

**From:** David Dickson

**Sent:** Friday, March 31, 2023 5:53 PM

**To:** AHS Patient Relations Department <AHSPatientRelationsDepartment@albertahealthservices.ca>; info@capitalcare.net; Office of the Premier <Premier@gov.ab.ca>

**Cc:** rachel.notley@albertandp.ca

**Subject:** Complaint regarding Capital Care, AHS and the Health Minister - Masking

**Importance:** High

**A note for Premier Danielle Smith and Leader of the Official Opposition, Rachel Notley.**

**Please add this to the ongoing letters you have received to date with an expectation of an immediate follow up.**

**This is and always was a serious safety risk in the mismanagement of COVID and ongoing AHS policies and protocols in which both parties are culpable.**

As per the site director for Capital Care Dickinsfield where my mother-in-law resides;

***"Concerns and questions regarding AHS directives can be submitted to the AHS Patients relations email"***

***"Please direct questions about the Gene Zwozdesky center to our corporate office."***

The intent of this communication is for an immediate in person meeting with senior staff (above the Capital Care site director) from Capital Care, OH&S, AHS and the Health Minister to address these concerns once and for all. We would welcome the media's presence at such a meeting.

As per the below and attached, please consider this a formal complaint against AHS and Capital Care. We require an urgent meeting and explanation as regards the clear discrimination against myself and my family for over three years now. Note that these concerns impact ALL ALBERTANS and residents and staff of Care Homes in particular.

I am a medically retired police officer (injury on duty) with a medical exemption from wearing a face mask (or face shield). Due to my inability to wear a mask, I have been refused access to Capital Care Dickinsfield for over three years and counting. Capital Care Dickinsfield has been the primary home for my mother-in-law for over a decade. To complicate matters further and making access at all times imperative, I am also her medical proxy, responsible for her healthcare decisions. From the very start of COVID, we have attempted to negotiate my access to the Care Home without success despite pointing out the many breaches in policies and care that have occurred. After what we saw today, we can no longer continue to be dismissed at the center level.

According to the latest communications from Alberta Health attached (internal) and HCS-267 (AHS Continuous Masking Directive), no persons are allowed to be in an AHS/Capital Health facility in an open area at any time without wearing an approved mask covering the face, nose, mouth and chin.

This morning, to my horror, I saw a post from Capital Care of a photo opportunity with images and video for the new AHS/Capital Care Norwood facility - built during COVID (2020-2023), while residents were locked in their rooms. (see <https://dksdata.com/Care.html>).

As per the site director for Capital Care Dickinsfield where my mother-in-law resides;

***"The current directive allows visitors to briefly remove their mask while distanced from others, to provide care or communicate with their loved one in their room. Masks must always be worn in shared and public spaces in AHS settings and facilities."***

It is clear from the Norwood opening that the rules on masking are not for the safety of the residents but are purely for compliance and theatre. How is it that a resident of Norwood of similar age and health to my mother-in-law is seen surrounded by unmasked "VIP's" throughout this show? It is bad enough that an elderly soul was wheeled out in

freezing temperatures to give a speech OUTSIDE (approached numerous times by unmasked persons). However, the ongoing unmasked entourage of dignitaries parading around the building including the Health Minister, senior Capital Care Staff, media and other guests with at least one 'at risk' Care Home resident is despicable hypocrisy.

**See:**

- <https://www.facebook.com/photo?fbid=747560423814397&set=pcb.747560470481059>
- <https://www.facebook.com/photo/?fbid=747560420481064&set=pcb.747560470481059>
- <https://www.facebook.com/photo/?fbid=747560417147731&set=pcb.747560470481059>
- <https://www.facebook.com/photo/?fbid=747560427147730&set=pcb.747560470481059>
- <https://fb.watch/jCloprXVNX/>
- <https://www.youtube.com/live/8BLcw7osnhk>
- <https://www.youtube.com/live/8BLcw7osnhk?feature=share&t=1347>

As explained above, we have made numerous (unresolved) complaints to Capital Care about the clear discrimination in LTC which denies me access to my mother-in-law, all of which have fallen on deaf ears. Dickinsfield is one facility that has continually transferred visibly sick and tested positive for COVID patients from hospitals into rooms on non outbreak units (and even into shared rooms with a resident who was not sick or tested positive on my mother-in law's unit). This has resulted in manufactured isolations (and cases) and endangerment of residents not at risk before these transfers (under an AHS policy specifically designed for this purpose across all Care Homes). In addition, in the past six months, there have been multiple staff members in the care home who were visibly sick but allowed to work with residents as long as they hid behind a mask (as per the increasingly disturbing AHS policies). When challenged about the COVID transfers in 2021, the Health Minister's office responded that they "would not knowingly do this", despite AHS having a written policy to that effect!

One stark example of the unsupportable masking directive at AHS and Capital Care relates to a care home worker directly outside my mother-in-law's room, actively symptomatic with a respiratory virus for over 2 months. And yet, healthy, I am refused access. In fact, not just myself, but also my grandchildren (3 and 8 years old) are also denied access unless they wear a mask. How would a three year old wear an AHS adult mask (which is the requirement placed on us by the Care Home director and AHS)? We are expected to follow the instruction in the video that has been included in the AHS Mask Directive since early 2020.

These are screenshots from a video (see section 7.1b of: <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-use-of-masks-hcs-267.pdf>) that was (and still is) linked to the AHS official Mask Directive (HCS-267) demonstrating how to improperly modify and force an adult mask on a child 2 years and up. A direct link to the video is here: <https://youtu.be/OaDKF5HK5hU>). How anyone can think this is appropriate and why Alberta OH&S hasn't addressed this by now is beyond me. As a retired police officer from the UK, I arrested and prosecuted people for less abusive behaviour to children in my career. This is categoric abuse, a blatant breach of Health Canada and Alberta OH&S guidelines and regulations, and also the manufacturer's instructions on safe use. (see <https://dksdata.com/MASKS>).



In regards to further impacts on my inability to access the Care Home, I have had no choice but to call upon the services of my mother-in-law's 80 year old partner. He kindly offered, in the absence of any other choice, to assist me in bringing my mother-in-law in and out of the Care Home. This was required for me to take her to medical appointments when my wife was unavailable. He was willing to do this because he wears a mask (even though he has a health condition which makes wearing the mask dangerous). Despite the risk to himself, he wears the mask. Still, he has been repeatedly attacked by senior staff at Dickinsfield, and threatened to be banned from all Capital Care facilities. This was for the 'crime' of 'not wearing the mask **properly**' even in my mother-in-law's own private room when assisting her with her care needs as per HCS-267. I am not sure AHS should be providing 'expert' masking advice based on their selection of video at s7.1b of HCS-267. Ironically, that most recent attack was co-ordinated and attended by a plethora of unrelated admin and staff from other floors who stood together to watch an elderly man be humiliated. All this occurred while these staff members breached the AHS IPC protocols for distancing and gathered in an area they had no businesses being in, just to spectate. The only person who showed any compassion and real understanding was the embarrassed security guard called to oversee this despicable bullying attack on an 80 year old in front of his bewildered global aphasic 79 year old resident partner. Is the zero tolerance for bullying only a one way street at Capital Care and AHS?

Masks are mandatory, or else at Capital Care. And yet, it is acceptable for the Health Minister and other dignitaries from Capital Care to walk around unmasked with a Capital Care resident in an AHS/Capital Care facility for nothing more than a glorified photo op. Do COVID and other ILI's avoid media events and new buildings? If so, maybe that was the way to keep residents safe during COVID, not locking them up alone which was the true cause of so many deaths as shown by the continuing spike in excess deaths in the Province.

<https://www150.statcan.gc.ca/n1/daily-quotidien/221208/dq221208f-cansim-eng.htm>



Statistics  
Canada

Statistique  
Canada

## Alberta Excess Deaths (Over 10 Year Average (2010-2019))

As of March 13, 2023



<https://www150.statcan.gc.ca/n1/daily-quotidien/221208/dq221208f-cansim-eng.htm>



The letter attached ("*image2023-01-05-152524\_Redacted.pdf*") specifically related to staff not removing their masks when communication was an issue. The complaint which this responds to was triggered after my mother-in-law was given T3's (containing an opioid metabolising ingredient 'codeine') by a staff member. A breakdown in communication was created by the staff member not being allowed to remove her mask (by order of the site director, contrary to AHS directive HCS-267) despite the masks causing ongoing and clear care risks. The actual issue was resolved the next day by my wife removing her mask and asking her mum about the concern. Her mum confirmed she had not been in pain which resulted in the discovery that her mum was just trying to communicate that her new nightdress was missing. This med error, a reportable incident, was directly caused by the AHS/Capital Care policy (and its improper application), yet nothing happened when it was reported. In fact, the response (from the site director) was to double down with another mask that not only fails to meet Health Canada safety and regulatory requirements, but also fails to address the actual issue. In addition, none of the staff dealing with my mother-in-law have ever worn such a mask.

In response to our concerns regarding the avoidable med error, the Site Director stated:

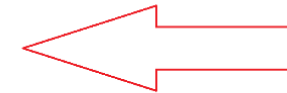
***"As the directive allows, we have provided staff with an alternate window mask approved by AHS, to be used when there are challenges communicating with residents when wearing the standard masks."***



I refer to this mask (a sample of which was provided to my wife). You will note that AHS modified their document regarding this particular mask (after our complaint) to confirm it was not a certified mask and, as such, CANNOT be used in the Care Home setting under the current Directives and Canadian health regulations.

## Options and Adaptations for Healthcare Providers to Address Patient Communication Challenges in Acute Care, Ambulatory Care and Community Settings

**THIS IS AGAINST  
HEALTH CANADA  
REGULATIONS.**

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



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"> <li>Available from inventory</li> <li>ASTM Level 1 rated for fluid but passes filtration rates of level 2/3</li> <li>Trialed by speech language and audiology departments at one sites with positive results</li> <li>For ordering, contact your local site services staff. Ordering numbers will vary by zone/area</li> </ul>
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"> <li>Available from inventory</li> <li>Trialed by speech language and audiology departments at one site with positive results</li> <li>For ordering, contact your local site services staff. Ordering numbers will vary by zone/area</li> </ul>

<https://dksdata.com/MASKS>

The above med error is not an isolated incident when it comes to the impacts of the AHS/Capital Care masking policy. Physician visits frequently require my attendance to make medical decisions. However, my wife has to act as my proxy onsite (without a mask as she only needs to wear the mask to get to my mother-in-law's room). Once there she becomes the conduit to relay information between my mothers-in-law's masked physician, my mother-in-law (and myself over the phone) while I sit in my car in the car park. Note that the doctor, like the staff, will not remove his mask due to the directions of the site director. How is this safe, efficient or even resembling care? Recently, I identified a contraindication with my mother-in-law's medication only because I saw her outside the facility. This can be confirmed by my mothers-in-law's physician. As time goes on, seeing her outside the facility will become more difficult for her. What happens if or when she becomes palliative or as has happened, she falls ill and is confined to her bed? I am not even allowed through the doors to speak to a security guard under the newly minted HCS-267 (March 13<sup>th</sup>, 2023) that **only** adds an exemption for the admin and executives at AHS while expanding the areas where continuous masking is enforced. I cover this logical fallacy in a recent article entitled "*I am smart enough to know...*" see: <https://dksdata.com/Articles/COVArticles/Article8.html> where I address the comment "*I'm educated enough to know that I could be asymptomatic and still give you the virus.*"

Explain to me why the chosen few are allowed to walk around at any time unmasked contrary their own view on asymptomatic spread?

Note that there have been ongoing challenges with communication with residents in the last three years as a result of the continuous masking policy, that are not supported by any current or historical scientific data. My mother-in-law has global aphasia resulting in major cognitive impairment, has both hearing and sight loss, and relies heavy on close personal contact, facial cues and lip reading day in day out. Her medical and personal care needs are common to many in LTC. Residents have suffered beyond words because of the isolating nature of the continuous masking policy. A significant number who are bed bound have not seen a human face since early 2020. Continuous masking poses a safety risk when communication fails on so many levels for residents. My wife has also been told endlessly by the staff that they are physically and emotionally fatigued by the continuous masking policy, struggling to adequately provide quality resident care. Due to senior management messaging at the site, staff cannot remove their masks despite being fully aware of the issues this policy is causing with residents such as my mother-in-law. They have been threatened with immediate dismissal if they are seen removing their mask for any reason, even when doing so to comply with the AHS Directive.



Maybe the unmasked Health Minister Jason Copping, one of the Capital Care/AHS senior dignitaries or invited guests could come and speak to my mother-in-law next time we have a communication issue.

I look forward to a prompt response and resolution to the ongoing irrational behaviour related to masking - all for the sake of **'optics'** as outlined in the July 4<sup>th</sup>, 2022 Alberta Scientific Advisory Group (SAG) report.

***Little to no evidence to support mask use!***

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

**HARMS**

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

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

**VIRTUE SIGNALLING.**

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

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-continuous-masking-policies.pdf>

Please cross reference this with the other ongoing complaints regarding the active discrimination by AHS/Capital Health toward my mother-in-law and myself.

- [https://dksdata.com/PatientRelations/Letter-RAH-DI\\_Redacted.pdf](https://dksdata.com/PatientRelations/Letter-RAH-DI_Redacted.pdf)
- [https://dksdata.com/PatientRelations/letter-Kaye\\_Redacted%20ops.pdf](https://dksdata.com/PatientRelations/letter-Kaye_Redacted%20ops.pdf)
- [https://dksdata.com/PatientRelations/letter-PS\\_Redacted.pdf](https://dksdata.com/PatientRelations/letter-PS_Redacted.pdf)
- [https://dksdata.com/PatientRelations/letter-RAHPhy\\_Redacted.pdf](https://dksdata.com/PatientRelations/letter-RAHPhy_Redacted.pdf)
- [https://dksdata.com/PatientRelations/letter-kaye%20phy\\_Redacted.pdf](https://dksdata.com/PatientRelations/letter-kaye%20phy_Redacted.pdf)

See also the following correspondence to the Premier regarding associated concerns including the recent Auditor General's flawed report on the COVID response in Care Homes.

- <https://dksdata.com/Court/ToAlbertaPremierJanuary292023.pdf>
- <https://dksdata.com/Court/ToAlbertaPremierFebruary282023.pdf>
- <https://dksdata.com/Court/ToAlbertaPremierMarch072023.pdf>
- [https://dksdata.com/Court/ToAlbertaPremierMarch302023\\_Redacted.pdf](https://dksdata.com/Court/ToAlbertaPremierMarch302023_Redacted.pdf)
- <https://dksdata.com/Court/ToMLA-MarkSmith.pdf>

**David**

**David T. Dickson**

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*Management/Legal Consultant*

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**COVID 19 Information:** <https://dksdata.com/COVID19>



Microsoft  
Partner

*"The darkest places in hell are reserved for those who maintain their neutrality in times of moral crisis."*

Dante Alighieri

*"So whoever knows the right thing to do and fails to do it, for him it is sin."*

James 4:17

**Some rules to live by:**

*Always do the best you can by your family.*

*Go to work every day.*

*Always speak your mind.*

*Never hurt anyone that doesn't deserve it.*

*And never take anything from the bad guys.*

*(Mel Gibson: Edge of Darkness 2010)*



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**From:** [redacted]

**Sent:** Thursday, March 30, 2023 5:06 PM

**To:** [David.dickson@dskdata.com](mailto:David.dickson@dskdata.com)

**Subject:** Response to March 28 email

Hello,

I am sending you this email in response to your mail to [redacted], Care Manager on March 28.

Regarding your concern about the 3D staffing on the evening of March 27, I have confirmation that the unit was fully staffed at the start of the evening shift. One HCA was needed on another unit for part of the evening.

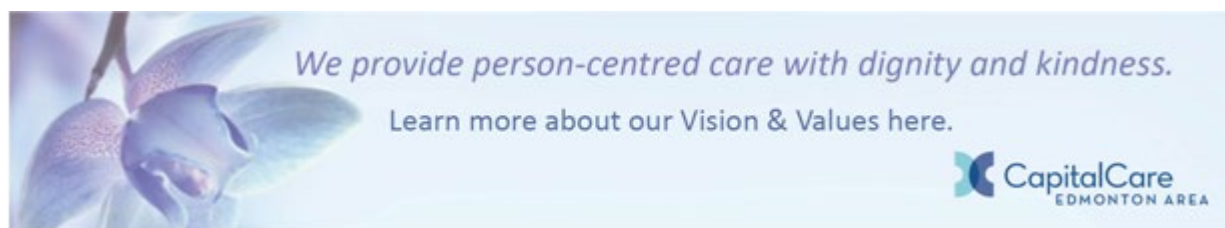
We make every effort to replace all scheduled shifts in the center, however, there are times that we cannot cover all vacant shifts. In these cases, we have staffing contingency plans to ensure resident care needs are met. This may include sharing staff based on resident needs and staffing levels in other areas of the center. This is only done when we have made every effort to replace shifts by scheduling staff that are available and able to pick up the shift.

Please direct questions about the Gene Zwozdesky center to our corporate office.

Thank you,

[redacted]

[\[redacted\]](#), Site Director, [\[redacted\]](#)






This photo is from a post. [View post](#)

**CapitalCare**  
March 28 at 3:56 PM · 🌐

6 likes · 1 comment

Like Comment Share

**David Karen Dickson**  
"Masks must always be worn in shared and public spaces in AHS settings and facilities."  
Hypocrites!!!  
My disabled retired police officer husband has not been allowed in to the Capital Care home to visit my mother (even though he is her medical proxy) for three years because of a medical condition that prevents him from wearing a mask. Her partner (80 years old) was threatened by Capital Care staff for not wearing a mask 'properly'.  
And yet the 'elites' in this Capital Care AHS facility are here without masks with an at risk resident.  
This is not about Safety but about compliance and control.  
[dksdata.com/Care](https://dksdata.com/Care)



Write a comment...







January 5, 2023

David and Karen Dickson  
Email Address: [David.dickson@dksdata.com](mailto:David.dickson@dksdata.com)

14225 - 94 Street NW  
Edmonton, AB Canada T5E 6C6  
Tel. 780.371.6500 Fax. 780.371.6583  
[www.capitalcare.net](http://www.capitalcare.net)

Karen & David,

This letter is in response to your request for a meeting to discuss the concerns that you have brought forward regarding communication with Jean when staff are wearing masks, as required.

The Alberta Health Services (AHS) Use of Masks During COVID-19 is still active. It is in place to protect our vulnerable residents from COVID viruses in congregate care settings.

The directive states that staff working in AHS settings and facilities are required to continuously mask when in contact with residents, visitors, in public areas and when contact with resident belongings and as well as per assessed need. As the directive allows, [REDACTED] to be used when there are challenges communicating with residents when wearing the standard masks.

The current directive allows visitors to briefly remove their mask while distanced from others, to provide care or communicate with their loved one in their room. **Masks must always be worn in shared and public spaces in AHS settings and facilities.**

**A meeting to discuss continuous masking will not change the fact that we must adhere to the directive for visitors and staff that is currently in place. Concerns and questions regarding AHS directives can be submitted to the AHS Patients relations email or you may phone:**

Alberta Health Services – Patient Relations Department  
Phone: 1-855-550-2555  
Fax: 1-877-871-4340  
Mail: c/o Patient Relations – 10030 – 107 Street, NW Edmonton, AB. T5J 3E4

As always, questions or concerns regarding Jean's care needs should be brought forward to [REDACTED] Care Manager.

Regards,

[REDACTED]

Site Director

CapitalCare [REDACTED] Care Centre

*leaders in continuing care*





## Message from Mauro Chies and Dr. Laura McDougall

### *Important COVID-19 Updates*

**Dear staff, physicians and volunteers,**

As Alberta continues to shift from an emergency response to a more sustainable approach to managing COVID-19, several changes will soon take place.

#### **Provincial guidelines on testing and isolation**

As of April 1, rapid antigen tests (RAT tests) will be the recommended COVID-19 test for all individuals with respiratory virus symptoms, including healthcare workers and workers in other high-risk settings. This change reflects Alberta's transition to an endemic approach to managing COVID-19 and is the next step toward aligning public health recommendations across all acute respiratory viral illnesses.

In addition, the previously recommended minimal isolation period of five days for people with COVID-19 symptoms or a positive COVID-19 test will no longer be required by Alberta Health for the public. Those with respiratory virus symptoms or who test positive for any respiratory illness will be advised to stay home until all symptoms have improved, they feel well enough to resume normal activities, and they have been fever-free for 24 hours without using fever-reducing medications.

Anyone who has respiratory virus symptoms should wear a mask for a total of 10 days from the onset of symptoms (even if the symptoms have resolved or improved) when in indoor settings with other individuals.

Alberta Health will also be recommending that in addition, as was the case before the pandemic, anyone who is feeling unwell, regardless of whether they have tested positive for a respiratory virus or not, should avoid visiting acute care or continuing care settings unless receiving care, and if possible, avoid contact with anyone who may be at high risk of severe outcomes (e.g. elderly or immunocompromised individuals).

#### **Testing and isolation for staff and healthcare workers**

While our teams have been eligible to book molecular COVID-19 tests throughout the pandemic, self-referral will no longer be available after March 31. Anyone experiencing symptoms of respiratory illness is encouraged to conduct a RAT test. You are considered confirmed with COVID-19 if you test positive by molecular or RAT test. You are considered negative for COVID-19 if you test negative by molecular test or if you obtain negative results from two RAT tests, taken at least 24 hours apart.

While Alberta's isolation recommendations to the public have been eased, the majority of individuals seeking care at AHS sites are more vulnerable to severe outcomes from COVID-19. Ensuring you are not at work and providing care while at highest risk for transmitting the virus will help protect someone at high risk of becoming severely ill if they were to develop COVID-19. As such, we continue to require all AHS employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of AHS (including contracted service providers) to be restricted from work for a minimum of five days from the onset of their COVID-19 symptoms, or until

their symptoms have improved and they are fever-free for 24 hours (without the use of fever-reducing medications), whichever period is longer.

We appreciate your patience as we work to update all relevant resources and guidance documents, including the Attending Work Directive in the days ahead, to reflect these changes.

### **Closure of assessment centres**

With the RAT test being the recommended COVID-19 test for most Albertans, AHS Assessment Centres will be closing on March 31, and swabbing for COVID-19 will no longer be available at these sites. This decision was made in consideration of the limited demand for molecular testing and is the next step in aligning public health recommendations across all acute respiratory viral illnesses.

The closure of assessment centres will also conclude text notifications of a positive result for a molecular test. Instead, Albertans who require a molecular test can obtain their results on the [MyHealth.Alberta.ca website](https://myhealth.alberta.ca).

Molecular testing for COVID-19 will continue to be available if required to support the clinical care of individuals and for outbreak management purposes. Molecular testing will be available through existing structures such as acute care sites, emergency medical services, and primary care offices.

### **Availability of next COVID-19 booster vaccine**

Starting this week, Albertans living in seniors' congregate care will begin to be offered an additional bivalent booster. Starting the week of April 3, Albertans 65 years of age and older, as well as those 18 years of age and older with [certain immunocompromising conditions](#), including individuals with moderate to severe primary immunodeficiency, transplant recipients, or individuals taking certain medications for autoimmune diseases, can [book appointments](#) for the additional bivalent COVID-19 booster vaccine. A full list of eligible immunocompromising conditions can be found on the [Alberta Health website](#).

In order to receive the additional booster dose, it must be at least six months since the individual's last dose of COVID-19 vaccine or infection. However, a shortened interval of at least three calendar months will be permitted for residents of seniors' congregate care sites in order to optimize the ability to administer the additional dose to the most people in a timely way.

Eligible Albertans can receive the additional bivalent COVID-19 booster dose at participating community pharmacies, AHS Public Health clinics, or participating community medical clinics. Additional booster doses may be recommended for the broader population groups in the fall of 2023, depending on the COVID-19 pandemic context.

Sincerely,

**Mauro Chies**

AHS President & CEO

**Dr. Laura McDougall**

Senior Medical Officer of Health