

Third letter to Premier Danielle Smith - Sent March 7th, 2023

Third letter:

From: David Dickson

Sent: Tuesday, March 7, 2023 2:30 PM

To: Office of the Premier <Premier@gov.ab.ca>; draytonvalley.devon@assembly.ab.ca; Dane.Lloyd@parl.gc.ca; Motz, Glen - M.P. <Glen.Motz@parl.gc.ca>

Subject: RE: Manipulation of Alberta Health Data requiring a full professional Police forensic investigation and the urgent return of data to the Alberta Health Public Dashboard ACCTS:00150005445

Importance: High

Dear Premier Danielle Smith, MLA Mark Smith, MP Dane Lloyd and MP Glen Motz,

I am still awaiting a response. I have removed MLA Shane Getson from this follow up as he has refused to speak with us. Apparently, this is not important enough for him.

Some relevant updates since my last letter below.

I have looked at the data for 2020 COVID deaths to see if it could align with the Auditor General's report. However, this raises even more disturbing questions if true.

Some more details on this can be found attached and linked:

See Attached: AHDead.jpg, AHDead2.jpg, AHDead3.jpg, AHDead4.jpg, AHDead5.jpg, AHDead6.jpg, , NHDead2020.jpg, Shandro1.jpg

See Linked:

<https://dksdata.com/AlbertaDead.html>

<https://dksdata.com/Care.html>

<https://dksdata.com/podcasts#E7>

<https://dksdata.com/podcast/LiesDamnedLiesandSadisticsE007.pdf>

<https://rumble.com/v2buc1q-episode-7-colouring-between-the-lies-presentation-only.html>

Secondly, it appears that AHS has modified its Continuous Masking Directive HCS-267 (and associated documentation) as of yesterday March 6th, 2023. This has raised even more concerns.

Now AHS allows staff out of public sight to not wear masks, but has actually increased the areas where masks must be worn making it impossible for disabled people like myself to even get through the doors of a hospital or care home.

See Linked: <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-use-of-masks-hcs-267.pdf>

Other than a few typos, these are the changes.

From: "ARE REQUIRED"

To: "MAY BE REQUIRED". This appears beneficial, until you read on.

From: "patient care areas, elevator, common areas, gift shops"

To: "entrances, patient care areas and adjacent break rooms, elevators/staircases, common areas, gift shops, cafeterias)"

So, now I cannot even get to the screening desk to show my exemption letter (that is not required)! And what about children and infants? The terrifying video putting children and infants in harm's way is still there at section 7.1b) to provide DIRECTION on improperly modifying an adult mask to put on a child or infant.

The "MAY BE REQUIRED" relates to people visiting those in the office areas such as executives. For visitors, this only benefits the likes of Mr. Cowell et al attending meetings at AHS facilities. So, out of public view is perfectly safe, but not

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where the public can see. Is this virus dangerous or not? Can you be asymptomatic OR NOT? As you can see, more questions now, not less.

And AHS have removed: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-ppe-continuous-use-guidance-masking.pdf>, although it is not clear why.

If only that was the worst of it. After bringing to AHS an Capital Care's attention that the masks they were forcing on staff and visitors to allegedly address the communication issues, were not certified (and unsafe), AHS kept the masks but removed the certification. This is nothing less than fraudulent behaviour endangering staff, visitors, patients and residents in Care Homes.

See attached: HCS-267ChangeAnnouncement.png, hcs-267-March-2-2023.png, ASH-AccessibleMasks-CHANGED.png, ASH-AccessibleMasks-4.jpg, HC-ASTM-F2100.png, ASH-AccessibleMasks-2.jpg, ASH-AccessibleMasks-4.jpg, fsnotrec.jpg

See Linked:

<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-options-adapt-hcp-pt-comm-chal.pdf> (March 6th, 2023 changes)

<http://web.archive.org/web/20221024180954/https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-options-adapt-hcp-pt-comm-chal.pdf> (October 2022 copy)

As I am sure you have seen, the Lockdown files from the UK are quite disturbing and receiving a lot of press right now. As we all know, Alberta was following along with what the UK was doing, very closely. I have to wonder when the Alberta lockdown files might come out. Of particular interest is the way the first state of emergency was triggered (**See attached:** Shandro1.jpg in concert with everything else provided.)

As each day passes without a response, Albertans such as myself, my mother in law, and so many others continue to suffer and die. How long will you all continue to ignore my letters and the data?

And for MP Dane Lloyd and MP Glen Motz, this is also a Federal matter. The data in question feeds into Health Canada's reporting. As Dane and Glen are aware, all of the correspondence has been forwarded and accepted by the Federal Standing Committee on Health. I would therefore appreciate some response from the MP's on this communication.

The continued silence speaks volumes as we head towards the election.

David

David T. Dickson

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

Consulting C.I.O.

Management/Legal Consultant

Privacy and Cybersecurity Expert.

Email: david.dickson@dksdata.com



Microsoft
Partner

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Moving deaths later to fit a narrative, or reporting deaths that had happened a long time before to further a narrative?

768 days from a COVID diagnosis to reported dead, or 768 days to report a death?

Which is worse? – The Government Lied and People Died!

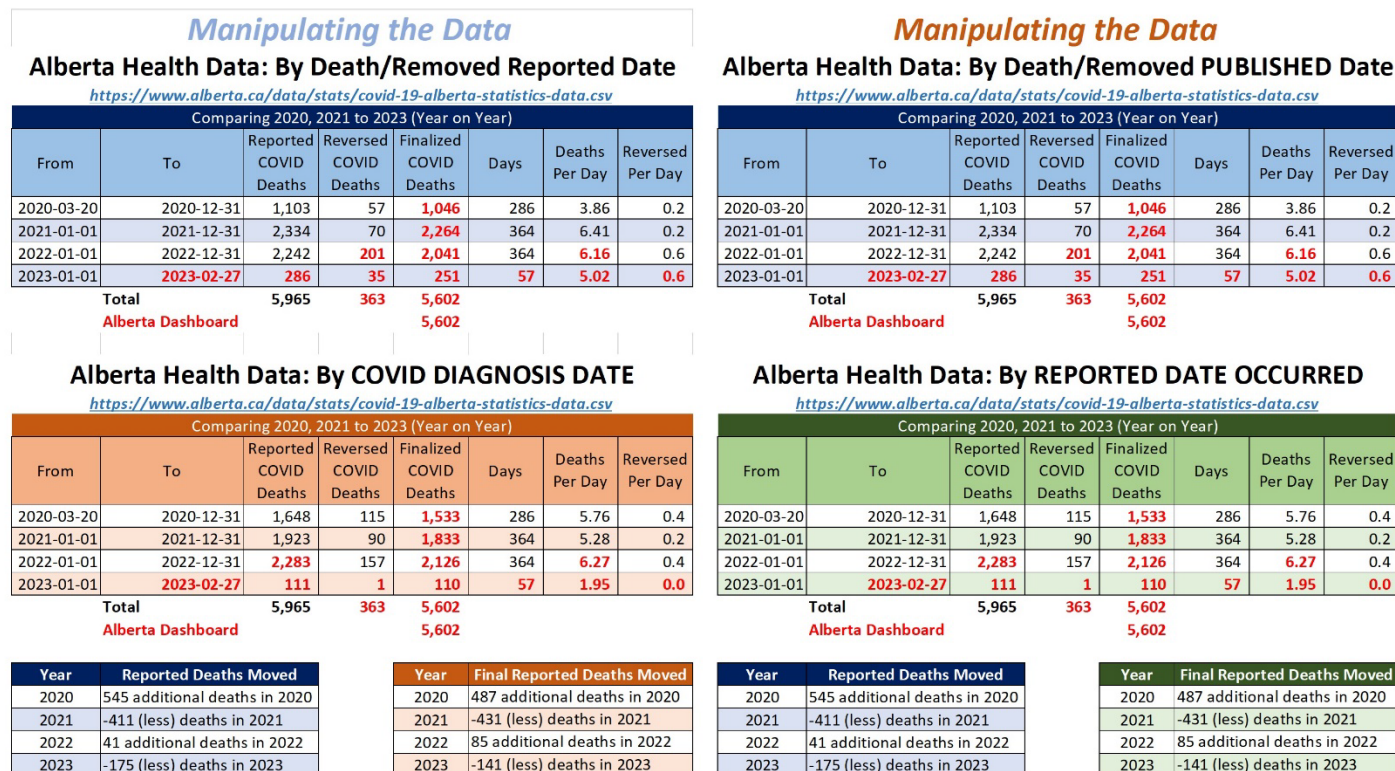


Figure 1: AHDead.jpg

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March 1st, 2023, Alberta Health reported 46 deaths in a week or is that 6 deaths in a week?
From January 1st, 2021, to January 12th, 2021, Alberta Health reported 300 new COVID deaths.
They never mentioned that only 31 were from 2021! Which lie is worse?

ALBERTA REPORTED COVID DEATHS: Reported March 1st, 2023 - Data up to February 27th, 2023											ALBERTA REPORTED COVID DEATHS: Reported March 1st, 2023 - Data up to February 27th, 2023										
Count	Date reported	Alberta Health Services Zone	Gender	Age group	Death status	Case type	Not Present	Reported Dead	Days 'with' COVID	Count in File	Count	Date reported	Alberta Health Services Zone	Gender	Age group	Death status	Case type	Not Present	Reported Dead	Days 'with' COVID	Count in File
1	2022-09-07	Calgary Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	173	1	1	2022-09-07	Calgary Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	173	1
2	2022-10-08	North Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	142	2	2	2022-10-08	North Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	142	2
3	2022-11-18	Central Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	101	3	3	2022-11-18	Central Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	101	3
4	2022-11-21	North Zone	Female	80+ years	Died	Confirmed	2023-02-20	2023-02-27	98	4	4	2022-11-21	North Zone	Female	80+ years	Died	Confirmed	2023-02-20	2023-02-27	98	4
5	2022-11-27	Central Zone	Male	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	92	5	5	2022-11-27	Central Zone	Male	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	92	5
6	2022-12-04	Central Zone	Female	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	85	6	6	2022-12-04	Central Zone	Female	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	85	6
7	2022-12-12	Central Zone	Female	80+ years	Died	Confirmed	2023-02-20	2023-02-27	77	7	7	2022-12-12	Central Zone	Female	80+ years	Died	Confirmed	2023-02-20	2023-02-27	77	7
8	2022-12-15	North Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	74	8	8	2022-12-15	North Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	74	8
9	2022-12-20	Calgary Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	69	9	9	2022-12-20	Calgary Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	69	9
10	2022-12-20	Central Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	69	10	10	2022-12-20	Central Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	69	10
11	2022-12-22	Edmonton Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	67	11	11	2022-12-22	Edmonton Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	67	11
12	2022-12-22	Edmonton Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	67	12	12	2022-12-22	Edmonton Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	67	12
13	2022-12-24	Calgary Zone	Female	80+ years	Died	Confirmed	2023-02-20	2023-02-27	65	13	13	2022-12-24	Calgary Zone	Female	80+ years	Died	Confirmed	2023-02-20	2023-02-27	65	13
14	2022-12-26	Central Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	63	14	14	2022-12-26	Central Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	63	14
15	2022-12-26	Edmonton Zone	Male	60-69 year	Died	Confirmed	2023-02-20	2023-02-27	63	15	15	2022-12-26	Edmonton Zone	Male	60-69 year	Died	Confirmed	2023-02-20	2023-02-27	63	15
16	2022-12-27	Central Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	62	16	16	2022-12-27	Central Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	62	16
17	2022-12-27	Edmonton Zone	Female	80+ years	Died	Confirmed	2023-02-20	2023-02-27	62	17	17	2022-12-27	Edmonton Zone	Female	80+ years	Died	Confirmed	2023-02-20	2023-02-27	62	17
18	2022-12-29	Calgary Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	60	18	18	2022-12-29	Calgary Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	60	18
19	2022-12-31	North Zone	Female	40-49 year	Died	Confirmed	2023-02-20	2023-02-27	58	19	19	2022-12-31	North Zone	Female	40-49 year	Died	Confirmed	2023-02-20	2023-02-27	58	19
20	2023-01-02	Central Zone	Female	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	56	20	20	2023-01-02	Central Zone	Female	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	56	20
21	2023-01-02	Edmonton Zone	Female	60-69 year	Died	Confirmed	2023-02-20	2023-02-27	56	21	21	2023-01-02	Edmonton Zone	Female	60-69 year	Died	Confirmed	2023-02-20	2023-02-27	56	21
22	2023-01-05	Calgary Zone	Female	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	53	22	22	2023-01-05	Calgary Zone	Female	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	53	22
23	2023-01-05	Edmonton Zone	Male	60-69 year	Died	Confirmed	2023-02-20	2023-02-27	53	23	23	2023-01-05	Edmonton Zone	Male	60-69 year	Died	Confirmed	2023-02-20	2023-02-27	53	23
24	2023-01-05	Edmonton Zone	Male	60-69 year	Died	Confirmed	2023-02-20	2023-02-27	53	24	24	2023-01-05	Edmonton Zone	Male	60-69 year	Died	Confirmed	2023-02-20	2023-02-27	53	24
25	2023-01-06	Central Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	52	25	25	2023-01-06	Central Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	52	25
26	2023-01-06	Edmonton Zone	Male	50-59 year	Died	Confirmed	2023-02-20	2023-02-27	52	26	26	2023-01-06	Edmonton Zone	Male	50-59 year	Died	Confirmed	2023-02-20	2023-02-27	52	26
27	2023-01-09	Edmonton Zone	Female	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	49	27	27	2023-01-09	Edmonton Zone	Female	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	49	27
28	2023-01-09	Edmonton Zone	Male	60-69 year	Died	Confirmed	2023-02-20	2023-02-27	49	28	28	2023-01-09	Edmonton Zone	Male	60-69 year	Died	Confirmed	2023-02-20	2023-02-27	49	28
29	2023-01-10	Central Zone	Male	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	48	29	29	2023-01-10	Central Zone	Male	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	48	29
30	2023-01-10	Edmonton Zone	Male	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	48	30	30	2023-01-10	Edmonton Zone	Male	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	48	30
31	2023-01-10	North Zone	Female	30-39 year	Died	Confirmed	2023-02-20	2023-02-27	48	31	31	2023-01-10	North Zone	Female	30-39 year	Died	Confirmed	2023-02-20	2023-02-27	48	31
32	2023-01-12	South Zone	Male	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	46	32	32	2023-01-12	South Zone	Male	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	46	32
33	2023-01-13	Edmonton Zone	Female	50-59 year	Died	Confirmed	2023-02-20	2023-02-27	45	33	33	2023-01-13	Edmonton Zone	Female	50-59 year	Died	Confirmed	2023-02-20	2023-02-27	45	33
34	2023-01-14	Central Zone	Male	60-69 year	Died	Confirmed	2023-02-20	2023-02-27	44	34	34	2023-01-14	Central Zone	Male	60-69 year	Died	Confirmed	2023-02-20	2023-02-27	44	34
35	2023-01-20	Edmonton Zone	Male	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	38	35	35	2023-01-20	Edmonton Zone	Male	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	38	35
36	2023-01-21	Edmonton Zone	Female	80+ years	Died	Confirmed	2023-02-20	2023-02-27	37	36	36	2023-01-21	Edmonton Zone	Female	80+ years	Died	Confirmed	2023-02-20	2023-02-27	37	36
37	2023-01-27	Edmonton Zone	Female	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	31	37	37	2023-01-27	Edmonton Zone	Female	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	31	37
38	2023-02-03	Central Zone	Female	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	24	38	38	2023-02-03	Central Zone	Female	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	24	38
39	2023-02-05	Calgary Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	22	39	39	2023-02-05	Calgary Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	22	39
40	2023-02-12	Edmonton Zone	Male	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	15	40	40	2023-02-12	Edmonton Zone	Male	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	15	40
41	2023-02-16	Edmonton Zone	Male	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	11	41	41	2023-02-16	Edmonton Zone	Male	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	11	41
42	2023-02-17	Edmonton Zone	Female	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	10	42	42	2023-02-17	Edmonton Zone	Female	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	10	42
43	2023-02-17	Edmonton Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	10	43	43	2023-02-17	Edmonton Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	10	43
44	2023-02-18	Edmonton Zone	Female	40-49 year	Died	Confirmed	2023-02-20	2023-02-27	9	44	44	2023-02-18	Edmonton Zone	Female	40-49 year	Died	Confirmed	2023-02-20	2023-02-27	9	44
45	2023-02-18	South Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	9	45	45	2023-02-18	South Zone	Male	80+ years	Died	Confirmed	2023-02-20	2023-02-27	9	45
46	2023-02-24	North Zone	Female	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	3	46	46	2023-02-24	North Zone	Female	70-79 year	Died	Confirmed	2023-02-20	2023-02-27	3	46

Figure 2: AHDead2.jpg

How many people in Canada have died from COVID? | CTV News

<https://www.ctvnews.ca/health/coronavirus/tracking-every-case-of-covid-19-in-canada-1.4852102>

“March 5 – A woman in her 50s from the Calgary area who recently travelled aboard the Grand Princess cruise ship in California was identified as Alberta's first presumptive case of COVID-19. This case was confirmed on March 6, and the patient is self-isolating.”

She is in the data... as recovered the next day. Taking the lag in testing and reporting into account, SHE WAS ALREADY RECOVERED BY THE TIME HER ‘CASE’ WAS REPORTED! Was she even sick, or asymptomatic?

Count	Date reported	Alberta Health Services Zone	Gender	Age group	Recovered status	Case type
1	2020-03-06	Calgary Zone	Female	50-59 years	Recovered	Confirmed

Figure 3: AHDead3.jpg

In the Alberta Auditor General's report, it states:

"On March 6, 2020, Alberta confirmed the first case of COVID-19 in the province. In 11 days, cases grew from one to more than 100. On March 17, 2020, Alberta declared a state of public health emergency."

How many people in Canada have died from COVID? | CTV News

<https://www.ctvnews.ca/health/coronavirus/tracking-every-case-of-covid-19-in-canada-1.4852102>

***"March 5** – A woman in her 50s from the Calgary area who recently travelled aboard the Grand Princess cruise ship in California was identified as Alberta's first presumptive case of COVID-19. This case was confirmed on March 6, and the patient is self-isolating.*

***March 6** – A man in his 40s in the Edmonton region was announced as the province's second presumptive case after he tested positive upon returning from visiting the United States. He had visited Illinois, Michigan and Ohio before returning home on Feb. 28. The source of his infection is a companion who travelled with him in the U.S. who had previously been a passenger on the Grand Princess cruise ship. This travel companion is one of the confirmed cases in B.C."*

Figure 4: AHDead4.jpg

In the Alberta Auditor General's report, it states:

"On March 6, 2020, Alberta confirmed the first case of COVID-19 in the province. In 11 days, cases grew from one to more than 100. On March 17, 2020, Alberta declared a state of public health emergency."

How many people in Canada have died from COVID? | CTV News

<https://www.ctvnews.ca/health/coronavirus/tracking-every-case-of-covid-19-in-canada-1.4852102>

***"March 15** – Alberta health officials announced 17 new cases, bringing the total to 56. Two of the new cases were believed to be 'community cases' with no connection to international travel.*

***March 16** – There were 18 new cases – the highest single-day tally for the province so far.*

***March 17** – Health officials in Alberta announced 23 new cases."*

First case on the March 5th, not March 6th and a reported total of 97 deaths.

Figure 5: AHDead5.jpg

In the Alberta Auditor General's report, it states:

"On March 6, 2020, Alberta confirmed the first case of COVID-19 in the province. In 11 days, cases grew from one to more than 100. On March 17, 2020, Alberta declared a state of public health emergency."

Even that isn't right though.

The data published by Alberta Health had 10 active cases by March 17th.

Not as scary as over 100!

Count	Date reported	Alberta Health Services Zone	Gender	Age group	Status	Case type
1	2020-03-09	Edmonton Zone	Male	40-49 years	Active	Confirmed
2	2020-03-11	Calgary Zone	Male	40-49 years	Active	Probable
3	2020-03-11	Edmonton Zone	Male	30-39 years	Active	Confirmed
4	2020-03-13	Calgary Zone	Male	60-69 years	Active	Confirmed
5	2020-03-14	Calgary Zone	Female	40-49 years	Active	Confirmed
6	2020-03-14	Calgary Zone	Male	40-49 years	Active	Confirmed
7	2020-03-14	Edmonton Zone	Female	70-79 years	Active	Confirmed
8	2020-03-15	Calgary Zone	Male	40-49 years	Active	Confirmed
9	2020-03-15	Edmonton Zone	Male	60-69 years	Active	Confirmed
10	2020-03-17	Calgary Zone	Male	40-49 years	Active	Confirmed

Figure 6: AHDead6.jpg



<https://dksdata.com/MASKS>

Health Canada
The breathability tests used for medical masks in ASTM F2100 and EN 14683, Type IIR are not appropriate for transparent medical masks due to their unique design.

The complete mask should meet a airflow resistance testing similar to an FFR design. For more information, see the "Airflow resistance" section of our respirator guidance document.

*FFR - FILTERING FACEPIECE RESPIRATOR

Figure 7:ASH-AccessibleMasks-2.jpg

Breathability

The breathability tests used for medical masks in ASTM F2100 and EN 14683, Type IIR are not appropriate for transparent medical masks due to their unique design.



The complete mask should meet a airflow resistance testing similar to an FFR design. For more information, see the "Airflow resistance" section of our [respirator guidance](#) document.

Table 1. Respirator performance testing requirements

Test	Requirements
Biocompatibility (each patient skin contacting component)	ISO 10993-5 (cytotoxicity) and ISO 10993-10 (skin sensitization and hypersensitivity) Materials must be non-cytotoxic, non-sensitizing and non-allergenic
Particulate filter efficiency	NIOSH 42 CFR 84 (TEB-APR-STP-0059) ≥95%
Mechanical strength of headstrap or head harness	Ability to withstand a 10 N (0.98 kgf) weight force for each headstrap tested
Airflow resistance	<ul style="list-style-type: none">Inhalation: <35 mmH2O (343.2 Pa)Exhalation: <25 mmH2O (245.2 Pa)
Fit (each size)	CAN/CSA Z94.4 (Annexes B and C) 18 subjects total as identified in the NIOSH facial panel (RCT-APR-STP-0005-05a-06, revision 3.0, section 8.5 NIOSH panel) Panel fit requirements: <ul style="list-style-type: none">1 size: >60%2 sizes: >80%3 or more sizes: 90% Minimum pass is a fit factor of 100 for each subject

Figure 8:ASH-AccessibleMasks-4.jpg

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

Options and Adaptations for Healthcare Providers to Address Patient Communication Challenges in Acute Care, Ambulatory Care and Community Settings		
Created: 2022-10-14 11:03:02 AM Modified: 2022-10-14 11:49:55 AM		
Mask Procedure with Window ASTM Level 2 MFTW-25-M2		<ul style="list-style-type: none">• Available from inventory• ASTM Level 1 rated for fluid but passes filtration rates of level 2/3• Tried by speech language and audiology departments at one sites with positive results• For ordering, contact your local site services staff. Ordering numbers will vary by zone/area
Created: 2023-02-22 3:08:12 PM Modified: 2023-02-28 2:02:35 PM		
Mask procedure with window		<ul style="list-style-type: none">• Available from inventory• Tried by speech language and audiology departments at one site with positive results• For ordering, contact your local site services staff. Ordering numbers will vary by zone/area

**THIS IS AGAINST
HEALTH CANADA
REGULATIONS.**

**AHS NOW ADMITTING
THESE MASKS
ARE NOT CERTIFIED!!!**



Figure 9:ASH-AccessibleMasks-CHANGED.png

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html#a-face-coverings>

Face coverings that aren't recommended

▼ Face shields

Face shields on their own do **not** replace masks. A face shield can be worn **with** a mask for added eye protection.

Without a mask, a face shield won't help prevent you or others from being exposed to infectious respiratory particles. These particles come from the nose and mouth, and can escape around the face shield.

Figure 10: fsnotrec.jpg


Medical mask (procedure or surgical mask)				
	<p>Commercially available.</p> <p>Available in adult and smaller sizes that could be used for children.</p>	<p>Construction materials may vary but must meet established filtration standards.</p> <p>Typically single use, but may be reused until visibly dirty, damp or damaged.</p>	<p>Fit varies depending on the size and features of your face.</p> <p>The fit can be improved by using different methods, such as adjusting ties or ear loops and adjusting the flexible nosepiece.</p>	<p>Some disposable non-medical masks may look like medical masks but don't meet regulatory standards.</p> <p>Look for a medical mask that has ASTM F2100 or EN 14683 on the box label.</p> <p>This means that this mask has been tested and meets international standards for:</p> <ul style="list-style-type: none">• particle and bacterial filtration• breathability• fluid resistance• flammability of materials <p>There are no recognized standards in Canada for transparent medical masks.</p>

Figure 11:HC-ASTM-F2100.png

Dates are not just labels – they mean something.

*How many deaths 'involving' COVID were there in 2020?
Why dates matter.*

Up until Mid June 2022 Health Canada still showed the Alberta Health Data total for 2020 as 1,046 COVID Involved Deaths. This matched the reported deaths during 2020.

What changed?

2022-06-15 5:11 PM

<https://health-infobase.canada.ca/src/data/covidLive/covid19-download.csv>

pruid	prname	prnameFR	date	update	numconf	numprob	numdeaths
48	Alberta	Alberta	2020-12-31	1	101654	0	1046
48	Alberta	Alberta	2021-01-01	1	103015	0	1046
48	Alberta	Alberta	2021-01-02	1	103948	0	1046
48	Alberta	Alberta	2021-01-03	1	104407	0	1046
48	Alberta	Alberta	2021-01-04	1	105555	0	1142
48	Alberta	Alberta	2021-01-05	1	106378	0	1168

2022-06-21 8:31 PM

<https://health-infobase.canada.ca/src/data/covidLive/covid19-download.csv>

pruid	prname	prnameFR	date	reporting_week	reporting_year	update	numcases	numcases	ratecases	numdeaths
48	Alberta	Alberta	2020-12-26	52	2020	0	96893	7960	2180.86	955
48	Alberta	Alberta	2021-01-02	53	2020	0	103948	7055	2339.65	1046
48	Alberta	Alberta	2021-01-03	1	2021	0	110712	8055	2458.98	1272

2023-02-25 9:42:19 AM

<https://health-infobase.canada.ca/src/data/covidLive/covid19-download.csv>

pruid	prname	prnameFR	date	reporting_week	reporting_year	update	totalcases	numtotal_last7	ratecases_total	numdeaths
48	Alberta	Alberta	2020-12-26	52	2020	1	97394	7399	2143.77	1116
48	Alberta	Alberta	2021-01-02	53	2020	1	104619	7225	2302.81	1267
48	Alberta	Alberta	2021-01-09	1	2021	1	111714	7095	2458.98	1426

Figure 12:HCDead2020.jpg



Message from Sean Chilton

*People, Health Professions
and Information Technology*

Changes to Continuous Masking in non-clinical areas

Dear staff, physicians and volunteers,

Effective March 6, 2023, AHS workers who are in areas with no direct contact with patients or patient items (i.e., corporate settings, health records departments, clinical sites vacant or not yet commissioned) may choose to wear a mask, but are no longer required to continuously mask for COVID-19.

AHS still requires continuous masking by workers in AHS facilities/settings where they may come into direct contact with patients, patient's belongings, patient care items, designated family/support persons, or visitors. We will continue to review masking in other areas and updates will be provided once our review is complete.

Please continue to use the [Point of Care Risk Assessment](#) to make personal protective equipment (PPE) decisions in any areas. You can refer to our [Masking Directive FAQ](#) for more information.

As healthcare providers, it is our duty to be vigilant in preventing the spread of any respiratory illness between staff and physicians, as well as the vulnerable patient populations for whom we provide care and who are at greatest risk for adverse outcomes.

We appreciate your patience as we work to update all relevant resources and documents in the coming days. All questions can be directed to ppe@ahs.ca.

AHS is committed to providing a healthy and safe work environment and reducing the risk of illness among employees.

Thank you for your dedication to keeping our people and patients safe.

Sincerely,

Sean Chilton

Vice President, People, Health Professions & Information Technology



Figure 13:HCS-267ChangeAnnouncement.png



DIRECTIVE

TITLE USE OF MASKS DURING COVID-19

SCOPE
Provincial

APPROVAL AUTHORITY
Emergency Coordination Centre

SPONSOR
Personal Protective Equipment Task Force

PARENT DOCUMENT TITLE, TYPE, AND NUMBER
Not applicable

DOCUMENT #
HCS-267

INITIAL EFFECTIVE DATE
July 15, 2020

REVISION EFFECTIVE DATE
September 23, 2022

SCHEDULED REVIEW DATE
September 23, 2023

September 23rd, 2022 Version

- To provide guidance to **patients, designated family/support persons**, and visitors **who are required to wear a mask** when entering or in AHS facilities to help prevent the spread of COVID-19.

ELEMENTS

1. Points of Emphasis for AHS People

- 1.1 AHS People are required to continuously mask in an AHS facility or AHS setting when they are in an area where they may come into direct contact with patients, **patient belongings, patient care items, designated family/support persons**, or visitors (e.g., patient care areas, elevator, common areas, gift shops) and where required, as per the AHS [Point of Care Risk Assessment \(PCRA\)](#).
 - a) Patient care items refers to any item (clean or soiled) that has been in contact with a patient or may come into contact with a patient.
- 1.2 AHS People who work in areas with **no direct contact with patients or patient items** (e.g., corporate settings, health records departments, laboratory services) are required to wear a mask continuously in all areas of their workplace unless they are at a work space separated by at least two (2) metres, separated by a physical barrier, or working alone in an individual office.
 - a) Only in an administrative setting (e.g., Southport Tower, Seventh Street Plaza) may AHS People choose to wear a non-procedure mask (e.g., their own clean cloth mask).
 - b) When acting in their capacity as AHS People outside of an AHS facility, AHS People shall follow the masking requirements at that location.

4. Masking Requirements for Health Care Providers

- 4.1 Health care providers who are required to mask as per Section 1.1 above shall follow routine practices, hand hygiene, and wear a mask continuously **as per the AHS [Guidelines for Continuous Masking](#)**. Additional PPE may be required based on the AHS [Point of Care Risk Assessment \(PCRA\)](#) and [Joint Statement: COVID-19 and Personal Protective Equipment](#).
 - o [Guidelines for Continuous Mask and Eye Protection Use in Home Care and Congregate Living Settings](#)
 - o [Guidelines for Continuous Masking](#)
 - o [How to Support Mask Wearing COVID-19 Worker Supports](#)
 - o [Information for Albertans](#)



DIRECTIVE

TITLE USE OF MASKS DURING COVID-19

SCOPE
Provincial

APPROVAL AUTHORITY
Executive Leadership Team

SPONSOR
Personal Protective Equipment Task Force

PARENT DOCUMENT TITLE, TYPE, AND NUMBER
Not applicable

DOCUMENT #
HCS-267

INITIAL EFFECTIVE DATE
July 15, 2020

REVISION EFFECTIVE DATE
March 6, 2023

SCHEDULED REVIEW DATE
March 6, 2024

March 6th, 2023 Version

- To provide guidance to **patients, designated family/support persons**, and visitors who **may be required** to wear a mask when entering or in AHS facilities to help prevent the spread of COVID-19.

ELEMENTS

1. Points of Emphasis for AHS People

- 1.1 AHS People are required to continuously mask in an AHS facility or AHS setting when they are in an area where they may come into direct contact with patients, **patient belongings, patient care items, designated family/support persons**, or visitors (e.g., entrances, patient care areas and adjacent break rooms, elevators/staircases, common areas, gift shops, cafeterias) and where required, as per the AHS [Point of Care Risk Assessment \(PCRA\)](#).
 - a) Patient care items refers to any item (clean or soiled) that has been in contact with a patient or may come into contact with a patient.
- 1.2 Wearing a mask is optional for AHS People when they are in an area with **no direct contact with patients or patient items** (e.g., corporate settings, health records departments, clinical sites that are vacant or not yet commissioned).
- 1.3 When acting in their capacity as AHS People outside of an AHS facility, AHS People shall follow the masking requirements at that location.
- 3.3 Visitors are not required to mask when they are in an area where there is no direct contact with patients or patient items (e.g., corporate settings, health records departments, clinical sites that are vacant or not yet commissioned).

4. Masking Requirements for Health Care Providers

- 4.1 Health care providers who are required to mask as per Section 1.1 above shall follow routine practices, hand hygiene, and wear a mask continuously. Additional PPE may be required based on the AHS [Point of Care Risk Assessment \(PCRA\)](#) and [Joint Statement: COVID-19 and Personal Protective Equipment](#).
 - o [Guidelines for Continuous Mask and Eye Protection Use in Home Care and Congregate Living Settings](#)
 - o [How to Support Mask Wearing COVID-19 Worker Supports](#)
 - o [Information for Albertans](#)

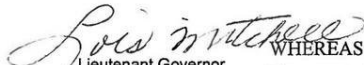
Third letter to Premier Danielle Smith - Sent March 7th, 2023

Figure 14:hcs-267-March-2-2023.png



Province of Alberta
Order in Council

Approved and ordered:


Lieutenant Governor
or
Administrator

WHEREAS the Chief Medical Officer of Health has provided advice to the Lieutenant Governor in Council under section 52.1 of the Public Health Act that a public health emergency exists due to the presence of pandemic COVID-19 in Alberta;

WHEREAS the Chief Medical Officer of Health has provided advice to the Lieutenant Governor in Council that there is a significant likelihood of pandemic influenza due to the presence of pandemic COVID-19 in Alberta;

WHEREAS under section 52.8(1)(a) of the Public Health Act an order made in respect of pandemic influenza has effect for 90 days; and

WHEREAS the Lieutenant Governor in Council is satisfied that as a result a public health emergency exists and prompt co-ordination of action or special regulation of persons or property is required in order to protect the public health;

THEREFORE the Lieutenant Governor in Council declares a state of public health emergency in Alberta due to pandemic COVID-19 and the significant likelihood of pandemic influenza.


CHAIR

O.C. 080/2020

MAR 17 2020

ORDER IN COUNCIL

For Information only

Recommended by: Minister of Health

Authority: Public Health Act
(sections 52.1 and 52.8)

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

Redacted

Sworn before me this 1st day

of DECEMBER 1, A.D., 2021

Redacted

A Commissioner for Oaths in and for
Alberta

DANIELLE LORIEAU
A Commissioner for Oaths

in and for Alberta

My Commission Expires December 21, 2024



ALBERTA
HEALTH

Office of the Minister
MLA, Calgary - Acadia

M.O. 608/2020

WHEREAS COVID-19 is a communicable disease as defined in the *Public Health Act* (the Act) that is being transmitted to persons;

WHEREAS I have received advice from the Chief Medical Officer of Health that COVID-19 presents a serious threat to public health;


WHEREAS I can make an order under section 15.1 of the Act, on the advice of the Chief Medical Officer of Health, specifying that any provision of the Act and its regulations are applicable in respect of a particular disease, if I am satisfied that the disease presents a serious threat to public health; and

WHEREAS I am satisfied that COVID-19 presents a serious threat to public health;

THEREFORE, I, TYLER SHANDRO, Minister of Health, pursuant to section 15.1 of the Act, do hereby order that:

1. the provisions of the Act relating to communicable diseases apply to COVID-19;
2. section 52.21 of the Act applies to COVID-19 where the pre-conditions set out in the section 52.21(1) are met, as if COVID-19 was pandemic influenza;
3. COVID-19 is a communicable disease prescribed for purposes of section 20(1), 22(1), 23(a)(i) and 24 of the Act, and COVID-19 is deemed to be a notifiable communicable disease within section 6(1) and Schedule 1 of the *Communicable Diseases Regulation* (the Regulation);
4. COVID-19 is a communicable disease prescribed for purposes of sections 39(1), 44(1) and 47(1) of the Act, and COVID-19 is deemed to be a disease for which a certificate, isolation order or warrant for examination may be issued within section 6(3) and Schedule 3 of the Regulation;
5. COVID-19 is a communicable disease for purposes of section 29(2) of the Act, and COVID-19 is deemed to be a pandemic influenza within section 8 and Schedule 4 of the Regulation.

DATED at Edmonton, Alberta this 20 day of March, 2020.


TYLER SHANDRO
MINISTER

423 Legislature Building, 10800 - 97 Avenue, Edmonton, Alberta T5K 2B6 Canada Telephone 780-427-3665 Fax 780-415-0961

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