

Application: Adobe InDesign 15.0 (Windows)

Additional Metadata...

Advanced

PDF Producer: Adobe PDF Library 15.0

PDF Version: 1.4 (Acrobat 5.x)

Location: E:\RM\OneDrive - 703543 Alberta Ltd\Locals\Legal\Legal\

File Size: 314.55 KB (322,102 Bytes)

Page Size: 8.50 x 11.00 in

Number of Pages: 4

Tagged PDF: Yes

Fast Web View: No

Help

OK

Cancel

For use at Alberta Health Services (AHS) immunization programs. Use this form when a parent or alternate decision-maker is **not** able to be with the person being immunized at an AHS immunization service. An alternate decision-maker could be an agent, guardian, specific decision-maker or co-decision-maker. The parent or alternate decision-maker should **complete this form** and **send it** with the person being immunized, to the AHS immunization service. For alternate decision-makers – please also send a copy of documents to show that you are authorized to be the alternate decision-maker.

Personal information for the person being immunized		
Name (<i>Last, First, Middle</i>)	Date of Birth (<i>dd-Mon-yyyy</i>)	
Personal Health Number (PHN)	Gender	
Health information for the person being immunized (<i>If you need more space, use the other side of this form.</i>)		
Does this person have any allergies, including allergies to any vaccine, medicine, or food? If yes, describe _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does this person have any chronic illness? (<i>List all if more than one</i>) If yes, describe _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this person ever had Capillary Leak Syndrome?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is this person taking any medicine? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, describe _____	
Is this person pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is this person breastfeeding?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has this person had COVID-19 vaccine before? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, when? _____	
Has this person ever had a side effect from COVID-19 immunization? If yes, describe _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Will this person get another vaccine in the 14 days before they get the COVID-19 vaccine? If yes, what vaccine? _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Consent		
<p>I confirm that I have read the attached COVID-19 vaccine information. I know about and understand the risks, benefits, and common side effects of this vaccine. Any questions I may have had about this person getting this vaccine have been answered by calling the local public health office or Health Link at 811. I understand the information I have been given.</p> <p>I understand this consent is for all doses of the vaccine. I will contact the local public health office or the healthcare provider giving the COVID-19 vaccine if this person:</p> <ul style="list-style-type: none"> • has any changes to their health before getting any dose of the COVID-19 vaccine • gets another vaccine in the 14 days before they get any dose of the COVID-19 vaccine • has a severe or unusual side effect after any dose of the COVID-19 vaccine (other than the expected side effects listed on the COVID-19 vaccine information sheet) <p>I consent to this person getting the (only select one):</p> <p><input type="checkbox"/> Pfizer-BioNTech mRNA COVID-19 vaccine (for ages 12 years and older)</p> <p><input type="checkbox"/> Moderna mRNA COVID-19 vaccine (for ages 12 years and older)</p> <p><input type="checkbox"/> Either the Pfizer-BioNTech or Moderna mRNA COVID-19 vaccine (Depending which vaccine is available for this person at the time of their immunization)</p> <p><input type="checkbox"/> AstraZeneca/COVISHIELD viral vector-based COVID-19 vaccine (for ages 18 years and older)</p> <p>I understand that I may withdraw this consent at any time by calling the local public health office or healthcare provider giving the COVID-19 vaccine.</p> <p>I confirm that I have the legal authority to consent to this immunization.</p>		
Printed name of person giving consent	Daytime phone	Other phone
Relationship to person <input type="checkbox"/> Parent (with legal authority to consent) <input type="checkbox"/> Guardian/Legal representative <input type="checkbox"/> Co-decision-maker <input type="checkbox"/> Specific decision-maker <input type="checkbox"/> Agent		
Signature of person giving consent	Date (<i>dd-Mon-yyyy</i>)	

Alberta Health Services collects health information according to Section 20 of the Health Information Act (HIA). This information is used to provide health services, determine eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this, please ask the healthcare provider giving the immunization or contact your local public health office. If you do not know your local public health office, call Health Link at 811 to get this information.

COVID-19 vaccines

Immunization protects you from disease. Get protected, get immunized.

- **Vaccines make your immune system stronger. They build antibodies to help prevent diseases.**
- **Immunization is safe. It is much safer to get immunized than to get this disease.**

What are COVID-19 vaccines?

COVID-19 vaccines protect against the SARS-CoV-2 virus (also known as COVID-19). The virus causes an infection in the lungs and airways and is a type of respiratory illness. Go to ahs.ca/covid to learn more about COVID-19. There are 2 types of COVID-19 vaccines approved for use in Canada:

- **mRNA vaccines:** The Pfizer-BioNTech and Moderna vaccines are mRNA vaccines.
- **Viral vector-based vaccines:** The AstraZeneca/COVISHIELD vaccine is a viral vector-based vaccine.

Learn more about COVID-19 vaccines at canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines.html.

Who should get a COVID-19 vaccine?

You should get a COVID-19 vaccine if you are age 12 years or older. Everyone is at risk of COVID-19. COVID-19 vaccines are free.

If your child is getting a COVID-19 vaccine

Children under age 18 years need a parent or guardian to give consent for their immunization. If a parent or guardian cannot attend the appointment, they can give their written consent. Please complete the consent form found on ahs.ca/VaccineUnder18. In some cases, children under age 18 years may be able to give their own consent.

Can I get the COVID-19 vaccine if I am pregnant or breastfeeding?

Yes, you can get the COVID-19 vaccine if you are pregnant or breastfeeding. When you are pregnant, you have a higher risk of getting very sick from COVID-19. Getting a COVID-19 vaccine during pregnancy lowers your risk of getting seriously ill from COVID-19.

It is best to get an mRNA COVID-19 vaccine if you are pregnant. Research to date shows that it is the safest type of COVID-19 vaccine to get during pregnancy.

If you are pregnant or breastfeeding and have questions about getting the COVID-19 vaccine, talk to your healthcare provider.

How many doses do I need?

Moderna, Pfizer-BioNTech, and AstraZeneca/COVISHIELD vaccines require at least 2 doses.

You may need additional doses of the COVID-19 vaccine to give you more protection if you have a high risk of severe disease, such as you:

- have a health problem that weakens your immune system, such as you have had or will have an organ or stem cell transplant or you have kidney disease and need dialysis
- take certain medicines that weaken your immune system
- live in a specific type of seniors congregate living facility, such as long term care

If you are travelling outside of Canada, you may need additional doses. This only applies if your destination requires you to have a certain COVID-19 vaccine series.

If you need additional doses, your healthcare provider will let you know when you should have them. Visit alberta.ca/covid19-vaccine.aspx for more information.

How well do the COVID-19 vaccines work?

If you are healthy and get all the doses you need, the vaccines give you very good protection against COVID-19. The mRNA vaccines are somewhat more effective than the viral vector-based vaccines.

You need both doses for the greatest and longest lasting protection. All COVID-19 vaccines work very well to lower your risk of getting seriously ill from COVID-19. They also lower your risk of needing to be in the hospital.

At this time, there is not enough information to know how long protection lasts or if everyone needs additional doses. It is still important to practice the recommended public health measures to prevent the spread of COVID-19, even if you have had the vaccine. Please visit ahs.ca/covid for the most up to date recommendations.

Which COVID-19 vaccine will I get?

You will get an mRNA vaccine for your first dose unless you are unable to receive or do not want an mRNA vaccine.

I got an mRNA vaccine as my first dose. Can I get a different mRNA vaccine for my second dose?

Usually you get the same vaccine for your first and second dose. But you can get a different mRNA vaccine for your second dose if your first-dose vaccine is not available or you prefer a different available mRNA vaccine. Both Pfizer-BioNTech and Moderna COVID-19 vaccines work in the same way.

Whichever vaccine you get for your second dose completes your immunization series and protects you against COVID-19.

Go to ahs.ca/seconddose for more information.

What if I got the AstraZeneca/COVISHIELD vaccine as my first dose?

If you got the AstraZeneca/COVISHIELD vaccine for your first dose, you can choose the AstraZeneca/COVISHIELD vaccine or an mRNA vaccine for your second dose.

The AstraZeneca/COVISHIELD vaccine is a safe vaccine that works well to protect you against COVID-19. But some people may choose an mRNA vaccine to complete their COVID-19 immunization.

No matter which vaccine you choose, the second dose offers protection against COVID-19 and will complete your two-dose series.

Go to ahs.ca/seconddose for more information about getting an mRNA vaccine after an AstraZeneca/COVISHIELD vaccine.

If I need additional doses, what vaccine will I get?

You will get an mRNA vaccine for any additional doses. If you are unable to receive an mRNA vaccine, your healthcare provider will let you know which vaccine you can get.

Where can I get a COVID-19 vaccine?

Go to ahs.ca/covidvaccine to find out where and when you can get the COVID-19 vaccine.

Are there side effects from COVID-19 vaccines?

There can be side effects from COVID-19 vaccines, but they tend to be mild and go away in a few days. Side effects may include:

- redness, warmth, swelling, bruising, itching, or feeling sore where you had the needle
- feeling tired or unwell
- a headache
- a fever or chills
- body aches or sore joints
- feeling sick to your stomach (nausea), vomiting (throwing up), or loose stool (diarrhea)
- swollen lymph nodes
- a sore throat, cough, or runny nose
- a reduced sense of touch or a feeling of numbness
- feeling dizzy
- pain in your legs or arms

Current information shows that the risk of side effects after additional doses of COVID-19 vaccine is similar to the risk after the first or second dose. Research continues to find out more about the risk of side effects after additional doses of COVID-19 vaccine.

It is important to stay at the clinic for 15 minutes after your vaccine. Some people may have a rare but serious allergic reaction called anaphylaxis. If anaphylaxis happens, you will get medicine to treat the symptoms.

It is rare to have a serious side effect after a vaccine. Call Health Link at 811 to report any serious or unusual side effects.

Rare events after getting the AstraZeneca/COVISHIELD vaccine

There have been very rare reports of blood clots, low levels of platelets (these help your blood to clot), and bleeding after getting the AstraZeneca/COVISHIELD vaccine. These events happened 4 to 28 days after getting the vaccine. The risk of these events after getting the AstraZeneca/COVISHIELD vaccine is about:

- 1 in 55,000 after the first dose
- 1 in 600,000 after the second dose

Research is still ongoing to find out more about the risk of these events after getting the AstraZeneca/COVISHIELD vaccine.

If you have any of the following symptoms within 42 days of being immunized, get medical help **right away**:

- trouble talking or moving a part of your body
- shortness of breath
- chest pain
- severe swelling, pain, or a colour change in your arm or leg
- stomach pain that does not go away
- a severe headache that does not go away
- blurry vision
- seizures

There have also been very rare reports of capillary leak syndrome (CLS) within the first few days after getting the AstraZeneca/COVISHIELD vaccine. In some reported cases, the person had a history of CLS. CLS is a serious condition that causes fluid to leak from the small blood vessels (capillaries). This causes sudden swelling of the arms and legs, sudden weight gain, and low blood pressure causing you to feel faint. CLS can be fatal. Get medical help right away if you have any of these symptoms.

Research is still ongoing to find out more about the risk of CLS after getting AstraZeneca/COVISHIELD vaccine.

Rare events after getting either the Pfizer-BioNTech or the Moderna vaccine

There have been very rare reports of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining around the heart) within 7 days of getting either the Pfizer-BioNTech or the Moderna vaccine. This inflammation can cause shortness of breath, chest pain or pressure, or a very fast or abnormal heart rate. Get medical help right away if you have any of these symptoms. These rare events were reported mostly after the second dose and in young adults and adolescents. Most cases were mild and got better with treatment. The Moderna vaccine may have a higher risk of these events than the Pfizer-BioNTech vaccine. Because the Moderna vaccine was only recently approved for use in 12 to 17 year olds, there is more to learn about the risk of these rare events for this age group after getting that vaccine. Research is still happening to find out more about the risk of these events from mRNA COVID-19 vaccines. Talk to your healthcare provider, if you have ever had myocarditis or pericarditis and have questions about getting a COVID-19 vaccine. At this time, there is not enough information to know if there is a higher risk of these events in these groups.

Your risk of serious illness from COVID-19 is much higher than it is for developing a rare event after getting this vaccine.

Go to COVID-19 vaccine – Frequently Asked Questions on ahs.ca/topics/Page17389.aspx for more information.

How can I manage side effects?

- To help with soreness and swelling, put a cool, wet cloth over the area where you had the needle.
- There is medicine to help with a fever or pain. Check with your doctor or pharmacist if you are not sure what medicine or dose to take. Follow the directions on the package.
- Children under the age of 18 years should **not** take aspirin because it can cause serious health problems.
- Some people with health problems, such as a weak immune system, must call their doctor if they get a fever. If you have been told to do this, call your doctor even if you think the fever is from the vaccine.

What if I had or am getting another type of vaccine?

You can get an inactivated (non-live) vaccine at the same time or any time before or after getting a COVID-19 vaccine. If you have had a live vaccine, you need to wait 14 days before you get a COVID-19 vaccine. Wait at least 14 days after you have a dose of the COVID-19 vaccine before you get a live vaccine.

Who should not get a COVID-19 vaccine?

You may not be able to get a COVID-19 vaccine if you:

- have an allergy to any part of the vaccine
 - had a severe (serious) or unusual side effect after this vaccine or one like it
 - are under age 11 years
 - have had a live vaccine in the last 2 weeks
- Check with your doctor or a public health nurse before you get the vaccine. Be sure to talk to your doctor **before** you get a COVID-19 vaccine, if you:
- have a weak immune system (because of a medicine you take or a health problem)
 - have an autoimmune disorder (like rheumatoid arthritis or lupus)
 - have had a stem cell or organ transplant
 - have a history of capillary leak syndrome (CLS)
 - have a history of myocarditis or pericarditis after receiving a dose of COVID-19 vaccine

Always tell your healthcare provider if you have allergies or if you have had a side effect from a vaccine in the past.

For More Information

 Call Health Link at 811

 Go to [ImmunizeAlberta.ca](https://immunizealberta.ca)

 Go to [MyHealth.Alberta.ca](https://myhealth.alberta.ca)

 Go to ahs.ca/covidvaccine

Document Properties



Description Security Fonts Initial View Custom Advanced

Description

File: frm-21765

Title: Consent for COVID-19 Immunization

Author: Forms Management

Subject: Consent for COVID-19 Immunization

Keywords: Consent, COVID-19, Immunization, form, 21765

Created: 2021-11-03 9:19:24 AM

Additional Metadata...

Modified: 2021-11-03 9:23:59 AM

Application: Adobe InDesign 15.0 (Windows)

Advanced

PDF Producer: Adobe PDF Library 15.0

PDF Version: 1.4 (Acrobat 5.x)

Location: E:\RM\OneDrive - 703543 Alberta Ltd\Locals\Legal\Legal\

File Size: 371.22 KB (380,128 Bytes)

Page Size: 8.50 x 11.00 in

Number of Pages: 6

Tagged PDF: Yes

Fast Web View: No

Help

OK

Cancel

For use at Alberta Health Services (AHS) immunization programs. Use this form when a parent or alternate decision-maker is **not** able to be with the person being immunized at an AHS immunization service. An alternate decision-maker could be an agent, guardian, specific decision-maker or co-decision-maker. The parent or alternate decision-maker should **complete this form and send it** with the person being immunized, to the AHS immunization service. For alternate decision-makers – please also send a copy of documents to show that you are authorized to be the alternate decision-maker.

Personal information for the person being immunized		
Name (<i>Last, First, Middle</i>)		Date of Birth (<i>dd-Mon-yyyy</i>)
Personal Health Number (PHN)		Gender
Health information for the person being immunized (<i>If you need more space, use the other side of this form.</i>)		
Does this person have any allergies, including allergies to any vaccine, medicine, or food? If yes, describe _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
Does this person have any chronic illness? (<i>List all if more than one</i>) If yes, describe _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
Has this person ever had capillary leak syndrome?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Has this person ever had immune thrombocytopenia?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Has this person been treated for a COVID-19 infection in the last 90 days?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Is this person taking any medicine? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, describe _____
Is this person pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes		Is this person breastfeeding? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has this person had COVID-19 vaccine before? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, when? _____
Has this person ever had a side effect from COVID-19 immunization? If yes, describe _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
Consent		
I confirm that I have read the attached COVID-19 vaccine information. I know about and understand the risks, benefits, and common side effects of this vaccine. Any questions I may have had about this person getting this vaccine have been answered by calling the local public health office or Health Link at 811. I understand the information I have been given.		
I understand this consent is for all doses of the vaccine. I will contact the local public health office or the healthcare provider giving the COVID-19 vaccine if this person:		
<ul style="list-style-type: none"> • has any changes to their health before getting any dose of the COVID-19 vaccine • has a severe or unusual side effect after any dose of the COVID-19 vaccine (other than the expected side effects listed on the COVID-19 vaccine information sheet) 		
I consent to this person getting the (only select one):		
<input type="checkbox"/> Pfizer-BioNTech (Comirnaty) mRNA COVID-19 vaccine (for ages 12 years and older)		
<input type="checkbox"/> Moderna (SpikeVax) mRNA COVID-19 vaccine (for ages 12 years and older)		
<input type="checkbox"/> Either the Pfizer-BioNTech (Comirnaty) or Moderna (SpikeVax) mRNA COVID-19 vaccine (Depending which vaccine is available for this person at the time of their immunization)		
<input type="checkbox"/> AstraZeneca (Vaxzevria)/COVISHIELD viral vector-based COVID-19 vaccine (for ages 18 years and older)		
<input type="checkbox"/> Janssen (Johnson & Johnson) viral vector-based COVID-19 vaccine (for ages 18 years and older)		
I understand that I may withdraw this consent at any time by calling the local public health office or healthcare provider giving the COVID-19 vaccine.		
I confirm that I have the legal authority to consent to this immunization.		
Printed name of person giving consent	Daytime phone	Other phone
Relationship to person		
<input type="checkbox"/> Parent (with legal authority to consent) <input type="checkbox"/> Guardian/Legal representative <input type="checkbox"/> Co-decision-maker <input type="checkbox"/> Specific decision-maker <input type="checkbox"/> Agent		
Signature of person giving consent		Date (<i>dd-Mon-yyyy</i>)

Alberta Health Services collects health information according to Section 20 of the Health Information Act (HIA). This information is used to provide health services, determine eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this, please ask the healthcare provider giving the immunization or contact your local public health office. If you do not know your local public health office, call Health Link at 811 to get this information.

COVID-19 vaccines - mRNA

Immunization protects you from disease. Get protected, get immunized.

- **Vaccines make your immune system stronger. They build antibodies to help prevent diseases.**
- **Immunization is safe. It is much safer to get immunized than to get this disease.**

What are COVID-19 vaccines?

COVID-19 vaccines protect against the SARS-CoV-2 virus (also known as COVID-19). The virus causes an infection in the lungs and airways and is a type of respiratory illness. Go to ahs.ca/covid to learn more about COVID-19.

There are 2 types of COVID-19 vaccines approved for use in Canada:

- **mRNA vaccines:** The Pfizer-BioNTech (Comirnaty) and Moderna (SpikeVax) vaccines are mRNA vaccines.
- **Viral vector-based vaccines:** The AstraZeneca (Vaxzevria)/COVISHIELD and Janssen (Johnson & Johnson) vaccines are viral vector-based vaccines. For information about the viral vector-based vaccines, read the vaccine information sheet on ImmunizeAlberta.ca.

How do mRNA vaccines work?

The mRNA vaccines have messenger RNA (mRNA) that teaches your cells to make a spike protein. This spike protein is like the one on the surface of the virus that causes COVID-19. Because the protein is not normally found on your cells, it triggers your immune system to make antibodies against it. If you have contact with the real COVID-19 virus, these antibodies are ready to protect you and fight the virus.

Who should get an mRNA COVID-19 vaccine?

You should get an mRNA COVID-19 vaccine if you are age 12 years or older. Everyone is at risk of COVID-19. COVID-19 vaccines are free.

You will get an mRNA COVID-19 vaccine unless you cannot get or do not want this type of vaccine. Then you can choose to get a viral vector-based vaccine if you are age 18 years or older.

What if my child is getting a COVID-19 vaccine?

Children under age 18 years need a parent or guardian to give consent for them to get a COVID-19 vaccine. If a parent or guardian cannot be at the appointment, they can give consent in writing using the consent form at ahs.ca/VaccineUnder18. In some cases, children under age 18 years may be able to give their own consent.

How well do COVID-19 vaccines work?

If you are healthy and get all the doses you need, COVID-19 vaccines give you very good protection against COVID-19 infection.

Two doses of the mRNA vaccines give more protection than 2 doses of the AstraZeneca/COVISHIELD vaccine or 1 dose of the Janssen vaccine.

All the vaccines work very well to lower your risk of getting seriously ill and of needing to be in the hospital.

Even if you have had a COVID-19 vaccine, it is still important to follow public health measures to prevent the virus from spreading. Go to ahs.ca/covid for the most up-to-date information.

How many doses of mRNA COVID-19 vaccine do I need?

You need at least 2 doses of an mRNA COVID-19 vaccine.

You may need additional doses for more protection if you have a high risk of severe disease due to:

- your age
- a health problem that weakens your immune system, for example, you have had or will have an organ or stem cell transplant, you have kidney disease and need dialysis, or you have acquired immunodeficiency syndrome (AIDS)
- certain medicines that weaken your immune system
- living in a specific type of seniors congregate living facility, such as long term care

If you are travelling outside of Canada, you may be able to get additional doses. This is only if your destination requires you to have a certain COVID-19 vaccine series.

Visit alberta.ca/covid19-vaccine for more information and to find out if you can get additional doses.

If you get additional doses, this is "off-label" use of the vaccine. This means the vaccine is not licensed for additional doses, but vaccine experts support this in certain situations. If you are getting additional doses, your healthcare provider will tell you when you should have them. Talk to your healthcare provider if you have questions.

If I need additional doses, what vaccine will I get?

You will get an mRNA vaccine for any additional doses. If you cannot get or do not want an mRNA vaccine, you can get a viral vector-based vaccine. Your healthcare provider will let you know which vaccine you can get.

I got an mRNA vaccine as my first dose. Can I get a different mRNA vaccine for my second dose?

Usually you get the same vaccine for all your doses. But you can get a different mRNA vaccine for your second dose if your first-dose vaccine is not available or you prefer a different available mRNA vaccine. Both Pfizer-BioNTech and Moderna COVID-19 vaccines work in the same way.

Whichever vaccine you get for your second dose completes your immunization series and protects you against COVID-19.

Go to ahs.ca/seconddose for more information.

What if I got the AstraZeneca/COVISHIELD vaccine as my first dose?

The AstraZeneca/COVISHIELD vaccine is a safe vaccine that works well to protect you against COVID-19. But some people may choose an mRNA vaccine to complete their COVID-19 immunization.

If you got the AstraZeneca/COVISHIELD vaccine for your first dose, you can choose the AstraZeneca/COVISHIELD vaccine or an mRNA vaccine for your second dose.

No matter which vaccine you choose, the second dose offers protection against COVID-19 and will complete your 2-dose series.

Go to ahs.ca/seconddose for more information about getting an mRNA vaccine after an AstraZeneca/COVISHIELD vaccine.

Can I get an mRNA COVID-19 vaccine if I am pregnant or breastfeeding?

Yes, you can get an mRNA COVID-19 vaccine if you are pregnant or breastfeeding. Research shows that mRNA vaccines are the safest type of COVID-19 vaccines to get during pregnancy.

When you are pregnant, you have a higher risk of getting very sick from COVID-19. Getting a COVID-19 vaccine when you are pregnant lowers your risk of getting seriously ill from the virus.

If you are pregnant or breastfeeding and have questions about getting a COVID-19 vaccine, talk to your healthcare provider.

Where can I get a COVID-19 vaccine?

Go to ahs.ca/covidvaccine to find out where and when you can get a COVID-19 vaccine.

Are there side effects from mRNA COVID-19 vaccines?

There can be side effects from mRNA COVID-19 vaccines, but they tend to be mild and go away in a few days. Side effects may include:

- redness, swelling, or feeling sore where you had the needle
- feeling tired or have a headache
- a fever or chills
- body aches or sore joints
- feeling sick to your stomach (nausea), vomiting (throwing up), or loose stool (diarrhea)
- swollen lymph nodes
- a reduced sense of touch or a feeling of numbness
- feeling dizzy

You may be more likely to have these side effects if you have another vaccine at the same time as a COVID-19 vaccine.

Current information shows that there is similar risk of side effects after a first, second, or additional dose of COVID-19 vaccine. Research continues to find out more about the risk of side effects after additional doses.

It is important to stay at the clinic for 15 minutes after your vaccine. Some people may have a rare but serious allergic reaction called anaphylaxis. If anaphylaxis happens, you will get medicine to treat the symptoms.

It is rare to have a serious side effect. Call Health Link at 811 to report any serious or unusual side effects.

What rare events have been reported after getting an mRNA COVID-19 vaccine?

There have been very rare reports of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining around the heart) within 7 days of getting either the Pfizer-BioNTech or the Moderna vaccine.

The inflammation can cause shortness of breath, chest pain or pressure, or a very fast or abnormal heart rate. Get medical help **right away** if you have any of these symptoms.

These rare events were reported mostly after the second dose and in young adults and adolescents. Most cases were mild and got better with treatment.

The Moderna vaccine may have a higher risk of these events than the Pfizer-BioNTech vaccine. Because the Moderna vaccine was only recently approved for use in 12 to 17 year olds, there is more to learn about these risks for this age group after getting the Moderna vaccine.

Talk to your healthcare provider, if you have ever had myocarditis or pericarditis and you have questions about COVID-19 vaccines. It is not yet known if having a history of these health problems puts you at higher risk for these rare events after a COVID-19 vaccine.

Your risk of getting seriously ill from COVID-19 is much higher than your risk of having a rare event after these vaccines.

Go to COVID-19 vaccine – Frequently Asked Questions on ahs.ca/topics/Page17389.aspx for more information.

How can I manage side effects?

- To help with soreness and swelling, put a cool, wet cloth over the area where you had the needle.
- There is medicine to help with a fever or pain. Check with your doctor or pharmacist if you are not sure what medicine or dose to take. Follow the directions on the package.
- Children under the age of 18 years should **not** take aspirin because it can cause serious health problems.
- Some people with health problems, such as a weak immune system, must call their doctor if they get a fever. If you have been told to do this, call your doctor even if you think the fever is from the vaccine.

What if I had or am getting another type of vaccine?

You can get any vaccine at the same time as, any time before, or any time after a COVID-19 vaccine.

Who should not get an mRNA COVID-19 vaccine?

You may not be able to get an mRNA COVID-19 vaccine if you:

- have an allergy to any part of the vaccine
- had a severe (serious) or unusual side effect after this vaccine or one like it
- are under age 11 years

Check with your doctor or a public health nurse before you get an mRNA COVID-19 vaccine.

Be sure to talk to your doctor **before** you get an mRNA COVID-19 vaccine, if you:

- have a weak immune system (because of a medicine you take or a health problem)
- have an autoimmune disorder (like rheumatoid arthritis or lupus)
- have had a stem cell or organ transplant
- have a history of myocarditis or pericarditis after receiving a dose of COVID-19 vaccine
- have been treated for a COVID-19 infection in the last 90 days

Always tell your healthcare provider if you have allergies or if you have had a side effect from a vaccine in the past.

For More Information



Call Health Link at 811



Go to [ImmunizeAlberta.ca](https://immunizealberta.ca)



Go to [MyHealth.Alberta.ca](https://myhealth.alberta.ca)



Go to ahs.ca/covidvaccine

COVID-19 vaccines - viral vector-based

Immunization protects you from disease. Get protected, get immunized.

- **Vaccines make your immune system stronger. They build antibodies to help prevent diseases.**
- **Immunization is safe. It is much safer to get immunized than to get this disease.**

What are COVID-19 vaccines?

COVID-19 vaccines protect against the SARS-CoV-2 virus (also known as COVID-19). The virus causes an infection in the lungs and airways and is a type of respiratory illness. Go to ahs.ca/covid to learn more about COVID-19.

There are 2 types of COVID-19 vaccines approved for use in Canada:

- **mRNA vaccines:** The Pfizer-BioNTech (Comirnaty) and Moderna (SpikeVax) vaccines are mRNA vaccines. For information about the mRNA COVID-19 vaccines, read the vaccine information sheet on ImmunizeAlberta.ca.
- **Viral vector-based vaccines:** The AstraZeneca (Vaxzevria)/COVISHIELD and Janssen (Johnson & Johnson) vaccines are viral vector-based vaccines.

How do viral vector-based vaccines work?

Viral vector-based vaccines use a harmless virus (that is not COVID-19) to carry information about the virus that causes COVID-19. This virus will not give you COVID-19. It shows your cells how to make a spike protein, like the one that is on the surface of the COVID-19 virus. This protein triggers your immune system to make antibodies against it. If you come in contact with the real COVID-19 virus, these antibodies will be ready to protect you and fight the virus.

Who can get a viral vector-based COVID-19 vaccine?

You can get a viral vector-based COVID-19 vaccine if you are age 18 years or older and you cannot get or do not want an mRNA COVID-19 vaccine. Everyone is at risk of COVID-19. COVID-19 vaccines are free.

How well do COVID-19 vaccines work?

If you are healthy and get all the doses you need, COVID-19 vaccines give you very good protection against COVID-19 infection.

Two doses of the mRNA vaccines give more protection than 2 doses of the AstraZeneca/COVISHIELD vaccine or 1 dose of the Janssen vaccine.

All the vaccines work very well to lower your risk of getting seriously ill and of needing to be in the hospital.

Even if you have had a COVID-19 vaccine, it is still important to follow public health measures to prevent the virus from spreading. Go to ahs.ca/covid for the most up-to-date information.

How many doses of viral vector-based COVID-19 vaccine do I need?

If you get the AstraZeneca/COVISHIELD vaccine, you need at least 2 doses. If you get the Janssen vaccine, at this time you need 1 dose. However, in the future it is likely you will need to have a second dose of Janssen vaccine for better protection and for you to be considered fully immunized.

You may need additional doses for more protection if you have a high risk of severe disease due to:

- your age
- a health problem that weakens your immune system, for example, you have had or will have an organ or stem cell transplant, you have kidney disease and need dialysis, or you have acquired immunodeficiency syndrome (AIDS)
- certain medicines that weaken your immune system
- living in a specific type of seniors congregate living facility, such as long-term care

If you are travelling outside of Canada, you may be able to get additional doses. This is only if your destination requires you to have a certain COVID-19 vaccine series.

Visit alberta.ca/covid19-vaccine for more information and to find out if you can get additional doses.

If you get additional doses, this is "off-label" use of the vaccine. This means the vaccine is not licensed for additional doses, but vaccine experts support this in certain situations. If you are getting additional doses, your healthcare provider will tell you when you should have them. Talk to your healthcare provider if you have questions.

If I need additional doses, what vaccine will I get?

You will get an mRNA vaccine for any additional doses. If you cannot get or do not want an mRNA vaccine, you can get a viral vector-based vaccine. Your healthcare provider will tell you which vaccine you can get.

What if I got the AstraZeneca/COVISHIELD vaccine as my first dose?

The AstraZeneca/COVISHIELD vaccine is a safe vaccine that works well to protect you against COVID-19. But some people may choose an mRNA vaccine to complete their COVID-19 immunization.

If you got the AstraZeneca/COVISHIELD vaccine for your first dose, you can choose the AstraZeneca/COVISHIELD vaccine or an mRNA vaccine for your second dose.

No matter which vaccine you choose, the second dose offers protection against COVID-19 and will complete your 2-dose series.

Go to ahs.ca/seconddose for more information about getting an mRNA vaccine after an AstraZeneca/COVISHIELD vaccine.

Can I get a viral vector-based COVID-19 vaccine if I am pregnant or breastfeeding?

Yes, you can get a viral-vector based COVID-19 vaccine if you are pregnant or breastfeeding. But research shows that mRNA vaccines are the safest type of COVID-19 vaccines to get during pregnancy.

When you are pregnant, you have a higher risk of getting very sick from COVID-19. Getting a COVID-19 vaccine when you are pregnant lowers your risk of getting seriously ill from the virus.

If you are pregnant or breastfeeding and have questions about getting a COVID-19 vaccine, talk to your healthcare provider.

Where can I get a COVID-19 vaccine?

Go to ahs.ca/covidvaccine to find out where and when you can get a COVID-19 vaccine.

Are there side effects from viral vector-based COVID-19 vaccines?

There can be side effects from viral vector-based COVID-19 vaccines, but they tend to be mild and go away in a few days. Side effects may include:

- redness, warmth, swelling, bruising, itching, or feeling sore where you had the needle
- feeling tired, unwell or have a headache
- a fever or chills
- body aches, sore joints, or pain in your legs or arms
- feeling sick to your stomach (nausea), vomiting (throwing up), or loose stool (diarrhea)
- a sore throat, cough, or runny nose

You may be more likely to have these side effects if you have another vaccine at the same time as a COVID-19 vaccine.

Current information shows that there is a similar risk of side effects after a first, second, or additional dose of COVID-19 vaccine. Research continues to find out more about the risk of side effects after additional doses.

It is important to stay at the clinic for 15 minutes after your vaccine. Some people may have a rare but serious allergic reaction called anaphylaxis. If anaphylaxis happens, you will get medicine to treat the symptoms.

It is rare to have a serious side effect. Call Health Link at 811 to report any serious or unusual side effects.

What rare events have been reported after getting the AstraZeneca/COVISHIELD or the Janssen vaccines?

Research is still happening to learn more about the risk of rare events after getting the AstraZeneca/COVISHIELD or Janssen vaccines. It is not yet known if having a history of certain health problems puts you at a higher risk of rare events after having these vaccines.

Your risk of getting seriously ill from COVID-19 is much higher than your risk of having a rare event after these vaccines.

Go to [COVID-19 vaccine – Frequently Asked Questions on ahs.ca/topics/Page17389.aspx](https://ahs.ca/topics/Page17389.aspx) for more information.

Blood clots, low platelets, bleeding

There have been very rare reports of blood clots, low levels of platelets (these help your blood to clot), and bleeding after getting the AstraZeneca/COVISHIELD or the Janssen vaccines.

These events happened 4 to 28 days after getting the vaccine. The risk of these events after getting the AstraZeneca/COVISHIELD vaccine is about:

- 1 in 55,000 after the first dose
- 1 in 600,000 after the second dose

The risk of these events after getting the Janssen vaccine is about 3 in 1 million.

Talk to your healthcare provider if you have a condition that puts you at risk for blood clots or if you have ever had immune thrombocytopenia (ITP). ITP is when your immune system attacks the blood cells you need for normal blood clotting and causes bleeding.

If you have any of the following symptoms within 42 days of being immunized, get medical help **right away**:

- trouble talking or moving a part of your body
- shortness of breath
- chest pain
- severe swelling, pain, or a colour change in your arm or leg
- stomach pain that does not go away
- a severe headache that does not go away
- blurry vision
- seizures

Capillary leak syndrome

There have been very rare reports of capillary leak syndrome (CLS) within the first few days after getting the AstraZeneca/COVISHIELD or Janssen vaccines. In some reported cases, the person had a history of CLS. CLS is a serious condition that causes fluid to leak from the small blood vessels (capillaries). This causes sudden swelling of the arms and legs, sudden weight gain, and low blood pressure causing you to feel faint. CLS can cause death. Talk to your healthcare provider if you have any history of CLS. Get medical help **right away** if you have any of these symptoms.

Guillain-Barre syndrome

There have been very rare reports of Guillain-Barre syndrome (GBS) up to 42 days after getting the AstraZeneca/COVISHIELD or Janssen vaccines. GBS is a serious condition that causes pain or numbness, muscle weakness, and in severe cases, paralysis. Most people fully recover from GBS but some may continue to have symptoms. GBS can cause death. The risk of GBS after getting either AstraZeneca/COVISHIELD or Janssen vaccine is about 1 in 100,000. Get medical help **right away** if you have any of these symptoms.

How can I manage side effects?

- To help with soreness and swelling, put a cool, wet cloth over the area where you had the needle.
- There is medicine to help with a fever or pain. Check with your doctor or pharmacist if you are not sure what medicine or dose to take. Follow the directions on the package.
- Some people with health problems, such as a weak immune system, must call their doctor if they get a fever. If you have been told to do this, call your doctor even if you think the fever is from the vaccine.

What if I had or am getting another type of vaccine?

You can get any vaccine at the same time as, any time before, or any time after a COVID-19 vaccine.

Who should not get a viral vector-based COVID-19 vaccine?

You may not be able to get a viral vector-based COVID-19 vaccine if you:

- have an allergy to any part of the vaccine
- had a severe (serious) or unusual side effect after this vaccine or one like it
- have a history of capillary leak syndrome (CLS)
- are under age 18 years

Check with your doctor or a public health nurse before you get a viral vector-based COVID-19 vaccine.

Be sure to talk to your doctor **before** you get a viral vector-based COVID-19 vaccine, if you:

- have a weak immune system (because of a medicine you take or a health problem)
- have an autoimmune disorder (like rheumatoid arthritis or lupus)
- have had a stem cell or organ transplant
- have a history of immune thrombocytopenia (ITP)
- are at higher risk of blood clots
- have been treated for a COVID-19 infection in the last 90 days

Always tell your healthcare provider if you have allergies or if you have had a side effect from a vaccine in the past.

For More Information



Call Health Link at 811



Go to [ImmunizeAlberta.ca](https://immunizealberta.ca)



Go to [MyHealth.Alberta.ca](https://myhealth.alberta.ca)



Go to ahs.ca/covidvaccine

Document Properties



Description Security Fonts Initial View Custom Advanced

Description

File: frm-21765 11v2

Title: Consent for COVID-19 Immunization

Author: Forms Management

Subject: Consent for COVID-19 Immunization

Keywords: Consent, COVID-19, Immunization, form, 21765

Created: 2021-11-08 11:48:16 AM

Additional Metadata...

Modified: 2021-11-08 11:51:08 AM

Application: Adobe InDesign 15.0 (Windows)

Advanced

PDF Producer: Adobe PDF Library 15.0

PDF Version: 1.4 (Acrobat 5.x)

Location: E:\RM\OneDrive - 703543 Alberta Ltd\Locals\Legal\Final\SupSup\

File Size: 393.49 KB (402,935 Bytes)

Page Size: 8.50 x 11.00 in

Number of Pages: 6

Tagged PDF: Yes

Fast Web View: No

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OK

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For use at Alberta Health Services (AHS) immunization programs. Use this form when a parent or alternate decision-maker is **not** able to be with the person being immunized at an AHS immunization service. An alternate decision-maker could be an agent, guardian, specific decision-maker or co-decision-maker. The parent or alternate decision-maker should **complete this form** and **send it** with the person being immunized, to the AHS immunization service. For alternate decision-makers – please send a copy of documents to show that you are authorized to be the alternate decision-maker.

Personal information for the person being immunized		
Name (<i>Last, First, Middle</i>)	Date of Birth (<i>dd-Mon-yyyy</i>)	
Personal Health Number (PHN)	Gender	
Health information for the person being immunized (<i>If you need more space, use the other side of this form.</i>)		
Does this person have any allergies, including allergies to any vaccine, medicine, or food? If yes, describe _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does this person have any chronic illness? (<i>List all if more than one</i>) If yes, describe _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this person ever had capillary leak syndrome?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this person ever had immune thrombocytopenia?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this person been treated for a COVID-19 infection in the last 90 days?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is this person taking any medicine? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, describe _____	
Is this person pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is this person breastfeeding?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has this person had COVID-19 vaccine before? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, when? _____	
Has this person ever had a side effect from COVID-19 immunization? If yes, describe _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Consent		
<p>I confirm that I have read the attached COVID-19 vaccine information. I know about and understand the risks, benefits, and common side effects of this vaccine. Any questions I may have had about this person getting this vaccine have been answered by calling the local public health office or Health Link at 811. I understand the information I have been given.</p> <p>I understand this consent is for all doses of the vaccine. I will contact the local public health office or the healthcare provider giving the COVID-19 vaccine if this person:</p> <ul style="list-style-type: none"> • has any changes to their health before getting any dose of the COVID-19 vaccine • has a severe or unusual side effect after any dose of the COVID-19 vaccine (other than the expected side effects listed on the COVID-19 vaccine information sheet) <p>I consent to this person getting the (only select one):</p> <p><input type="checkbox"/> Pfizer-BioNTech (Comirnaty) mRNA COVID-19 vaccine (for ages 12 years and older)</p> <p><input type="checkbox"/> Moderna (SpikeVax) mRNA COVID-19 vaccine (for ages 12 years and older)</p> <p><input type="checkbox"/> Either the Pfizer-BioNTech (Comirnaty) or Moderna (SpikeVax) mRNA COVID-19 vaccine (Depending which vaccine is available for this person at the time of their immunization)</p> <p><input type="checkbox"/> AstraZeneca (Vaxzevria)/COVISHIELD viral vector-based COVID-19 vaccine (for ages 18 years and older)</p> <p><input type="checkbox"/> Janssen (Johnson & Johnson) viral vector-based COVID-19 vaccine (for ages 18 years and older)</p> <p>I understand that I may withdraw this consent at any time by calling the local public health office or healthcare provider giving the COVID-19 vaccine.</p> <p>I confirm that I have the legal authority to consent to this immunization.</p>		
Printed name of person giving consent	Daytime phone	Other phone
<p>Relationship to person</p> <p><input type="checkbox"/> Parent (with legal authority to consent) <input type="checkbox"/> Guardian/Legal representative</p> <p><input type="checkbox"/> Co-decision-maker <input type="checkbox"/> Specific decision-maker <input type="checkbox"/> Agent</p>		
Signature of person giving consent	Date (<i>dd-Mon-yyyy</i>)	

Alberta Health Services collects health information according to Section 20 of the Health Information Act (HIA). This information is used to provide health services, determine eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this, please ask the healthcare provider giving the immunization or contact your local public health office. If you do not know your local public health office, call Health Link at 811 to get this information.

COVID-19 vaccines - mRNA

Immunization protects you from disease. Get protected, get immunized.

- **Vaccines make your immune system stronger. They build antibodies to help prevent diseases.**
- **Immunization is safe. It is much safer to get immunized than to get this disease.**

What are COVID-19 vaccines?

COVID-19 vaccines protect against the SARS-CoV-2 virus (also known as COVID-19). The virus causes an infection in the lungs and airways and is a type of respiratory illness. Go to ahs.ca/covid to learn more about COVID-19.

There are 2 types of COVID-19 vaccines approved for use in Canada:

- **mRNA vaccines:** The Pfizer-BioNTech (Comirnaty) and Moderna (SpikeVax) vaccines are mRNA vaccines.
- **Viral vector-based vaccines:** The AstraZeneca (Vaxzevria)/COVISHIELD and Janssen (Johnson & Johnson) vaccines are viral vector-based vaccines. For information about the viral vector-based vaccines, read the vaccine information sheet on ImmunizeAlberta.ca.

How do mRNA vaccines work?

The mRNA vaccines have messenger RNA (mRNA) that teaches your cells to make a spike protein. This spike protein is like the one on the surface of the virus that causes COVID-19. Because the protein is not normally found on your cells, it triggers your immune system to make antibodies against it. If you have contact with the real COVID-19 virus, these antibodies are ready to protect you and fight the virus.

Who should get an mRNA COVID-19 vaccine?

You should get an mRNA COVID-19 vaccine if you are age 12 years or older. Everyone is at risk of COVID-19. COVID-19 vaccines are free.

You will get an mRNA COVID-19 vaccine unless you cannot get or do not want this type of vaccine. Then you can choose to get a viral vector-based vaccine if you are age 18 years or older.

What if my child is getting a COVID-19 vaccine?

Children under age 18 years need a parent or guardian to give consent for them to get a COVID-19 vaccine. If a parent or guardian cannot be at the appointment, they can give consent in writing using the consent form at ahs.ca/vaccineUnder18. In some cases, children under age 18 years may be able to give their own consent.

How well do COVID-19 vaccines work?

If you are healthy and get all the doses you need, COVID-19 vaccines give you very good protection against COVID-19 infection.

Two doses of the mRNA vaccines give more protection than 2 doses of the AstraZeneca/COVISHIELD vaccine or 1 dose of the Janssen vaccine.

All the vaccines work very well to lower your risk of getting seriously ill and of needing to be in the hospital.

Even if you have had a COVID-19 vaccine, it is still important to follow public health measures to prevent the virus from spreading. Go to ahs.ca/covid for the most up-to-date information.

How many doses of mRNA COVID-19 vaccine do I need?

You need at least 2 doses of an mRNA COVID-19 vaccine.

You may need additional doses if you have a high risk of severe disease due to your age or you:

- have a health problem that weakens your immune system, for example, you have had or will have an organ or stem cell transplant, you have kidney disease and need dialysis, or you have acquired immunodeficiency syndrome (AIDS)
- take certain medicines that weaken your immune system
- live in a specific type of seniors congregate living facility, such as long term care
- are Indigenous and are age 18 years or older

You may also need additional doses for more protection if you are age 18 years or older and you:

- are a frontline healthcare worker who has direct in-person contact with patients **and** you had your first 2 doses of COVID-19 vaccine less than 8 weeks apart
- had 2 doses of AstraZeneca/COVISHIELD vaccine or 1 dose of Janssen vaccine **and** you have not had any doses of mRNA COVID-19 vaccine

If you are travelling outside of Canada and you have had only viral vector-based vaccines or different vaccines for your first 2 doses, you may be able to get additional doses. This is only if your destination requires you to have a certain COVID-19 vaccine series.

Visit alberta.ca/covid19-vaccine for more information and to find out if you can get additional doses.

If you get additional doses, this is "off-label" use of the vaccine. This means the vaccine is not licensed for additional doses, but vaccine experts support this in certain situations. If you are getting additional doses, your healthcare provider will tell you when you should have them. Talk to your healthcare provider if you have questions.

If I need additional doses, what vaccine will I get?

You will get an mRNA vaccine for any additional doses. If you cannot get or do not want an mRNA vaccine, you can get a viral vector-based vaccine. Your healthcare provider will let you know which vaccine you can get.

I got an mRNA vaccine as my first dose. Can I get a different mRNA vaccine for my second or any additional doses I may need?

Usually you get the same vaccine for all your doses. But you can get a different mRNA vaccine if your first-dose vaccine is not available or you prefer a different available mRNA vaccine. Both Pfizer-BioNTech and Moderna COVID-19 vaccines work in the same way.

Whichever vaccine you get for your second dose completes your 2-dose series and protects you against COVID-19.

Go to ahs.ca/seconddose for more information.

What if I got the AstraZeneca/COVISHIELD vaccine as my first dose?

The AstraZeneca/COVISHIELD vaccine is a safe vaccine that works well to protect you against COVID-19. But some people may choose an mRNA vaccine for their second dose.

If you got the AstraZeneca/COVISHIELD vaccine for your first dose, you can choose the AstraZeneca/COVISHIELD vaccine or an mRNA vaccine for your second dose.

No matter which vaccine you choose, the second dose offers protection against COVID-19 and will complete your 2-dose series.

Go to ahs.ca/seconddose for more information about getting an mRNA vaccine after an AstraZeneca/COVISHIELD vaccine.

Can I get an mRNA COVID-19 vaccine if I am pregnant or breastfeeding?

Yes, you can get an mRNA COVID-19 vaccine if you are pregnant or breastfeeding. Research shows that mRNA vaccines are the safest type of COVID-19 vaccines to get during pregnancy.

When you are pregnant, you have a higher risk of getting very sick from COVID-19. Getting a COVID-19 vaccine when you are pregnant lowers your risk of getting seriously ill from the virus.

If you are pregnant or breastfeeding and have questions about getting a COVID-19 vaccine, talk to your healthcare provider.

Where can I get a COVID-19 vaccine?

Go to ahs.ca/covidvaccine to find out where and when you can get a COVID-19 vaccine.

Are there side effects from mRNA COVID-19 vaccines?

There can be side effects from mRNA COVID-19 vaccines, but they tend to be mild and go away in a few days. Side effects may include:

- redness, swelling, or feeling sore where you had the needle
- feeling tired or have a headache
- a fever or chills
- body aches or sore joints
- feeling sick to your stomach (nausea), vomiting (throwing up), or loose stool (diarrhea)
- swollen lymph nodes
- a reduced sense of touch or a feeling of numbness
- feeling dizzy

You may be more likely to have these side effects if you have another vaccine at the same time as a COVID-19 vaccine.

Current information shows that there is similar risk of side effects after a first, second, or additional dose of COVID-19 vaccine. Research continues to find out more about the risk of side effects after additional doses.

It is important to stay at the clinic for 15 minutes after your vaccine. Some people may have a rare but serious allergic reaction called anaphylaxis. If anaphylaxis happens, you will get medicine to treat the symptoms.

It is rare to have a serious side effect. Call Health Link at 811 to report any serious or unusual side effects.

What rare events have been reported after getting an mRNA COVID-19 vaccine?

There have been very rare reports of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining around the heart) within 7 days of getting either the Pfizer-BioNTech or the Moderna vaccine.

The inflammation can cause shortness of breath, chest pain or pressure, or a very fast or abnormal heart rate. Get medical help **right away** if you have any of these symptoms.

These rare events were reported mostly after the second dose and in young adults and adolescents. Most cases were mild and got better with treatment.

The Moderna vaccine may have a higher risk of these events than the Pfizer-BioNTech vaccine. Because the Moderna vaccine was only recently approved for use in 12 to 17 year olds, there is more to learn about these risks for this age group after getting the Moderna vaccine.

Talk to your healthcare provider, if you have ever had myocarditis or pericarditis and you have questions about COVID-19 vaccines. It is not yet known if having a history of these health problems puts you at higher risk for these rare events after a COVID-19 vaccine.

Your risk of getting seriously ill from COVID-19 is much higher than your risk of having a rare event after these vaccines.

Go to COVID-19 vaccine – Frequently Asked Questions on ahs.ca/topics/Page17389.aspx for more information.

How can I manage side effects?

- To help with soreness and swelling, put a cool, wet cloth over the area where you had the needle.
- There is medicine to help with a fever or pain. Check with your doctor or pharmacist if you are not sure what medicine or dose to take. Follow the directions on the package.
- Children under the age of 18 years should **not** take aspirin because it can cause serious health problems.
- Some people with health problems, such as a weak immune system, must call their doctor if they get a fever. If you have been told to do this, call your doctor even if you think the fever is from the vaccine.

What if I had or am getting another type of vaccine?

You can get any vaccine at the same time as, any time before, or any time after a COVID-19 vaccine.

Who should not get an mRNA COVID-19 vaccine?

You may not be able to get an mRNA COVID-19 vaccine if you:

- have an allergy to any part of the vaccine
- had a severe (serious) or unusual side effect after this vaccine or one like it
- are under age 11 years

Check with your doctor or a public health nurse before you get an mRNA COVID-19 vaccine.

Be sure to talk to your doctor **before** you get an mRNA COVID-19 vaccine, if you:

- have a weak immune system (because of a medicine you take or a health problem)
- have an autoimmune disorder (like rheumatoid arthritis or lupus)
- have had a stem cell or organ transplant
- have a history of myocarditis or pericarditis after receiving a dose of COVID-19 vaccine
- have been treated for a COVID-19 infection in the last 90 days

Always tell your healthcare provider if you have allergies or if you have had a side effect from a vaccine in the past.

For More Information



Call Health Link at 811



Go to [ImmunizeAlberta.ca](https://immunizealberta.ca)



Go to MyHealth.Alberta.ca



Go to ahs.ca/covidvaccine

COVID-19 vaccines - viral vector-based

Immunization protects you from disease. Get protected, get immunized.

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What are COVID-19 vaccines?

COVID-19 vaccines protect against the SARS-CoV-2 virus (also known as COVID-19). The virus causes an infection in the lungs and airways and is a type of respiratory illness. Go to ahs.ca/covid to learn more about COVID-19.

There are 2 types of COVID-19 vaccines approved for use in Canada:

- **mRNA vaccines:** The Pfizer-BioNTech (Comirnaty) and Moderna (SpikeVax) vaccines are mRNA vaccines. For information about the mRNA COVID-19 vaccines, read the vaccine information sheet on ImmunizeAlberta.ca.
- **Viral vector-based vaccines:** The AstraZeneca (Vaxzevria)/COVISHIELD and Janssen (Johnson & Johnson) vaccines are viral vector-based vaccines.

How do viral vector-based vaccines work?

Viral vector-based vaccines use a harmless virus (that is not COVID-19) to carry information about the virus that causes COVID-19. This virus will not give you COVID-19. It shows your cells how to make a spike protein, like the one that is on the surface of the COVID-19 virus. This protein triggers your immune system to make antibodies against it. If you come in contact with the real COVID-19 virus, these antibodies will be ready to protect you and fight the virus.

Who can get a viral vector-based COVID-19 vaccine?

You can get a viral vector-based COVID-19 vaccine if you are age 18 years or older and you cannot get or do not want an mRNA COVID-19 vaccine. Everyone is at risk of COVID-19. COVID-19 vaccines are free.

How well do COVID-19 vaccines work?

If you are healthy and get all the doses you need, COVID-19 vaccines give you very good protection against COVID-19 infection.

Two doses of the mRNA vaccines give more protection than 2 doses of the AstraZeneca/COVISHIELD vaccine or 1 dose of the Janssen vaccine.

All the vaccines work very well to lower your risk of getting seriously ill and of needing to be in the hospital.

Even if you have had a COVID-19 vaccine, it is still important to follow public health measures to prevent the virus from spreading. Go to ahs.ca/covid for the most up-to-date information.

How many doses of viral vector-based COVID-19 vaccine do I need?

If you get the AstraZeneca/COVISHIELD vaccine, you need at least 2 doses. If you get the Janssen vaccine, at this time you need 1 dose. However, in the future it is likely you will need to have a second dose of Janssen vaccine for better protection and for you to be considered fully immunized.

You may need additional doses if you have a high risk of severe disease due to your age or you:

- have a health problem that weakens your immune system, for example, you have had or will have an organ or stem cell transplant, you have kidney disease and need dialysis, or you have acquired immunodeficiency syndrome (AIDS)
- take certain medicines that weaken your immune system
- live in a specific type of seniors congregate living facility, such as long-term care
- are Indigenous and are age 18 years or older

You may also need additional doses for more protection if you are age 18 years or older and you:

- are a frontline healthcare worker who has direct in-person contact with patients **and** you had your first 2 doses of COVID-19 vaccine less than 8 weeks apart
- had 2 doses of AstraZeneca/COVISHIELD vaccine or 1 dose of Janssen vaccine **and** you have not had any doses of mRNA COVID-19 vaccine

If you are travelling outside of Canada and you have had only viral vector-based vaccines or different vaccines for your first 2 doses, you may be able to get additional doses. This is only if your destination requires you to have a certain COVID-19 vaccine series.

Visit alberta.ca/covid19-vaccine for more information and to find out if you can get additional doses.

If you get additional doses, this is "off-label" use of the vaccine. This means the vaccine is not licensed for additional doses, but vaccine experts support this in certain situations. If you are getting additional doses, your healthcare provider will tell you when you should have them. Talk to your healthcare provider if you have questions.

If I need additional doses, what vaccine will I get?

You will get an mRNA vaccine for any additional doses. If you cannot get or do not want an mRNA vaccine, you can get a viral vector-based vaccine. Your healthcare provider will tell you which vaccine you can get.

What if I got the AstraZeneca/COVISHIELD vaccine as my first dose?

The AstraZeneca/COVISHIELD vaccine is a safe vaccine that works well to protect you against COVID-19. But some people may choose an mRNA vaccine for their second dose.

If you got the AstraZeneca/COVISHIELD vaccine for your first dose, you can choose the AstraZeneca/COVISHIELD vaccine or an mRNA vaccine for your second dose.

No matter which vaccine you choose, the second dose offers protection against COVID-19 and will complete your 2-dose series.

Go to ahs.ca/seconddose for more information about getting an mRNA vaccine after an AstraZeneca/COVISHIELD vaccine.

Can I get a viral vector-based COVID-19 vaccine if I am pregnant or breastfeeding?

Yes, you can get a viral vector-based COVID-19 vaccine if you are pregnant or breastfeeding. But research shows that mRNA vaccines are the safest type of COVID-19 vaccines to get during pregnancy.

When you are pregnant, you have a higher risk of getting very sick from COVID-19. Getting a COVID-19 vaccine when you are pregnant lowers your risk of getting seriously ill from the virus.

If you are pregnant or breastfeeding and have questions about getting a COVID-19 vaccine, talk to your healthcare provider.

Where can I get a COVID-19 vaccine?

Go to ahs.ca/covidvaccine to find out where and when you can get a COVID-19 vaccine.

Are there side effects from viral vector-based COVID-19 vaccines?

There can be side effects from viral vector-based COVID-19 vaccines, but they tend to be mild and go away in a few days. Side effects may include:

- redness, warmth, swelling, bruising, itching, or feeling sore where you had the needle
- feeling tired, unwell or have a headache
- a fever or chills
- body aches, sore joints, or pain in your legs or arms
- feeling sick to your stomach (nausea), vomiting (throwing up), or loose stool (diarrhea)
- a sore throat, cough, or runny nose

You may be more likely to have these side effects if you have another vaccine at the same time as a COVID-19 vaccine.

Current information shows that there is a similar risk of side effects after a first, second, or additional dose of COVID-19 vaccine. Research continues to find out more about the risk of side effects after additional doses.

It is important to stay at the clinic for 15 minutes after your vaccine. Some people may have a rare but serious allergic reaction called anaphylaxis. If anaphylaxis happens, you will get medicine to treat the symptoms.

It is rare to have a serious side effect. Call Health Link at 811 to report any serious or unusual side effects.

What rare events have been reported after getting the AstraZeneca/COVISHIELD or the Janssen vaccines?

Research is still happening to learn more about the risk of rare events after getting the AstraZeneca/COVISHIELD or Janssen vaccines. It is not yet known if having a history of certain health problems puts you at a higher risk of rare events after having these vaccines.

Your risk of getting seriously ill from COVID-19 is much higher than your risk of having a rare event after these vaccines.

Go to COVID-19 vaccine – Frequently Asked Questions on ahs.ca/topics/Page17389.aspx for more information.

Blood clots, low platelets, bleeding

There have been very rare reports of blood clots, low levels of platelets (these help your blood to clot), and bleeding after getting the AstraZeneca/COVISHIELD or the Janssen vaccines.

These events happened 4 to 28 days after getting the vaccine. The risk of these events after getting the AstraZeneca/COVISHIELD vaccine is about:

- 1 in 55,000 after the first dose
- 1 in 600,000 after the second dose

The risk of these events after getting the Janssen vaccine is about 3 in 1 million.

Talk to your healthcare provider if you have a condition that puts you at risk for blood clots or if you have ever had immune thrombocytopenia (ITP). ITP is when your immune system attacks the blood cells you need for normal blood clotting and causes bleeding.

If you have any of the following symptoms within 42 days of being immunized, get medical help **right away**:

- trouble talking or moving a part of your body
- shortness of breath
- chest pain
- severe swelling, pain, or a colour change in your arm or leg
- stomach pain that does not go away
- a severe headache that does not go away
- blurry vision
- seizures

Capillary leak syndrome

There have been very rare reports of capillary leak syndrome (CLS) within the first few days after getting the AstraZeneca/COVISHIELD or Janssen vaccines. In some reported cases, the person had a history of CLS. CLS is a serious condition that causes fluid to leak from the small blood vessels (capillaries). This causes sudden swelling of the arms and legs, sudden weight gain, and low blood pressure causing you to feel faint. CLS can cause death. Talk to your healthcare provider if you have any history of CLS. Get medical help **right away** if you have any of these symptoms.

Guillain-Barre syndrome

There have been very rare reports of Guillain-Barre syndrome (GBS) up to 42 days after getting the AstraZeneca/COVISHIELD or Janssen vaccines. GBS is a serious condition that causes pain or numbness, muscle weakness, and in severe cases, paralysis. Most people fully recover from GBS but some may continue to have symptoms. GBS can cause death. The risk of GBS after getting either AstraZeneca/COVISHIELD or Janssen vaccine is about 1 in 100,000. Get medical help **right away** if you have any of these symptoms.

How can I manage side effects?

- To help with soreness and swelling, put a cool, wet cloth over the area where you had the needle.
- There is medicine to help with a fever or pain. Check with your doctor or pharmacist if you are not sure what medicine or dose to take. Follow the directions on the package.
- Some people with health problems, such as a weak immune system, must call their doctor if they get a fever. If you have been told to do this, call your doctor even if you think the fever is from the vaccine.

What if I had or am getting another type of vaccine?

You can get any vaccine at the same time as, any time before, or any time after a COVID-19 vaccine.

Who should not get a viral vector-based COVID-19 vaccine?

You may not be able to get a viral vector-based COVID-19 vaccine if you:

- have an allergy to any part of the vaccine
- had a severe (serious) or unusual side effect after this vaccine or one like it
- have a history of capillary leak syndrome (CLS)
- are under age 18 years

Check with your doctor or a public health nurse before you get a viral vector-based COVID-19 vaccine.

Be sure to talk to your doctor **before** you get a viral vector-based COVID-19 vaccine, if you:

- have a weak immune system (because of a medicine you take or a health problem)
- have an autoimmune disorder (like rheumatoid arthritis or lupus)
- have had a stem cell or organ transplant
- have a history of immune thrombocytopenia (ITP)
- are at higher risk of blood clots
- have been treated for a COVID-19 infection in the last 90 days

Always tell your healthcare provider if you have allergies or if you have had a side effect from a vaccine in the past.

For More Information



Call Health Link at 811



Go to [ImmunizeAlberta.ca](https://immunizealberta.ca)



Go to MyHealth.Alberta.ca



Go to ahs.ca/covidvaccine

Document Properties



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Description

File: 21765 Rev2021-11v3

Title: Consent for COVID-19 Immunization

Author: Forms Management

Subject: Consent for COVID-19 Immunization

Keywords: Consent, COVID-19, Immunization, form, 21765

Created: 2021-11-03 9:19:24 AM

Additional Metadata...

Modified: 2021-11-12 2:17:11 PM

Application: Adobe InDesign 15.0 (Windows)

Advanced

PDF Producer: Adobe PDF Library 15.0

PDF Version: 1.6 (Acrobat 7.x)

Location: E:\RM\OneDrive - 703543 Alberta Ltd\Locals\Legal\Final\SupSup\

File Size: 602.34 KB (616,794 Bytes)

Page Size: 8.50 x 11.00 in

Number of Pages: 6

Tagged PDF: No

Fast Web View: No

Help

OK

Cancel

For use at Alberta Health Services (AHS) immunization programs. Use this form when a parent or alternate decision-maker is **not** able to be with the person being immunized at an AHS immunization service. An alternate decision-maker could be an agent, guardian, specific decision-maker or co-decision-maker. The parent or alternate decision-maker should **complete this form** and **send it** with the person being immunized, to the AHS immunization service. For alternate decision-makers – please also send a copy of documents to show that you are authorized to be the alternate decision-maker.

Personal information for the person being immunized		
Name (<i>Last, First, Middle</i>)	Date of Birth (<i>dd-Mon-yyyy</i>)	
Personal Health Number (PHN)	Gender	
Health information for the person being immunized (<i>If you need more space, use the other side of this form.</i>)		
Does this person have any allergies, including allergies to any vaccine, medicine, or food? If yes, describe _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does this person have any chronic illness? (<i>List all if more than one</i>) If yes, describe _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this person ever had capillary leak syndrome?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this person ever had immune thrombocytopenia?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this person been treated for a COVID-19 infection in the last 90 days?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is this person taking any medicine? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, describe _____	
Is this person pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is this person breastfeeding? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Has this person had COVID-19 vaccine before? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, when? _____	
Has this person ever had a side effect from COVID-19 immunization? If yes, describe _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Consent		
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Printed name of person giving consent	Daytime phone	Other phone
<p>Relationship to person</p> <p><input type="checkbox"/> Parent (with legal authority to consent) <input type="checkbox"/> Guardian/Legal representative</p> <p><input type="checkbox"/> Co-decision-maker <input type="checkbox"/> Specific decision-maker <input type="checkbox"/> Agent</p>		
Signature of person giving consent	Date (<i>dd-Mon-yyyy</i>)	

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COVID-19 vaccines - mRNA

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- **Viral vector-based vaccines:** The AstraZeneca (Vaxzevria)/COVISHIELD and Janssen (Johnson & Johnson) vaccines are viral vector-based vaccines. For information about the viral vector-based vaccines, read the vaccine information sheet on ImmunizeAlberta.ca.

How do mRNA vaccines work?

The mRNA vaccines have messenger RNA (mRNA) that teaches your cells to make a spike protein. This spike protein is like the one on the surface of the virus that causes COVID-19. Because the protein is not normally found on your cells, it triggers your immune system to make antibodies against it. If you have contact with the real COVID-19 virus, these antibodies are ready to protect you and fight the virus.

Who should get an mRNA COVID-19 vaccine?

You should get an mRNA COVID-19 vaccine if you are age 12 years or older. Everyone is at risk of COVID-19. COVID-19 vaccines are free.

You will get an mRNA COVID-19 vaccine unless you cannot get or do not want this type of vaccine. Then you can choose to get a viral vector-based vaccine if you are age 18 years or older.

What if my child is getting a COVID-19 vaccine?

Children under age 18 years need a parent or guardian to give consent for them to get a COVID-19 vaccine. If a parent or guardian cannot be at the appointment, they can give consent in writing using the consent form at ahs.ca/VaccineUnder18. In some cases, children under age 18 years may be able to give their own consent.

How well do COVID-19 vaccines work?

If you are healthy and get all the doses you need, COVID-19 vaccines give you very good protection against COVID-19 infection.

Two doses of the mRNA vaccines give more protection than 2 doses of the AstraZeneca/COVISHIELD vaccine or 1 dose of the Janssen vaccine.

All the vaccines work very well to lower your risk of getting seriously ill and of needing to be in the hospital.

Even if you have had a COVID-19 vaccine, it is still important to follow public health measures to prevent the virus from spreading. Go to ahs.ca/covid for the most up-to-date information.

How many doses of mRNA COVID-19 vaccine do I need?

You need at least 2 doses of an mRNA COVID-19 vaccine.

You may need additional doses if you have a high risk of severe disease due to your age or you:

- have a health problem that weakens your immune system, for example, you have had or will have an organ or stem cell transplant, you have kidney disease and need dialysis, or you have acquired immunodeficiency syndrome (AIDS)
- take certain medicines that weaken your immune system
- live in a specific type of seniors congregate living facility, such as long term care
- are Indigenous and are age 18 years or older

You may also need additional doses for more protection if you are age 18 years or older and you:

- are a frontline healthcare worker who has direct in-person contact with patients **and** you had your first 2 doses of COVID-19 vaccine less than 8 weeks apart
- had 2 doses of AstraZeneca/COVISHIELD vaccine or 1 dose of Janssen vaccine **and** you have not had any doses of mRNA COVID-19 vaccine

If you are travelling outside of Canada and you have had only viral vector-based vaccines or different vaccines for your first 2 doses, you may be able to get additional doses. This is only if your destination requires you to have a certain COVID-19 vaccine series.

Visit alberta.ca/covid19-vaccine for more information and to find out if you can get additional doses.

If I need additional doses, what vaccine will I get?

You will get an mRNA vaccine for any additional doses. If you cannot get or do not want an mRNA vaccine, you can get the AstraZeneca/COVISHIELD vaccine.

If you get additional doses, this is "off-label" use of the vaccine if:

- You are age 12 to 17 years.
- You get your additional dose sooner than 6 months after your last dose.
- You get the AstraZeneca/COVISHIELD vaccine as an additional dose.

"Off-label" use means the vaccine is not licensed for additional doses, but vaccine experts support this in certain situations. The Pfizer-BioNTech and Moderna vaccines are licensed for additional doses for people age 18 years or older who get their additional dose no sooner than 6 months after their last dose. If you are getting additional doses, talk to your healthcare provider about which vaccine you can get and when you should have your doses.

I got an mRNA vaccine as my first dose. Can I get a different mRNA vaccine for my second or any additional doses I may need?

Usually you get the same vaccine for all your doses. But you can get a different mRNA vaccine if your first-dose vaccine is not available or you prefer a different available mRNA vaccine. Both Pfizer-BioNTech and Moderna COVID-19 vaccines work in the same way.

Whichever vaccine you get for your second dose completes your 2-dose series and protects you against COVID-19.

Go to ahs.ca/seconddose for more information.

What if I got the AstraZeneca/COVISHIELD vaccine as my first dose?

The AstraZeneca/COVISHIELD vaccine is a safe vaccine that works well to protect you against COVID-19. But some people may choose an mRNA vaccine for their second dose.

If you got the AstraZeneca/COVISHIELD vaccine for your first dose, you can choose the AstraZeneca/COVISHIELD vaccine or an mRNA vaccine for your second dose.

No matter which vaccine you choose, the second dose offers protection against COVID-19 and will complete your 2-dose series.

Go to ahs.ca/seconddose for more information about getting an mRNA vaccine after an AstraZeneca/COVISHIELD vaccine.

Can I get an mRNA COVID-19 vaccine if I am pregnant or breastfeeding?

Yes, you can get an mRNA COVID-19 vaccine if you are pregnant or breastfeeding. Research shows that mRNA vaccines are the safest type of COVID-19 vaccines to get during pregnancy.

When you are pregnant, you have a higher risk of getting very sick from COVID-19. Getting a COVID-19 vaccine when you are pregnant lowers your risk of getting seriously ill from the virus.

If you are pregnant or breastfeeding and have questions about getting a COVID-19 vaccine, talk to your healthcare provider.

Where can I get a COVID-19 vaccine?

Go to ahs.ca/covidvaccine to find out where and when you can get a COVID-19 vaccine.

Are there side effects from mRNA COVID-19 vaccines?

There can be side effects from mRNA COVID-19 vaccines, but they tend to be mild and go away in a few days. Side effects may include:

- redness, swelling, or feeling sore where you had the needle
- feeling tired or have a headache
- a fever or chills
- body aches or sore joints
- feeling sick to your stomach (nausea), vomiting (throwing up), or loose stool (diarrhea)
- swollen lymph nodes
- a reduced sense of touch or a feeling of numbness
- feeling dizzy

You may be more likely to have these side effects if you have another vaccine at the same time as a COVID-19 vaccine.

Current information shows that there is similar risk of side effects after a first, second, or additional dose of COVID-19 vaccine. Research continues to find out more about the risk of side effects after additional doses.

It is important to stay at the clinic for 15 minutes after your vaccine. Some people may have a rare but serious allergic reaction called anaphylaxis. If anaphylaxis happens, you will get medicine to treat the symptoms.

It is rare to have a serious side effect. Call Health Link at 811 to report any serious or unusual side effects.

What rare events have been reported after getting an mRNA COVID-19 vaccine?

There have been very rare reports of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining around the heart) within 7 days of getting either the Pfizer-BioNTech or the Moderna vaccine.

The inflammation can cause shortness of breath, chest pain or pressure, or a very fast or abnormal heart rate. Get medical help **right away** if you have any of these symptoms.

These rare events were reported mostly after the second dose and in young adults and adolescents. Most cases were mild and got better with treatment.

The Moderna vaccine may have a higher risk of these events than the Pfizer-BioNTech vaccine. Because the Moderna vaccine was only recently approved for use in 12 to 17 year olds, there is more to learn about these risks for this age group after getting the Moderna vaccine.

Talk to your healthcare provider, if you have ever had myocarditis or pericarditis and you have questions about COVID-19 vaccines. It is not yet known if having a history of these health problems puts you at higher risk for these rare events after a COVID-19 vaccine.

Your risk of getting seriously ill from COVID-19 is much higher than your risk of having a rare event after these vaccines.

Go to COVID-19 vaccine – Frequently Asked Questions on ahs.ca/topics/Page17389.aspx for more information.

How can I manage side effects?

- To help with soreness and swelling, put a cool, wet cloth over the area where you had the needle.
- There is medicine to help with a fever or pain. Check with your doctor or pharmacist if you are not sure what medicine or dose to take. Follow the directions on the package.
- Children under the age of 18 years should **not** take aspirin because it can cause serious health problems.
- Some people with health problems, such as a weak immune system, must call their doctor if they get a fever. If you have been told to do this, call your doctor even if you think the fever is from the vaccine.

What if I had or am getting another type of vaccine?

You can get any vaccine at the same time as, any time before, or any time after a COVID-19 vaccine.

Who should not get an mRNA COVID-19 vaccine?

You may not be able to get an mRNA COVID-19 vaccine if you:

- have an allergy to any part of the vaccine
- had a severe (serious) or unusual side effect after this vaccine or one like it
- are under age 11 years

Check with your doctor or a public health nurse before you get an mRNA COVID-19 vaccine.

Be sure to talk to your doctor **before** you get an mRNA COVID-19 vaccine, if you:

- have a weak immune system (because of a medicine you take or a health problem)
- have an autoimmune disorder (like rheumatoid arthritis or lupus)
- have had a stem cell or organ transplant
- have a history of myocarditis or pericarditis after receiving a dose of COVID-19 vaccine
- have been treated for a COVID-19 infection in the last 90 days

Always tell your healthcare provider if you have allergies or if you have had a side effect from a vaccine in the past.

For More Information



Call Health Link at 811



Go to [ImmunizeAlberta.ca](https://immunizealberta.ca)



Go to MyHealth.Alberta.ca



Go to ahs.ca/covidvaccine

COVID-19 vaccines - viral vector-based

Immunization protects you from disease. Get protected, get immunized.

- **Vaccines make your immune system stronger. They build antibodies to help prevent diseases.**
- **Immunization is safe. It is much safer to get immunized than to get this disease.**

What are COVID-19 vaccines?

COVID-19 vaccines protect against the SARS-CoV-2 virus (also known as COVID-19). The virus causes an infection in the lungs and airways and is a type of respiratory illness. Go to ahs.ca/covid to learn more about COVID-19.

There are 2 types of COVID-19 vaccines approved for use in Canada:

- **mRNA vaccines:** The Pfizer-BioNTech (Comirnaty) and Moderna (SpikeVax) vaccines are mRNA vaccines. For information about the mRNA COVID-19 vaccines, read the vaccine information sheet on [ImmunizeAlberta.ca](https://immunizealberta.ca).
- **Viral vector-based vaccines:** The AstraZeneca (Vaxzevria)/COVISHIELD and Janssen (Johnson & Johnson) vaccines are viral vector-based vaccines.

How do viral vector-based vaccines work?

Viral vector-based vaccines use a harmless virus (that is not COVID-19) to carry information about the virus that causes COVID-19. This virus will not give you COVID-19. It shows your cells how to make a spike protein, like the one that is on the surface of the COVID-19 virus. This protein triggers your immune system to make antibodies against it. If you come in contact with the real COVID-19 virus, these antibodies will be ready to protect you and fight the virus.

Who can get a viral vector-based COVID-19 vaccine?

You can get a viral vector-based COVID-19 vaccine if you are age 18 years or older and you cannot get or do not want an mRNA COVID-19 vaccine. Everyone is at risk of COVID-19. COVID-19 vaccines are free.

How well do COVID-19 vaccines work?

If you are healthy and get all the doses you need, COVID-19 vaccines give you very good protection against COVID-19 infection.

Two doses of the mRNA vaccines give more protection than 2 doses of the AstraZeneca/COVISHIELD vaccine or 1 dose of the Janssen vaccine.

All the vaccines work very well to lower your risk of getting seriously ill and of needing to be in the hospital.

Even if you have had a COVID-19 vaccine, it is still important to follow public health measures to prevent the virus from spreading. Go to ahs.ca/covid for the most up-to-date information.

How many doses of viral vector-based COVID-19 vaccine do I need?

If you get the AstraZeneca/COVISHIELD vaccine, you need at least 2 doses. If you get the Janssen vaccine, at this time you need 1 dose. However, in the future it is likely you will need to have a second dose of Janssen vaccine for better protection and for you to be considered fully immunized.

You may need additional doses if you have a high risk of severe disease due to your age or you:

- have a health problem that weakens your immune system, for example, you have had or will have an organ or stem cell transplant, you have kidney disease and need dialysis, or you have acquired immunodeficiency syndrome (AIDS)
- take certain medicines that weaken your immune system
- live in a specific type of seniors congregate living facility, such as long-term care
- are Indigenous and are age 18 years or older

You may also need additional doses for more protection if you are age 18 years or older and you:

- are a frontline healthcare worker who has direct in-person contact with patients **and** you had your first 2 doses of COVID-19 vaccine less than 8 weeks apart
- had 2 doses of AstraZeneca/COVISHIELD vaccine or 1 dose of Janssen vaccine **and** you have not had any doses of mRNA COVID-19 vaccine

If you are travelling outside of Canada and you have had only viral vector-based vaccines or different vaccines for your first 2 doses, you may be able to get additional doses. This is only if your destination requires you to have a certain COVID-19 vaccine series.

Visit alberta.ca/covid19-vaccine for more information and to find out if you can get additional doses.

If I need additional doses, what vaccine will I get?

You will get an mRNA vaccine for any additional doses. If you cannot get or do not want an mRNA vaccine, you can get the AstraZeneca/COVISHIELD vaccine.

If you get additional doses, this is "off-label" use of the vaccine if:

- You are age 12 to 17 years.
- You get your additional dose sooner than 6 months after your last dose.
- You get the AstraZeneca/COVISHIELD vaccine as an additional dose.

"Off-label" use means the vaccine is not licensed for additional doses, but vaccine experts support this in certain situations. The Pfizer-BioNTech and Moderna vaccines are licensed for additional doses for people age 18 years or older who get their additional dose no sooner than 6 months after their last dose. If you are getting additional doses, talk to your healthcare provider about which vaccine you can get and when you should have your doses.

What if I got the AstraZeneca/COVISHIELD vaccine as my first dose?

The AstraZeneca/COVISHIELD vaccine is a safe vaccine that works well to protect you against COVID-19. But some people may choose an mRNA vaccine for their second dose.

If you got the AstraZeneca/COVISHIELD vaccine for your first dose, you can choose the AstraZeneca/COVISHIELD vaccine or an mRNA vaccine for your second dose.

No matter which vaccine you choose, the second dose offers protection against COVID-19 and will complete your 2-dose series.

Go to ahs.ca/seconddose for more information about getting an mRNA vaccine after an AstraZeneca/COVISHIELD vaccine.

Can I get a viral vector-based COVID-19 vaccine if I am pregnant or breastfeeding?

Yes, you can get a viral vector-based COVID-19 vaccine if you are pregnant or breastfeeding. But research shows that mRNA vaccines are the safest type of COVID-19 vaccines to get during pregnancy.

When you are pregnant, you have a higher risk of getting very sick from COVID-19. Getting a COVID-19 vaccine when you are pregnant lowers your risk of getting seriously ill from the virus.

If you are pregnant or breastfeeding and have questions about getting a COVID-19 vaccine, talk to your healthcare provider.

Where can I get a COVID-19 vaccine?

Go to ahs.ca/covidvaccine to find out where and when you can get a COVID-19 vaccine.

Are there side effects from viral vector-based COVID-19 vaccines?

There can be side effects from viral vector-based COVID-19 vaccines, but they tend to be mild and go away in a few days. Side effects may include:

- redness, warmth, swelling, bruising, itching, or feeling sore where you had the needle
- feeling tired, unwell or have a headache
- a fever or chills
- body aches, sore joints, or pain in your legs or arms
- feeling sick to your stomach (nausea), vomiting (throwing up), or loose stool (diarrhea)
- a sore throat, cough, or runny nose

You may be more likely to have these side effects if you have another vaccine at the same time as a COVID-19 vaccine.

Current information shows that there is a similar risk of side effects after a first, second, or additional dose of COVID-19 vaccine. Research continues to find out more about the risk of side effects after additional doses.

It is important to stay at the clinic for 15 minutes after your vaccine. Some people may have a rare but serious allergic reaction called anaphylaxis. If anaphylaxis happens, you will get medicine to treat the symptoms.

It is rare to have a serious side effect. Call Health Link at 811 to report any serious or unusual side effects.

What rare events have been reported after getting the AstraZeneca/COVISHIELD or the Janssen vaccines?

Research is still happening to learn more about the risk of rare events after getting the AstraZeneca/COVISHIELD or Janssen vaccines. It is not yet known if having a history of certain health problems puts you at a higher risk of rare events after having these vaccines.

Your risk of getting seriously ill from COVID-19 is much higher than your risk of having a rare event after these vaccines.

Go to COVID-19 vaccine – Frequently Asked Questions on ahs.ca/topics/Page17389.aspx for more information.

Blood clots, low platelets, bleeding

There have been very rare reports of blood clots, low levels of platelets (these help your blood to clot), and bleeding after getting the AstraZeneca/COVISHIELD or the Janssen vaccines.

These events happened 4 to 28 days after getting the vaccine. The risk of these events after getting the AstraZeneca/COVISHIELD vaccine is about:

- 1 in 55,000 after the first dose
- 1 in 600,000 after the second dose

The risk of these events after getting the Janssen vaccine is about 3 in 1 million.

Talk to your healthcare provider if you have a condition that puts you at risk for blood clots or if you have ever had immune thrombocytopenia (ITP). ITP is when your immune system attacks the blood cells you need for normal blood clotting and causes bleeding.

If you have any of the following symptoms within 42 days of being immunized, get medical help **right away**:

- trouble talking or moving a part of your body
- shortness of breath
- chest pain
- severe swelling, pain, or a colour change in your arm or leg
- stomach pain that does not go away
- a severe headache that does not go away
- blurry vision
- seizures

Capillary leak syndrome

There have been very rare reports of capillary leak syndrome (CLS) within the first few days after getting the AstraZeneca/COVISHIELD or Janssen vaccines. In some reported cases, the person had a history of CLS. CLS is a serious condition that causes fluid to leak from the small blood vessels (capillaries). This causes sudden swelling of the arms and legs, sudden weight gain, and low blood pressure causing you to feel faint. CLS can cause death. Talk to your healthcare provider if you have any history of CLS. Get medical help **right away** if you have any of these symptoms.

Guillain-Barre syndrome

There have been very rare reports of Guillain-Barre syndrome (GBS) up to 42 days after getting the AstraZeneca/COVISHIELD or Janssen vaccines. GBS is a serious condition that causes pain or numbness, muscle weakness, and in severe cases, paralysis. Most people fully recover from GBS but some may continue to have symptoms. GBS can cause death. The risk of GBS after getting either AstraZeneca/COVISHIELD or Janssen vaccine is about 1 in 100,000. Get medical help **right away** if you have any of these symptoms.

How can I manage side effects?

- To help with soreness and swelling, put a cool, wet cloth over the area where you had the needle.
- There is medicine to help with a fever or pain. Check with your doctor or pharmacist if you are not sure what medicine or dose to take. Follow the directions on the package.
- Some people with health problems, such as a weak immune system, must call their doctor if they get a fever. If you have been told to do this, call your doctor even if you think the fever is from the vaccine.

What if I had or am getting another type of vaccine?

You can get any vaccine at the same time as, any time before, or any time after a COVID-19 vaccine.

Who should not get a viral vector-based COVID-19 vaccine?

You may not be able to get a viral vector-based COVID-19 vaccine if you:

- have an allergy to any part of the vaccine
- had a severe (serious) or unusual side effect after this vaccine or one like it
- have a history of capillary leak syndrome (CLS)
- are under age 18 years

Check with your doctor or a public health nurse before you get a viral vector-based COVID-19 vaccine.

Be sure to talk to your doctor **before** you get a viral vector-based COVID-19 vaccine, if you:

- have a weak immune system (because of a medicine you take or a health problem)
- have an autoimmune disorder (like rheumatoid arthritis or lupus)
- have had a stem cell or organ transplant
- have a history of immune thrombocytopenia (ITP)
- are at higher risk of blood clots
- have been treated for a COVID-19 infection in the last 90 days

Always tell your healthcare provider if you have allergies or if you have had a side effect from a vaccine in the past.

For More Information



Call Health Link at 811



Go to [ImmunizeAlberta.ca](https://immunizealberta.ca)



Go to MyHealth.Alberta.ca



Go to ahs.ca/covidvaccine

Document Properties



Description Security Fonts Initial View Custom Advanced

Description

File: 21765 Rev2021-11v4

Title: Consent for COVID-19 Immunization

Author: Forms Management

Subject: Consent for COVID-19 Immunization

Keywords: Consent, COVID-19, Immunization, form, 21765

Created: 2021-11-24 10:48:00 AM

Additional Metadata...

Modified: 2021-11-24 11:40:14 AM

Application: Adobe InDesign 15.0 (Windows)

Advanced

PDF Producer: Adobe PDF Library 15.0

PDF Version: 1.6 (Acrobat 7.x)

Location: E:\RM\OneDrive - 703543 Alberta Ltd\Locals\Legal\Final\SupSup\

File Size: 550.01 KB (563,210 Bytes)

Page Size: 8.50 x 11.00 in

Number of Pages: 6

Tagged PDF: No

Fast Web View: No

Help

OK

Cancel

For use at Alberta Health Services (AHS) immunization programs. Use this form when a parent or alternate decision-maker is **not** able to be with the person being immunized at an AHS immunization service. An alternate decision-maker could be an agent, guardian, specific decision-maker or co-decision-maker. The parent or alternate decision-maker should **complete this form** and **send it** with the person being immunized, to the AHS immunization service. For alternate decision-makers – please also send a copy of documents to show that you are authorized to be the alternate decision-maker.

Personal information for the person being immunized		
Name (<i>Last, First, Middle</i>)	Date of Birth (<i>dd-Mon-yyyy</i>)	
Personal Health Number (PHN)	Gender	
Health information for the person being immunized (<i>If you need more space, use the other side of this form.</i>)		
Does this person have any allergies, including allergies to any vaccine, medicine, or food?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, describe _____		
Does this person have any chronic illness? (<i>List all if more than one</i>)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, describe _____		
Has this person ever had capillary leak syndrome?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this person ever had immune thrombocytopenia?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this person been treated for a COVID-19 infection in the last 90 days?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is this person taking any medicine?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, describe _____		
Is this person pregnant?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is this person breastfeeding?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has this person had COVID-19 vaccine before?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, when? _____		
Has this person ever had a side effect from COVID-19 immunization?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, describe _____		
If this person is under age 12 years, have they ever had multisystem inflammatory syndrome (MIS-C)?		
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Consent		
I confirm that I have read the attached COVID-19 vaccine information. I know about and understand the risks, benefits, and common side effects of this vaccine. Any questions I may have had about this person getting this vaccine have been answered by calling the local public health office or Health Link at 811. I understand the information I have been given. I understand this consent is for all doses of the vaccine. I will contact the local public health office or the healthcare provider giving the COVID-19 vaccine if this person:		
<ul style="list-style-type: none"> • has any changes to their health before getting any dose of the COVID-19 vaccine • has a severe or unusual side effect after any dose of the COVID-19 vaccine (other than the expected side effects listed on the COVID-19 vaccine information sheet) 		
I consent to this person getting the (only select one):		
<input type="checkbox"/> Pfizer-BioNTech (Comirnaty) mRNA COVID-19 vaccine (for ages 5 years and older)		
<input type="checkbox"/> Moderna (SpikeVax) mRNA COVID-19 vaccine (for ages 12 years and older)		
<input type="checkbox"/> Either the Pfizer-BioNTech (Comirnaty) or Moderna (SpikeVax) mRNA COVID-19 vaccine (Depending which vaccine is available for this person at the time of their immunization)		
<input type="checkbox"/> AstraZeneca (Vaxzevria)/COVISHIELD viral vector-based COVID-19 vaccine (for ages 18 years and older)		
<input type="checkbox"/> Janssen (Johnson & Johnson) viral vector-based COVID-19 vaccine (for ages 18 years and older)		
I understand that I may withdraw this consent at any time by calling the local public health office or healthcare provider giving the COVID-19 vaccine.		
I confirm that I have the legal authority to consent to this immunization.		
Printed name of person giving consent	Daytime phone	Other phone
Relationship to person		
<input type="checkbox"/> Parent (with legal authority to consent)		
<input type="checkbox"/> Guardian/Legal representative		
<input type="checkbox"/> Co-decision-maker		
<input type="checkbox"/> Specific decision-maker		
<input type="checkbox"/> Agent		
Signature of person giving consent		Date (<i>dd-Mon-yyyy</i>)

Alberta Health Services collects health information according to Section 20 of the Health Information Act (HIA). This information is used to provide health services, determine eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this, please ask the healthcare provider giving the immunization or contact your local public health office. If you do not know your local public health office, call Health Link at 811 to get this information.

COVID-19 vaccines - mRNA

Immunization protects you from disease. Get protected, get immunized.

- **Vaccines make your immune system stronger. They build antibodies to help prevent diseases.**
- **Immunization is safe. It is much safer to get immunized than to get this disease.**

What are COVID-19 vaccines?

COVID-19 vaccines protect against the SARS-CoV-2 virus (also known as COVID-19). The virus causes an infection in the lungs and airways and is a type of respiratory illness. Go to ahs.ca/covid to learn more about COVID-19.

There are 2 types of COVID-19 vaccines approved for use in Canada:

- **mRNA vaccines:** The Pfizer-BioNTech (Comirnaty) and Moderna (SpikeVax) vaccines are mRNA vaccines.
- **Viral vector-based vaccines:** The AstraZeneca (Vaxzevria)/COVISHIELD and Janssen (Johnson & Johnson) vaccines are viral vector-based vaccines. For information about the viral vector-based vaccines, read the vaccine information sheet on ImmunizeAlberta.ca.

How do mRNA vaccines work?

The mRNA vaccines have messenger RNA (mRNA) that teaches your cells to make a spike protein. This spike protein is like the one on the surface of the virus that causes COVID-19. Because the protein is not normally found on your cells, it triggers your immune system to make antibodies against it. If you have contact with the real COVID-19 virus, these antibodies are ready to protect you and fight the virus.

Who should get an mRNA COVID-19 vaccine?

You should get an mRNA COVID-19 vaccine if you are age 5 years or older. Everyone is at risk of COVID-19. COVID-19 vaccines are free.

What if my child is getting a COVID-19 vaccine?

Children under age 18 years need a parent or guardian to give consent for them to get a COVID-19 vaccine. If a parent or guardian cannot be at the appointment, they can give consent in writing using the consent form at ahs.ca/VaccineUnder18. In some cases, children under age 18 years may be able to give their own consent.

How well do COVID-19 vaccines work?

If you are healthy and get all the doses you need, COVID-19 vaccines give you very good protection against COVID-19 infection.

Two doses of the mRNA vaccines give more protection than 2 doses of the AstraZeneca/COVISHIELD vaccine or 1 dose of the Janssen vaccine.

All the vaccines work very well to lower your risk of getting seriously ill and of needing to be in the hospital.

Even if you have had a COVID-19 vaccine, it is still important to follow public health measures to prevent the virus from spreading. Go to ahs.ca/covid for the most up-to-date information.

How many doses of mRNA COVID-19 vaccine do I need?

You need at least 2 doses of an mRNA COVID-19 vaccine to be considered fully immunized. These doses are called your primary series.

Some people may need more doses. See the following information and visit alberta.ca/covid19-vaccine to learn more.

Third doses

For some people, 2 doses may not give enough protection. You may need a third dose to complete your primary series if you are age 12 years or older and you have a health problem that weakens your immune system. For example:

- You have had or will have an organ or stem cell transplant.
- You have kidney disease and need dialysis.
- You have acquired immunodeficiency syndrome (AIDS).
- You take certain medicines that weaken your immune system.

You should have an extra (booster) dose for more protection if you are age 70 years or older.

You should also have a booster dose if you are age 18 years or older and you:

- live in a certain type of seniors' facility, such as long-term care
- are Indigenous
- are a frontline healthcare worker who has in-person contact with patients **and** you had your first 2 doses of COVID-19 vaccine less than 8 weeks apart
- had 2 doses of AstraZeneca/COVISHIELD vaccine or 1 dose of Janssen vaccine **and** you have not had any doses of mRNA COVID-19 vaccine

Doses for travel

If you are travelling outside of Canada and you have had only viral vector-based vaccines or different vaccines for your first 2 doses, you may be able to get additional doses. This is only if your destination requires you to have a certain COVID-19 vaccine series.

Can I get an mRNA COVID-19 vaccine if I am pregnant or breastfeeding?

Yes, you can get an mRNA COVID-19 vaccine if you are pregnant or breastfeeding. Research shows that mRNA vaccines are the safest type of COVID-19 vaccines to get during pregnancy.

When you are pregnant, you have a higher risk of getting very sick from COVID-19. Getting a COVID-19 vaccine when you are pregnant lowers your risk of getting seriously ill from the virus.

If you are pregnant or breastfeeding and have questions about getting a COVID-19 vaccine, talk to your healthcare provider.

Where can I get a COVID-19 vaccine?

Go to ahs.ca/covidvaccine to find out where and when you can get a COVID-19 vaccine.

Are there side effects from mRNA COVID-19 vaccines?

There can be side effects from mRNA COVID-19 vaccines, but they tend to be mild and go away in a few days. Side effects may include:

- redness, swelling, or feeling sore where you had the needle
- feeling tired or have a headache
- a fever or chills
- body aches or sore joints
- feeling sick to your stomach (nausea), vomiting (throwing up), or loose stool (diarrhea)
- swollen lymph nodes
- a reduced sense of touch or a feeling of numbness
- feeling dizzy
- a rash or hives

You may be more likely to have these side effects if you have another vaccine at the same time as a COVID-19 vaccine.

Current information shows that there is similar risk of side effects after a first, second, or additional dose of COVID-19 vaccine. Research continues to find out more about the risk of side effects after additional doses.

It is important to stay at the clinic for 15 minutes after your vaccine. Some people may have a rare but serious allergic reaction called anaphylaxis. If anaphylaxis happens, you will get medicine to treat the symptoms.

It is rare to have a serious side effect. Call Health Link at 811 to report any serious or unusual side effects.

What rare events have been reported after getting an mRNA COVID-19 vaccine?

There have been very rare reports of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining around the heart) within 7 days of getting either the Pfizer-BioNTech or the Moderna vaccine.

The inflammation can cause shortness of breath, chest pain or pressure, or a very fast or abnormal heart rate. Get medical help **right away** if you have any of these symptoms.

These rare events were reported mostly after the second dose and in young adults and adolescents. They were also reported more commonly in males. Most cases were mild and got better with treatment.

The Moderna vaccine may have a higher risk of these events than the Pfizer-BioNTech vaccine, especially for those age 12 to 29 years. Because the Moderna vaccine was only recently approved for use in 12 to 17 year olds, there is more to learn about these risks for this age group after getting the Moderna vaccine.

It is best for those age 12 to 29 years to get the Pfizer-BioNTech vaccine. It has a lower risk of myocarditis and pericarditis in that age group.

In clinical trials with the Pfizer-BioNTech vaccine, there were no reports of myocarditis or pericarditis in children age 5 to 11 years. But because this vaccine was only recently approved for use in this age group, there is still more to learn about these risks.

Talk to your healthcare provider, if you have ever had myocarditis or pericarditis and you have questions about COVID-19 vaccines. It is not yet known if having a history of these health problems puts you at higher risk for these rare events after a COVID-19 vaccine.

Your risk of getting seriously ill from COVID-19 is much higher than your risk of having a rare event after these vaccines.

Go to [COVID-19 vaccine – Frequently Asked Questions on ahs.ca/topics/Page17389.aspx](https://ahs.ca/topics/Page17389.aspx) for more information.

How can I manage side effects?

- To help with soreness and swelling, put a cool, wet cloth over the area where you had the needle.
- There is medicine to help with a fever or pain. Check with your doctor or pharmacist if you are not sure what medicine or dose to take. Follow the directions on the package.
- Children under the age of 18 years should **not** take aspirin because it can cause serious health problems.
- Some people with health problems, such as a weak immune system, must call their doctor if they get a fever. If you have been told to do this, call your doctor even if you think the fever is from the vaccine.

What vaccine will I get for my primary series?

Here are the recommended vaccines by age group:

- Age 5 to 11 years: You will get the Pfizer-BioNTech mRNA vaccine.
- Age 12 to 17 years: You can get either the Pfizer-BioNTech or Moderna mRNA vaccine.
- Age 18 years and older: You can get either the Pfizer-BioNTech or Moderna mRNA vaccine. If you cannot get or do not want an mRNA vaccine, you can get a viral vector-based vaccine.

If you are age 12 to 29 years, it is best to get the Pfizer-BioNTech vaccine. This vaccine has a lower risk of myocarditis and pericarditis for this age group. Usually you get the same vaccine for all your doses.

If you got an mRNA vaccine for your first dose, you can get a different mRNA vaccine if your first-dose vaccine is not available or you prefer a different mRNA vaccine.

If you got the AstraZeneca/COVISHIELD vaccine for your first dose, you can choose the same vaccine or an mRNA vaccine for your next dose.

Whichever vaccine you get to complete your primary series protects you against COVID-19.

Go to ahs.ca/seconddose for more information.

What vaccine will I get for my booster or additional dose?

You will get an mRNA vaccine for any booster or additional doses. If you cannot get or do not want an mRNA vaccine, you can get the AstraZeneca/COVISHIELD vaccine.

The Pfizer-BioNTech and Moderna vaccines are licensed for booster doses for people age 18 years or older who get their booster dose no sooner than 6 months after their second dose. In other cases, the vaccine is not licensed for more than 2 doses. But vaccine experts support this in certain situations. This is called "off-label use."

Getting more than 2 doses of a COVID-19 vaccine is off-label use if:

- You are age 5 to 17 years.
- You get a dose sooner than 6 months after your second dose.
- You get the AstraZeneca/COVISHIELD vaccine as a third dose, booster dose, or additional dose.

If you are getting more than 2 doses, talk to your healthcare provider about which vaccine you can get and when you should have your doses.

What if I had or am getting another type of vaccine?

Children under age 12 years should wait at least 14 days after getting a COVID-19 vaccine before getting another vaccine. If they got another vaccine first, they should wait 14 days before getting a COVID-19 vaccine. This is to help monitor for any side effects in this age group from the COVID-19 vaccine. However, there may be times when this 14-day spacing before or after the COVID-19 vaccine is not possible, such as if your child is due to have a routine school immunization within 14 days of having the COVID-19 vaccine. Talk to your healthcare provider if you have questions about your child getting another vaccine before or after their COVID-19 vaccine.

If you are age 12 years or older, you can get any vaccine at the same time as, any time before, or any time after a COVID-19 vaccine.

Who should not get an mRNA COVID-19 vaccine?

You may not be able to get an mRNA COVID-19 vaccine if you:

- have an allergy to any part of the vaccine
- had a severe (serious) or unusual side effect after this vaccine or one like it
- are under age 5 years


Check with your doctor or a public health nurse before you get an mRNA COVID-19 vaccine.

Be sure to talk to your doctor **before** you get an mRNA COVID-19 vaccine, if you:


- have a weak immune system (because of a medicine you take or a health problem)
- have an autoimmune disorder (like rheumatoid arthritis or lupus)
- have had a stem cell or organ transplant
- have a history of myocarditis or pericarditis after receiving a dose of COVID-19 vaccine
- have been treated for a COVID-19 infection in the last 90 days
- are under age 12 years and have a history of multisystem inflammatory syndrome (MIS-C)


Always tell your healthcare provider if you have allergies or if you have had a side effect from a vaccine in the past.

For More Information

 Call Health Link at 811

 Go to ImmunizeAlberta.ca

 Go to MyHealth.Alberta.ca

 Go to ahs.ca/covidvaccine

COVID-19 vaccines - viral vector-based

Immunization protects you from disease. Get protected, get immunized.

- **Vaccines make your immune system stronger. They build antibodies to help prevent diseases.**
- **Immunization is safe. It is much safer to get immunized than to get this disease.**

What are COVID-19 vaccines?

COVID-19 vaccines protect against the SARS-CoV-2 virus (also known as COVID-19). The virus causes an infection in the lungs and airways and is a type of respiratory illness. Go to ahs.ca/covid to learn more about COVID-19.

There are 2 types of COVID-19 vaccines approved for use in Canada:

- **mRNA vaccines:** The Pfizer-BioNTech (Comirnaty) and Moderna (SpikeVax) vaccines are mRNA vaccines. For information about the mRNA COVID-19 vaccines, read the vaccine information sheet on ImmunizeAlberta.ca.
- **Viral vector-based vaccines:** The AstraZeneca (Vaxzevria)/COVISHIELD and Janssen (Johnson & Johnson) vaccines are viral vector-based vaccines.

How do viral vector-based vaccines work?

Viral vector-based vaccines use a harmless virus (that is not COVID-19) to carry information about the virus that causes COVID-19. This virus will not give you COVID-19. It shows your cells how to make a spike protein, like the one that is on the surface of the COVID-19 virus. This protein triggers your immune system to make antibodies against it. If you come in contact with the real COVID-19 virus, these antibodies will be ready to protect you and fight the virus.

Who can get a viral vector-based COVID-19 vaccine?

You can get a viral vector-based COVID-19 vaccine if you are age 18 years or older and you cannot get or do not want an mRNA COVID-19 vaccine. Everyone is at risk of COVID-19. COVID-19 vaccines are free.

How well do COVID-19 vaccines work?

If you are healthy and get all the doses you need, COVID-19 vaccines give you very good protection against COVID-19 infection.

Two doses of the mRNA vaccines give more protection than 2 doses of the AstraZeneca/COVISHIELD vaccine or 1 dose of the Janssen vaccine. All the vaccines work very well to lower your risk of getting seriously ill and of needing to be in the hospital.

Even if you have had a COVID-19 vaccine, it is still important to follow public health measures to prevent the virus from spreading. Go to ahs.ca/covid for the most up-to-date information.

How many doses of viral vector-based COVID-19 vaccine do I need?

If you get the AstraZeneca/COVISHIELD vaccine, you need at least 2 doses to be considered fully immunized. These doses are called your primary series.

If you get the Janssen vaccine, at this time you need only 1 dose. But it is likely that in the future you will need a second dose of Janssen vaccine for better protection and to complete your primary series.

Some people may need more doses. See the following information and visit alberta.ca/covid19-vaccine to learn more.

Third doses

For some people, 2 doses may not give enough protection. You may need a third dose to complete your primary series if you are age 12 years or older and you have a health problem that weakens your immune system. For example:

- You have had or will have an organ or stem cell transplant.
- You have kidney disease and need dialysis.
- You have acquired immunodeficiency syndrome (AIDS).
- You take certain medicines that weaken your immune system.

You should have an extra (booster) dose for more protection if you are age 70 years or older.

You should also have a booster dose if you are age 18 years or older and you:

- live in a certain type of seniors' facility, such as long-term care
- are Indigenous
- are a frontline healthcare worker who has in-person contact with patients **and** you had your first 2 doses of COVID-19 vaccine less than 8 weeks apart
- had 2 doses of AstraZeneca/COVISHIELD vaccine or 1 dose of Janssen vaccine **and** you have not had any doses of mRNA COVID-19 vaccine

Doses for travel

If you are travelling outside of Canada and you have had only viral vector-based vaccines or different vaccines for your first 2 doses, you may be able to get additional doses. This is only if your destination requires you to have a certain COVID-19 vaccine series.

Can I get a viral vector-based COVID-19 vaccine if I am pregnant or breastfeeding?

Yes, you can get a viral vector-based COVID-19 vaccine if you are pregnant or breastfeeding. But research shows that mRNA vaccines are the safest type of COVID-19 vaccines to get during pregnancy.

When you are pregnant, you have a higher risk of getting very sick from COVID-19. Getting a COVID-19 vaccine when you are pregnant lowers your risk of getting seriously ill from the virus.

If you are pregnant or breastfeeding and have questions about getting a COVID-19 vaccine, talk to your healthcare provider.

Where can I get a COVID-19 vaccine?

Go to ahs.ca/covidvaccine to find out where and when you can get a COVID-19 vaccine.

Are there side effects from viral vector-based COVID-19 vaccines?

There can be side effects from viral vector-based COVID-19 vaccines, but they tend to be mild and go away in a few days. Side effects may include:

- redness, warmth, swelling, bruising, itching, or feeling sore where you had the needle
- feeling tired, unwell or have a headache
- a fever or chills
- body aches, sore joints, or pain in your legs or arms
- feeling sick to your stomach (nausea), vomiting (throwing up), or loose stool (diarrhea)
- a sore throat, cough, or runny nose

You may be more likely to have these side effects if you have another vaccine at the same time as a COVID-19 vaccine.

Current information shows that there is a similar risk of side effects after a first, second, or additional dose of COVID-19 vaccine. Research continues to find out more about the risk of side effects after additional doses.

It is important to stay at the clinic for 15 minutes after your vaccine. Some people may have a rare but serious allergic reaction called anaphylaxis. If anaphylaxis happens, you will get medicine to treat the symptoms.

It is rare to have a serious side effect. Call Health Link at 811 to report any serious or unusual side effects.

What rare events have been reported after getting the AstraZeneca/COVISHIELD or the Janssen vaccines?

Research is still happening to learn more about the risk of rare events after getting the AstraZeneca/COVISHIELD or Janssen vaccines. It is not yet known if having a history of certain health problems puts you at a higher risk of rare events after having these vaccines.

Your risk of getting seriously ill from COVID-19 is much higher than your risk of having a rare event after these vaccines.

Go to COVID-19 vaccine – Frequently Asked Questions on ahs.ca/topics/Page17389.aspx for more information.

Blood clots, low platelets, bleeding

There have been very rare reports of blood clots, low levels of platelets (these help your blood to clot), and bleeding after getting the AstraZeneca/COVISHIELD or the Janssen vaccines.

These events happened 4 to 28 days after getting the vaccine. The risk of these events after getting the AstraZeneca/COVISHIELD vaccine is about:

- 1 in 55,000 after the first dose
- 1 in 600,000 after the second dose

The risk of these events after getting the Janssen vaccine is about 3 in 1 million.

Talk to your healthcare provider if you have a condition that puts you at risk for blood clots or if you have ever had immune thrombocytopenia (ITP). ITP is when your immune system attacks the blood cells you need for normal blood clotting and causes bleeding.

If you have any of the following symptoms within 42 days of being immunized, get medical help **right away**:

- trouble talking or moving a part of your body
- shortness of breath
- chest pain
- severe swelling, pain, or a colour change in your arm or leg
- stomach pain that does not go away
- a severe headache that does not go away
- blurry vision
- seizures

Capillary leak syndrome

There have been very rare reports of capillary leak syndrome (CLS) within the first few days after getting the AstraZeneca/COVISHIELD or Janssen vaccines. In some reported cases, the person had a history of CLS. CLS is a serious condition that causes fluid to leak from the small blood vessels (capillaries). This causes sudden swelling of the arms and legs, sudden weight gain, and low blood pressure causing you to feel faint. CLS can cause death. Talk to your healthcare provider if you have any history of CLS. Get medical help **right away** if you have any of these symptoms.

Guillain-Barre syndrome

There have been very rare reports of Guillain-Barre syndrome (GBS) up to 42 days after getting the AstraZeneca/COVISHIELD or Janssen vaccines. GBS is a serious condition that causes pain or numbness, muscle weakness, and in severe cases, paralysis. Most people fully recover from GBS but some may continue to have symptoms. GBS can cause death. The risk of GBS after getting either AstraZeneca/COVISHIELD or Janssen vaccine is about 1 in 100,000. Get medical help **right away** if you have any of these symptoms.

How can I manage side effects?

- To help with soreness and swelling, put a cool, wet cloth over the area where you had the needle.
- There is medicine to help with a fever or pain. Check with your doctor or pharmacist if you are not sure what medicine or dose to take. Follow the directions on the package.
- Some people with health problems, such as a weak immune system, must call their doctor if they get a fever. If you have been told to do this, call your doctor even if you think the fever is from the vaccine.

What vaccine will I get for my primary series?

You will get an mRNA COVID-19 vaccine for your primary series. But if you cannot get or do not want this type of vaccine you can get a viral vector-based vaccine if you are age 18 years or older.

Usually you get the same vaccine for all your doses. But if you got the AstraZeneca/COVISHIELD vaccine for your first dose, you can choose the same vaccine or an mRNA vaccine for your next dose.

Whichever vaccine you get to complete your primary series protects you against COVID-19.

Go to ahs.ca/seconddose for more information.

What vaccine will I get for my booster or additional doses?

You will get an mRNA vaccine for any booster or additional doses. If you cannot get or do not want an mRNA vaccine, you can get the AstraZeneca/COVISHIELD vaccine.

The Pfizer-BioNTech and Moderna vaccines are licensed for booster doses for people age 18 years or older who get their booster dose no sooner than 6 months after their second dose. In other cases, the vaccine is not licensed for more than 2 doses. But vaccine experts support this in certain situations. This is called "off-label use."

Getting more than 2 doses of a COVID-19 vaccine is off-label use if:

- You are age 5 to 17 years.
- You get a dose sooner than 6 months after your second dose.
- You get the AstraZeneca/COVISHIELD vaccine as a third dose, booster dose, or additional dose.

If you are getting more than 2 doses, talk to your healthcare provider about which vaccine you can get and when you should have your doses.

What if I had or am getting another type of vaccine?

You can get any vaccine at the same time as, any time before, or any time after a viral vector-based COVID-19 vaccine.

Who should not get a viral vector-based COVID-19 vaccine?

You may not be able to get a viral vector-based COVID-19 vaccine if you:

- have an allergy to any part of the vaccine
- had a severe (serious) or unusual side effect after this vaccine or one like it
- have a history of capillary leak syndrome (CLS)
- are under age 18 years

Check with your doctor or a public health nurse before you get a viral vector-based COVID-19 vaccine.

Be sure to talk to your doctor **before** you get a viral vector-based COVID-19 vaccine, if you:

- have a weak immune system (because of a medicine you take or a health problem)
- have an autoimmune disorder (like rheumatoid arthritis or lupus)
- have had a stem cell or organ transplant
- have a history of immune thrombocytopenia (ITP)
- are at higher risk of blood clots
- have been treated for a COVID-19 infection in the last 90 days

Always tell your healthcare provider if you have allergies or if you have had a side effect from a vaccine in the past.

For More Information



Call Health Link at 811



Go to [ImmunizeAlberta.ca](https://immunizealberta.ca)



Go to [MyHealth.Alberta.ca](https://myhealth.alberta.ca)



Go to ahs.ca/covidvaccine

COVID 19 Consent Forms (to date)

Online reference: <https://www.albertahealthservices.ca/frm-21765.pdf>

- 21765 (Rev2020-12v4) – Dated December 29th, 2020
- 21765 (Rev2021-05v2) – Dated May 20th, 2021
- 21765 (Rev2021-05v3) – Dated May 28th, 2021
- 21765 (Rev2021-09v2) – Dated September 16th, 2021
- 21765 (Rev2021-11) – Dated November 3rd, 2021
- 21765 (Rev2021-11v2) – Dated November 8th, 2021
- 21765 (Rev2021-11v3) – Dated November 12th, 2021
- 21765 (Rev2021-11v4) – Dated November 24th, 2021

This is Exhibit "U" referred to in the Affidavit of:

David Thomas Dickson

Sworn before me this

20th
20 day of November, 2021

Redacted

Commissioner for Oaths, Justice of the Peace,

or Notary, Commissioner for Oaths
in and for the Province of Alberta

Appointment expires 2022/02/22

COURT FILE NUMBER	2103 14553
COURT	COURT OF QUEEN'S BENCH OF ALBERTA
JUDICIAL DISTRICT	EDMONTON
APPLICANT	DAVID THOMAS DICKSON
RESPONDENT	HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ALBERTA
DOCUMENT	SUPPLEMENTAL SUPPLEMENTAL AFFIDAVIT
ADDRESS FOR SERVICE AND CONTACT INFORMATION OF PARTY FILING THIS DOCUMENT	David Dickson Redacted

I, David Thomas Dickson, of the City of Spruce Grove, Alberta, SWEAR AND SAY THAT:

- 1) This affidavit is supplementary to affidavits I swore in this action on October 18th, 2021 (the "Original Affidavit"), October 21st, 2021 (Supplemental Affidavit) and November 26th, 2021 (Affidavit in Response).
- 2) I have personal knowledge of the following information, except where I say that it is based on information from another person, in which case, I believe that information to be true.
- 3) On Monday November 29th, 2021, through a public press conference Her Majesty the Queen in right of the Province of Alberta ("HMQ") provided direction to AHS, health care workers and other related parties.

Minister Copping at approximately 10 minutes into the feed.

*"I have **directed** AHS as part of their staff immunization policy to introduce rapid testing at locations where there is a significant risk of service disruption due to unvaccinated employees."*

Dr. Yiu at approximately 15 minutes into the feed.

*"That is why today, **at the direction of the provincial government** we are informing our staff and physicians that AHS will **temporarily introduce frequent targeted COVID-19 testing** as part of the organization's mandatory immunization policy. **The policy deadline for staff to be fully immunized will also be adjusted to December 13th to accommodate the introduction of this testing option.**"*

Dr. Yiu at about 18 minutes into the feed.

*"The testing **directive** will be reviewed and of March 2022."*

- 4) This direction was further explained in the public statements on the HMQ/Government of Alberta (“GOA”) website:

*“**Alberta’s government is directing AHS** to introduce, temporarily, frequent and targeted COVID-19 testing as part of the organization’s Immunization of Workers for COVID-19 Policy. Only sites considered at significant risk of service disruptions resulting from staffing shortages due to unimmunized employees will be part of the testing program.*

Under AHS’ current policy, employees who chose not to be fully immunized and have not been granted an accommodation would be put on an unpaid leave of absence.

“I’ve heard from many Albertans, especially in smaller communities, who are worried this policy will impact patient care. We fully support AHS’ immunization policy, and I appreciate the tens of thousands of health-care workers who have made the right choice to get vaccinated. This directive is about protecting patient care – primarily in rural areas – which will always be my top priority.”

Jason Copping, Minister of Health

The proof of negative COVID-19 testing program begins on Dec. 13. AHS’ immunization policy deadline will also be adjusted to Dec. 13 to accommodate the introduction of testing. The testing addition will be reviewed by March 2022.

To date, 96 per cent of AHS full-time and part-time employees and more than 99 per cent of physicians have submitted proof of immunization. Ninety-nine per cent of intensive care unit staff are fully immunized.

AHS will continue to evaluate its staffing needs and provide a full list of sites where testing is taking place by the Dec. 13 deadline.”

- 5) The impact of this direction by HMQ is documented in the FAQ documents for AHS (and subsidiaries).

September 27th, 2021 FAQ for AHS (and subsidiaries) [emphasis added]

“12. Why isn’t rapid testing an alternative to immunization?”

There are significant safety and efficacy concerns with rapid testing. Current rapid testing technology is designed for those experiencing symptoms, which creates a large risk of false positives (up to 30 per cent), and this could lead to workers being unnecessarily restricted from work.

The occurrence of false negatives is even more significant (reported as high as up to 50 per cent) where workers may be entering care environments infected with COVID-19.”

October 8th, 2021 FAQ for AHS (and subsidiaries) [emphasis added] (current published copy¹)

“Q: Why isn’t rapid testing an alternative to immunization?”

A: There are significant safety and efficacy concerns with rapid testing. Current rapid testing technology is designed for those experiencing symptoms, which creates a large risk of false positives (up to 30 per cent), and this could lead to workers being unnecessarily restricted from work.

¹ <https://albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-cmo-update-2021-10-08.pdf>

The occurrence of false negatives is even more significant (reported as high as up to 50 per cent) where workers may be entering care environments infected with COVID-19.”

October 22nd, 2021 FAQ for AHS (and subsidiaries) [emphasis added]

“13. Why can’t rapid testing be an alternative to immunization?

There are significant safety and efficacy concerns with rapid testing. Current rapid testing technology is designed for those experiencing symptoms, which creates a large risk of false positives (up to 30 per cent), where workers will be restricted unnecessarily.

*The occurrence of false negatives is even more significant (reported as high as up to 50 per cent), where workers may be entering care environments infected with COVID-19. **Both instances risk the safety of our workers, patients and families** by either exposing them to COVID-19 or risking further pressure on our staffing levels.”*

November 29th, 2021 FAQ for AHS (and subsidiaries) [emphasis added]

*“21. Why is temporary targeted rapid testing being considered as part of this policy? ****NEW*****

*• **At the direction of Government**, Alberta Health Services will temporarily introduce frequent, targeted COVID-19 testing as part of this policy.*

*• To ensure uninterrupted patient care, those eligible workers who are not fully immunized at a limited number of work locations will be able to provide **proof of negative COVID-19 tests starting Dec. 13.***

*• The **immunization policy deadline will also be adjusted to Dec. 13** to accommodate the introduction of testing at facilities at significant risk of service disruption.*

• Patient care has always been the focus of the mandatory immunization policy – AHS must do all it can to ensure patients, particularly those who are more vulnerable or immuno-compromised, continue to be provided and protected while in our care.

*• Only work locations considered at significant risk of staffing shortages and subsequent service disruptions will be part of the testing program, **which will be reviewed at the end of March 2022.**”*

December 1st, 2021 FAQ for AHS (and subsidiaries) [emphasis added] (current published copy²)

*“25. Why is temporary targeted rapid testing being considered as part of the Immunization of Workers for COVID-19 Policy? ****NEW*****

*• **At the direction of Government**, Alberta Health Services will temporarily introduce frequent, targeted COVID-19 testing as part of the organization’s Immunization for Workers for COVID-19 Policy.*

*• To ensure uninterrupted patient care, those eligible workers who are not fully immunized at a limited number of sites will be able to provide **proof of negative COVID-19 tests starting Dec. 13, 2021.***

*• The **immunization policy deadline will also be adjusted to Dec. 13** to accommodate the introduction of testing at facilities at significant risk of service disruption.*

• Patient care has always been the focus of the mandatory immunization policy – AHS must do all it can to ensure patients, particularly those who are more vulnerable or immuno-compromised, continue to be provided and protected while in our care.

² <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-vaccine-immunization-policy-faqs.pdf>

• Only work locations considered at significant risk of staffing shortages and subsequent service disruptions will be part of the testing program, which will be reviewed at the end of March 2022."

6) These directives and extracts are attached as Exhibit "V"

SWORN BEFORE ME at)
Devon __, Alberta, this _2nd_ day)
of ____ December _____, 2021)

Redacted)
Redacted)
Redacted)
_____)

Redacted

David Thomas Erickson

Commissioner for Oaths in and
for the Province of Alberta

Redacted

A Commissioner for Oaths
in and for the Province of Alberta



Alberta's government is directing AHS to introduce, temporarily, frequent and targeted COVID-19 testing as part of the organization's Immunization of Workers for COVID-19 Policy. Only sites considered at significant risk of service disruptions resulting from staffing shortages due to unimmunized employees will be part of the testing program.

Under AHS' current policy, employees who chose not to be fully immunized and have not been granted an accommodation would be put on an unpaid leave of absence.

“I've heard from many Albertans, especially in smaller communities, who are worried this policy will impact patient care. We fully support AHS' immunization policy, and I appreciate the tens of thousands of health-care workers who have made the right choice to get vaccinated. This directive is about protecting patient care – primarily in rural areas – which will always be my top priority.”

—
Jason Copping, Minister of Health

The proof of negative COVID-19 testing program begins on Dec. 13. AHS' immunization policy deadline will also be adjusted to Dec. 13 to accommodate the introduction of testing. The testing addition will be reviewed by March 2022.

To date, 96 per cent of AHS full-time and part-time employees and more than 99 per cent of physicians have submitted proof of immunization. Ninety-nine per cent of intensive care unit staff are fully immunized.

AHS will continue to evaluate its staffing needs and provide a full list of sites where testing is taking place by the Dec. 13 deadline.

Multimedia

- [Watch the news conference](#)

1

¹ <https://www.alberta.ca/release.cfm?xID=805124A2FC4A3-975B-85F4-452E46A1264A5682>

Immunization of Workers for COVID-19 Policy

The following information is meant to address some questions you may have about Alberta Health Services (AHS) Immunization of Workers for COVID-19 Policy. The following document will be updated as additional information is available. We encourage you to check back frequently for updates.

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- According to Alberta Health: “Available evidence suggests that most individuals would have a certain degree of immunity for at least 90 days after initial diagnosis of COVID-19. However, the risk for reinfection is likely to increase due to waning immunity after initial infection and exposure to variants that cause immune escape.”
- You can also find more information and the latest studies on the [National Advisory Committee on Immunization](#).

11. I already work remotely. Why do I need to be fully immunized?

- We all have a duty to protect the health and safety of each other, the patients and the public, prevent the spread of COVID-19 and outbreaks in AHS facilities, and to preserve workforce capacity to protect our healthcare system.
- It is important that all AHS workers, including those working remotely are fully immunized as you may need to access an AHS site, facility or have contact with another AHS worker at any time.
- This decision ensures consistency and fairness across the organization.

12. Why isn't rapid testing an alternative to immunization?

- There are significant safety and efficacy concerns with rapid testing. Current rapid testing technology is designed for those experiencing symptoms, which creates a large risk of false positives (up to 30 per cent), and this could lead to workers being unnecessarily restricted from work.
- The occurrence of false negatives is even more significant (reported as high as up to 50 per cent) where workers may be entering care environments infected with COVID-19.

Vaccine Safety Concerns

13. I have questions about the safety of the vaccine. Where do I find more information?

- All approved vaccines are safe, tested, effective and help prevent serious illness. Here are some helpful resources about vaccine safety on the [AHS webpage](#).
- Additional facts can be found here: [Health Canada](#) and [National Advisory Committee on Immunization \(NACI\): Statements and publications](#).

14. I'm pregnant. Do I still need to receive the COVID-19 immunization?

- [AHS' Position Statement on Pregnant Healthcare Workers and COVID-19](#), aligns with the latest recommendations from the [National Advisory Committee on Immunization \(NACI\)](#) and the [Society of Obstetricians and Gynecologists of Canada \(SOGC\)](#). NACI and SOGC recommend that pregnant people get two doses of COVID-19 vaccine.
- Please consult with your physician or health care provider or get the facts about the COVID-19 vaccines [here](#).
- There may be situations where a pregnant worker may be medically supported for an accommodation. Should you be medically unable to get the vaccine because of your pregnancy, please refer to the accommodation section.

15. What work-related compensation is available to employees who have reactions to COVID-19 vaccines?

- According to the Workers Compensation Board (WCB) policy: “When immunization is required for the prevention of a work-related disease or infection and as a result of a reaction to this compulsory immunization a worker experiences a loss of earnings, WCB will consider the reaction and its consequences to be compensable.”

CMO SMOH Notice for AHS Medical Staff

October 8, 2021

We would like to recognize that our work takes place on historical and contemporary Indigenous lands, including the territories of Treaties 6, 7 & 8, and the homeland of the Métis. We also acknowledge the many Indigenous communities that have been forged in urban centres across Alberta.

This week:

- Now is the Time to Submit your Proof of Immunization for COVID-19
- Support for Physicians
- Common Questions about COVID-19 Immunization
- New Sessions Added — Mandatory Vaccination: An Ethics Perspective
- Verna's Weekly Video Message — Spotlight on Protective Services
- No Change to Designated Support, Visitation Access for Thanksgiving
- Highlights from the CEO All Staff Update
 - COVID-19 Case Status in Alberta
 - COVID-19 Immunization Update
 - Changes to School Outbreak Reporting, Contact Notification
 - New Outdoor Gathering Restrictions
 - Canadian Armed Forces Nurses Land in Edmonton
 - Fort McMurray Prepares for Arrival of Newfoundland Healthcare Team
- MD Culture Shift
- Doctor of the Week: Call for Nominations
- Beyond COVID-19
- Additional Resources for Physicians
- Wrapping Up — Let's Celebrate Thanksgiving Safely

Now is the time to Submit Your Proof of Immunization for COVID-19

All physicians, nurse practitioners, medical and midwifery staff, students, volunteers and contracted healthcare providers must be fully immunized by Oct. 31, 2021, to comply with the *Immunization of Workers for COVID-19 Policy*.

The policy applies to the workforce broadly, including AHS medical staff with privileges in AHS facilities and programs, and AHS midwifery staff.

You must receive the final dose of your vaccine series no later than Oct. 16, 2021, to be considered fully immunized by Oct. 31, 2021. It's essential to ensure the safety of our people, patients and communities. Healthcare workers have an ethical and professional responsibility to protect others. Immunization helps us meet this standard.

If you are fully immunized, please don't wait until the Oct. 16, 2021, deadline to submit your proof of immunization, as this information is needed for planning purposes.

See the *Got My COVID-19 Immunization Form* for instructions on how to submit your record today.

Please note:

- **If you are both an employee of AHS and AHS Medical Staff, please submit the form twice: once noting your employee number and once without, but including your CPISA number.**

² <https://albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-cmo-update-2021-10-08.pdf>

Q: Why isn't rapid testing an alternative to immunization?

A: There are significant safety and efficacy concerns with rapid testing. Current rapid testing technology is designed for those experiencing symptoms, which creates a large risk of false positives (up to 30 per cent), and this could lead to workers being unnecessarily restricted from work. The occurrence of false negatives is even more significant (reported as high as up to 50 per cent) where workers may be entering care environments infected with COVID-19.

New Sessions Added – Mandatory Vaccination: An Ethics Perspective

Due to growing demand, the Clinical Ethics Service is offering more live sessions for staff to learn about the ethics of mandatory vaccination.

The session sheds light on how healthcare workers have additional obligations, how there will be times when prevention of harm to others can justify curtailing individual liberties, and how those liberties should be curtailed as little as possible when trying to achieve public health goals.

- Tues, Oct. 12** **10 a.m. to 11 a.m. (Edmonton Zone)**
Zoom Meeting (or call in by phone 1 587 328 1099 Meeting ID: 984 6758 4999, passcode: 879213)
- Wed, Oct. 13** **7 a.m. to 8 a.m. (All zones)**
Zoom Meeting (call in by phone 1 587 328 1099 Meeting ID: 979 8995 6422, passcode: 503864)
- 11 a.m. to noon (Calgary Zone)**
Zoom Meeting (call in by phone 1 587 328 1099 Meeting ID: 954 8795 1036, passcode: 316905)
- Thurs, Oct. 14** **9 a.m. to 10 a.m. (South Zone)**
Zoom Meeting (call in by phone 1 587 328 1099 Meeting ID: 915 4812 6999, passcode: 042489)
- 5 p.m. to 6 p.m. (All zones)**
Zoom Meeting (call in by phone 1 587 328 1099 Meeting ID: 943 0572 8996, passcode: 890573)

If you can't make the sessions, a recording has been posted on the [AHS website](#) for anyone interested. The Clinical Ethics Service also authored a guide to help us [navigate ethical challenges in the COVID-19 pandemic](#). If you have questions, contact clinicaethics@ahs.ca.

Verna's Weekly Video Message – Spotlight on Protective Services

Protective Services is an important part of our care team, dedicated to ensuring we can deliver safe, quality, patient- and family-centered care to Albertans. During the pandemic, their role has become even more important.

As you may have heard, and some of you experienced, many of our front-line teams are facing harassment from people who do not believe the COVID-19 pandemic is real. They fail or refuse to comprehend the realities AHS staff and physicians are experiencing every day. This harassment is

- Additional updates and information are being shared through the [College of Physicians & Surgeons of Alberta \(CPSA\)](#).

This update is intended to provide a summary of the key action items, information and decisions for AHS Medical Staff in relation to clinical policies and practices, and for the COVID-19 pandemic response. It is forwarded to physicians' preferred email inbox.

Do you have COVID-19 questions, information, or a physician or team who have gone above and beyond during the pandemic, that you would like to see covered in an upcoming edition of the COVID-19 CMO update? Let us know at CMO@ahs.ca.

Wrapping Up – Let's Celebrate Thanksgiving Safely

It's difficult to believe that we're heading into another long weekend, and a Thanksgiving weekend, while still dealing with very high cases of COVID-19.

Last year there was a spike in cases after Thanksgiving, largely caused by people coming together to mark the holiday. This is understandable. We yearn for human contact, particularly during this difficult time when case numbers are so high and necessary restrictions are in place.

We all need to ensure this doesn't happen this year. As you're surely aware, we do not have the capacity to handle another significant spike in cases. If you have a chance to celebrate Thanksgiving this year, please follow the public health restrictions, limit contact with people outside of your household, don't socialize if you are feeling unwell and wear a mask. And please encourage others to do so, too.

We have made some progress in reducing pressure on our healthcare system but that was not without a price. We thank all of you for your sacrifices. Let's make Thanksgiving a safe holiday and let's all continue to support one another.

With enduring gratitude and appreciation,

Dr. Francois Belanger

Chief Medical Officer and Vice President, Quality

Dr. Laura McDougall

Senior Medical Officer of Health



Immunization of Workers for COVID-19 Policy

Frequently asked questions

Updated: October 22, 2021

Update AHS is extending the deadline for employees – including physicians, frontline staff, volunteers, students and contractors – to comply with the Immunization of Workers for COVID-19 Policy.

All Covenant Health employees, medical and midwifery staff, students, volunteers and other persons acting on Covenant Health’s behalf now have until Nov. 30, 2021, to be fully immunized against COVID-19.

The following information is meant to address some questions you may have about Alberta Health Services (AHS) Immunization of Workers for COVID-19 Policy. The following FAQs will be updated as additional information is available. We encourage you to check back frequently for updates.

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With this mandatory policy, OHS&W must validate the disclosure, so the form now includes the ability to provide consent to validate your records, or you must submit your records.

10. Will I be able to leave work during my scheduled shift to get immunized?

Covenant Health workers are entitled up to three hours of paid leave (or longer if the employer deems it reasonable) to get each dose of the COVID-19 vaccine, if the appointment occurs during the employee's shift.

Employees and managers should work together when scheduling COVID-19 immunization leaves. Employees are required to give their leader as much notice as possible before requesting this leave.

11. I recently had COVID-19, but I'm better now, so why do I need to be fully immunized?

All workers must be immunized regardless of whether they have already had COVID-19. If you have already recovered from COVID-19, there is still a chance you could contract COVID-19 again or spread it to others. You are not considered fully immunized if you have not completed a vaccine series in accordance with Question 6.

According to Alberta Health, "Available evidence suggests that most individuals would have a certain degree of immunity for at least 90 days after initial diagnosis of COVID-19. However, the risk for reinfection is likely to increase due to waning immunity after initial infection and exposure to variants that cause immune escape."

You can also find more information and the latest studies on the [National Advisory Committee on Immunization](#).

12. I already work remotely. Why do I need to be fully immunized?

It's important that all healthcare workers, including those working from home, are immunized in case they need to return to the workplace for any reason.

We all have a duty to protect the health and safety of each other, our patients/residents and the public, prevent the spread of COVID-19 and outbreaks in Covenant Health facilities, and to preserve workforce capacity to protect our healthcare system.

This decision ensures consistency and fairness across the organization.

13. Why can't rapid testing be an alternative to immunization?

There are significant safety and efficacy concerns with rapid testing. Current rapid testing technology is designed for those experiencing symptoms, which creates a large risk of false positives (up to 30 per cent), where workers will be restricted unnecessarily.

The occurrence of false negatives is even more significant (reported as high as up to 50 per cent), where workers may be entering care environments infected with COVID-19. Both instances risk the safety of our workers, patients and families by either exposing them to

COVID-19 or risking further pressure on our staffing levels.

Vaccine safety concerns

14. I have questions about the safety of the vaccine. Where do I find more information?

All approved vaccines are safe, tested, effective and help prevent serious illness. Learn more about vaccine safety [here](#). Additional facts can be found [here](#).

Additional facts can be found here: [Health Canada](#) and [National Advisory Committee on Immunization \(NACI\): Statements and publications](#).

15. I'm pregnant. Do I still need to receive the COVID-19 immunization?

Many pregnant women have been immunized and there is no suggestion that there is any safety issue for COVID-19 vaccines in pregnancy. Likewise, there is no indication that the COVID-19 vaccine can cause infertility.

If you require more information, you can read [AHS' Position Statement on Pregnant Healthcare Workers and COVID-19](#), which was recently updated to reflect the latest recommendations from the [National Advisory Committee on Immunization \(NACI\)](#) and the [Society of Obstetricians and Gynecologists of Canada \(SOGC\)](#). NACI and SOGC recommend that pregnant people get two doses of COVID-19 vaccine.

Please consult with your physician or health care provider or get the facts about the COVID-19 vaccines [here](#).

There may be situations where a pregnant worker may be medically supported not to be immunized, which would result in a supported medical accommodation. Should you be medically unable to get the vaccine because of your pregnancy, please refer to the accommodation section.

15. What work-related compensation is available to employees who have reactions to COVID-19 vaccines?

According to the Workers Compensation Board (WCB) policy, "When immunization is required for the prevention of a work-related disease or infection and as a result of a reaction to this compulsory immunization a worker experiences a loss of earnings, WCB will consider the reaction and its consequences to be compensable."

WCB will adjudicate work-related claims and benefit entitlement based on a case-by-case basis.

For more information, see the [WCB Worker Fact Sheet on COVID-19 Vaccine Reactions](#).

16. Am I being forced to get immunized?

COVID-19 IMMUNIZATION POLICY

Frequently Asked Questions

Revised Nov. 2021

Immunization of Workers for COVID-19 Policy

The following information is meant to address some questions you may have about Alberta Health Services (AHS) Immunization of Workers for COVID-19 Policy. The following document will be updated as additional information is available. We encourage you to check back frequently for updates.

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Policy

1. What is the purpose of the Immunization of Workers for COVID-19 Policy?
 - The purpose of the Immunization of Workers for COVID-19 Policy is to protect the health and safety of our workers, patients and the public, and to preserve workforce capacity to support the healthcare system.
 - This policy sets out worker immunization requirements for COVID-19.
 - Alberta Health Services (AHS), Alberta Precision Laboratories (APL), Carewest, CapitalCare and Covenant Health will require all employees, members of medical and midwifery staffs, students, volunteers and contractors to be fully immunized for COVID-19 by Dec 13, 2021.

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- As per the LAPP Standards, contributions are not required during this unpaid LOA. Eligible employees will have the opportunity to buy back their service through the annual pension buy-back campaign or through the prior service process.

Targeted Testing at Facilities at Significant Risk of Service Disruption

*****This new section will continued to be updated as more details are confirmed*****

21. Why is temporary targeted rapid testing being considered as part of this policy? ****NEW****
- At the direction of Government, Alberta Health Services will temporarily introduce frequent, targeted COVID-19 testing as part of this policy.
 - To ensure uninterrupted patient care, those eligible workers who are not fully immunized at a limited number of work locations will be able to provide proof of negative COVID-19 tests starting Dec. 13.
 - The immunization policy deadline will also be adjusted to Dec. 13 to accommodate the introduction of testing at facilities at significant risk of service disruption.
 - Patient care has always been the focus of the mandatory immunization policy – AHS must do all it can to ensure patients, particularly those who are more vulnerable or immuno-compromised, continue to be provided and protected while in our care.
 - Only work locations considered at significant risk of staffing shortages and subsequent service disruptions will be part of the testing program, which will be reviewed at the end of March 2022.
22. Which sites are considered significant risk? ****NEW****
- According to the Immunization of Workers for COVID-19 Policy, a facility at a significant risk of service disruption is determined by the Vice President and Chief Operating Officer, Clinical Operations considering the following factors: limited staffing options available, high pre-policy vacancy rate, low vaccine confirmation rate and low mitigation effectiveness.
 - Eligible workers who are not fully immunized at facilities at significant risk of service disruption will be notified prior to Dec. 13, 2021 that they are eligible for rapid testing.
23. Who is eligible for rapid testing? ****NEW****
- Only those eligible workers who are not fully immunized and are working in a facility that is at a significant risk of service disruption will be required to undergo regular rapid testing.
 - We anticipate about 260 employees will be eligible for this temporary testing option, across approximately 16 work locations provincially. This represents about 0.2 per cent of staff, at about three per cent of AHS sites.
 - We anticipate this number will decrease as we develop additional mitigation strategies to ensure any service disruptions are limited.
 - Sites of significant risk are subject to change. The list of affected sites is currently being finalized.
 - Eligible employees who work at those affected locations who are not fully immunized will be notified before Dec. 13 that they are working in a facility at significant risk of service disruption and are eligible for the testing option while they are not fully immunized.
 - This does not apply to a worker hired after Nov. 30 or to any worker in a work location that is not at a significant risk of service disruption.

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- Eligible medical staff at affected sites who opt out will be subject to an Immediate Action as determined by the Medical Staff Bylaws.

24. What does temporary targeted rapid testing look like? ****NEW****

- Those eligible employees at affected sites who are not fully immunized and choose the testing option will be required to provide proof of a negative (Health Canada approved) COVID-19 test that was completed no more than 48 hours before each of their working shifts, at the employee's cost. A positive rapid test would require a PCR test.
- If an employee has multiple shifts in a week, this may mean multiple tests will be required.
- Testing costs and coordination will be the responsibility of the employee.
- If an employee opts not to provide regular proof of a negative COVID-19 test, they will be placed on an unpaid leave of absence.
- Except for where an accommodation has been granted, employees at all other sites who are not fully immunized by Dec. 13, 2021 will also be placed on an unpaid leave of absence.
- Eligible employees with an approved accommodation working at facilities at significant risk of service disruption, may be accommodated by rapid testing 48 hours before each working shift.

25. Who will be paying for tests? ****NEW****

- The cost of the tests are at the worker's expense, unless an approved workplace accommodation or exception (for medical or midwifery staffs) applies.
- The testing must be completed on the worker's own time. This means workers will not be paid for the time getting tested.

26. What types of tests will be accepted? ****NEW****

- The worker must be tested using a Health Canada-approved COVID-19 test.
- The test must be conducted at an existing private testing location (e.g., a pharmacy). Publicly-funded COVID-19 testing (e.g., through AHS) will not be accepted.

27. How do I submit proof of a negative test? ****NEW****

- The worker must retain proof (paper or electronic) of a negative test result and show that proof to their leader before the start of their next scheduled shift and if asked during their shift.
- If the worker tests positive for COVID-19, the worker must be tested for COVID-19 using a polymerase chain reaction (PCR) test. If the PCR test is positive, the worker must isolate in accordance with applicable Chief Medical Officer of Health Orders and the AHS Attending Work with COVID-19 Symptoms, Positive Test, or Close Contact Directive.

28. What if an unimmunized worker chooses not to participate in the testing program? ****NEW****

- Workers who refuse to be tested or fail to comply with these conditions will be placed on an unpaid leave of absence until they are fully immunized.

29. I work from home and I am currently not fully immunized, can I participate in this testing program? ****NEW****

- No, only employees at facilities at significant risk of service disruption as determined by the Vice President and Chief Operating Officer, Clinical Operations are eligible.

30. If eligible, will I be able to opt-in and out of testing? ****NEW****

- No, there will be no opportunity to opt-in and out. Those who are eligible for the testing option will be required to confirm with their manager their intent to adhere to testing. If they choose not

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to be tested, they will be placed on an unpaid leave of absence. If they agree to test and later choose not to be tested, they will immediately be placed on unpaid leave.

31. I have more questions; who do I contact for further information? ****NEW****

- As more information becomes available, we will continue to update our resources. Check this section often as it will be regularly updated.
- Your first point of contact should always be your leader to address any questions you may have.
- You can also contact AHSVaccineTaskForce@ahs.ca if additional support is needed.

Vaccine Safety Concerns

32. I have questions about the safety of the vaccine. Where do I find more information?

- All approved vaccines are safe, tested, effective and help prevent serious illness. Here are some helpful resources about vaccine safety on the AHS [webpage](#).
- Additional facts can be found here: [Health Canada](#) and [National Advisory Committee on Immunization \(NACI\): Statements and publications](#).
- If you continue to have questions about vaccine safety, please email us at AHSVaccineTaskForce@ahs.ca. We will connect with you with an AHS expert who can provide you with accurate and up-to-date information.

33. I'm pregnant. Do I still need to receive the COVID-19 immunization?

- [AHS' Position Statement on Pregnant Healthcare Workers and COVID-19](#), aligns with the latest recommendations from the [National Advisory Committee on Immunization \(NACI\)](#) and the [Society of Obstetricians and Gynecologists of Canada \(SOGC\)](#). NACI and SOGC recommend that pregnant people get two doses of COVID-19 vaccine.
- Please consult with your physician or health care provider or get the facts about the COVID-19 vaccines [here](#).
- There may be situations where a worker may be medically supported for an accommodation, please refer to the accommodation section for more information.

34. What work-related compensation is available to employees who have reactions to COVID-19 vaccines?

- According to the Workers Compensation Board (WCB) policy: "When immunization is required for the prevention of a work-related disease or infection and as a result of a reaction to this compulsory immunization a worker experiences a loss of earnings, WCB will consider the reaction and its consequences to be compensable."
- WCB will accept a COVID-19 vaccination reaction when vaccination is a mandatory condition of employment.
- WCB will adjudicate work-related claims and benefit entitlement based on a case-by-case basis.
- For more information, see the [WCB Worker Fact Sheet on COVID-19 Vaccine Reactions](#)

Additional Information

35. Will I be able to leave work during my scheduled shift to get immunized?

- AHS employees are entitled up to [three hours of paid leave](#) (or longer if the employer deems it reasonable) to get each dose of the COVID-19 vaccine, if the appointment occurs during the employee's shift.

Immunization of Workers for COVID-19 Policy

The following information is meant to address questions leaders may get from employees about Alberta Health Services (AHS) Immunization of Workers for COVID-19 Policy. This document will be updated as additional information is available. We encourage you to check back frequently for updates.

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14. My staff have reported to me that they submitted their form online but did not receive a confirmation email that their submission was received.	7
15. What do leaders do with communications/documentation that is sent to them by employees stating that they will not comply with the policy?	7

16. What do we do with the employees who already have said they are not going to comply with the policy? 7

17. What is the process for casual employees who are not compliant with the policy? 8

18. If an employee has their first dose delayed due to being symptomatic and now won't be in compliance, what is their recourse? 8

19. If an employee waited to get immunized and won't be in compliance by deadline, will they be placed on unpaid LOA until they are fully immunized or will an accommodation be made because of their intention to get fully immunized? 8

20. Is there any expectation on managers to check in with employees who have not submitted their immunization form after Nov. 28, 2021 to encourage them to get immunized and comply with the policy? 8

21. I received a medical note from an employee. How does this apply if the employee indicated they will not be getting immunized and know they will be placed on paid leave? 8

22. What must I do if leaders on my team will be proceeding on a leave of absence due to non-compliance with the Policy? 8

23. How will managers know if an employee is fully immunized while on leave? 9

24. If an employee who is non-compliant with the policy goes on medical LOA prior to Dec. 13, will they be transferred to an unpaid leave at that time? 9

Targeted Testing at Facilities at Significant Risk of Service Disruption 9

25. Why is temporary targeted rapid testing being considered as part of the Immunization of Workers for COVID-19 Policy? ****NEW**** 9

26. Which sites are considered significant risk? ****NEW**** 9

27. Who is eligible for rapid testing? ****NEW**** 9

28. What does temporary targeted rapid testing look like? ****NEW**** 10

29. Who will be paying for tests? ****NEW**** 10

30. What types of tests will be accepted? ****NEW**** 10

31. How do I submit proof of a negative test? ****NEW**** 10

32. What if an unimmunized worker chooses not to participate in the testing program? ****NEW**** .. 11

33. I work from home and I am currently not fully immunized, can I participate in this testing program? ****NEW**** 11

34. If eligible, will I be able to opt-in and out of testing? ****NEW**** 11

35. I have more questions, who do I contact for further information? ****NEW**** 11

Deadline 11

36. I had to implement shift schedule changes as a result of employees that were going to be on leave of absence due to non-compliance with the Policy. The deadline to become fully immunized is now Dec. 13, what do I do to revert to the previous schedule? 11

37. If I have to cancel some shifts, what notice do I have to give to those part-time and casual employees? 11

requests being delayed or cancelled. The approval delegate must have appropriate approval rights in the specific application.

23. How will managers know if an employee is fully immunized while on leave?

- Prior to return to work, employees placed on unpaid LOA will have to provide proof that they are fully immunized in accordance with the policy. Employees are to submit their form once fully immunized using [COVID-19 Got My COVID-19 Immunization Form](#).
- We are determining the process how reports will be updated as employees submit their immunization forms after Dec. 13, in order to return from the unpaid LOA. Further details on this process will be communicated when confirmed.

24. If an employee who is non-compliant with the policy goes on medical LOA prior to Dec. 13, will they be transferred to an unpaid leave at that time?

- If the employee was on an approved medical LOA prior to Dec. 13, 2021, they would remain on paid medical leave until such time they are fit to return to work. If they are not in compliance with the policy once they are cleared to return to work, then they will be placed on an unpaid leave of absence. Please speak to your Ability Advisor for assistance on specific situations and how the policy may apply.

Targeted Testing at Facilities at Significant Risk of Service Disruption

25. Why is temporary targeted rapid testing being considered as part of the Immunization of Workers for COVID-19 Policy? ****NEW****

- At the direction of Government, Alberta Health Services will temporarily introduce frequent, targeted COVID-19 testing as part of the organization's Immunization for Workers for COVID-19 Policy.
- To ensure uninterrupted patient care, those eligible workers who are not fully immunized at a limited number of sites will be able to provide proof of negative COVID-19 tests starting Dec. 13, 2021.
- The immunization policy deadline will also be adjusted to Dec. 13 to accommodate the introduction of testing at facilities at significant risk of service disruption.
- Patient care has always been the focus of the mandatory immunization policy – AHS must do all it can to ensure patients, particularly those who are more vulnerable or immuno-compromised, continue to be provided and protected while in our care.
- Only work locations considered at significant risk of staffing shortages and subsequent service disruptions will be part of the testing program, which will be reviewed at the end of March 2022.

26. Which sites are considered significant risk? ****NEW****

- According to the Immunization of Workers for COVID-19 Policy, a facility at a significant risk of service disruption is determined by the Vice President and Chief Operating Officer, Clinical Operations considering the following factors: limited staffing options available, high pre-policy vacancy rate, low vaccine confirmation rate and low mitigation effectiveness.
- Eligible workers who are not fully immunized at facilities at significant risk of service disruption will be notified prior to Dec. 13, 2021 that they are eligible for rapid testing.

27. Who is eligible for rapid testing? ****NEW****

- Only those eligible workers who are not fully immunized and are working in a facility that is at a significant risk of service disruption will be required to undergo regular rapid testing.

- We anticipate about 260 employees will be eligible for this temporary testing option, across approximately 16 work locations provincially. This represents about 0.2 per cent of staff, at about three per cent of AHS sites.
- We anticipate this number will decrease as we develop additional mitigation strategies to ensure any service disruptions are limited.
- Sites of significant risk are subject to change. The list of affected sites is currently being finalized.
- Eligible employees who work at those affected locations who are not fully immunized will be notified before Dec. 13 that they are working in a facility at significant risk of service disruption and are eligible for the testing option while they are not fully immunized.
- This does not apply to a worker hired after Nov. 30, 2021 or to any worker in a facility that is not at a significant risk of service disruption.
- Eligible medical staff at affected sites who opt out will be subject to an Immediate Action as determined by the Medical Staff Bylaws.

28. What does temporary targeted rapid testing look like? ****NEW****

- Those eligible employees at affected sites who are not fully immunized and choose the testing option will be required to provide proof of a negative (Health Canada approved) COVID-19 test that was completed no more than 48 hours before each of their working shifts, at the employee's cost. A positive rapid test would require a PCR test.
- If an employee has multiple shifts in a week, this may mean multiple tests will be required.
- Testing costs and coordination will be the responsibility of the employee.
- If an employee opts not to provide regular proof of a negative COVID-19 test, they will be placed on an unpaid leave of absence.
- Except for where an accommodation has been granted, employees at all other sites who are not fully immunized by Dec. 13, 2021 will also be placed on an unpaid leave of absence.
- Eligible employees with an approved accommodation working at facilities at significant risk of service disruption, may be accommodated by rapid testing 48 hours before each working shift.

29. Who will be paying for tests? ****NEW****

- The cost of the tests are at the worker's expense, unless an approved workplace accommodation or exception (for medical or midwifery staffs) applies.
- The testing must be completed on the worker's own time. This means workers will not be paid for the time getting tested.

30. What types of tests will be accepted? ****NEW****

- The worker must be tested using a Health Canada-approved COVID-19 test.
- The test must be conducted at an existing private testing location (e.g., a pharmacy). Publicly-funded COVID-19 testing (e.g., through AHS) will not be accepted.

31. How do I submit proof of a negative test? ****NEW****

- The worker must retain proof (paper or electronic) of a negative test result and show that proof to their leader before the start of their next scheduled shift and if asked during their shift.
- If the worker tests positive for COVID-19, the worker must be tested for COVID-19 using a polymerase chain reaction (PCR) test. If the PCR test is positive, the worker must isolate in accordance with applicable Chief Medical Officer of Health Orders and the AHS Attending Work with COVID-19 Symptoms, Positive Test, or Close Contact Directive.

32. What if an unimmunized worker chooses not to participate in the testing program? ****NEW****
- Workers who refuse to be tested or fail to comply with these conditions will be placed on an unpaid leave of absence until they are fully immunized.
33. I work from home and I am currently not fully immunized, can I participate in this testing program? ****NEW****
- No, only employees at facilities at significant risk of service disruption as determined by the Vice President and Chief Operating Officer, Clinical Operations are eligible.
34. If eligible, will I be able to opt-in and out of testing? ****NEW****
- No, there will be no opportunity to opt-in and out. Those who are eligible for the testing option will be required to confirm with their manager their intent to adhere to testing. If they choose not to be tested, they will be placed on an unpaid leave of absence. If they agree to test and later choose not to be tested, they will immediately be placed on unpaid leave.
35. I have more questions, who do I contact for further information? ****NEW****
- As more information becomes available, we will continue to update our resources. Check this section often as it will be regularly updated.
 - Your first point of contact should always be your leader to address any questions you may have.
 - You can also contact AHSVaccineTaskForce@ahs.ca if additional support is needed.

Deadline

36. I had to implement shift schedule changes as a result of employees that were going to be on leave of absence due to non-compliance with the Policy. The deadline to become fully immunized is now Dec. 13, what do I do to revert to the previous schedule?
- Due to collective agreement impacts with any short notice of schedule changes, please contact your HRBP Advisor for additional information and support.
37. If I have to cancel some shifts, what notice do I have to give to those part-time and casual employees?
- Any additional shifts that were offered and accepted by a part-time or casual employee can be cancelled in advance in accordance with the applicable collective agreement. Please contact your HRBP Advisor for additional information and support.
38. I have an employee who would have been on an unpaid leave and now cannot work as they made other plans. Now that the deadline to become fully immunized is Dec. 13, would they be required to work?
- Each situation should be reviewed on a case-by-case basis. Please contact your HRBP Advisor for additional information and support.
39. I have an employee who submitted their resignation as they were not going to comply with the Policy. Now that the date to be fully immunized has been extended, can the employee request to rescind their resignation?
- Due to the complex nature of this question, please contact your HRBP Advisor for additional information and support.
40. Can employees who are placed on an unpaid leave for non-compliance work for another employer for gain?

This is Exhibit "V" referred to in the Affidavit of:

David Thomas Dickson

Sworn before me this

2nd day of December, 2021

Redacted _____

Commissioner for Oaths, Justice or the Peace,

or Notary Public in and for Alberta

Redacted _____

Print Name and Expiry Date

A Commissioner for Oaths
in and for the Province of Alberta
Appointment expires 2023/03/31

Action No.: 2103-14553
E-File Name.: EVQ21DICKSOND
Appeal No.: _____

IN THE COURT OF QUEEN'S BENCH OF ALBERTA
JUDICIAL CENTRE OF EDMONTON

BETWEEN:

DAVID THOMAS DICKSON

Applicant

and

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ALBERTA

Respondent

PROCEEDINGS

Edmonton, Alberta
December 3, 2021

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1 Proceedings taken in the Court of Queen's Bench of Alberta, Courthouse, Edmonton, Alberta

2

3

4 December 3, 2021

Morning Session

5

6 The Honourable

Court of Queen's Bench of Alberta

7 Justice Fagnan

8

9 S. J. MacDonald (remote appearance)

For Her Majesty The Queen

10 (No Counsel)

For D. Dickson (remote appearance)

11 D. Neison

Court Clerk

12

13

14 THE COURT:

Good morning.

15

16 MS. MACDONALD:

Good morning.

17

18 THE COURT:

I see we have Ms. MacDonald and Mr. Dickson

19 online and so this is the, once again, I am Justice Fagnan, and this is Ms. MacDonald's

20 application on behalf of the respondent to strike the originating application. So I did

21 receive, I believe I have received all of the materials, some of which were provided as

22 recently, I believe, as yesterday. And so I think we can probably proceed unless there is

23 any preliminary matters.

24

25 Mr. Dickson, the way that we will proceed this morning is that Ms. MacDonald will

26 present her argument on her application and then you will have an opportunity to respond,

27 and then I will ask her if she has any comments on anything arising from your response.

28 All right?

29

30 Is there anything that anyone feels that I need to address before we start in?

31

32 MS. MACDONALD:

No, My Lady.

33

34 THE COURT:

Mr. Dickson? You are muted.

35

36 MR. DICKSON:

No, Your Honour.

37

38 THE COURT:

Okay. Thank you. All right, Ms. MacDonald.

39 Go ahead.

40

41 **Submissions by Ms. MacDonald**

1
2 MS. MACDONALD: Thank you. My Lady, Mr. Dickson has brought
3 an originating application seeking the following orders from this Court. An order that
4 vaccinations in the province cease; and secondly, if the Court does not order that then for
5 this Court to order that "all persons receiving the COVID-19 vaccine in the Province of
6 Alberta be provided full and informed consent which includes being provided with a
7 comprehensive list of the risk factors associated with the COVID-19 vaccines".
8

9 The Crown has brought this application to strike based on two principles, standing and
10 jurisdiction. I would intend to address standing first.
11

12 The prevailing policy is that a challenger must show some special interest beyond the
13 general interest that is common to all members of the relevant society. Generally
14 speaking, these challenges and the issue of standing addresses an operation of legislation.
15 I would suggest that is not this situation. However, Mr. Dickson states that the basis of
16 his claim is that it is "in the best interest of persons living in the Province of Alberta". As
17 a result we view that Mr. Dickson is seeking public interest standing.
18

19 The Supreme Court case of *Downtown Eastside* particularly paragraphs 37 as well as the
20 preceding 35 and 36 sets out that the decision to grant or refuse standing involves the
21 careful exercise of judicial discretion through the weighing of three factors: Serious
22 justiciable issue; nature of the plaintiff's interest, and other reasonable and effective
23 means. The Court states that these factors should be seen as interrelated considerations to
24 be weighed cumulatively. I will address those three factors now.
25

26 Serious justiciable issue. This justiciability of an issue relates to the concern about the
27 proper role of the courts and their constitutional relationship to the other branches of
28 government. This factor also reflects the concern about over burdening the courts with
29 the "unnecessary proliferation of marginal or redundant suits, and the need to screen out
30 the mere busy body". This is in paragraph 41 of the *Downtown Eastside* case.
31

32 The Supreme Court has also stated that justiciability relates to the subject matter of a
33 dispute. The general question being, is this issue one that is appropriate for a Court to
34 decide, and that is from paragraph 32 of the *Highwood* case. From that same case, from
35 paragraph 34 the court says: (as read)
36

37 That it should ask whether it has the institutional capacity and the
38 legitimacy to adjudicate the matter. In determining this the court should
39 consider "that the matter before the court would be an economical and
40 efficient investment of judicial resources to resolve that there is a
41 sufficient factual and evidentiary basis for the claim; that there would be

1 an adequate adversarial presentation of the parties positions; and that
2 no other administrative or political body has been given prior
3 jurisdiction of the matter by statute.

4
5 As we submit, the jurisdiction to decide whether vaccines will be available in the
6 Province of Alberta has been given to the Crown and the process of its distribution to
7 Alberta Health Services.

8
9 The details of the standards that health professionals are to abide by, including informed
10 consent, and what that looks like in the administration of vaccines, therefore, lies with
11 AHS, in our submission, and the colleges of these various health professionals. There is
12 no hole that the Court needs to fill.

13
14 This would not be an economical or efficient investment of judicial resources for the
15 Court to weigh into the realities and the myriad of information of COVID, its impact, the
16 approval of vaccines in Canada, and the subsequent availability of those vaccines in the
17 Province of Alberta. Nor, we submit, is there sufficient factual and evidentiary basis for
18 the originating application.

19
20 I would point out that the evidence filed in support of Mr. Dickson's application are his
21 affidavits referencing his interpretation and view of the information available on COVID
22 and the COVID vaccines. He refers to himself as an expert about informed consent, but
23 the evidence provided, I would suggest, is clear that he has no medical or health related
24 educational, experience or expertise.

25
26 There are also affidavits from two midwives and one anaesthesiologist, all of which
27 contain limited, antidotal, and hearsay evidence about unknown Albertans. To constitute
28 a serious issue, the question raised must be "of substantial constitutional" -- sorry, "must
29 be a substantial constitutional issue or an important one". This is from paragraph 42 of
30 *Downtown Eastside* case.

31
32 In this case, there isn't a constitutional question or challenge raised in this application.

33
34 In addition, I would point out the commentary in paragraph 2 about whether the claim is,
35 "far from frivolous" and it is referenced in that paragraph to the *Hy and Zel's* case: (as
36 read)

37
38 Where the standard of whether the claim was so unlikely to succeed that
39 its result would be seen as a "foregone conclusion".

40
41 I would suggest and submit that this Court has the ability to take judicial notice of what

1 has been going on around the world in this world wide pandemic and the call for vaccines
2 across the world, and we submit that there is no real likelihood that the Court would ban
3 the use of vaccines for COVID-19 in the Province of Alberta. We submit that as a matter
4 of principle, but also as a result of the evidence that has been put before this Court on the
5 application.
6

7 We would also submit that it is unlikely that the Court would enter the arena of directing
8 health professionals as to how to carry out their duties in the provision of health services,
9 such as what informed consent must look like in the providing of vaccinations. In this
10 case, we submit there is a lack of factual basis put forward in which the Court would even
11 be able to do so, but also due to the fact that the entities that are authorized to make those
12 decisions are also not part of this application.
13

14 The second factor of standing the nature of the plaintiff's interests. Those factors are
15 concerned with whether the plaintiff has a real stake in the proceedings. Mr. Dickson's
16 personal opinion, as strong as that opinion may be, does not mean he has a real stake in
17 the proceedings. We would submit that Mr. Dickson does not have a direct personal
18 interest in whether his neighbour is able to access vaccines, or whether his neighbour is
19 entitled to access vaccines for that neighbour's child or children. He has given evidence
20 in his affidavits that based on his views and interpretation of all the public information
21 that he is reading that he is not intending on getting a vaccine at this point, and he is
22 entitled to make that decision, but we submit that does not entitle him to try to make that
23 decision for others.
24

25 Mr. Dickson, in his affidavits, has used the term vaccine mandate. There is no vaccine
26 mandate from the Government of Alberta pertaining to the citizens of Alberta. Mr.
27 Dickson refers to vaccine mandates in some places of employment, but that is not the
28 Government of Alberta mandating vaccines for the citizens of Alberta, and none of which
29 those employment particulars pertain to Mr. Dickson's situation nor is that what this
30 application is seeking. Mr. Dickson also refers to mask mandates, but a mask mandate is
31 not the same as vaccine availability. We cannot lose sight, I would suggest, of what Mr.
32 Dickson is asking for in his originating application and for which this analysis must be
33 focused on, and that is seeking an injunction on vaccines and if not then a direction of
34 informed consent and what that should look like based on Mr. Dickson's point of view.
35

36 The Supreme Court in *Downtown Eastside* at paragraph 43 refers to: (as read)
37

38 Examining the plaintiff's reputation, continuing interest, and link with
39 the claim and the Court assessing its "engagement", so as to ensure an
40 economical use of scarce judicial resources.
41

1 With respect, we submit there is nothing in Mr. Dickson's background or reputation
2 relating to the issue of vaccine availability. He has no particular link to that issue. Nor
3 continuing interest outside this originating application.

4
5 The third factor in standing, the reasonable and effective means of bringing the issue
6 before the court.

7
8 The Court in *Downtown Eastside* at paragraph 44, the Supreme Court in *Downtown*
9 *Eastside* indicates that this third factor requires consideration of whether the suit is a
10 reasonable and effective means to bring the challenge to court. In doing so, the Court has
11 set out some illustrative, but not exhaustive list of matters for a court to take into account
12 in assessing this factor.

13
14 The first factor, the plaintiff's capacity to bring forward a claim. That is the plaintiff's
15 resources, expertise, and whether the issue would be presented in a sufficiently concrete
16 and developed factual setting.

17
18 While Mr. Dickson is an obviously well spoken individual, we submit that his lack of
19 expertise in this area and the fact that the evidence being presented in the support of the
20 application is not concrete or factually developed. It is presented with limited factual
21 information and hearsay so the ability to delve into those facts does not exist.

22
23 The second factor is whether the case transcends the interest of those directly affected by
24 the challenged law or action, that is does it provide access to justice for disadvantaged
25 persons whose legal rights are being affected?

26
27 We submit this is not the case. There are no rights being affected by the availability of
28 vaccines for Albertans to choose to obtain those for themselves should they desire to do
29 so.

30
31 The third factor, whether there are realistic alternative means which would favour a more
32 efficient and effective use of judicial resources.

33
34 I wish to be clear that I am not counsel for and do not speak on behalf of any other body
35 other than the named respondent, Her Majesty The Queen in the Right of Alberta.
36 However, I would submit it seems logical that any concerns, for example, that the
37 midwives may have with respect to what they are seeing in their practice may be raised
38 with the regulating body. Further, if any individual has concerns with the vaccine process
39 be it in an AHS clinic or pharmacies or doctors offices they could raise those concerns
40 with those bodies or the regulatory colleges of the health professionals involved.
41

1 The fourth factor, potential impact of the proceedings on the rights of others who are
2 equally or more directly affected should this be taken into account. This analysis often is
3 littered that failure of the challenge could prejudice subsequent challenges by parties with
4 specific and factually established complaints. With respect to this particular application
5 that does not seem to be overly applicable, but we submit it is important to note again that
6 Mr. Dickson has chosen personally to not get vaccinated and he is able to make that
7 decision, but he is seeking to take away the ability for others to make that decision for
8 themselves. It is submitted that with all of this Mr. Dickson does not meet the test for
9 public interest standing.

10
11 I do wish to address private interest standing as well in the alternative. Although a review
12 of Mr. Dickson's application would require the Court to grant public interest standing we
13 submit he also does not have private interesting standing. Personal opinion is not of
14 course the same as private interest in the legal sense. Private interest standing derives
15 from a party having a direct personal interest in the question to be determined by the
16 Court, and we point to paragraph 105 of the *Sorenson* case. Mr. Dickson does not have a
17 personal interest, as we have stated previously, in the availability of the vaccine for other
18 Albertans. Private interest standing arises: (as read)

19
20 As a matter of right arising from a direct relationship between the person
21 and the state.

22
23 This is from the *AUPE* case paragraph 14: (as read)

24
25 A direct relationship arises where the state engages a person in a court
26 process.

27
28 The government has not engaged Mr. Dickson in a court process, nor is Mr. Dickson
29 being required to get a vaccine. His affidavit evidence regarding masks and possible
30 policies and schools and the effects of vaccine exemption programs are not relevant to the
31 issue of whether vaccines should be available to Albertans. We suggest and submit that
32 Mr. Dickson does not have a private interest standing.

33
34 Unless there are questions at this point, My Lady, I would proceed to the issue of
35 jurisdiction.

36
37 THE COURT: All right.

38
39 MS. MACDONALD: As there are different legislations relevant to
40 those issues, I intend to address them for the two sought orders separately. The first being
41 the stopping of vaccines in Alberta.

1
2 Mr. Dickson has requested for an order to halt administration of all COVID-19 vaccines.
3 We suggest that is, in effect, seeking an injunction. We point to Section 17 of the
4 *Proceedings Against the Crown Act* prohibiting an injunction against the Crown. Now,
5 the Court of Appeal in the *Lehmann v Beaver Lake Cree Nation* case at paragraph 40
6 stated: (as read)

7
8 That in cases involving constitutional cases there is authority for
9 granting interlocutory injunctions.

10
11 Mr. Dickson is seeking a permanent injunction, and once again, this originating
12 application does not involve the question of constitutional matters.

13
14 And in the *Lehmann Wines* case this Court stated that: (as read)

15
16 Injunctive relief is not available against the Crown as long as the Crown
17 is not acting unconstitutionally or *ultra vires*.

18
19 Providing a vaccine in the Province of Alberta for the citizens of Alberta is not acting
20 unconstitutionally or *ultra vires* the powers of the provincial government. The
21 Communicable Diseases Regulation establishes that the Government through the Minister
22 of Health may provide vaccines within the Province of Alberta. Therefore, in making
23 vaccines available the Government is acting within its constitutional powers.

24
25 Although we submit that it is the extent of the analysis that would need to be done on this,
26 as we had understood Mr. Dickson raising his concern about COVID-19 being established
27 as a communicable disease, but it not being listed in the regulation we did provide a, I
28 think it is still an unfiled affidavit that attaches a copy of the Ministerial Order number
29 608/2020 which establishes clearly that COVID-19 has been found and declared to be a
30 communicable disease in the Province of Alberta. As such, the authority to make the
31 decision to provide vaccines to the citizens of the Alberta rests with the Government and
32 then to implement the distribution rests with Alberta Health Services. There is no
33 authority either statutory or in common law for this court to make that health decision for
34 the citizens of Alberta.

35
36 With respect to the informed consent, Mr. Dickson seeks the Court to order that persons
37 receiving COVID-19 vaccines be provided full and informed consent. Although the
38 language is that a person is to give informed consent, semantics aside, I think once again
39 the court can take judicial notice of the fact that the concept of informed consent is one
40 that is well established in the world of medicine and health care. However, Mr. Dickson
41 seeks the Court to order that what, in his opinion, is informed consent, that being the

1 comprehensive list of risk factors being provided.
2

3 As set out in the *Health Professions Act* and the affidavit of Chad Mitchell, a number of
4 health professionals are authorized to provide vaccines within the Province of Alberta.
5 The directives that are attached to Mr. Mitchell's affidavit direct that Alberta Health
6 Services and medical officers of health are to employ health practitioners authorized to
7 administer vaccines and to ensure that these persons are trained to do so. Attached to the
8 affidavit is also a copy of Alberta Health Services very lengthy and comprehensive
9 consent to treatment document, that is Exhibit 'C' of that affidavit, and further attached as
10 exhibits are copies of various informed consent policies or documents found on various
11 health profession colleges web sites.
12

13 The *Health Professions Act*, Section 133 gives statutory authority to the Council of
14 Colleges for these regulated professions to adopt codes of conduct or codes of ethics and
15 standards of practice which would include informed consent. So, once again, the
16 statutory authority to establish what a health professional needs to do in order to have
17 informed consent has been given to other bodies and not this Court. There is no authority
18 or jurisdiction for this court, we submit with all due respect, to enter into the arena of
19 directing what steps and policies a health professional is to follow in that regard.
20

21 I submit that we have also established that it is not the Government of Alberta that
22 ascribes what informed consent looks like in medical or health procedures, including the
23 giving of vaccines. Therefore, it is also submitted that this Court would not have
24 jurisdiction, in any event, to grant an order as against Her Majesty The Queen with
25 respect to that issue.
26

27 Subject to any questions, My Lady, those are my submissions.
28

29 THE COURT: All right. Thank you. Ms. MacDonald.
30

31 Mr. Dickson, it would be helpful to the Court if you went through the points raised by Ms.
32 MacDonald in the same order that she did, but I do not want to restrict you if you have a
33 difficulty with that. Are you able to address the arguments in the order she raised them?
34

35 **Submissions by Mr. Dickson**
36

37 MR. DICKSON: I think in my affidavit in response I actually go
38 through those points in that order in relation to standing and then jurisdiction and also
39 something that wasn't covered in this, but is in the application to strike whether HMQ is
40 the correct party to be named.
41

1 THE COURT: All right. So let us start then with the public
2 interest standing arguments.

3
4 MR. DICKSON: So as I am not a lawyer the concept of public
5 and private interest is something that is new to myself, and I fully understood when
6 making this application to be -- to have the arrogance to think that I could actually force
7 myself to be informed or just myself to be exempted from the vaccine mandates that have
8 been applied directly or through proxy would be something that obviously nobody could
9 ask for because this isn't being applied to just one part of the general public.

10
11 But my understanding on the public standing is that I, obviously through my -- the
12 information I provided with respect to private standing that actually also applies to why I
13 would have public standing. I don't know whether it's relevant to go through the private
14 standing argument first and whether the Government has put it the other way around. But
15 effectively my understanding from the case law that the Government presented,
16 *Downtown Eastside*, is that on appeal the courts found that because the parties had private
17 standing the question of public standing was moot no matter what the application was,
18 because the facts were being brought to the courts any way through that process.

19
20 As a member of the public and having a direct interest, I am one of as far as the Crown,
21 the Government has stated and states almost everyday now online and in their statements
22 and directions to everybody that I am pretty much one of the highest risk people in the
23 world for dying from COVID. They also, through the documentation they have provided,
24 have suggested that I am one of the most high risk people to be impacted negatively and
25 potentially die or be permanently injured by the vaccines as they currently stand. Because
26 those two messages are completely contradictory somebody like myself could not
27 possibly make an informed decision.

28
29 Constantly this Government has made statements, as have been presented, I know Ms.
30 MacDonald has stated they are my opinions, but throughout all of the evidence I have
31 provided, other than the informed consent, which is my opinion as informed consent
32 which goes beyond just medical. The concept of informed consent isn't just a medical
33 item and I am, you know, regardless of the process, I am an expert, considered an expert
34 in informed consent. And that informed consent requires you to understand and have
35 access to factual information that is not contradictory, that is easy to understand. That
36 hasn't been coerced, hasn't be undue influenced, but this Government to everybody and
37 myself and, you know, in this case in particular because I have some unique
38 circumstances would make informed consent an impossibility for -- I mean as I have
39 presented, the Government has made statements about the fact that these vaccines are
40 completely safe and there are no issues. And then at the same time -- and they said that
41 the naysay documents that have been submitted as have been presented in my

1 supplemental application at exhibit -- sorry, Your Honour.
2

3 In my supplemental affidavit of November, on November the 19th the naysay document
4 which the Government has stated they have read fully. It states that they don't have
5 enough data. On paragraph 19 of my supplemental affidavit submitted in November. It
6 actually outlines not my opinion, but the actual words directly from the naysay documents
7 clearly stating that they don't have enough information to determine the effectiveness.
8 And that lack of information is based on the information they have for all age groups.
9

10 In paragraph 20, again, from October a document that the Government of Alberta has
11 stated they have fully reviewed, but having reviewed that saying everybody, everybody
12 should get this vaccine. They have stated through their direction to the colleges there are
13 really no exemptions. There are no options. And they say the evidence from the clinical
14 trial data, in section 20, is limited -- due to the limitations and the size and duration of the
15 follow-up trial populations. However, clinical trials and studies in real world settings are
16 ongoing.
17

18 We have rolled out a vaccine, I am somebody who has had all move vaccinations. I have
19 had the pneumococcal five year vaccine. I have had a TB vaccine. I have always
20 received my vaccinations, but I have always had assurances that they were safe and in my
21 best interests. The Government, by its own documentation, is saying it is not safe.
22 However, by the public statements are saying the exact opposite. So how is anybody, I
23 mean to say that these are my opinions, I am sure if we brought anybody into this
24 courtroom they would agree that they should have all relevant information to actually
25 make a decision, that they shouldn't be unduly coerced and that they should have not be
26 coerced either by the fact that they are losing a job, yes, that doesn't affect me, but it
27 affects the health care workers that support me. It affects the decisions on how my doctor
28 treats me because if they don't follow these guidelines and lack of information then they
29 will be fired. So they can't give me information. I trust the information I am getting.
30 What I get from the Government on an ongoing basis, and that information is not just
31 going to me it is going to every member of the public. Just because you don't know you
32 are not being informed does not mean you are not being informed.
33

34 My daughter, my youngest daughter, had her vaccination because she was told she had 24
35 hours to make a decision. When she got to have that vaccinations she was shaking and
36 crying while it was actually being given to her. Why were the people who were doing
37 that doing it? Because that is the direction the Government has given. Ms. MacDonald
38 says that, you know, these are the decisions of other parties, the college, the professionals
39 themselves.
40

41 However, as they presented in their own evidence, the Dr. Henshaw and the Government

1 of Alberta has actually directed exactly what should and shouldn't be done. What
2 information should and shouldn't be provided, but they didn't provide all of the
3 information that's available to them. In fact, Dr. Henshaw in every single one of her
4 orders, and as Ms. MacDonald presented in the Ministerial Order 608, the Government
5 has all the information to clearly outline that this, that COVID-19, is a serious infectious
6 disease. Actually in Ministerial Order 608 it actually describes it as influenza. Well, at
7 that point in time it was a Corona virus and everybody knows that that is not influenza.
8

9 THE COURT:

All right. Mr. Dickson, I want to make sure that
we are staying focused on the issues that relate to the application to strike. I find that we
are getting into more the substance of your, and I understand that you want to refer to that
to some extent, but I have heard what you said about your personal interest and the issues.
And so do you have anything to add in terms of how the matter has engaged you directly?
14

15 MR. DICKSON:

So as I have deposed in my affidavits I
personally require and have been prescribed certain forms of treatment that are no longer
available to me because of the government's direction to health care professionals and
businesses. That lack of informed positioning throughout and specifically as it relates to
vaccinations with the REP Program, and prior to that with the masking, I can't go to a
swimming pool. I just can't get in. I can't get an exemption despite all my medical
conditions that clearly state that I would be at high risk of getting that vaccination, and by
the Government's own data on how many and how significantly increased the vaccine
injury reporting has been because of that information I can't go and receive that treatment.
It couldn't impact me any more than it has.
25

Also, as the medical proxy of my mother-in-law another member of the public in Alberta
who I am directly responsible to and her medical treatment. Again, based on the
information that has been provided, we can't make an informed decision for her in relation
to whether she should or should not receive a vaccination because of the vaccine
mandates. They are, we can wrap them up in whatever language you like, but when the
Government, when Dr. Henshaw or the education minister states specifically in the letters
to the parties that they effectively fund and control and must do, under the direction of the
Minister and the Government.
34

I mean as we found out this week, you know, ironically I quoted the legislation in my
response in how the -- where the Crown had actually not covered in their application.
They had left out Section 2.1 and 2(1) even though they referred to 2(1) of the *Act*. It
actually states quite clearly that the Minister, everything is done at the Minister's
direction. And what did we see this week? On Monday, we saw the Minister direct a
change to the vaccine roll out specifically in relation to specific sections of the public.
That actually has changed everything including between the direction from the letters and
41

1 the direction on Monday, that impacts my ability to actual go and ensure the safety and
2 health and welfare of my mother-in-law. I cannot get into the care centre to see her
3 without having a vaccine. I am either going to have to forced to be vaccinated or abandon
4 my duties as her health proxy. Same for myself. I either have to give up my ability to
5 actually follow my doctor's direction on what I need to do to improve my health and take
6 a vaccine or not do it. I mean I can't actually continue with these actions. I can't continue
7 with the direction of my doctor without.

8
9 Like myself and many others, I had a letter that exempts me because of my health
10 condition from wearing a mask. Now wearing a mask actually is life threatening for me
11 because of the condition I have. However, the Government has now stated not that my
12 doctor can make a decision as to whether the mask is safe for me to wear or not, which
13 had clearly been stated it was not. Now the Government has decided, Dr. Henshaw has
14 decided a specific group of items as to why, what would constitute an exemption without
15 actual seeing a single person. That same thing has happened.

16
17 The reason I point to masks is this is a repeating process. Yes, the mask I can, you know,
18 is an interim arm which could be long term, could be life threatening. But a vaccination,
19 if I make a decision to actually be vaccinated for myself or my mother-in-law I can't be
20 unvaccinated. That is something that may or may not end my life. But if I don't get
21 vaccinated based on the information the Government is saying I am going to die. I can't,
22 and I can't make a decision. But inside the Government's documentation, that is -- one of
23 the -- almost proving the point that we are not fully informed is the fact that Ministerial
24 Order 608 along with a number of other documents the Crown has put in to support their
25 position are not publically available documents.

26
27 I actually did a search on the open Alberta site for all the ministerial orders. I can find
28 606. I can find 612. I can find all the others that actually refer to COVID-19 as a
29 pandemic separate from an influenza pandemic. But order 608 doesn't seem to even exist.
30 I am not even sure where that order came from. I am not saying it is not a real order, but
31 here we have a clear example of the Government has not provided information. In there it
32 states, just like on top of every one of Dr. Henshaw's orders, the Government has the
33 information to actually show what is happening, or at least to show that COVID-19 is as
34 deadly as they say it is, although the data I look at doesn't seem to support that. And the
35 fact that two years on almost and I am still alive.

36
37 And actually the reason my medical history stops in 2020 for hospitalizations is despite
38 having all my respiratory conditions I have not been in hospital for two years. I normally
39 end up hospitalised six times a year with respiratory issues. I mean I either must be one
40 of the most luckiest people around or something has happened. I haven't bought a mask
41 which the Government say I will die if I don't wear a mask. I haven't been vaccinated and

1 I am still here.

2

3 My mother-in-law is the same. She lives in what people consider is the highest risk
4 environment on the planet in a care home. She hasn't been vaccinated. She hasn't been
5 tested, and she hasn't been, she hasn't wore a mask. In fact, nobody inside a care home, as
6 a resident, is required to wear a mask whereas the rest of the population does.

7

8 THE COURT: All right. So, Mr. Dickson, what I take from
9 what you have said so far is that you find yourself in a position where you cannot make a
10 decision, and so, because certain information is not available to you, but you have put
11 forward information in your affidavits that you say should be made available. And, so, it
12 is not clear to me for you personally what, that you are lacking access to relevant
13 information.

14

15 MR. DICKSON: So obviously the Government has stated that
16 they have information that demonstrates that COVID is a lot more serious than the
17 information they have currently presented. I have looked for that information. I can't find
18 it. Even in, I mean there are documents that obviously are not being made available to the
19 Government like Ministerial Order 608, like some of the policy documents. Some I can
20 find some I can't. The data that is presented by the Government online states that we have
21 had 'X' amount of deaths with COVID the majority of which are with multiple
22 comorbidities, and some of which are within two weeks of receiving a vaccination.

23

24 I don't know because the Government continues to merge information and present it in a
25 way that doesn't make it clear to anybody how many of those people are actually
26 hospitalised for other reasons. How many times -- we heard the 14-year-old that actually
27 had, that allegedly died of COVID. And then because the family complained, not because
28 anybody, but the family complained, the Government had to reverse their position. How
29 many other times is that happening? From the evidence that's in from the doctors, the
30 doctor and the two midwives, and they are not the only people that have spoke to me.

31

32 THE COURT: Mr. Dickson, so, again we are talking the
33 personal, your interest.

34

35 MR. DICKSON: Yes.

36

37 THE COURT: So the relief that you seek that relates to people
38 being provided with information about the risks associated with the vaccines, and so it
39 appears that what you have provided is a lot of information with respect to risks that have
40 not been disclosed. So from a personal point of view, again, getting back to my question
41 about how this impacts on you directly. It is not clear to me. If you are basing your

1 argument on information that you have that you say should be presented to the public then
2 how is this effecting you personally?

3
4 MR. DICKSON: No, my issue is the information I do have has
5 gaps in it. Even with all the information I have I am not able to make the decision. It is
6 not with the information I have I have been able to make the decision. The information I
7 have has gaps in it that -- those same gaps are for everybody. And although, maybe I
8 worded it poorly in the application, the risks of the vaccine has to be weighed against the
9 risk of the virus. I mean you can't have information about the risk of one without the risk
10 of the other so you can actually make an informed decision, and we don't have
11 information. There are significant gaps and misinformation and coercive measures that
12 have been taken by this Government that interfere with the ability to make an informed
13 decision.

14
15 All I am asking, what I am asking for is that based on the information I have today that
16 the Government has made publically available there is the suggestion that the vaccines
17 are the most dangerous vaccines we have ever produced ever, based on their own
18 information. As such, it would be negligence to continue pushing those vaccines out until
19 we can actually get some more information. If the Government has the information to
20 justify and clarify those issues they should make that information available.

21
22 I mean Ms. MacDonald said, I have asked for a permanent stop to all COVID-19 vaccines
23 forever in the province. That is not what my ask was. I wouldn't expect that the Court
24 would just stop all vaccines forever. The point is that if we knew that there was a vehicle
25 that was the most dangerous ever in the world, the Court wouldn't allow that to just --
26 people to just keep driving around in that while we made some decisions as to how we
27 could make it safer. I mean it is a case of if we know based on the Government's
28 information that they produced to date that this is the most dangerous vaccine that has
29 ever been produced, by their own words not by my words not by my interpretation, how
30 do we continue to do that and continue to roll that out? How can people be making
31 informed decisions?

32
33 THE COURT: Right.

34
35 MR. DICKSON: The Government's own consent forms are clear
36 that up until three weeks ago we were actually giving people third doses that weren't even
37 authorized. That information was never, if I had have got the vaccine, and I could have
38 qualified I would have been at the top of the list to qualify for that third dose. I haven't
39 made that decision, but there is going to come a point where if I want to continue with my
40 life, if my mother-in-law wants to continue with her life, you will have to make the
41 decision to be vaccinated, not because of a safety concern with COVID but in order to

1 continue living our lives. In order to actually receive access to basic services. I mean it
2 might be --

3

4 THE COURT: All right.

5

6 MR. DICKSON: That the Government says that, you know,
7 swimming is not something that is that important to people. It is actually critical to the
8 health of myself and my mother-in-law, and yet, we were both denied access to that as are
9 many other Albertans based on a lack of information.

10

11 THE COURT: Okay. So Mr. Dickson, you have expressed that
12 you are not in a position to make a decision about whether to get the vaccine or not, and
13 to make that decision for your mother-in-law. You are restricted from swimming. I am
14 just trying to summarize the points that you have made with respect to how this personally
15 impacts on you.

16

17 MR. DICKSON: It is not just swimming, Your Honour, it is
18 access to many, many aspects of life. Every where that the Government has, when the
19 Government brings in a policy it cascades throughout society. Just because the
20 Government like for masks, the Government never mandated masks initially, but it
21 became the norm for every single organization to do it because of the information and the
22 direction the Government was given.

23

24 All the information right now, the only information that's effectively allowed to be
25 discussed is the Government, is the information that the Government provides. The
26 Government is not providing all the information which is quite clear because they appear
27 to have information that we don't have that would -- I mean when they say the only
28 reasonable thing to do there is no other choice but to get vaccinated then the Government
29 must have some information that supports that basis, that all businesses must have, that
30 unvaccinated people cannot meet with each other at all.

31

32 All of those things. I can't interact. Right now as it stands with the current orders, I
33 cannot meet -- I missed the Christmas last year with my second grandchild their first
34 Christmas because the Government said as a person without the ability to mask and all
35 the other reasons I couldn't see my first granddaughter's Christmas. We are currently,
36 unless the Government changes their opinion, as an unvaccinated person with an
37 unvaccinated six year old and an unvaccinated elder daughter, I can't be with them at
38 Christmas. That's not something -- I can't get my second Christmas back. I can't get my
39 first Christmas back. It is not just swimming.

40

41 THE COURT: All right, and so this all relates back to your

1 inability to determine whether or not to get the vaccine because of inadequate
2 information. All right. So in terms of the -- I understand that you have raised that in
3 relation to private interest standing, but also rely on it for the public interest standing
4 arguments.

5
6 With respect to the -- so there are three questions that the Court has to address in terms of
7 the public interest standing or factors that are relevant. So the first being, does the case
8 raise a serious justiciable issue? And so you have heard Ms. MacDonald's comments on
9 that point. Do you have anything to submit on that issue?

10
11 MR. DICKSON: I don't know how -- I mean we are in undefined
12 territory here. This is about as novel a process as we could ever be. We have never ever
13 been in a situation where the Government has pushed vaccinations at a level that they are
14 pushing without information to support it. The coercion from lotteries to public money
15 being handed out for accepting this, to the creating of a game. I mean we couldn't have a
16 more important position when you look at COVID-19 and the response and the vaccines
17 and the way they have actually been rolled out to an unprecedented number of Albertans
18 and the impacts of the result of that. I can't actually think of anything right now in the
19 world that isn't more important than justifiable to make a decision on. I mean if the courts
20 can't make a decision on whether this is, you know, we have the right information and this
21 is important enough to actually even consider that this isn't an important issue.

22
23 THE COURT: Mr. Dickson, the question is not necessarily
24 whether it is important. The question is whether the Court has the capacity and
25 legitimacy to adjudicate the matter; whether the matter, the subject matter is appropriate
26 for a Court to decide; whether it would be economical and efficient investment of judicial
27 resources to resolve it; whether there is a sufficient factual and evidentiary basis for the
28 claim; whether there would be an adequate adversarial presentation of the party's position;
29 and whether other administrative or political bodies have been given jurisdiction by
30 statute. So those are just some of the issues that relate to it. So it is really more related to
31 the capacity and appropriateness of a court proceeding to address the concerns that you
32 are raising.

33
34 MR. DICKSON: I think, my understanding, and again I am not a
35 lawyer Your Honour, but this sort of is where standing crosses over into, does the Court
36 have jurisdiction? In *Lehmann* that the Crown have actually put forward, they actually
37 highlight Section 57 which clearly states that there are mechanisms for the courts to use to
38 provide injunctive relief. But also as Section 58 of *Lehmann* states the Court of Appeal in
39 Alberta has said that it is something that in the case of a novel claim that is something that
40 the courts could actually provide a permanent injunction on.

41

1 The *Judicature Act* specifically states that the courts can do whatever they feel is just.
2 And even in *Proceedings Against the Crown Act* the Crown actually presented one, they
3 only presented part 8(2) they didn't present the other section which, again, states there are
4 times when the courts can provide injunctive relief, but also in the absence of an
5 injunction the courts can provide an order.
6

7 In my application I ask for an order from the courts. So I mean the Crown's own evidence
8 highlights that the courts do have jurisdiction. In this situation is there information that
9 can be argued backwards and forwards between the Crown. I think the Crown this
10 morning has outlined the fact that we would argue they are stating that I have only
11 presented my own personal opinion. And yet, I would argue that what I have actually
12 provided is very specific physical evidence. The words of the Premier and Dr. Henshaw
13 and Dr. Yiu and Jason Coppinger (phonetic) are not my opinion. They are their words.
14 And it would be for the Court to interpret through a trial as to what the true meaning of
15 those words are, and if the Crown wants to present their interpretation of those words
16 then, you know, the only place we could actually do that is in the courts.
17

18 THE COURT: So, Mr. Dickson, just to backtrack a bit. You
19 have said that you would be, if not injunctive relief then seeking an order, but what would
20 that order be?
21

22 MR. DICKSON: Well, that order would be to ensure that the
23 Government provides all the required information and ensures that the direction they are
24 giving to the bodies that they are responsible for, such as Alberta Health Services and all
25 the subsidiaries, the colleges and all the businesses that they are providing direction to
26 actually have the information they need to make reasonable decisions in relation to how
27 these vaccines, and for that matter, you know, as we have discussed this, you know, even
28 all of the restrictions that this Government has placed on all. There doesn't seem to be
29 information that is readily available that substantiates why.
30

31 I mean just because other -- you know, the Crown points to the fact that everybody else is
32 doing it. Well, that's like the argument of well everybody else is panic buying toilet roll
33 so the justification for the Alberta Government to rush out and buy toilet roll is because
34 everybody else is doing it. I don't know what evidence has been presented in other
35 countries and what justifications they have got. All I know is that Dr. Henshaw and based
36 on Ministerial Order 608 the Crown has information that substantially supports everything
37 they have done.
38

39 I will note that the Ministerial Order 608 is from March of 2020. There is a lot happened
40 since then presuming because the orders keep changing on a constant basis what
41 information is the Crown receiving?

1
2 THE COURT: Mr. Dickson, so we are getting back into sort of
3 the substance of what you are raising.

4
5 MR. DICKSON: Sorry, Your Honour.

6
7 THE COURT: So let us just focus on anything else with respect
8 to that first issue, the justiciable issue? So whether the court is the appropriate forum?

9
10 MR. DICKSON: Personally because this is about, you know,
11 trying to understand what information there is and the Court deciding whether the Crown
12 actually has provided the right information and whether it is appropriate to stop it, I don't,
13 particularly with the urgency, this isn't something that is suitable for a lawsuit. It isn't
14 suitable for, you know, a discussion with the college of surgeons. This is an overruling
15 issue where the Government is in control of all the information and all the facts.

16
17 If I don't take the vaccine and die of COVID I can't seek compensation. If I do take the
18 vaccine and die as a result of a vaccine injury I can't seek compensation. Both of those
19 things are things that only my, unless the Crown or the courts have any, I mean the Crown
20 has not suggested. They just said that this isn't the right place, but they haven't made any
21 suggestion as to where there would be an alternate place to actually address these urgent
22 and serious concerns.

23
24 THE COURT: Well, the Crown has said that individuals would
25 more properly be seeking this information in the health care setting, and if there are
26 concerns about the manner in which informed consent is being obtained that that would
27 be addressed with the colleges of which the persons implementing the vaccinations are
28 members of.

29
30 MR. DICKSON: My only comments on that, Your Honour, is the
31 fact that, as have been shown by not just the evidence I have put in place but also the
32 evidence presented by the Crown, each of those groups is relying 100 percent on the
33 information provided by the Government and the direction of the Government. As we
34 saw this week, the Government actually specifically created some direction that impacted
35 all health care workers, and now is stating up until the morning of the 29th of November
36 testing by the Government's own documentation, and the information provided by AHS
37 was so poor it was considered dangerous. Then the Government turned around and says,
38 no, everybody needs to get tested if they are not vaccinated and that is in place until
39 March 2022.

40
41 So, for example, if it was decided for me to access a location I could be vaccinated, I

1 could be tested instead of vaccinated every 72 hours by the Government's own
2 information of the rapid test and the PCR tests, which are the only two that are available
3 to myself and the public. I risk a serious risk of being improperly, either improperly
4 isolated, split particularly if I am asymptomatic and then they say these tests are not to be
5 used, both the PCR test based on the scientific advisory groups information provided to
6 the Government and the information on the rapid test. Those state these are not supposed
7 to be used on asymptomatic people and the Government states symptomatic people have
8 to isolate no matter what, regardless of the test.

9
10 So I mean everything that has been provided by all of these groups, there is no point in me
11 going to the college of surgeons or actually even asking my pharmacist for information
12 because all they are going to provide me with and all they have to provide me with is the
13 information that the Government has told them they have to discuss and the Government
14 tells them, it is safe, just take it.

15
16 THE COURT: All right and so --

17
18 MR. DICKSON: And that information is going to be false based
19 on the informed consent, the consent form that is handed out. First of all, it is not being
20 handed out but even where it is handed out it actually states, you know, at the point in
21 time where you are sitting there where they are sticking the needle in your arm you should
22 go and talk to your doctor, but your doctor is only going to give you the information that
23 the Government has already told them they have to provide. They are not allowed to give
24 any other information because of the Government direction, not because of the college's
25 direction. The college's direction to the doctors is you will do what the Government tells
26 you to do.

27
28 THE COURT: Right.

29
30 MR. DICKSON: That has never happened in the history of, in my
31 understanding, in the history of Government or any of the colleges for the Government to
32 specifically state you can only talk about what we tell you to and we will filter everything
33 to a level that people cannot make an informed decision. The doctors and nurses can't
34 provide the information to cover that. There are so many gaps, and yet, the Government
35 says they have that information. Why won't they just produce it so we can actually make
36 informed decisions. The reality is that COVID is significantly more of a risk to me,
37 despite surviving for the last 20 months, then the Government suggests it is based on the
38 information they provided me, and that my only chance of survival is to take this vaccine,
39 as the Government keeps saying over and over again, and that if I want to get my life back
40 I have to get this vaccine. Then I take the vaccine and I run that risk, but right now there
41 is some information the Government must have to actually justify what is happening and

1 why they are directing everybody the way they are directing them that is absent.

2
3 THE COURT: Okay, and I understand your position that there
4 is a gap in the information.

5
6 All right. So you have addressed private interest standing. You have addressed
7 justiciable issue. You have addressed whether or not you have a real stake or genuine
8 interest in the outcome. And you have also touched on whether the proposed action is a
9 reasonable and an effective means of bringing the case to court, and whether there are
10 alternatives. You have touched briefly on the court's jurisdiction. Do you have anything
11 further to add on that point?

12
13 MR. DICKSON: I, again, based on the case law the Crown them
14 self have provided, based on the *Judicature Act*, based on the -- everything that I can find
15 and that is currently before the courts. I mean as I don't have the direct quotes from, sadly
16 from Chief Justice Catherine Fraser, but effectively she has stated, I think it is on her
17 public page, her statement to all judges is that the judiciary is the last step.

18
19 The Government, the only party that can tell, you know, change what the Government is
20 doing is the judiciary and it is the responsibility of the courts, where required, to step in.
21 And it is the responsibility of judges to be brave and to stand up to the Government where
22 there is some concerns with what is happening. If the Government -- I mean the
23 Government can to the run unchecked. It is why we have three bodies inside the
24 Government structure, inside the structure of the province. Is that to have a Government
25 that can run unchecked and just do whatever they want without question would be a very
26 very dangerous world to live in, but as it stands right now nobody has actually questioned
27 what the Government is doing.

28
29 The applications, all of the applications that have been brought before the courts that I am
30 aware of, not just in Alberta but across Canada, have either been from organized through
31 the law of commercial arguments litigants, the Freeman on the land, common law as they
32 have rebranded themselves, the sovereign citizens, they are a nonsense. They really are a
33 waste of the Government's time, and they are actually -- or sorry, the court's time, and
34 they are dangerous. I would agree 100 percent with everything that has ever been said
35 about them, as a retired police officer. You know I am a very great proponent against
36 them. Those lawsuits are a nonsense, a waste of time, and should be treated with the
37 derision and prospect that they should have.

38
39 The only other arguments that have been brought forward have been constitutional
40 challenges that aren't really arguing on the facts. They are basically arguing that, you
41 know, somebody's rights have been trampled on without actually looking at the specific

1 facts. It is almost, in my opinion, putting the cart before the horse.

2
3 The only other two, even the responses to the tickets that have been issued by the Crown
4 and their agents. Every single defence other than two that I am aware of have been based
5 on a constitutional challenge. The two I am aware of that haven't been have asked for full
6 disclosure under *Stinchcombe* and *Gubbins*. And in both cases the Crown has refused to
7 produce the disclosure despite the fact that again, as on 608, Ministerial Order 608 and as
8 on the top of every single one of Dr. Henshaw's orders she states she has all of this
9 information that would basically end all of these discussions. If that information was
10 presented people would be able to make an informed decision, and may be all of this time
11 that has currently been wasted by the courts in those other matters would end. People
12 would actually -- there wouldn't be any concerns or -- I mean it is dividing, it is dividing
13 the public in Alberta. It is dividing families. It has divided my family because of this
14 lack of information.

15
16 THE COURT: All right. Thank you for that.

17
18 So it is about 20 after 11 we have been going for some time, so I am going to give
19 everyone a break, following which I will hear from Ms. MacDonald with respect to
20 responses.

21
22 One area that neither parties touched on that I am left in a bit of confusion, and Mr.
23 Dickson has been frank with respect to the fact that he is not a lawyer, but I am having a
24 difficult time actually figuring out what the cause of action that he is, from a legal
25 perspective, is that he is seeking to advance. So I am interested in comments from both
26 parties on that issue.

27
28 Let us take a 15 minute break, so it is 20 after, we will come back at 25 to 12 and we will
29 have further discussions. All right. Thank you.

30
31 MS. MACDONALD: Thank you.

32
33 MR. DICKSON: Thank you, Your Honour.

34
35 (ADJOURNMENT)

36
37 THE COURT: Hello?

38
39 MR. DICKSON: Good afternoon, ma'am.

40
41 THE COURT: I do not see, is Ms. MacDonald still present?

1
2 THE COURT CLERK: Yes, I have checked in both parties once again
3 Ma'am.

4
5 THE COURT: All right. I don't see her on the screen.

6
7 MS. MACDONALD: My video is on, My Lady.

8
9 THE COURT: All right. Oh, there you are, perfect. All right,
10 and so any response?

11
12 **Submissions by Ms. MacDonald (Reply)**

13
14 MS. MACDONALD: Yes, My Lady, prior to the break you had asked
15 about cause of action and indicated that neither I nor Mr. Dickson had indicated what that
16 may be, and with respect, I am not able to do that either in the sense that the Crown
17 doesn't see that there is a known or a cause of action that is identifiable by the originating
18 application that has been filed.

19
20 With respect to response to what Mr. Dickson's submissions were, I mean I have to state
21 that the Crown as a respondent is responding to the originating application as filed and as
22 written. I think that is what we had prepared for and that's what we have to deal with
23 today in terms of the question of standing and jurisdiction. To the degree that Mr.
24 Dickson is indicating that his application or what he is really seeking is some order from
25 the Court for the Government to provide information that he believes must be available
26 that has not been provided. Again, not anticipating that particular issue, but we would ask
27 this Court to take some judicial notice of the fact that Health Canada obviously is the
28 body in Canada that undertakes the process of review and safety in determining and
29 ultimately making the decision whether medication, drugs, including the COVID-19
30 vaccines, are available for use in Canada, so that is not the Government of Alberta.

31
32 To the degree that he might be seeking or was intending to seek an order from this Court
33 to order the Government of Alberta to communicate in some fashion or provide some
34 information that he believes is available that hasn't been available. Again, I don't know
35 where the Court, how the Court would do that or what jurisdiction the Court has to direct
36 communication from the Government of Alberta. But more concerning, I would suggest,
37 is, again, as I understood Mr. Dickson's comment is that he believes there is information
38 that is available that hasn't been provided. So he is seeking an application, potentially, to
39 try to address an unknown. I don't know how a respondent responds to that. I don't know
40 how a Court responds to that in addressing information that is unidentifiable, but a belief
41 from the applicant that it must exist. To the degree that Mr. Dickson feels there is

1 information about something that must exist that has not been provided, I would point out
2 there is legislation, the *FOIP Act*, to allow individuals to pursue information from public
3 bodies if they feel it is available or it exists, and that's an avenue for Mr. Dickson to
4 pursue if that's what he is trying to, at the end of the day, get from this application if
5 different from what the application actually indicates.

6
7 That is my response, My Lady.

8
9 THE COURT: Thank you. Mr. Dickson, anything arising?

10
11 **Submissions by Mr. Dickson (Reply)**

12
13 MR. DICKSON: I think the problem is that the facts are
14 contradictory in what is currently publically available both as -- I mean when he made the
15 original application the vaccines were, you know, the urgent matter and were effectively
16 brought in the Crown's response. They have introduced something with Ministerial Order
17 608 which clearly states that the Government of Alberta has a lot more information. They
18 have been asked for that information through full disclosure requests with the courts and
19 the ticketing process, and they have not -- they said it exists but they refuse to provide it.
20 So that there is information there.

21
22 I mean it is clear that we have -- the facts haven't been established in these matters. I
23 heard the term 'judicial notice', I am not really sure what that is. I would argue that the
24 facts haven't been established, and that is the whole problem. And, in fact, now that
25 Ministerial Order 608 has been brought in it is clear and that ties in with every single
26 order that Dr. Henshaw as written. The Government keeps saying they have all this
27 information, and it keeps changing, but all they give us is the result of that information
28 not the information itself and that seems to be open to interpretation.

29
30 I mean the scientific advisory group back in August last year, and as I have put in
31 evidence, said that these tests don't work for asymptomatic people and shouldn't be used
32 and, yet, the Government used them in that way. The Government must have some more
33 information that we are not aware of as to why that would be.

34
35 The Government has said the tests, the rapid tests, are not reliable enough to be used, but
36 then uses them. The vaccines and I understand -- my understanding of it is not Health
37 Canada that is actually distributing the vaccines to Albertans and it, in fact, it appears that
38 the Crown is sort of arguing with itself. It is saying that the responsibility of the vaccines
39 and informed consent and everything is in the province, but then it is actually Health
40 Canada that makes the decision.
41

1 My understanding is that the Crown actually takes that information from Health Canada,
2 reads it all, reviews it and they take the responsibility to ensuring that the general public is
3 fully informed on the risks, the factors, and the facts so they can make a fully informed
4 decision on what they are doing and that is what we are missing here.

5
6 So as the Crown has introduced a document in their application to strike that goes back to
7 before vaccines were even considered and states at the top of that, you know, whereas I
8 received advice from the Chief Medical Officer of Health that COVID-19 presents a
9 serious public health threat. I am not arguing that that's the case. But when I see how
10 many people are listed as dying with, and how many have got comorbidities and how
11 many would have died any way it's hard to reconcile. As I say, in my evidence, there was
12 105 year old and a 107 year old with multiple comorbidities that are listed in the
13 information that is justifying why we need to get vaccinated. Obviously there is some
14 more information that the Government has.

15
16 I mean I suppose an order, I am a retired police officer so to me, you know, I think about,
17 even though he was a police officer in the UK I did advise the Crown and police agencies
18 over here for many years. I go back to *Stinchcombe* and the fact that the Crown has a
19 responsibility to actually produce all relevant information they have and I can't think of
20 any other matter that has ever existed in this province where information the Crown
21 currently has about COVID-19, the vaccines, masking, etcetera, that has driven their
22 decisions to force the REP program, to shut down my ability to access health care,
23 specific health care processes. That has put me in a position where I don't know whether I
24 am going to die from the vaccine or die from COVID. I can't think of anything that is
25 more critical for the Government to be open and transparent. And while the Government
26 is not being open and transparent there is only one body that could actually do this, if not
27 the courts who else can actually ask the Crown to produce this?

28
29 The idea of putting in FOIP requests that would have to be a FOIP request for what
30 information is it? Do I -- and a FOIP request firstly is redacted. I mean it gets so much
31 information taken out of it and it is subject to so many conditions. It is not an appropriate
32 mechanism. It is time consuming and it wouldn't achieve what, you know, to which
33 Government department. At the end of the day the Government them self have said that
34 they have information that justifies what they are doing not just with vaccines but --

35
36 UNIDENTIFIED SPEAKER: Hello. How did it go today?

37
38 MR. DICKSON: I think somebody has unmuted themselves. So I
39 would ask if, you know, I suppose the style of cause, I think that's the wording, the focus
40 here was the Government has given information that suggests that vaccines themselves
41 are dangerous. The Government, based on their own submissions today, has outlined that,

1 you know, this is bigger than just the vaccines. The vaccines are just a part in parcel of
2 things that I mean this is a response to actually maybe get rid of masks, maybe get rid of
3 testing, although it doesn't seem to have done either of those things, it seems to have
4 exacerbated both of them. But without the information that the Government states they
5 clearly have. And if the Government doesn't have that information then we really are in
6 trouble. I mean if the Government is acting on misinterpretations or a lack of information
7 and is just literally doing it because somebody else said so or somebody else is doing it, if
8 this Government is implementing the processes and policies and the vaccinations policies
9 just purely and simply because another country or another province is doing it, then they
10 are sorely neglecting their duty of care to Albertans. I mean that actually does scare me.
11 If that is truly what the Crown is trying to say here is that when they outlined at the
12 beginning that everybody else is doing it so, you know, that's important.

13
14 We are not arguing about what everybody else is doing. This Government has a direct
15 responsibility for the health and welfare of all Albertans, and right now the information
16 that they provided that I can see and that is publically available by their own statements.
17 These facts don't, are not clear, and we need clarity in there. And the only people that can
18 provide that clarity is the Government and the only people that ensure they do provide
19 that clarity is the courts.

20
21 THE COURT: All right. Ms. MacDonald, anything arising, the
22 discussion is sort of evolving as we go, so I just want to make sure that everyone has an
23 opportunity to address any new argument.

24
25 MS. MACDONALD: No, I have no further response.

26
27 THE COURT: All right. So I believe I understand the parties
28 positions. Mr. Dickson is there anything, any last comments that you want to make.
29 What I propose to do is to adjourn and to come back at 2:00 with a decision. So Mr.
30 Dickson, anything further?

31
32 MR. DICKSON: As I have tried to outline, Your Honour, I think
33 going back to Chief Justice Catherine Fraser, it is the Court's responsible where the
34 Government is failing us to actually ensure that we are not failed. And that as the
35 Government of Alberta has proven, you know, my application on Friday or a response to
36 the application was that the Government is the true respondent in this application and the
37 Government almost to prove my point on Monday by actually stepping in and exercising
38 their authority as the ultimate authority for vaccinations, masks, testing, everything that
39 has been implemented as a response to COVID, but they have done that without
40 providing -- I mean the information clearly states that these vaccines do not have the
41 proper tested information, do not have -- they are not fully tested. They are not -- the

1 groups that have produced these vaccines don't have enough information.

2
3 We were given out these vaccines for the third dose without letting anybody know that
4 they were not approved and not licensed for third dose. The governments are the only
5 ones that actually have that information to provide. So if they hid that information for as
6 long as they did, whether it is deliberate or not is irrelevant. The relevancy is the fact that
7 the Government has clearly relevant information that they should be providing to the
8 general public and for me, personally, for my personal position without that clear
9 unfiltered information I don't know how I can make a decision, and yet my life is, by the
10 Government's own admission, at risk if I do one thing or if I don't do that thing. And I am
11 left in a situation where without court stepping in to actually clarify that point I don't
12 know what else to do.

13
14 I mean will I make it through this Christmas? I don't know. I really, really don't know.
15 Will my mother-in-law? I don't know. And I don't know who else could possibly step in.
16 This is a matter of urgency. People are making decisions not based on health, not based
17 on clear information, but based on coercion, on panic, on just trying to get their life back
18 and nobody should ever make decision about their health based on a lottery ticket or a
19 \$100 or whether they get to keep their job or whether they can visit their family member.
20 These decisions are life and death decisions, and the Government has the information to
21 clarify what is the right decision to make. And right now those facts have not been, not
22 been relayed in a way that anybody can understand and the courts are the only way that
23 we can do that. We don't have time. There is no time to wait, you know, for 10 years
24 while we go through a court process.

25
26 If the Government -- the reality is if the Government has lied about any of this and people
27 have died then the only people who could ever hold them to account would be the courts.
28 If they have not lied and they have just been negligent in not providing information, then
29 again, the only people who can hold them to account are the courts. If they are negligent,
30 whether it be because they don't understand is irrelevant. The Government says they have
31 that information.

32
33 Minister Shandro says, in an order that I can't find and nobody in the public that I know of
34 would be able to find because the Crown only produced it today and it doesn't seem to
35 exist in the Government system that is supposed to produce public documents, says they
36 have the information. It actually refers to it as a pandemic influenza. I mean if I posted
37 on social media that COVID was a pandemic influenza my accounts would be blocked
38 because it is not, and yet, the Crown has just introduced that as evidence.

39
40 THE COURT:

41 Okay. So we are getting a little beyond the
scope of your affidavits that were presented prior to this application, and as I say, the

1 discussion has evolved somewhat. But I think I understand the points that have been
2 made and so I am going to adjourn now. It is almost 12 and we will be back at 2:00 and I
3 hope at that time to give a decision. All right.

4
5 MS. MACDONALD: Thank you.

6
7 MR. DICKSON: Thank you, Your Honour.

8
9 THE COURT: Thank you very much.

10
11 _____

12
13 PROCEEDINGS ADJOURNED UNTIL 2:00 PM

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I, Dwight Neilson, certify that this recording is the record made of the evidence in the proceedings in the Court of Queen's Bench held in courtroom 517 at Edmonton, Alberta, on the 3rd day of December, 2021, and that I, Dwight Neilson, was the court official in charge of the sound-recording machine during the proceedings.

1 **Certificate of Transcript**

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I, Laurie Stenberg, certify that

(a) I transcribed the record, which was recorded by a sound-recording machine, to the best of my skill and ability and the foregoing pages are a complete and accurate transcript of the contents of the record, and

(b) the Certificate of Record for these proceedings was included orally on the record and is transcribed in this transcript.

Laurie Stenberg, Transcriber
Order Number: AL25969
Dated: December 13, 2021

1 Proceedings taken in the Court of Queen's Bench of Alberta, Courthouse, Edmonton, Alberta

2

3
4 December 3, 2021 Afternoon Session

5

6 The Honourable Court of Queen's Bench of Alberta

7 Justice Fagnan

8

9 S. J. MacDonald (remote appearance) For Her Majesty The Queen

10 (No Counsel) For D. Dickson (remote appearance)

11 D. Neilson Court Clerk

12

13
14 **Decision**

15

16 THE COURT: Good afternoon.

17

18 MS. MACDONALD: Good afternoon.

19

20 MR. DICKSON: Good afternoon.

21

22 THE COURT: So this is a decision of an application to strike in
23 the matter of Dickson and Her Majesty The Queen in the Right of Alberta.

24

25 David Dickson has filed an originating application on October 19th, 2021 seeking
26 injunctive relief against the Alberta Government.

27

28 The basis of the claim set out in the originating application can be paraphrased as follows:

29

30 It is in Albertans best interests that administration of COVID-19 vaccinations be stopped
31 due to the seriousness and prevalence of side effects, risks and injuries; and it is also in
32 Albertans best interests that they be provided with information including risks required
33 for full and informed consent related to the COVID-19 vaccines.

34

35 It also says that there are serious issues to be tried regarding whether this relief should be
36 granted, and persons who have received the COVID-19 vaccines in Alberta have and will
37 continue to suffer irreparable harm which far outweighs the current harm associated with
38 the virus, as will persons who are not provided with information relevant to full and
39 informed consent, and the balance of convenience favour stopping the vaccinations given
40 the side effects they are causing and it favours providing patients with all information
41 relevant to full and informed consent.

1
2 In the originating application Mr. Dickson relies on Sections 8 and 13(2) of the
3 *Judicature Act* and various *Alberta Rules of Court*.

4
5 Under the remedies sought he seeks an order to halt administration of all COVID-19
6 vaccines in the Province of Alberta, or an order requiring that all persons receiving the
7 COVID-19 vaccines be provided information relevant to full and informed consent
8 including a comprehensive list of the risk factors associated with the vaccines.

9
10 The Crown applies to strike Mr. Dickson's application under Rule 3.68 submitting that the
11 application is an abuse of process, arguing that Mr. Dickson has neither public interest
12 standing or private interest standing, and that the Court does not have jurisdiction to grant
13 the relief sought.

14
15 Mr. Dickson has filed affidavits in this matter which shed more light on the nature of his
16 claim. In his initial affidavit in support of his originating application he expresses
17 concern that health care professionals are not complying with the requirements of their
18 college of standards of practice. He says that Dr. Henshaw has made statements in past
19 orders that contravene the Canadian Medical Protective Association standard of practice
20 and that she has interfered with doctor - patient care relationships in matters including
21 mandating the use of face coverings.

22
23 He deposes that he obtained a letter of exemption from his doctor on May 6th, 2020, but
24 subsequent orders by Dr. Henshaw have rendered it obsolete. He takes the position that
25 health care professionals are given no choice but to push vaccinations as the only option,
26 despite a lack of fully informed consent from their patients.

27
28 He further says that Premier Jason Kenny and others in Government have intensified the
29 course of language to enforce mandatory vaccinations. He also refers to actions taken by
30 Dr. Verna Yiu, CEO of Alberta Health Services with respect to all AHS employees.

31
32 He says the wording of CPSA's exemption request, patient facts, suggests there are no
33 exemptions. He alleges that doctors are unable to complete vaccine adverse impact
34 assessments due to information not being available to them which is required to complete
35 the reporting.

36
37 He also alleges there is significant increase in severe adverse events related to COVID-19
38 vaccines and that AHS and the Government use potentially confusing or misleading terms
39 in reporting the numbers of cases diagnosed.

40
41 He sets out a long list of information which he says should be provided so that the true

1 impact of COVID on the Alberta population can be assessed.

2
3 He alleges that many Albertans have taken the vaccine without having been provided the
4 information necessary for informed consent. That there has been coercion by incentives
5 such as lottery, threat of loss of income and other financial penalties such as paying for
6 one's own testing, and minimal turnaround times for the vaccinations.

7
8 Mr. Dickson says he believes that the Government, Premier Kenny, Dr. Henshaw and Dr.
9 Yiu are forcing COVID-19 vaccines on the Alberta public. That the administration of
10 vaccines and effects are irreversible. The long term effects are unknown and there is
11 sufficient evidence to prove that the vaccine has been damaging and deadly to many
12 people in Alberta.

13
14 Mr. Dickson further states that the vaccine mandates for Government employees and
15 others to be fully vaccinated contravenes the intent of Bill 66 as it relates to mandatory
16 vaccinations.

17
18 He is critical of various statements made by Jason Kenny and Dr. Henshaw and alleges at
19 a certain point in his affidavit that the Government is reckless and grossly negligent as the
20 true extent of all this is not known or communicated.

21
22 In a supplemental affidavit, he expresses concern about mandatory masking of visitors to
23 care homes and encouragement not to visit residents if one is not vaccinated.

24
25 He says Dr. Yiu made clearly misleading and potentially false statements regarding the
26 reported vaccinations status of AHS employees and the impact of the mandatory
27 vaccinations policy on AHS staffing levels.

28
29 In a third affidavit, specifically in response to this application, Mr. Dickson states that he
30 has received many other vaccinations, other than the COVID vaccine. He is in one of the
31 highest risk categories for risk from COVID-19, and he is at the highest risk for injury or
32 death from COVID-19 vaccines. He says that he has been unable to receive reliable and
33 critical information from his health care professionals due to misinformation, lack of
34 information, and interference by the Government.

35
36 He is also the medical proxy for his mother-in-law who is in a care home.

37
38 The masking mandates and closures of facilities have prevented him from being able to
39 engage in his prescribed exercise health regime. He says doctors in Alberta have been
40 told they will be disciplined or worse if they give out masks or vaccine exemptions.

41

1 He says his daughter and son were forced to be vaccinated for their jobs.

2
3 His granddaughter is now being coerced to be vaccinated with Government created gains.
4 Due to a letter from an education and health minister supported by the chief medical
5 officer of health and Premier, he anticipates that he and his wife may be unable to enter
6 his daughter's school despite being the primary emergency contacts for their
7 granddaughter.

8
9 He has been unable to visit his mother-in-law due to masking requirements and expects
10 his wife to be unable to visit due to the strong recommendation that unvaccinated persons
11 reconsider their need to visit.

12
13 He says that the Crown has failed to provide support for the position that COVID-19 is a
14 highly infectious communicable disease that specifically warrants the response it has
15 taken since March 2020.

16
17 He says that the Crown has failed to produce information despite multiple full disclosure
18 requests under *Stinchcombe* and *Gubbins*. He points to changing consent forms over time
19 and he says that the Crown must provide evidence that in the almost 7 million cases
20 where the COVID-19 vaccination has been administered in Alberta there is documentary
21 evidence to support informed consent.

22
23 In a further affidavit, he points to communications indicating that the Government is
24 directing AHS to introduce COVID-19 testing for AHS staff, and other communications
25 indicating there are significant safety and efficacy concerns with rapid testing.

26
27 Mr. Dickson also provided three additional affidavits: One sworn by **Redacted** , a
28 family physician from Calgary who attests antidotally to experience with five patients
29 who he believes experienced vaccine side effects; **Redacted** , a registered mid wife
30 from Calgary who is concerned that pregnant women are being pressured to receive
31 vaccinations that increase risk to them and their babies based on concerns about two
32 clients who delivered small for gestational babies, one of which involved a placenta that
33 she said had unusual lesions; and the third affidavit from **Redacted** , also a
34 registered mid wife from Calgary, who appears to refer to the same cases mentioned by
35 **Redacted** and echos the same concerns.

36
37 The Crown, who I will refer to as the applicant on this application, outlines the relevant
38 legislative framework. The Ministerial Order 608/2020, Minister of Health pursuant to
39 Section 15.1 of the *Public Health Act* ordered that the provisions of the *Act* relating to
40 communicable diseases apply to COVID-19.
41

1 Section 2 of the *Communicable Disease Regulation* provides the Minister of Health with
2 a statutory authority to provide any drugs, medicines, and biological agents for the
3 prevention, treatment or modification of communicable diseases.

4
5 Further, Section 2.1 of the *Communicable Disease Regulation* gives the Regional Health
6 Authority which is Alberta Health Services the statutory authority to implement
7 distribution of a vaccine. As well as the requirement to ensure that employees who
8 administer vaccines are trained to do so. AHS has issued Policy Number PRR01 entitled
9 Consent to Treatment Procedures which sets out the elements and requirements for
10 informed consent.

11
12 Section 133 of the *Health Professions Act* gives statutory authority to the Council of
13 Colleges for regulated professions to adopt codes of ethics and standards of practice
14 which would include standards related to informed consent for its regulated professions.

15
16 Alberta Health Directive D1/2021 signed on January 7th, 2021 by Dr. Deanna Henshaw
17 directed that AHS and all medical officers of health to employ authorized knowledge
18 about regulated health practitioners to assist with COVID-19 immunization and to ensure
19 that they are trained to administer vaccines in accordance with the relevant provisions of
20 AHS's immunization program standards manual, immunization policy and any other
21 guidance documents issued by AHS pertaining to COVID-19 immunizations and the
22 immunization regulation.

23
24 Alberta Health Directive D5/2021 signed February 24th, 2021 appears to have extended
25 the direction to graduate and student nurses.

26
27 Pursuant to Schedule 7.1 of the *Government Organization Act* and the regulations under
28 the *Health Professions Act* certified graduate nurses, critical advanced care paramedics,
29 dentists, licensed practical nurses, pharmacists, midwives, nurse practitioners, physicians,
30 pediatricists, registered psychiatric nurses and registered nurses are authorized to administer
31 vaccine in Alberta.

32
33 The applicant provided AHS Policy Document PRR01, Consent to Treatment Procedures,
34 retrieved from the AHS web site on October 28th, 2021 which states that the most
35 responsible health practitioner providing a treatment or procedure has a duty to obtain
36 informed consent and that all consent, whether express or implied, shall be informed.
37 They prescribed certain forms. It also states that the accountable to obtain informed
38 consent shall rest with the most responsible health practitioner who is providing the
39 specific treatment or procedure, and that person is responsible for confirming the validity
40 of informed consent prior to the delivery of the treatment or procedure.
41

1 Clause 13(3.2) provides that that person shall ensure all necessary information has been
2 provided to the patient so that the patient can make an informed decision about the
3 treatment or procedure, including potential risks and benefits. It defines informed consent
4 as the patient's agreement to undergo a treatment procedure after being provided in a
5 manner the patient can understand with the relevant information about the nature of the
6 treatment, procedure, its benefits, potential risks and alternatives, and potential
7 consequences of refusal.

8
9 The applicant also provided standards of practice for various colleges respecting informed
10 consent

11
12 Rule 1.2 of the *Alberta Rules of Court* sets out the purpose and intention of the *Rules of*
13 *Court*. It provides, in part, that: (as read)

14
15 The purpose of these rules is to provide a means by which claims can be
16 fairly and justly resolved in or by a court process in a timely and cost
17 effective way; and to achieve the purpose and intention of these rules,
18 the parties must jointly and individually, during an action, identify or
19 make an application to identify the real issues in dispute and facilitate
20 the quickest means of resolving the claim at the least expense; and when
21 using publically funded court resources use them effectively.

22
23 Rule 3.68 provides in part that: (as read)

24
25 If the circumstances warrant and a condition under Rule (2) applies the
26 Court may order one or more of the following:

- 27 (a) that all or any part of a claim or defence be struck; and
28 (2) is that the conditions for the order are one or more of the following:
29 (a) the Court has no jurisdiction;
30 (b) a commencement document or pleading discloses no reasonable
31 claim or defence to a claim; and --

32
33 Skipping(c): (as read)

34
35 (d) says a commencement document or pleading constitutes an abuse of
36 process.

37
38 The applicant's first argument is that Mr. Dickson does not have standing either private or
39 public to bring the originating application. If there is no standing to bring a claim, it
40 follows that there is no reasonable prospect that a claim will succeed, and I am referring
41 to *AUPE v Alberta* 2021 ABQB 371, citing *Soldier v Canada* 2009 NBCA 12.

1
2 It is therefore appropriate to consider the issue of standing in an application under Rule
3 3.68.

4
5 In *Canada v Downtown Eastside Sex Workers United Against Violence Society* 2012 SCC
6 45. The Supreme Court noted that: (as read)

7
8 Courts have long recognized that limitations on standing are necessary
9 and not everyone who may want to litigate an issue regardless of
10 whether it affects them or not should be entitled to do so.

11 The Court explains that limits ensure an appropriate allocation of
12 judicial resources and ensure that courts have the benefit of contending
13 points of view from the parties who will be most directly affected by a
14 determination of the issues, and preserve the proper role of the courts
15 with respect to their constitutional relationship to other branches of
16 Government. In determining whether to grant standing, courts should
17 exercise their discretion and balance the underlying rationale for
18 restricting standing with the important role of the courts in assessing the
19 legality of Government action. At the root of the law of standing is the
20 need to strike a balance between ensuring access to the courts and
21 preserving judicial resources. The factors to be considered in exercising
22 the discretion to grant or refuse standing should not be treated as
23 technical requirements, and the principles governing the exercise of this
24 discretion should be interpreted in a liberal and generous manner.
25

26 The applicant says that Mr. Dickson does not have private interest standing to bring the
27 claim which seeks to address issues affecting the public.
28

29 The applicant submits that personal opinion is not the same as private interest standing
30 and Mr. Dickson does not have a personal interest in the availability of vaccines for other
31 Albertans.
32

33 The Government has not engaged Mr. Dickson in a court process and he is not being
34 required to get a vaccine. Mr. Dickson deposes that he understands that he is in one of the
35 highest risk categories for adverse side effects from COVID-19, and also at high risk for
36 dying from COVID. He says that these two messages are completely contradictory, and
37 he has been left unable to make an informed decision as to whether or not to receive the
38 vaccine himself or to provide consent for his mother-in-law. He says this inability to
39 make an informed decision is due to misleading information, gaps in or lack of
40 information, and withholding of information and interference by the Government. He
41 alleges that health care workers and doctors cannot give him information or they will be

1 fired. And he says that the interference by the Government resulting in closure of
2 exercise facilities, as mentioned previously, has led to deterioration of his health. He is
3 concerned about family members who have been coerced to be vaccinated and he, again,
4 may be unable to enter his daughter's school in the future despite being a primary
5 emergency contact for her.

6
7 "Private interest standing arises as a matter of right from a direct relationship between the
8 person and the state". That is from *Downtown Eastside Sex Workers United Against*
9 *Violence Society* 2010 BCCA 439: (as read)

10
11 To have private interest standing a person must have a personal and
12 direct interest in the issue being litigated. They must themselves be
13 specifically affected by the issue. It is not enough that the person has a
14 sense of grievance or will gain the satisfaction of righting a wrong or is
15 upholding a principle or winning a contest. The person must have a
16 personal legal interest in the outcome.

17 Where the party initiating the litigation has a personal legal interest in
18 the outcome standing exists as a right.

19
20 I am referring to *Carroll v Toronto Dominion Bank* 2021 ONCA 38: (as read)

21
22 Where there is such a direct relationship a person may, for example,
23 challenge the constitutional validity of the legislation as part of making
24 full answer in defence. Such standing derives from a party having a
25 direct personal interest in a question to be determined by the Court.

26
27 Referring to *Sorenson v Swinemar* 2020 NSCA 62.

28
29 Although Mr. Dickson is personally affected by COVID measures implemented by the
30 Government, his claim is clearly brought on behalf of the public at large. He has not pled
31 any originating notice, the circumstances of any particular personal experience. The
32 particulars of this pleading insofar as they might be found in his affidavits are also vague
33 with respect to any alleged wrongdoing which has had a direct impact on him personally.
34 For example, it is not alleged that he received the vaccine, suffered a negative side effect
35 or adverse reaction, nor does he allege that on a particular occasion he was provided
36 inaccurate information or was coerced by someone.

37
38 Although he suggests that he has not received enough information to be able to decide
39 whether or not to get the vaccination, he provides in his affidavit detailed information and
40 statistics about side effects and adverse reactions which appears to be the very type of
41 information he wishes the authorities to impart to the public. He says that the

1 Government has not provided sufficient information in support of the vaccinations.

2
3 Further, it appears he has not been coerced or persuaded to receive the vaccination to
4 date. Most importantly, the remedies he seeks, being an injunction to stop vaccinations of
5 Albertans, and or to provide information to Albertans regarding side effects and adverse
6 reactions are clearly not confined to his situation.

7
8 A private complainant may not normally in institute a proceeding in respect of an injury
9 suffered by the public at large, and that is from *Eastside*. There are, however, occasions
10 when public interest litigation is an appropriate vehicle to bring matters of public interest
11 in accordance before the courts and that brings me to the applicant's second argument.

12
13 The applicant argues that Mr. Dickson does not have public interest standing, where a
14 person seeks to advance a claim on the basis of public rights shared generally by the
15 public or a subset of the public that person may be granted public interest standing to
16 challenge the legislation to ensure that important actions of Government are not insulated
17 from effective legal challenge.

18
19 Public interest standing is granted by a court in the exercise of discretion. A private
20 individual may institute proceedings in a non constitutional challenge to a statutory
21 authority for administrative actions on the basis of public understanding. The issue is
22 appropriate for judicial determination, there is a serious issue in which the individual has
23 a genuine interest, and there is other reasonable and effective manner to bring the issue
24 before the Court. That is from *Borowski* 1981 2 SCR 575 and *Finlay* 1986 2 SCR 607.

25
26 "The Court is to take a liberal and generous approach in its consideration of the matter of
27 public interest standing". That is from *Canadian Council of Churches* 1992 1 SCR 236.

28
29 The factors outlined in *Borowski* are interrelated and are to be considered cumulatively.

30
31 So the first question is does the case raise a serious justiciable issue?

32
33 The applicant argues that the originating application does not raise a serious justiciable
34 issue and that it is impossible to discern an identifiable cause of action in what is before
35 the Court. The Court does not have any jurisdiction to assume the authority that has been
36 granted to various bodies relating to standards of practice and the applicant is not the
37 proper party as the respondent on any issue involving the standards of practice of
38 regulated health professionals.

39
40 Further, the applicant argues that the jurisdiction to decide whether vaccines will be
41 available in Alberta has been given to the Crown, and the process of its distribution to

1 AHS. The details of the standards that health professionals are to abide by, including
2 informed consent and what that looks like in the administration of that scene, lies with
3 AHS and the colleges of the various health professionals involved.

4
5 The applicant says there is no hole the Court needs to fill and it would not be an
6 economical or efficient investment of judicial resources for the Court to weigh into the
7 realities and myriad of information relating to COVID, its impact, the approval of
8 vaccines in Canada, and the subsequent availability of vaccines in Alberta. Nor is there a
9 sufficient factual and evidentiary basis for the originating application as Mr. Dickson's
10 affidavits contain his personal opinions and views, but he has no medical or health related
11 experience for expertise.

12
13 The applicant says the third party affidavits contain limited antidotal and hearsay
14 evidence about unknown Albertans. The question raised must be a substantial
15 constitutional issue or an important one, and no constitutional question or challenge is
16 raised and the claim is so unlikely to succeed that the result can be seen as a foregone
17 conclusion.

18
19 The applicant says there is no real likelihood the Court would ban vaccines in Alberta,
20 and further, it is unlikely the Court would enter into the arena of directing health
21 professionals as to how to carry out their duties in the provision of health services such as
22 what informed consent must look like in providing vaccinations.

23
24 The applicant says there is a lack of factual information and the entities authorized to
25 make those decisions are not part of this application.

26
27 Mr. Dickson responds that the patient - doctor relationship, the issue of informed consent,
28 and health and life, could not be more justiciable in the sense of being extremely
29 important, and that the current COVID measures are unprecedented. He says the consent
30 forms are deliberately designed to allow for relevant information to be withheld at the
31 time of vaccination, and that the Crown should be put to the strict proof to address
32 whether there is a serious justiciable issue.

33
34 "The requirement of the justiciable issue ensures that courts in the exercise of discretion
35 regarding standing remain within the bounds of their proper constitutional role". That is
36 from *Finlay*.

37
38 In *Highwood Congregation of Jehovah's Witnesses v Wall* 2018 SCC 26 the Court
39 explained that: (as read)

40
41 Justiciability relates to many whether to decide a matter in courts. In

1 other words, whether the subject matter of a dispute is appropriate for a
2 court to decide. While there is no single set of rules delineating the
3 scope of justiciability, the court should ask whether it has the
4 institutional capacity and legitimacy to adjudicate the matter.
5

6 As the applicant noted, the Court is to consider whether the matter before the court would
7 be an economical and efficient investment of judicial resources to resolve whether there is
8 a sufficient factual and evidentiary basis for the claim, whether there would be an
9 adequate adversarial presentation of the party's positions and whether no other
10 administrative or political body has been given prior jurisdiction of the matter by Statute.
11

12 "Where there is an issue with is appropriate for judicial determination, the court should
13 not decline to determine it on the ground that because of its policy context or implications
14 it is better left for review and determination by the legislative or executive branches of
15 Government". And that is from *Finlay* at 632 to 633.
16

17 So the fundamental question for the Court on the point of public interest standing is
18 whether this is an appropriate issue for a court to decide.
19

20 Although Mr. Dickson is critical of various aspects of the COVID measures implemented
21 in Alberta, he does not frame in his pleading or otherwise asserted any cause of action
22 relating to legislation invalidity, a specific unlawful act or reviewable administrative
23 action. Rather, that he has simply pleaded in general terms that there has been
24 wrongdoing on the part of a number of individuals and the Government at large, and the
25 vaccination program should be stopped pending a trial regarding vaccine risks and
26 provision of what he considers to be the missing relevant information.
27

28 He has pled that there is a serious issue to be tried but has not plead or outlined any cause
29 of action upon which that rebuke would be based. The difficulty in discerning what the
30 legal cause or causes of action might be do not bode well in terms of the economical and
31 efficient investment of judicial resources and whether there would be adequate adversarial
32 presentation of the party's positions.
33

34 The second factor or question is, does Mr. Dickson have a real stake or general interest in
35 the outcome?
36

37 The applicant submits that Mr. Dickson does not have a real stake or genuine interest in
38 the outcome of the originating application. His personal opinion does not give him a real
39 stake in the proceeding regarding provision of vaccines and informed consent. He does
40 not have a direct personal interest in whether his neighbour has access to the vaccines.
41 He has declined to receive a vaccination and he is entitled to make that decision, but there

1 is no vaccine mandate from the Government.

2
3 He refers to vaccine mandates in some places of employment, but that is not mandating
4 vaccines for citizens of Alberta at large, and none of those employment particulars pertain
5 to his situation nor is that what his application is seeking.

6
7 The applicant says he also refers to mask mandates which are not the same as vaccine
8 availability, and he has no reputation or link or continuing interest outside of this
9 application relating to the issue of vaccine availability.

10
11 Mr. Dickson relies on this point on the arguments he put forward in relation to private
12 interest standing which I have already outlined.

13
14 In some cases, a concerned citizen has been found to have a genuine interest in
15 determination of a legal issue. For example, in *Borowski* the Court found that the plaintiff
16 had a genuine interest in challenging certain legislative provisions regarding abortion. He
17 was a concerned citizen and tax payer and he had sought unsuccessfully to have the issue
18 determined by other means.

19
20 The Supreme Court in *Eastside* noted that courts depend on the parties to present the
21 evidence and relevant arguments fully and skillfully. Courts will consider factors such as
22 the plaintiff's reputation and demonstration of a real and continuing interest in the issue
23 and link with the claim.

24
25 Mr. Dickson says he is an expert in relation to informed consent which developed as a
26 result of his role as a policeman, and subsequent activities as outlined in his curriculum
27 vitae. While recognizing his experience in relation to informed consent in a non medical
28 setting, and his passion with respect to these issues and with all due respect to Mr.
29 Dickson, he is not well qualified to bring this originating application in the public interest.
30 His CV does not reflect a real and continuing interest in public health policy nor advocacy
31 on behalf of others in that area. He has no training in medicine, public health,
32 epidemiology or public health policy, nor does he appear to be supported in his litigation
33 efforts by anyone with that relevant training.

34
35 He is also self-represented. The courts are very concerned with facilitating access to
36 justice to all, whether represented or unrepresented. However, in the case of determining
37 whether to exercise the discretion to grant public interest standing in this case, this is a
38 factor which must be considered. Although according to Mr. Dickson's CV he has been
39 taking some courses in law, his originating pleading, his approach to this application and
40 the materials he has submitted, clearly indicate that he is out of his depth even on this
41 relatively straightforward application to strike, and I say this with no disrespect to Mr.

1 Dickson's intellectual abilities. He has shown himself to be very articulate, measured and
2 thoughtful in addressing this Court on this application.

3
4 The next question is the proposed action a reasonable and effective means of bringing the
5 case to court?

6
7 The applicant asserts that the originating application is not a reasonable and effective
8 means of bringing the challenge to court. Mr. Dickson lacks relevant expertise and the
9 evidence is not concrete or factually developed.

10
11 The applicant says there are no rights being affected by any disadvantaged population, by
12 the availability of vaccines for Alberta.

13
14 The applicant further argues that any concerns, for example, that the midwives may have
15 may be raised with their regulated body and if anybody has concerns about the
16 vaccination process they can raise those concerns with the providers, colleges of the
17 health care professionals involved.

18
19 Mr. Dickson has made the decision not to receive the vaccination, but he is seeking to
20 take away the ability of others to make that decision for themselves. The applicant further
21 argues that regarding Mr. Dickson's argument today that he wants the Government to
22 provide information which he believes is available but has not been provided. The
23 Government is not able to respond to something that is unidentifiable.

24
25 FOIP legislation does allow individuals to pursue information from public bodies if they
26 feel it is available or exists, although that is different from the type of relief sought in the
27 actual application.

28
29 Mr. Dickson argues that the matter is urgent and if he gets vaccinated and dies or catches
30 COVID and dies, similar to the risks posed to many others, this is something that cannot
31 be compensated and, therefore, it is not suitable for a civil lawsuit for compensation. As
32 well, the timelines associated with traditional litigation are not suitable considering the
33 urgency of the matter.

34
35 Mr. Dickson says that the Crown has just recently provided MO608 which he says was
36 not publically available which clearly indicates that the Government has additional
37 undisclosed information.

38
39 Mr. Dickson submits that FOIP requests are redacted and subject to many conditions and
40 are time consuming. He says the Crown should abide by *Stinchcombe* in terms of
41 provision of information. And further, only the court can hold the Government to account

1 if it has lied or if people have died or if there has been some negligence. He submits that
2 the Court has to step in to clarify whether he and others should or should not get the
3 vaccine.

4
5 The Court in *Eastside* said that this third factor engages consideration of the nature of the
6 issue and the institutional capacity of the courts to address it. He provided a
7 non-exhaustive list of factors that would be useful to consider when assessing this third
8 factor.

9
10 First, the Court should consider the plaintiff's capacity to bring forward a claim. In doing
11 so, it should examine, amongst other things, the plaintiff's resources, expertise and
12 whether the issue will be presented in sufficiently concrete and well developed actual
13 setting.

14
15 Mr. Dickson is a medically retired police officer from the UK. He says he has expertise
16 in various fields including informed consent, cyber security and privacy and compliance.
17 He has chaired the provincial federal technical working group for Justice in Alberta and
18 has been invited to speak on E disclosure at the chiefs of police and chiefs of Justice
19 conferences on multiple occasions.

20
21 However, as earlier mentioned he has no training in medicine, public health,
22 epidemiology or public health policy nor is he legally trained so as to be in a position to
23 advance his concerns in court in an effective manner. Further, nothing in the materials he
24 has filed so far suggests that he has consulted with or would have assistance or support of
25 any with relevant expertise in these areas. I do recognize that he has filed affidavits of
26 one family physician and two midwives, but there is nothing to suggest again that these
27 individuals have any particular expertise in public health, epidemiology or public health
28 policy.

29
30 Secondly, the Court should consider whether the case is of public interest in the sense that
31 it transcends the interests of those most directly affected by the challenged law or action.
32 The Court should take into account that one of the ideas which animates public interest
33 litigation is that it may provide access to justice for disadvantaged persons in society
34 whose legal rights or affected. At the same time, it should not be equated with a license
35 to grant standing to whoever decides to set themselves up as the representative of the
36 recalling poor or marginalized.

37
38 The COVID vaccine program and other measures affect all Albertans. This Court can
39 take judicial notice of the fact as reported in the news that there is a portion of the Alberta
40 population who have raised various questions in different settings about COVID measures
41 including vaccines. Indeed, there are ongoing public debates throughout the world in

1 terms of COVID related measures.
2

3 Given the fact that the COVID vaccine program and other measures affect virtually all
4 Albertan citizens to varying degrees, there is no basis to infer that Mr. Dickson's action is
5 required to provide access to justice for others. It would be unreasonable to infer in the
6 circumstances that it falls to Mr. Dickson to be the standard bearer on behalf of all
7 Albertans or those members of the population who take issue with certain measures and
8 are more directly affected by them.
9

10 Thirdly, the Court should turn its mind to whether there are realistic alternative means
11 which would favour a more efficient and effective use of judicial resources and would
12 present a context more suitable for adversarial determination. Courts should take a
13 practical and pragmatic approach. The existence of other potential plaintiffs, particularly
14 those who would have standing as a right is relevant, but the practical prospects of their
15 bringing the matter to court at all or by equally or more reasonable and effective means
16 should be considered in light of the practical realities not theoretical possibilities.
17

18 The Court should consider not only the particularly legal issues or issues raised, but
19 whether the plaintiff brings any particular useful for distinctive perspective to the
20 resolution of those issues. Even where there may be persons with a more direct interest in
21 the issue the plaintiff may have a distinctive and important interest different from them
22 and this may support granting discretionary standing.
23

24 Mr. Dickson is not better placed than other Albertans with respect to various measures he
25 has raised. For example, persons who have actually suffered at first reactions, those
26 whose employers required vaccination or masking, those who have been penalized for
27 contravene health mandates, etcetera. He has no distinctive and important interest or
28 perspective that distinguishes him as particularly apt to advance his originating
29 application.
30

31 As well, he has not provided evidence about any other steps he has taken to address his
32 concerns. He submits that he has been prejudiced by misinformation or gaps in
33 information, but does not appear that he is engaged in the court process.
34

35 With respect to informed consent there is no evidence that he has made complaints to or
36 communicated with any of the colleges whose numbers have been obtaining informed
37 consent to discuss his concerns about the information provided at the time of vaccination.
38

39 He says that the *Stinchcombe* requests that have been made in ticketing cases have been
40 unproductive.
41

1 Finally, the Court is to consider the potential impact of the proceedings on the rights of
2 others who are equally or more directly affected. Indeed, the courts should pay special
3 attention where private and public interests may come into conflict. The Court should
4 consider, for example, whether the failure of a diffuse challenge could prejudice
5 subsequent challenges to the impugned rules by parties with more specific and factually
6 established complaints.

7
8 Conversely, if those with a more direct and personal stake in the matter have deliberately
9 refrained from suing, this may argue against exercising discretion in favour of standing.

10
11 As the applicant has pointed out, Mr. Dickson has chosen to date to decline to receive a
12 vaccination, but seeks a remedy in the first instance which would essentially deprive
13 members of the public from deciding to make that decision for themselves. And
14 furthermore, there are, as mentioned previously, various matters referred to by Mr.
15 Dickson which would more directly affect certain individuals such as employment
16 vaccine mandates.

17
18 Significantly, it appears that Mr. Dickson is seeking a public forum in which to debate
19 public health policy decisions, weighing benefits and risks of the COVID vaccines and
20 the steps taken by various individuals and agencies to address the situation over more than
21 a year and a half. The breadth of the allegations and opinions contained in his affidavit
22 suggest that this would amount to an "unwieldy inquiry into the science underlying
23 COVID-19 and vaccines", whether there is support for various measures imposed over
24 time, the accuracy of information provided to the public at various points in time and
25 statements made by various individuals and entities since COVID measures have been
26 implemented, examination of statistics relied upon, introduced by the Government among
27 other topics. The concern about the scope of this action is amplified by Mr. Dickson's
28 affidavits and comments with respect to what he views as the onus on the Government to
29 justify the steps taken.

30
31 In sum, it appears that his intention is to advance a wide ranging action with no legal or
32 relevant medical expertise and his assertion that other courses of action are not viable due
33 to the urgency of the situation is not in keeping with tenure and breadth of his claim as
34 reflected in his materials.

35
36 I conclude that Mr. Dickson has neither private nor public interest standing.

37
38 Although not necessary for my conclusion on this application and will comment on the
39 court's jurisdiction to provide the relief which Mr. Dickson seeks in his originating
40 application, there is a general prohibition on the granting of an injunction against the
41 Crown. Section 17 of the *Proceedings Against the Crown Act*.

1
2 An injunction against the Crown is prima facie impermissible based on that section.
3 There are exceptions to this general rule. Primarily when the Crown is acting *ultra vires*
4 or is deliberately flouting the law.
5

6 Mr. Dickson has not pointed to any valid basis for an exception to the general prohibition
7 in this case. Mr. Dickson submits that whether or not the Crown is acting
8 unconstitutionally or *ultra vires*, its lawful authority can only be discovered through a trial
9 of the facts and an injunction might be available in the context of novel claims in rapidly
10 evolving areas of the law, citing *Peter Lehmann Wines* 2015 ABQB 481.
11

12 He submits that the Crown has not come close to proving their application to strike, but
13 rather has raised significant questions to be answered at trial and as such it is putting the
14 cart before the horse.
15

16 The fact that Mr. Dickson has not put forward a recognizable cause of action does not
17 make the case novel. There is no argument that the Government has acted in a manner
18 which it is unconstitutional or *ultra vires*. Mr. Dickson has not pled nor did he present
19 any authority on this application to the affect that the Government is deliberately flouting
20 any particular law.
21

22 With respect to consent, the statutory authority to adopt standards of practice has been
23 given to other bodies. The originating application does not allege any unlawful act by the
24 Government. It does not raise a constitutional or *Charter* issue. It simply alleges that it is
25 in the best interests of Albertans that vaccine administration be halted and that they be
26 advised of risks associated with the vaccine in order to be in a position to provide full and
27 informed consent.
28

29 Mr. Dickson's affidavits contain more specific allegations, but these are not framed in
30 legal terms. Rather, he provides a list of often somewhat vague complainants about
31 policies implemented and information provided or allegedly withheld among other things.
32

33 So that brings me to the conclusion. I want to make it clear that the question before the
34 Court on this application is not whether Mr. Dickson is genuine in his concern or his
35 desire to litigate the issues he has raised relating to COVID-19 vaccine side effects.
36 There is no doubt about that. He has done his best to communicate his concerns to the
37 Court in an articulate fashion.
38

39 The application to strike is fundamentally about whether it is appropriate and proper to
40 engage the court process to address the concerns raised as framed in Mr. Dickson's
41 originating application and as a means to achieve the relief he seeks therein.

1
2 I find that Mr. Dickson does not have private interest standing to bring this particular
3 originating application which is clearly aimed at sweeping relief on behalf of the public.
4 The Court declines to exercise its discretion to grant public interest standing for the
5 reasons previously discussed. Finally, Mr. Dickson has not persuaded the Court that it
6 has jurisdiction to grant the injunctive relief he is seeking against the Government.

7
8 That brings me to the end of the decision. Is there anything further that is required of the
9 Court?

10
11 MS. MACDONALD: My Lady I guess I would just ask about
12 finalizing the form of order. I think the one that the Court has was provided previously
13 would have dates that are inaccurate. So I am not sure if that would be appropriate to still
14 be used or one should be provided and, if so, whether 9.4(2)(c) should be invoked.

15
16 THE COURT: Yes. We will invoke 9.4(2)(c) and I am not sure
17 that I have that in any event, so I think it would make more sense to send a revised form
18 of order.

19
20 **Submissions by Ms. MacDonald (Costs)**

21
22 MS. MADCONALD: Okay, so in that regard, My Lady, since you
23 don't have a copy of the draft, my initial instructions in this matter were to seek costs. In
24 that order it is drafted it indicates a cost of \$675 which is our understanding of one
25 opposed application under the first column of Schedule C.

26
27 THE COURT: All right.

28
29 MS. MADCONALD: My instructions have not changed in that regard.

30
31 THE COURT: All right, and so Mr. Dickson I want to give I an
32 opportunity to speak to that request for costs. Whoops and you are muted.

33
34 **Submissions by Mr. Dickson (Costs)**

35
36 MR. DICKSON: Your Honour, since this started I have not been
37 able to work. All of this application was done at my cost. I don't even know where to go
38 from here. The irony of it is I was assisted by a lawyer in drafting this, and the only part
39 that actually seems to be most critical of was the part that was actually drafted by a
40 lawyer which is the application itself.

41

1 I don't know what to do anymore. I really am at the mercy of the Court. Yes, unlike the
2 Crown I don't have the luxury of e-filing things. I have had to drive backwards and
3 forwards. I have had to make three copies of everything. This has cost me thousands
4 already. But if the Crown wants their costs then why not give them their money. I don't
5 know what to do anymore. There are no lawyers that are actually going to do anything.
6 They are too busy making money. People are dying and the Government is never going to
7 -- we have set the precedent now that the Government basically will never provide the
8 information to anybody. So I have to make a decision. Do I die by COVID or do I die by
9 vaccine? If I am able to live my life maybe I will just take it and see how long that lasts.

10
11 THE COURT: Ms. MacDonald, any response?

12
13 MS. MADCONALD: No, My Lady, the costs are completely in the
14 discretion of the Court so we will draft the order as you direct.

15
16 **Ruling (Costs)**

17
18 THE COURT: All right, and so the applicant is entitled to a
19 cost having been successful on this application, however, given Mr. Dickson's
20 submissions with respect to financial hardship, I am going to award a reduced amount of
21 \$500. All right.

22
23 MS. MADCONALD: Thank you, My Lady.

24
25 THE COURT: All right. Thank you to both Ms. MacDonald
26 and Mr. Dickson for the extensive arguments that you have prepared and thank you for
27 your patience. Have a good day.

28
29 MS. MADCONALD: Thank you.

30
31
32 PROCEEDINGS CONCLUDED
33
34
35
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40
41

1 Certificate of Record

2

3 I, Dwight Neilson, certify that this recording is the record made of the evidence in the
4 proceedings in the Court of Queen's Bench held in courtroom 517 at Edmonton, Alberta,
5 on the 3rd day of December, 2021, and that I, Dwight Neilson, was the court official in
6 charge of the sound-recording machine during the proceedings.

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1 **Certificate of Transcript**

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Laurie Stenberg, Transcriber
Order Number: AL25969
Dated: December 8, 2021

Action No.: 2103-14553
E-File Name: EVQ21DICKSOND
Appeal No.: _____

IN THE COURT OF QUEEN'S BENCH OF ALBERTA
JUDICIAL CENTRE OF EDMONTON

BETWEEN:

DAVID THOMAS DICKSON

Applicant

and

HER MAJESTY THE QUEEN IN RIGHT
OF THE PROVINCE OF ALBERTA

Respondent

PROCEEDINGS

Edmonton, Alberta
November 5, 2021

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1 Proceedings taken in the Court of Queen's Bench of Alberta, Courthouse, Edmonton, Alberta

2

3 November 5, 2021

Morning Session

4

5 The Honourable Justice Ackerl

Court of Queen's Bench of Alberta

6

7 (No Counsel)

For D. Dickson

8 S.J. MacDonald (remote appearance)

For Her Majesty the Queen in Right of the
Province of Alberta

9

10 S. Bellec

Court Clerk

11

12

13 THE COURT:

Any other brief matters?

14

15 At this point I would turn to number 12 on the docket. That is the matter of David Dickson
16 and Her Majesty the Queen. Are the parties present?

17

18 MR. DICKSON:

Yes, Your Honour.

19

20 THE COURT:

Okay. Come forward.

21

22 Is the Crown present?

23

24 MS. MACDONALD:

Yes, Sir.

25

26 THE COURT:

And you are David Dickson?

27

28 MR. DICKSON:

I am, Your Honour.

29

30 THE COURT:

Okay. Thank you.

31

32 And who is appearing on behalf of the Crown?

33

34 MS. MACDONALD:

It's Shelley MacDonald with Alberta Justice, Sir.

35

36 **Discussion**

37

38 THE COURT:

Are the parties expecting this matter to proceed

39 in morning chambers today?

40

41 MS. MACDONALD:

Sir, if I can give you some background. And

1 perhaps I could ask: The material that was filed last week by my office; is that before you?

2

3 THE COURT: It is not.

4

5 MS. MACDONALD: That was my --

6

7 THE COURT: Mr. Dickson, did you receive a copy of that
8 material?

9

10 MR. DICKSON: I did, Your Honour.

11

12 THE COURT: Okay. Thank you. The Court did not, and that
13 was going to be my first question following whether the parties expected the matter to
14 proceed.

15

16 MS. MACDONALD: Yes, Sir. Just a bit of a background. So this
17 matter was first in court two weeks ago, on October 22nd, and at that time the Crown had
18 just received service about 24 hours or so prior, and so I didn't even have firm instructions.
19 But I anticipated getting instructions to bring an application to strike on a jurisdictional
20 issue or argument. And so on that basis, Justice Fraser adjourned the matter to be -- to
21 today's date in order for that application to be heard. So he seemed to anticipate that
22 morning chambers would be appropriate for that; however, I certainly anticipated having
23 the material that we filed before the Court in order to proceed with the application.

24

25 So I would certainly seek Your Lordship's direction as to what would be the appropriate
26 (INDISCERNIBLE), whether we should adjourn for a further morning chambers sometime
27 to ensure that our filing will be completed and before the Court.

28

29 THE COURT: Well, I --

30

31 MS. MACDONALD: Because we probably will have to refile.

32

33 THE COURT: All right. In reviewing Mr. Dickson's material, I
34 do not believe it contains a response to that application to strike in any event.

35

36 Is that fair, sir?

37

38 MR. DICKSON: It doesn't, but I am prepared to address that this
39 morning. I mean, I've prepared for that. I received that material on October the 29th from
40 the Crown, so I'm not sure why it hasn't been filed. And considering -- sorry. I should stand.

41

1 THE COURT: That is fine.

2

3 MR. DICKSON: Sorry. I'm self-represented, and this is only my
4 second time before the courts in this -- in this way.

5

6 THE COURT: That is quite fine.

7

8 MR. DICKSON: We were applying for an emergency injunction,
9 which has already been delayed two weeks now by the Crown, who actually got
10 instructions from Justice Fraser because they appeared and said they didn't have
11 instructions. And he suggested they file an application to strike based on a lack of
12 jurisdiction.

13

14 On the materials the Crown have filed, it's clear that the Court does have jurisdiction. And
15 there is a case to be heard.

16

17 THE COURT: Okay. So, and that is your general position, and
18 I am deliberately not attempting to elicit argument. Here is what I am going to suggest, that
19 the parties contact Associate Chief Justice Nielsen -- the Crown can do this, sir, on your
20 behalf -- and arrange for assignment of a case management Justice to deal with the
21 jurisdictional issue and, if that is unsuccessful, to deal with the matter on its merits.

22

23 MR. DICKSON: My only concern, Your Honour, and it relates to
24 information that was both provided by the Crown and something that was produced in the
25 last 24 hours by the Alberta government and by Premier Kenney, and that is the consent
26 form for vaccinations changed on November the 3rd and was published yesterday and
27 states explicitly that the additional dose is off label for the third dose. And this means that
28 it is not licensed for additional doses.

29

30 There have already been 274,000 people that have received a first dose, including 608
31 children between the age of 12 and 19. And Premier Kenney announced that as of Monday,
32 another 600,000 people in Alberta will be eligible for a third dose that -- of a vaccine that
33 is under an emergency approval that is not -- by the government's own admission, is for
34 off-label use and not licenses for this use.

35

36 THE COURT: I understand your position, Mr. Dickson, and that
37 is supplemental to what you argued in your brief. And I recognize you are seeking that the
38 Province of Alberta suspend the use of vaccines or, alternatively, require informed consent
39 as you define it. Those are the substantive issues should the injunction application proceed.

40

41 I am going to request that the Crown contact Associate Chief Justice Nielsen today with

1 the request that this matter be assigned and provide an estimate of time for the two branches
2 of arguments. There is the threshold jurisdictional argument, and then there is the issue of
3 merit. Quite frankly, I would expect that even the jurisdictional argument would not be
4 appropriate for morning chambers, so I do not hesitate in making this type of reference. I
5 recognize that the matter has been previously in court and then adjourned to effect service,
6 but this procedure would hopefully ensure the matter proceeds efficiently.

7
8 So, Mr. Dickson, I am going to ask, if you have not already done so, that you provide the
9 Crown with your contact address or email address, and you would be copied on the letter
10 written to Associate Chief Justice Nielsen.

11
12 Is that agreeable, Crown?

13
14 MS. MACDONALD: Yes, Sir. Just to clarify, you wish us to seek
15 Associate Chief Justice Nielsen's direction on case management for both a jurisdictional as
16 well as the merits at this time?

17
18 THE COURT: Yes, and that particular Justice would determine
19 whether they should be heard as a package or separately, and I expect the matter would
20 receive a --

21
22 MS. MACDONALD: Thank you, Sir.

23
24 THE COURT: -- a specific assignment. If not a case
25 management assignment, it would be assigned so that we do not end up with the jockeying
26 in a morning chambers that has occurred to date.

27
28 Do you have Mr. Dickson's email address?

29
30 MS. MACDONALD: I do, Sir. Yes.

31
32 THE COURT: Okay. So if you could contact the Associate
33 Chief Justice today, that would be greatly appreciated.

34
35 MS. MACDONALD: I will do so. Thank you.

36
37 THE COURT: Do you have anything to add that you wish to be
38 included in that contact email, sir?

39
40 MR. DICKSON: Just that time is -- to quote a lawyer, time is of
41 the essence, and in the last two weeks 47,000 people have been vaccinated without any

1 informed consent. And as this goes on, more and more people -- and by the -- during that
2 time another 102 people were injured by the government's own public information.

3

4 THE COURT: Okay.

5

6 MR. DICKSON: So I have concerns about these continued delays.

7

8 THE COURT: Okay. And I appreciate your concern. I am
9 certain the Crown will indicate that you are hoping that the matter be addressed on an
10 expedited if not urgent basis. Agreed?

11

12 MR. DICKSON: Thank you, Your Honour.

13

14 THE COURT: Okay. Okay. Thank you.

15

16 MS. MACDONALD: Thank you.

17

18

19

20 PROCEEDINGS ADJOURNED

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4 proceedings in Court of Queen's Bench, held in courtroom 316, at Edmonton, Alberta, on
5 the 5th day of November, 2021, and that I was the court official in charge of the sound-
6 recording machine during the proceedings.

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15 Catherine FosterFlynn, Transcriber

16 Order Number: AL24019

17 Dated: November 8, 2021

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Action No.: 2103-14553
E-File Name: EVQ21DICKSOND
Appeal No.: _____

IN THE COURT OF QUEEN'S BENCH OF ALBERTA
JUDICIAL CENTRE OF EDMONTON

BETWEEN:

DAVID THOMAS DICKSON

Applicant

and

HER MAJESTY THE QUEEN IN RIGHT
OF THE PROVINCE OF ALBERTA

Respondent

PROCEEDINGS

Edmonton, Alberta
October 22, 2021

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1 Proceedings taken in the Court of Queen's Bench of Alberta, Courthouse, Edmonton, Alberta

2

3 October 22, 2021

Morning Session

4

5 The Honourable

Court of Queen's Bench of Alberta

6 Justice G.R. Fraser (remote appearance)

7

8 (No Counsel)

For D. Dickson

9 S.J. MacDonald (remote appearance)

For Her Majesty the Queen in Right of the
Province of Alberta

10

11 C. Jones

Court Clerk

12

13

14 THE COURT:

Anybody else, adjournments, consents? Nobody.

15

16 All right. When I tuned in, I heard counsel for Her Majesty the Queen on number 16 but
17 did not catch the name.

18

19 MS. MACDONALD:

Shelley MacDonald, Sir.

20

21 THE COURT:

All right. Ms. MacDonald, I heard you say that

22 you were going to be seeking an adjournment.

23

24 Mr. Dickson, are you here?

25

26 MR. DICKSON:

I am, yes.

27

28 THE COURT:

Okay.

29

30 MR. DICKSON:

Yes.

31

32 **Submissions by Ms. MacDonald**

33

34 MS. MACDONALD:

Sir, I am ultimately, in that it was an originating
35 application that was served late Wednesday. I'm not sure if it was after hours on your end.

36

37 THE COURT:

Yes. Well, I noticed that the date on -- that it was
38 filed was the 19th, so you could not have had much time.

39

40 MS. MACDONALD:

But I did want to raise sort of the content of what

41 Mr. Dickson is speaking with you, Sir, and --

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THE COURT: M-hm.

MS. MACDONALD: -- and seek your direction as to if there is an adjournment, whether that should be adjourned to another chambers date or a special date and, if this Court is interested in morning chambers, to consider the issue of whether it has jurisdiction and whether an adjournment is needed in any event.

THE COURT: Mr. Dickson, what do you have to say about Ms. MacDonald's adjournment application?

Submissions by Mr. Dickson

MR. DICKSON: The purpose of making an emergency application is because of the time-sensitive nature. Most of the evidence that's being put forward is information the Crown was already aware of. If -- at the very least, I'd be looking at an interim order if they need more time to address stuff. But the matters are urgent, and there will be harm that is irreversible if this continues, based on the timing.

THE COURT: All right. Well, I note from your materials, which I also note do not really comply with the *Rules of Court*, which you seem to have cited in your materials, that you are concerned about vaccinations, correct?

MR. DICKSON: Vaccinations and informed consent.

THE COURT: Right. And hasn't that been around for a couple of months now?

MR. DICKSON: Yes, but there have been some changes recently, and I've been trying to get affidavits in support of the information. I'm not a lawyer. I'm somebody who's been trying to address this for some time. No lawyers have took (sic) it on, but I've been approached by medical professionals, and recently -- in fact, I've got a supplemental affidavit here due to what was said on the 19th by Dr. Hinshaw and a change that was made to their public database, which shows they intend to start vaccinating children from the ages of 4 and up imminently and that all these healthcare professionals are going to be removed and --

THE COURT: All right. Do you have your affidavit there, sir?

MR. DICKSON: I do, yes.

1 THE COURT: So if you look at Exhibit E of that -- or
2 'G' -- sorry -- as in Golf.
3
4 MR. DICKSON: Yes?
5
6 THE COURT: What is that?
7
8 MR. DICKSON: That's a tweet by Dr. Hinshaw.
9
10 THE COURT: All right. But how long is that? Isn't it about half
11 a page of words?
12
13 MR. DICKSON: Yeah.
14
15 THE COURT: Okay. And tweets cannot be anywhere near that
16 long.
17
18 MR. DICKSON: Well, it's -- so they can be 256 characters, which
19 that is within --
20
21 THE COURT: Right.
22
23 MR. DICKSON: -- 256 characters. And below it is an image,
24 which is attached as an image, and that's a direct tweet from Dr. Hinshaw. If we look on
25 Twitter, we can actually see it.
26
27 THE COURT: All right. So on my copy there is no Exhibit G,
28 then.
29
30 MR. DICKSON: Sorry?
31
32 THE COURT: The copy that I have, there is no Exhibit G.
33
34 MR. DICKSON: I don't understand that.
35
36 THE COURT: I have an exhibit -- it is labelled as Exhibit G, but
37 then the stamp on mine says this is Exhibit H.
38
39 MR. DICKSON: Okay. You're -- so I have Exhibit H. Are we
40 looking at the FOIP request? Exhibit H is a FOIP request or response to a FOIP request,
41 which defines what the Alberta government determines is a hospitalization. That's two

1 pages. That's not a tweet; that was a response to an emailed FOIP request.

2

3 THE COURT: Okay. Well, what I have is 1, 2, 3, 4, 5 -- six
4 paragraphs. The first paragraph starts with, I have noted with some interest.

5

6 MR. DICKSON: Is that Exhibit G?

7

8 THE COURT: 'H'. It has a stamp on the bottom right corner.

9

10 MR. DICKSON: Well, so the -- so --

11

12 THE COURT: This is Exhibit H.

13

14 MR. DICKSON: -- yeah, so that's the second page of Exhibit H.
15 The first page of Exhibit H: That's the -- that's the email that was sent requesting the FOIP
16 information, the first page of that. That page says 'H' and number 2 at the bottom. Page 1
17 is the page before, which is from Michael, from Alberta Health Emergency Operations
18 Centre, which starts, Thank you for your email; we are pleased to respond, and the subject
19 is Private Citizen FOIP.

20

21 THE COURT: All right. And I note your affidavit also has no
22 table of contents.

23

24 MR. DICKSON: Um --

25

26 THE COURT: Does your copy have a table of contents outlining
27 the exhibits?

28

29 MR. DICKSON: -- so there's a -- I -- I had a table of contents filed
30 with the documents, but it's not specifically --

31

32 THE COURT: Ms. MacDonald, do you have a full set of
33 materials?

34

35 MS. MACDONALD: I do have a full set of materials. I didn't note a
36 table of contents.

37

38 THE COURT: Okay. And do you have an Exhibit G and a full
39 copy of Exhibit H?

40

41 MS. MACDONALD: I believe I do, yes.

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THE COURT: Okay. Just the court file. All right.

And, Ms. MacDonald, you were seeking an adjournment until when?

MS. MACDONALD: Well, if the Court's direction is that this could be heard in regular chambers, then I guess --

THE COURT: Well, do you believe that you have enough information from the materials you received, since apparently I am missing some things in mine, to understand what the nature of Mr. Dickson's application is and to be able to properly respond?

MS. MACDONALD: As I said, because of the late -- I -- there has not been time to seek detailed instructions as to how to respond or what the approach will be. I -- you know, the Crown believes there's certainly many issues to be addressed in the sense of jurisdiction of the Court --

THE COURT: M-hm.

MS. MACDONALD: -- its standing, etcetera. But if that's not something that this Court is interested in looking at today in morning chambers, if you think another regular chambers if appropriate, I would suggest a number of weeks from now.

THE COURT: Well, I anticipate, Ms. MacDonald, you are going to be making an application saying that the Court does not have jurisdiction to hear this, correct?

MS. MACDONALD: Yes. I anticipate that. I do not have firm instructions on that.

THE COURT: That would certainly be my guess. How long will it take you to get those instructions?

MS. MACDONALD: Getting the instructions should not take long, Sir, so if there is a date in the next couple of weeks, perhaps that would be --

THE COURT: Mr. Dickson, you understand that there will likely be an application saying that either myself or any of my colleagues do not have jurisdiction to hear your application, correct?

1
2 MR. DICKSON: As I say, I'm -- I'm self-represented and I'm not a
3 lawyer.
4
5 THE COURT: Right.
6
7 MR. DICKSON: I don't understand what that means, Your
8 Honour.
9
10 THE COURT: I realize that, but you have chosen to bring the
11 action, so you need to be able to pursue the action properly.
12
13 MR. DICKSON: Well, as --
14
15 THE COURT: So you are now on notice that there is likely
16 going to be an application saying that the courts do not have jurisdiction to hear this.
17
18 MR. DICKSON: So my understanding is, being a self-represented
19 individual, Your Honour, is that the courts and yourself should be assisting me with that
20 understanding.
21
22 THE COURT: No.
23
24 MR. DICKSON: No, you --
25
26 THE COURT: No, I am not here to represent you. I am here to --
27
28 MR. DICKSON: I'm not asking you to.
29
30 THE COURT: -- run the courtroom.
31
32 MR. DICKSON: I'm not asking you to represent me. Your
33 Honour, as of --
34
35 THE COURT: It will be a legal argument as to whether the
36 Court has jurisdiction to hear your matter or not. I want you to be aware that that is going
37 to be the legal argument at the next hearing.
38
39 MR. DICKSON: I don't know how the Court of Queen's Bench
40 would not have jurisdiction over this matter.
41

1 THE COURT: Well, you will be able to explain that to
2 whomever is here on the next date. It may be me; it may be one of my colleagues.

3

4 MR. DICKSON: So --

5

6 THE COURT: What date would you like, Ms. MacDonald?

7

8 MS. MACDONALD: Sir, if November 5th is available.

9

10 THE COURT: Yes, I believe it is.

11

12 THE COURT CLERK: It's available.

13

14 MR. DICKSON: So we're actually vaccinating over 25,000
15 Albertans a day with no fully informed consent. Putting it off till then, how many people
16 are going to be vaccinated, by the government's own data? The government's own data says
17 that these vaccines are --

18

19 THE COURT: All right, sir.

20

21 MR. DICKSON: -- 24 times --

22

23 **Ruling**

24

25 THE COURT: I am prepared to adjourn this to November 5. I
26 note that you filed your application, I believe, on October 19th. We are now on October
27 22nd. That is three days. That is not enough time for anyone to adequately respond,
28 especially on a matter like this. Ms. MacDonald is being very reasonable by only asking
29 till November 5, at which point this matter will be back here in Civil Chambers. There
30 will -- I certainly anticipate that there will be an application saying that the Court does not
31 have jurisdiction. You need to be prepared to address that on November 5th. Do you
32 understand that?

33

34 MR. DICKSON: I do. Can I enter while I'm here the -- downstairs
35 they said I should -- there were some affidavits that when I filed were not originals. The
36 Crown -- the Crown has those copies. Could I actually give these to the Court today so that
37 they can be put on the file?

38

39 THE COURT: If the clerks accept them, then, yes, as long as
40 they are in compliance with the Rules.

41

1 MR. DICKSON:

Thank you.

2

3 THE COURT:

All right. Back here on November 5th.

4

5 MS. MACDONALD:

Thank you, Sir.

6

7 THE COURT:

Have a good morning, Ms. MacDonald.

8

9 MS. MACDONALD:

Thank you. You, too.

10

11

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13 PROCEEDINGS ADJOURNED UNTIL NOVEMBER 5, 2021

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1 **Certificate of Record**

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4 proceedings in Court of Queen's Bench, held in courtroom 316, at Edmonton, Alberta, on
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16 Order Number: AL24020

17 Dated: November 8, 2021

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