

Well, all good things come to an end. This week, as predicted, my mother's care home declared an outbreak on the floor below her. We arrived to take her out for supper last Monday and initially nothing appeared out of the ordinary. When we returned, all still seemed fine. As David and I left though, the huge STOP sign was placed in the entrance way, and outbreak posters along with sticker signage requiring masks were on the doors. When we called senior management, we were informed there are now four resident "cases", the "COVID" outbreak started last week, and staff on the affected units were mandated to wear masks and goggles. Other than those bare details, this senior manager knew little more. She thought it was "contained" but noted that "we are coming into flu season now". This outbreak is on the second floor where physio and occupational therapy is located and where almost every resident goes regularly for care. We informed the manager that we are to be notified immediately should there be any outbreak declared on our mother's unit and that we expect to be admitted unrestricted at all times. David made it quite clear that he will be there in person to fulfil his duties to our mother as her medical proxy and will not be wearing a mask at any time due to health conditions that prevent him from doing so. Based on what we have learned of staff eating unmasked in close proximity to residents since 2020 and signed off in AHS audits as acceptable practice, our family refuses to mask to visit our mother. If that requires law enforcement to be called, then so be it. We will present all the evidence we have amassed over three years in court. We are not the only family who is challenging this pretense of protection which puts residents at risk from isolation and neglect while placing an undue burden on those whose job it is to provide care. This never happened before. It should never have started. And it needs to stop now!

We arrived yesterday to take Mum out again for the afternoon and expected pushback. There was none. Almost all staff were unmasked. There was even a vendor selling her wares on the main floor! It's an odd contrast from last year when the entire building was subjected to masks, distancing and visitor restrictions for any outbreak. If you are wondering why we are seeing the soft sell, it's because government is not yet ready to trigger the fear response. Things will ramp up to compliance by consent. Flu vaccines in care homes roll out on the 2nd October. New, untested COVID vaccines are expected Oct 10th-16th.

So, what does "outbreak" mean for residents on an affected unit who are sick? It means 10 days confined to their room. It means daily testing with their "consent". It means effectively weeks of isolation depending on "cases". (Remember me talking about St. Michael's just down the road from my mother's centre? That "outbreak" lasted a month.) It means, according to AHS policy, that sick residents will be cared for last. It means family are advised to delay their visit. It means all forms of therapy are restricted to resident rooms only, one person only, social distanced, wearing full PPE. So effectively total isolation which causes both mental and physical deterioration at a time when visits from family matter more than ever. Do not be deterred, discouraged or afraid if your loved one becomes ill. They need your advocacy and oversight for appropriate care, for early intervention be that antibiotics, oxygen, timely and appropriate treatment, all the basic care needs that anyone who is sick requires, especially someone who is compromised by age or infirmity. If you cannot attend in person, find someone who can!

What does outbreak mean for the healthy on a unit that declares an outbreak? Fire doors are closed impeding any ability for the wheelchair bound to leave. When this happened last year, I was told by the then unit manager,
"Residents aren't confined to the unit. If they ask, staff will open the doors so they can leave".

“My mother can’t talk!” I retorted in rage when I saw a queue of residents lined up inside my mother’s unit. “None can open the heavy doors. Don’t try and pretend they are free to leave or that anyone is actively letting them out.”

I had this confirmed by the staff. I let all the waiting residents into the hallway that day and warned the unit manager that if I returned the next day to find residents confined to the unit, there would be hell to pay. This practice is nothing less than unlawful confinement disguised as safety. To families – being present is not a phone call, being present is not a virtual visit, being present is not an outdoor visit recommended by Alberta Health for the vulnerable in our frigid province starting September 1st. It requires someone to visit regularly INDOORS IN PERSON. If you aren’t there in person, expect that COVID protocols will put your loved one in harm’s way.

We have refused any changes to our mother’s care plan - no masking, no testing, no isolation and no vaccinations for our mother for the last three years. We have it in email to her carers, in hard copy on her care plan and posted on her door. Her current and continued good health is proof we have made the right decisions for her wellbeing. Everyone in the centre knows this. For all those connected to long term care, particularly in relation to vaccination, you need to be aware of the following – for COVID vaccinations, nobody could be assessed appropriately through Alberta Health’s Consent and Fit to Immunize process. Therefore everyone fails the INFORMED CONSENT step. Here’s why. The consent process that Alberta Health has in place puts all the professional and legal responsibility on the person giving the immunization. If YOU are a healthcare professional administering these vaccines, you are putting everything on the line and YOU ARE UNINFORMED. According to Alberta Health, consent for immunization is deemed to be “ongoing unless withdrawn by the decision maker”. That means if the resident/family have previously consented, that is the assumption to vaccinate unless consent is withdrawn. Families may choose to change their consent status otherwise “original consent status will be honoured”. What does this mean? It means that consent has become an OPT-OUT process in this province. This is illegal. CONSENT CAN NEVER BE AN OPT OUT PROCESS! Alberta Health also states that consent **should be** reaffirmed **verbally** with the resident **immediately prior to** immunization **when possible**. Note SHOULD which means it likely won’t be and WHEN POSSIBLE which means also not going to happen in a care home environment when time is short. Alberta Health also states that “the assessment and conversation between immunizer and patient/resident is considered to be sufficient under the law for informed consent purposes”. A conversation may well not even happen and assessment amounts to two check boxes. That’s what a life is now worth. Two check boxes. Based on this entire process, none of this would not meet the legal test for Informed Consent and could be grounds for a charge of assault and battery or worse, depending on the outcome of the vaccination. When David informed a doctor of this last year, he turned a whiter shade of pale. How many healthcare professionals, residents, staff or families are aware of all this? Few to none is my informed guess.

So the takeaway from all this is... vigilance, visits in person as often as possible (more often if your loved one is sick), question everyone responsible for their care (the last almost four years should have taught us all that experts are wrong more than any of us want to believe). INFORMED CONSENT is the only mandatory for any medical treatment or procedure. All your concerns need to be documented IN WRITING. And last, but not least, please go to bat for anyone you see in a care centre who appears to be in distress. Your advocacy and prompt action may well, as I know from first-hand experience, save someone’s life.