2024

Analysis of Freedom of Information Disclosure Documents Relating to the Edmonton Police Service COVID-19 Pandemic Response

Natasha Gonek, B.Sc., NCIT Specialized

FEBRUARY 9, 2024 |

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Appendices

Original Freedom of Information Request Communication

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Appendix EMP-02– October 31, 2023, Letter from EPS FOIP - RE Freedom of Information and Protection of Privacy Act Request 2023-G-0163

Appendix EMP-03 - December 12, 2023, Letter from EPS FOIP - RE Freedom of Information and Protection of Privacy Act Request 2023-G-0199

Additional Reference Information by N. Gonek

Appendix NG-01 – Ministerial Order 613/2020, Ministerial Order 615/2020

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Appendix NG-07 – April 10, 2020, Alberta Provincial Lab (APL) Bulletin Major Changes in COVID-19 specimen and AHS ProvLab Collection of a Nasopharyngeal and Throat Swab for Detection of Respiratory Infection.

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Appendix NG-09 – July 2021 – GOA - Respiratory viruses and the workplace - OHS information for employers, supervisors, and workers.

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Edmonton Police Service COVID-19 Vaccination Protocol Documents

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Additional Information Provided by Employees

Appendix EMP-04 – September 16, 2021 – Employee research letter to EPA, EPS Senior Leadership

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Appendix EMP-07 - September 8, 2021, EPA Letter to Membership Re: EPS Mandatory COVID-19 Vaccination Disclosure

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Original Freedom of Information Disclosure Documents – Complete and Unedited

FOIP Part 1- Disclosure Documents - 2023-G-0163

FOIP Part 2 - Disclosure Documents **-** 2023-G-0199

Notice to Reader

I, Natasha Gonek, am the sole author of this report. The facts and conclusions, for which my final conclusions, opinions and recommendations are based, are derived from the review of Edmonton Police Services documentation disclosed as required by a Freedom of Information and Privacy requests. I verily believe that everything in this report is accurate and true to the best of my professional abilities, in considering the sources and information provided to me at the time of my review. I am not in any way employed, affiliate or a representative of the Edmonton Police Services, and any personal analysis is provided independent of any agency or influence.

This the report represents the writer's personal analysis, not an investigation report. This document is to be utilized to action items, that will ensure accountability and further transparency with the COVID-19 response. The writer has relied on information provided within the disclosure of Edmonton Police Service documents and information has not been audited or otherwise validated. The procedures carried out does not constitute an audit or investigation, and as such, the content of this document should not be considered as providing the same level of assurance as an audit or investigation. The writer presents this report as a duty toward the best interest of the public and to enable a whistleblower pathway for the EPS employees that have sustained physical, psychological, professional, personal, and financial harm.

Should conflicting information be presented, I will professionally consider all communications and especially any relevant evidence or exhibits. Should new evidence disprove anything in this report or cause me to change any reported fact or my analysis, I will amend the report and add the newly considered information.

The writer may be contacted at ngonek@protonmail.com.

I would like to extend my sincere appreciation to those that dedicated their time to reviewing and providing valued feedback of this document.

Disclaimer for the Reader

The information in this report may be sensitive to the reader. It is important to be aware of the impact the information is having and reach out for support as needed. Support options would be trusted family, friends, co-workers, or a trusted medical professional. For Edmonton Police members you may also reach out to the family support branch.

Methodology

1. Analysis and summary from the provided FOIP disclosure obtained by EPS members. A signal notification informed that Part 1 of the EPS FOIP disclosure documents were available was received on November 1, 2023, at 0933hrs, a link to a secure Dropbox and the password was included. On November 1, 2023, at 1136hrs, the secure Dropbox was accessed, and a Folder labeled 2023-G-0163 was downloaded to the writer's personal computer. Folder 2023-G-0163 contained the following 5 files of information with a **total of 5421 pages:**

    a) Chief's Office – this contained 2 subfolders:
        a. Attachments – containing 3 subfolders.
            i. Redacted Part 1 Combined Records (File size 196306 KB)
            ii. Redacted Part 2 Combined Records (File size 94299 KB)
            iii. Redacted Part 3 Combined Records (File size 19252 KB)
        b. Emails – one file in the folder.
            i. Redacted Combined Files (File size 38194 KB)
    b) HR – one file in the folder.
        a. Redacted Combined Records (File size 7108 KB)
    c) OH&S – one file in the folder.
        a. Redacted Combined Records (File size 79390 KB)
    d) Pandemic Committee – one file in the folder.
        a. Redacted Combined Records (File size 97764 KB)

e) Pandemic Recovery Team – one file in the folder.
    a. Redacted Combined Records (File size 1091 KB)

2. An email notification of Part 2 of the EPS FOIP disclosure documents was provided on December 12, 2023, to the personal email of the writer. This email was received on December 12, 2023, at 1307hrs. The link to a secure Dropbox file and the password were provided.
   On December 12, 2023, at 1604 hrs, the secure Dropbox was accessed, and a Folder labeled 2023-G-0199 was downloaded to the writer's personal computer. Folder 2023-G-0163 contained the following 5 files of information with a **total 3296 pages**:
    a) Combined Records_Redacted (File size 468,227 KB)
    b) NSR Combined Records (Files size 14,745 KB)
    c) NSR SD20-012 COVID-19 OHS Hazard Assessments (File size 30 KB)
    d) NSR SD20-013 Access to EPS Fitness Facilities and Rules and Responsibilities for Use (File Size 38KB)

3. For the purposes of organizing and extracting information from the disclosed documents above, the writer compiled working summary charts which will not be provided with the report. The summary charting is approximately 500 pages of verbatim information extracted as working documents for the writer. Should the information be requested, each request will be processed on a case-by-case basis.
4. Information from EPS members both sworn and civilian, this information was voluntarily provided to the writer for consideration of the impact, harm and to further assess the information in the FOIP.
5. Each section below will address the applicable legislation, the relevant evidence presented in the FOIP and a brief outline of findings.
6. Writers' supplemental information added for the review. There were instances where it was necessary for the writer to research and add information that pertained to a topic. Any information sourced by the writer is identified and attached as an appendix for the reader's review.
7. Each section contains evidence extracted from the FOIP and it is mainly presented in a chronological order for that section.
8. All information in ***Italics*** has been taken verbatim from the FOIP document, the folder and page number(s) are included for all information extracted from the disclosure documents.
9. Appendices are identified as (Appendix #) or for the original FOIP references (Folder Name – FOIP Part [#] - IAPU [page #] 2023-G- [FOIP Identifier #].

The intent of the report is to:

1) Provide a summary of the FOIP documents.
2) Provide factual findings regarding the information provided.
3) Provide employees a path to have employer impacts, injury and experiences documented.
4) Provide actionable items and recommendations.

Applicable Legislation – Enacted at the time frame being reviewed. Some legislation referenced below has undergone updates it is important to ensure the reader refers to the information that was present and available when reviewing the information.

References for Abbreviations and Applicable Legislation

EPS	Edmonton Police Service	CMOH	Chief Medical Officer of Health
EPA	Edmonton Police Association	FDA	Food and Drug Act of Canada
GOA	Government of Alberta	CRSP	Canadian Registered Safety Professional
COE or CoE	City of Edmonton	CRNA	College of Registered Nurses of Alberta
AHS	Alberta Health Services	OHN	Occupational Health Nurse
OHS	Occupational Health and Safety	AACP	Alberta Association of Chiefs of Police
M.O	Ministerial Order	MCCA	Major Cities Chiefs Association
PCB	Police Communications Branch	PIPA	*Personal Information Protection Act* (Alberta)
PHA	*Public Health Act* (Alberta)	EHR	*Electronic Health Record Act* (Alberta)
HIA	*Health Information Act* (Alberta)		*Occupational Health and Safety Act, Code Alberta Regulation 191/2021*
FOIP	*Freedom of Information and Protection of Privacy (A*lberta)	HPA	*Health Professions Act*
LWOP	Leave Without Pay	-	*Alberta Health Act – Including the Alberta Patient Charter*
-	*Police Act and Regulation*	-	*Police Collective Bargaining Act*
-	*Criminal Code of Canada*	PTSI	Post-Traumatic Stress Injury

Introduction and Background

Edmonton Police Service (EPS) employees had submitted a FOIP request to the EPS to obtain pandemic response and decision-making documents, after failing to have these documents produced by the employer. The EPS members were anticipating the release of upward of 9000 pages of information from the FOIP office and sought assistance for reviewing and analyzing the large volume of information. The employees had been pursing all avenues the EPS and the Edmonton Police Association (EPA) to undertake a wholesome review of the COVID-19 pandemic policies, procedures, safety measures and other workplace issues. There has been significant and documented, worker illness, injury and disability resulting from the employers COVID-19 pandemic response.

For the reader the Edmonton Police Association (EPA) is responsible for supporting sworn EPS employees by providing legal council, member services, assistance and guidance, files and processes grievances and act as the bargaining agent for members as per the *Police Officers Collective Bargaining Act*.

Since the beginning of the EPS pandemic response, employees had been asking questions and had been taking issues and concerns to the appropriate internal channels to seek clarification and justifications relating to the workplace measures. Both the employer and the EPA have failed to provide sufficient information to the employees in response to their concerns. In March of 2023 the employees attempted to engage the EPA further, the members submitted a formal motion to be presented at the spring AGM. This initial motion was to support the EPA in actioning support for vaccine injured and ill members, to investigate the employer's COVID-19 pandemic response, and harms resulting from workplace measures. The EPA members were instructed that they had failed to meet the 30-day deadline to submit motions, and thus the membership vote did not move forward. The EPA made assurances that they would open the Covid files, and that the President of the EPA would intake written statements of the vaccine injured and ill workers and would take action with that information. The EPA began receiving the reports of injury and alleged deaths relating to the COVID-19 vaccination protocol, and informed the employees that they would proceed with producing a report on the information.

When there was no action by the EPA, the employees determined that they would need to obtain information on their own, by submitting a FOIP request to the EPS. Their request was for pandemic related decisions, information, communication, and documentation from the employer. On July 4, 2023, the first FOIP request was submitted the EPS Information and Privacy Unit, and the President and Vice President of the EPA were also included in this emailed request. On August 14, 2023, an update was made to the original FOIP request, this revision was to seek additional information that had been identified as being relevant. The EPA was approached multiple times in an effort to gain their support and to establish a committee to review the employer's pandemic response. The EPA board declined to take action on their own, and instead left it to an online membership vote, in advance of the fall AGM. The EPA board did entertain a special meeting in relation to the request for a review of the pandemic response. The special meeting was held on October 5, 2023, the writer and another member were provided with time to present to the attendees and the EPA board. The presentations were to convey the importance of an independent review process. At this meeting it was communicated that the

EPA board could have unilaterally made the decision to support this action and start to review the employee injury, illness, and alleged deaths, to which they had already received over 20 written statements. However, they were not willing to support the FOIP analysis, and informed this was a political decision, that would be put forward to a membership to vote. The motions were sent out by email to all EPA members for an online vote. Employees had concerns as this was a method that had not been used before when voting, historically a member had to be present at the meeting to vote on a motion. This was to ensure that they were present for any presentations, discussions or questions relating to the motions. The EPA bylaws do not address online voting and the structure or policy related to this type of vote; it was a first for the EPA. This resulted in a large number of members voting on both sides, however all 4 motions relating to the COVID-19 review were voted, but not supported by the membership.

After the failure of this process of obtaining support from the EPA, the EPS employees moved forward to ensure there was an independent and impartial assessment of the anticipated FOIP disclosure documents. The employees took steps to cover the significant cost the EPS was charging for the FOIP documents, and the cost of this independent review. This analysis involves a thorough review of all the pages of the FOIP Part 1 consisting of 5421 pages, and FOIP Part 2 of 3296 pages. The content of the documents was analysed, for the COVID-19 pandemic response of the employer and the impacts of that response on employees.

The EPS have a well-established process in place for the operational review when there is an employee that sustains serious injury, illness, or harm. The EPS is aware and has been accommodating vaccine injured and ill employees, as well as those who had sustained harms from other COVID-19 pandemic measures. **Currently, there is no indication that an internal operational review process has been conducted by the EPS**. Unlike other employers the EPS is familiar and has demonstrated the ability to scrutinize policy, procedure, protocols, and actions that may have led to employee harm. These internal reviews lead to revisions, training, discipline, and other measures to address and mitigate the risks. The employees have noted a clear lack of desire by their employer to have any focus placed on the EPS conduct, or the COVID-19 pandemic response. The requests for support of these reviews were met with delays, inaction, and refusal. These delays have caused additional harm and hardship for the employees. In addition to the inaction, members have been approached to “drop it”, “let it go”, “stop pursuing this”, “stop asking questions”, they have been told the “matter is closed”, and “not for further discussion”. The threats, intimidation, abuse, and professional harm continues for many employees that pursue questions, concerns, requests transparency, review, and accountability. The employers continue to suppress and delay transparency, as the harms on the employees are growing with time. The drawing out of the process is now leaving many of them with few avenues for accountability, support, transparency, and change. The EPA supported the employer during the COVID-19 pandemic response and have refused to hold the employer for account for the harms, this includes, but is not limited to gatekeeping the injury and illness files.

The employer documentation provided in FOIP Part 1, and Part 2 had contained significant **redactions and omissions** as per the FOIP legislation for the protection of sensitive, privileged or individuals’ information. The information received was reviewed for the content, many documents were out of sequence, were not date stamped or provided in a manner that made the author, department, agencies, or usage clear. In addition to the FOIP documents the writer

spoke to many employees about their personal experiences and harms, this was to assist with the ability to demonstrate the concerns raised, injury and harm from the institutional response to the pandemic. There was significate concern communicated to the writer that there would be retaliation, PSB complaints or additional harassment, and backlash to target individuals who stand up against the harm. **Due to the communicated risk expressed, the information employees provided for this analysis has been anonymized in this report.** These concerns are based on the examples that have already been made by co-workers and to date, the resulting institutional backlash already evident against their co-workers when bringing forward issues, asking questions or whistleblowing.

It is important to identify a significant ruling from the Alberta courts prior to the analysis. This comes by way of the decision in ***Ingram vs ALBERTA***. This decision ruled that **ALL CMOH Public Health Orders** were deemed to be ***ultra vires*** for section 29 of the *Public Health Act*. All CMOH orders were determined to be from cabinet, and cabinet did not have legal authority to make decisions or implement mandates in the province. The decision also made a finding that the orders infringed on section 2(a) Charter Rights. The Ingram case was filed on December 4, 2020, and the final ruling was released on July 31, 2023. There are no appeals of this case by the provincial government. I have added a link below in the event the reader of the report wishes to review the decision in full:

Alberta Court of Queens Bench of Alberta – Citation: Ingram v Alberta (Chief Medical Officer of Health),2022 ABQB 595 https://www.albertacourts.ca/docs/default-source/qb/judgments/ingram-v-alberta-(chief-medical-officer-of-health)-2022-abqb-595---reasons-for-decision.pdf?sfvrsn=46de6982_5

As a result of the ruling, the Alberta government dropped charges against those with outstanding court proceedings related to the *Public Health Act*. "*The Alberta Crown Prosecution Service reviewed the decision and concluded there was no longer a reasonable likelihood of conviction in relation to Public Health Act charges involving the contravention of the disputed orders from the chief medical officer of health*," the statement said. Gov't is also looking at refunding fines paid and quash the convictions of those who already had charges for contravening the COVID-19 related orders.

Darryl Greer The Canadian Press, September 1, 2023 CBC News Online - *Prosecutors drop public health violation charges against Alberta pastors*
https://www.cbc.ca/news/canada/edmonton/covid-health-orders-charges-dropped-pastor-coates-alberta-1.6954277

In consideration of the Ingram decision, the provincial municipal and employers implemented workplace policies, guidance, as an over-reach of restrictions on their workers. It is the writer's opinion that the courts decision provided a justification for every employer to initiate a voluntary review of their COVID-19 pandemic response. Employers that implemented workplace procedures and policies based on the unlawful CMOH orders, and it was therefore appropriate act to address any impact or harm. There is evidence of a lack of desire to act, to conduct a lessons-learned review and take accountability. There is little desire by employers to be transparent, as there was a significant breech of the employer fiduciary duty of care in ensuring they followed the legislated obligations in the workplace. The unwillingness for reviews is not

isolated to the EPS, this being shown to be the case in every level of government, organizations, corporations, and businesses. There is no moving forward if there is never review, change and accountability for the decisions that caused such extensive workplace and societal harm. The results of the failure to address the actions and hold accountability where required, will cause generational harm and lack of trust in major institutions and governance. The Ingram decision has given employers the opportunity to springboard a review and must ensure to not suspend their need for due diligence as they blindly “follow orders” when implementing workplace measures, isolation, and sought out discipline for those deemed non-compliant.

1.0) Freedom of Information and Protection of Privacy (FOIP) Request and Final Letters

Prior to the analysis it is essential for the reader to understand the scope of the information that was requested from the EPS and the documentation that was omitted or not available. To demonstrate this the original requests are attached as Appendix EMP-01 These email requests have been redacted by the reader to remove the personal information of both the EPS employee and the FOIP Disclosure Analyst.

The employee submitted 2 FOIP requests to the EPS Information and Privacy Unit. The first was sent on July 4, 2023. This request was then updated to request additional information on August 15, 2023. Communication relating to the FOIP request is attached as Appendix EMP=-01. The EPA President and Vice President were included in the emails as the employees were actively seeking the EPA assistance and support for this review.

The email communication contains the detailed discussions with the EPS Disclosure Analyst that was processing the request. The EPS Information and Privacy Unit charged $4,492.80 for the processing of the FOIP, which was provided via a secure digital folder for downloading. Please refer to Appendix EMP-01 to see the complete list of information requested as part of the FOIP.

The information was handled as 2 requests and the information was provided with Part 1 2023-G-0163 being available on October 31, 2023, and Part 2 2023-G-0199 released on December 12, 2023. Below are the letters that were provided by the EPS Information and Privacy Unit in relation to the processing of each request. The letters closing out the FOIP have been provided below as they contain important information for understanding the documentation or lack of documentation relating to the EPS COVID-19 response.

Appendix EMP-02 – FOIP Letter October 31, 2023. File 2023-G-0163 – Redacted

EDMONTON POLICE SERVICE

9620 • 103A AVENUE
EDMONTON, ALBERTA
CANADA T5H OH7
PH: 780-421-3333
www.edmontonpolice.ca

Our File: 2023-G-0163

2023 October 31

Sent by encrypted email to: [redacted]

[redacted]

Re: *Freedom of Information and Protection of Privacy Act* (*FOIP Act*) Request

I am responding to your request for access to information pursuant to the Alberta *FOIP Act* that was received by the Edmonton Police Service (EPS) Information and Privacy Unit on 2023 July 04. You requested various records in relation to COVID-19.

Please find enclosed a copy of the responsive records, consisting of five-thousand four-hundred and twenty-one (5,421) pages, which is responsive to your request. Information has been redacted from the records pursuant to sections 17(1), 17(4), 20(1), 21(1), 24(1) and 27(1) of the Alberta *FOIP Act*:

17(1) The head of a public body must refuse to disclose personal information to an applicant if the disclosure would be an unreasonable invasion of a third party's personal privacy.

(4) A disclosure of personal information is presumed to be an unreasonable invasion of a third party's personal privacy if

(a) the personal information relates to a medical, psychiatric or psychological history, diagnosis, condition, treatment or evaluation,

(b) the personal information is an identifiable part of a law enforcement record, except to the extent that the disclosure is necessary to dispose of the law enforcement matter or to continue an investigation,

(d) the personal information relates to employment or educational history,

(g) the personal information consists of the third party's name when

(i) it appears with other personal information about the third party, or

(ii) the disclosure of the name itself would reveal personal information about the third party,

20(1) The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to

(m) harm the security of any property or system, including a building, a vehicle, a computer system or a communications system,

21(1) The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to

(b) reveal information supplied, explicitly or implicitly, in confidence by a government, local government body or an organization listed in clause (a) or its agencies.

24(1) The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to reveal

(a) advice, proposals, recommendations, analyses or policy options developed by or for a public body or a member of the Executive Council,

(b) consultations or deliberations involving (i) officers or employees of a public body,

27(1) The head of a public body may refuse to disclose to an applicant

(a) information that is subject to any type of legal privilege, including solicitor-client privilege or parliamentary privilege,

Please be advised that approximately 4,500 emails were not included as they were deemed non-responsive.

On 2023 August 04 you were provided a fee estimate for processing this request in the amount of $6,988.80. On 2023 August 08 you requested to receive the records electronically which reduced the fee down to $4,492.80 which you then agreed to. On 2023 September 01 we received a cheque in the amount of $2,246.40 for the 50% deposit to process this request. We acknowledge receipt of your second cheque in the amount of $2,246.40 for the remainder of the fee.

Under section 65 of the *FOIP Act*, you may ask the Information and Privacy Commissioner to review this matter. You have 60 days from the receipt of this notice to request a review by writing the Information and Privacy Commissioner at 410, 9925 – 109 Street, Edmonton, Alberta, T5K 2J8.

If you wish to request a review, please provide the Office of the Commissioner with the following information: (1) The reference number quoted at the top of this notice, (2) A copy of this letter, (3) A copy of your original request for information that you sent to the Edmonton Police Service.

Thank you for your patience during the processing of this request. We strive to respond openly, accurately, and completely. If you have any questions about this response or would like to request additional searches be conducted, I ask you to contact me directly at [redacted] first so I can attempt to resolve any issues.

Sincerely,

[redacted]

[redacted]

Disclosure Analyst

Encl. 5421 pages

Appendix EMP-03 - FOIP Final Letter December 12, 2023, File 2023-G-0199 - Redacted

EDMONTON POLICE SERVICE

9620 • 103A AVENUE
EDMONTON, ALBERTA
CANADA T5H OH7
PH: 780-421-3333
www.edmontonpolice.ca

Our File: 2023-G-0199

2023 December 12

Sent by encrypted email to: [redacted]

Dear [redacted]:

Re: *Freedom of Information and Protection of Privacy Act* (*FOIP Act*) Request

I am responding to your request for access to information pursuant to the Alberta *FOIP Act* that was received by the Edmonton Police Service (EPS) Information and Privacy Unit on 2023 August 15. You requested various records in relation to COVID-19 for the time period of 2019 July 01 to 2023 July 01.

Please find enclosed a copy of the responsive records, consisting of three-thousand two-hundred and ninety-six (3,296) pages, which is responsive to your request. Information has been redacted from the records pursuant to sections 17(1), 17(4) and 20(1) of the Alberta *FOIP Act*:

17(1) The head of a public body must refuse to disclose personal information to an applicant if the disclosure would be an unreasonable invasion of a third party's personal privacy.

(4) A disclosure of personal information is presumed to be an unreasonable invasion of a third party's personal privacy if

(d) the personal information relates to employment or educational history,

20(1) The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to

(a) harm a law enforcement matter,

(c) harm the effectiveness of investigative techniques and procedures currently used, or likely to be used, in law enforcement,

(k) facilitate the commission of an unlawful act or hamper the control of crime,

(m) harm the security of any property or system, including a building, a vehicle, a computer system or a communications system

The names of each member that has participated on the Pandemic Committee since it's establishment can be found on the meeting minutes that were provided to you under FOIP file 2023-G-0163. There are no records that contain the job titles and/or professional designations of these individuals.

I conducted searches with the EPS Policy Management team and confirmed that there was never any official policy or procedure developed relating to suspected COVID-19 illness and the return-to-work procedure following illness.

Both the Pandemic Committee and the Human Resources Legal Department has confirmed that there is no correspondence regarding the forced disclosure of confidential medical information or outlining the grounds allowing the employer to supersede medical privacy, HIA, PIPA, FOIP and labor laws to request medical information. Any existing non-legal correspondence has been provided to you.

I conducted searches with EPS Employee and Family Assistance Section and confirmed that member support is a confidential area and they do not keep records or any documentation of how many staff members contact the preferred providers.

I conducted searches with EPS Human Resources Division and Disabilities Management and confirmed that Lora-Lea Francoeur and Dana Christianson in Human Resources were the ones who reviewed the religious exemption requests. Aneet Bassi, Noel Wee and Kyla Smeeton in Disabilities Management were the ones who reviewed the medical exemption requests. The decisions were based on the information provided by the employees requesting an exemption. Zero religious exemptions were approved, and six medical accommodations were approved that were either work-from-home, masking and/or vaccine accommodations. No other records were located in relation to exemptions.

Disabilities Management also confirmed that there were 37 lost time claims reported from March 31, 2020 to present, 165 employees were granted paid short-term disability due to COVID-19, 1 employee was granted paid short-term disability to a vaccine related condition and 1 employee was granted long-term disability.

I conducted searches with the Chief's office and confirmed that the EPS did not receive any funds to support COVID-19.

I conducted searches with EPS Training Section and confirmed that there were not any training courses on COVID-19.

I conducted searches with the EPS Occupational Health and Safety Team and confirmed that we relied on Health Canada and Alberta Health to provide any information on safety related to the vaccine. We did regularly consult the Alberta Government COVID page, which included vaccine safety information (linked below), but we did not have the internal medicine expertise, knowledge, or justification to make any recommendations counter to public policy.

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

OH&S also confirmed that there are no records in relation to fit testing as we were advised by the Province of Alberta that we did not need to do so.

All other requested records have been provided to you under FOIP file 2023-G-0163.

Under section 65 of the *FOIP Act*, you may ask the Information and Privacy Commissioner to review this matter. You have 60 days from the receipt of this notice to request a review by writing the Information and Privacy Commissioner at 410, 9925 – 109 Street, Edmonton, Alberta, T5K 2J8.

If you wish to request a review, please provide the Office of the Commissioner with the following information: (1) The reference number quoted at the top of this notice, (2) A copy of this letter, (3) A copy of your original request for information that you sent to the Edmonton Police Service.

Thank you for your patience during the processing of this request. We strive to respond openly, accurately, and completely. If you have any questions about this response or would like to request additional searches be conducted, I ask you to contact me directly at [redacted]@edmontonpolice.ca first so I can attempt to resolve any issues.

Sincerely,

[redacted]

[redacted]
Disclosure Analyst

Encl. 3296 pages

The letter dated October 31, 2023, indicated that there were approximately 4500 emails that were deemed non-responsive to the FOIP. The December 12. 2023 letter provided significant information relating to the information that was absent from the FOIP documents. There was no policy, procedure to address return to work from illness, no correspondence outlining the grounds for forcing the disclosure of employee's personal medical information. There were zero religious exemptions and six medical accommodations relating to masking and/or vaccination. Disability management is involved in assessing and supporting COVID-19 and vaccine related disability claims. The letter also confirmed that there were no COVID-19 training courses implemented by the employer, and that they were advise by the Province of Alberta that fit-testing was not required. OH&S stated that they relied on Health Canada and Alberta Health for vaccine related information and that they regularly consulted the Alberta Government Covid page. The link was provided; however, this would be to the most current information and was not to a link that the employer had referenced while performing their due diligence. No other information as to what Health Canada or Alberta Health sites were consulted was provided.

Recommendation having the FOIP request and disclosure reviewed by the Office of the Privacy Commissioner to address the 4500 emails that were omitted as well as other omissions that will be addressed in this report.

Recommendation for the specific information and website link relating to the specific information from Health Canada and Alberta Health. The employer would be required to retain the information for this decision making to demonstrate due diligence and reasonableness of their decisions. The pointing to a current and actively updated dashboard is unacceptable, considering the pandemic response included placing a barrier device on a face, isolation, chemical exposure, COVID-19 vaccination, and mandatory testing.

2.0) Edmonton Police Service Employee Illness Reporting and Government Communications During the COVID-19 Pandemic Response

It is relevant to address employee illness during the COVID-19 pandemic response at the beginning of this report. FOIP Part 1, contained substantial statistical reporting of employee absenteeism, employees awaiting testing, isolation or close contacts, positive tests. The way the statistical reporting changed multiple times over the years, unfortunately there is no way to confirm the accuracy of the data in relation to actual illness. Medical absences were reported in the early stages as total medical absences for sworn and civilian employees. At the beginning hundreds of employees were on isolation due to recent travel and not necessarily because they were ill or on medical leave. For the purposes of this report the statical data points will not be analysed. The stats will be addressed in relation to their use as a tool for the organizational pandemic response. As was the case for the public, EPS was using positive cases and provincial health stats as a marker for implementing workplace measures and justifying the need to keep workers safe. When the COVID-19 vaccination protocol was brought in the employer utilized the positive numbers and sick absentee rates to maintain workplace restrictions on the unvaccinated, even after all provincial measures had been lifted. Positive rapid test results were reported as a COVID-19 positive, even with the knowledge of the inaccuracy of these tests. The testing accuracy of rapid tests were addressed many times by the OHS representatives as the justification for not using them earlier on in the pandemic response. These rapid tests kits were not supported, until it was utilized for the vaccination protocol, and statistically the positivity rate changed for workers.

In review of the FOIP documentation provided there was **no mention** of any EPS employees who had been seriously ill, hospitalized or died because of contracting COVID-19. There was no mention in the employer documentation of any specific vaccination related information. However, in discussions with EPS employees, they confirmed vaccine adverse events for themselves and co-workers. **These ranged from people taking a week off for immediate illness from the vaccine, people off on leave or accommodated for disability from adverse reactions, new medical conditions, hospitalized and alleged deaths**. The letter above from the FOIP disclosure on December 12, 2023, did indicate that 165 employees were granted short-term disability due to COVID-19, however there is no clarification if they had illness related complications or if they were off because of other COVID-19 related issues (i.e stress leave). Additional information would be essential to determining if the short-term leaves were illness related or other causes and thus could not be fully addressed in this analysis. There was no mention in the employer documentation that there were any of these accommodations or vaccine related adverse events. If there had been serious illness and hospitalization from COVID-19 illness, it would have been communicated to the employees as a mechanism to gain more compliance for the COVID-19 measures.

2.1) Major Findings – Pandemic Response and Communications

The below information contains relevant communications and information provided to EPS leadership and the Pandemic Committee at the onset of the pandemic, and as it evolved, in relation to worker illness. The Updates for Senior Management and Executive Situation Reports provide important references to Federal, provincial, and municipal government updates on the COVID-19 pandemic response, funding, and planning.

January 22, 2020 – A memo from AHS to EPS re: Memo for MDs & other front-line clinical staff From the Office of the Senior Medical Officer of Health Novel Coronavirus (2019-nCoV). (Chiefs Office – FOIP Part 1 - Attachments Part 2 - IAPU 657 2023-G-0163)

> ***Currently, there are no reports of confirmed cases of infection in Canada of 2019-nCoV.***
>
> *Severe illness from 2019-nCoV is possible, and there have been reported deaths in China. However, many patients have had milder illness, which possibly suggests that 2019-nCoV is not as severe as MERS-CoV or SARS.*

In the communications provided, the first information in relation to the COVID-19 pandemic was on January 23, 2020, from Graeme McAlister EMS Associate Executive Director - Edmonton Zone to Chief Dale McFee and other EPS leadership. The email included a Coronavirus EID in ProQA Clinical Operations pdf and the MDT Coronavirus Screening Tool PDF. Both were being used by EMS and the following information:

> "*Our key messaging to our frontline Paramedics will be really focused on insuring they follow universal precautions with appropriate utilization of conventional PPE.*"

AHS COVID-19 Department Standard Operating Procedure – Created by Alberta COVID-19 Exposure Response Team: Guidance Team - Approval Date January 29, 2020, with sections revisions on March 17, 2021, and January 18, 2021. This is a 135-page document outlining a complete operating procedure for COVID-19. This substantial document was provided with the FOIP; however, it is unclear when the information was received by EPS, or how the information was utilized. (OH&S folder IAPU 92-227 2023-G-0163). This extensive COVID-19 specific AHS Operating Procedure was very detailed procedure for COVID-19 response.

March 4, 2020 – Email communication from Major Cities Chiefs Association (MCCA) COVID-19 Information – (Chiefs Office Emails - FOIP Part 1 - IAPU 153 2023-G-0163) – Information from the **United States Department of Homeland Security's Cybersecurity and Infrastructure Security** related to airport screening and guidelines for protection. The discussion included protective measures from US Health and Human Services in an effort to ensure that first responders and health care workers have the PPE when working in high-risk communities. At this time N95 were recommended for high-risk groups that would be in contact with infected people. The US DHS was "*working all angles to try to protect the Homeland from this public health emergency*".

In March of 2020 there were communications with multiple provincial and municipal agencies to ensure the establishment and function of the Emergency Advisory Committee with City of Edmonton (COE). The planning for the pandemic was extensive as there was no indication what the impact to the province would be. Many committees were formed for various industries, these included: AHS, Public Health, GOA, Justice Solicitor General (JSG) Emergency Preparedness Committee, Alberta Emergency Management Agency, Alberta Health, as well as internal employer committees. The EPS planning involved considerations for staffing, illness, school closure, planning operationally for pandemic response, return of international travellers and self-isolating. The early emails were also addressing concerns for immune compromised staff and arrangement for them to confidentially disclose information so that they may work from home. There was a focus on the emergency operational function of the EPS and ensuring that there were updating, communications and reporting processes put into place. There was open conversation and questions about best-case, worst-case scenarios, staffing coverage, increased cleaning measures and overall, an organization response to an unknown that would have been a first for the EPS. At the onset many police agencies were managing mandatory self-isolations for staff who had recently returned or were to be returning from international travel. The AACP was assisting in gathering this information and relaying it to provincial agencies. The MCCA was colleting regional data and was circulating the Houston Police and President's Coronavirus Guidelines for America as a reference to other agencies. There was also information coming in to Chief McFee from the International Association of Chiefs of Police (IACP) via their newsletter.

On March 16, 2020 – The EPS started tracking employee absences (Pandemic Recovery Folder – FOIP Part 1 - IAPU 1-2 2023-G-0163)

- "*4 codes have been put in place for CARM. This may enable us to get money back from the provincial/federal government.*
- *Commencing today, we are to start tracking absences.*

HRIM will be pulling reports daily to ensure they are in line with the documentation that our nurses have. This information will be passed on a daily basis to Deputy Chief Derko

March 18, 2020 - There are 2 letters in the (Chiefs Office FOIP Part 1 - Attachment Part 3 Folder - IAPU 4 2023-G-0163 and IAPU 7 2023-G-0163) that are both addressed to the Minister of Justice and Solicitor General for the GOA – Doug Schweitzer. Chief Dale McFee composed these letters in his role as the President of the AACP and are on the letterhead from that organization.

> *"If police officers are away in mass due to illness (or perceived illness) it has the potential to create an unmanageable safety and wellness environment for all Albertans. The advice from the World Health Organization is to test, and we believe prioritization for police, and all frontline services, is reasonable and fair."*
> • ***Priority Notifications for Police***
> *We also request the Province introduce an interim mechanism whereby Alberta Health Services can confirm or deny whether an individual has been tested, or has tested positive, for COVID-19 after being in close proximity to a police officer, or other front-line responder.*

> ***We wish to firmly state that privacy cannot trump global safety, and there is no better time than now to end this***."

March 20, 2020 – Email from Dale McFee to Greg Preston; Kevin Brezinski; Alan Murphy; Darren Derko; David Veitch; Ron Anderson; Justin Krikler; Enyinnah Okere; Brian Sinclair; Michael James; Dean Hilton; Ed McIsaac – (Chiefs Office Emails – FOIP Part 1 – IAPU 674 2023-G-0163)

> *Some further updates as I have been on the phone all morning.*
>
> *I chaired a conference call this morning with all Provincial Chiefs, the province and special prosecutions (Peter McKenzie) Some key points discussed:*
>
> ***Enforcing health orders in relation to public spaces:***
>
> *- health plans on handling some of this work proactively with a separate line in using it to educate people*
>
> *- we mentioned* ***expanded authorities to CPO's, at present this is only a ticket of $100 per day, and probably not going to go anywhere****. Further work will be done on how to make this happen and will likely include the employer of cpo's(in our case the City)*
>
> *- police can still be called if there is problems for support in those circumstances that are required, much the same as what is being done now.*
>
> *- Legal determination of authorities the province is behind on this, Justin and our folks will help with this and that includes getting CPS legal involved as well*
>
> *- Mentioned to Bill / Marlin the current shelter system situation and that this will probably have Edmonton headed to the state of emergency that Calgary is in*
>
> *- Ministry is trying to work with Health to reduce the 911 calls that are intended for 811*
>
> *- health to launch or direct many of these secondary calls to a website that is being worked on*
>
> *- Bill going to mention to Minister about the $100 fine piece and that it does not accomplish anything, good voice added by all on this*
>
> *- larger police service going to work on prioritizing testing for covid within their services*
>
> *Problems presented this is viral testing process Shortage of tests Shortage of lab personnel Shortage of labs This said they have sent that Alberta is doing more tests than most jurisdictions.*

First COVID-19 Positive Case for EPS was on March 25, 2020, the member's case was travel related and it was noted that the employee had not returned to work after travelling. The employees' information was included in the COVID-19 Absence Reporting, Updates for Senior Management, and the Pandemic Committee Meeting Minutes. The employee's identifying information was redacted from the emails and meeting minutes in the FOIP documents. The medical information of this employee was discussed in multiple areas as the first COVID-19

positive case. (Chiefs Office Emails FOIP Part 1 - IAPU 948 2023-G-0163). The communication email chain from Nicole Wetsch in OHS to leadership making the notification of the positive case included below:

> *Please find the OHS absence reporting for tomorrow morning attached. As you are aware, we have had the first positive OVID-19 test result in a member.17(1) 17(4)*
> *Please let me know if you have any questions.*
>
> *For information we are continuing to see an increase in medical absences. We have our first confirmed case of Covid in one of our employees.*
> *It is important to note that we are confident that it is travel related and immediately self-isolated upon return.*

March 24, 2020, COVID-19 Command Team meeting minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 22-28 2023-G-0163)

> "*The **current phrasing** is **'physical distancing'** instead of **'social distancing'**.*

March 24, 2020 – Email Communication with a COE update – (Chiefs Office Emails – FOIP Part 1- IAPU 298 2023-G-0163)

> *NEW DECISIONS, ACTIONS, AND INFORMATION*
> *The chief medical officer of health reminded Albertans that efforts to prevent the spread of the transmission of the virus are not just the responsibility of the government. She stressed that the health and wellbeing of everyone's family, friends, colleagues and neighbours are at stake. It's up to every one of us to obey the public health direction and to take physical distancing requirements seriously.*
> *I announced several City service reductions to protect the health and safety of Edmontonians.*
> ***Effective immediately**:*
> *• All playgrounds will be closed, and start-up procedures for spray park equipment, irrigation systems, drinking and decorative fountains will be delayed until such time as AHS relaxes physical distancing requirements*
> *• The City of Edmonton will increase the monitoring of popular parks, river valley staircases and trail systems and will work to build public awareness of physical distancing and understanding of the playground closures through additional public Education*
> *• All sledding hills will be closed and maintenance of City cross country ski trails will end*
> *• The City of Edmonton will discourage public gatherings by reducing the capacity of picnic sites*
> *• All ice surfaces and supporting pavilions have been closed and will be monitored to ensure they are no longer being used.*

March 25, 2020 – Email Communication RE COVID-19 update from Bill Sweeney at GOA – (Chiefs Office Emails – FOIP Part 1 -IAPU 557 2023-G-0163).

> *I wanted to check in with you on a couple of items:*
> *(1) I officially forwarded the offer to consider using police FIS or health care workers who work for police services to collect swabs from police officers who are **symptomatic of***

> ***COVID19 contamination.*** *This would, as you pointed out Dale, relieve pressure on AHS "collection assets" and potentially speed up the testing results. I have not yet received a response…will follow up later today to see if they have had a chance to consider this proposal.*
> *(2) A committee of Cabinet (EMCC) is considering the enhanced authorities for CPO1s to enforce Public Health Orders today. Should be a no brainer and the Ministerial Order is ready for signature. EMCC is also considering legislative amendments for peace and police officers to issue violation tickets for certain offences.* ***Currently, there is no enabling provision in the Provincial Offences Procedures Act to allow the use of a violation ticket****.*
> *(3) EMCC is also considering increased fines for corporations and individuals who violate Public Health Orders. (Items 2 & 3 will likely be public at this afternoons 3:30 PM provincial COVID19 public update)*
> *(4) You may be aware that the Federal Government has now issued a mandatory order under the Quarantine Act. FPT calls will occur later today…feds are likely to ask for provincial assistance on enforcement. Border points and airports should be a CBSA/RCMP responsibility. (or police who are providing services to the airport authority…Calgary for example)*
>
> ***The increased fines for corporate entities who do not comply with PHOs may become more of an issue if the government opts to enact even more business closures****. I wanted to give you a heads up on these items but would appreciate that you do not circulate further as these decisions are still for EMCCs consideration. I expect that there will be an expectation that police services enforce the federal Quarantine Act….not sure if there has been direction to CO's on this but if there hasn't been one, I'd expect that one will be forthcoming.*
> *Information can be circulated to the Chiefs once EMCC has deliberated on the aforementioned items.*

The Ministerial Orders (M.O) referenced above were not provided in the FOIP information, the writer has provided M.O 613/2020 and M.O 615/2020 as a reference for the reader (Appendix NG-01). Ministerial Order 613/2020, dated March 26, 2020, set out increased fines for the contravening the *Public Health Act* (PHA), this M.O indicated that the "***existing fines in the PHA are insufficient to effectively deter persons from contravening the PHA*****"**. The order allowed for the Minister to make revisions to the PHA to allow for increased fines for violations, increased powers for changes to the PHA **without** consultation. Order 615/2020, dated April 2, 2020, was issued to reference the repeal of the M.O 613 and 615 after the passage and royal assent of the *Public Health (Emergency Powers) Amendment Act.*

Undated Circulation to EPS members **- Quick Reference Guide for Enforcement of CMOH Public Health Orders** (Chiefs Office – FOIP Part 1 – Attachments Part 3 IAPU 186-189 2023-G-0163). This ticketing guide references CMOH orders 01-2020 to 07-2020. **The officers were informed to reference the Ministerial Order 24/2020 as the authority to enforce the Act**. This M.O was <u>not</u> provided with the FOIP and searched of the GOA site for Ministerial Orders produced the MO 24/2020 as from the Minster of Education to the University of Lethbridge. Further searched found MO 24/2021 from the Minister of Justice and Solicitor General Kaycee Madu. This June 2,

2021, order was referencing the expanded enforcement abilities. These additional references have been attached for the reader's review. (Appendix NG-02 and NG-03).

Quick Reference Guide for Enforcement of CMOH Public Health Orders

The Chief Medical Officer of Health "CMOH' for Alberta has the authority to make Public Health Orders that have the same legal authority as a court order. Police can now enforce these Orders through the usual Part 2 and Part 3 ticketing process provided in the Provincial Offences Procedure Act. The specified penalty for all Part 3 tickets is $1000, plus the victim fine surcharge.

CMOH Orders

As a quick reference guide, a consolidated list of the prohibitions and restrictions required by the CMOH Public Health Orders to date are set out below. For additional details about each, go to the Order and section number referenced. This list will be revised as additional Orders are made.

Ticketing Guide

The Solicitor General has provided some guidance for police when responding to calls for enforcing Public Health Orders.

The goal is to achieve ***voluntary compliance*** *whenever possible through educating the public about the Orders issued by Alberta's Chief Medical Officer of Health and the new penalties set out by the Government of Alberta during this COVID-19 pandemic.* ***Educating the public*** *through professional communication is the best method for officers to achieve the goal of* ***voluntary compliance****.*

The issuing of tickets under section 73(1) the Public Health Act will be at the discretion of the officer and the process for completing a ticket is the same as when issuing a specified penalty ticket (Part 3 "Offence Notice") under any provincial legislation (i.e. Traffic Safety Act), using the following information specific to this offence:

- *After "Did Unlawfully Contravene Section" write out 73 (1) individual contravening order of medical officer of health;*
- *Check "Other Act or Regulation" and write out Public Health Act (PHA);*
- *Check "Certificate of Offence and Service";*
- *Check "Voluntary Payment Option" which is currently $1,150.00 ($1000.00 fine and $150.00 surcharge), but as of April 1, 2020 will be $1200.00 ($1000.00 fine and $200.00 surcharge) per offence;*
- *Court date should be set for a minimum of 16 weeks in the future; and*
- ***For CPOs only: In officer's notes please make sure to record that Ministerial Order 24/2020 as the authority to enforce the Act****.*

In the event that you issue a Part 2 "Summons" because of public interest factors, ensure you do the following for S.73 (1) PHA:

- *After "Did Unlawfully Contravene Section" write out 73(1) individual contravening order of medical officer of health;*
- *Ensure to check "Other Act or Regulation" and write out Public Health Act (PHA);*
- *Check "Complainant";*
- *Check "Court Appearance Required";*
- *Court date should be set for a minimum of 16 weeks in advance; and*
- ***For CPOs only: In officer's notes please make sure to record that Ministerial Order 24/2020 as the authority to enforce the Act****.*

Undated Alberta Health chart titled **Alberta Enforcement Agencies for Public Health Orders Roles and Responsibilities** (Chiefs Office Emails FOIP Part 1 – IAPU 1118-1121). This chart outlines the roles and responsibilities of various agencies during the current restrictions and lists the empowerment and limitations as defined by Alberta Health. For Police services and Community Peace Officers (CPO's) the following is detailed.

Police Services	• Respond to complaints of a time-sensitive nature relating to individuals or groups of individuals who are contravening CMOH Orders, with a focus on gathering, distancing and masking restrictions/requirements. • Enforce (i.e., ticket) individuals who are violating gathering, distancing and masking restrictions (masking is required in Edmonton and Calgary metropolitan areas in public places, including workplaces – e.g. malls and markets). • Provide ticketing assistance and protective services to AHS inspectors and to CPO1 and CPO2. • Apprehend and convey recalcitrant individuals to a named facility at request of MOH. • Assist MOH in detaining, testing, and further detaining individuals who are a risk to the public.	• Can conduct investigations. • Can issue tickets. • Limited power of entry into public or private places without a judicial order, which may impede enforcement of private social gatherings. • Must triage CMOH Order violations against reports of other infractions. • RCMP are often the only level of enforcement in certain communities.
Community Peace Officers (Level 1)	• Assist, or work independently of, Police in providing a rapid response to: o Enforcement (i.e. tickets) against individuals who are violating gathering, distancing and masking restrictions/requirements. o Complaints of a time-sensitive nature relating to individuals or groups of individuals who are contravening CMOH Orders, with a focus on gathering, distancing and masking restrictions/requirements. • Issue tickets as required. • Patrol and respond to concerns in malls, seasonal markets and other public spaces where crowding may occur.	• Can issue tickets. • Trained to conduct enforcement independently of Police. • Limited power of entry into public or private places, which may impede enforcement of private social gatherings. • Not all communities have CPO1 support.
Community Peace Officers (Level 2) / Bylaw	• Provide an enforcement presence in malls and seasonal markets where crowding may occur to strengthen impression that distancing, gathering, and masking requirements are being carefully monitored. • Observe, interact with and educate public; not expected to write tickets. • Act as a force-multiplier by informing police and CPO1 of areas where conflict is arising or tickets should be issued.	• By exception on request, some officers may be authorized to issue tickets. • Generally not trained to the same level as CPO 1s and may not be trained to safely conduct enforcement independently of CPO1 or Police. • Limited power of entry into public or private places, which may impede enforcement of private social gatherings. • Not all communities have CPO2 support.

On March 31, 2020, the email Update for Senior management informed that the nurses would be starting to focus on the cases and any new cases due to a large number of travel related isolations returning to work.

April 7, 2020 – Email communication discussing the EPSnet information from Justin Krikler – (Chiefs Office Emails – FOIP Part 1- IAPU 721 2023-G-0163)

> *As of today, April 7, there are **five employees** who have tested positive for COVID-19. Thankfully, each are at home and expected to make a full recovery. When these **cases occurred, service-wide emails and posts to EPSnet notified employees about the cases and other pertinent information**. It was important to let employees know when these first cases occurred and give as much information as possible at the time.*
> *Executive Director Justin Krikler from Legal & Regulatory Services explains above how each case will be evaluated in conjunction with the individual, the management team of the area, and the health nurses. Notifications will occur as part of this process however may not occur for each case.*
> *To keep the Service aware of how many of our colleagues have tested positive for COVID-19, a table outlining the affected area and the number of affected employees is available here*

April 16, 2020 - COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder – FOIP Part 1 -IAPU 109-113 2023-G-0163). Discussions relating to **WCB reporting for illnesses** contact traced to a workplace interaction. The committee members noted that it was their **duty to report workplace illness to WCB** for evaluation.

> *• WCB - The most at-risk group are front line members interacting with the public. If they test positive a claim would be submitted. If the contact tracing shows another positive COVID-19 employee based on contact with that front-line member then we would submit and have a lot of detail on the contact tracing. It is our duty to submit. But we don't know what decision WCB ultimately will make*
>
> *• PCB COVID-19 positive cases – we will initiate a WCB claim from the Disability Management team*

April 20, 2020 - COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder – FOIP Pat 1 - IAPU 119-122 2023-G-0163). Due to the seasonal allergy issue the committee noted that a question relating to screening of symptoms needed to be added when the OHN was talking to employees.

> *• **Seasonal Allergies**. OH&S have addressed the concern. The consultation assessment by OHS Nurses currently asks; "are these typical seasonal symptoms normal for you or is this new?"*

April 27 – May 3, 2020 - Executive Situation Report COVID-19 – (Chiefs Office Folder – FOIP Part 1 - Attachments Part 2 IAPU 302-315 2023-G-0163).

> Federal Government Update
> *• **Long-term care facilities account for 79 percent of the corona virus deaths in Canada**.*

June 29, 2020 – Email Communications with Bill Sweeney, GOA re **Enforcement of Public Health Orders** – (Chiefs Office Emails FOIP Part 1 - IAPU 635 2023-G-0163)

From Bill Sweeney:
Is it possible to arrange a quick call with you both sometime tomorrow? I just received a call from a colleague in Alberta Health. ***The Health Minister has been very appreciative of the fact that law enforcement agencies across the province have been using considerable discretion in terms of enforcing public health orders****. The province has been very supportive of law enforcement's adoption of the approach to educate, inform, warn and enforce only as a last resort. There are sectors in Alberta that are encouraging the government to adopt a stricter enforcement strategy. I was asked by my colleagues in Health to reach out to some key Chiefs to see if you are experiencing the same pressure and if you are considering altering your enforcement strategies. This shouldn't be a long discussion but it would probably ease concerns with the Health Minister if I can assure them that nothing has changed from your respective enforcement perspectives. I think that many Albertans are concerned that the reopening of the economy will precipitate the sort of rapid increase of COVID spread that many US states are experiencing.*

From Dale McFee:
This is stemming from Calgary. I am not aware of us facing similar issues from council but please advise if we are.

From Dean Hilton:
We have not altered our enforcement approach and I am not aware that we've been pressured to do so. Our Public Health team continues to liaise with the health inspectors and peace officers as required. To my knowledge, the EPS has not written any PHA tickets in the past three weeks, I'll get updated numbers in the morning, instead focusing on ***education and only ticketing where warnings are ineffective****. As you know, the* ***CPO's no longer have enforcement authority*** *and would have to request support from our Public Health team, or patrol if the situation was urgent.*

July 20, 2020 - COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 286-289 2023-G-0163):

Overtime/Extra Duty
• Members in Training Section and Recruit Training agreed to ***not work*** *any extra duty or patrol overtime shifts to reduce the risk of potential exposure of COVID-19 to recruits. They are committed to the health and safety of their group, however there are* ***monetary considerations.*** *More opportunities are imminent with the NHL playoffs. PCRT discussion; from a labour relations or legality perspective, can EPS restrict these members? 21(1)(a) Insp. Hermanutz will talk to his members*

July 20-26,2020 – July 20-26, 2020 - Executive Situation Report COVID-19 – (Chiefs Office FOIP Part 1 - Attachments Part 2 (IAPU 245-258 2023-G-0163)

Federal Government Update
• The World Health Organization (WHO) announced the launch of the ***COVID-19 Law Lab*** *initiative which gathers and shares legal documents from over 190 countries across the world to help states establish and implement strong legal frameworks to manage the pandemic. The goal is to ensure that laws protect the health and wellbeing of individuals and communities and that they adhere to international human rights standards*.

October 9, 2020 – Email Communication re: Dr. Hinshaw October 8 Announcement – (Chiefs Office Emails – FOIP Part 1 - IAPU 134 2023-G-0163). Included a message that the pandemic team was preparing to communicate to employees. It is not clear when or how the Thanksgiving message was communicated to employees and the final version of this message was not provided as part of the FOIP disclosure document.

> *Here is the message that the pandemic team feels will get us through the long weekend. I am seeking approval to have Landis post this. The pandemic team will meet Tuesday to determine what further recommendations may be appropriate to apply within the EPS and will forward those to you for consideration. Please let me know if the following message of "strongly urges" is supported.*
>
> *Although Thanksgiving long weekend is typically filled with family gatherings and feasts, after the Provincial update on Thursday, October 8, 2020, the* ***Pandemic Team strongly urges all EPS employees to follow the Province's new voluntary measures*** *so we can stabilize, and ideally decrease our isolation numbers. This includes limiting private gatherings to no more than 15 people and limiting your social cohorts to no more than three cohorts.*
> *Note: A cohort is a "small group of the same people who can interact regularly without staying 2 metres apart" (i.e. you don't have to wear a mask or distance from your immediate family while in your own home). People in a cohort should have little to no close contact with people outside the cohort. Your core household can include household members, immediate family, a tightknit social circle who agrees to be part of only that cohort together, or other necessary close contacts (i.e. co-parent living outside the household, babysitter, caregiver). Childcare, school, or sports cohorts share similar restrictions. Workplaces are not considered cohorts. Aside from a regular partnership or pairing (e.g. 2-personcar) of co-workers, employees must distance from one another or wear face coverings to minimize the risk of full-squad, or unit isolation pending a positive case.*
>
> ***It is a difficult sacrifice to make, as our families and friends are integral to our well-being. But we want to lead by example, so we do not have to make additional sacrifices in the future****.*
> *In addition to limiting your gatherings, the Province is asking citizens to wear masks in all indoor work settings, except within your cubicle or individual office, where an employee is separated from others. To limit the potential spread of illness, all EPS employees are encouraged to wear a face covering upon entering any EPS facility until they arrive in an assigned office space, classroom, fitness facility or a workstation where 2m distancing can be maintained or barrier protection exists. This would see employees wearing face coverings in all common and public areas of our facilities where employees may converge and in-transit between offices. Remember that face coverings are mandatory in all public areas within and outside of our facilities. It is also strongly encouraged that any employees attending private residences during their duties wear face coverings****. We must consider other people and their desire to be protected from others. A face covering, at minimum, will provide others comfort****. Other PPE should be worn as required.*

October 26 – November 15, 2020 - Executive Situation Report COVID-19 – (Chiefs Office – FOIP Part 1 - Attachments Part 2 - IAPU 287-301 2023-G-0163).

Provincial Government Update

• The Provincial Government is still recommending that Albertans download the ABTraceTogether app though it has only identified 20 cases over the past six months.
• On 15 Nov, the CMOH acknowledged that Alberta is currently in its second wave of the COVID-19 pandemic.
*• As of 13 Nov, the **Province has reported 0 cases of lab-confirmed influenza** in Alberta so far this flu season. Further, nearly 1.1 million Albertans have received a flu shot since the program began on 27 Sept. By comparison, 1.4 million shots were delivered between 25 Aug 2019 and 2 May 2020.*
• As of 2 Nov, health officials removed runny nose and sore throat from the list of symptoms requiring children to stay home or be tested for COVID-19

November 12, 2020 – (Chiefs Office FOIP Part 1 - Attachments Part 2 - IAPU 750-751 2023-G-0163) Alberta Health – Office of the Chief Medical Officer of Health Letter to Chief McFee in position of President of the Alberta Association of Chiefs of Police from Deena Hinshaw RE: New CMOH restrictions

*The Government of Alberta has worked collaboratively with and has appreciated the support of police agencies throughout the pandemic**. I am writing to ask that you and your colleagues continue your support of our efforts to limit the spread of COVID-19 by supporting the enforcement of these new measures,** which will be in effect for a two-week time period, from November 13 to November 27, inclusive.*

November 13, 2020 – Email communication re: Action Required: Alberta Health Request – (Chiefs Office Emails FOIP Part 1 - IAPU 532 2023-G-0163). The emails that occurred as a result of the request from Alberta Health.

*In relation to this morning's letter from the Chief Medical Officer of Health regarding the new COVID-19 restrictions, Alberta Health has requested information on how police services are intending to **seek compliance**.*
*As the Alberta Government has recognized the seriousness of the rising COVID-19 infections by implementing these new restrictions, the government wants to impress upon the police services the seriousness of the rising infections when determining the appropriate enforcement action especially when investigating allegations of **non-compliance** regarding all Class A, B, C and gaming facilities.*

In addition, Alberta Health has also requested weekly information as it pertains the enforcement activities (similar to the data provided in the spring/summer) be again provided until the current new restrictions have been lifted.

November 17, 2020 – Email Communication RE Alberta Association of Chiefs of Police – (Chiefs Office Emails FOIP Part 1 - IAPU 249 2023-G-0163). This email was from Bill Sweeney at GOA to Deena Hinshaw, other government, and police.

*I participated in the AACP Fall Executive Committee meeting earlier today. The Alberta Chiefs asked me to reach out to you to see if you would be amenable to having a conversation with the President (Chief McFee) and Vice President (Deputy Commissioner Curtis Zablocki) with respect to your recent letter seeking their assistance with **enforcing***

> ***the PHOs**. The Chiefs all expressed a willingness to help as they, like most Albertans, recognize the seriousness of our current public health crisis. Their interest in speaking with you is ostensibly driven by their desire to be helpful…that deserves an explanation. They are considering trying to distribute consistent instructions to front line officers on PHO enforcement activities. **The emphasis, to date, has been to educate, to warn and to seek voluntary compliance to the orders. Many Chiefs interpreted your letter to mean that there has been ample time and effort to educate and warn, and that it is time to elevate efforts in relation to enforcement.** Before they provide operational instructions to their front line officers, the Chiefs felt that it would be beneficial to have a short conversation with you both to **verify the intent of your message**, but also to see if there were other opportunities to assist you and your team. If you are amenable to this invitation, I'd be happy to work with your office to arrange a teleconference call.*
> *On another, but unrelated note, thank-you Deena for your tireless leadership through this crisis. You and your team are amazing!*

November 22, 2020 – Email communication EPS Leadership – (Chiefs Office Emails – FOIP Part 1 – IAPU 728 2023-G-0163)

> *"We determined a procedure early in the pandemic with the medical Dr working at the EXPO Centre and AHS to manage recalcitrant persons. PHA Sec 39 apprehension certificate applications can be submitted by medical Dr.'s to a Medical Officer of Health. Only police officers have the authority to enforce the PHA**. Under the certificate, our sole purpose is to detain for the purpose of transporting a subject to a medical practitioner**. The following process was established. Once a certificate is sworn, that medical practitioner contacts PCB who will enter a priority dispatch or BOLF. Our members are given direction to use full PPE (N95 mask, glasses and gloves) and contact EMS when dealing with the subject. EMS is part of the protocol and will complete the transport to the RAH. Our members follow and upon arrival at the RAH, continuity of the recalcitrant subject is turned over to the care of another medical practitioner."*

> ***"Our primary goal continues to be communication, education and voluntary compliance. In situations where individuals are defiant to PHA orders and demonstrate disregard or are not amendable to correction by education, officers have an enforcement mechanism to act in the interest of public safety.***

November 27, 2020 – Email Communication re: CMOH Order 38 messaging – (Chiefs Office Emails FOIP Part 1 - IAPU 545 2023-G-0163).

> From Katja Magarin to Dean Hilton, Megan Hankewich, Lauren Wozney, Trevor Hermanutz. Goeff Crowe, Bill Krull
> *I think we need to give our members direction and the available information and agree that we probably need to stress the discretion part.*
>
> From Lauren Wozny to Katja Magarin to Dean Hilton, Megan Hankewich, Trevor Hermanutz. Goeff Crowe, Bill Krull
> *Based on discussion, I've added pieces to the document around **education vs. enforcement and officer discretion when it comes to exemptions**. I'm not sure I have it entirely right so I would appreciate some feedback.*

From Dean Hilton
We are looking to get the attached information out to the membership this afternoon to highlight the new orders as well as provide organizational direction on our enforcement expectations.
I am seeking feedback from Chief's Committee with the two following paragraphs from the document as we know we could be criticized in the media for doing too much, or not enough.
Our primary goal continues to be communication, education and voluntary compliance. *In situations where individuals are defiant to PHA orders and demonstrate disregard or are not amendable to correction by education, officers have an enforcement mechanism to act in the interest of public safety.*
Information on exemptions*:*
1. Officers have discretion. If it is obvious that the individual has an exemption (under the age of two, visible medical equipment such as an oxygen tank, eating/drinking, etc.), do not charge.
2. if an individual has an exemption that isn't clearly obvious, the onus is on the individual to prove their exemption.
3. Document all evidence for and against the exemption in your notes so the Crown can properly assess the file.
We wanted to ensure in our messaging that we show we will enforce as required, but not create a message that would create a zero tolerance approach.

From Kevin Brezinski to Dean Hilton, Brian Sinclair, Alan Murphy, Darren Derko, Dale McFee:
This seems to be a reasonable approach and ***officer discretion is paramount****. I've cc'd the Chief for his awareness.*

From Dale McFee to Kevin Brezinski, Dean Hilton, Brian Sinclair, Alan Murphy, Darren Derko:
Thanks Guys, this looks reasonable. Dean has Health had any input into this and regardless are they on the same page?

From Dean Hilton:
This has been quite fluid over the week. We have had traffic supporting AHS Health inspectors throughout the past two weeks with their inspections and that has been greatly appreciated. The CoE was still working on their enforcement strategies and they have identified some key spots that they will focus on for masking compliance. They were looking toward a zero tolerance for non-masking and at least ask more probing questions about reasons for non-masking. They will confirm those shortly (this afternoon) on the Emergency Advisory Committee meeting. We have been communicating with these partners in the Health Safety Compliance Team. I have informed the CoE that the EPS will do what we can to support their initiatives and they are aware that we have to triage many priorities. Calgary PS was apparently in the same boat seeking clarity on some of the orders so I believe the meeting with the CMOH next week may assist in understanding where enforcement needs to be focused. Some of the clarity for the specific orders is still pending posting to the Alberta.ca website 27(1)(a)

November 30, 2020 - COVID-19 Command Team Meeting Minutes – (Pandemic Committee Folder – FOIP Part 1 – IAPU 456-460 2023-G-0163)

> "*Working with CoE on enforcement strategy.* ***CoE are interested in mask enforcement. The Justice Minister stated he is looking for people to be held accountable****." CPO 1 's and some CPO 2's have been granted powers of enforcement. Will be bolstering up our HSCT, perhaps focusing on noisy parties and raising dispatch priorities for those calls. The AACP meeting with Dr. Hinshaw on Tuesday, December 1, 2020, to get consistency on enforcement strategies between the agencies.*
>
> *Communications Update*
>
> *• After the meeting with Dr. Hinshaw and our enforcement strategy is determined, co-ordinate a good joint message with COE and AHS inspection/enforcement partners*

December 3, 2020 – Email communication from Nicole Wetsch, EPS OHS, with an update on the numbers of EPS cases. (Chiefs Office Emails – FOIP Part 1 - IAPU 357 2023-G-0163). This update was at a request from Dale McFee in his preparation for a meeting with Dr. Deena Hinshaw. He was requesting the numbers of active vs isolation due to exposure and contact tracing.

> *We currently have 24 active positive cases within the service, we did have an addition positive case reported last night after my report. Bringing our total up to 70. Of that 70, 16 are believed to be work related. In addition to the positive cases, since the beginning of the pandemic we have had 325 cases of people needing to self isolate due to work related contacts and 434 cases of people needing to self monitor (these numbers include potential and confirmed exposures to both co-workers and subjects). We have also had 1347 people isolate and 255 self monitor for contacts outside of work.*

December 18, 2020 – Email communication AACP Information PHAC – (Chiefs Office Emails FOIP Part 1 -IAPU 528 2023-G-0163). This information was relating to security for vaccine shipments.

> *As you maybe aware, General Dany Fortin is the general in charge of Canada's mass COVID-19 vaccination effort. Today we learned that in an effort to better ensure the safety of the vaccine supply chain, General Fortin has directed that any shipment of the vaccine with 10,000 units or greater, will have an armed police escorts by the POJ. This has apparently been communicated to Provincial Health authorities and when required, the Health authority will reach out directly to the POJ when this threshold is met.*
>
> *As Jerry Scott is coordinating the security at the injection sites, I took the liberty of reaching out to Jerry this afternoon to see if he had any additional information. Jerry is just learning of this himself, but he will look into this further next week. Jerry did advise that Alberta's vaccine roll out is being coordinated through the Alberta Government Vaccine Task Force and that we will know days in advance of any shipment arriving in Alberta. In fact the next shipment of the vaccine is not expected until December 28th. We have a number of questions pertaining to this directive and over the next week we will work on getting those answers. My folks in our Operations Center will continue to work with Jerry and his team, and they will engage your respective COVID leads. For now I just wanted to*

make you aware of this. If you have any questions, please feel free to forward them to me or through your COVID leads.

December 21, 2020 – Email Communication re: Vaccine Security Information – (Chiefs Office Emails FOIP Part 1 - IAPU 193 2023-G-0163). This update was from Dean Hilton.

I reviewed this e-mail with Bill. It looks like a request may come through the AACP with requests for POJ's to provide security for large quantity transports of vaccines. Bill is our point of contact with Alberta Health Services and will keep us informed. We also have Heather Hlus and Jessie Haidamaka identified to participate with the provincial Ad Hoc Vaccine Security Intelligence Group that was established to keep continuity of any security issues or concerns related to the vaccine roll-out.
For information at this time:
Interesting expectations from General Fortin for the security of Vaccine Shipments within a POJ. In my conference call with AHS Security Executive Director Eric Lavoy, there was no expectations for armed police escorts of vaccine shipments of 10,000 units or greater

December 21, 2020 - COVID-19 Command Team Meeting minutes – (Pandemic Committee Folder – FOIP Part 1 – IAPU 485-486 2023-G-0163)

Vaccine Rollout

• Meeting with AHS Executive Director of Protective Services. The only request for EPS at this time was for situational awareness of storage locations and vaccination centres. Information was sent to OICC and PCB for LOI entry.
• On Friday, information that General Dany Fortin, i/c Canada's vaccine distribution, will be requesting Police Services of jurisdiction to provide armed police escorts in the areas the vaccine is going to be distributed.
• Katja is monitoring the vaccine information closely. At this time there is no information about prioritizing vaccines for law enforcement or other First Responders in Alberta.

Enforcement

•Meeting last week with CPS and Bylaw on enforcement strategies. ***CPS are setting expectations for more ticketing and there is zero appetite for no ticketing*** *. Options include a yellow ticket first, followed by pink, then the potential for a POPA arrest with Undertaking.* ***CPS is also looking at utilizing a QB Assistance Order as a last resort. Initially there was little cooperation from the Crown, but they are on board now with increased enforcement. COE are interested in Calgary's approach****.*
• At the COE COVID relaunch strategy meeting, Edmonton's response remains status quo. Focused enforcement on ones causing difficulties.
• Media strategy: Calgary does a joint release of enforcement statistics on a weekly basis. Our media are comfortable responding to media requests as they come in. Providing weekly statistics will probably create more requests.
Action: EPS continues to advocate ***education for compliance*** *with ticketing as an option when compliance is not demonstrated. Organizers or hosts should continue to be identified regardless for later follow-up or ticketing as required.*

December 29, 2020 – Update for Senior Management (Chiefs Office Emails – FOIP Part 1 - IAPU 850 2023-G-0163)

*There has been **2 positive tests** since our last report bringing our total to 112 (113 if we take into account the member who had two positive cases), and we remain at 16 active COVID-19 cases..*

January 11, 2021 - COVID-19 Command Team Meeting minutes – (Pandemic Committee Folder – FOIP Part 1 – IAPU 508-511 2023-G-0163)

Enforcement

*• Transit enforcement **policy has changed** and people who refuse to wear masks on trains or buses will be removed. Transit has thanked Downtown Patrol and Beat officers for their assistance.*

January 14, 2020 – COVID-19 Command Team Meeting minutes (Pandemic Committee Folder – FOIP Part 1 – IAPU 512-516 2023-G-0163)

Enforcement Strategy and Messaging

*• There are two parts to enforcement to be addressed**. What we are authorized to do under the Health Order and what the expectation is for members to follow when there is no compliance.** There is confusion as the AHS website states that people do not have to prove they have a mask exemption. The City of Calgary is actively enforcing the restrictions at planned events There have been 35 violations issued to date with allegedly no change in protester behaviors. **Currently awaiting outcomes in court to see if convictions ultimately change behavior**. It appears that every province is facing these same challenges. The Province is establishing orders but not making clear guidelines for enforcement; hence, jeopardizing prosecution. With this in mind, we will continue with our education to compliance with ticketing as necessary approach.*

January 18, 2021 – COVID-19 Command Team Meeting minutes – (Pandemic Committee Folder – FOIP Part 1 – IAPU 517-519 2023-G-0163)

Enforcement

• Enforcement expectation and strategy was sent to membership on Friday by Insp. Johnson. 27(1)(a)

*Information on AHS website makes prosecution impossible. The Province is saying you don't have to prove it but just say it. This is **creating difficulties on the enforcement** side. 27(1)(a)*

•A/Insp. Krull received an email stating that the RCMP have been getting Alberta's Public Health complaints for the City of Edmonton. Sgt. Looker will follow up with the RCMP and ensure AHS complaints are sent to the HSCT COVID-19 complaint mailbox.

January 22, 2021 – Email communication RE: Follow up to meeting with Chiefs of Police – (Chiefs Office Emails – FOIP Part 1 - IAPU 404-406, 971 2023-G-0163). This email was from Chris Shandro – GOA and included the EPS executive, Deena Hinshaw.

thanks for arranging a meeting last Friday with Chiefs of Police to discuss enforcement issues.

*With regard to the proposal to seek an application to the Court of Queen's Bench to obtain a QB order which could be enforced**, the clarification that this would only be applied in limited circumstances to a few individuals** is currently being considered and we hope to have a response to you shortly.*

January 27, 2021 – Email communications Senior leadership team with notes from the Emergency Advisor Committee. (IAPU 971 2023-G-0163)

From Kevin Brezinski

Notes from my Emergency Advisory Committee. Note the comments from the Mayor and Scott McKeen

Protest question from the Mayor

-Why are we not enforcing the no mask bylaws at the rallies? A lot of citizens are complaining about this.

-I answered that we are monitoring every event. The Sheriffs have jurisdiction at the Leg. Once they enter on our streets we can enforce but must maintain a balance and ensure peaceful protests.

*-We have a **good relationship with event organizers** and get intel as to where, when these rallies will take place. Always an opportunity to issue a summons after the event.*

-We have seen issues with other jurisdictions when they take enforcement actions without warnings and education.

McKeen said warnings and education must stop and take a harder line with enforcement.

- More media releases when some is ticketed

Mental health repercussions of this pandemic - mental health, domestic violence

-opportunities to help our employees and citizens

From: Dean Hilton

Thanks for this update Deputy.

Your responses to the question about non-maskers at rallies was on point. The other issue that we have to navigate is a communicated contradiction on the provincial website regarding mask exceptions. I looked again today - https://www.alberta.ca/enhanced-public-health-measures.aspx

_____

Mandatory restriction – Province wide – Effective Dec. 8

Exceptions

There may be situations where some people are unable to wear a mask.

If you are unable to wear a mask:

• you don't need to provide proof

27(1)(a)

We had Lauren from our Corp Comms reach out to AHS Corp Comms to see if we can arrange a discussion with our Corp Comms and Legal to discuss the language. Lauren updated us on Monday that the request was sent through the provincial EOC last week and we are waiting an audience.

*As you know, we are getting updates from Calgary PS and watching their ticketing results. Thus far it **did not appear that ticketing was a deterrent to demonstrations**. In some instances, it heightened tensions. They receive public concerns both for and against ticketing.*

I still believe our position on enforcement is sound and we continue to monitor.

January 28, 2021 - COVID-19 Command Team Meeting minutes – (Pandemic Committee Folder – FOIP Part 1 – IAPU 528-532 2023-G-0163)

Enforcement
• Lauren advises that the Mayor is potentially going on the air today speaking about how he hopes the police address the February 20, 2021 planned protest. At yesterday's Emergency Advisory

January 28, 2021 – Email Communication – (Chiefs Office Emails FOIP Part 1 - IAPU 790 2023-G-0163). The email is COVID-19 task force team meeting where the below MaskED presentation, notes Dean Hilton to the leadership team.

*I thought you might be interested in this **A.I. application that the City** is contemplating.*
Deputy, not sure if you received the proposed EAC dates attachment.
MaskED - Contemplating using A.I., Behavioural Science technology to give people the nudge for mask compliance.
Portable camera and monitor.
Open Source software to detect presence of a face mask Assess what communication messages have had effective impacts or not.
*Mask detection unit, detects mask or not, does not retain image. **Behavioural nudge unit** that messages an immediate response back to the person.*
$380 per unit.
*Privacy Impact Determination done – CoE Privacy suggests no concerns. There are questions about any **ethical or reputational impacts** such as persons who cannot wear a mask. How do you know if the message has had an impact on the person walking by? The attached Q&A answers some questions raised.*
Dean

The Chiefs Office Emails contained presentation slides and a Q&A sheet relating to program by the COE. The presentation was titled, MaskED – An AI & Behaviour Science Approach to Improving Mask Compliance - City of Edmonton Presentation by Data Science and Research Service Innovation and Performance. This presentation was not dated in the attachment. The overview of the research is below. (Chiefs Office FOIP Part 1 - Attachments Part 2 - IAPU 622-635 and 636-638 2023-G-0163)

SLIDES:
Our Goal
We want to:
Change behaviour** and encourage the continued use of face masks **to reduce the spread
Our Method
*The project uses **computer vision** to detect the presence/absence of face coverings, and **behavioural science** to **nudge** people towards better compliance*
Computer Vision
*Trained = using **3885** images*
Evaluation
*Effectiveness will be measured using **computer vision** and **econometric impact models***

Q&A *MaskED overview*
Trained on nearly 4000 images, the MaskED solution can be deployed in entry ways of select City of Edmonton Facilities. In response to the detection or absence of a mask, the MaskED will display a behaviorally-informed COVID-19 message on an adjoined screen

aimed at mask acknowledgement (e.g. "We are all in this together") or increasing compliance (e.g. "Nurses, doctors and paramedics are going to work for you, please wear a mask for them").

MaskED will be packaged in self contained units and will be available for temporary deployment based on demand. The solution will contain an evaluative function - measuring overall mask and face covering use, as well as compliance as a result of the messages displayed.

No personally identifiable information will be gathered or retained and the project will be subject to a Privacy Impact Determination and Data and Analytics Ethics review.

Has MaskED been subject to any ethics or privacy reviews?
The linked report outlines a number of ethical considerations relating to the implementation of MaskED. The MaskED project has been reviewed by Corporate Data Ethics Advisory Services at the City of Edmonton and was found to adhere to the principles for responsible and ethical use of A.I. technologies. Furthermore, it was determined that a PIA was not required for MaskED at the conclusion of the Privicacy Impact Determination process facilitated by Corporate Access and Privacy.

Is there an opportunity to sell or license the MaskED kits?
If an initial launch shows the units to be successful at improving compliance, we would be interested in expanding use around Edmonton and beyond, in order to help other organizations improve mask compliance. This sort of scale, would require revisiting costing, and would likely need production to move to a third party.

Could the technology be modified to identify who has received the vaccine?
This would be difficult or impossible using computer vision. However we are willing to have a discussion about how technology could assist with identifying those that have received the vaccine and whether it could be incorporated into this or a separate project.

What are the potential impacts from a reputation perspective?
Strengths/Opportunities:
• An innovative approach to improving mask compliance using AI and Nudge Theory could be viewed
favourably by those that are in support of wearing masks.
• A complement to mask compliance tracking that is currently being done manually by enforcement officers; if deployed in select locations, this could free them up for more direct outreach and engagement with Edmontonians (education, warnings, ticketing)
• There is the potential for providing this to partners.

Weaknesses/Threats:
• Potential perception of surveillance, municipal overreach and creation of a nanny state, which has the potential to fuel the "anti-mask" and "anti-vax" movements.
• Municipal and provincial mask guidelines include provisions for those with exceptions or exemptions. This solution may be viewed as means to shame those who cannot wear a mask or those who cannot obtain a mask for economic or other reasons

• Potential perception concerns around what we are doing with personally identifiable information, despite the reality that we are not retaining any images. This narrative could potentially inflame the "conspiracy" elements of covid deniers, anti-maskers and anti-vaxxers. The likelihood of the City avoiding a negative spotlight is extremely low

February 4, 2021 - COVID-19 Command Team Meeting minutes - (Pandemic Committee Folder – FOIP Part 1 – IAPU 537-543 2023-G-0163)

Task Team Update

• City Administration are more understanding of the challenges with enforcement. Status is for education to gain compliance. ***City Council is pushing for ticketing, not understanding that writing tickets is futile without the Orders being Enforceable*****.**

February 11, 2021 – COVID-19 Command Team Meeting minutes - (Pandemic Committee Folder – FOIP Part 1 – IAPU 548-551 2023-G-0163)

Enforcement

• Meeting with AHS, Environmental Public Health, RCMP, CPS, Special Prosecutor and Minister of Health on enforcement expectations. ***EPS, CPS, RCMP and the Special Prosecutor are all on the same page pertaining to the limits of our lawful authority****. The Special Prosecutor confirmed that they* ***will not prosecute masking enforcement based on the Public Health Act because of the contradictory content on the AHS website****.*

• Church in Parkland County has been charged with contravening of a Queens Bench Order under the Public Health Act. There is a meeting today regarding the Church of the Vine which has been in contravention of the PHA Orders as well. EPS will be there to assist the Public Health Inspector.

February 18, 2021 – COVID-19 Command Team Meeting minutes - (Pandemic Committee Folder – FOIP Part 1 – IAPU 552-556 2023-G-0163)

Enforcement

• COE inquiring about EPS response to the Protest on Saturday. EPS are supporting the AB Sheriffs to maintain public safety while balancing the rights of protesters. EPS will maintain their current PHA enforcement model of ***education to gain compliance*** *and gathering evidence if enforcement is required at a later time.*

• Meeting last Friday regarding enforcement at the Church of the Vine. Environmental Public Health is still in consultation with AHS legal on next steps. EPS will be there to assist only when there are issues to address.

March 4, 2021 - COVID-19 Command Team Meeting minutes - (Pandemic Committee Folder – FOIP Part 1 – IAPU 566-571 2023-G-0163)

Enforcement

• Peace Officers will get their powers of enforcement under the PHA reinstated today or tomorrow.

• Sgt. James Stanviloff of the RCMP is proposing that RCMP, CPS AND EPS work with Special Prosecutions in order to provide AHS specific Police needs and expectations with respect to enforcement. By doing so it will ensure consistency with respect to enforcement strategies Province-wide

• No new information on Church in the Vine

March 8, 2021 - COVID-19 Command Team Meeting minutes - (Pandemic Committee Folder – FOIP Part 1 – IAPU 572-576 2023-G-0163)

Enforcement

• The Public Health Inspector has advised there are still problems with Church in the Vine holding services on Sunday and not allowing Inspectors on site. The current plan is for members from NW division will attend with the PH Inspector next Sunday. If they are refused access to ensure compliance, then they will back away and issue the ticket later.

March 15, 2021 - COVID-19 Command Team Meeting minutes - (Pandemic Committee Folder – FOIP Part 1 – IAPU 577-580 2023-G-0163)

Enforcement

• Public Health Inspector Megan Allen attended the Church in the Vine on Sunday with HSCT. They were denied entry. 17(1) 17(4)

March 19, 2021 - Executive Situation Report COVID-19 – (Chiefs Office FOIP Part 1 - Attachments Part 2 IAPU 1039 2023-G-0163)

*There has been much media attention and demonstration activity related to the Health Orders and particularly the **17(1) 17(4)** (RCMP enforced). Based on the language within the Health Orders and the Crown's ability or capacity to prosecute on PHA ticketing, our Service has done a good job to date of managing demonstrations and COVID-19 complaints within our jurisdiction. Education continues to be our first consideration.*

April 6, 2021 – Report for Senior Management – (Chiefs Office Emails – FOIP Part 1 - IAPU 808 2023-G-0163). It is noted that the reports to senior management had a change in the relation to the increase mirroring the community cases. Even with there being very few positive cases since January of 2021 to April of 2021 the reports to EPS leadership had a revision to the communication that there was a rise in cases and isolations. This narrative change is being initiated in the communications, was also the time that the vaccination campaign in Alberta was rolling out to the public.

There has been 2 positive tests since our last report and we currently have 9 active COVID-19 cases. We are starting to see a rise in cases and isolations among our members mirroring the rise in the community.

April 8, 2021 - COVID-19 Command Team Meeting minutes - (Pandemic Committee Folder – FOIP Part 1 – IAPU 594-598 2023-G-0163)

Enforcement

*• **Questions still being asked from members of City Council about COVID-19 enforcement**. The response remains that we are seeing good compliance and have to be mindful of strategically conducting enforcement if required. I.E. Follow up investigations and enforcement at a later date*

April 22, 2021 - COVID-19 Command Team Meeting minutes - (Pandemic Committee Folder – FOIP Part 1 – IAPU 606-609 2023-G-0163)

Enforcement

*• Chief Mcfee and DIC Brezinski are meeting with Dr. Hinshaw, a SolGen representative and the Crown today. There was an article in **Calgary about the Crown continuing to dismiss***

charges related to COVID-19 restriction violations and an update was provided to DC Brezinski regarding the lack of PHA prosecutions occurring in Edmonton*. Sgt. Looker and PSCT have confirmed this as they have been issuing obstruction tickets to applicable businesses at the request of Public Health Inspectors with minimal prosecutions taking place. 27(1)(a)*

April 29, 2021 - COVID-19 Command Team Meeting minutes - (Pandemic Committee Folder – FOIP Part 1 – IAPU 614-618 2023-G-0163)

Enforcement

*• At the Regional call this week it was mentioned that AHS approached **St. Albert about revoking business licenses for non-compliant businesses**. Insp. Johnson advises the authority would be dependent on who is writing the Order. Enforcement with the overall coordination of agencies. i.e., OHS, GLA, COE.*

May 3, 2021 - COVID-19 Command Team Meeting minutes - (Pandemic Committee Folder – FOIP Part 1 – IAPU 619-622 2023-G-0163)

Operations Update

• Church in the Vine has been issued a ticket for obstruction from Environmental Public Health.

• HSCT has issued a gathering ticket to Early Bird Cafe this morning

May 6, 2021 - COVID-19 Command Team Meeting minutes - (Pandemic Committee Folder – FOIP Part 1 – IAPU 623-626 2023-G-0163)

*• Wearing of masks at protests and rallies is 'hit and miss'. There is the main anti-government/anti mask group which protests weekly at the Leg. Grounds. There are 2 or 3 other anti-mask/anti-government groups that protest at various locations in the City. **Of all the Public Health Act Orders we can enforce, masking is one we can't, though we can't publicly say the PHA masking act is <u>unenforceable</u>.** S/Sgt. Krull will check with Neil Lettis at the Legislature to see if he has any further enforcement information.*

Enforcement

• Alberta government announcement that it will be getting tougher on enforcement and those breaking public health measures. HSCT Sgt. Looker will be attending a meeting today to talk about recalcitrant repeat offender businesses. EPS would not be attending with AHS unless requested. 27(1)(a)

• The collaborative committee on enforcement announced by the Premier on Tuesday evening has not yet been brought together.

*• **Chief Mcfee will have a weekly meeting with the justice minister, other Chiefs of Police and health officials to talk about enforcement and collaboration.** The D/C will attend an operational group meeting. Insp. Johnson will support the HSCT. The goal is to get the best information and determine what enforcement actions are appropriate.*

• Our membership has a lot of questions about what's happening as a result of recent provincial announcements on enforcement. Generic messaging to the membership on maintaining the current enforcement strategy with more information to follow once the new Orders have been reviewed.

May 6, 2021 – Email communication– (Chiefs Office FOIP part 1 - Emails IAPU 1026 2023-G-0163). Email from Kevin Brezinski to Dale McFee. RE changes made to the PHO by the CMOH.

Some rough notes:

*- Protests- **AHS working on a pre-emptive QB Injunction** for recalcitrant people that organize these rallies*

- *o Utilizing 66(2) and will have an enforcement clause*
- *o It will be precedent setting and will take time and not sure if Judge would approve*
- *o We will create a intel sharing mechanism on protests and rallies*
- *o Court process is slow*
- *o AHS doesn't want each to undermine each other*
- *o I asked if they liaised with Crown or need help from our Legal on drafting of these clauses.*

- Enforcement of mask bylaws

- *o Looking at changing the requirement to have a doctors note but cant overwhelm doctors*
- *o There is a process in Saskatchewan that works- note signed by pharmacists, etc*
- *o Not sure Hinshaw wants to change anything here*

May 10, 2021 - COVID-19 Command Team Meeting minutes - (Pandemic Committee Folder – FOIP Part 1 – IAPU 627-629 2023-G-0163)

Operational Update

• Supt. Hilton attended the COE Emergency Advisory Committee meeting last Thursday. As usual there were questions on enforcement protocol and why we are not enforcing the masking bylaw.

*• **Chief Mcfee met with the Justice Minister, health officials and other Chiefs last Thursday to talk about enforcement and collaboration**. This will be a weekly meeting.*

*• **DIC Brezinski is part of the provincial operational group which includes health officials. Collaborating on enforcement.***

*• RCMP ticketed protesters on Saturday, May 8, 2021 , leaving a rally against public health restrictions outside the Whistle Stop Cafe, and arrested **17(1) 17(4)** . An injunction to close the establishment was issued by health officials earlier in the week.*

• In Edmonton we have 4 specific problem establishments. The is no update on Church in the Vine. Insp. Johnson will speak to Sgt. Looker on that.

• At the inter-agency meeting tomorrow. S/Sgt. Krull will get more information whether it would be police or AHS involved in pre-emptive efforts dealing with recalcitrant protest organizers.

May 13, 2021 - COVID-19 Command Team Meeting minutes - (Pandemic Committee Folder – FOIP Part 1 – IAPU 630-633 2023-G-0163)

Enforcement

• Insp. Johnson will attend the HSCT meeting today in Sgt. Looker's absence. Will seek to draft a list of recalcitrant businesses or prolific PHA breachers for further discussion on enforcement needs/strategies.

• Chief McFee is scheduled for an interview with Radio 630 Ched. 27(1)(a)

*•Calgary Police arrested **17(1) 17(4)** for violating a civil order in organizing an illegal in-person gathering. **AHS obtained the Civil Order that applied to gatherings such as protests, demonstrations, and rallies, but CPS had many logistical challenges enforcing it**. The previous Orders allowed for lawful gathering for rallies and protests. 27(1)(a)*

May 13, 2021 – (Chiefs Office FOIP Part 1 - Attachments Part 2 IAPU 749 2023-G-0163) – Bulletin from Justice and Solicitor General Office GOA - from Sean Bonneteau Acting Executive Director - Law Enforcement and Oversight.

To all Alberta Police Services:
Re: New Chief Medical Officer of Health Order 22-2021
Effective May 13. 2021, The Chief Medical Officer of Health has issued Order 22-2021 as it pertains to new masking restrictions.
The rules around exemptions from wearing a mask due to a medical condition are changing.
Individuals will now be required to obtain a medical exception letter verifying their health condition from an authorized health care provider. Exceptions are also further explained in the new Order.
The signed Order is attached for your reference.

May 14, 2021 - Executive Situation Report COVID-19 – (Chiefs Office FOIP Part 1 - Attachments Part 2 -IAPU 1037 2023-G-0163)

• The EPS recently received two separate complaints from AHS about EPS staff not masking or distancing in public spaces. It is an Occupational Health and Safety requirement for our members to adhere to the Health Orders and to wear appropriate PPE. ***We need to be seen in compliance of the laws*** *that are our duty to uphold through enforcement or discretion (education).*
• The Province has recently updated the Orders related to masking and public gatherings. ***The EPS is liaising with our provincial and municipal partners with regard to a provincial enforcement protocol to coordinate strategies to address recalcitrant or prolific offenders of the Public Health Act****. Education to compliance is still our primary response with ticketing or apprehension as required. We will continue to navigate our enforcement protocols with our provincial partners. Organizational messaging will be sent out about this later today.*

May 17, 2021 - COVID-19 Command Team Meeting minutes - (Pandemic Committee Folder – FOIP Part 1 – IAPU 634-638 2023-G-0163)

Enforcement
• ***On Friday, CPS Chief Neufeld asked Marlin Degrand, Justice & SolGen what is the specific direction on protests and are we able to enforce the PHA. There was no consensus with JSG lawyers. EPS direction right now is that we are not enforcing specifically for gatherings at protests****. Clear direction needs to be put out by the provincial government.*
• ***Education to gain compliance for masking violations but with the recent CMOH amendments on masking enforcement there is now a likelihood of conviction.*** *Members should clearly articulate the circumstances of the offence when writing the ticket and the* ***Specialized Crown will triage*** *them.*
• Meaghen Allen, AHS Public Health Inspector, arranged resources to attend Church in the Vine on Sunday at 08:45. There was a sign on the door that due to a COVID positive case they were shutting down for the next 2 weeks.
• Wyld Archery and the Early Bird Cafe are being more compliant to CMOH restrictions.
• Insp. Johnson sat in on the HSCT meeting last week. They are still having issues with outdoor gathering events.
• Bylaw went to 61 different religious locations and all 61 were compliant

The FOIP documents had <u>omissions</u> that are required to assess the discussion and decision making as it related to the implementation of the vaccine protocol in the workplace. One of these is the omission of the Updates for Senior Management for 2021. The FOIP Part 1 contains information up to May 17, 2021, with the next document being the update on December 29, 2021. <u>The disclosure is incomplete, and the omissions directly relates to the time frame, where the employees had been seeking transparency on the due diligence of the employer.</u>

May 17, 2021, and the December 29, 2021, Updates for Seniors Management are below. (Chiefs Office Email Folder – FOIP Part 1 - IAPU 996 2023-G-0163). There was no email or pandemic committee notation to indicate that there was to be a gap in the reporting to EPS leadership. It is noted by the writer that this was the time frame that vaccination was rolled out in the province of Alberta, and the EPS had the mandatory survey and EPS Vaccination Disclosure Protocol implemented. The missing information was not included with the documents. The Pandemic Committee was still meeting during this timeframe.

> <u>**May 17, 2021** – Update for Senior Management</u>:
>
> *There have been 7 positive test since our last report and we currently have 19 active COVID-19 cases.*
>
> *In the last few days we have had two situations where we are **facing potential outbreaks**. Should some of the tests we are waiting for come back positive these will be publicly reported as outbreaks in our facilities. In both cases members came to work with common symptoms and assumed that it was not COVID-19 without following up with the nurses for assessment. In each of the cases members wore no masks in vehicles and EPS facilities and did not practice social distancing with co-workers**. With more members getting their vaccination we are seeing an increase in complacency with the restrictions**. It is incredibly important that we continue to message and enforce the need to follow restrictions and not come to work with any COVID-19 symptoms without prior assessment from the OHN's.*
>
> <u>**December 29, 2021** – Update for Senior Management</u>:
>
> *I have been asked to **provide an additional report as our numbers are rising**. Please see below for the most recent numbers as of this evening. Please note that **our last report was approximately 24 hours ago.** In addition, the positivity rate announced for Edmonton today was 33% which is the highest ever seen and likely still vastly under reported due to the decreased PCR testing.*
>
> *We must note that we are watching West Division extremely closely as they are approaching outbreak status with 2 confirmed COVID-19 cases and 2 cases waiting for confirmation from testing. The Inspector has been contacted by Si. As per AHS and the CDC AHS nurse, 5 confirmed cases would be considered an outbreak and therefore reportable to the Province. Nicole is keeping a close eye on this.*
>
> *There have been 11 new positive cases since our last report, and we currently have 44 active COVID-19 cases which is an increase of 11 since our last report.*

When looking at the data set charts included in this section (Chiefs Office FOIP Part 1 Attachments Part 1 – IAPU 1793 2023-G-0163), there was a small increase in the number of employees away and the number of positive cases for EPS in April and May of 2021. However, that stabilized until December of 2021. The above May 17, 2021, communication was that EPS was facing a potential outbreak situation. Also, **the December29, 2021 states that there was an Update to Senior Management 24 hours earlier**. This is not reflected in the charting of cases, nor would it be a time that COVID-19 Updates for Senior management would be suspended. If the EPS was facing an outbreak, then it would be essential information for the leadership team to ensure that EPS was not operationally compromised in their provision of law enforcement services.

June 14, 2021 - COVID-19 Command Team Meeting minutes - (Pandemic Committee Folder – FOIP Part 1 – IAPU 666-668 2023-G-0163)

> *Operations Update*
> *• EPS is in compliance with the protest enforcement requirements.*
> *• The updated **PHA fines to $2000 do not comply with POPA, as max fine under the act is $1000.** Part 3 mandatory court summonses must be issued in all investigations. Minimal impact for EPS as very few PHA tickets issued since increase in fines.*

July 22, 2021 – Executive Situation Reports Update June 21, 2021 – July 18, 2021 – (Chiefs Office Emails – FOIP Part 1 IAPU 1038 2023-G-0163). There is recognition in this executive update that the isolations and absenteeism are a result of people having symptoms from their second vaccinations. This update was 3 months **prior** to the Edmonton Police Service COVID-19 Vaccination Protocol.

> *On **July 1st**, many of the provincial health orders were lifted with the exception of masking on transit, taxis and ride-share and some health facilities. What did not and will not change for the foreseeable future is the requirements around isolations and testing. Being fully vaccinated will definitely have advantages. **On the vaccine front, many of our isolations this month had been a result of people experiencing some symptoms from their second vaccination.***
>
> *We have been watching for impacts of the stage 3 "Open For Summer" on the EPS. We believed that by August 1st, persons who desired or were able to receive their second dose of a vaccination, plus the two weeks to build immunity, would have been able to do so. Further, we had time to see if the Province experienced any spikes in COVID cases following the lifting of restrictions and events like Canada Day and the Calgary Stampede - so far so good. As things have **remained relatively stable**, we are now drafting our next stage to further ease our internal protocols for August 1st and have conversed with the CoE, RCMP and Calgary PS. The pending protocol update will address topics like mask wearing, health screening and reporting, working from home, ride-alongs, cleaning, meetings, visitors, licensed facilities, lunch rooms, food sharing, training, travel and fitness facilities. Some things will be less restrictive but will still consider everyone's best interests and safety within the workplace as we continue through the recovery.*

August 9, 2021 – COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder – FOIP Part 1 - IAPU 702-704 2023-G-0163).

> *• The nurses received numerous calls over the weekend from employees and their spouses that are symptomatic with COVID-19. It is concerning that once* ***COVID testing decreases, will not be able to differentiate what might be colds or seasonal allergies****. When school resumes, we will probably see a spike in absences with members that have young children.*

September 27, 2021 - COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder – FOIP Part 1 - IAPU 738-742 2023-G-0163).

> *• Supt. Hilton attended the Public Health Order (PHO) Enforcement Group meeting last Thursday in place of DC Brezinski. A question was posed as to whether businesses can require our members to show proof of vaccination when attending to calls at the business.* ***Currently our Extra Duty Detail members must be vaccinated in order to participate in EDD****. Each agency is responsible for making sure their people can safely enter premises.*
> *Operations Update*
> *• S/Sgt. Krull and Insp. Johnson are working on a protocol for dealing with fraudulent vaccination documents or attempts. Calls for service would have patrol response as a fraud in progress. A means to track these calls would be utilizing the COVID master file#. There is no need to designate an investigative team but if there are lots of calls then Insp. Dechamplain can come up with a plan if necessary*

November 1, 2021 - COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder – FOIP Part 1 - IAPU 755-757 2023-G-0163).

> *Planning*
> *•* ***Anti-vaccination/anti-government protests*** *continue. There was a public complaint from this last Saturday's protest regarding the group marching on city streets. This protest group continues to be non-compliant with public health orders and following the rules of the road. There will be discussions with the 4th Division to initiate investigative support for enforcement action.*

December 30, 2021, there was an extensive email chain with a discussion about the 47 of the 51 active covid cases are in vaccinated members, the extent of their illness and how the vaccinated are fairing vs the unvaccinated. There was a statement from Alan Murphy to EPS leadership. (Chiefs Office Emails – FOIP Part 1 - IAPU 350-352, 955-958, 123-124, 116 2023-G-0163).

"To give you another perspective on today's numbers I can tell you that of the 51 active Covid cases in the organization 47 are members that are vaccinated and 4 are not vaccinated. I think we may have believed the opposite would be true."

January 4, 2022, Update for Senior Management – (Chiefs Office Email Folder – FOIP Part 1- IAPU 1098 203-G-0163)

> *•Our positive case count of 79* ***that I reported this morning is our peak since the start of the pandemic.*** *Our previous high number was 29 positive cases in December 2020. Over the past week or so we have been breaking our case count record daily.*

•Our peak of people away from work occurred on April 6, 2020, with 194 people away. (Today we have 180 away from work so we are getting close to that previous peak) Numbers are definitely spiking. We'll be discussion the 5 day isolation guidelines this morning, which should positively impact the isolation numbers.

March 1, 2022 – Email communications re: CPS Update on COVID-19 Measures – (Chiefs Office Emails – FOIP Part 1 – IAPU 128 2023-G-0163)

From Katja Magarin:

I just got a phone call from Calgary Police updating on their changes in protocol. Effective today they will go back to ***everything pre-pandemic****.*
There is no more mask, distancing, vaccination, testing, group size or any other requirement. Gyms are also back to regular fire code capacities.

The City of Calgary is also investigating if they are introducing their own bylaw for mask wearing on transit. Apparently the CMOH Order is not enforceable by municipal bylaw, just police. But it is unclear at this time how and if that will work if indeed the GoA will change the Municipal Government Act.

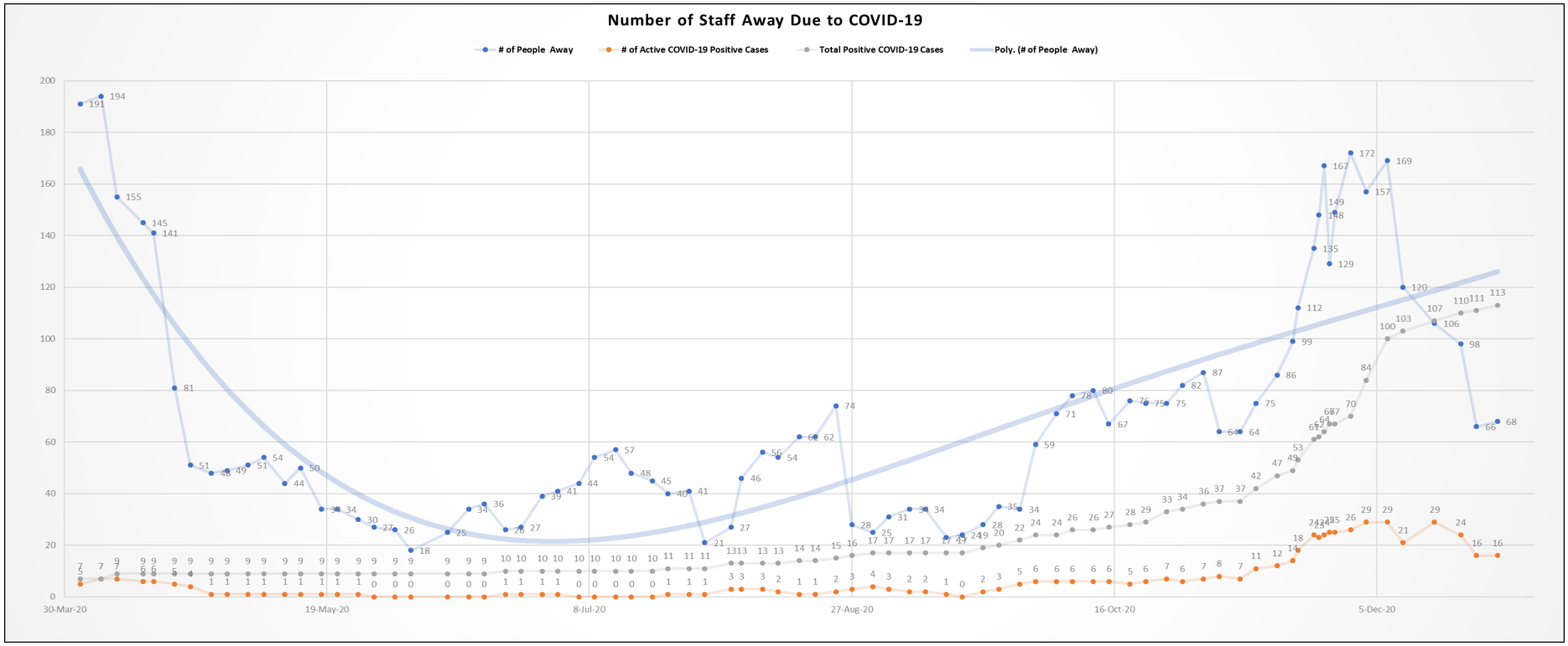
From Dean Hilton
I see the Premier just announced making an amendment to the Municipal Governance Act taking away the autonomy of municipalities to enact their own public health acts. Calgary PS looks like they are opening up things today; although not sure of their position on unvaxxed yet.

EPS continued to maintain their measures until end March 2022. Even after the province had removed all restriction exemption programs and other COVID-19 measures.

2.2) COVID-19 Illness and Absence Data Charting by EPS

Charting from the Executive Team Situation Reports, these charts were presented and utilized to understand COVID-19 within EPS. This information is reasonable to consider that it was utilized as a decision-making tool for the EPS leadership team and Chief. The statistics of employee absence, municipal and provincial statistics were included in the regular updates to the executive and the Chief via the Executive Situation Reports, COVID-19 Updates for Senior Management, AACP Provincial Updates, COE Manager Bulletins and CMOH/GOA press conferences. All of the reports that were provided for stats are included in attached FOIP Part 1 disclosure documents for further review if desired.

The charting from the FOIP images were not able to be captured in a clear format, I encourage the reader refer to the original in the FOIP disclosure should you require a more detailed view of the data sets. As a note the description of what information composed the solid blue line on the below charting, Poly (# of People away), was not provided in the disclosure. None of the charting indicated the information used to generate this "Poly" data set. The detailed data pages included had the numbers for people not tested, negative, positive, waiting for results, waiting for testing, totals, and the breakdown for each bureau by sworn and civilian employees.



The information on this chart could not be edited to as presented in the FOIP disclosure. The original may be reviewed in the Chiefs Office FOIP Part 1 Attachments Part 1 – IAPU 974 2023-G-0163. EPS staff illness reporting (sworn and civilian employees)

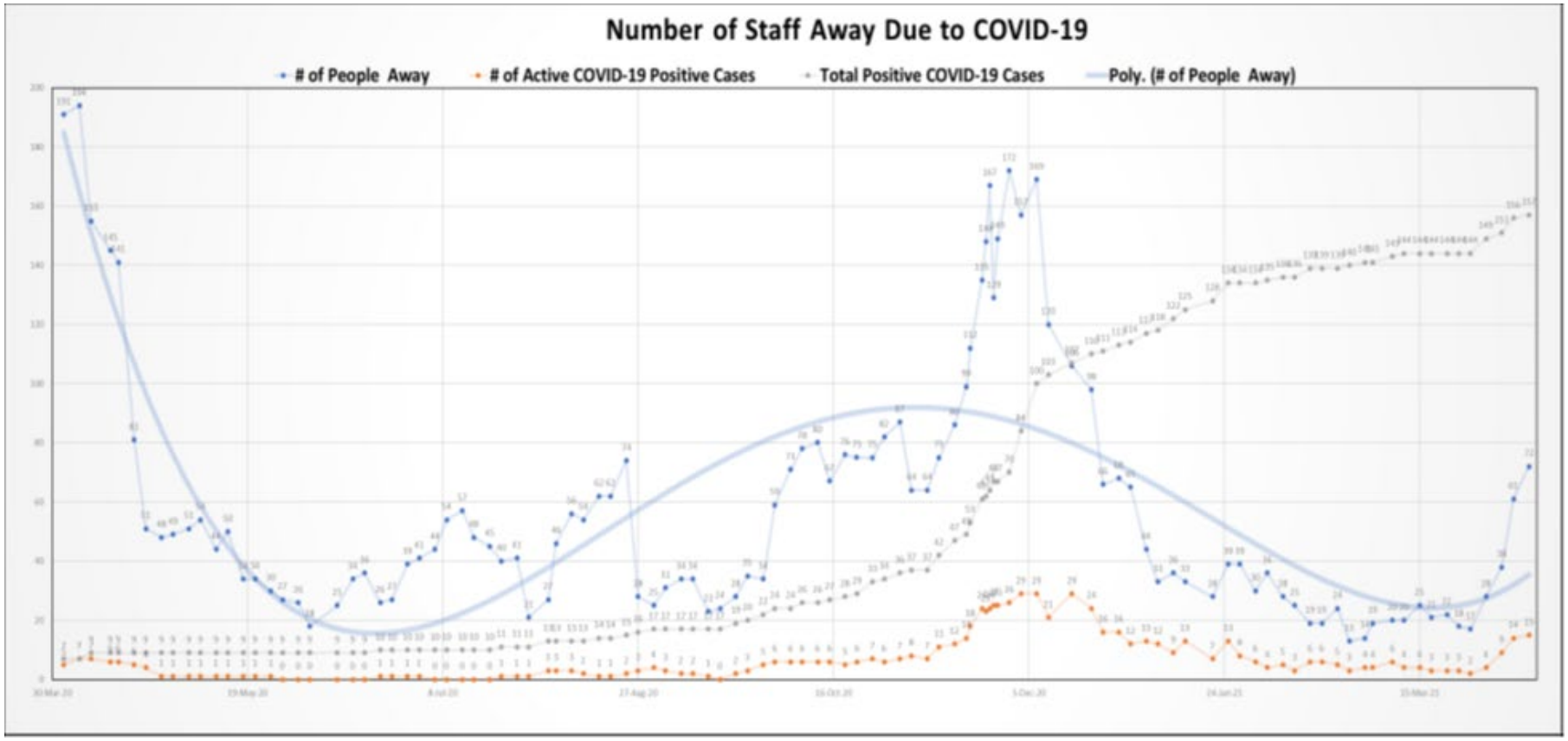
The time line on the bottom begins on the left at 30-Mar-20 and ends on the right-hand side at 5-Dec-20. The numbering on the left side is from 0 to 200, progressing at increments of 20.

The Blue data points are the # of People Away.

The Orange data points are the # of Active COVID-19 Positive Cases.

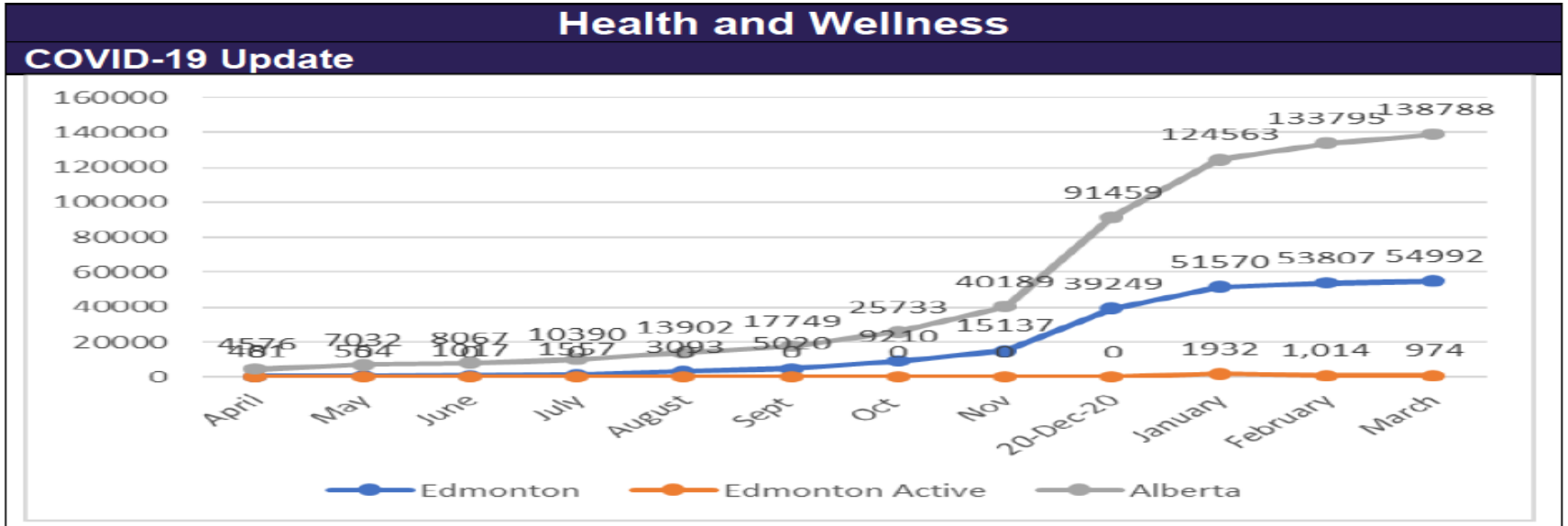
The Grey data points are the Total Positive COVID-19 Cases.

The solid Blue line on the chart is labeled as Poly. (# of People Away).



The information on this chart could not be edited to as presented in the FOIP disclosure. The original may be reviewed in the Chiefs Office FOIP Part 1 Attachments Part 1 – IAPU 1209 2023-G-0163. EPS staff illness reporting (sworn and civilian employees)

The time line on the bottom begins on the left at 30-Mar-20 and ends on the right-hand side at 15-Mar-21. The numbering on the left side is from 0 to 200, progressing at increments of 20.

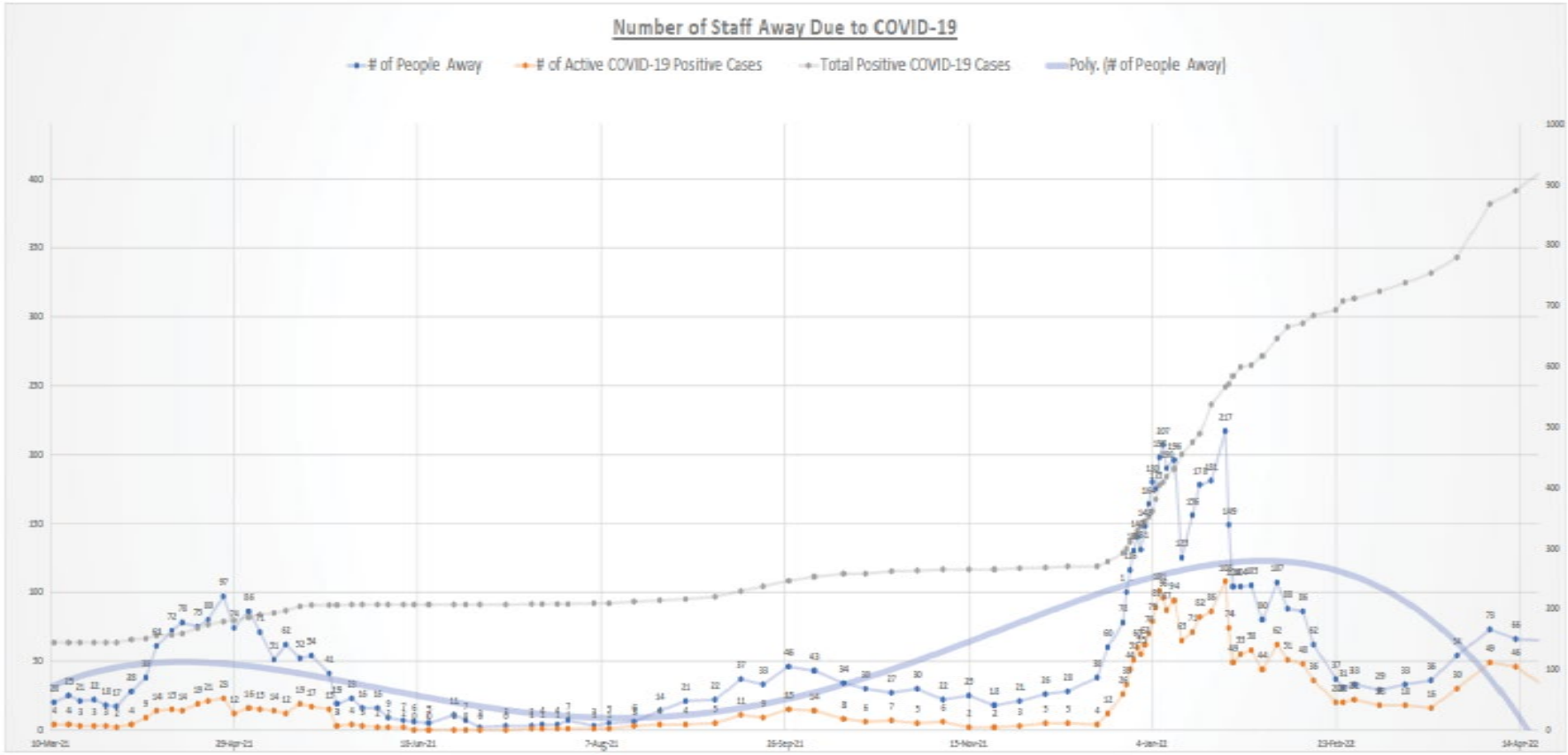


Source: Alberta Health (Total Cases)

Notes:

- As of 21MAR14, there are 974 active cases in the Edmonton Zone. *This data was not reported prior to 21JAN31.*
- Current Edmonton Zone case rate: 93.8 per 100,000 population.
- There are several active outbreaks in the Edmonton zone. Specific sites and facilities are available **here.**
- Of the 138,788 cases in Alberta as of 21MAR14:
  - Recovered: 132,028 cases;
  - Active: 4,811 cases; and
  - Deaths: 1,949 cases

The information on the above chart is from the Executive Situation Report – COVID-19 dated 21-Mar 01-14. This is the Dashboard that was presented to EPS leadership showing the COVID-19 situation in **Edmonton and the province**. The original information can be located in the Chiefs Office – FOIP Part 1 - Attachments Part 2 – IAPU 567 2023-G-0163.



The information on this chart could not be edited to as presented in the FOIP disclosure. The original may be reviewed in the Chiefs Office FOIP Part 1 Attachments Part 1 – IAPU 1793 2023-G-0163. EPS staff illness reporting (sworn and civilian employees).

The time line on the bottom begins on the left at 10-Mar-21 and ends on the right-hand side at 14-Apr-22. The numbering on the left side is from 0 to 200, progressing at increments of 20.

February 9, 2022 - (Chiefs Office – FOIP part 1 - Attachments Part 2 - IAPU 602 2023-G-0163) – Verbal Report Item 6.9 – City of Edmonton Presentation from the City Manager Andre Corboult. The presentation was addressing the status of the Edmonton Zone and the options for the COE in response to the stage lifting of public health members by the province. The presentation slides were included; however, any notes taken to expand the content of the information was not provided in the FOIP disclosure. Updated charting on the current status in the Edmonton Zone, which is included below for the reader's reference. Note that the dates are December 22, 2021, through to February 7, 2022, on the chart.

Current Status - Edmonton Zone C

Indicator (Edm Zone unless indicated)	Wed Dec 22	Wed Dec 29	Tue Jan 4	Wed Jan 12	Tue Jan 25	Tues Feb 1	Mon Feb 7
Total Cases to Date	107,391	111,639	119,510	136,302	153,854	159,403	163,289
Active cases Zone Active cases Edm.	2,539	6,216	12,760 9,166	22,727 16,740	17,052 13,151	10,954 8,056	8,298 5,891
Hospitalizations	94	99	117	264	552	635	641
ICU	31	30	32	23	43	46	61
Vaccine 5+ (Edm) One Two Three	86.9% 80.0%	87.2% 81.0%	87.5% 81.2%	88.0% 81.6%	88.7% 82.4% 36%	89.1% 83.3% 38.1%	89.3% 83.9% 39.2%
Active Case Rate / 100K - city of Edm.	181.4	433	883	1,612.6	1,266.9	971.6	572
Positivity Rate	14.5%	31.6%	37.3%	37.1%	35.6%	31.5%	31.3%
City of Edmonton COVID-19 Dashboard							

In an email March 15, 2022 (Chiefs Office Emails – FOIP Part 1 - IAPU 1005 2023-G-0163) the topic was "**Lessons learned from the pandemic**". The emails between Kevin Brezinski, Dean Hilton and Dale McFee.

> *"Yes, Katja was tasked/ vounteered to put together an AAR draft to share with the rest of the committee for further input. It is on her list of things to do."*

The review was only mentioned in this one email and if it was completed the lessons learned was not provided with the FOIP Part 1 disclosure. The lead for the lessons learned was named as Katja Magarin.

2.3) Employee Information Related to Workplace Illness and Pandemic Response and Enforcement

For the purposes of understanding how the employees were affected by COVID-19 in the workplace, they were asked to describe any impacts to them personally or in their operational unit. The following is a summary of the **comments relating to illness in the workplace**.

- Their unit was never sick, no isolation even though we were in direct contact with the public all day. We were handling people's personal items and would be considered in a High Risk setting for close contact.
- Units that were never sick or testing positive even without masking, cleaners were not being used on computers or shared workstations, pens, phones etc. Many employees indicated that this was the healthiest they had been. Some said they felt it was because sick people actually had to remained at home instead of coming to the workplace and infecting everyone like they did in the past.
- There was significant shame for those that tested positive especially at the beginning of the pandemic. People who were sick and tested positive were known, their identity and **medical privacy was not protected**.
- There was concern at the beginning as there was a big unknown with what this pandemic was. People were fearful and uncertain. They were worried about their families, kids playing with each other, contact with the public, what would happen if they got sick, how do they protect themselves and still work. This fear quickly left when the response didn't add up, to what they were seeing in the community and at work. Constant contact with the public and close contact with co-workers and no illness.
- The masking in hallways but not at your workstation or if you were drinking or eating in the hallway was a clear indicator to many that it was not about a viral protection and was about compliance. There were co-workers that would report someone to a supervisor if you walked down a hallway without a mask, only to sit at a desk unmasked next to them.
- Many employees did indicate it was clear that this was about compliance and not protection from a virus. The cloth mask on the face, or non-surgical blue mask would **not prevent viral transmission**, no one was getting sick, yet the messaging and enforcement of the masking continued.
- The employees informed that many did not know people that tested positive or sick until the vaccinations started rolling out. With the introduction of the rapid testing, people were seeing an increased number of positives but no clear indication that those people were ill.
- Some members informed that they were not sick until after the COVID-19 vaccination protocol and their vaccinated co-worker passed on their illness to them. Some unvaccinated employees tested positive after being around double vaccinated co-workers.
- Employees noted that there were **no visible signs of a pandemic as a first responder**. However, the **harms of all the mandates** at work and in the community were very visible with increased overdoses, suicides, mental health calls, domestic violence etc.

- At the beginning, with the uncertainty of what this pandemic was, the employees were concerned about an increase in sudden deaths of sick people outside of the care facilities. This did not transpire.
- When the vaccinations were available to the public, and co-workers were getting sick post vaccination. **There was a push to blame the unvaccinated for illness** in the workplace. This labelling was also occurring in the community. Some co-workers would not hesitate to tell the "anti-vaxers" that they should not get medical care or should be locked in concrete cells for not taking the shots.
- A member of EPS leadership communicated to staff that they had myocarditis and that it was minor issues, that they should just go get their shots.
- Employees were being instructed to get their vaccines on a day off prior to their rotation so that they wouldn't be sick for their days off and you could "**have a week off work**". The employees were **shocked that they would be instructed in this manner**, it was not only acceptance that the vaccine was causing illness, and serious adverse reactions, but it was instruction on getting paid time off. Purposely telling employees to take something that was going to make them sick is dangerous and reckless instruction.
- How can they recommend something for employees that is **knowingly** going to cause an adverse event?
- Employees reported that their co-workers were unable to work after receiving their COVID-19 vaccines, they disclosed that they were achy in bones, joints hurt, headaches, dizziness, heart racing, and many took a week or more off work to manage the symptoms.
- Conversations with EPS employees have informed the writer that there was a significant amount of shame for those who were identified as testing positive at the beginning of the pandemic.
- Many employees went on stress, mental health or PTSI leave, when the workplace started communicating a compulsory or mandatory vaccine it caused undue stress, fear and anxiety. The **employee's psychological trauma is not addressed by the employer**.
- Employees do not believe that the employer is not being honest with the number of people that have been off due to illness and vaccine related illness.

Employees provided the following comments in relation to the **enforcement** of the health orders.

- Sworn members wanted nothing to do with enforcing public health orders. They were being instructed to **educate the public** about compliance and only use the enforcement if the situation escalates.
- The employees worked with a few members that really seemed power hungry and enjoyed enforcing masking mandates and other PHO's.
- The employees were asked to attend to enforce public health orders. When they refused, because it was not ethical and right, the supervisors were accepting of employees not wanting to participate.
- Employees were in and out of hospitals and care facilities for the duration of the COVID-19 pandemic as part of their jobs. They stated that the hospitals were empty, never in their lives had they witnessed so many bored healthcare workers.

- There were no signs that there was a raging pandemic as the media and government were stating, never had they seen care facilities so empty. There was also a lack of home deaths from COVID-19 like illness. The signs of the pandemic did not exist in what they were experiencing firsthand.
- First signs of the hospitals getting busy corresponded to the roll out of the COVID-19 vaccinations to the public in 2021.
- Employees were concerned with being reported to EPS by a member of the public or a neighbour if they did not strictly adhere to the CMOH orders, this fear lead many to isolate even further, suffer with family and friend interactions and this was harmful to their mental health.
- When the Trucker convoy in February 2022 started the employees were told that the must **remove of Canadian flags from their personal vehicles**. Because those were a symbol of radical anti government groups. However, employees could keep the Ukrainian flags, and other groups when the conflict there started.
- There was still a Canadian flag flying at all the EPS stations. This is Canada and they should have never been asked to remove these from their vehicles.
- Many EPS members are former military and are very proud of serving their country, they said it was disrespectful to be told to remove Canadian flags or stickers.
- Employees faced discussions with supervisors and threat of PSB complaints for supporting the convoy, examples were made of a few employees as they were harshly disciplined.
- Employees feel that the EPS should rectify the disciplinary actions taken against the employees that were related to their support of the convoy. People lives and careers were destroyed and there is no care from EPS for that harm.

EPS sworn employee provided the following information to allow the reader to better understand information related to enforcement or education of masking with the public and detainees.

> “When deciding to stop someone police need the authority or “lawful placement”. If the person reasonably thinks that they are detained, whether stated or not, it is called a psychological detention. Hypothetically, if a police officer made a stop to specifically educate someone on masking, and stated their intention was to educate them on the law and that person thought or was told they had to listen or be given a ticket, then this would be psychological detention.
>
> Psychological detention has <u>three</u> elements:
> 1) a police direction or demand;
> 2) the individual's voluntary compliance with the direction or demand resulting in a deprivation of liberty or other serious legal consequences; and.
> 3) the individual's reasonable belief that there is no choice but to comply.
>
> Police officers receive instructions in relation to their authority to act based on the directions from the police services legal team and by their commanding officers.

There is something called “duty to warn, duty to care.” Under the law and our Crowns and Executives fiduciary duty.

What is the legal duty to warn in Canada?
As a result of the growing body of law respecting them, duties to warn, inform, or protect may be invoked when there is possible risk to third parties. Discharging the duty to warn implies letting the victim or others know of the risk. (While this may reduce risk, in certain situations it may very well increase it.)
Or
Breach of Fiduciary duty
Fiduciary duties include duty of care, loyalty, good faith, confidentiality, prudence, and disclosure. It has been successfully argued that an employee may have a fiduciary duty of loyalty to an employer. A breach of fiduciary duty occurs when a fiduciary fails to act responsibly in the best interests of a client. The Client of EPS is the public of Edmonton.

As to using a mask in arrest; if they asked a detained person to mask voluntarily (explaining in detail that they could refuse with no consequences) and the detainee never wore the mask and that was end of it that likely wouldn’t be a use of force. A similar example may be glasses, when we search and remove property if that detainee wants to keep their glasses, they must sign a waiver acknowledging the risks. I did not hear of such a waiver in a detention situation in EPS with masking and have no knowledge of the process that detained persons went through in relation to masking.

Now if an officer told the detainee they must wear a mask and used force to apply the mask then that would be a reportable use of force similar in my view to a spit mask. As stated in the EPS FOIP the masks used for Covid-19 were to protect everyone else and not the actual person wearing the mask. When a spit mask is applied, it is reported to a supervisor and under the use of force section of a police report. The mask as the name implies is used to protect officers and others interacting with the detainee from being spat on and not the detainee themselves. I think if they just said they must wear a mask that would be force too. Even if they didn’t use force to ensure compliance. I never heard of a use of force to ensure mask compliance.”

2.4) Analysis and Recommendations

2.4.1) EPS Employee Illness

The information that would provide insight into the employer’s due diligence, rationale and justification for the protocol, medical consultation, and any other supporting documents that were utilized for the decision to implement the vaccine protocols were not provided. These workplace protocols were a change to the conditions of employment. The omission of the information from this disclosure raises many questions: Does the supporting information required for this decision exist? What were the discussions in the committees, what is being

protected in the minutes? What information was being presented to EPS leadership to ensure they had all the information required to make informed decisions? How much risk would the institution and decision makers have should that information be released for review?

There was no evidence that there were any serious illness, hospitalization, or death of either sworn or civilian employees as a result of COVID-19 infection. Further information maybe available that was not disclosed in the attached documents, this may be of interest for assessment in a subsequent investigation into the employer's decision making. There is ongoing injury, illness, and disability due to post-vaccine related medical issues, and it does not appear that the employer is tracking any of this information. The employees have communicated that fellow employees are fearful of communicating the vaccine harms they have faced; they are suffering and are seeking assistance outside of work.

The employer's message was inconsistent with what was shown on paper for the organization. Positive cases were driving the direction of the public and the EPS response, and the disclosure demonstrates that the EPS was following the CMOH orders and messages. On December 3, 2020, the Chief was preparing for a meeting with Dr. Hinshaw, he specifically requested **active vs isolation from close contact stats to demonstrate a need for priority testing**. In this meeting he was not communicating the harms of COVID-19 on the EPS by showing stats of serious illness or death. There was no communication of insufficient operational coverage due to serious illness or death. If the employer is performing due diligence, risk mitigation and is needing to justify risk control measures, priority testing, and PPE, one would need to demonstrate imminent of serious risk for the workers. This information would be critical to ensuring that the CMOH and OHS would have the resources and documented due diligence to support the decisions.

The EPS charting displayed that the pandemic had little impact on staffing levels because of a positive test. However, staff was impacted by the mandatory isolation for close contacts and illness as per the CMOH orders. Since the CMOH were used a guide to implement measures in the work place it is essential for detailed review into the blanket application of pandemic measures that have been proven in court to be unlawful. There must be an investigation to ensure that the resulting impacts to operations, employees and the public are fully identified, and measures are put in place to ensure that EPS has their own procedure with appropriate due diligence in place.

After the implementation of the COVID-19 Vaccination Protocol, the number of positive cases, employee illness and disability increased. The FOIP documentation did not provide any insight into discussions from the employer relating to possible liability, there was only discussion relating to staffing issues and ensuring operational units functioned. EPS was seeing the highest numbers of people off and they continued to push the same "get your COVID-19 vaccine" message to staff. The OHN and OHS employees would be required to review and address what they were seeing in the workplace. The absence of this communication is very concerning, especially for an organization that focused the pandemic response on implementing measures for the "safety of the workers". There was no consideration for the harmful actions of their decisions and communications. The protocols and were forced onto the employees and there were known harms.

2.4.2) Enforcement and Government Communications

Failure to apply the rule of law by our law enforcement has allowed for abuse and harm on public and employees of government, the courts, public and private business and our educational institutions.

There is concerning information presented in the disclosure that relates to the Province, Municipality, lawyers, and law enforcement discussions relating to the enforcement of the health orders. The EPS leadership was participating in the discussions pertaining to lawful authority and then they were turning to the employees with an education, enforcement expectation of the public, the importance of following the rules and health orders at work and in their personal lives. The masking issue was placing significant pressure on the operational units, the interactions with the public and the mental health of employees and EPS leadership knew that these public health act orders were not enforceable. The public was misled and made to believe that these were lawful orders and that the police were able to enforce. The police "Use of Force" arrest at Costco on November 20, 2020, was used by the media as way to endorse "voluntary" compliance via fearful message to the public as the video and story were circulated widely online, tv, radio and in print. In the CTV news article on EPS spokes person stated that the individual was allegedly charged with trespassing and that the EPS "*would enforce COVID-19 public health measures mandated by the Chief medical officer of health*". **There must be accountability for the government overreach, an unlawful communication to the public in relation to the enforcement of these orders.**

The known harm this was causing in our communities and on individuals is very extensive. People were refused services at stores, medical facilities, transportation, schools, they were isolated from society, and many put the mask on to avoid receiving the same persecution as the people the witnessed being harmed. People banned from stores, work, businesses were shuttered, physical activities stopped, taped of outdoor playgrounds, children were force masked in schools, masking of the public, inability to visit patients in hospital or provide comfort by sitting with a dying family member. This level of abuse on the population was negligent, intentional and there was the duty for those in the position of authority to stop the harm. This warrants a referral for investigation into the actions of those involved in the discussions and implementation of these abuses. An investigation of this magnitude would require a significant look at government actions, oversight governance and officials at all levels**. I am not hopeful that there is a desire to conduct this level of investigation, or that there would be sufficient resources to provided to have the multi-disciplinary investigative teams required for this undertaking**. Lack of desire does not negate the need to hold decision makers accountable for the egregious harm to the entire population.

With knowledge of the harms from the mandates and from the injection of the COVID-19, What was the intent of potentially incapacitating our law enforcement? How do you maintain operational capabilities to protect the city if you have caused illness or injury to the employees?

In Chief McFee's March 18, 2020, letter to Minister D. Schweitzer - Re: Law Enforcement Support COVID-19 (Chiefs Office – FOIP Part 1 – Attachments Part 3 – IAPU 4-9 2023-G-0163). It was very concerning to see the stance of the Chief in relation to privacy. This statement must be

investigated as the privacy violations made with employees and the public are governed by legislation and this is not simply forfeited in a government declared pandemic.

> • *Priority Notifications for Police*
>
> *We also request the Province introduce an interim mechanism whereby Alberta Health Services can confirm or deny whether an individual has been tested, or has tested positive, for COVID-19 after being in close proximity to a police officer, or other front-line responder.* ***We wish to firmly state that privacy cannot trump global safety, and there is no better time than now to end this***.

On January 23, 2024, the **Federal court declared the Emergencies Act "ultra vires".** The Emergencies Act was invoked on February 14, 2022, and this provided the federal government extraordinary powers to remove and arrest protesters, seize bank accounts, and vehicles of the protesters. (source: https://theccf.ca/wp-content/uploads/EA-challenge-fed-court-reasons-FINAL.pdf). The ruling is one of many recent rulings that brings into question the actions of police and the decisions of leadership to follow direction of the governments. The EPS had many officers that went to Ottawa to provide law enforcement, they disciplined employees that were in support of the convoy being a peaceful protest and they made demands as in the removal of Canadian flags from employee's vehicles. **There must be a review of these actions and corrective measures for punitive actions of the employees.**

Recommend referral to Minister Justice and Solicitor General to initiate a review into the process and justification utilized for masking detainees and detaining the public to educate them on masking and public health order compliance.

Recommend referral for criminal investigation. This has presented challenges as there is a lack of desire or approval for investigations, this is resulting in an undermining of the rule of law. The obstruction of investigations that are preventing police and others from conducting investigations must be addressed to determine if there is criminal obstruction of justice, breach of trust, charter, and constitutional violations. The actions of government officials and law enforcement must be investigated as the harm to the public extensive. With all law enforcement and government being involved there is a challenge created into who would provide oversight to this level of investigation.

The research MaskEd Up presented by the City of Edmonton must be referred to the Privacy and Ethic Commissioner for investigation. The AI behavioural science technology surveillance of random citizens without knowledge or consent. The AI mask detection unit would send the facial scan information to a **behavioral nudge unit** to generate and immediate message to the individual relating to their mask compliance. There was no additional information provided in the EPS FOIP to inform further on the research, however the question of ethics and privacy were raised by EPS leadership. The writer submitted a FOIP request on November 3, 2023, to the City of Edmonton to obtain additional information about this research project. However, at the time finalizing this report the information was being detained in a City of Edmonton Internal Consultation process. There must be a more detailed investigation to determine if this would be lawful research and surveillance of the public.

3.0) Occupational Health and Safety

The implementation of EPS pandemic protocols was said to be required to meet the employers OHS obligations to protect the health and safety of their workers. The communication to employees related to masking, chemical use, social distancing, COVID-19 vaccination, contact tracing, testing and personal medical disclosure was required by law for workplace safety. The EPS was accurate in their statements that they must meet the legislated OHS obligations of the employer. The communications provided in the FOIP referenced these workplace obligations however, when asked for the documentation to support the assessment of workplace hazards no evidence was presented to the employee. When reviewing the EPS pandemic response, it is essential to address each of the areas of concern and to identify the relevant information from the FOIP.

The EPS is a Certificate of Recognition (COR certified) employer with the GOA OHS department. These certificates are provided to employers that have health and safety management system that meet at least a minimum standard in their industry and complies with OHS legislation. The OHS management system requires an extensive list of OHS policies and procedures. These must be available, updated and communicated to the employees. The organization would be required to have their OHS management system audited by a certifying industry partner that is listed by the GOA as an approved auditor. The COR audits are based on a review of the program documentation, employee interviews and observations made of the workplace conditions and practices. These audits are not the same as a detailed OHS inspection completed by a GOA OHS inspector/investigator. The COR audits for the EPS are presented to the EPS Commission and are located in the meeting minutes on the EPS Commissions website.

EPS employees did confirm that OHS policies and procedures do exist and are on their internal computer system. All OHS policies and program information relevant to the COVID-19 response was requested as part of the FOIP but were omitted from the disclosure documents. EPS Policy Management confirmed that there were never any official policies or procedures developed relating to COVID-19 illness or return-to-work following illness. It was important for the writer to consider if the employer followed their own policies as for OHS when implementing the pandemic measures. With the lack of documents produced it was not possible to assess if the employer was in compliance with their in-house requirement. There is confirmation from review of the COR audits on the EPS Commission site that the requested in-house OHS policies and procedures exist; it is not clear as to why these were not disclosed. Safety policies not being disclosed raises many questions and concerns about the employer’s omissions and lack of transparency. The following policies or procedures were identified by the EPS employees, including but not limited to: Working Alone Procedure, Workplace Violence and Safety policy and procedure, a new Whistleblower policy, Harassment in the Workplace Policy and Procedure, WHMIS, Blood and Bodily fluids exposure. The only information provided in the FOIP were an Event Duty Protocol and the Edmonton Police Service COVID-19 Vaccination Protocol, and Respiratory Protective Equipment Program.

Should the workplace policies and procedures be provided at a later date, the writer would consider further assessment of the OHS section of this report to determine if the employer and employees followed the relevant EPS policies and procedures that were in place at the time of the COVID-19 pandemic response.

It is important to indicate that at no time during the COVID-19 pandemic response was there a legislative change to the OHS Act/Code or Regulations. There were no Ministerial Order that suspended or changed the requirements of employers and/or workers to meet their legislated obligations to comply with OHS legislation. The GOA OHS department did issue **bulletins and guidance information** to assist employers and employees with workplace COVID-19 pandemic measures. This information was available on the publications page of the GOA OHS website, at the time of the pandemic there was a direct link to COVID-19 related information on the landing page dashboard, however that link has been removed and many articles are no longer available or have been archived. On March 31, 2023, there was an update of the OHS Code the revisions would not affect the below assessment and were not applicable in the time period being reviewed.

It also must be considered that there are defined *Criminal Code of Canada* violations in relation to the duty of care directing workers. Section 217.1 of the *Criminal Code of Canada* is a crucial provision that underlines the importance of worker safety and outlines legal obligations that relate to the prevention of bodily harm in the workplace. (Criminal Code of Canada – Paul Lewandowski Professional Corporation website: https://www.criminal-code.ca/criminal-code-of-canada-section-217-1-duty-of-persons-directing-work/index.html). The failure of this responsibility, if proven, could lead to additional charges including, but not limited to, criminal negligence, criminal negligence causing bodily harm, fraud, other offences of organizations. The negligence of organizations is defined in Criminal Code section 22.1, wherein this offence provides the legal framework for holding organizations responsible for negligence in the duty of care.
(Criminal Code of Canada – Paul Lewandowski Professional Corporation website: https://www.criminal-code.ca/criminal-code-of-canada-section-22-1-offences-of-negligence-organizations/index.html)

> *22.1 In respect of an offence that requires the prosecution to prove negligence, an organization is a party to the offence if (a) acting within the scope of their authority (i) one of its representatives is a party to the offence, or (ii) two or more of its representatives engage in conduct, whether by act or omission, such that, if it had been the conduct of only one representative, that representative would have been a party to the offence; and (b) the senior officer who is responsible for the aspect of the organizations activities that is relevant to the offence departs or the senior officers, collectively, depart markedly from the standard of care that, in the circumstances, could reasonably be expected to prevent a representative of the organization from being a party to the offence*.

4.0) Hazard Assessment and Control

4.1) Alberta OHS Legislative Requirements

The *Alberta Occupational Health and Safety Code AR 191/2021* Part 2, sections 7,8,9 informs of the employer and the workers requirements in relation to Hazard Assessment, Elimination, and Control. The employer **must** conduct a worksite hazard assessment and provide a report of the hazard assessment, methods of control or elimination of the identified hazards to the employee. The employer must ensure that the hazard assessment is repeated and that any of the affected workers are involved in the control or elimination of the hazards in their workplace. In larger workplaces this may involve a joint health and safety committee with worker representation. The employee is obligated to work with the employer to reduce or eliminate the risk at their worksite. If the hazard cannot be controlled then the employer may implement engineered, administrative, or personal protective equipment (PPE) as a way to mitigate the risk to the worker. Below are the applicable sections of the OHS code to assist the reader in understanding the obligations.

OH&S Code Part 2

Hazard assessment

7(1) An employer must assess a work site and identify existing and potential hazards before work begins at the work site or prior to the construction of a new work site.

7(2) An employer must prepare a report of the results of a hazard assessment and the methods used to control or eliminate the hazards identified.

7(3) An employer must ensure that the date on which the hazard assessment is prepared or revised is recorded on it.

7(4) An employer must ensure that the hazard assessment is repeated

- *(a) at reasonably practicable intervals to prevent the development of unsafe and unhealthy working conditions,*
- *(b) when a new work process is introduced,*
- *(c) when a work process or operation changes, or*
- *(d) before the construction of significant additions or alterations to a work site.*

Worker participation

8(1) An employer must involve affected workers in the hazard assessment and in the control or elimination of the hazards identified.

Hazard elimination and control

9(1) If an existing or potential hazard to workers is identified during a hazard assessment, an employer must take measures in accordance with this section to

- *(a) eliminate the hazard, or*
- *(b) if elimination is not reasonably practicable, control the hazard.*

9(2) If reasonably practicable, an employer must eliminate or control a hazard through the use of engineering controls.

9(3) If a hazard cannot be eliminated or controlled under subsection (2), the employer must use administrative controls that control the hazard to a level as low as reasonably achievable.

9(4) If the hazard cannot be eliminated or controlled under subsection (2) or (3), the employer must ensure that the appropriate personal protective equipment is used by workers affected by the hazard.
9(5) If the hazard cannot be eliminated or controlled under subsection (2), (3) or (4), the employer may use a combination of engineering controls, administrative controls or personal protective equipment if there is a greater level of worker safety because a combination is used.

4.2) Major Findings - Hazard Assessment and Control

There were 3 hazard assessments disclosed in the FOIP Part 1, one from the City of Edmonton (COE) and **2 EPS COVID-19 specific hazard assessments for 2021**. FOIP Part 2 contained **3161 page**s of division specific hazard assessments for both sworn and civilian members. These consisted of the assessment from 2019 to 2023. Included in FOIP Part 2 were **2 EPS COVID-19 specific hazard assessments for 2022.**

All of the EPS hazard assessments provided fail to indicate the hazard rating prior to controls being implemented. It would be recommended that EPS update their assessments to address the initial risk from the identified hazard prior to any controls being applied. This would allow the worker and any reader to better understand the potential risk associated with any identified hazard at the worksite. It is not common to see this missing on employer hazard assessment forms.

The included **City of Edmonton Hazard Assessment** - Transmission and Contraction of COVID-19 - City Operations Work Locations (OH&S Folder FOIP Part 1 IAPU 230-234 2023-G-0163).

Created by: City Operations Safety Department

Created March 30, 2020, and revised April 9, 2020

This City of Edmonton hazard assessment implemented infection control measures such as distancing, remaining home if ill, frequent hand washing, increased cleaning of spaces. All the infection control measures were deemed to reduce the risk of the hazard to low. It did not recommend the usage of PPE (N95 respiratory protection) unless in a high-risk situation or if identified in the Field Level Hazard Assessment used by the worker. It is not clear how this document used within the EPS it is specific to COE workplaces and workers.

Edmonton Police Service Hazard Assessments

Edmonton Police Service conducted two Hazard assessments on April 20, 2020, these were included with the FOIP Part 1 documents. Both the civilian and sworn members assessments were completed by Sgt. Mark Parr, and were approved by Supt. Dean Hilton and Nicole Wetsch, OHS. When discussed with members the did not recall being made aware of a COVID-19 specific hazard assessment. Employees did specify that they had asked for the employer to provide hazard assessments related to COVID-19 and these 2 documents were not produced at their request. There is no indication for the reader that these assessments were made available to the employees, this would require additional follow up with the employer to determine how employee were informed that these documents were available. During the COVID-19 pandemic

response employees did indicate that there was a lot of communication, but they could not locate specific hazard assessment information when they searched. Some employees noted that with the volume of information it is possible that it was missed.

All EPS hazard Assessment and Control Forms contained the following legend and column headers. This has been included here as a reference.

Hierarchy of Controls (in order of preference):	Hazard Rating with Controls	Hazard Rating = Probability x Severity x Frequency	
1. Engineering, Elimination or Substitution Controls *(Example: ventilation, sensors with alarms, machine guards)*	Extremely High	50-75	FOR HAZARDS WITH A RATING OF ORANGE (HIGH) OR RED (EXTREMELY HIGH), FURTHER CONTROLS MUST BE IDENTIFIED AND IMPLEMENTED IN THE FINDINGS AND ACTIONS TO REDUCE THE RATING AND CONTROL THE HAZARD.
2. Administrative Controls *(Example: Policy, Procedure, Training)*	High	32-49	
3. *Personal Protective Equipment* *(Example: respirators, gloves, safety glasses)*	Medium	12-31	
	Low	1-11	

HAZARD	TASKS/WORK WHERE HAZARD MAY BE PRESENT	HAZARD CONTROLS			RATINGS WITH CONTROLS
		ENGINEERING, ELIMINATION, OR SUBSTITUTION	ADMINISTRATIVE CONTROLS	PERSONAL PROTECTIVE EQUIPMENT	

The EPS Hazard Assessment and Control Forms specific for **COVID-19 Hazard Assessments** are dated **April 20, 2020, and were approved on April 23, 2020.** All identified hazards were assessed to be a **LOW rating with controls (green)** implemented. **HA20-Civilian-067** (OH&S Folder - FOIP Part 1- IAPU 375-379 2023-G-0163) and **HA20-Sworn-068** (OH&S Folder - FOIP Part 1 - IAPU 380-384 2023-G-0163). Both of these hazard assessments identify the use of a procedure mask or KN95 mask was to be worn on a subject that is displaying symptoms of or is COVID-19 positive.

These controls consisted of electrostatic cleaning of identified areas, increased cleaning, plexiglass barriers, staying home when ill, frequent hand washing, wearing a procedure or KN95 mask when unable to distance 2m to prevent transmission of COVID-19 to others or potential contact with COVID-19 positive individuals, and other work environment controls. The use of a fit tested N95 was **not an identified** as a control for civilian members. The use of a N95 fit tested mask was listed for sworn members to prevent transmitting COVID-19 to others or potentially in contact with a COVID-19 positive individual.

FOIP Part 2 contained an updated **COVID-19 Hazard assessments** for sworn and civilian members that were completed on **January 24, 2022 and we approved on February 22, 2022**. (Combined Records_Redacted – EPS IAPU 2003-2012 2023-G-0199). These assessments were completed by OHS Reporting Team, Approved by Darren Eastcott and Melissa Polson. All hazards were rated LOW rating with controls (green).

Both hazard assessments, 2020 and 2022 had the following PPE controls identified (information in below chart extracted from hazard assessment in the above mentioned FOIP documents):

Hazard	**PPE Control <u>Civilian</u> Member**		**PPE Control <u>Sworn</u> Member**	
Date of Hazard Assessment Approval	**April 23, 2020**	**February 22, 2022**	**April 23, 2020**	**February 22, 2022**
Transmitting COVID-19 to others	Wearing a procedure mask or KN95 when working in an area where 2m social distancing is not possible.	Use of surgical, KN95 and (53 masks in accordance with the most up to date process on EPSnet	Wearing a procedure/KN95 mask when working in an area where 2m social distancing is not possible.	Use of Surgical, KN95 and (53 masks in accordance with the most up to date process on EPSnet
			Use fit tested N95 mask when in close contact (<2m) with symptomatic people.	
Potential Contact with COVID-19 Contaminated Surfaces and items	Nitrile gloves when necessary	Nitrile gloves when necessary	Nitrile gloves when necessary	Nitrile gloves when necessary
	Safety Glasses/face shields when necessary	Safety Glasses/face shields when necessary	Safety Glasses/face shields when necessary	Safety Glasses/face shields when necessary
Potential contact with COVID-19 positive Individuals	Wear a procedure mask or KN95 mask with working in an area where 2m social distancing is not possible.	Wear a procedure mask or KN95 mask with working in an area where 2m social distancing is not possible.	Wear a procedure mask when working in an area where 2m social distancing is not possible.	Wear a mask in accordance with the latest process on EPSnet.
	Procedure Masks or KN95 mask to be worn by subjects displaying symptoms of or COVID-19 positive, where social distancing is not possible	Procedure Masks or KN95 mask to be worn by subjects displaying symptoms of or COVID-19 positive, where social distancing is not possible	Procedure Masks or KN95 mask to be worn by subjects displaying symptoms of or COVID-19 positive, where social distancing is not possible	Procedure Masks or KN95 mask to be worn by subjects displaying symptoms of or COVID-19 positive, where social distancing is not possible
	Nitrile gloves when necessary	Nitrile gloves when necessary	Wear a fit tested N95 mask when in close contact with symptomatic individuals	Wear a fit tested N95 mask when in close contact with symptomatic individuals

Chart Produced by N. Gonek from a comparison review of the COVID-19 Specific Hazard Assessments.

When looking at a control measure there is no definition provided for **social distancing** and what that would require to determine this assessment in the workplace. **The OHS Act, Code and Regulations do not define social distancing as a workplace control.** There is also no indication that the PPE listed are approved respiratory protection (RPE) and how an employee would select the appropriate RPE for the situation. **Cloth, procedural and non-surgical masks are not approved respiratory protection as designated in the Alberta OHS Code**. This will be addressed further in the Masking section of this report.

The **COVID-19 specific hazard assessment for 2021 and 2023 provided were not included** in the FOIP disclosure documents. This omission is concerning as 2021 was the year where the employer implemented the mandatory Edmonton Police Service COVID-19 Vaccination Protocol for all employees. The communication surrounding the implementation of the mandatory protocol was that it was required to **meet the employer obligations under the OHS act**, to protect the health and safety of all employees. COVID-19 vaccination was not in the 2020 hazard assessment and with no assessment in 2021 this would indicate that there was **no change to the risk in the workplace.**

FOIP Part 2 contained 3161 pages of hazard assessments for both sworn and civilian members of the EPS. These hazard assessments were from 2019 to 2023. In assessing the information on the hazard assessment forms it was noted that there is no pre-hazard control risk rating with any of the forms. The hazard assessments were extensive as there are a wide range of working conditions and possible hazards to consider for employees. The legend indicated the Hierarchy of Controls as outlined in the OHS Code Part 2 section 9 Hazard elimination and control.

With the large volume of EPS Hazard Assessment and Control Forms provided in FOIP Part 2. It was necessary to summarized masking, RPE and vaccination into charts for easier reference. These summaries are attached to the report as (Appendix NG-04) and (Appendix NG-05). The hazards were assessed for the civilian and sworn members separately on a yearly basis.

The Hazard Category of interest from the hazard assessment is **Health-Biological Exposure (mould, viruses, blood and body fluid, bed bugs, animal bites, etc.).**

1) Summary of findings from the position specific hazard assessment analysis relating to PPE (and masking) as follows (Appendix NG-04)

Summary of Respiratory Protection Hazard Assessment

PPE - Respiratory Protective Equipment (RPE) - Civilian Members (units may have identified multiple PPE in their assessment i.e N95, P100 or multiple non-RPE masks such as surgical or cloth)

- In 2019 – **6 of the 27** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift.
- In 2020 – **8 of the 30** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had

additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift.

- In 2021 - **11 of the 31** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift.
    - 1 unit identified a Surgical mask (during pandemic)
    - 1 unit identified a Disposable 3-ply mask, EPS Civil Cloth face mask
- In 2022 - **13 of the 29** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift.
    - 3 units identified Surgical masks.
    - 2 units identified Face masks
    - 1 unit identified Medical masks.
    - 1 unit identified a Disposable 3-ply mask, EPS Civil Cloth face mask
- In 2023 - **13 of the 29** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift.
    - 3 unit identified a Surgical masks
    - 2 units identified Face masks
    - 1 unit identified Medical masks
    - 2 unit indicate appropriate face mask as required
    - 1 unit identified a Disposable 3-ply mask, EPS Civil Cloth face mask

- It is important to note that The Civilian Member (OHS Section) Hazard Assessment did **not** have masking or N95 respiratory identified on any of their hazard assessments.

PPE - Respiratory Protective Equipment (RPE) - Sworn Members (units may have identified multiple PPE in their assessment i.e N95, P100 or multiple non-RPE masks such as surgical or cloth) (Appendix NG-04)

- 2019 - **31 of the 32** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift.
- 2020 - **37 of the 37** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift.
- 2021 - **36 of the 36** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift.

- 3 units identified N95 Disposable masks
- 2 unit identified Surgical masks
- 1 unit identified a Disposable 3-ply mask, EPS Civil Cloth face mask

- 2022 - **38 of the 38** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift
    - 3 units identified N95 Disposable masks
    - 2 unit identified Surgical masks
    - 1 unit identified a Disposable 3-ply mask, EPS Civil Cloth face mask
- 2023 - **43 of the 43** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift
    - 5 units identified N95 Disposable masks
    - 1 unit identified Surgical masks
    - 2 unit identified a Disposable 3-ply mask, EPS Civil Cloth face mask

Summary of Vaccination Information from the Hazard Assessments

The hazards were assessed for the civilian and sworn members separately, even if they were in the same working groups or on operational teams. The Hazard Category of interest for the summary table is identified as **Health-Biological Exposure (mould, viruses, blood and body fluid, bed bugs, animal bites, etc.).**

2) Summary of findings from the position specific hazard assessment analysis relating to Vaccination as follows (Appendix NG-05)

- **Vaccination** when listed for any of the civilian or sworn member positions was not specific to type of vaccination. The category of biological hazard is very broad and the type of vaccinations for the hazards were not listed.
- **Vaccination** when identified is listed in the Hazard Control Personal Protective Equipment (PPE) column of the EPS Hazard Assessment and Control Form. Which in the hierarchy of controls places as the last preference to control a workplace hazard.
- **Vaccination was <u>not</u> listed on the 2020 and 2022 COVID-19 Specific Hazard Assessments for Sworn or Civilian employees.**
- The Civilian Member (OHS Section) did **not** have vaccination listed on any of their hazard assessments.
- There was a revision for the Health and Biological Exposure Category only on the 2022 and 2023 Hazard assessments for the Chief/Deputy Chief/Superintendent and Inspector Section. The revision for this section reads as follows:
    - *Health-Biological Exposure (mould, viruses, blood and body fluid, bed bugs, animal bites, etc.)* ***COVID has increased risk from viruses***

Vaccination listed as a PPE control for Health-Biological Exposure (mould, viruses, blood and body fluid, bed bugs, animal bites, etc.). - Civilian Members (Appendix NG-05)
2019 – 1 of 27 (Forensic Identification)
2020 – 2 of 30 (Forensic Identification and Flight-ops)
2021 – 3 of 31 (Forensic Identification, Flight-ops and Pre-Hire)
2022 - 3 of 29 (Forensic Identification, Flight-ops and Pre-Hire)
2023 - 3 of 29 (Forensic Identification, Flight-ops and Pre-Hire)

Vaccination listed as a PPE control for Health-Biological Exposure (mould, viruses, blood and body fluid, bed bugs, animal bites, etc.). – Sworn Members (Appendix NG-05)
2019 – 31 of 32
2020 – 37 of 37
2021 – 35 of 36
2022 - 37 of 38
2023 - 41 of 43

This was the only hazard specific communication provided in the FOIP documents. May 20, 2020 – Service Directive – COVID-19 OHS Hazard Assessments – Signed by Darren Derko – Deputy Chief of Police. (FOIP Part 2 – NSR SD20-012).

> *Alberta Occupational Health and Safety (OHS) legislation requires that employers assess work for potential hazards and determine measures to control the hazard and the risk they present. Part of the hazard assessment process includes re-assessing when new or unique hazards are introduced into the work environment. To ensure the health and safety of all members, and comply with OHS requirements, the OHS Section has created two COVID-19 hazard assessments, one for sworn members and one for civilian members.*
> *The purpose of this hazard assessment is to ensure members are aware of the added risk the current COVID-19 pandemic present to their work and the control measures put in place by EPS to reduce or remove the risk.*
> *All members are responsible for reviewing the assessment assigned to them in the Learning Management System (LMS), and complying with it as identified within the EPS Occupational Health and Safety Program. Please note, this in addition to the annual hazard assessment review that was sent out via Cority in March.*
> *To access the assessment, please sign into the LMS and the appropriate COVID-19 Hazard Assessment will be in your Learning Plan.*

October and November 2023 - EPS members have made multiple attempts to obtain an updated hazard assessment that indicate a change in the workplace hazard that would help explain the frequent and inconsistent masking changes. There were also requests to see the hazard assessments that identified a new workplace risk that was significant enough to warrant the consideration of a workplace vaccination requirement. Every request of the OHS department, EPA and the employer representatives to provide a hazard assessment to the workers has been declined. In the last of these requests Donna Munroe responded to the EPS member with the following:

"For clarity, EPS did not mandate vaccinations- there was always an alternative option available (e.g. testing) to EPS employers at any given time. In response to your question about a hazard assessment, I can advise that another hazard assessment was not done as it was not needed. We are now considering this matter closed and our team will not be responding to an additional question regarding the EPS historical response to the COVID-19 pandemic. "

4.3) Employee Information - Hazard Assessment and Control

- They were **not aware** that any COVID-19 specific hazards assessments were conducted and do not recall the hazard assessment being circulated.
- Some members indicated that they **may have been completed but they could not recall** if they were made aware of this.
- Employees informed that if the 2020 and 2022 hazard assessments were present, why was OHS not helpful when asked about these assessments. They could have simply directed them as to where to locate these instead of shutting down the conversation and being difficult.
- Request have been made for the hazard assessments and clarity on PPE, but none of the requested supporting information was provided.
- **Messaging about safety information was inconsistent and confusing, throughout and made "compliance" very hard**.
- Messaging about COVID-19 was mimicking the government message at the time, EPS appeared to be adopting whatever the province and the COE were putting out as requirements.
- Repeatedly **denied access of information to support COVID-19 decisions** in the workplace.
- EPS employees have communicated that masking was a constantly changing requirement, and was not enforced in many divisions, unless there was a public complaint. For optics and to show compliance they should wear their masks in the community.
- Employees were targeted and deemed insubordinate for asking questions related to OHS matters. This is a very concerning practice. Discipline for OHS issues is a direct violation of the OHS legislation in the province of Alberta.

4.4) Analysis and Recommendations – Hazard Assessment and Control

The EPS did conduct a hazard assessment in April of 2020. FOIP Part 2 contained a service directive from May 15, 2020, that was circulated to employees to notify them to review the new 2020 hazard assessments related to COVID-19 in the workplace. There was **no information** supporting that the hazard assessment for COVID-19 was repeated in 2021. The employer is not obligated to repeat this hazard assessment; however, they would be **required to repeat it if there was a change to the workplace hazard.** The absence of the 2021 COVID-19 hazard assessment supports the concerns that the employees were bringing forward to their supervisors, OHS, EPA and EPS leadership. The employees' questions and concerns were calling into question the

workplace conditions that had changed when determining mandatory COVID-19 vaccination would be a control. They had been operationally functioning with **no issues, no illness or serious hospitalizations or deaths**. The lack of documented hazards does not support the employer stance that COVID-19 vaccination was for the worker's safety. **The employer failed in their due diligence and duty of care when instructing the workers. The employer was also inappropriately communicating medical advice to employees.** This is a restricted practice as per the legislation and is out of the scope of their knowledge, this is a violation of the HPA.

The EPS did not demonstrate in the FOIP information or the hazard assessments that there was a change to the hazard at the worksite. They were required to properly identify a potential biological hazard as a risk to the workers. When looking at illness in the workplace, EPS had very little overall illness and tracking numbers were based on lost time due to close contact isolations and the positive cases. With no documented workplace change the EPS implemented the Edmonton Police Service COVID-19 Vaccination Protocol. The employer communicated the requirement of the protocol with statements that the COVID-19 vaccination was for the safety of all employees and so EPS would meet their OHS obligations. If the employer was implementing this under the OHS legislation, they would be required to produce information to demonstrate that the biological hazard in the workplace had changed. This would need the OHS hazard assessment, justification of hazard controls, air monitoring results for biological contaminants, large numbers of COVID-19 positive employees, worker injury/illness or death. These would have been required to demonstrate, KVP test, risk mitigation, all vaccine information, other hazard control options and they would need to present these to the employee to assist with risk mitigation. **Obstructing and concealing the information is unacceptable practice when working with OHS requirements and informed consent**.

A **workplace hazard assessment is a tool** for the employer and employee to work together to identify, eliminate and control potential hazards for the workers. This essential tool is to be utilized to train, educate, and ensure that the employer has meet the workplace needs. EPS is not new to OHS legislation, policy, and procedure, they employ an OHS section with Canadian Board-Certified Safety Professionals and Occupational Health Nurses. These professionals each have their own practice standards and code of ethics that govern their practice. The members of the **OHS section did not provide information to the employees when it was requested, workers were targeted and disciplined for asking questions relating to the safety**. These violations of their professional obligations warrant further investigation by the appropriate regulatory body. Further to this, GOA OHS should be notified of the discipline and lack of employer disclosure relating to safety information, the targeting and discipline of employees for asking for safety information.

The hazard assessment information from the FOIP lacked consistent PPE information that was being communicated by the EPS employees. This is mentioned many times in the Pandemic Committee meeting minutes and has been confirmed in conversation with both sworn and civilian members.

EPS failing to provide the 2021 hazard assessment can only be for 3 reasons:

- They **did not complete** a COVID-19 specific hazard assessment in 2021.

- They **did complete** a COVID-19 hazard assessment, but it **did not identify COVID-19 specific vaccination** as a possible engineered control.
- They **did complete** a COVID-19 hazard assessment, **did identify COVID-19 specific vaccination but are unwilling to be transparent** with their documentation related to the development and implementation of the vaccination protocol.

The most recent response from Donna Munro in the OHS division is an **unprofessional and unacceptable response** to an employee's inquiry about production of a relevant hazards assessed for their workplace. The statement that the **"*matter is closed and the team (OHS team) will not be responding to an additional question regarding the EPS historical response to the COVID-19 pandemic***" is a direct violation of the employer obligations in the OHS Act/Code and Regulation. The OHS legislation is designed to encourage open and trusted communication between the employer and employees to ensure that a workplace is safe. **The dismissal of a valid OHS concern, questions, and requests for relating to documentation that the employer is legislated to provide to the workers requires reporting to GOA OHS and further investigation**.

The statement from EPS OHS "***In response to your question about a hazard assessment, I can advise that another hazard assessment was not done as it was not needed*.**" This evidence supports the omission of a COVID-19 specific hazard assessment in 2021 was because the **employer failed to meet their OHS obligations to conduct and properly identify a workplace hazard**. Without this assessment employees were told that the Edmonton Police Service COVID-19 Vaccination Protocol was to "***The general purpose of the Protocol is to protect the health and safety of our employees and the public we serve, and to preserve work capacity***." This protocol, compliance and reporting system was handled via the OHS department of EPS. There is significant worker harm that was caused to the employees with the implementation of the Edmonton Police Service COVID-19 Vaccination Protocol. This harm is documented and known to the employer and the EPA, however there is no acknowledgement or accountability for the employer actions.

Recommend complaint to GOA OHS in relation to the failure of the employer obligations on the worksite. The OHS department and EPS leadership failed to ensure due diligence in their duty of care must be investigated both for the OHS component and for the gross negligence of requiring an irreversible medical therapeutic or testing to ensure one could earn a living and financially support them and their families. If there was no need to conduct another COVID-19 specific hazard assessment in 2021, then the assessment from April 2020 would be used in the workplace, the lack of assessment directly indicates there was no change to the workplace hazard levels. There then would be no justification to even allow the employer to consider a vaccination requirement. In addition to this they were **knowingly** requiring an experimental injection with known side effects and no long-term safety data, that was approved under an Interim Use Authorization to become a condition of employment. **This reckless and negligent decision making is a significant breach of their duty of care when directing workers on a worksite.**

At this time, it is important to identify that none of the COVID-19 vaccines were approved under the usual regulatory requirements, the **manufacturers have been provided indemnity** because

there the COVID-19 vaccinations are stage 3 and 4 clinical trials and there is no long-term safety data. For the readers reference the following links have been provided as a sample of the available information, information not provided for all Health Canada - Interim Use Authorized COVID-19 Vaccines.

- Product Monograph Pfizer-BioNTech COVID-19 Vaccine [COVID-19 mRNA Vaccine] Product Monograph – Authorized December 9, 2020, Revision March 3, 2021 - https://pdf.hres.ca/dpd_pm/00060080.PDF
- Pfizer Canada Website - PFIZER REACHES AGREEMENT WITH CANADA TO SUPPLY UP TO 125 MILLION DOSES OF THE PFIZER-BIONTECH COVID-19 VACCINE IN 2022 – 2023- April 23, 2021 - https://www.pfizer.ca/en/media-centre/pfizer-reaches-agreement-with-canada-to-supply-up-to-125-million-doses-of-its-COVID-19-vaccine-in-2022%E2%80%932023
- Health Canada COVID-19 Interim order (IO). https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/interim-order-import-sale-advertising-drugs.html
- The Canadian Independent – November 14, 2023 - Access To Information Application –Access to Information Request Reveals Pfizer's COVID-19 Vaccine Contract with Canada https://thecanadianindependent.substack.com/p/look-access-to-information-request?utm_source=%2Fsearch%2Fcovid%2520contract&utm_medium=reader2

  Within the contract dated October 26, 2020, on page 18, it states that the ***"Purchaser further acknowledges that the long-term effects and efficacy of the Vaccine are not currently known and that there may be adverse effects of the Vaccine that are not currently known****. Furthermore, to the extent applicable, the Purchaser acknowledges that the Product shall not be serialized."*

  Pfizer Manufacturing and Supply Agreement Between Pfizer Canada Inc and Her Majesty the Queen in Right or Canada, represented by the Minister of Public Works and Government Services Canada Dated October 26, 2020 (redacted) https://drive.google.com/file/d/1DGIxi2gS95nt5F1fZdCnKuaMSC_Xlc-h/view

The Interim Use Authorization information was available and for conducting a due diligence risk mitigation review for employers. This should have been reviewed prior to the employer having any communications about COVID-19 vaccination with their employees. The EPS meeting minutes, and disclosed **information shows that adverse event, and the experimental status of the COVID-19 vaccines were known in January of 2021**. These were discussed within the Pandemic Committee and EPS leadership.
Recently information requests have exposed the liability, indemnity from the vaccine manufacturer contracts, although the contracts are newly released the **lack of long-term safety and efficacy, adverse events and clinical trial information was available from the Health Canada website since the application and interim approvals in 2020**. This will be reviewed more in the vaccination section of my report that the Pandemic Committee and the EPS leadership were aware that clinical trials were ongoing as the world raced to put a vaccine on the market.

Recommend that investigations include any personal or professional benefit to pushing this unproven product on our law enforcement. There was knowledge of adverse events, knowledge of the product being in clinical trials, no known increase in risk of illness for the workers, no serious illness, hospitalization, or death and yet it was determined to make this a workplace requirement.

The EPS stance was that they never mandated the COVID-19 vaccination. This is simply a play on words in hopes of indemnifying oneself for the harmful decisions. **Take the vaccine or take a mandatory invasive medical test, at your own cost every 72 hours or "choose" an indefinite leave without pay. This is forced vaccination or forced medical testing against ones will.** This reaches a level of criminal harm on a person and must be investigated for the criminal lack of consent, bodily harm, intimidation, coercion, threat of punishment if the employee exercised their legal right to abstain. There is no justification that supports the use of this level of threat, harassment, and intimidation to protect the health of others and safety at the worksite. This is a direct violation of the OHS legislation, the criminal code, and the addition of punitive measures as a way to gain compliance was unlawful use of authority. The Alberta government **did not mandate COVID-19 as a workplace requirement or a public requirement as per any legislation.** It was clear in all OHS bulletins that the vaccination was voluntary and that employers should seek appropriate legal advisement before considering any workplace vaccination program.

There are multiple violations in this workplace including the concealment and communication of false information that was provided to employees. This was done to direct employees into compliance for masking, testing and COVID-19 vaccination. For the reader, **there must be a significant criminal investigation into the actions of the employer and their representatives**. The harm, illness and injury of workers is significant and those who are harmed are being forced to be silenced for fear of retaliation.

Section 423 of the Criminal Code has been included below as a reference, many readers may not know the laws or how they would be defined. It is not the writer's authority to assign or place a charge on any person, this is identification for understanding of the thresholds for assessment of charges. The below is for information to understand why there is a need for proper criminal investigations into the pandemic response. The **laws in Canada were not suspended** during the COVID-19 pandemic, there was no ability for any person, employer, or organization to dismiss their duties and obligations. In the event of an emergency, there is even greater requirement to ensure that the actions taken are lawful and are reasonably justifiable.

> *Section 423 of the Criminal Code includes:*
>
> *423 (1) Every one is guilty of an indictable offence and liable to imprisonment for a term of not more than five years or is guilty of an offence punishable on summary conviction who, wrongfully and without lawful authority, for the purpose of compelling another person to abstain from doing anything that he or she has a lawful right to do, or to do anything that he or she has a lawful right to abstain from doing,…*

> *(b) intimidates or attempts to intimidate that person or a relative of that person by threats that, in Canada or elsewhere, violence or other injury will be done to or punishment inflicted on him or her or a relative of his or hers, or that the property of any of them will be damaged;*
>
> *The offence of intimidation is committed if a person:*
> 1. *wrongfully and without lawful authority;*
> 2. *for the purpose of compelling another person to do anything that he or she has a lawful right to abstain from doing;*
> 3. *intimidates or attempts to intimidate by threats that punishment will be inflicted on him or her if they do not do what they have a legal right to abstain from doing.*

No information was provided to justify the suspension or infringement on any persons Charter rights. There was not demonstratable proof in the documents of a health emergency at the workplace for EPS employees. Using the justification that a government declared an emergency must still accompany evidentiary proof that was an emergency to justify the unprecedented infringement on freedom, and that the measured taken are supported by reasonable science, and that the measures taken were the least restrictive to address any public health concern. Section 1 of the *Canadian Charter of Rights and Freedoms* (the "Charter") contains many of our rights and freedoms. However, these rights are not absolute. Section 1 of the Charter allows them to be breached as follows:

> The *Canadian Charter of Rights and Freedoms* guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.

EPS sworn members are very well versed in the *Canadian Charter of Rights and Freedoms*, it is a consideration for them on a daily basis in the course of their performing their duties. **The employer in this case would be willfully violating those Charter rights with their workers and with the general public in the enforcement or support of the unlawful CMOH orders**. The employer is also knowledgeable in the applications of both the Oakes Test and KVP tests to determine justifiable and reasonable actions. Information was not presented to indicate that any test for reasonableness of the employer requirements was undertaken.

Recommendation for referral for criminal investigation must include determining who or what entity was involved in requiring the unjustified measures in the workplace. An investigation would allow for examination of all evidence, communications, directives etc. to determine those persons or organizations involved. There are multiple violations in this workplace and there was lack of information and/or false information provided to the employees relating to the health and safety and hazards at the workplace.

5.0) Worker Exposure to Hazardous Chemicals

5.1) Legislative Requirements

The OHS Code Part 29 – Workplace Hazardous Materials Information System (WHMIS) applies to hazardous substances at the worksite. The employer must ensure that employees when a work maybe exposed to a hazardous substance on the worksite, that they are trained in the content of the safety data sheet (SDS) and must make all SDS sheets available to the employees.

Health Canada changed the regulatory framework for surface disinfectants and disinfectant-sanitizers on April 1, 2020. Products that were registered under both the Food and Drugs Act and the Pest Control Products Act are now registered under the Food and Drugs Act.

https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/applications-submissions/guidance-documents/disinfectants/summary.html

> *Health Canada has prepared guidance documents to help stakeholders interpret the legislative and regulatory requirements associated with this new registration process. These 3 new guidance documents are:*

1) *Disinfectant Drugs*
2) *Safety and Efficacy Requirements for Surface Disinfectant Drugs*
3) *Management of Disinfectant Drug Applications*

> *The guidance documents apply to products used as follows:*

- *for non-critical medical devices, environmental surfaces, inanimate objects in homes, industrial or institutional settings, hospitals, food processing plants and barns (surface disinfectants)*
- *for secondary uses, as food and non-food contact surface sanitizers (disinfectant-sanitizers)*

The Health Canada site is essential to understand the information that was available to the OHS and other EPS departments in relation to the cleaning products and potential exposures at the workplace. The link to the information is provided for additional review.
https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/COVID-19.html

https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/applications-submissions/guidance-documents/disinfectants/management-disinfectant-drug-applications.html#b2

> *The health and safety of Canadians is our priority. Along with measures reported in the Government of Canada's response to COVID-19, Health Canada introduced innovative and agile regulatory measures to make health products available to Canadians and health care workers.*

The COVID-19 pandemic created an urgent need for disinfectants and hand sanitizers. To increase supply and ensure Canadians have access to these products, we have:

- *introduced interim measures to expedite access to hand sanitizers, disinfectants and personal protective equipment to address product shortages*
- *published an up-to-date list of disinfectants approved for use against COVID-19*
- *published an up-to-date list of hand sanitizers approved for sale in Canada*
- *provided information on our quality requirements to ensure* the alcohol used in the preparation and distribution of hand sanitizers is safe

Hand sanitizers
To date, there are ***no hand sanitizers in Canada approved with COVID-19*** *related claims. Although they do not claim to kill viruses such as coronaviruses, hand sanitizers can help reduce the risk of infection by, or spread of, microorganisms.*

Store hand sanitizers out of reach of children (refer to ISMP Canada Safety Bulletins for a related safety alert on May 1, 2020). Never attempt to make hand sanitizer at home using alcohol intended for consumption, witch hazel or essential oils. Doing so could be unsafe and will produce an ineffective product.

As with all health products, always read and follow the directions on the product label. Never eat or drink hand sanitizers as ingesting even small amounts can be dangerous or fatal.

Hard-surface disinfectants
Health Canada is working with disinfectant manufacturers and industry associations to inform Canadians of the products that can be used to help against the spread of COVID-19.

Coronaviruses are enveloped viruses. This means they are one of the easiest types of viruses to kill with the appropriate disinfectant when used according to the label directions. We have published a list of hard-surface disinfectants that are likely to be effective for use against (COVID-19). This list is updated regularly.

Although they do not claim to kill viruses such as COVID-19, cleaners can help limit the transfer of microorganisms. For high-touch hard surfaces such as door handles and phones, we recommend cleaning these often with either regular household cleaners or diluted bleach according to the label directions. Use bleach in a well-ventilated area and never mix with other chemical products.

Surface sanitizers

A surface sanitizer is a substance, or mixture of substances, that reduces the population of microorganisms on environmental inanimate surfaces and objects. Unlike disinfectants, surface sanitizers do not destroy or eliminate all microorganisms.

*In Canada, surface sanitizers are considered **pest control products.** Surface sanitizers must be registered before they can be manufactured, imported, distributed, sold or used in Canada to ensure they meet Canadian health and environmental standards.*

5.2) Major Findings – Hazardous Chemicals

March 19, 2020, In the Pandemic Committee Meeting minutes there was a discussion about retaining empty Isogel bottles for refilling with bulk order of Isogel hand sanitizer. There was no indication of proper storage of larger Isogel shipments, or proper instruction for the refill or reuse of a container. (Pandemic Committee – FOIP Part 1 – IAPU 6-9 2023-G-0163)

In the review of FOIP Part 1, a single SDS sheet was included. This was for the product Diversey Triad III (Canada) Quaternary Disinfectant Cleaner. The usage of this product not stated in any of the documentation provided. The writer questioned multiple EPS employees in relation to this cleaning product and none were aware of this solution or knowledge of this products usage at the worksite.

The FOIP Part 1 document contains order and supply chain comments in relation to the other cleaners being used at the workplace. All have SDS sheets that the writer was able to view the missing SDS sheets by conducting simple online searches of the manufacturer sites. The following are the other controlled products that were utilized for cleaning facilities and vehicles. No information was provided relating to communication of product or risk to the employees. There were additional chemicals are identified in the FOIP documents, no SDS information was provided. These additional workplace chemicals are listed below:

- CaviWipes – disinfecting wipes
- Lysol Disinfecting Wipes
- Isagel – Hand sanitizer
- Purell Advanced Hand Rub – Hand sanitizer
- CaviCide disinfecting solution
- Clorox Disinfecting Wipes

March 20, 2020 – Justice and Solicitor General – COVID-19 PPE Tracker – All provincial law enforcement groups inventory was provided. Below is the chemicals listed for the EPS. (Chiefs Office – FOIP Part 1- Attachments Part 2 IAPU 457 2023-G-0163)

WIPE,Disinfectant,Surface,Caviwipe,6"X7,Each EA 300 300 total
CLEANER,Disinfectant,Cavicide1,1 Gallon Refill, Bottle BO 100 100 bottles
CLEANER,Disinfectant,Cavicide1,Spray,24OZ, Bottle BO 250 250 bottles
CLEANER,Disinfectant,Gel,4oz,Isa-Gel,Each or other sizes if available EA 500 500 bottles

The FOIP documents discuss that electrostatic cleaning being implemented for selected areas of EPS facilities (ie. fitness facilities) and eps vehicles. There was no information provided identifying the product used for the electrostatic cleaning procedures, no details of usage, ventilation requirements, exposure risk. It is noted that there was documentation in the COVID-19 Command Committee Meeting notes that multiple members were reacting to the solution

used for the electrostatic cleaning process, EPS OHS informed that they were investigating this, however there was no mention of the outcome of that investigation.

> *• Increased cleaning between squad sets switchover in PCB, patrol typing rooms, patrol vehicles (April 6, 2020)*
>
> *• Insp. Hermanutz continues working For Information on the cleaning and enhanced cleaning processes. Rediverting resources not required as the gym has closed. Electrostatic cleaning could be used in typing rooms, kitchen areas, washrooms. Exploring the possibility of tracking cleaning in common areas and adding sanitizing stations on common floors (April 14, 2020)*
>
> *• Cleaning and electrostatic cleaning scheduled three times a week at HQ and once a week at the Divisions. Schedule to commence June 15. (June 10, 2020)*
>
> *• Jason Halayko, Fleet Management, has advised that electrostatic cleaning will not work in temperatures below zero. Vehicles have to be warm and cleaning will need to be done indoors. (September 3, 2020)*
>
> *• Jason Halayko is waiting to hear from the vendor about electrostatic cleaning of vehicles in cold weather. There are two concerns, the spray nozzles may freeze while applying the liquid, and the cleaner itself may freeze and be ineffective if the vehicles are not warm during application. (September 10, 2020)*
>
> *• Jason Halayko will need to co-ordinate the electrostatic cleaning of vehicles at Divisions. They are buying insulation for the hoses as the cleaning needs to be done outside. Vehicles will need to be warmed up/running for 10 minutes and need to be supervised while idling. Electrostatic cleaning is planned to continue once a week. (October 1, 2020)*
>
> *• Jason Halayko advised the electrostatic cleaning of vehicles is working well. (November 26, 2020)*
>
> *• Donna says there was some concern about electrostatic cleaning in PCB and some people breaking out in hives. Jason Theodore, OH&S is investigating and will advise. (January 4, 2021)*
>
> *• PCB have suspended their electrostatic cleaning. Someone is thought to be having a reaction to the chemical. As well, equipment such as keyboards are getting gummed up. Jason from OH&S is doing an investigation and monitoring. (March 15, 2021)*

An Anti-fog solution was trialed for the eps members glasses, as they were fogging up in the cold weather when they donned a mask. There was no name of the product trialed or if it was implemented for regular use. Below is the communication relating to the antifog solution.

> *•A few manufacturers are sending fog blocker wipes for glasses to trial. One company is Canadian and hopefully familiar with winter requirements. (October 19, 2020)*
>
> *• Sample wipes received from Toronto will be sent to members to trial them. Traffic Enforcement Section would be good testers due to the number of vehicle stops they do with masks on. (October 22, 2020)*

• Once the trialing on the anti-fog wipes for glasses is complete, it will be added to the Winter Protocols document, then be communicated to members (October 29, 2020)

• The feedback from the anti-fog wipes have come back and noted that the cloth wipes have better results. Nicole will send the information to Insp. Hermanutz and Katja. Recommend that MMB can stock it and have it available on points (November 9, 2020)

Additional cleaning procedures and chemicals were provided in the documentation from FOIP PART 2 request EPS 2023-G-0199. The majority of this information was from the City of Edmonton, and it was not clear if this was the procedure or chemicals that were being used for cleaning of EPS facilities or vehicles. This information identified the additional chemicals used for cleaning.

Diversey Oxivir Tb disinfecting wipes – Safety Data Sheet included for this chemical.
Diversey Oxivir Tb disinfecting solution – Ready to Use (RTU)
Diversey Oxivar Plus
PCS 250 Disinfectant Cleaner – Ready to Use (RTU)
Diversey Virox 5
Avmor EP50 (note this product was removed as an approved cleaning product for COVID-19 and the approved disinfectants list was update on December 29, 2020)
Clorox Total 360 (RTU)
PERdiem® General Purpose Cleaner with Hydrogen Peroxide – Safety Data Sheet provided for this chemical.

FOIP Part 2 folder NSR Combined Records – 2023-G-0199 contained the following cleaning and workplace chemical information:

- **City of Edmonton** – COVID-19 Prevention Controls - Cleaning High Touch Surfaces – March 17, 2020
    - Oxivir Tb Wipes are an acceptable wipe for disinfecting high-touch surfaces.
    - How to Use Disinfectant Wipes:
        1. Put on nitrile gloves
        2. Review the SDS or instructions on the side container label
        5. Do Not dry the surface after using the wipe! The area typically has to remain wet for 1 minute, but is dependent on the manufacturer.
- **City of Edmonton** - SAFE WORK PROCEDURES (SWP) - Safe Cleaning of Contaminated Transit Vehicles (Sick buses) #01-B-01 – Developed March 24, 2020, Reviewed April 2, 2020.
    - This safe work procedure is specific for the decontamination and cleaning of transit buses and does not contain the electrostatic disinfecting spray application for smaller EPS vehicles. This would include safe work procedure, drying times, application process for the smaller volume of space and air flow for ventilation post electrostatic cleaning.
- Custodial Changes/Issues relating to Covid 19
    - This document is undated, it discussed the COE providing separate invoices for spraying. The following information was provided in the document.

        - *Spraying schedule - directive from Chief's Committee to only spray gyms in the divisions once or twice a week for now, and gym and front counter area at PHQ three times a week, because of staff and product limits.*
        - *Twice a week are NE, NW Interim, SE, SW, West, IOF, STAT*
        - *Once a week are Griesbach, Vallevand, Nixon Standard response to areas requesting extra cleaning & purell requests*
        - *NW Interim asked for a purell dispenser - we said no - we are short and only public areas are getting them for now - 1 to West, PEU & Tow lot public areas*
- **City of Edmonton** - Approved disinfectants for Enhanced/ COVID cleaning Complement to all Custodial SOPs that mention Avmor EPS0 – Memo Date December 29, 2020 – to all Custodial Staff
    - *Alberta Health Services (AHS) is in the process of updating guidelines as it pertains to*
    - *Disinfectants used against COVID-19. The changes will go from: "Use a Disinfectant with a Virucidal Kill Claim and a DIN" to "Use a Broad Spectrum Disinfectant with a DIN."*
    - *Consequently Avmor EPS0 will not be an approved option against SARS-Cov-2 (COVID-19).*
    - *EPS0 can still be used for all other purposes except for the intent of disinfecting against COVID-19. Cleaning with EPS0 becomes a 2 step process where cleaning must be followed by electrostatic spraying with Diversey Oxivir Tb or Clorox 360 (or wiping with Oxivir) to comply with the stricter guidelines for contact points disinfection.*
    - Diversey Oxivir TB – *Effective immediately, primary disinfectant. • 1 minute kill time (contact time/ dwell time)*
    - *Can be used in electrostatic sprayer (The only approved chemicals for electrostatic spraying application are: Diversey Oxivir Tb, Clorox 360 and Triad III)*
    - Diversey Oxivir Plus – requires dilution 1:40, not to be used in electrostatic sprayer.
    - PCS 250 – option for contact points
    - Diversey Virox 5 – may still be used for decontamination scenarios (i.e holding cells)
- **City of Edmonton** - Enhanced Cleaning of Office and Public Areas (COVID-19)
    - *Assess situation, determine Level*
        - *Level 1 - Standard daily cleaning – nitrile gloves, area closed for cleaning signs as applicable*
            - *Level 1 disinfectant/cleaner: Avmor EPS0 (1:12, 8 minutes) or Diversey Oxivir Plus (1 :40, 8 minutes)*
        - *Level 2 - Suspect case on premise – in addition to Level 1*
            - *Safety glasses / goggles*
            - *N95 disposable respirator or better for Electrostatic disinfectant application process.*
            - *only the operator can be in the area, start from the back, make way to the exit, and do not overspray electronics.*
            - *Level 2-3 disinfectant/cleaner: any of Level 1, THEN Clorox Total 360 (RTU) or Diversey Triad III (1:64) in electrostatic sprayer equipment, Clorox Total 360 or Victory Sprayer*
        - *Level 3 - Confirmed case – in addition to Level 1+2*
            - N95 disposable respirator or better

        - Disposable Tyvek coverall and boot covers
- **City of Edmonton** - How to use Victory Electrostatic Sprayers
    - *Disinfectant cleaner (choose one only)*
        - *Diversey Oxivir Tb (RTU) - preferred, 1 min dwell, 5 min reentry*
        - *Clorox Total 360 (RTU) - alternate, 2 min dwell, reentry immediately*
        - *Diversey Triad III (1 :64) - alternate, 10 min dwell, 5 min reentry*

FOIP Part 2 did contain the following SDS information:

- Diversey PERdiem® General Purpose Cleaner with Hydrogen Peroxide – Safety Data Sheet – Revision Date 2022-01-27 Version: 02.1 – There was no indication where or when this product was used for cleaning. (NSR Combined Records – FOIP Part 2 – IAPU 24 2023-G-0199)

- City of Edmonton – S11945 Oxivir Plus (Canada) Disinfectant Cleaner Concentrate (919024, 5919032, 5919041, 5919059, 5919067) Manufacturer: Diversey Canada. Dated August 9, 2018 reviewed October 15, 2018 (NSR Combined Records – FOIP Part 2 – IAPU 29 2023-G-0199)

- Diversey Oxivir® Plus (Canada) Disinfectant Cleaner Concentrate - Safety Data Sheet – Dated 2018-08-09 Version #3 (NSR Combined Records – FOIP Part 2 – IAPU 31 2023-G-0199)

- Health Canada – Product Information OXIVIR PLUS DISINFECTANT CLEANER CONCENTRATE DIN 02403684 – 2013-06-21 - Electronic product monograph is not available (NSR Combined Records – FOIP Part 2 – IAPU 36 2023-G-0199)

- Diversey Oxivir® Tb (Canada) Ready to Use Surface Cleaner & Intermediate Level Disinfectant, General Virucide, Tuberculocide – Safety Data Sheet – Revision Date 2020-04-08 Version # 07.0
    - This product is not classified as hazardous according to OSHA 29CFR 1910.1200 (HazCom 2012-GHS) and Canadian Hazardous Products Regulations (HPR) (WHMIS 2015-GHS).

5.3) Employee Information – Hazardous Chemicals

EPS employees have communicated the following information and concerns related to chemicals in the workplace:

- They were not aware of the cleaning product being used and none of the members understood what the electrostatic cleaning process was for the vehicles.
- Members stated that the chemicals in their vehicles would coat the inside of the windshield and they would need to use paper towel to wipe the glass prior to starting their shift. There was no instruction as to what the members should do with all the excess chemical in the vehicle or what PPE would be required. No ventilation details or timing was provided to the employees.

- Members stated that the chemical would be wet in their vehicles, they would need to drive with the windows open to vent the car because the smell was so strong.
- Members reported headaches and not feeling well from the smell of the cleaners in the vehicles.
- Members had concerns about some of the hand sanitizers that were used, the containers were being refilled and some of the sanitizers had a very bad smell. Some members said the ones in their division had a string like texture and smelled disgusting.
- Of the members spoken too the majority did not use hand sanitizers unless there was no other option, they preferred to wash with soap and water.
- Majority of employee did not notice any issues in their specific workspace in relation to chemicals being used.
- Members complained that the Cavicide disinfectant smell caused headaches and irritation.
- Members said that cleaning products (disinfecting wipes) were kept under lock and key in a staff sergeants office. PPE was also under lock and key, they would have to track down the sergeant to get gloves and they would have to sign out what they were taking.

5.4) Analysis and Recommendations – Hazardous Chemicals

EPS members confirmed that they take mandatory WHIMIS training every 3 years. This is an online course created by the City of Edmonton. Within the City of Edmonton online WHIMIS course there is the ability to access Safety Data Sheets.

There must be additional investigation into the use of chemicals at the worksite and the exposure to cleaning agents. It was never demonstrated that there was a cleaning and drying protocol for the EPS vehicles and workers would be using these vehicles for the duration of their shifts. It is concerning that the chemical would be applied the interior of the vehicle and would be coating the interior surfaces.

The specific chemical used in the electrostatic cleaning process was not clearly identified and the workers would have not had the means to then look up any additional information on exposure, PPE, or ventilation to protect themselves from harm.

Some questions surrounding the chemical information in FOIP Part 2 in addressing the assignment of a DIN number to disinfecting chemicals. GOA OHS and Diversey were contacted to attempt to obtain clarification surrounding this. Diversey indicated that they have not idea why their products would have DIN number in Canada and that they have never heard of it before. The GOA OHS representative had never heard of disinfecting chemical being assigned a DIN. Both recommended contacting the Canadian FDA to determine why this classification was given, even with all products having Safety Data Sheets (SDS).

It is unclear as to why the chemicals were assigned a DIN, thus exempting them from WHMIS. This raises the question of employer obligations for notifying workers of hazardous workplace

chemicals. If the disinfectants are classified as a Drug, what are the employer obligations for consent and notification of exposing employees.

Recommend EPS OHS to develop guidelines for and educate the employees on the potential risks with overuse or misuse hand sanitizers in the workplace. There must be a review of the extensive use and exposure of employees in relation to hand sanitizer use. The majority of people do not realize the potential toxicity and human health impact of these products can have on their health. They contain hazardous chemicals (i.e. ethanol and isopropyl alcohol) which can cause antimicrobial resistance and potentially fatal toxicity if improperly used.

Recommendation – there was not sufficient information provided to determine the chemical exposure at the workplace. This requires further disclosure and transparency from EPS. The concerns for employee exposure, training, proper PPE, and lack of communication with employees are concerning as many employees identified possible chemical exposure symptoms. The employees have concerns about prolonged and repeated exposure to chemicals and not being provided with information of what chemicals were being used in their specific worksite, frequency of use and any potential health effects from exposure.

There is also a requirement to determine why chemical disinfectants have been assigned DIN numbers in Canada, and how this reclassification changes the employer obligations relating to OHS. This would involve discussions with OHS chemical specialists and further FDA review. The EPS OHS department should have been aware of these changes, OHS professionals have an obligation to ensure that they understand and communicate this information to employees. The reclassification information was included at the beginning of this section to allow for additional review of these reclassified products. A significant consideration is the need to inform workers in relation to the reclassed disinfectant drugs, what consent is required for use of a chemical now considered a drug?

6.0) Masking in the Workplace

6.1) Legislative Requirements and Guidance Documents

Alberta Occupational health and safety legislation addresses **respiratory protection** as personal protective equipment. This is found in the Occupational Health and Safety Code AR191/2021 Part 18 PPE, Respiratory Protective Equipment begins at section 244. **Masking (disposable N95, non-medical, non-surgical or cloth masks) do not constitute a defined appropriate respiratory protection for viruses. Masks maybe considered barriers for bodily fluids, or exposure to environmental particulates based on the specifications and composition of the mask materials**. The OHS legislation has always required the employer to perform a hazard assessment to identify existing or potential hazards in the workplace, prior to determining what controls could be implemented to mitigate the risk to the worker.

Should the employers hazard assessment determine that there is a biological hazard at the worksite. Then the employer must consider the nature and exposure circumstances of any contaminants or biohazardous materials. The employer must identify the concentration or likely

concentration of an airborne hazard and the possible duration of the worker exposure. When the effects of the biohazardous materials are unknown the employer must ensure appropriate respiratory protection is provided to the worker based on the risk. The employer must also ensure that they have a code of practice relating to the respiratory protection and that the workers are properly trained in the use and care of the respiratory protection. The employer must ensure that respiratory protective equipment must have a proper face seal for safe use and is fit tested for each worker and that the provided approved respiratory protection for the hazard.

December of 2022 the GOA OHS published a guideline document for employers - **Respiratory viruses: selecting respirators and masks - OHS information for employers.** This **bulletin** was published as an employer guide. https://open.alberta.ca/dataset/9cb710a8-0371-4e43-a1bb-479f9a02f822/resource/7accdf4c-66bb-4915-910c-c4c44d0b29fc/download/jend-ohsorp-ppe009-respiratory-viruses-selecting-respirators-and-masks-2022-12-21.pdf

> *Section 244 of the Occupational Health and Safety Code sets out the factors you must consider to determine if you need respiratory protective equipment. These include the nature and exposure circumstances of any contaminants or biohazardous material, and the duration or likely duration of the worker's exposure.*
>
> *To use a respirator at a work site, you must meet applicable requirements from Part 18 of the Occupational Health and Safety Code. For more on these, read Respiratory protective equipment: An employer's guide.*
>
> *Part 18 requirements include ensuring your respirator is NIOSH-approved. Check NIOSH's certified equipment list to verify this.*

Canadian Centre for Occupational Health and Safety (CCOHS)

https://www.ccohs.ca/oshanswers/prevention/respiratory_protection.html

Health care workers routinely use surgical masks as part of their personal protective equipment. However, surgical masks are not respirators and are not certified as such. They do not protect the wearer from inhaling small particles that can remain airborne for long periods of time.

> *Surgical masks are effective barriers for retaining large droplets which can be released from the wearer through talking, coughing, or sneezing. Surgical masks are useful in many patient care areas. In fact, they may reduce wound site contamination during surgical or dental procedures.* ***But surgical masks cannot be used as a protection from many airborne particles or droplets. The filter material of surgical masks does not retain or filter out submicron particles****. In addition, surgical masks are not designed to fit tightly, meaning they do not eliminate air leakage around the edges.*
>
> *As stated in the Canadian Biosafety Handbook Second Edition, "Where applicable, respiratory protection should conform to standard CSA Z94.4, Selection, Use and Care of Respirators" and "****Using the wrong respirator or misusing one can be as dangerous as not wearing one at all.****" No single respirator (or any type of personal protective equipment (PPE)) can be expected to provide protection against all types of hazards. Be sure you are wearing the correct PPE for the task and hazards.*

Canadian Biosafety Standard, Second Edition (CBS2)

https://www.canada.ca/en/public-health/services/canadian-biosafety-standards-guidelines/handbook-second-edition/chapter-6-10.html#ch9

> *Viruses are the smallest of replicating organisms. Their small size (20-300 nm) allows them to pass through filters that typically capture the smallest bacteria.*
>
> *In general, the employer is responsible for ensuring that appropriate PPE is available, properly maintained, used, and that personnel are appropriately trained on how to use it.*
>
> ***Surgical masks and many types of dust masks offer little protection from airborne pathogens, infectious aerosols, or aerosolized toxin, but will protect mucous membranes of the nose and mouth from spills and splashes. Masks are not intended to be used more than once.*** *Respirators are used when there is a risk of exposure to aerosolized toxins or infectious aerosols that can be transmitted through the inhalation route. Respirators are divided into two classes: air purifying respirators and atmosphere-supplying respirators. The type of respirator selected will depend on the hazard associated with the particular activity being carried out. Personnel education on airborne hazards and training on respirator selection, fit, inspection, and maintenance are some examples of elements of a workplace respiratory protection program, which is required for any workplace where respirators are used. Where applicable, respiratory protection should conform to standard CSA Z94.4, Selection, Use and Care of Respirators.*
>
> *9.1.6.1 Respirator Fit*
>
> *All respirators need to fit properly in order to function as intended. Some types of respirators require a seal between the apparatus and the wearer's face in order to provide adequate protection. Using the wrong respirator or misusing one can be as dangerous as not wearing one at all. The respirator should be individually selected and fitted to the operator's face, and fit tested for its seal. Facial hair, imperfections of the skin, cosmetics, and changes in a person's weight can affect respirator fit. Most jurisdictions within Canada currently require qualitative or quantitative fit-testing to be conducted to demonstrate proper fit for the selected respirator(s) before an individual carries out any activities that require respiratory protection. In addition, standard CSA Z94.4, Selection, Use, and Care of Respirators, requires that an employer take reasonable precautions to verify that an individual is medically cleared to wear a respirator. Proper use and care of respiratory protection equipment is a core component of the training program in workplaces where respirators are used.*
>
> *9.2 Key Considerations for the Selection of Personal Protective Equipment*
>
> *No single glove or respirator type can be expected to provide protection against all the different types of hazards in a work environment. Poorly chosen PPE can impair personnel performance (e.g., stiff, bulky or inappropriately sized gloves may reduce dexterity and control), creating the potential for accidents that can lead to the exposure to hazards.*

June 22, 2020 - **Alberta Respiratory specialist Chris Schaefer wrote an Open Letter to Physicians and the Public of Alberta addressed to Dr. Hinshaw**. The letter was published on multiple media platforms and is available as an online resource. Unfortunately, he was highly censored early in the pandemic. His letter is attached as (Appendix NG-06). Relevant to the use of masks in the workplace from Mr. Schaefer's letter.
*Filter respirator masks, especially N95, surgical and non-medical masks, provide **negligible** COVID-19 protection for the following reasons:*

1. *Viruses in the fluid envelopes that surround them can be very small, so small in fact that you would need an electron microscope to see them. **N95 masks filter 95% of particles with a diameter of 0.3 microns or larger. COVID-19 particles are .08 - .12 microns.***

2. *Viruses don't just enter us through our mouth and nose, but can also enter through our eyes and even the pores of our skin. The only effective barrier one can wear to protect against virus exposure would be a fully encapsulated hazmat suit with cuffs by ankles taped to boots and cuffs by wrists taped to gloves, while receiving breathing air from a self-contained breathing apparatus (SCBA).*

3. ***Not only are N95, surgical and non-medical masks useless as protection from COVID-19, but in addition, they also create very real risks and possible serious threats to a wearer's health** for the following reasons:*

    *A. Wearing these masks **increases breathing resistance**, making it more difficult to both inhale and exhale. According to our Alberta government regulations on respirator (mask) use, anyone that is required to wear a respirator mask should be screened to determine their ability to safely wear one.*

    ***Any covering of the mouth and nose increases breathing resistance, whether the mask is certified or not**. Those individuals with pre-existing medical conditions of shortness of breath, lung disease, panic attacks, breathing difficulties, chest pain in exertion, cardiovascular disease, fainting spells, claustrophobia, chronic bronchitis, heart problems, asthma, allergies, diabetes, seizures, high blood pressure and pacemakers need to be pre-screened by a medical professional to be approved to be able to safely wear one. Wearing these masks could cause a medical emergency for anyone with any of these conditions.*

    Pregnancy-related high blood pressure is possible. More research is necessary to determine the impact of wearing a mask for extended periods of time on pregnancy.

    ***It is dangerous to recommend, much less mandate anyone with medical conditions to wear a mask without educating them about the risks involved in wearing them without having been pre-screened and approved by a medical professional first**.*

    B. In order for any respirator mask to offer protection to a specific user, that user must be individually fitted with the right type, right size, if male – face must be clean shaven (only short moustache allowed). Next, the user must be fit tested with that

respirator by a trained professional to determine whether or not the respirator is providing the user with an air-tight seal – a requirement for any respirator mask.

C. N95 masks – N for not resistant to oil particles, 95 for the percentage of protection – the lowest level of all respirator masks

*These masks even when properly sized and fitted **will not protect against virus exposure,** however they are capable of adequate protection from larger particles such as pet dander, pollen and sawdust.*

Surgical masks (the paper ones that loop around the ears) – do not seal to the face and do not filter anything.

Nonmedical and/or homemade masks are dangerous because:

- *Not engineered for the efficient yet protective requirements of easy inhalation and effective purging of exhaled carbon dioxide*
- *Could cause an oxygen deficiency for the user*
- *Could cause an accumulation of carbon dioxide for the user*
- *Shouldn't be recommended under any circumstance*

D. They increase body temperature and physical stress – could cause a high temperature alert on a thermometer gun

E. They impede verbal communication

*F. N95, surgical and nonmedical masks can create infections and possible disease all by themselves by causing exhaled warm, moist air to accumulate on the inside material of the mask, right in front of the user's mouth and nose, which is the perfect environment for bacteria to form, grow and multiply. **That is why N95 and other disposable masks were only designed to be short duration, specific task use and then immediately discarded.***

6.2) Major Findings – Masking and Respiratory Protective Equipment

The information in the FOIP documents pertaining to masking and N95 masks in the workplace is extensive. For the purposes of this report information has been extracted to demonstrate what direction and discussion was occurring in relation to masking in the workplace.

Timeline information relating to masking from FOIP <u>excluding</u> the Pandemic Committee meeting minutes as those will be shown later in a summary chart:

Initial documentation and recommendations contained within the FOIP were provided to EPS from various sources. The following were included:

March 4, 2020 - CDC What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (Chiefs Email – FOIP Part 1 - Attachment Folder Part 1 - IAPU 1-2 2023-G-0163)

Patients with COVID-19 have had mild to severe respiratory illness.
• Data suggests that symptoms may appear in as few as 2 days or as long as 14 days after exposure to the virus that causes COVID-19.
• Symptoms can include fever, cough, difficulty breathing, and shortness of breath.
• The virus causing COVID-19 is called SARS-CoV-2. It is thought to spread mainly from person-to-person via respiratory droplets among close contacts. Respiratory droplets are produced when an infected person coughs or sneezes and can land in the mouths or noses, or possibly be inhaled into the lungs, of people who are nearby. Close contact may include:
o Being within approximately 6 feet of an individual with COVID-19 for a prolonged period of time.
o Having direct contact with body fluids (such as blood, phlegm, and respiratory droplets) from an individual with COVID-19.
Recommended Personal Protective Equipment (PPE):
Law enforcement who must make contact with individuals confirmed or suspected to have COVID-19 should follow CDC's Interim Guidance for EMS. Different styles of PPE may be necessary to perform operational duties.
• Any NIOSH-approved particulate respirator (i.e ., N-95 or higher-level respirator), and
• Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face)

March 25, 2020 - the **Government of Alberta document Q and A COVID-19 (Novel Coronavirus) Health Master** (Chiefs Email – FOIP Part 1 - Attachment Folder Part 1- IAPU 68-106 2023-G-0163).

What are the symptoms?
• Symptoms for COVID-19 are similar to those for influenza and other respiratory illnesses. COVID-19 symptoms include fever, cough, sore throat, and runny nose. Most people (around 80%) recover without needing medical treatment.
• Those who are older, and those with other medical problems are more likely to develop serious symptoms, which can include difficulty breathing and pneumonia. There is a risk of death in severe cases.
• Symptoms may take up to 14 days to appear after exposure to COVID-19.
How does COVID-19 spread?
• COVID-19 is spread by others who have the virus. It is transmitted from person to person through droplets from the nose or mouth, which are spread when a person with the virus coughs or sneezes. People then catch COVID-19 when they breathe in these droplets.
• These droplets can also contaminate objects or surfaces. People can then catch COVID-19 by touching these objects or surfaces and then touching their eyes, nose or mouth. Studies suggest that the virus only lasts a few hours on a surface, though it may be possible for it to last several days under ideal conditions. There is no evidence currently that suggests COVID-19 can be spread through imported goods.
Can COVID-19 be spread through the air?

> *• Current evidence indicates COVID-19 is **not** airborne and only transmitted through respiratory droplets when an individual coughs or sneezes (see above).*
> *Can COVID-19 be spread by a person who has no symptoms?*
> *•Because the disease spreads through respiratory droplets, the risk of catching COVID-19 from someone with no symptoms is low. However, for many people, symptoms may be very mild. In these cases, transmission is possible – even if the person is feeling well and only experiencing a mild cough, for example.*
> *PERSONAL PROTECTIVE EQUIPMENT (PPE)*
> ***Should I wear a mask to protect myself?***
> *• Masks can be important in certain situations. When sick, wearing a mask helps prevent us from passing illnesses on to other people. This is why we ask people who have a cough or other respiratory symptoms to wear a mask when visiting an emergency department or clinic.*
> *• **If you are healthy, medical masks are not recommended as they can give a false sense of security as they do not fully eliminate the risk of illness**. Masks can easily become contaminated and need to be changed frequently and fitted properly for them to provide sufficient protection.*
> ***What are n95 masks? Are they required?***
> ***• N95 masks are special protective masks that protect the wearer from airborne particles. These masks are recommended for health-care workers and people who are taking care of someone in close settings (at home or in a health-care facility). For the general public who will typically not find themselves in these settings, an N95 mask is not recommended.***
> ***• COVID is not an airborne illness.** It is an illness known to be transmitted by droplet, which means through contact with nasal and oral secretions from a person with the virus.*
> *• The personal protective equipment guidelines in place in Alberta are the known best practice to protect against illnesses transmitted by droplet.*

March 4, 2020, Memo for Acute Care Operators issued by AHS Workplace Health and Safety regarding PPE ordering. (OH&S Folder – FOIP Part 1 - IAPU 322 2023-G-0163)

> *Please be reminded that protective measures for COVID-19 are the same as the droplet and contact precautions that staff should already be practicing for Influenza-like illness. **A N95 respiratory is the required PPE only if an Aerosol Generating Medical Procedures** (AGMP) is required for the care of the patient.*

March 26, 2020 – Email Communications RE: Alberta Law Enforcement Agencies: PPE Emergent Needs (Chiefs Office Emails – FOIP Part 1- IAPU 535 2023-G-0163). There were shortages in PPE across the country and the AACP was assisting in trying to procure masks and cleaning products for law enforcement. In there email they stated that:

> *"Across the country there are expired N95's – GoA is trying to get an opinion if they will protect against the virus and will supply to police as soon as they hear back"*

March 26, 2020 – Email communications relating to an offer of receiving donated masks from industry. (Chiefs Office Emails – FOIP Part 1- IAPU 433 2023-G-0163). These masks were being procured by the Edmonton Police Foundation for EPS.

If they are the N95 masks, which it looks like they are, they are the same as what we are currently using. As Ash if has indicated, some others that are out there will not offer proper protection.
The N95 mask can and is being used multiple times by our frontline members, until they need to be disposed of (i.e. become saturated, damaged, wet, etc.)

A medRxiv pre-print journal article published on April 6, 2020; this article had not been peer reviewed at the time it was obtained. (OH&S Folder – FOIP Part 1 – IAPU 66 2023-G-0163).
Article: *Facemasks and similar barriers to prevent respiratory illness such as COVID-19: A rapid systematic review*

The current pandemic of COVID-19 has lead to conflicting opinions on whether wearing facemasks outside of health care facilities protects against the infection. To better understand the value of wearing facemasks we undertook a rapid systematic review of existing scientific evidence about development of respiratory illness, linked to use of facemasks in community settings.

***The evidence is not sufficiently strong to support widespread use of facemasks as a protective measure against COVID-19**. However, there is enough evidence to support the use of facemasks for short periods of time by particularly vulnerable individuals when in transient higher risk situations. Further high quality trials are needed to assess when wearing a facemask in the community is most likely to be protective.*

April 17, 2020 – Email Communications re: Follow up AHS Protective Services – (Chiefs Office Emails – FOIP Part 1 - IAPU 396 2023-G-0163)

From Bill:
As discussed, I did reach out to our colleagues in Health to seek clarification as to the proper use of the N95 mask for police officers. The attached information should be helpful in ensuring the right PPE is used in the appropriate circumstances.

From Chris Shandro – GOA
• There are 2 main routes of transmission of COVID-19, large respiratory droplets and contact. Respiratory droplets are generated when an infected person coughs or sneezes. Because the droplets are large, they fall to the ground or a surface and are not suspended in the air, like Tuberculosis.
• A 2 meter distance is recommended to reduce these droplets landing in the mouths and noses, or inhaled in the lungs of the person nearby.
• It is possible that people infected with COVID-19 could transmit the virus before symptoms develop. ***However, we do not recommend universal masking for individuals who do not work with high-risk populations. It is important to note that our recommendation for universal masking for health care workers was made to protect patients from pre-symptomatic spread, <u>not the workers wearing them</u>.***
PPE requirements for protective services:
- *o N95 masks, as it relates to COVID 19, are generally not required for police officers.*

*• For COVID-19, **N95 masks are recommended for health care providers who participate in aerosol generating medical procedures, like intubation, or nebulizing treatments**.*

o Police officers entering a congregate living site or hospital, where patient care is being provided, will be asked to don on a procedure mask (they should be provided by the facility).

o Police officers whose duties require them to interact face-to-face with clients who are suspected/confirmed COVID-19 (people with respiratory symptoms) and are unable to maintain a 2-meter distance should use the following:

- *Procedural Facemask*
- *Eye protection and*
- *Gloves, depending on the activity.*
- *Gowns or other protective clothing, if practical.*

o If an officer is unable to wear due to operational requirements, ensure equipment is cleaned and disinfected after contact and uniforms are changed and laundered normally.

• Other controls such as respiratory etiquette, covering your mouth and nose when you cough and sneeze are required.

April 14, 2020 – Email communication with Bill Sweeney GOA regarding masking – (Chiefs Office Email – FOIP Part1 - IAPU 242 2023-G-0163)

*Normally they would not require N95 level protection for any interactions with symptomatic people; a procedural mask is sufficient with adequate eye protection and gloves**. And a note that they would not require any masks or gloves for dealing with asymptomatic people** (beyond what they would normally use for interactions with individuals of cours). If they are in the same room as an aerosol generating medical procedures (e.g. intubation) then they would require N95s, but I assume this would be a very rare circumstance and better protections would be to not be in the vicinity or use a barrier (through a window).*

May 18 - 24, 2020 - Executive Situation Report COVID-19 – (Chiefs Office Folder – FOIP Part 1 - Attachments Part 2- IAPU 355-368 2023-G-0163)

Federal Government Update

• The Chief Public Health Officer of Canada recommended wearing a non-medical mask or face covering when not possible to maintain a 2-metre physical distance from others, particularly in crowded public settings. Face coverings should fit well & be worn safely. Logistics Chief

*• Made recommendation to Police Communications Branch that **cloth masks are not endorsed**.*

July 29, 2020 – Executive Situation Report COVID-19 – (Chiefs Office Emails – FOIP Part 1- IAPU 978 2023-G-0163)

You will note that there will be increased requirements within the City for face coverings on public transportation and within public areas of City facilities. A draft bylaw to further increase face covering requirements will be presented by City Administration to City Council today and we will await the result. Guidance will be shared with our membership

once we know what the City's face covering requirements will be. In the meantime, please ensure that your teams continue to follow our safety protocols of hand hygiene, workstation cleansing and donning PPE when distancing or barriers are not possible (parades, meetings, public interactions).

August 17-30, 2020 - Executive Situation Report COVID-19 – (Chiefs Office – FOIP Part 1 - Attachments Part 2 - IAPU 342-354 2023-G-0163)

• ***Ordering and distributing cloth face masks.***

September 16, 2020 - Executive Situation Report COVID-19 – (Chiefs Office – FOIP Part 1 - Attachments Part 2 - IAPU 1035 2023-G-0163)

Required contact tracing by our OH&S, upon learning that an employee had been in contact with an asymptomatic person who later tested positive, has revealed that a very a high percentage of persons to date report inadequately distancing or not wearing all of the necessary PPE (face coverings, gloves, glasses) as dictated by the situation. This may result in self-isolation versus self-monitoring. We all know that COVID positive cases will happen and our membership will be impacted. We will continue to recognize when a positive case occurs as a reminder to all that we need to remain vigilant. By no means is this to be construed as pointing fingers or laying blame. We are all in this together and any one of us could be impacted.

Please continue to recognize members who are demonstrating good adherence to COVID-19 prevention and please remind others who still need some prompting.

September 30, 2020 - Executive Situation Report COVID-19 – (Chiefs Office – FOIP Part 1 - Attachments Part 2 - IAPU 976 2023-G-0163)

The pandemic team is working on an updated organizational message that speaks to the importance for us all to maintain our distance and use face coverings as appropriate, plus a reminder of what coverings in what circumstances are available. Supplies are sufficient for all EPS personnel. Contact tracing or observing unmasked groups of people (three or more) entering elevators without masks is creating concern that our education to date has not reached everyone, or is simply not being adhered to by some. We all must think of other people's safety (both EPS staff and the public) and feelings when we crowd into shared spaces or condone those behaviours. We must limit numbers or wear face coverings.

October 14, 2020 – Email communication Re Draft Mask Article and Web Content – (Chiefs Office Email – FOIP Part 1 - IAPU 967 2023-G-0163)

*I think the general consensus will be to **strongly encourage use versus mandate use**.*

October 16, 2020 - Executive Situation Report COVID-19 – (Chiefs Office – FOIP Part 1 - Attachments Part 2 - IAPU 980 2023-G-0163)

Last Thursday, the CMOH Dr. Hinshaw announced three voluntary guidelines that she hoped Albertans would follow related to: masking at work, cohorts and indoor occupancy during private functions to 15. We messaged those to our membership last Friday through

> *Corporate Comms in that we "**strongly urge**" our membership to lead by example. It is my hope that if not already, you will **model the face covering usage** within our facilities upon entering an EPS facility and when outside of your office or in transit to meeting rooms, classrooms, fitness facilities, locker rooms, lunch rooms (places where 2 metres spacing or barrier protection exists) at which point the masks may be removed.*
>
> *Yesterday morning, on behalf of the Pandemic Committee, I requested approval from Chief's Group to go one step further than "strongly urge" and make face coverings in common areas within our police facilities temporarily a "requirement" until our EPS self-isolation numbers come back down to a less impactful level. We will post a Spotlight Article shortly to announce the adjustment and explain the rational for it. We want to ensure the message is received positively and your continued modeling and positive **messaging of the requirement will be key to ensuring acceptance and compliance in all areas**.*
>
> *We must counter the stress that a face covering requirement may have on individuals versus the undue stress that these unintentional isolation vacancies create on our operational readiness and the stress on isolating members and their families while awaiting test results. We know that positive cases will occur regardless of how careful we all are, but it's how many collateral isolations we can prevent by following a few measures.*

October 26 – November 15, 2020 - Executive Situation Report COVID-19 – (Chiefs Office – FOIP Part 1 - Attachments Part 2 - IAPU 287-301 2023-G-0163)

> Federal Government Update
>
> *• Also, on 3 Nov, Dr. Tam began recommending three-layer masks as a method of minimizing the spread of COVID-19. (**EPS issued cloth masks meet this standard**).*

November 2020 - The use of masks in fitness facilities was an issue discussed frequently by the Pandemic Committee. (HR Folder – FOIP Part 1 - IAPU 72 2023-G-0163) – Consideration for aerosol transmission document from the Government of Alberta (unknown department) published on November 2020 stated that:

> *Although COVID-19 does not appear to transmit like measles through airborne transmission, individuals and businesses should assess for the circumstances that raise the risk of aerosol transmission, and where these circumstances exist, apply mitigation strategies.*
>
> *Note: that at this time **masks are not recommended for intense exercise** but could be used for moderate exercise.*

The OH&S folder contained the following mask publications as reference materials:

> *1) BMJ Open A cluster randomised trial of cloth masks compared with medical masks in healthcare workers. Published March 26, 2015* (OH&S Foler – FOIP Part 1 - IAPU 236 OHS 2023-G-0163):
>
> *Conclusions: **This study is the first RCT of cloth masks, and the results caution against the use of cloth masks. This is an important finding to inform occupational health and***

safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection. Further research is needed to inform the widespread use of cloth masks globally. *However, as a precautionary measure, cloth masks should not be recommended for HCWs, particularly in high-risk situations, and guidelines need to be updated.*

2) *European Centre for Disease Prevention and Control Technical Report - Cloth masks and mask sterilisation as options in case of shortage of surgical masks and respirators Published March 26, 2020* (OH&S Folder – FOIP Part 1 - IAPU 246 2023-G-0163)

There is limited guidance and clinical research to inform on the use of reusable ***cloth face masks for protection against respiratory viruses. Available evidence shows that they are less protective than surgical masks and may even increase the risk of infection due to moisture, liquid diffusion and retention of the virus****. Penetration of particles through cloth is reported to be high. In one study, 40–90% of particles penetrated the mask. In a cluster randomised controlled trial, cases of influenza-like illness and laboratory-confirmed viral illness were significantly higher among healthcare workers using cloth masks compared to the ones using surgical masks.*

Altogether, ***common fabric cloth masks are not considered protective against respiratory viruses and their use should not be encouraged****. In the context of severe personal protective equipment (PPE) shortages, and only if surgical masks or respirators are not available, home-made cloth masks (e.g. scarves) are proposed as a last-resort interim solution…*

Surgical masks are made for single use*…*

Contamination of the surface of respirators and surgical masks entails a risk for infection when reusing a mask or respirator.

Cleaning of reusable equipment before sterilisation is recommended but there are no data available on the effective and non-damaging cleaning methods for single-use equipment such as masks.

On November 2020, the Government of Alberta (no department listed) published a guidance document titled "**COVID-19 Information – Non-medical Masks**". (HR Folder FOIP Part 1 - IAPU 82 2023-G-0163). It is **important to note that this document was not produced by Workplace Health and Safety** and there was **no reference to any of the OHS legislation** in the document. This guidance document discusses the use of non-medical cloth masks in the community to reduce dispersion of large droplets from infected people, variable effectiveness, and risks of harm. The potential risks of harm outlined in this document are as follows:

Impact on Community Transmission

<u>No randomized controlled trials</u> have been completed to evaluate the effectiveness of mask use for COVID-19*.*

Potential harm

This evidence review stresses that mask wearing can reduce potential exposure risk from infected persons before they develop symptoms and protect healthy individuals. The likely

disadvantages of the use of non-medical masks by healthy people in public include theoretical risks of self-contamination, increased risky behaviour, and negative personal impacts.

Self-Contamination

- *Evidence is not conclusive about potential increased risk of self-contamination due to the manipulation of a face mask and subsequent eye/nose/mouth touching with contaminated hands. Some non-COVID 19 research suggests this as an issue (Zamora, et al), while more recent work found a decrease in face-touching behaviour while masking. (Chen, et al.)*
- *Potential self-contamination that can occur if nonmedical masks are not changed when wet or soiled.*
- *Poor compliance with proper mask wearing, in particular by young children.*

Increased Risky Behaviour

- *A theoretical risk of a false sense of security, leading to potentially lower adherence to other critical preventive measures such as physical distancing and hand hygiene.*
- *Increased mobility and time spent away from home. (Kovacs et al)*

Negative Personal Impacts

- ***Potential headache and/or breathing difficulties,*** *depending on type of mask used.*
- ***Potential development of facial skin lesions, irritant dermatitis, or worsening acne, when masked frequently for long hours.***
- ***Difficulty with communicating*** *clearly; particularly, difficulty communicating for deaf or hearing-impaired persons who rely on lip reading.*
- ***Disadvantages or difficulty wearing masks****, especially for children, developmentally challenged persons, those with mental illness, elderly persons with cognitive impairment, those with asthma or chronic respiratory or breathing problems, those who have had facial trauma or recent oral maxillofacial surgery, and those living in hot and humid environments.*

March 19, 2021 - Executive Situation Report COVID-19 – (Chiefs Office – FOIP Part 1 - Attachments Part 2 - IAPU 1039 2023-G-0163)

Vaccinated or not, it will be important that all personnel maintain our consistency of cleaning and PPE for the time being.

May 13, 2021 – CMOH Order 22-2021 which contains a list of health conditions for exemptions to masking. (Chiefs Office – FOIP Part 1 - Attachments Part 2 Folder – IAPU 42 2023-G-0163).

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:
o anxiety disorders;
o psychotic disorders;
o dissociative identity disorder;
o depressive disorders.
• Facial trauma or recent oral maxillofacial surgery.
• Contact dermatitis or allergic reactions to mask components.
• Clinically significant acute respiratory distress

May 14, 2021 - Executive Situation Report COVID-19 – (Chiefs Office – FOIP Part 1 - Attachments Part 2 IAPU 1037 2023-G-0163)

• While masking in the workplace appears to have improved by the majority, there continues to be potential for significant staffing impact if continual masking and distancing where required to do so at work is not followed. We don't want to risk losing whole work units or our fitness facility access due to complacency toward safety rules.

• Vaccinated persons must still distance and mask as well as stay home if they are experiencing any flu or cold like symptoms.

• The EPS recently received two separate complaints from AHS about EPS staff not masking or distancing in public spaces. ***It is an Occupational Health and Safety requirement for our members to adhere to the Health Orders and to wear appropriate PPE****.* ***We need to be seen in compliance of the laws that are our duty to uphold through enforcement or discretion (education****).*

September 3, 2021 – Record of Decision – CMOH Order 40-2021 (Chief Office FOIP Part 1 - Attachments – Part 2 – IAPU 31-44 2023-G-0163)

B. Exceptions for health conditions
4.3 Despite Part 3 of this Order, a person who is unable to wear a face mask due to a health condition as determined by an authorizing health professional is excepted from wearing a face mask while attending an indoor public place.
4.4 For the purposes of section 4.2, the health condition must be verified by a medical exception letter that includes the following:
(a) the name of the person to whom the exception applies;
(b) the name, phone number, email address, professional registration number, and signature of the authorizing health professional; and
(c) the date on which the written confirmation was provided.
4.5 For greater certainty, although the medical exception letter must verify that a health condition applies, the medical exception letter must not include specific information about the health condition.

E. Exceptions for physical and performance activities
4.9 Despite Part 3 of this Order, a ***person is not required to wear a face mask while participating in a physical activity.***
4.10 Despite Part 3 of this Order, a ***person participating in a performance activity is not required to wear a mask.***

In an undated attachment in the Chief emails. (Chiefs Office Email – FOIP Part 1 - Attachment Part 3 Folder- IAPU 3 2023-G-0163). The following was stated in response to the COE revoking the masking bylaw and the EPS changing pandemic protocols. There is a reference to **March 4th** communication in the contents of the information:

Masking:

• Moving forward masking will continue to be mandatory in the following settings:

o Ride-alongs: Minimum of a medical mask will be required for all ride alongs until such time as the mandatory isolations for COVID-19 symptoms are lifted (provincial Step 3)

o Within the gyms until such time as the mandatory testing requirement is removed for unvaccinated employees

***o Any vaccinated employee returning to work following COVID-19 infection is still mandated by law** to wear a mask in the company of others for 5 days (this includes while alone at a workstation in a shared space, but not alone in a closed office)*

• While no longer mandatory, we continue to strongly encourage all members to wear masks in all shared settings, particularly the following:

o Boardrooms and offices where 2m distancing cannot be maintained

o Shared spaces like elevators and hallways

• Removal of mandatory masking does not prevent anyone from wearing masks at any time according to their own comfort level

***EPS will continue to monitor the impact of the COVID-19 pandemic and reserves the right to re-instate masking and testing requirements at any time**, with a minimum of one week's notice for testing.*

March 4, 2022 – Edmonton Police Service – **Respiratory Protective Equipment Program** (Combined Records Redacted FOIP Part 2 – EPS IAPU 3240, 3241, 3242, 3243-3252 2023-G-0199). This program was developed January 14, 2011, and was reviewed and approved on March 4, 2022. Forms for the Respiratory Fit Test Record and Respiratory User Screening Forms were provided. The document referenced policies, procedures or legislation were provided with the disclosure. Relevant information from the program is below:

*This Respiratory Protective Equipment Program applies to the **use of all respiratory protective equipment in** the Edmonton Police Service, including, but not limited to, disposable N95 filtering face-piece respirators (dust masks), half mask air purifying respirators, full-face air purifying respirators, powered air purifying respirators, and self-contained breathing apparatuses (SCBA).*

Supervisors will be responsible to:
• ensure members are made aware of airborne hazards and that appropriate respirator protective equipment is available (as per the applicable Respiratory Protective Equipment Code of Practice and EPS Hazard Assessments),
• ensure that training evidence is kept for each class training session.
• consult with DEOPS and the OHS Section when selecting new respirators to ensure that they meet the requirements of the Alberta OHS Code, and applicable standards,
• ensure staff under their supervision that require respiratory protection are fit-tested; are trained in the use, care, and limitations of their respirator; and that change-out, inspection, and cleaning schedules are being adhered to,
• use the Respirator User Screening Form, ensure that staff under their supervision are medically fit to wear a respirator,
• ensure staff under their supervision use their respirators in accordance with this program, the applicable Respiratory Protective Equipment Code of Practice, training received, and manufacturer specifications
• ensure workers are clean shaven where the respirator seals to the face and that there is no object/material that may interfere with an effective seal if the work activities they are involved in require the use of a respirator.

Employee will be responsible to:
*• be **fit-tested for ALL the respirators required prior to use (including N95, disposable masks) and, at minimum, every two years,***
• review the applicable Respiratory Protective Equipment Code of Practice,
• complete the Respirator User Screening Form and provide a signed copy to DEOPS prior to fit-testing,
• inform their supervisor and the OHN of any known medical condition that would prevent them from safely wearing a respirator,

Hazard Assessment
Hazard identification, assessment and control will be conducted according to the Occupational Health and Safety Procedure HR29-1PR and the EPS Hazard Assessment and Control Standard.

Respirator Selection
Information collected during the hazard assessment will be used to select an appropriate respirator. The hazard assessment, when used for respirator selection, will take into consideration the following items:
• airborne contaminants that may be present
• physical state of the contaminants
• measured or expected concentration of contaminant in the air
• occupational exposure limits for the contaminants
• health effects of the contaminants and routes of exposure
• warning properties of the contaminants (i.e. odor, taste and irritation)
• whether an oxygen deficient or immediate danger to life and health (IDLH) atmosphere exists or may occur

• length of time the respirator is required
• need for emergency escape
Respirator selection must be documented using the EPS Hazard Control Form and the Respiratory Protective Equipment Code of Practice. The selection process must be carried out for both routine-use and emergency-use respirators. The respirator decision flow chart from CSA Standard Z94.4 may be used to aid in the selection process.

General Care and Use

ALL RESPIRATORS

1. *Only NIOSH-approved respirators will be used. Written approval from the Alberta Director of Occupational Hygiene must be obtained prior to using any respirator that has not been approved by NIOSH.*
2. *Nothing shall be allowed to interfere with the facial seal of a tight-fitting face-piece respirator including facial hair and corrective eyewear. Prescription eye inserts are available for workers requiring full face respirators.*

4. Respirator users shall not remove their facepiece or break the seal of their respirator while in a contaminated atmosphere.

8. *Filtering face-piece respirators (disposable masks with a minimum NIOSH rating of N95) must be discarded after use. N rated respirators cannot be used in environments where oils have the potential of becoming airborne*

Health Surveillance

1. All employees who are required to wear a respirator must complete a Respirator User Health Screening Form. This form is confidential to the supervisor, the fit-tester, the OHN, the occupational physician, and the employee. Should concerns arise following the review of the form by a qualified health professional, the employee may be required to participate in a medical assessment. The health screening form is to be completed every two years in conjunction with the bi-annual fit-testing.
2. The medical assessment should include, as a minimum, a review of any diagnoses or respiratory and cardiovascular disease, pulmonary function test and electrocardiography. The medical assessment will be arranged by the OHN in consultation with the employee. The assessment and the results are confidential to the OHN, the employee and the occupational
physician.

When the **EPS Respiratory Protective Equipment** (RPE) Program underwent the review and revision in March of 2022, the type of masking used during the COVID-19 pandemic response and masking identified the more recent hazard assessments, was not included in the respiratory protection program. The employer indicated that these were PPE, to be used for health and safety reasons in all the communication to employees. There was a large focus on compliance, need and supplies for masking in the meeting minutes, however, on review of the RPE program a section related to masking was not included.

FOIP Part 2 2023-G-0199 Combined Records Redacted Folder contained 3161 pages of divisional hazard assessments for the years 2019 to 2023 for civilian and sworn members. All the hazard assessments were reviewed to determine the RPE identified by division. These were charted and attached as Appendix NG-04.

The COVID-19 specific EPS Hazard Assessment and Control Forms from 2020 and 2022 were included as a chart in and above section of this document. It is noted that this hazard assessment fails to indicate the **pre-control hazard risk rating** prior to the use of possible controls. All identified hazards were assessed to be a LOW rating with controls implemented.

FOIP Part 2 contained 3161 pages of hazard assessments for both sworn and civilian members of the EPS. These hazard assessments were from 2019 to 2023. In assessing the information on the hazard assessment forms it was noted that there is **no pre-control hazard risk rating** with any of the forms. The hazard assessments were extensive as there are a wide range of working conditions and possible hazards to consider for employees. The legend indicated the Hierarchy of Controls as outlined in the OHS Code Part 2 section 9 Hazard elimination and control.

The EPS Hazard Assessment and Control Forms were charted by the writer to provide a summary related to Masking (Appendix NG-04). The hazards were assessed for the civilian and sworn members separately, even if they were in the same working groups or on operational teams.

The Hazard Category of interest for the summary tables was identified as **Health-Biological Exposure (mould, viruses, blood and body fluid, bed bugs, animal bites, etc.).**

1) Summary of findings from the position specific hazard assessment analysis relating to PPE (and masking) as follows:

PPE - Respiratory Protective Equipment (RPE) - Civilian Members (units may have identified multiple PPE in their assessment i.e. N95, P100 or multiple non-RPE masks such as surgical or cloth)

- In 2019 – **6 of the 27** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift.
- In 2020 – **8 of the 30** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift.
- In 2021 - **11 of the 31** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift.

- 1 unit identified a Surgical mask (during pandemic)
- 1 unit identified a Disposable 3-ply mask, EPS Civil Cloth face mask

- In 2022 - **13 of the 29** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift.
  - 3 units identified Surgical masks.
  - 2 units identified Face masks
  - 1 unit identified Medical masks.
  - 1 unit identified a Disposable 3-ply mask, EPS Civil Cloth face mask
- In 2023 - **13 of the 29** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift.
  - 3 unit identified a Surgical masks
  - 2 units identified Face masks
  - 1 unit identified Medical masks
  - 2 unit indicate appropriate face mask as required
  - 1 unit identified a Disposable 3-ply mask, EPS Civil Cloth face mask

- The **Civilian Member (OHS Section) did not have masking or N95 respiratory PPE listed on any of their hazard assessments.**

PPE - Respiratory Protective Equipment (RPE) - Sworn Members (units may have identified multiple PPE in their assessment i.e N95, P100 or multiple non-RPE masks such as surgical or cloth)

- 2019 - **31 of the 32** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift.
- 2020 - **37 of the 37** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift.
- 2021 - **36 of the 36** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift.
  - 3 units identified N95 Disposable masks
  - 2 unit identified Surgical masks
  - 1 unit identified a Disposable 3-ply mask, EPS Civil Cloth face mask
- 2022 - **38 of the 38** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had

additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift
    - 3 units identified N95 Disposable masks
    - 2 unit identified Surgical masks
    - 1 unit identified a Disposable 3-ply mask, EPS Civil Cloth face mask
- 2023 - **43 of the 43** hazard assessments provided indicated that the role may require a NIOSH approved fit-tested N95 respirator as required, Forensic Identification had additional requirement of half-mask respirator with P100 or OV filter/changing filters after every shift
    - 5 units identified N95 Disposable masks
    - 1 unit identified Surgical masks
    - 2 unit identified a Disposable 3-ply mask, EPS Civil Cloth face mask

The sworn member hazard assessments were consistent with the requirement for RPE prior to and during the pandemic response. The documentation shows that during the pandemic 2021, 2022 and 2023 very few units (or sections) added masks of any type to their hazard assessment forms.

Pandemic Committee – COVID-19 Command Team Meeting Minutes - Chart Related to Masking

Contained in the Pandemic Committee FOIP disclosure file are the meeting minutes for the COVID-19 Command Team. This team was tasked with the EPS pandemic response and the meeting minutes were communicated to the Chief and Executive team via email. The team head was Superintendent Dean Hilton and consisted of EPS members, OHS, OHN, HR, Operations, Planning, Legal, Corporate Communications, some of the team members did change or were not present for meetings. The full list of names can be seen on the meeting minutes in the FOIP disclosure documents.

The information from the COVID-19 committee is extensive and for the purpose of summarizing relevant highlights related to mask usage I have composed it here in a table. This is not an extensive list as the masking issues was a constant discussion in the meeting minutes. The any confusion discussed with the membership was warranted after reviewing the extensive information demonstrated in the minutes. It is also important to consider there was significant issue with the supply chain in relation to obtaining masks for the workplace.

Pandemic Committee Folder Document reference	Date	Relevant Mask Information
IAPU 6-9 2023-G-0163	March 19th, 2020	***Concerns with using masks, as it's difficult to take statements or see facial expressions***
IAPU 16-21 2023-G-0163	March 23, 2020	*Inquiry from Criminal History Section about fit testing for Masks.* ***Fit Testing is not required for N95 masks****.*
IAPU 22-28 2023-G-0163	March 26, 2020	*OHS addresses the question if a mask can be reused. The* ***N95 mask starts degrading with prolonged use due***

		to moisture. If the mask gets wet or becomes loose from pulling up and down, a new mask should be donned
IAPU 53-59 2023-G-0163	March 31, 2020	*Nicole Wetsch looked at using hydrogen peroxide for cleaning N95 masks for re-use.* ***The science is sound*** *however it's not as simple as spraying the mask.*
IAPU 66-70 2023-G-0163	April 3, 2020	*A significant donation of KN95 surgical masks arrived.* ***These masks don't meet the N95 criteria but can be used*** **for our 'clients'/persons displaying symptoms interacting with police.**
IAPU 71-77 2023-G-0163	April 6, 2020	*Uncertainty over the restrictions placed on 3M. We are expecting 19,000 N95 masks from them. We have 6,000 now and including the 3M order are expecting 30,000. Finding other sources from industries such as Oil and Gas who have donated*
IAPU 78-84 2023-G-0163	April 7, 2020	*• A cloth mask can be used in the event people can't maintain a 2M distance.* ***The cloth masks will only protect others, not yourself****. To be clear, the cloth mask will not protect you. An N95 mask must be used.* ***• Message that this is what is best and shall be practiced***
IAPU 491-496 2023-G-0163	April 8, 2020	*• PPE supplies destined to Canada by plane stopped in the U.S. and were seized. Vendors are looking at alternate arrangement to fly them directly into Canada*
IAPU 97-102 2023-G-0163	April 14, 2020	*Recent GOA recommendation to use surgical masks for health care workers is being reviewed to determine a best practice for EPS members. If members are in a 2- person car should they wear them. Up to* ***three (3) masks would likely be required per patrol shift.*** *May be recommended vs mandated. There are currently 9,000 surgical masks in MMB. More are being ordered*
IAPU 103-108 2023-G-0163	April 15, 2020	*Once we know they are arriving we will message with the recommendation for use. This will be a recommendation vs a directive. It is AHS mandated for care workers.* ***At this point we don't have any direction to mandate our members.*** *Mitigating risk by having 1-person patrol cars as much as possible and having the same partners in 2-person patrol cars.*
IAPU 114-118 2023-G-0163	April 17, 2020	*• Decision on the use of N95 and surgical masks has been reviewed and will remain the same at EPS. Further discussed in the Logistics Update* ***• Dr. Stephen Shafran in his presentation to EPS Chief's Committee yesterday said police don't need N95 masks. He said the virus is only contagious in an aerosol form. Donna Munro got clarity on this as it caused confusion. At Chief's Committee this morning the direction for our members to continue using N95 in risk situations***
IAPU 119-122 2023-G-0163	April 20, 2020	*PPE messaging will be on the EPSnet website and under Operational News. Email was sent out Friday to all sworn members.*

IAPU 143-146 2023-G-0163	April 28, 2020	*EPS Fitness Facilities - Option 2* *Open fitness facilities with specific requirements to reduce the risks of infection. All requirements have been closely examined by PCRT. Considerable discussion on the mandatory wearing of masks. It was agreed to* ***remove the mandatory requirement to wear a mask as its efficacy and may in fact cause more health concerns****.*
IAPU 161-166 2023-G-0163	May 5, 2020	***Opinion*** *of PCT that as the* ***kn95 offers no more protection than the surgical masks****, there is no need to order more* *When members are potentially exposed to COVID-19 while on duty, the OHS investigation protocol asks if members were wearing their PPE, did they have appropriate PPE, the length of exposure etc. Request OHS share that information to PCT to review and assess, PPE issues, training issues, communications issues or trends that should be addressed.*
IAPU 183-187 2023-G-0163	May 12, 2020	*PCB request to purchase cloth masks for upcoming training. OHS Consultant Nicole Wetsch, OHN's, Andy Simpson all reviewed the request and their recommendation is not to purchase the masks.* ***The masks don't comply with required level 11 testing and do not meet the standards of surgical mask****. PCT agreement with the decision of OHS.*
IAPU 192-195 2023-G-0163	May 14, 2020	*On Monday, Health Canada recalled KN95 masks which were provided by China. Proactive work with testing by EPS shows we were ahead. Stephanie Booth will forward the information to Insp. Hermanutz.*
IAPU 196-199 2023-G-0163	May 19, 2020	*RCMP have ordered 150,000 cloth masks to their members. PCT consideration to provide cloth masks to members discussed.* ***Cloth masks not recommended. Surgical masks or N95 still the recommended PPE option.*** ***Decision - PCT do not endorse cloth masks for operational use, civilian or sworn***
IAPU 200-204 2023-G-0163	May 21,2020	*PCB inquiring about cloth masks.* *Action: Insp. Akbar will advise Insp. Johnson, PCB, that* ***PCT do not endorse cloth masks*** *and provide the rationale behind that decision*
IAPU 230-233 2023-G-0163	June 8, 2020	*Positive coverage about EPS members engagement at the protest, but complaints to PSS about members not wearing PPE.* ***We don't want to punish our members for engaging with the public however the expectation is that members need to comply with the Health Orders****.* *The messaging about wearing PPE should include, glasses, masks, and gloves.* *Action: S/Sgt. Krull will provide Supt.Hilton with the deployment orders wording about wearing of PPE. Supt.*

		Hilton will bring this to Chief's Committee tomorrow with the recommendation that members that were not wearing PPE and maintaining 2-meter distancing be tested
IAPU 236-241 2023-G-0163	June 11, 2020	*Traffic Section reinforced the message to wear PPE,* ***particularly at planned enforcement sites****. At unplanned traffic stops members may not be able to don and doff PPE. The organizational message has to be strong that PPE is* ***expected to be worn in public****, other than in exigent circumstances, if a 2-meter distance cannot be maintained*
IAPU 259-262 2023-G-0163	June 29, 2020	*Spotlight article will focus on the* ***consequences of not wearing PPE.*** *Stephanie Booth offering assistance with that messaging. Safety both inside and outside of work.*
IAPU 263-266 2023-G-0163	July 2, 2020	*Supt. Hilton has sent a message to all Executive asking them to remind employees of distancing and PPE requirements. OHS have been attending the Joint Health and Safety meetings in the Divisions to* ***stress the importance of wearing PPE.***
IAPU 267-270 2023-G-0163	July 6, 2020	*PPE Awareness Article posted on EPSnet.* *o The 2nd comment as made by a member claiming the article was '****unsupported by facts and common sense****'.* ***Action: Donna Munro will respond directly to the member that responded sceptically about the wearing of PPE***
IAPU 276-280 2023-G-0163	July 13, 2020	*Messaging* *• Change up the mediums in the next couple of weeks to* ***make more of an emotional appeal for distancing and general safe practices such as PPE and how our actions impact others****. Slideshow for the EPS TV screens has been done completed reminding people to wear masks and meeting etiquette.*
IAPU 290-295 2023-G-0163	July 23, 2020	• *Edmonton City Council are meeting this afternoon to debate the issue of mandatory masks in all indoor public places. Insp. Hermanutz has spoken with CPS D/C Tawfik for information on how their service is responding to the mandatory mask wearing protocol. They are preparing an SOP for the issue.* • *Supplies of masks will need to be determined after today's city council meeting. A rough calculation, 2,700 EPS employees, issued 3 masks per day, 185 masks per employee.* • ***Will look at the cost of purchasing cloth masks if we would be asking employees to wear them. Cloth masks would have to meet a certain standard and OH&S will be consulted.*** • ***Anticipating compliance issues if council issues a mandatory wearing of masks bylaw***

IAPU 296-301 2023-G-0163	July 27, 2020	• *Donna Munro will do some research **on cloth masks and the difference between a cloth mask and a medical mask and provide an OH&S** recommendation.* • ***Comfort and quality vs fiscal considerations**.* • *Instructions on donning, doffing, and cleaning of cloth masks and other masks should be prepared.* • *Once all information is obtained, a Briefing note outlining strategies and recommendations (including mask type, colours, patterns, when to wear, etc.) will be presented to Chiefs Committee*
IAPU 302-306 2023-G-0163	July 30, 2020	• *PCRT had an in-depth discussion on how EPS can fulfill the mandates of the new bylaw.* • *Concerns with doffing and donning and touching your face repeatedly are to be addressed in corporate communications messaging.* • ***PCRT discussion and recommendation to obtain cloth masks for employees**. Distribute 4 each to front line members and 2 each to non-frontline members.* • *Recommendation that the colour be blue/navy blue. The decision would have to involve CSM. Masks would need to be **double layer, comfortable, with a nose-clip and washable**. While cloths masks are being obtained, members can wear disposable surgical masks.* • *Decision that members will not be permitted to wear their own masks while working* • *Our messaging will remain consistent. **Education and communication to gain compliance.*** • *Corporate Comms messaging to focus on **educating employees to the benefits of wearing non-medical masks***
IAPU 307-311 2023-G-0163	August 4, 2020	• *On Friday, July 31, **60 cloth masks were given to Downtown Division members to trial by MMB**. Not a lot of feedback. The intent is to trial 2 different styles to see which fit better and felt better. The **navy blue colour, recommended by PCRT** is hard to come by right now and it would take longer to procure and deliver the product. The mask coverings currently being trialed are available in black, grey, or light blue* • *OH&S Nurses will pick up the trial masks to review.* • *Recommendation to put instructions on when and how to wash them Andy Simpson will ensure this is done* • *Information on face-coverings has gone out internally and externally. Feedback from the **public is not***

		supportive, are unhappy and think police are responsible for supporting this bylaw.
IAPU 312-316 2023-G-0163	August 6, 2020	• *COE are exploring a face covering exemption button to say, "I can't wear a mask".* *• Feedback from Bylaw: 80% of the public are wearing a ask. Good compliance as well inside public spaces* • *Some feedback on the cloth masks being trialed are that the loops over the ears are too tight. The vendor advises that they are available in different sizes immediately.* • *The masks will be sent out to all of the divisions to distribute. First to all front-line members and thereafter to civilians and non frontline members. Cleaning and care instructions will be included,* • ***Messaging will be clear that this mask is the immediate option PCRT/MMB/OHS will be continuing to source and review.*** • ***reiterate the use of*** *the N95 mask only when dealing with symptomatic persons or entering a crowded place.* • *Messaging expectations on how we can align with the face covering bylaw when dealing with the hearing impaired*
IAPU 337-342 2023-G-0163	August 27, 2020	*Donna Munro advises that when the* ***cloth masks are washed and put in the dryer they shrink****.*
IAPU 347-351 2023-G-0163	September 3, 2020	*Planning for how we are preparing for members to wear a mask in winter. Masks will become moist and damp more quickly in cold weather.*
IAPU 352-357 2023-G-0163	September 10, 2020	• ***PCRT discussion on public perception, liability and messaging****. Not sure messaging is working. Management, supervisors and senior leadership need to stress the importance of wearing PPE and lead by example.* ***Strategizing whether a continued conservative approach with positive reinforcement vs a more aggressive approach instructing members of the expectation to wear PPE. All reasonable avenues to gain compliance should be exhausted before considering possible consequences or discipline****.* • *At this time,* ***PCRT strategy is to make sure our messaging is clear, that we need to see compliance or there could be consequences****. That decision would be up to Chiefs Committee* • *The intent of EPS providing the cloth mask is to ensure quality and consistency. Additionally, surgical masks are readily available. If a member chooses to wear their own cloth mask it must be black in color with no logo.*

IAPU 367-372 2023-G-0163	September 24, 2020	• *There have been 1-2 repeat people who have needed to isolate for not wearing PPE. Donna Munro will provide that information to Supt. Hilton who will take it to Divisional Management* • *A draft of the cold weather information and recommendations relating to PPE/clothing has been sent to PCRT to review.* ***There is no existing research on this.*** *One comment, in winter we can expect masks will get damp quicker so they will need to be changed out more frequently* *Face Covering Compliance* • *We are currently seeing compliance concerns with mask wearing. Communication to membership to add clarity to when and where to wear a mask internally may be as simple as, when you leave your desk, wear a mask.* • *Supt. Hilton directs that the messaging on masks be put out asap.* • *Evidence, rationale and recommendations to be presented to Chiefs Committee as they ultimately have to make the decision to mandate and model mask wearing.* • *The importance and wearing of wearing face covering to be messaged out asap.* • *Lauren will work on a more fulsome message with key points. i.e. bullet point for simple visual based communication, here is what we have and why it is important to wear it, here is the issue, here is the evidence, here are the circumstances. This will go out as a Highlight Article*
IAPU 382-384 2023-G-0163	October 5, 2020	*Donna Munro will follow-up with Insp. Scott Jones, Northeast Division to ask what their protocol is about masking in close quarters. Nurses discussions are that they have been holding squad meetings in close contact and not wearing masks.*
IAPU 392-395 2023-G-0163	October 13, 2020	*Mask Wearing* *•* ***Majority of meeting dealt with discussion about mandating mask wearing and planning for it consistently throughout EPS*** *since the strong provincial voluntary recommendations from Thursday, 08 October 2020.* *• Supt. Hilton provided update to Chief's Committee morning meeting on Friday, 09 October 2020, and stressed that the isolation numbers at EPS plus active COVID-19 cases in the Edmonton Zone have been steadily increasing.* *• At Nixon Range mask wearing is already practised. Though some a reluctance to wear masks in some areas, it will likely change for most if it is mandated and more*

		employees are seen wearing masks. ***There certainly would be more confusion if there is no consistent approach at EPS.*** *• Discussion that mandatory mask wearing does not have to be forever but can be stopped if EPS members isolating is below a certain threshold. It could also be tied to COE being under 'Enhanced Status'.* ***• Discussion also included that if enough members voluntary wear masks, it might be enough to see voluntary compliance.*** *• Concern that EPS has finite human resources and we have seen the impacts to NE Division when they had many positive COVID-19 cases. If there is an outbreak the cascading consequences are significant with self-isolation and overtime needs.* ***• There is also a growing body of evidence now that if masks are worn and someone still gets COVID-19, the viral load that person received will have been lower and likely lead to less severe illness****.* *• Decision was made for Lauren to update the already planned mask article to reflect that masks will be mandatory at EPS. The article is to outline the benefits and importance of mask wearing.* ***Action: Lauren to write Mask Wearing article up as if it were approved. Supt Hilton to seek approval for required face coverings from Chiefs Committee*** *OH&S update* *• <u>No positive COVID-19 tests since the last meeting</u>.* *Operations – HSSCT* *• Insp. K. Johnson had a phone call with AHS and the City of Edmonton last Thursday to discuss enforcement. COE is focussing on hot spots and doing proactive checks on retail, sporting complexes, etc.* ***COE can only enforce the mask bylaw when responding to complaints***
IAPU 396-399 2023-G-0163	October 15, 2020	*• Agreement from Chiefs Committee on PCRT recommendation that wearing a mask will be a requirement for specified areas including transit to and between work areas, gym, classroom, and where physical distancing is not possible.* *• The information will be messaged to highlight why this is important. For personal and family health & wellbeing, protection of others and reduce the staffing impacts due to self isolation cases.* ***<u>Masking Protocols will be scaled up to "required" or down to "encouraged" dependent on positive cases in Edmonton and EPS COVID 19 related absences</u>****. Protocols will be reviewed by Chiefs Committee biweekly. Supt. Hilton will work with Lauren Wozny on final edits.*

		Action: Supt. Hilton and Lauren Wozny will do final edits. Michael James, Michael Elliott at the EPA, then Chief Mcfee for final approval. *• Members having issues with **glasses fogging up while wearing masks**. Will trial some samples of wipes and see about MMB stocking them*
IAPU 400-403 2023-G-0163	October 19, 2020	*• The requirement to wear a mask while at work article was posted on Friday. The Chief did ask that a video be done reinforcing health and safety*
IAPU 404-409 2023-G-0163	October 22, 2020	*N95 masks with a valve don't fog up glasses. Though they expel air, they are filtered. The N95 masks currently in EPS inventory are approved and believed to be acceptable.*
IAPU 410-413 2023-G-0163	October 26, 2020	*• A message was received on the Covid inbox asking if balaclava's can be used instead of face coverings/masks. Information was drafted on this previously as part of winter protocol planning. The issue is that balaclavas don't provide the same level of protection. Lauren will forward the inquiry to Nicole to respond.* *• The winter protocols document should get posted soon. Nicole will review the document to ascertain if the recommendations for winter PPE and face coverings properly explains why a balaclava is not a suitable replacement to an approved mask*
IAPU 414-419 2023-G-0163	October 29, 2020	*• There has been concerns/confusion brought forward as to when an N95 mask should be used vs a cloth or surgical mask* *• **Disability Management has received an accommodation request form an operational member to not wear a mask for medical reasons. This particular member has a medical note that says he/she has a window where a mask could be worn for a short period of time**. This accommodation would require supervisory involvement. If a full exemption request was received, a member may have to be removed operationally. Also to consider is the **requirement to wear a mask is to protect others** and it highlights the importance of members who are able to wear masks. OH&S will work with the member on this particular situation which sounds solvable.* *- OHS advises buffs or neck warmers are not a replacement for masks. Winter protocol will outline details*
IAPU 420-423 2023-G-0163	November 2, 2020	*• Donna will analyse the statistics and see if there are any trends. Concern is that mandatory mask wearing is not seen as effective versus potentially preventing even more cases.*

IAPU 424-429 2023-G-0163	November 5, 2020	*• Concerns and several complaints from EPS members about Constables, Sergeants and Staff Sergeants not wearing masks in SE Division. Some Constables are apparently vocal against face mask wearing. Nicole noticed at PHQ masks not being worn.* ***The messaging doesn't seem to be getting through.*** *27(1)(a)* *Action: Supt. Hilton will go to SE Division and have a conversation with Insp. Wasylyshen. Insp. Johnson will speak with Downton Division Insp. Gill. Supt. Hilton will speak with Chief's Committee* *• Clarification on the level 1, level 2 and level 3 surgical masks. Nicole Wetsch advises that there is little difference between level 2 and 3. The majority of surgical mask inventory in the EPS are level 2 which meets our requirements, not withstanding someone displaying symptoms or are confirmed COVID-19 positive which would require N95 level protection. A person would be considered exposed if they were only wearing a surgical mask in those circumstances.*
IAPU 430-434 2023-G-0163	November 9, 2020	***• In the Sergeants Mess you must wear a mask up until the point where you sit at your table***
IAPU 435-439 2023-G-0163	November 16, 2020	*• OHN Denise Sribney recommends communication to members that are working with the vulnerable population to wear a N95 mask vs a cloth or surgical mask due to the increased risk.* *• A member has medical information to support a mask exemption. OH&S are working through the process that will be followed.* ***Other members have come forward inquiring about exemptions now that one was approved.***
IAPU 440-445 2023-G-0163	November 19, 2020	*• AHS have informed our nurses when members of the pubic test positive and have had contact with EPS members. As more has been learned about the virus, AHS advised that a person can be infectious 48 hours before symptoms appear which may place EPS members at risk as they would likely not be wearing a N95 mask.* ***• Things have changed as far as our interpretation of mask wearing. A medical mask is not sufficient if you are dealing with a COVID-19 positive person. Physical distancing is imperative. More research is required by our OH&S area to understand and then draft the mask guidelines to protect our members from having to isolate****.* *• Recently updated guidelines from CMOH, recommending a three layer non-medical mask. Two layers of a cloth mask should be made of a tightly woven fabric and the middle layer should be a filter type non-woven fabric*

		Action: Nicole Wetsch ***will research an appropriate cloth mask with filter pocket****.*
IAPU 446-451 2023-G-0163	November 23, 2020	*• CoE Emergency Advisory Committee approved extension of the masking bylaw to December 31 , 2020* *• OH&S discussion on masks. CPS and EPS had been given different information by AHS about the different levels of surgical masks. One of our nurses, who also works in a hospital relayed that the medical guidelines on masks is similar to what CPS had been told.* ***AHS will not consider a cloth mask sufficient if a person has come in contact closer than 2m distance to a COVID positive person for a cumulative 15 minutes.*** *• Cloth masks are sufficient in an office environment where we can maintain 2m distance. In classroom training or with front-line members responding to calls an ASPM level 3 surgical mask will be required. For symptomatic people an N95 must be used. The AHS guideline as of today is that if you are outside the 2m distance, mask or not, you are not considered exposed.*
IAPU 452-455 2023-G-0163	November 26, 2020	*• Though AHS want us to use ASPM level 3 masks, AHS themselves are using level 1 masks. Stacey York confirmed that all of the surgical masks in stock are level 2. All of the level 2 is 3ply. Nicole recommends purchasing level 3 but are comfortable using the level 2.* *• EPS issued surgical masks will be worn in all situations where physical distancing cannot be maintained but no symptomatic people are present.* ***• Cloth masks are not considered adequate protection for those exposed to COVID-19 in situations when 2m physical distancing was not maintained for longer than 15 minutes****.* *• Reminder: Neck warmers, balaclavas and buffs are not a replacement for face masks*
IAPU 456-460 2023-G-0163	November 30, 2020	***• Some members are still not clear on masking requirement as the question came up if masks are required in bathroom stall and at urinals.*** *• Working with CoE on enforcement strategy.* ***CoE are interested in mask enforcement. The Justice Minister stated he is looking for people to be held accountable****.*
IAPU 461-466 2023-G-0163	December 3, 2020	*• Mask wearing and distancing needs to be reinforced with sergeants and supervisors. Supt. Hilton will speak to the* ***Deputy Chief's to see if they can push something out on accountability and following the guidelines****.*
IAPU 471-476 2023-G-0163	December 10, 2020	*• Reinforce mask protocols. Masks must be worn at all times in an EPS facility unless sitting alone in an office or secure cubicle and maintain 2m distance from others.*
IAPU 497-501 2023-G-0163	January 4, 2021	*• The nurses are not seeing near as many close contact exposures in contact tracing. They continue to see more*

		people wearing surgical and N95 masks but still seeing cloth masks being worn in close contact situations. ***Regardless of messaging, some members were not aware the cloth black masks do not provide protection in close contact situations****.* *Messaging positive messaging about the decrease in employees having to isolate but reinforce the importance of wearing a surgical mask when in close contact for more than 15 minutes.*
IAPU 512-516 2023-G-0163	January 14, 2021	*•* ***There are two parts to enforcement to be addressed. What we are authorized to do under the Health Order and what the expectation is for members to follow when there is no compliance. There is confusion as the AHS website states that people do not have to prove they have a mask exemption.*** ***The Province is establishing orders but not making clear guidelines for enforcement; hence, jeopardizing prosecution.***
IAPU 517-519 2023-G-0163	January 18, 2021	*• Enforcement expectation and strategy was sent to membership on Friday by Insp. Johnson. 27(1)(a)* ***Information on AHS website makes prosecution impossible****. The Province is saying you don't have to prove it but just say it. This is creating difficulties on the enforcement side. 27(1)(a)*
IAPU 528-532 2023-G-0163	January 28, 2021	*• Katja attended a meeting this week in which there were 4 people in a room and only 2 were wearing masks. There appears to be a misconception that with proper spacing they didn't have to however the masking mandate by the province is that masks must be worn in all indoor workspaces.*
IAPU 537-543 2023-G-0163	February 4, 2021	*• City Administration are more understanding of the challenges with enforcement. Status is for education to gain compliance.* ***City Council is pushing for ticketing, not understanding that writing tickets is futile without the Orders being Enforceable***
IAPU 548-551 2023-G-0163	February 11, 2021	*•* <u>*Meeting with AHS, Environmental Public Health, RCMP, CPS, Special Prosecutor and Minister of Health on enforcement expectations. EPS, CPS, RCMP and the Special Prosecutor*</u> *are all on the same page pertaining to the limits of our lawful authority. The* ***Special Prosecutor confirmed that they will not prosecute masking enforcement based on the Public Health Act*** *because of the contradictory content on the AHS website.*
IAPU 552-556 2023-G-0163	February 18, 2021	*•* ***Black non-medical disposable masks are being requested. PCRT in agreement that these masks are not recommended nor will they be procured as they do not meet our OHS standards****. Messaging will be drafted by Katja, Nicole and Lauren that will be clear that we don't*

		want people bringing in disposable masks from home. We have plenty of blue surgical masks in stock that meet our standards
IAPU 557-561 2023-G-0163	February 22, 2021	***Once vaccinated, health states COVID-19 can still be acquired and spread. It just minimizes the severity of the infection and reduces severe health outcomes. We will still need to mask, distance and isolate****. AHS has not changed the guideline for isolation times whether you have had the vaccine or not*
IAPU 585-589 2023-G-0163	March 25, 2021	*Fitness Testing* *• The requirement to wear a mask during high intensity workouts will remain status quo at this time due to variant strain activity in the Province****. PCT will continue to review the masking rules but a decision on changing the requirement will be dependent on the COVID-19 numbers and the increases of faster spreading COVID-19 variants****.*
IAPU 590-593 2023-G-0163	March 29, 2021	*• The necessity to wear a mask while doing high intensity workouts and fitness testing will remain status quo. As the proposed June 1 start date to commence mandatory fitness testing approaches, mandatory masking during HIIT for sworn members will be assessed at that time.* *• A request from patrol was made to Stacey York for a new option for a face mask that has a foam strip and reduces the fogging of glasses… Some traffic members had issues with fogging of glasses while wearing a mask and anti-fogging wipes have helped with that. The fogging issue may not be a concern with the warmer weather however PCT would recommend that as the mask inventory turns over, MMB acquire these masks going forward.*
IAPU 606-609 2023-G-0163	April 22, 2021	*• Mask issue complaint specific to NW Division. Noted that members not wearing masks in the building, standing around chatting and not wearing masks. Reported that this seems to occur more frequently during evenings and weekends when there is less supervision. Nicole will reach out to the NW Division Insp. and Admin. S/Sgt. and keep Supt. Hilton up to date on the meeting outcome.*
IAPU 610-613 2023-G-0163	April 26, 2021	*• OHN Denise Scribney's assessment is that* ***people are ignoring some of the protocols.*** *Not wiping down their stations, not wearing masks. Joining instructions include protocols and the facilitators have been reminded to be cognizant that they are followed****. There is no problem with our Orders or instructions, it's just that people aren't following them. A last resort would be to stop training****.*
IAPU 614-618 2023-G-0163	April 29, 2021	*• PCT will highly recommend wearing a surgical mask at this time and for the foreseeable future while at work.*

		Concerns over the variant strains of COVID-19 and wearing cloth masks all day. ***20-30% of isolations are because of cloth masks****. We are requesting members to wear what will protect the majority of us.* *• If someone has a justified medical reason to not wear a mask, measures will be taken to protect them and those around them. Insp. Hermanutz is dealing with an employee that has an exemption and working with Donna and Disability Management will firm up the process required to accommodate. This could be other PPE, adjusting the person's work environment or working from home.* *Action: Protocol for mask exemption needs to be reviewed and understood*
IAPU 623-626 2023-G-0163	May 6, 2021	*• Wearing of masks at protests and rallies is 'hit and miss'. There is the main* ***anti-government/anti mask*** *group which protests weekly at the Leg. Grounds. There are 2 or 3 other anti-mask/anti-government groups that protest at various locations in the City. Of all* ***the Public Health Act Orders we can enforce, masking is one we can't, though we can't publicly say the PHA masking act is unenforceable.*** *• Increasing social media posts where members are photographed not wearing masks. Lauren will prepare messaging on the heightened importance of continuing to wear at this time.* *• Email to Inspectors/Supervisors to address to their staff the concerns****, perceptions and that police need to demonstrate adherence to the public health measures***
IAPU 660-665 2023-G-0163	June 10, 2021	*• Will also message that EPS employees are to continue to wear masks with updates to follow as the province changes guidelines and dependent on COE Mask bylaw decisions.*
IAPU 666-668 2023-G-0163	June 14, 2021	*• Chiefs Committee supports this committee's recommendations to extend distancing and masking requirements into stage 3. Next step is to clearly determine what those requirements need to be to ensure the EPS is not negatively impacted by isolations through contact tracing. To discuss further early next week*
IAPU 669-672 2023-G-0163	June 17, 2021	*• Syl reported that several members were in the gym not wearing masks, and that messaging around masking should be reinforced.* *•* ***Although the health orders do not require mask wearing in fitness facilities as long as 3 meters distancing*** *can be maintained, due to contact tracing and isolation requirements the EPS still requires masking and we are not confident that 3 metres will be maintained at this time. This will be re-visited with Stage 3.*

		• Leave the current capacities as posted and reinforce messaging for masking and distancing of 3 meters in the fitness facilities. *• Masking requirements outlining where and when masks are to be worn will be reinforced.* ***Tie in the variants of concern and the number of Albertans that are getting their shots and the extra diligence required to mask and maintain distancing***
IAPU 687-689 2023-G-0163	July 5, 2021	*• EPS OH&S received a few calls with questions* ***pertaining to masking and justification for masking requirements*** *• Megan sent out messaging that masking is required when attending court.*
IAPU 694-697 2023-G-0163	July 19, 2021	*• Fitness Facilities - decision to be made to either maintain wearing masks or eliminate if 3-meter distancing is maintained. Option to maintain the current 33% occupancy for a brief transition period while masks are removed and and later phase in the maximum number of people, 100ft 2/person rule based on industry best practices, or do we do both August 1?* ***• EPS vehicles - 2-person cars, no masking if both parties in agreement or if both parties have been double vaccinated do not have to wear masks.*** *• When 3rd party is in the vehicle masks must be worn.* ***• Respect individuals that are not comfortable with non masking***
IAPU 698-701 2023-G-0163	July 26, 2021	*COE is removing masking and physical distancing requirements commencing August 01, 2021 and they strongly encourage the public and employees to be mindful of others.*
IAPU 712-715 2023-G-0163	August 30, 2021	*• A/Insp. Pearce inquired if there is yet an* ***organizational position on whether a person could be turned away from attending training if they refuse to wear a mask****. The joining instructions need to be clear on masking expectations.* *• Nicole indicate in cases where members provide a doctor's note to not wear a mask, those cases are referred to disability management to deal with and may affect where they can work. At this time,* ***Training Section will await further direction for guidance on how to deal with persons who attend training and refuse to comply with masking requirements.***
IAPU 716-720 2023-G-0163	September 1, 2021	*• Edmonton City Council voted Monday, August 31, 2021 to reactivate the masking bylaw, requiring face coverings in all public indoor spaces effective Friday, September 3, 2021. The bylaw will expire December 31, 2021 or will deactivate if cases of COVID-19 fall below 100 per 100,000 population for 10 straight days.*

		• As of August 31, 2021, face coverings are required for all employees in all indoor City of Edmonton owned and operated facilities, workspaces (including City Vehicles). Nicole has forwarded the mask reference guide provided by the City as a reminder of what is and is not an acceptable mask. *• If working alone and able to distance, mask may be removed. At all other times, such as in meeting rooms, elevators, lunchrooms, front counters or bathrooms, a mask must be worn .*
IAPU 773-777 2023-G-0163	January 4, 2022	*• Re-affirm and reinforce messaging on masking protocols.* ***Masking is required at all times when in an EPS facility unless working in a closed office alone. At a minimum this should be a surgical mask****. N95 masks should be worn if dealing with the vulnerable population, in shelters and in crowds. Maintaining static partners and masking in police vehicles with a minimum of a surgical mask. N95 masks should be worn in vehicles if transporting anyone.* ***Messaging to the membership that masks must be worn in typing rooms, lunchrooms, at parades and when sitting at your desk if you're not in a fully enclosed office****. At this time PCT strongly encourage following these protocols but if our work-related cases continue to rise, mandatory wearing of N95 masks could be implemented as well as addressing* ***non-compliance*** *• Lauren will provide a draft for review of this week's messaging on isolation requirements, re-affirming masking protocols, mandatory masking in gyms, classrooms, boardrooms etc.*
IAPU 789-793 2023-G-0163	February 14, 2022	*• During Stage 2 the wearing of masks is required in all shared settings, except when employees are seated at their own workspace and appropriate distanced from others.* *• Front line members dealing directly with the public will continue to wear N95 masks, safety glasses and gloves when the risk of exposure is high. Members will wear at a minimum, a surgical mask when physical distancing cannot be maintained or at the request of members of the public. Patrol members are encouraged to maintain static partners and wear masks in vehicles.* *• These masking measures will continue for at least 2 weeks to determine what the impacts are. As we move into Stage 3, we can look at removing masks.*
IAPU 794-797 2023-G-0163	February 23, 2022	*• CoE masking bylaw will continue for foreseeable future. The city's bylaw has two triggers that require council to review masking. First when the province rescinds its mask order. Second, when Edmonton has 100 or fewer active COVID-19 cases per 100,000 people for 28*

		consecutive days. The bylaw does not apply to schools, daycares, other education, or health care settings, though those may have their own rules. It is anticipated Council will not review the Bylaw again until March 14, 2022 soonest.

*Note: The Pandemic Command Response Team ended March 7, 2022, and moved to a Recovery Committee.

6.3) Employee Information – Masking/RPE

The EPS employees have communicated that they are fit-tested for their NIOSH approved N95 respirator and that this was a requirement prior to the pandemic response**. Their training did not include cloth or non-medical masking** as was used by EPS in the pandemic response. Being properly trained in the usage of RPE led to many employees questioning the OHS department as to the effectiveness and appropriateness of non-medical or cloth masks. The employees informed that their concerns and questions were dismissed and OHS would not provide any supporting information to demonstrate the hazard and the appropriateness of cloth or non-medical masks if a biological hazard was found.

The employees asked leadership, OHS and EPA to provide proof, documentation, and assessments that the masks they were expected to use were protective against a virus. **No** information was provided, they were referred to the AHS or Alberta Government COVID-19 websites. **Issues were dismissed and concerns about masking were never addressed**, it was regularly stated that the “White-Shirts” didn’t care because compliance was the goal.

Multiple EPS employees commented about the EPS issued Civil brand masks. For additional information on these mask the website link is provided here: (https://staygolden.ca/blank_product/211655553/Civil-Reusable-Face-Mask)These were described as multi-layer cloth, with elastic around the ears. Employees stated the following about the masks:

- They were handed out by the supervisors without any information on care or use.
- They had a very bad smell, that would not wash out. It was described as smelling like old hockey equipment (even when new)
- Employees **reported headaches, facial rashes, discomfort**.
- The **cloth would get moist quickly and was hard to breathe in**.
- When washed they would shrink.
- **Did not fit the face well.**
- Glasses would fog as the weather got colder, this **posed a safety issue for sworn members.**
- Masks had stitching that would **compromise the filtering of the mask**.
- The masks were useless and offered **no protection**.
- All of the masks (cloth, non-medical, N95) would absorb moisture and would get gross fast. Employees did not feel they offered any protection and were **limiting their ability to**

perform their duties. Employees complained about the **anxiety** the masking added for them.

- Some members indicated their **challenges in breathing which then created an officer safety issue,** these respiratory issues were dismissed because covering the face was more important than the issues created by the mask.
- The masking was very **inconsistent** within the service, some areas told to use them outdoors and others were not. It was a constant struggle for those that made a choice to not comply with this unjustified and deeming display of compliance in support of government desires.
- **Officer safety issues with the use of masks when glasses would fog, masks sealing to faces during altercations or exertion, reduced ability to breath when wearing mask and needing to exert themselves physically. When talking to the public officers rely on facial ques as part of assessing a situation and the individual they were dealing** with.
- The employees informed that the masking made it very **difficult to assess facial language when interviewing witnesses, complainants and investigated persons**. In areas where plexiglass partitions were placed it created a sound barrier, combined with a mask it made it very difficult to talk to the public.
- It was **difficult to communicate with hearing impaired persons**.
- The mask was a tool that prevented them from performing their jobs to the best of their abilities.
- There was **not an officer safety assessment** with the addition of a mask to their faces, this was not an item that fell under their respiratory protection procedures, and constituted being an addition to their person that should have been assessed.
- Some employees were asking OHS about using the proper RPE in early 2020, their C4 mask that was fit tested with proper biological filters was designed to work for viruses. They were informed that those masks would **instill fear in the public** and they would not be used. This made no sense to the members as those would have been the proper RPE for a workplace biological hazard. This amplified the members questioning of the pandemic measures going forward. If the employer did not want to ensure their safety with the proper RPE then what was the “masking” all about.
- Masking was described as **inconsistent; you could drink a coffee and walk down the hallway but if you didn’t have a drink then you needed a mask**.
- They needed to be worn when in common areas but not in the close work area with your co-workers, sitting you could take it off but if you were standing you had to wear it, **none of the “rules” made sense if there was a biological airborne hazard.**
- There employees were in **disagreements with co-workers and were confronted by the public when they did not have a mask on. It caused significant division in operational units.**
- The members expressed being able to sit at a table for hours with co-workers as they had meals, and if they stood up without a mask they were **attacked.**
- The **employees expressed disgust when the public fear was ramped up by the media**, especially when the use of force arrests of non-masked individual by police were shown to gain compliance from the public. The media used these incidents and presented the police as a government arm to enforce and support the mandates. Internally they would

receive messaging about not using enforcement, but education with the public. Many members have communicated that this has **harmed the profession and further harmed the publics trust in the EPS. The EPS knew the limits to their ability to enforce and prosecute PHO violations.**

- The EPS employees stated that masking brought out the worst in people, they reported co-workers for non-compliance, snitching to get someone in trouble, supervisors would then come after those who were identified as "non-compliant". People were ridiculed if they did not wear one and if you had a **medical exemption everyone knew, individuals were targeted with harassment and were bullied**. Any workplace harassment appeared to be supported if it was pro-compliance and concerns taken to supervisors were not addressed.
- **Employees with exemptions were treated horribly and were targeted to be "dealt with",** it was described as disgusting behaviour from those who should be professional in their workplace. When people did not have a mask on, they were quickly referred to as "anti-maskers". Other workers would be mad when someone was not wearing a mask. Very few **exemptions were issued for masks, and it was deemed a disability** with the employer. Where the option existed, people worked from home.
- Employees informed that the employer communicated the requirement to **mask in public because as police they needed to set an example of compliance.** This was a societal expectation both professionally and personally and reports of **non-compliance caused fear, anxiety, isolation, and mental harm to many employees.** As EPS employees they were being directed in their personal life from all sides and then the worry that they would be reported by a friend, family member or strangers to their employer for was deemed non-compliance. This **harm was debilitating for members and this force them to withdraw from interactions** in their personal time. It all compounded to people **taking time off, stress leave**, and "**quiet quitting**" is an ongoing issue, very detrimental to functioning in life.

Multiple members have expressed their **feeling of shame, anger, frustration, and self-loathing for putting the mask on for their jobs**. **This forced compliance, through intimidation and threat of harassment, isolation, conflict, and discipline in the workplace was overwhelming on top of the already high level of operation stress of the job**. The employees shared that the personal harm and the harm they helped to perpetrate on the community by participating in the lie. The personal anguish and trauma from masking is affecting them on a daily basis and has affected relationships with family, co-workers and in their communities.

6.4) Analysis and Recommendations – Masking/RPE

The **masking** of employees was an **ever changing and confusing requirement.** Employees that were trying to **comply, expressed they were confused** by constantly changing messaging and lack of rationale when there was a change. It was often left to divisions to determine spaces that required masking (i.e. when 2m of distancing could not be maintained), in common hallways, patrol cars if you had apprehended a suspect, or a new partner, parade rooms, they could be removed or not used in spaces with distancing. The communication and documentation for the masking was cumbersome, confusing, and was not supported with

evidence. The **CMOH orders and City of Edmonton Bylaws added to the complexity, confusion, and inconsistency of the application of masking in the workplace**.

The employers' recommendation for mask usage were constantly changing, N95, non-surgical (blue), cloth masks, no mask. There was **no evidence of an actual of a policy or procedure created to support the use of masks in the workplace**. Information presented showed that there were compliance issues in some division and that the optics of EPS members not following the rules was a significant issue for the optics of the organization. The EPS OHS employees were communicating to employees and leadership identifying masks as appropriate PPE to prevent viral spread, this speaks to their lack knowledge in identification the correct hazard control. The type of masks used in the workplace **do not meet the RPE requirements per the OHS legislation**. There was not any documentation showing the due diligence in the selection and justification of masking in the workplace and how the masks met the requirements for viral protection.

The Pandemic Committee Meeting Minutes stated many times that the "***The cloth masks will only protect others, not yourself. To be clear, the cloth mask will not protect you***", "***cloth masks purchase – not recommended because they do not meet the standard, cloth masks not recommended PCT do not endorse cloth masks for operational use, civilian or sworn***", "***OHS started researching cloth masks July 30, 2020 PCT recommended obtaining cloth masks for employees to provide 4 to frontline member and 2 to non-frontline members***", "***The masks will be sent out to all of the divisions to distribute. First to all front-line members and thereafter to civilians and non frontline members. Cleaning and care instructions will be included***." This progression from no protection from cloth mask to distribution and requirement to use was not supported with any data, research or justification that would be required to meet the employers OHS obligations in selecting PPE. **Cloth mask, disposable N95, lose fitting non-surgical or non-medical masks are not adequate respiratory protection for an airborne virus**. The onus would be on the employer to clearly demonstrate that they did meet requirements as appropriate RPE to the employees prior to requiring usage in the workplace.

It was also documented that the **cloth masks** were distributed and were being **trialed** on employees. This **raises serious questions** related to the assessment of this mask for police usage. There is a duty of care in the application of appropriate workplace measures. **The experimentation or trialing products on your workers, without consent, is a significant breach of the duty of care. Liability for this action should be significate as workers confirmed that there was no knowledge that they were trialing masks, no informed consent, no follow up, no option to opt out of the trial, there was a clear lack of transparency and a complete disregard for the potential harms of trialing a product on your workforce. This negligent action could have had led to significant harm had the biological hazard been at the level of risk being communicated.** Had this virus impacted and caused very serious illness or death to workers this trial of cloth masks could have **operational incapacitated our law enforcement**. There must be **further investigation into the trialing of products on employees during a pandemic situation**. What information and informed consent was conducted with employees given the cloth masks, and a proper risk assessment given the communicated harms from workers with wearing these masks. It is not an expectation that an employee is to be a subject of a trial without knowledge or consent.

There was a significant focus on communications for educating employees to wear masks, and that as EPS employees they need to lead by example in the public. Communications in the FOIP indicated that there were requests for EPS leadership to enforce masking bylaw, CMOH mandates. The documentation shows that leadership did understand that the **public health orders were not enforceable and EPS leadership determined they would place the focus on education and voluntary compliance** as their approach to the mandates with the public. When it came to employees the message was different. The Pandemic Committee meeting minutes from September 10, 2020, included the following:

> "***Strategy is to make sure messaging is clear that we need to see compliance or there could be consequences.***"

This statement of consequences for masking is a violation of OHS legislation. An employer **cannot discipline for a health and safety issue for which they have not identified through a hazards assessment and provided the worker with information relating to the hazards**. Employees were asking questions and raising serious concerns about the usage of masks and the employer was **dismissive** to their inquiries.

Adding to the concerns about the lack of employer justification for the workplace masking was a note from October 13, 2020, **"*growing body of evidence that if masks are worn and someone still gets COVID-19, the viral load that person received will have been lower and likely lead to less severe illness***". This statement raises significant concerns. Firstly, there are **not any virologists or other medical doctors sitting at this pandemic committee** table that would be able to provide an educated and expert statement such as this. **Secondly this statement is not supported by any documentation or reference to the alleged" body of evidence**", the nurse(s) in this meeting should have ensured that this alleged information was disputed instead of allowing it to be presented as factual. Thirdly, there was no indication that follow up with the alleged "body of evidence" was to be presented at a later date. Fourth, this is not how illness works in a person's body, **applying this principle as a justification to have EPS leadership make masking mandatory is reckless and negligent. The OHN's have an obligation in their practice to follow a code of ethics and practice standards, these unsubstantiated claims are in direct violation of their requirements with evidence-based practice**.

There is concern that EPS required the addition of a mask onto the body of a law enforcement person with **no demonstrated documentation for using this as RPE and no Officer Safety Team Assessment.** As with other gear that is worn on their person, it is a required employer obligations to ensure there is a safety assessment for operational use of equipment, gear, or clothing. There was an example of a **serious officer safety issue** on a call where in a physical alteration with a person, the mask sealed to their face resulting in an inability to breathe. The member was required to call for assistance, when the information about the call was brought to the supervisor, it was not taken as a serious issue and no action was taken to address the **imminent danger** that this situation caused. Operationally the employer's documentation did not present information to support that there was proper due diligence in assessing a mask for use.

Adding to the lack of officer safety was a document that was provided in the FOIP Part 2. On March 4, 2022, the Respiratory Protective Equipment Program underwent revision. In this document there is **no mention of the use of masks, cloth or non-medical usage as a proper**

RPE for workplace hazards. There were no standards, training or usage outlined for the masks used during the pandemic measures. It is also of note that the program does not include an officer safety component as to the operational limitation, risks, or donning/doffing of any form of respiratory protection.

Masking for EPS employees caused harm to their mental health, professional relationships, professional interactions with the public, trust that the employer would be transparent in health and safety decisions. The employees communicated the loss of bodily autonomy as significant given there was no justification given for the masking. The FOIP documents were lacking any Oakes test that may have been applied for the employer to justify the violation of an employee's charter rights.

Recommendations

Recommend a complaint to OHS. The forced usage of a facial covering in the workplace warrants further investigation by OHS. The use of the mask was not for the protection of the workers for a demonstrated workplace hazard, thus the reason for masking compliance raises significant concerns. If the Pandemic Committee, EPS leadership and their advisors were blindly following the CMOH and COE, what was the advice they were receiving and was there pressure from external organizations or government. Masking was not the proper RPE for use with a viral threat and was never designated as proper PPE by OHS code Part 18. **There was no documentation to support the use of masks** in the FOIP disclosure, the journal articles provided in the FOIP did not support the use of masks by EPS in the workplace.

The inconsistent messaging and implementation of the masking contributed to the employees questioning of the usage of this for their safety. **When a PPE is improperly used at a workplace it has the potential to cause significant physical and mental harm. PPE requires appropriate training, use, storage and must be readily available to employees. Some of the work areas were keeping PPE (gloves, wipes, N95 masks) were under lock and key and could only be obtained from a supervisor**. These PPE also needed to be signed out with the number of items taken for your shift. Prior to COVID-19 all these items would be readily available. The employees indicated that the N95 masks were deemed to be for high-risk situations only and were **not** being made readily available to staff, only the cloth and non-medical (blue) masks were easily accessible. Locking up essential PPE potentially needed for frontline workers, and they are requiring use of lesser protections does not correspond the safety messaging from the employer.

The messaging around masking is very concerning as the pandemic committees regularly referenced **compliance and consequences** for not wearing masks for instance stopping training for members if masking was not followed. **The OHN calling job action against members by possibly withholding training**? This is a violation of the Code of Ethics for a nurse and requires additional investigation by the regulatory body (CRNA).

> *Masking Protocols will be scaled up to "required" or down to "encouraged" dependent on positive cases in Edmonton and EPS COVID 19 related absences.*

This is an interesting communication as the **absentee rate was the concern and not serious or imminent risk of death from a pandemic level virus**. If someone gets the flu one season it

maybe really bad and the next flu season it maybe minor. Also, had it been previously researched and demonstrated that cloth or non-medical masks worked for preventing viral illnesses, such as the seasonal flu. Who is liable for not putting these measures in place for the decades leading up to the COVID-19 pandemic to prevent the millions of deaths that occur during each respiratory viral season? **None of the decisions relating to masking by EPS were shown to be supported by assessment and significant literature from OHS (provincial or federal), Health Canada, or published and peer reviewed scientific literature**.

The employer did not demonstrate **any concern for the harms of masking**, which the GOV OHS publications clearly outline as **necessary considerations when masking**. OHS considered that non-medical masking maybe part of the employer recommendations as a workplace policy or guideline, however this is under public health guidance and not as an OHS PPE requirement. The importance of **proper risk mitigation is to determine if there is more risk of harm from the control measure**. The harms of unnecessary and forced masking is very clear in our population. Even today people are inappropriately wearing masks in the public or when alone in their vehicles because they have been made to fear an endemic virus. How do we recover the mental health and where was the law enforcement to make sure that the messaging to employees and the public were not causing this level of harm.

When looking at the Covid measures and the communication it is essential to reference the **AHS Scientific Advisory Group**. This is the main group that generated the information used to direct the COVID-19 pandemic response and communications to workers and the public. On September 17, 2020, the group issued a document called **Attitudes and Adherence to COVID-19 Guidelines**.

https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-COVID-19-sag-rapid-evidence-report-attitudes-and-adherence-to-COVID-19-guidelines.pdf

> ***Key Messages from the Evidence Summary***
>
> *• Studies consistently show higher adherence to COVID-19 guidelines among people who (i) trust government or authorities; (ii) perceive the threat of the virus to be greater; (iii) have a greater knowledge of the pandemic, (iv) who are older; and (v) who identify as a woman.*
>
> *• Accessing information through traditional news media (print; television; radio) is associated with greater guideline adherence, while use of social media is associated with a higher likelihood of endorsing conspiracy beliefs, factual misperceptions and lesser degrees of guideline adherence.*
>
> *• Limited evidence suggests that distinct population groups may require distinct messaging to promote guideline adherence.*
>
> *• No strategies for promoting adherence to public health COVID-19 guidelines have been robustly proven in the published scientific literature. The most promising strategies appear to be communications to increase knowledge about the pandemic and perceived threat of the virus. Moralistic messaging (e.g. linking physical distancing to being a good person/citizen) could produce problematic consequences such as ostracization of individuals who do not adhere to public health guidelines.*

> *• As evidence on changing attitudes and behaviours related to COVID-19 is still emerging, medical and public health leaders may benefit from reviewing literature on attitude and behaviour change in other, more widely studied health and societal contexts (e.g., climate change, waste reduction, vaccination or smoking cessation) where theories and frameworks have been established.*

Rather than relying on the relatively nascent literature specific to COVID-19, in crafting public health messaging, officials should work with ***behavioral scientists and experts in communication sciences*** *and should seek guidance from a number of sources, including but not limited to resources such as:*

> *a. The broader social psychology literature and established frameworks for influencing behaviour change (e.g. the Behavior Change Wheel [Michie, Stralen and West 2011]).*
> *b. Other related public health campaigns which have more rigorous evidence (i.e. hand hygiene).*
> *c. Local community and public engagement activities that focus on groups of particular interest, whose voices may be underrepresented in broad population-level surveys.*
> *d. Their own jurisdictional data collection on public perceptions, which should: (i) be rigorously designed and follow guidelines for the appropriate conduct of survey-based research [Kelley et al 2003, Eysenbach 2004], and (ii) consider applying the recently released methodology presented by the World Health Organization specifically for conducting iterative behavioural insights research on COVID-19 [WHO 2020a,b].*

This type of published documents was widely circulated, and it was the **duty of law enforcement to address the concerning messaging of behaviour, attitude, targeted populations and concerning mental harm that this level of creating a more positive attitude towards public health guidelines to increase adherence**. If there was a demonstrable pandemic occurring (other than case counts) the population would understand and see the need to mitigate risk with public health measures. Who was providing oversight to this level of targeted messaging to the unknowing public? Whose duty was it to ensure that there was not psychological harm to the population? Law enforcement failed to address this in the community and in their own organization.

Recommend complaint to Board of Canadian Registered Safety Professionals (CRSP). The response of the employer representatives to compliance and questions related to the masking must be addressed a complaint to GOA OHS, CRNA and CCOHS in relation to the actions of these regulated professionals.

For any CRSP their regulatory oversight has the following Code of Ethics and Professional Conduct for OHS certified professionals:

> *Certificants are required to:*
> - *Maintain competence in carrying out responsibilities and provide services in an honest and diligent manner.*
> - *Provide sound judgement in pursuance of their duties.*
> - *Maintain honesty, integrity, and objectivity in all activities.*

- *Protect and promote the safety and health of people, property and the environment above any consideration of self-interest.*
- *Represent their qualifications and experience accurately and not knowingly make false or misleading statements.*
- *Support, promote and apply the principles of human rights, equity, dignity and respect in the workplace.*
- *Recognize that discrimination on the basis of race, creed, colour, language, national origin, political or religious affiliation, sex, sexual orientation, age, marital status, family relationship and disability is prohibited.*
- *Protect the confidentiality of all acquired information and disclose such information only when properly authorized or when legally obligated to do so.*
- *Keep apprised of all relevant laws, regulations and recognized standards of practice as it relates to their duties.*
- *In their professional and social media communications*
    - *The importance of privacy and confidentiality.*
    - *The maintenance of professional and respectful relationship with colleagues, co-workers, employers, and clients.*
    - *The role of the safety professional as it relates to obligations in ensuring a psychologically safe working environment and inclusivity.*

Employees were "**talked" to and targeted for not wearing a mask, they were approached and harassed by co-workers and supervisors when they were deemed "non-compliant**". Employees were encouraged to report the "non-compliance" of co-workers, this is an unacceptable and unprofessional approach to health and safety issues. These actions by regulated professionals are ethical breaches of the professional obligations. Employees were told to wear masks in public because the police need to be seen as supporting the measures. **Optics, public complaints, and policies seemed to be guiding the masking compliance**. The EPS OHS department has an obligation to institute health and safety programs to ensure worker safety. **Not for optics of compliance with CMOH or city bylaws. It is alarming that certified OHS specialists would force a potentially physically and mentally harmful item onto an employee's body and consider discipline or punitive actions for those that will not comply**.

Recommend referral for Human Rights Complaints for those that faced medical discrimination, and punitive measures for requiring accommodation. There were rare situations where exemptions from masking were approved. Employees with exemptions were discriminated against and were not supported, instead they were moved to different units or sent to work from home, because this exemption was deemed a disability to be accommodated. If the workers with exemptions were deemed to need a workplace accommodation due to a disability, then the act of discrimination, harassment, and any demotion in work or pay should be addressed as a Human Right Complaint.

7.0) Privacy

7.1) Legislative Requirements

The *Health Information Act* (HIA) requires that the custodian of health information has a duty to protect health information, to only access what is reasonable for the provision of health care services. The OHN are governed by multiple legislated and regulatory requirements. For the purposes of the reviewing the evidence it is important for the reader to have some understanding of these obligations for health care professionals, safety professionals, HR, legal and others.

> ***Health Information Act (HIA)***
>
> *Purposes of Act*
>
> *2 The purposes of this Act are*
>
> *(a) to establish strong and effective mechanisms to protect the privacy of individuals with respect to their health information and to protect the confidentiality of that information,*
>
> *(b) to enable health information to be shared and accessed, where appropriate, to provide health services and to manage the health system,*
>
> *(c) to prescribe rules for the collection, use and disclosure of health information, which are to be carried out in the most limited manner and with the highest degree of anonymity that is possible in the circumstances,*
>
> ***Part 4*** *- Use of Health Information*
>
> *Use of individually identifying health information*
>
> *27(1) A custodian may use individually identifying health information in its custody or under its control for the following purposes:*
>
> *(a) providing health services*
>
> ***Part 5 -*** *Disclosure of Health Information*
>
> *Division 1 - General Disclosure Rules*
>
> *Disclosure of individually identifying health information to be with consent*
>
> *34(1) Subject to sections 35 to 40, a custodian may disclose individually identifying health information to a person other than the individual who is the subject of the information if the individual has consented to the disclosure.*
>
> *(2) A consent referred to in subsection (1) must be provided in writing or electronically and must include*
>
> > *(a) an authorization for the custodian to disclose the health information specified in the consent,*

(b) the purpose for which the health information may be disclosed,

(c) the identity of the person to whom the health information may be disclosed,

(d) an acknowledgment that the individual providing the consent has been made aware of the reasons why the health information is needed and the risks and benefits to the individual of consenting or refusing to consent,

(e) the date the consent is effective and the date, if any, on which the consent expires, and

(f) a statement that the consent may be revoked at any time by the individual providing it.

Part 6 - Duties and Powers of Custodians

Relating to Health Information

Duty to protect health information

60(1) A custodian must take reasonable steps in accordance with the regulations to maintain administrative, technical and physical safeguards that will

(a) protect the confidentiality of health information that is in its custody or under its control and the privacy of the individuals who are the subjects of that information,

(b) protect the confidentiality of health information that is to be stored or used in a jurisdiction outside Alberta or that is to be disclosed by the custodian to a person in a jurisdiction outside Alberta and the privacy of the individuals who are the subjects of that information,

(c) protect against any reasonably anticipated

(i) threat or hazard to the security or integrity of the health information or of loss of the health information, or

(ii) unauthorized use, disclosure or modification of the health information or unauthorized access to the health information, and

(d) otherwise ensure compliance with this Act by the custodian and its affiliates.

When assessing the privacy and medical rights of a person in Alberta the ***Alberta Health Act*** contains the **Alberta Health** Charter**.** This provides the guiding principle used in the application of health care in the province the charter information is as follows:

The Alberta Health Act requires the Government of Alberta to have a Health Charter. Alberta's Health Charter sets out key values and aims for Alberta's health system and the roles and responsibilities of patients and providers within the health system. It is intended to guide the actions of health service organizations, providers, patients and government in the broader health system, both publicly funded and those services purchased through insurance or directly. The Alberta Health Advocate Offices use the Health Charter as a lens

to consider concerns and complaints brought to its attention by Albertans. The Health Advocate also provides education about the Health Charter and how it applies to Alberta's health service system.

Health Charter

When I interact with the health system, I expect that I will:

- *have my health status, social and economic circumstances, and personal beliefs and values acknowledged*
- *be treated with respect and dignity*
- *have access to team-based primary care services*
- *have the confidentiality and privacy of my health information respected*
- *be informed in ways that I understand so that I may make informed decisions about my health, health care and treatment*
- *be able to participate fully in my health and health care*
- *be supported through my care journey and helped to find and access the health services and care that I require*
- *receive information on the health system and education about healthy living and wellness*
- *have timely and reasonable access to safe, high quality health services and care*
- *have timely and reasonable access to my personal health information*
- *have the opportunity to raise concerns and receive a timely response to my concerns, without fear of retribution or an impact on my health services and care*

Taking my circumstances into account and to the best of my abilities, when I interact with the health system, I understand that I will be asked to:

- *respect the rights of other patients and health providers*
- *ask questions and work with providers to understand the information I am being provided*
- *demonstrate that I, or my guardian and / or caregivers, understand the care plan we have developed together and that steps are being taken to follow the plan*
- *treat health services as a valuable public resource*
- *learn how to better access health services*
- *make healthy choices in my life*

As I work to be a healthy citizen within Alberta, I expect that:

- *when economic, fiscal and social policies are being developed by the Alberta government, the impact of those policies on public health, wellness and prevention will be considered and steps taken to ensure that public policy is healthy policy*

7.2) Major Findings - Privacy

The privacy information extracted from the FOIP documents below is presenting in 2 sections, both in chronological order. The first is the extracted information from all emails, documents, policies, and communications excluding the Pandemic Committee Team (PCT) meeting minutes. The PCT meeting minutes have been presented in a table for ease of referencing the privacy concerns being discussed by the committee.

COVID-19 / HRMT Meeting Minutes from March 16, 2020 (Pandemic Recovery Folder – FOIP Part 1 - IAPU 1/2 2023-G-0163)

Codes for Absences Due to COVID-19

- *4 codes have been put in place for CARM. This may enable us to get money back from the provincial / federal government.*
- *Commencing today, we are to start tracking absences.*
- *Ensure employees are coded appropriately - definitions will be going out this afternoon.*
- *HRIM will be pulling reports daily to ensure they are in line with the documentation that our nurses have. This*
- *information will be passed on daily to Deputy Chief Derko.27(1)(a)*

Legal Items

- *If someone tests positive and refuses to give you their interaction information, they can be directed to so. You are not asking for any personal or health information. The nurses are the only ones who contact these people. Alberta Health Services are the only ones who can authorize testing.*
- *Legislative was amended last week - we have to pay LWP for 14 days if you need to be in self-isolation or caring for someone who has tested positive. This does not apply to sworn members but does apply to our other union employees. This legislation may change again at any time.*
- *27(1)(a)*
- *Employees exercising the right to refuse to work - the province has been asked for clarification.*

On March 17, 2020, the Minister of Health, Tyler Shandro signed Ministerial Order 632/2020. This allowed the CMOH to disclose to any police service if an individual has tested positive for COVID-19. This disclosure is specific to an officer that has come into close contact with the bodily fluids of an individual claiming to have COVID-19. The order states that the CMOH may access the electronic health record to disclose the information. It is unclear in the FOIP documents, if this order lapsed on the expiry of August 14, 2020, or if it was extended.

First COVID-19 Positive Case for EPS was on March 25, 2020, the member's case was travel related and had not returned to work after travelling. This member's information was included in the COVID-19 Absence Reporting, Updates for Senior Management, and the Pandemic Committee Meeting Minutes. The member's identifying information was redacted from the emails and meeting minutes in the FOIP documents. The medical information of this member was discussed in multiple areas as the first COVID-19 positive case. (Chiefs Office Emails - FOIP

Part 1 - IAPU 948 2023-G-0163) is the communication email chain from Nicole Wetsch in OHS to leadership making the notification of the positive case.

> *Please find the OHS absence reporting for tomorrow morning attached. As you are aware, we have had the first positive OVID-19 test result in a member.17(1) 17(4)*
>
> *Please let me know if you have any questions.*
>
> *For information we are continuing to see an increase in medical absences. We have our first confirmed case of Covid in one of our employees.*
>
> *It is important to note that we are confident that it is travel related and immediately self-isolated upon return.*

The identification of the 1st positive case was redacted in the FOIP however, their identifying information was documented in meeting minutes and was communicated to other employees who are not custodians of health information. EPS employees stated that anyone who tested positive early on in the pandemic was identified and was **made to feel extreme shame** for their positive test. Employees stated that this was not different from what they were seeing within their own communities.

April 6, 7, 8, 9, 2020 – Update to Senior Management – (Chiefs Office Email – FOIP part 1 - IAPU 934, 933, 932, 931 2023-G-0163), there was **repeated identification of unit and number of members off in relation to a positive cas**e. It would be reasonable for the operational requirements of the EPS, to closely monitor and assess absenteeism and illness in the workplace. However, balancing the disclosure of information for the purpose of maintaining operations and the employee's right to privacy is essential. This would have been challenging, however, there was **no documented assessment showing the risk mitigation for protecting medical privacy within EPS while applying the needs to maintain operational levels of staffing**.

The April 6th and April 7th, 2020, emails about the PCB positives are an example of the health information disclosures being included in the pandemic response documentation. Often names or other identifiers were included, however they were redacted in the FOIP disclosure.

> *As you are aware, we have had an additional positive test in Police Communications Branch, bringing our total to 3.*
>
> *We have had an additional positive test in Police Communications Branch, bringing our total to 4 in PCB.*
>
> *We have had additional positive tests in Police Communications Branch (5), bringing our total to 6.*
>
> *As you are aware, we have had an additional positive test in Police Communications Branch, bringing our total to 7.*

On April 9, 2020, **Mike Elliot, the EPA President** started being cc'd on the Update for Senior Management emails. The addition of the EPA to these updates demonstrates communication to and **external 3rd party,** the information sent to the EPA in these updates included private medical

information, absentee rates, employer covid response communications and other operational information.

April 16, 2020 – Email Communications from Marlin Degrand – GOA re: Health Information Sharing Protocol – (Chiefs Office Emails – FOIP Part 1 - IAPU 145 2023-G-0163).

> *I wanted to update you on the Health Information Request protocol that was put in place late last week. I know there are a couple outstanding requests that went in just prior to the weekend and for which we have not heard any replies from health. As such, I spoke with the executive over at Health who was heading this initiative up for us and learned the following.*
> *After establishing the protocol and getting* ***"informal" legal opinions and then approvals in place their end of the process ran into a bit of a roadblock with some of the internal staff who would be directly involved in providing the information to police. They had concerns around their personal liabilities under the HIA.***
>
> *I was able to provide Health with the latest TEMPLATE for future requests which the AACP has developed and demonstrate how it will ensure that all requests meet the criterion which they agreed to in establishing the protocol. This was VERY helpful to them, and I thank the Chiefs and your teams for the work on this.*
>
> *As of late yesterday evening I was advised that they have worked out a more FORMAL process, internally, that should provide all elements of AH/AHS involved with the comfort they will require to proceed with the information sharing protocol that was developed. They do, however, need a few days to work it through a "FORMAL" legal opinion process. It is their sincere desire to have this in place by Monday or Tuesday of next week.*
>
> *I have advised them that Police will continue to forward requests when it is appropriate, and asked that they let us know as soon as they are able to green light responses back to police. We of course will let everyone know as well.*

April 22, 2020, Emails RE: Edmonton Police COVID Contact Tracing and Members of the Public. The emails involved Stephanie Booth, Dr. Gloria Keays, Donna Munro, Geoff Crowe, Megan Hankewich, Ray Akbar, and the Emergency Response Group (OH&S Folder – FOIP Part 1 - IAPU 534 2023-G-0163)

> *I wanted to follow up on some of the EPS 'to do' items from our meeting.*
>
> *"Process for who works with the members to assess their public workplace contacts*
>
> • *EPS to take this away and think through internally how (and who) would be involved in supporting members to identify their contacts and associated exposure risks (regarding PPE, prolonged exposure, etc.)*
>
> • *EPS will follow up with AHS to identify our preferred process for this*
>
> • *EPS will identify to the CDC team (and Edmonton MOHs for reference) our 'central points of contact' for our Occupational Health Nurses And*
>
> • *EPS to look into our preferred process for member review of their contact list and identifying any potentially sensitive information prior to it being released to AHS"*

After speaking internally, we would like to identify the process that we prefer for these types of instances. For workplace exposures (both coworkers and members of the public) EPS will work to ascertain these contacts and communicate them to the AHS contact tracing team. Our EPS Occupational Health Nurses will work directly with members to determine potential exposures with questions on PPE and continuity, length of contact, etc. and also identify if there is any sensitive information that shouldn't be epi-linked in the CDOM database.

Our central points of contact for the AHS CDC team will be our Occupational Health Nurses:

Si Liew, Si.Liew@edmontonpolice.ca, 780-421-2237

Gina Liao, Gina.Liao@edmontonpolice.ca, 780-421-2640

Situation: COVID-positive frontline members who have had contact with members of the public in their line of work

Step	Parties Involved
Member contacted by AHS about their positive COVID test	Member AHS CDC
Member contacts OHNs about their positive COVID test	Member EPS OHN
OHNs notify Supervisors of the positive test AND get them started on identifying the member's workflow during the period of communicability	EPS OHN EPS Supervisor
Once this list is developed, OHNs work with the member	EPS OHN Member
OHNs contact AHS CDC Team	EPS OHN AHS CDC

May 1, 2020 – Email Update for Senior Management – (Chiefs Office Emails – FOIP Part 1 - IAPU 917 2023-G-0163). Emergency Medica Services (EMS) provided a notification to EPS of a positive case that had close contact with EPS members.

Update:

(Possible exposure to members by suspect who tested positive)

*We were informed by **EMS that a suspect from a call on April 28 has tested positive for COVID-19. Our OHS Section has completed initial contacts with all members who responded to the call.** All members from Northwest, Canine as well as several from Downtown have been cleared. Three members of Downtown division were determined to have close contact with the person, they have been placed on isolation **17(1) 17(4)** and will complete the AHS assessment to obtain testing. An additional 5 members from Downtown are being asked to self-monitor due to indirect contact **17(1) 17 (4)***

These members had close contact with the 3 members placed on isolation, but are able to continue work at this time.

May 5, 2020 – Email Communication re: Coronavirus – (Chiefs Office Email – FOIP Part 1 - IAPU 205 2023-G-0163)

> *Of significance, as it relates to Law Enforcement, one of the three actions announced by Dr. Hinshaw.*
> *"**An Order has been issued that allows the disclosure of COVID-19 testing results to Police in the event that an individual coughs, spits or sneezes on an Officer and claims they have been infected with the virus**."*
>
> From Adam Laughlin:
> *• An Order has been issued that allows the disclosure of COVID-19 testing results to Police in the event that an individual coughs, spits or sneezes on an Officer and claims they have been infected with the virus.*
> *• An Order has been issued that allows the expansion of types of healthcare practitioners that can assist in contact tracing. Currently, contract tracing is done by trained health nurses and community health officers. Once trained, the following practitioners will be called on to ease the high demand for this service: Chiropractors, Paramedics, Respiratory Therapists, Physical Therapists, Psychiatric Nurses, LPNs, Pharmacists, and Dental Hygienists*

May 4-10, 2020 - Executive Situation Report – (Chiefs Office – FOIP Part 1 - Attachment Part 2 - IAPU 161-174 2023-G-0163)

> Federal Government Update
> *• **Federal, provincial and territorial privacy commissioners issued a joint statement calling on governments to ensure that COVID-19 contact tracing applications respect key privacy principles, including: voluntary usage, use of personal information only for the intended public health purpose, time-limitedness***

June 11, 2020 – Update for Senior Management – (Chiefs Office Emails – FOIP Part 1- IAPU 901 2023-G-0163). This was a report in relation to the number of members added to the database after the BLM protests.

> *There have been no new positive test results since our last report. An additional 27 cases have been added to the database. A significant portion of these are as result of the Black Lives Matter Protests that occurred on June 5th. It was determined that many members were not wearing appropriate personal protective equipment. **As a result they have all been asked to get tested for COVID-19**. We are still adding members to the database, however, all members are able to continue to work, while monitoring for symptoms, until test results return.*

June 22-28, 2020 - Executive Situation Report COVID-19 – (Chiefs Office – FOIP Part 1 - Attachments Part 2 - IAPU 259-272 2023-G-0163). The following was stated in the Pandemic Command Team Recovery Initiatives

> *Legal Services*
> *• Assessing impacts of Bill 24 (COVID-19 Pandemic Response Statutes Amendment Act, 2020) on enforcement powers and HR requirements for EPS.*

Human Resources Division
• A large focus of work this week will be on responding to a member testing COVID positive in NW Division, members in SW who were in contact with a COVID positive individual and monitoring and tracking members who are in self isolate or self monitoring because of these events.
Planning Section
• Working with Legal and HR areas on COVID-19 safety guidelines for members who are required to travel out of province for operational matters.
• Working on resources and planning documents for a COVID-19 'second wave'.
Corporate Communications
• Messaging this week on the recent COVID positive case, the requirement for all staff to maintain physical distancing or wear PPE and a reminder about COVID safety and precaution outside of work on Canada Day

June 29, 2020, Update for Senior Management – (Chiefs Office Emails – FOIP Part 1 - IAPU 896 2023-G-0163)

There has been one new positive case since the last update. A member from Northwest division has tested positive for COVID-19. ***The OHS section has contacted all members of his squad, who have been instructed to self isolate due to close contact with the member. We have also contacted all members of three additional squads that were cross shifted with the squad in question.*** *They have all been instructed to self monitor for 14 days, but are able to continue to work at this time.*
In addition to the positive case at Northwest Division, there was a confirmed exposure to a ***COVID-19 positive subject*** *in Southwest division that also resulted in two employees needing to self isolate and several more needing to self monitor. Employees who are self monitoring for symptoms are still able to work.*

October 17-25, 2020 - Executive Situation Report – COVID-19 (OH&S Folder – FOIP Part 1 - IAPU 402 2023-G-0163)

Effective 21 Oct, ***AHS discontinued testing on all asymptomatic testing*** *in those who have no known exposure to the virus to free capacity with increasing case numbers.*

October 26, 2020, Update for Senior Management – (Chiefs Office Emails – FOIP Part 1 - IAPU 877 2023-G-0163)

There have been 2 new positive tests since our last report for a total of 27 positive cases. One was a member from the OICC and the other a civilian from Help Desk. Contact tracing has been completed by the OHN.

I received this last night from our Health Nurse.
Additional information last night came in of a positive test result of COVID
17(1) 17(4)
4 members in the HelpDesk section are identified to be in close contact with the member and they are advised to self isolate for fourteen full days from October 21- November 4.

Management is aware to contact facilities management for thorough cleaning. Also decontamination education and procedures are provided to the management.

October 29, 2020 – Update to Senior Management – (Chiefs Office Emails – FOIP Part 1- IAPU 876 2023-G-0163)

> *There Has been 1 new positive tests since our last report for a total of 28 positive cases (29 including the member who tested positive twice). The person was from Crime Suppression and Investigation*

November 23, 2020 – Update to Senior Management – (Chiefs Office Emails – FOIP Part 1 IAPU 868 2023-G-0163)

> *There has been 5 positive tests since our last report bringing our total to 49 (50 if we take into account the member who had two positive cases). The new cases are as follows:*
> *• Member from Investigative Support..**17(1) 17(4**). There is no risk of exposure to any EPS employees.*
> *• Member from Help Desk. 2 civilians including 1 OHN and 1 Helpdesk analyst are identified to be in close contact with member and are now put on isolation for fourteen day, and are not experiencing any symptoms.*
> *• Crime Suppression Branch member **17(1) 17(4).** 5 members were identified to be in close contact and are put on isolation until December 4, 2020.*
> *• Member from Crime Suppression Branch, **17(1) 17(4**). 4 members were identified top be in close contact and are now in isolation until December 3, 2020.*
> *• Member from Operation Support Branch, **17(1) 17(4).** Member experienced symptoms during days off and did not return to work there is no risk to any other EPS members.*

November 26, 2020 - OHN Denise Scribney, RN completed a Provincial Organizational Readiness Assessment Version 2 (pORA) as part of the application to obtain expedited access to the electronic health records of the EPS employees via Netcare access. (OH&S Folder – FOIP Part 1 - IAPU 30 2023-G-0163). Ms. Scribney had the following comments on the application:

> *"The Custodian is an employee of the City of Edmonton and responsible for providing **health related services to members of the Edmonton Police Services. There are two RNs including the Custodian who will both access and use Netcare**. If that changes, the pORA will be updated accordingly. The two RNs will provide services most commonly currently for Covid support, care relative to service member primary care practitioner treatment plans, and immunization support."*
>
> *"No mobile computing devices used to access or store patient health information."*

It is important to identify that the original Health Information Privacy and Security Manual for the Edmonton Police Service that was submitted in November 2020 with the application for Netcare access was not the document provided with the FOIP request. The manual provided has a revision date of November 2022, and any of the revisions are not noted for reference on the revised document provided.

In the Privacy Impact Assessment from November 2020 the custodians listed for the organization were Denise Scribney, RN and Si Liew, RN. Access to the electronic health records of the employees would give them access to the following information: (OH&S Folder – FOIP

Part 1 - IAPU 53 2023-G-0163). There were 2 other nurses employed by the OHS department, but they were not listed on this application.

> ***Registration information*** *- patient demographic data (first and last name, date of birth, gender) and ID numbers (health number).*
>
> ***Diagnostic, treatment, and care information*** *- Prescription information; dispensed medications;*
> *Laboratory data – general lab, microbiology, pathology and blood bank data; diagnostic Imaging (DI) text reports; transcribed reports; admission histories; consultations; discharge summaries; operative / procedure reports; emergency discharge summaries; ECGs; community care client profiles and letters; Immunizations – immunizations from public health sites (former Capital region records only); ECG (some former Capital region hospitals results only).*
>
> ***Netcare users are informed about the confidentiality of the information in the following ways****:*
> *During Netcare training, users are advised that they are to limit their Netcare access to* ***only pertinent information to a specific patient's care*** *(e.g. lab results, diagnostic imaging text reports and images, transcribed clinical reports, patient hospital admission and discharge history logs, pharmaceutical information, etc.). They are advised that they are not to be looking up their own information or that of anyone they know.*

In December of 2020 the reporting progressed to a summary chart of bureau, division, and the number of cases in that division. The reporting in the Updates for Senior Management continued with identifiers for people off related to COVID-19 as isolation, testing and positive cases.

December 3, 2020 – Email Communication re: COVID POSITIVE – (Chiefs Office Emails – FOIP Part 1 - IAPU 308 2023-G-0163). Si Liew sent an email that was provided to leadership, the full email chain was not provided. Darren Derko forwarded this to EPS leadership.

> *Please see below for the current EPS members who tested positive for COVID-19:*
> *1. A member of Disruption tested positive for COVID-19 (community related). 4 members isolating due to close contacts – all are symptom free.*
> *2. A spouse of a member that tested positive is currently symptomatic. If this individual tests positive, at least 6 members have been identified as close contacts and will need to isolate. 2 of these members are already at home isolating with symptoms.*
> *3. Three members from the NE Beat are tested positive today, currently 2 other members who were already in isolation are waiting for their Covid testing results.*
> *4. A member from Downtown Sqd 2 is tested positive today, 12 members isolating due to close contact- all symptoms free.*

December 10, 2020 – Email communication was forwarded to EPS leadership by Darren Derko. This email contained a note from Denise Sribney regarding Covid positive members. (Chiefs Office Emails – FOIP Part 1 - IAPU 313 2023-G-0163).

> *For Information below are the Covid positive tests from today. Although it is alarming that we have had 6 members test positive you will notice that the majority (all but 1 or 2) were*

acquired in the community or at home. Only 3 people were in close contact (a 4th because they live in the same household) and have to isolate. I would like to think the low number of close contacts are due to the restrictions we put in place and are being followed.
The bad news is that we had 6 positive tests and the numbers continue to climb. Trying to look at the glass as half full.
Have a good evening everyone.
Darren

Subject: COVID-19 Update December 10, 2020
Good Afternoon,
Here are the COVID-19 positive EPS members identified today:
1. Investigative Support Division
a. Positive member (community acquired). No EPS members were identified as close contacts.
b. Positive member (community acquired). One Commissionaire is isolating as they live in same household.
2. Downtown Division.
a. Positive member (community acquired). Two EPS members were identified as close contacts and are isolating.
b. Positive member (Household acquired? EPS acquired?). No EPS members were identified as close contacts.
c. Positive member (community acquired). No EPS members were identified as close contacts.
3. Northeast Division : Positive member. One close contact identified and is symptomatic (awaiting testing).
Thank you
Denise Sribney RN, BScN, OHNC

There was a significant focus on the EPS OHN obtaining Netcare access from the GOA. In communication with Dr. Hinshaw, Chief McFee requested and update regarding the approval of the access. It is impossible to understand that Dr. Hinshaw was in a specific role as Chief Medical Officer of Health and is appointed under the *Public Health Act*. This was out of her scope however she did provide a clear response access would be for the purpose of providing health services.

December 18, 2020 – Email communications with Deena Hinshaw and Dale McFee re: Follow up – (Chiefs Office Emails – FOIP Part 1 - IAPU 407 2023-G-0163). This communication was in relation to decreasing quarantine time and Netcare Access for EPS nurses.

From Deena Hinshaw:
Good morning Chief McFee,
I am emailing on behalf of Dr. Hinshaw to follow on your recent email about aligning communications, policy and frontline approach. Thank you very much for moving this work forward. I also wanted to follow up to your question about access to the NETCARE system and have a response for you on this, from the staff responsible, in Alberta Health.
Update:

A Registered Nurse (RN), employed by the Edmonton Police Service (EPS), is in the process of seeking access to Alberta Netcare (Netcare) for the RNs on her team. We can confirm that this process is in progress and that ***Alberta Health is reviewing the documentation*** *that has been submitted. This process to obtain access to Alberta Netcare includes submitting a Provincial Organizational Readiness Assessment (pORA) to Alberta Health, and a Privacy Impact Assessment to the Office of the Information and Privacy Commissioner. Alberta Health is in the process of reviewing the pORA and it is anticipated that the RN will be receiving a request for further information in the coming weeks.*

Please note that when access is approved, the RN and her RN colleagues would be provided access to Netcare for the purpose of providing health services.

From Dale McFee:
Good Afternoon Fiona & Dr. Hinshaw,
Thank you for the update regarding access to NETCARE system.
In addition, please see the attachment requesting approval for the Edmonton Police Service to ***decrease the quarantine period currently in place by the CDC****. Please note: this letter was drafted prior to receiving your response regarding the NETCARE request and appreciate the progress.*
Thank you in advance for your consideration.

From Fiona Cavangah – GOA
Thank you very much for the letter ***seeking approval for EPS to decrease quarantine period****. As discussed at the recent meeting with Dr. Hinshaw, examination of shortened quarantine is a priority for CMOH. There will be follow up with you on this, when possible.*

The **Edmonton Police Service COVID-19 Vaccination Protocol** – this protocol and the accompanying FAQ have been provided multiple times in the FOIP disclosure. In relation to the Privacy concerns with this protocol the following has been highlighted from the FAQ document.

COVID-19 Vaccination Protocol Frequently Asked Questions (Appendix EPS-01)

1. What is the purpose of the COVID-19 Vaccination Protocol (the "Protocol")?
The purpose of the protocol is to protect the health and safety of EPS employees and the public we serve while respecting our employees' personal choices and privacy.

9. Is my vaccination and testing information provided under the protocol confidential?
The information is being collected pursuant to Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is managed and protected in accordance with FOIP. The EPS makes reasonable security arrangements to protect information against unauthorized access, collection, use, disclosure or destruction pursuant to Section 38 of FOIP. If you have any questions about the collection and use of your information please contact OH&S Manager Nicole Wetsch.

The EPS Nurses are the only ones who will have access the personal information submitted via Cority*. OH&S Section will be able to pull reports from that information and monitor compliance with the policy based on the information submitted. OH&S will provide the list of employees who have selected the leave without pay option or are deemed to have selected it under the Protocol to Human Resources Division so that the employee may*

*be properly coded as such **and their supervisor(s) may be made aware that they are on leave**. OH&S Section will monitor the testing information provided and if it is discovered that an employee who selected the testing option has not complied with the Protocol requirements (e.g., they have not submitted to a test within 72 hours of the start of a shift, or completed the required form, etc.), the fact that they have been **non-compliant will be communicated to HRD such that they can be placed on a leave without pay and their supervisors can be made aware of same.** Similarly, OH&S will monitor compliance with other restrictions in the Protocol that apply to partially vaccinated employees and those who have selected the testing option and notify the appropriate parties of any non-compliance.*

10. Are supervisors expected to monitor compliance with the Protocol?

*No. Supervisors are not required to monitor compliance with this Protocol. **Supervisors are not required to and should not be asking their employees whether they are vaccinated and/or have submitted to testing as require**d. That information is all provided to OH&S via Cority. It is OH&S who will be monitoring compliance with the Protocol. If there is an instance of non-compliance which results in a need to involve a supervisor (e.g., to make them aware that an employee is now on leave without pay), OH&S will notify the supervisor and/or HRD of that. If a supervisor or any other employee witnesses someone engaging in conduct that appears to breach the Protocol*

(e.g., an employee who has been vocal about not being vaccinated attends an EPS gym), that witness can report that alleged breach to OH&S.

11.Why do I have to indicate that I am fully vaccinated if I already did so under the mandatory disclosure protocol?

*The EPS is requesting this information for a new purpose under this new Protocol. In addition, employees selecting this option **are now required to provide proof of vaccination**, which was not required under the mandatory disclosure protocol.*

Edmonton Police Service COVID-19 Vaccination Protocol **(Appendix EPS-02)**

6. PRIVACY

6.1 Any personal information provided under this Protocol is collected, used, and stored in accordance with the EPS' obligations pursuant to the Freedom of Information and Protection of Privacy Act (Alberta) and will only be used and disclosed in accordance with that legislation, including but not limited for the purposes of addressing compliance with this Protocol, determining which employees are permitted to be actively engaged in their duties for EPS, determining which safety protocols are necessary for those employees and generally in the workplace, and to address health and safety concerns related to COVID-19. If you have any questions about the collection and use of your information please contact OH&S Manager Nicole Wetsch.

Undated document in FOIP Part 2 - **EPS OHN Role in COVID-19 Vaccination Policy** (Combined Records_Redacted – FOIP Part 2 – EPS IAPU 3212 2023-G-0199). This document outlines the role in the EPS OHN collection and verification of the immunization records.

*The **Occupational Health Nurses (OHN's) are the custodians of all medical information** within the Edmonton Police Service. Access to this information is controlled through security roles within Cority that limits the Occupational Health module to the nurses, OHS admin support and overall Cority Administrator (the current OHS Manager and supervisor of the OHN's). **As vaccination information ids medical in nature, the information is***

handled in the same manner all other medical information is*. Staff are governed by EPS policy and prevented from accessing information unless there is a legitimate need to and is done so in accordance with FOIP and HIPA requirements.*

While ***medical information is not disclosed without consent of the person****, compliance with policy, or lack thereof was when required. In the circumstance of COVID-19 policy, a member's vaccination status would not be disclosed, however if they had chosen testing instead of providing proof of vaccination,* ***it would be disclosed to the OHS Manager if they failed to provide the required test in accordance with policy, who then would follow up with the member and their supervisor****.* ***Consent was not required for COVID-19 tests or vaccinations that were uploaded into Cority by the members themselves as consent is implied.***

EPS OHN Verifying COVID Immunization
As the policy allowed for members to ***voluntarily*** *supply their COVID-19 proof of vaccination and audit of the records supplied was conducted. In all* ***1996 CORITY records were audited*** *over a 6 month period starting Oct 2021 and finishing in May 2022.*

Process for auditing
1. In CORITY search for questionnaire the Employee entered from Audit list generated from CORITY.
2. Review all responses provided.
3. Cross check the vaccine entered to the proof of vaccinated documented uploaded by the employee.
4. If the proof of vaccination document matches information in the questionnaire and QR code scanned and verified, the record was checked off as verified and the audit for this employee was complete.
5. If the proof of vaccination document was not uploaded or not valid the Nurse would contact employee via email to request proof of immunization.
6. If employee is unable to provide proof of immunization but advised they did get immunized the RN would request consent from the employee to search in Netcare for proof of immunization.
7. Email sent to employee by Nurse requesting consent to check Netcare for proof of immunization.
8. Once the Nurse received emailed consent from the employee the Nurse checked Immunization status in Netcare and reported back to employee via email.
9. Nurse created record under Clinic Visit in CORITY and uploaded emailed consent.
10. Once immunization verified this was entered in the employee's questionnaire a verified and audit was complete.

Example of Consent obtained for Netcare.
NOTE: The QR code would not verify as the employee had only partial vaccination at this time.
Therefore, I needed to verify the employee had the 1st immunization in Netcare*.*
From: Shelley Gallant
Sent: November 15, 2021 16:22
To: AK
Subject: RE: COVID 19 Immunization status

Hello AK,
I will upload your QR code to your file and checked Netcare and you are verified. No further action required.
Thank you,
Shelley
****
From: AK
Sent: November 15, 2021 13:52
To: Shelley Gallant <Shelley.Gallant@edmontonpolice.ca>
Subject: Re: COVID 19 Immunization status
Netcare is fine Do I still need to upload anything to cority?
On Nov 15, 2021, at 13:47, Shelley Gallant <Shelley.Gallant@edmontonpolice.ca> wrote:
Hello AK,
I will need either proof of your vaccines other than the QR code or if you prefer with your consent I can verify your COVID immunization in Netcare. Please advise.
Thank you,
Shelley
****
From: AK
Sent: November 15, 2021 12:54
To: Shelley Gallant <Shelley.Gallant@edmontonpolice.ca>
Subject: Re: COVID 19 Immunization status
I've tried scanning it with the covid records app and it shows invalid. Assumingely because November 17
is 2 weeks post second dose.
****
On Nov 15, 2021, at 12:42, Shelley Gallant <Shelley.Gallant@edmontonpolice.ca> wrote:
Hello,
I am not sure why the QR code is invalid. Currently I have no documents to support you are partially or fully vaccinated therefore you would be required to Rapid test. Please send me the QR code and I will check with my Covid records App.
Thank you,
Shelley
****
From: AK
Sent: November 15, 2021 12:35
To: Shelley Gallant <Shelley.Gallant@edmontonpolice.ca>
Subject: Re: COVID 19 Immunization status
Sure but the QR code is invalid until tomorrow evening.

****
On Nov 15, 2021, at 12:34, Shelley Gallant <Shelley.Gallant@edmontonpolice.ca> wrote:
Hello,
Are you able to screen shot it and email to me?
Thank you,
Shelley
****
From: AK

Sent: November 15, 2021 12:33
To: Shelley Gallant <Shelley.Gallant@edmontonpolice.ca>
Subject: Re: COVID 19 Immunization status
The website no longer allows you to save the file as a PDF. It only allows you to print it.
****
From: Shelley Gallant
Sent: November 12, 2021 15:55
To: AK
Subject: COVID 19 Immunization status
Good afternoon,
I hope this email finds you well. I am one of the Health Nurses here at EPS and we are doing a routine COVID immunization audit. It appears that there are no documents attached therefore I cannot verify your immunization status.
Would you please go to the link https://covidrecords.alberta.ca/dvc enter your info and at the bottom hit save your record as PDF and then email this to me. I will verify your status and upload it into your file for you.
Thank you,
Shelley
Shelley Gallant RN
Occupational Health
Employee and Organizational Wellness Branch
Cell: 17(1) 17(4)
Fax: 780.421.3572

In an undated and untitled document addressing the COVID-19 response the below caution relating to privacy was included. (Chief Office – FOIP Part 1 - Attachment – Part 3 - IAPU 180 2023-G-0163) contains and undated and untitled document addressing COVID-19 response.

Amid the increased attention and focus on the COVID-19, the EPS Occupational Health and Safety team is continually providing the utmost up-to-date factual information that all employees are encouraged to read on EPSNet found here. This information will assist all employees to protect themselves and the public.

***All employees are required to follow their Divisional Chain of Command if they have questions or concerns regarding the COVID-19**. All supervisors will be receiving timely bulletins pertaining to COVID-19, therefore, they will have the current up-to-date information. **Supervisors who have additional concerns or questions can contact the EPS OHN for further assistance**.*

*In addition, please keep in mind **all employees are entitled to privacy in regard to their health and/or medical matters and to be cognizant of not sharing sensitive and/or private information without the person's consen**t.*
If you're experiencing symptoms, please contact your supervisor immediately who will contact the EPS Occupational Nurse.
Common symptoms include:
• Cough
• Fever
• Difficulty breathing

> *• Extreme tiredness*
>
> *Recap, to protect yourself and others:*
> *• use good hygiene practices, such as frequent handwashing*
> *• cover coughs and sneezes*
> *• avoid touching eyes, nose and mouth with unwashed hands*
> *• practice social distancing of at least 1m where ever possible*
> *• follow PPE use guidelines found here*
> *• stay at home and away from others if you are feeling ill, contact Health Link 811 and inform the EPS Occupational Health Nurse*
> *• clean shared surfaces like fitness equipment, radios, desks and vehicles before and after use following EPS procedures*
> *• See EPS Infection Control & Blood and Body Fluid Exposure for more information on decontamination*
> *• contact the EPS Occupational Health Nurses if you are symptomatic or prior to returning to work after travel*

An undated document titled *Security and Access to information in Cority* (OH&S Folder – FOIP Part 1 - IAPU 64 2023-G-0163) Defines roles of individuals and the level of access to the Cority system and records retention. In relation to the OHN submission for Netcare, the OHS manager is not defined as a custodian under HIA and was not disclosed in the Provincial Organizational Readiness Assessment Version 2 (pORA).

> *With the security roles in place the **only people who have the ability to view immunization data are the OHN's, who manage all our medical information, and their supervisor the OHS manager** as the overall administrator for the system. However, all of those people are bound by both he EPS policy and procedures on accessing information and the ethical limitations of the certifying bodies of their professional designations (CARNA for the nurses and BCRSP for the OHS Manager).*
>
> *Data Retention*
> *The record retention limit was set by Administrative Records Management at 100 years to ensure that the offspring of members would have the ability to obtain records for their natural lifetime.*

FOIP Part 2 contained the College of Registered Nurses of Alberta (CRNA) Privacy and Management of Health Information Standards – Dated December 2022, Effective March 31, 2023 (Combined Records Redacted FOIP Part 2 – EPS IAPU 3165 2023-G-0199). This is the practice standard for the regulated nurses in relation to health information, however the document provided was not the practice standard that was in effect for the pandemic response. The CRNA Practice Standards for Regulated Members – Effective April 2013, CRNA Privacy and Management of Health Information Standards Effective March 2020, CRNA Privacy and Security Policies for Custodians – Information and Templates March 2020, CRNA Documentation Standards for Regulated Members January 2013.

The below table demonstrates the employer questions surrounding contact tracing privacy issues and legalities, however there was not clarification as to the direction or rationale of the

sharing. Often names or other identifiers were included, however they were redacted in the FOIP disclosure.

The Pandemic Committee Folder in FOIP Part 1, contained many references that were relevant to highlight is assessing privacy related issues. **The Pandemic Committee/ COVID-19 Command Team Meeting Minutes** had numerous concerns or relevant information relating to privacy and contact tracing. To represent the information in this folder of disclosure documents the writer has extracted the relevant information into the below table.

Pandemic Committee Folder Document reference	Date	Relevant Mask Information
IAPU 10-15 2023-G-0163	March 20, 2020	*Tracking COVID-19 cases to an exact address for the safety of our members**; Due to privacy legislation AHS will not provide this information***
IAPU 29-33 2023-G-0163	March 25, 2020	*1st sworn member tested positive* *• Case is travel related and the employee had not returned to work after travel.* *Contact Tracing* *• Need to manage expectations on contact tracing.* ***Due to the privacy issues we may want to elevate this to the AHS to assist in figuring out the legalities.*** *COVID-19 Testing* *• Planning should be addressed as to what we need to do if a member is tested positive with COVID-19.* ***Due to privacy issues, who will be notified of that information? Supervisors? Who is responsible for notification of a positive test? AHS?***
IAPU 60-65 2023-G-0163	April 2, 2020	*2nd COVID-19 positive EPS employee. 1st case of exposure not travel related. Working with OHS nurses on determining protocol of reporting* ***contact tracing information****.* ***For protection of privacy it is up to the employee as to whether he/she wishes their personal information remains confidential.*** ***• 17(1) 17(4) . HR will reach out to everyone who was working with that person. AHS is normally responsible for contact tracing, follow-up and testing.***
IAPU 66-70 2023-G-0163	April 3, 2020	*Legal Update* *Disclosure of information after employee exposure* *Working with HR, Stephanie Booth OHS about our legal* ***powers to disclose information regarding the definition of close contact. We have the ability to disclose information to coworkers as reasonable****.*
IAPU 123-127 2023-G-0163	April 21, 2020	*Legal Update* ***•AHS are restrictive in sharing information on peoples COVID-19 status****. We don't have a main contact person at AHS. Will continue to go through the AACP and it expected*

		that an updated on their policing plan will come out today or tomorrow. We Will wait and see what comes out of that.
IAPU 172-176 2023-G-0163	May 7, 2020	*Waiting on final AACP form allowing police officers to obtain COVID-19 health information from AHS. The Order is out and has been reviewed. It is specific to police officers and have intentionally been exposed. Dave Elanik is going to back to AACP to see if it is only meant to be an 'intentional' exposure. We are not yet ready to advertise that to our membership.* ***The nurses are investigating a potential exposure however it doesn't seem to be intentional, so they would not be able to use this process***
IAPU 177-182 2023-G-0163	May 11, 2020	***Friday, May 08, 2020, several members were exposed to a potentially positive COVID-19 subject. OH Nurse contacted the provincial lab and ascertained that the subject was not positive. The form requesting information via the OLE was not filled out. There are concerns with that form that Donna Munro is looking into.*** ***Action Update-The concern has been addressed. The Health Nurse had sought disclosure erroneously for the COVID case where the form should have been used***
IAPU 210-214 2023-G-0163	May 27, 2020	*Request for COVID Information Form* *• Last night AHS nurse was contacted to get clarification on which boxes to check when submitting the* ***Request for COVID Information Form****.* ***Was advised to check both boxes indicating that the subject intentionally tried to infect the member. AHS advised to check both boxes whether it happened or not or they will not test them****. 21(1J(a)*
IAPU 215-217 2023-G-0163	May 28, 2020	*Request for COVID Information Form* ***• Follow-up from yesterday's meeting. The COVID Information Request form to AHS. 27(1)(a) Supt. Hilton recommends that those boxes be pre-checked to alleviate confusion.***
IAPU 263-266 2023-G-0163	July 2, 2020	*Contact Tracing App* *• Stephanie Booth has documented the information on the Provincial Contact Tracing App. 27(1)(a) Once their input is received the document will be forwarded to Supt. Hilton and a decision will be made if a formal Briefing Note will be required.*
IAPU 271-275 2023-G-0163	July 9, 2020	*Alberta Trace App* *Stephanie Booth has researched the Alberta Trace Together App and if it would allow to assist with contact tracing. The initial recommendation is that it wouldn't have that much value because we would have to do the contact tracing anyway and it is unknown how long obtaining the information from* ***AHS would take and whether they would share that information due to privacy concerns***

IAPU 276-280 2023-G-0163	July 13, 2020	*AB Trace App document and information has been provided to Deputy Chief's to review. Chief Mcfee and the D/C's are in full agreement that EPS **will not** pursue official usage of this App at this time.*
IAPU 302-306 2023-G-0163	July 30, 2020	*If more members of **17(1) 17(4**) become positive, will have to utilize CPB staffing contingency plan*
IAPU 321-324 2023-G-0163	August 13, 2020	*• Supt. Doucette advised that they will be putting a file number log outside their interview room for contact tracing. Andy Simpson will make sure the nurses know that.* *• Contact tracing seems to be working well from the nurse's perspective. Andy Simpson has **granted the nurses access to Peoplesoft in case they need to contact somebody that is on days off or vacation.***
IAPU 337-342 2023-G-0163	August 27, 2020	*Event Approval Protocol Briefing Note* *- 27(1)(a) AHS have to get the contact tracing information and Stephanie Booth pointed out there are **3rd party sharing of information that needs to be clarified** .*
IAPU 376-381 2023-G-0163	October 1, 2020	*• Three (3) COVID-19 positive tests reported yesterday. **17 (1) 17 (4) .** None of the cases were contracted through workplace transmission. As a result of these cases, two (2) additional members have been advised to self monitor and one additional (1) I. T. analyst has been told to self isolate* *• Supt. Hilton just received an email advising of one (1) additional positive case being reported.*
IAPU 385-391 2023-G-0163	October 8, 2020	*•With the three (3) recent COVID-19 positive cases in Northeast Division, Insp. Scott Jones advised that parade's have been stopped for the time being. Report has been submitted to AHS as it is over two (2) cases. Of the positive COVID-19 cases, one (1) transmission occurred at work so submitted to WCB. If five (5) or more cases in a work area occur, that information will be publicly released as it is considered an outbreak.*
IAPU 414-419 2023-G-0163	October 29, 2020	*Staff Screening for Covid* *• The tool COE are using is called SMARTSHEET. Looking into whether EPS can piggyback on the COE licence If not, licensing is inexpensive at $450/yr. Will check with I.T. on any potential security concerns. Nicole Wetsch spoke with the nurses and it's not considered medical information that is shared so there are no privacy concerns. The supervisor is only notified if a person answered yes to one or more of the questions, but not to which question specifically. Nurses would follow-up with that person. It's an automated system and reports can be generated daily*
IAPU 435-439 2023-G-0163	November 16, 2020	*AHS Prevention Control* ***•AHS Prevention Control team has contacted OHN to check if EPS are being notified when a member of the public tests positive with COVID-19. Normally EPS would***

		not be notified. Going forward, AHS will make sure EPS nurses are informed
IAPU 461-466 2023-G-0163	December 3, 2020	*4 cases from Northeast Division. 3 of the positive cases are related to a close contact with a COVID positive squad member and another 4 from the same squad are self isolating, awaiting their test results. AHS require 5 cases as a reportable outbreak. These cases will go in as a WCB claim as they are work related incidents. The supervisor will have to submit a Cority report as a potentially serious incident.* *OHN report the suspected cause of the COVID-19 spread in Northeast Division is likely due to members not wearing masks while in close contact. OH&S will follow-up with PCB and Northeast Division.*
IAPU 471-476 2023-G-0163	December 10, 2020	*Contact Tracing Badge* *• Dynacare is associated to a company that would like to initiate a contact tracing badge pilot project. This would be a separate badge that employees would wear that interacts within 3m of someone else wearing the badge. The badge turns red if you spend more than 15 minutes with that person. Nurses would keep the names and associated numbers.* ***This is exploratory and there are lots of privacy concerns as well as a strong likelihood of negative feedback from employees****.* *Action: PCRT agreement - Not to proceed at this time*
IAPU 482-486 2023-G-0163	December 21, 2020	*• AHS are in the process of getting EPS nurses access to NetCare. Access to positive COVID tests may also be available for submitted AACP forms.*
IAPU 544-547 2023-G-0163	**February 8, 2021**	*Netcare* *• Denise Sribney advises they are about a week and a half away from having access to Netcare. The nurses are hoping to create an EPS form like our blood a bodily fluid form to provide a paper trail as to why they are accessing information. Unless there is a reason that the AACP needs the information for data capturing, the existing form can be edited to remove AHS request portion from the form.* ***• Though the nurses will have access to Netcare, there are 2 different databases within it and at this time not all vaccinations show up in Netcare. It is not clear at this time if EPS OHN will be able to see if an EPS member has received a COVID-19 vaccination***
IAPU 548-551 2023-G-0163	**February 11, 2021**	*AACP Blood & Bodily Fluid Form-COVID-19 Test Results* ***• The nurses will now have access to Netcare to obtain COVID test results.*** *The AACP and Ministry are confident the EPS reporting process works and will not be abused thus the Minister's office no longer needs to be notified and included. The current form will be* ***modified to combine blood and bodily fluid and COVID specifically for***

		***exposure**. Nicole and Denise will prepare a draft for Supt. Hilton's review.* *• The nurses are requesting that submission of the form be tasked to the Supervisor rather than the Duty Officer. Originally the form was presented to the Duty Officer to screen however Supervisors will have more circumstantial specific information* *• Answered FOIPP related questions, should we be required to supply contact lists for vaccine scheduling to AHS.* *• Reached out to HR to identify how different sets of employees could be best identified, given the potential scenarios above.* ***• We will need to determine what the legality is in finding out who has been vaccinated and who has not**. COE is doing some legwork on that and Supt. Hilton will check with the Task Team. COE most likely will allow MDL option for employees to get their vaccination*
IAPU 562-565 2023-G-0163	February 25, 2021	*Netcare* ***• The nurses are expected to have access to Netcare next week**. **Nurses will have the ability to confirm immunization information as well as COVID-19 test results in the event of police blood, bodily fluid and/or COVID-19 exposure. They can access information on our own employees and other Albertans. Supt. Hilton is reviewing the policy draft for Netcare access and will return it to Nicole with some suggested changes.***
IAPU 577-580 2023-G-0163	**March 15, 2021**	*COVID-19 Test Results on Netcare* *• The **nurses now have access to COVID testing results on Netcare**. The internal protocol will replace the necessity of submitting the AACP form. Lauren and Nicole will put together the update for the membership on EPSnet*
IAPU 585-589 2023-G-0163	March 25, 2021	*• H/R will **start building an employee list that will allow Planning Section to do vaccination prioritization planning in agreement with the information submitted to AACP earlier this month.***
IAPU 594-598 2023-G-0163	April 8, 2021	*• If members receive information that they have possibly been in close contact with a COVID-19 case (e.g. your child has come into contact with a potential case at school), they should let their supervisors and OHN's know. Our nurses can provide explanation on protocols, direction on self-isolation requirements and manage incoming questions.* *Action: Messaging - members should advise their supervisors and OHN's if they have possibly been in contact with a COVID-19 case*
IAPU 603-605 2023-G-0163	April 19, 2021	***Workplace related cases end up being WCB cases and then will need to be reported as a potentially serious***

		incident. If hospitalized, would have to be reported as a workplace related incident. *•**17(1) 17(4)** This was not a work-related COVID-19 close contact case. It was community acquired.*
IAPU 606-609 2023-G-0163	April 22, 2021	*• **17(1) 17(4)** The member did not contract COVID-19 at work. **17(1) 17(4)***
IAPU 610-613 2023-G-0163	April 26, 2021	*• Positive case in Tactical Section requiring the whole squad having to isolate.*
IAPU 614-618 2023-G-0163	April 29, 2021	***• Nurses concerned as 17(1) 17(4) received their vaccination last week have both been tested as COVID-19 positive. 17(1) 17(4) works in PCB, was symptomatic but came into work feeling better, assuming the symptoms were from vaccination. 17(1) 17(4) and was at work while symptomatic***
IAPU 619-622 2023-G-0163	May 3, 2021	*• Nicole assisted in getting the **850 COVID authorization letters** out to the membership on Friday. RTC#150 are on the list, however Insp. Hermanutz does not believe they have received letters.*
IAPU 623-626 2023-G-0163	May 6, 2021	***• The authorization letter for front-line police to be vaccinated went out and addressed everything AHS required. The provincial announcement of vaccine eligibility expanding to everyone over 12 years old made the efforts expended in the authorization lettermoot***
IAPU 634-638 2023-G-0163	May 17, 2021	*• In the last few days, we had two situations where we may be facing reportable outbreaks among **17(1)17(4) and Downtown 17(1)17(4) members. In both cases members were recently vaccinated** however came to work with common symptoms assuming it was not COVID-19 without following up with the nurses for assessment* *A front counter member who is awaiting test results may have been exposed to the **17(1)17(4)** members in the gym. If any additional **17(1)17(4)** members test COVID-19 positive, then this will become a publicly reported outbreak.*
IAPU 690-693 2023-G-0163	July 12, 2021	*• Chief of Staff Inspector Sinclair sent an email to the membership with regards to the TPS member funeral in Toronto. In order to attend, members had to supply proof that they are fully vaccinated or provide a negative COVID-19 test result.* ***• Some of the membership felt these requirements were unfair and have inquired with the Equity, Inclusion, and Human Rights Branch.***
IAPU 694-697 2023-G-0163	July 19, 2021	*12 members have reached out to **OHN for personal international travel requirements and they have been added to the database for tracking and vaccination status purposes only***
IAPU 705-708 2023-G-0163	August 16, 2021	*There are 3 new positive cases. These 3 employees are all within the same work area however all contacted COVID-19*

		*outside of work. As well, these employees are all **unvaccinated**. Another potential positive case in which their family member is symptomatic and has tested positive. **This member is vaccinated*** *• School Boards are not allowed to ask students/parents about personal health information relating to COVID-19 and AHS won't be contacting schools to advise of positive cases unless it becomes an outbreak situation*
IAPU 709-711 2023-G-0163	August 23, 2021	*2 new positive cases since last report. **Both are fully vaccinated***
IAPU 712-715 2023-G-0163	August 30, 2021	*• **Mandatory vaccination disclosure survey will be sent to all EPS employees.** The information will be held in a section of Cority that is only accessible by the OH nurses.* ***Supervisors will only be notified of persons under their command that have not completed the survey**. They will not have access to the personal information. The information being asked is; select Bureau and Division where you work, supervisor's information, full, partial or not vaccinated. The CoE is also mandating disclosure.* *• **EDD clients have introduced mandatory vaccination for 3rd party contractors at their venues. There is an expectation that members doing extra duty at those venues will be fully vaccinated. Proposed update to EDD platform will include members updating their profile to confirm they are fully vaccinated and a caution that they may face disciplinary action for providing false information. EDD will consult with OH nurses to establish an audit process to confirm compliance of EDD members vaccination declaration**. Lists of members names and their vaccination status will not be provided to clients. They will have to trust in our internal process and procedure.* *• **COVID-19 Mandatory Vaccination Protocol Article** will be posted on EPSNET today. The messaging's intent is to ease fear about how much information is being collected and that we are following the City of Edmonton's lead. As well reinforcing that supervisors will not see their responses, and **this is not against your human rights but is to accommodate your human rights.***
IAPU 716-720 2023-G-0163	September 1, 2021	*• **Nicole has been asked by members where we get the legal authority to ask for the vaccination questions.*** *27(1)(a)* *• H/R are **inundated with calls/complaints** from employees. PCT discuss whether legal messaging should be put out. i.e. Occupational health and safety law duty to ensure a safe workplace; human rights law duty to accommodate; privacy law obligations to protect employee privacy. 27(1)(a)*

		• Geoff received information that a sworn supervisor has made inquiries into the vaccine status of a subordinate member. 21(1)(a)
IAPU 721-724 2023-G-0163	September 7, 2021	*• There have been 5 new positive cases since last report, resulting in 27 people away from work. Largely these people are unvaccinated. 5 of the 6 current active cases are Unvaccinated* *• There is an undercover course beginning next week. Facilitators are inquiring if they can ask the vaccination status of the people attending. The answer is no.*
IAPU 725-730 2023-G-0163	September 13, 2021	***• The nurses were busy over the weekend. Members gathering in social situations and the nurses have been receiving pushback from some members about providing their vaccination status or contact information for tracing. It's becoming difficult for the nurses to interact with some that don't want to provide their vaccination status or contact information for contact tracing.*** *• There was some confusion about the voluntary vaccination disclosure for Extra Duty Detail and the mandatory vaccination survey which registers with Cority. Nicole reconciled the numbers between the two*
IAPU 738-742 2023-G-0163	September 27, 2021	*The number of people away from work is 46; 39 sworn members, 7 civilian members. The majority of the employees absent are* ***unvaccinated*** *• Supt. Hilton attended the Public Health Order (PHO) Enforcement Group meeting last Thursday in place of DC Brezinski. A question was posed as to whether businesses can require our members to show proof of vaccination when attending to calls at the business.* ***Currently our Extra Duty Detail members must be vaccinated in order to participate in EDD.*** *Cority will be setup for those required to do the testing to submit their documentation confidentially and only the OHS Nurses will have access to this information. This will allow the nurses to monitor. Cority reporting will flag anyone who is not providing proof of vaccination or does not get tested within the prescribed intervals.*
IAPU 743-746 2023-G-0163	October 4, 2021	*•* ***H/R and Disability Management are getting a lot of question on the vaccination disclosure protocol. Cority is ready for staff to submit proof of their vaccination or declare their vaccination intention****. This process is to be completed by October 18, 2021 . If a person has had one (1) dose of the vaccine, they will have until November 1, 2021 to have received their 2nd dose. For those who choose not to be vaccinated, COVID testing will be at their expense.* ***The nurses have the ability to look up who is fully vaccinated, partially vaccinated, or unvaccinated. Those who do no***

		provide their vaccination status would then be put into the 'on leave without pay' group.
IAPU 747-750 2023-G-0163	October 18, 2021	*The COVID testing option begins tomorrow, October 19, for those employees that choose not to be vaccinated.* *There are **250 employees that have not responded**. Human Resources will confirm how many of these 250 employees are on approved leaves and absences. The remaining employees who have not responded will be placed on leave without pay.* *• Insp. Sechthold's area are planning post-arrest interview training at the EPA office that would require providing vaccination status. He has been advised that determining vaccination status must be coordinated through OH&S, rather than EPA and this is now reflected in the safety protocol*
IAPU 751-754 2023-G-0163	October 25, 2021	*• The legal department of **Covenant 27(1)(a) Health are asking that EPS certify that officers attending their facilities are fully vaccinated.** Donna sent out a letter to the group last week.*
IAPU 758-761 2023-G-0163	November 15, 2021	*• Similar to the recent Convenant Health request, **AHS has sent a request asking for a guarantee that only vaccinated members will attend to their facilities.*** *Response: The EPS has not instituted a mandatory vaccination policy for its employees…As such we cannot complete the requested declaration (moreover, the EPS is not a contractor or service provider of Covenant Health that would be properly covered by a policy like this - our employees do attend at Covenant Health facilities not as contractor, vendor, or typical service provider, rather they attend in the course of fulfilling their statutory duties as police officers* *• Reminder messaging that QR code is now required on all proof of vaccination for Restriction Exemption Program and it must be in conjunction with picture ID.*
IAPU 765-769 2023-G-0163	November 29, 2021	*OHN have been following up with employees who are not yet fully vaccinated, but partially, to inform them that they will transition to the testing protocol effective 1 December 01 , 2021 until they are fully vaccinated* *• The **OH&S team are receiving obnoxious notes on COVID** test results submitted by some employees who have chosen to participate in the testing protocol. **H/R are aware, and some have been made aware that their communication is offensive.***
IAPU 770-772 2023-G-0163	December 13, 2021	*•Assessing COVID-19 Safety Plans and Event Protocols received and provide reminders that vaccination checks are to be done through OH&S nurses and not by individual work areas*

7.3) Employee Information - Privacy

- It was known in EPS if someone tested positive there was no privacy or protection of privacy.
- If you were contacted as a close contact, **you were then required to do a health screening with the nurse, not voluntary, and provide medical information**. As well you were required to obtain a PCR test as per the CMOH orders at the time.
- Members were contacted on time off or when on leave of absence. Some members noted that the nurses were given access to Peoplesoft (their time tracker) so that they would know the reason someone was not at work. **OHS manager was contacting people on days off or when on leave requesting their covid rapid testing results**.
- Members were not informed that the OHS department was given access to their PeopleSoft information.
- Some members contacted raised concerns that the employer representative called them on time off/LOA, when asked if they had access to the system, they told the member they did not know they were on leave. This disclosure shows they were provided wit access on August 13, 2020 "*granted the nurses access to Peoplesoft in case they need to contact somebody that is on days off or vacation*."
- When vaccination became a requirement to take on Extra Duty Detail (EDD), prior to the vaccine protocol, **those who were no longer taking EDD had their status identified by their absence from extra shifts as they normal would**. EDD also provided an income source for members that would sign up for that on time off. There was **financial harm** from this as well.
- Some employees chose to have a conversation with co-workers relating to their vaccination status, this open discussion was positive for some. They were respectful and their co-workers didn't care what choice they had made for themselves. Other employees did not have these conversations well received. They were then targeted, bullied, harassed and faced the mini mob when they went to work.
- **None of the EPS employees recalled signing a specific form that gave the OHN the ability to access their Netcare medical records**.
- Some EPS employees obtained their Netcare access logs, none of these members could identify any access by the named OHS nurses that are employed by EPS.
- Employees stated that due to the need to cover most shifts when someone is away ill, injured or for personal time, it is **not unusual to be able to identify if there is an issue or illness circulating in a unit.** However, prior to the COVID-19 pandemic, unless there was personal knowledge of time off it was not know what illness or injury was. **During the pandemic everyone knew if a unit or employee was positive or a close contact. It was like all of a sudden medical privacy in the workplace was tossed aside.**
- Employees stated that they still have a **reasonable expectation of privacy** as an employee and there was no consideration for this at any point in the pandemic response.
- **Harassment by OHS manager and nurses** of the employees to upload their personal medical information. Employees informed that they would be sleeping, pre-shift, on shift, on days off, on personal/vacation time and they would receive phone calls or "snot-o-grams" in the form of emails to upload their testing results into Cority. **This added extreme stress, anxiety, frustration and anger.** There was no recognition that employees could only access the Cority from an EPS computer.

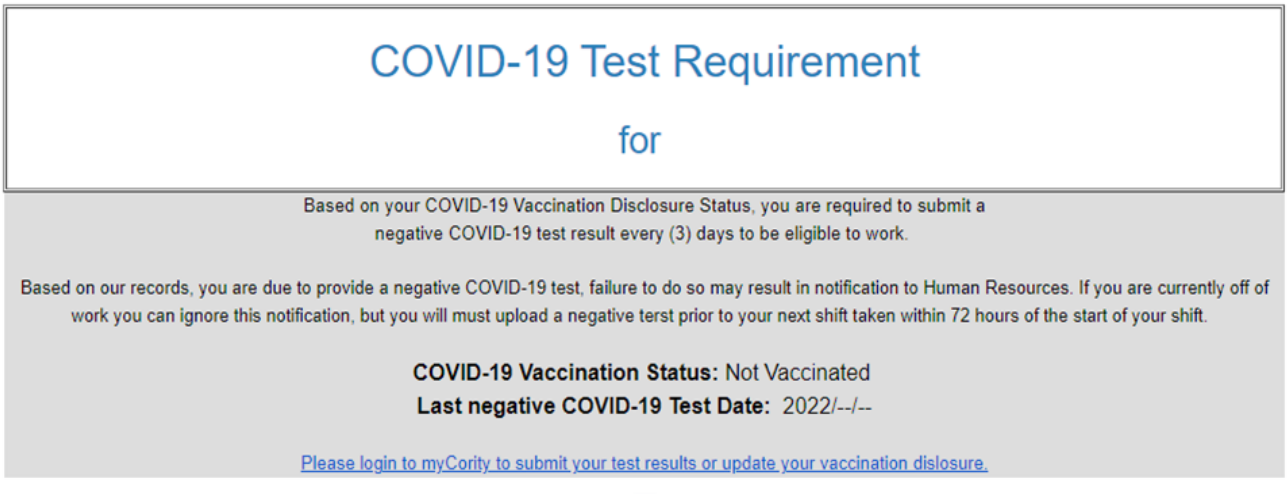
- **Employees vaccination status was listed on the emails requesting the upload of their testing results. A sample of these emails were provided below**.
- Employees were **mandated** to provide their COVID-19 vaccination status **prior** to the protocol coming out, when they failed to meet this, they were terminated.
- There were also employees that took the COVID-19 vaccination **but did not want to disclose this to their employer**. Not disclosing personal medical information was never an option. The employer was asking for this disclosure without legal authority to do so. Then disciplined employees for non-compliance.

The following information is from former S/Sgt Rick Abbott, he has consented the inclusion of his account for this report.

> S/Sgt Rick Abbott of West Division was the one promoted rank questioning the morality of disclosure. While in consultations with and up to the Chief's office, he refused to officially disclose. He did this to keep lines of communication open with the Executive so that his subordinates who did not want to disclose could be heard. The EPA President, at the time, threatened his job on behalf of the Chief's office and a PSB complaint was started for insubordination. S/Sgt Abbott whistle-blew to the Alberta Minister of Justice. He was ultimately suspended when he was 'caught' encouraging Canadians to be peaceful on a day off ending his career 10 years short. There would be no questioning of the narrative and S/Sgt Abbott was made a stark example of how free thought would not be tolerated.

Employees provided the following redacted information relating to the emails that would be sent if a covid rapid test result was not uploaded to the system.

From: coritynotifications@epsohs.ca <coritynotifications@epsohs.ca>
Sent:
To: @edmontonpolice.ca>
Subject: [EXTERNAL] Notification of COVID-19 Test Requirement



COVID-19 Test Requirement

for

Based on your COVID-19 Vaccination Disclosure Status, you are required to submit a negative COVID-19 test result every (3) days to be eligible to work.

Based on our records, you are due to provide a negative COVID-19 test, failure to do so may result in notification to Human Resources. If you are currently off of work you can ignore this notification, but you will must upload a negative terst prior to your next shift taken within 72 hours of the start of your shift.

COVID-19 Vaccination Status: Not Vaccinated
Last negative COVID-19 Test Date: 2022/--/--

Please login to myCority to submit your test results or update your vaccination dislosure.

Employees also provided examples of the following email that would be sent if the OHS manager could not locate results or if they had not been uploaded to the system. Subject: Re: Non-Compliance with COVID-19 Testing

> *On [redacted], 2022, at [redacted] PM, Nicole Wetsch <Nicole.Wetsch@edmontonpolice.ca> wrote:*
>
> *Hello,*
>
> *You are receiving this because our records indicate you are not compliant with the COVID-19 testing requirements. As a reminder, your tests must be done no more than 72 hours prior to the start of your shift. Therefore, for shifts starting on the [redacted] your test cannot be taken earlier than the [redacted]*
>
> *Our records indicate that we either have no test on record, or your last test was dated prior to 19th. Please upload your new test. Human resources will be informed of non-compliance should no tests be uploaded. Thank you.*
>
> *Regards,*
> *Nicole Wetsch, CRSP (pronouns: she/her)*
> *Manager, Occupational Health and Safety Section*
> *Edmonton Police Service*

The employees had very **legitimate concerns relating to violations of their privacy in relation to all the pandemic measures no matter their vaccination status.** These were raised to the employer and there was **never any justification or legal ability presented to them that would give the employer the legal right to demand their personal medical information**. Once the COVID-19 Vaccination Protocol was implemented, personal medical information was revealed to co-workers by means of the **exclusion** of people from lunchrooms, fitness facilities, absence from training and extra duty.

7.4) Analysis and Recommendations - Privacy

The Alberta Office of the Information and Privacy Commissioner (OIPC) provided website information that under the declaration of a public health emergency the powers to collect, use and disclose personal or health information to protect the public health may be very broad. Public health orders issued under public health legislation could require the collection, use and disclosure of certain personal information relating to employees and customers. **If there is a need to collect personal information all guidelines for collection, use or disclose employee personal information in an emergency must follow the appropriate legislation (FOIP, PIPPA, HIA). Employers should communicate to your employees the specific legislative authority to collect, use and disclose any personal information.**

The FOIP documentation indicates that there was significant discussion and concern **relating to privacy issues being faced as part of the pandemic response**. What was not provided would be any briefing note or consultation that would provide insight into any legal advisement for the collection, use or disclosure of an employee's private medical information. Employment lawyers have guidance in relation to illness and contact tracing, much of that information is generalized in stating that if an employee is infected with COVID-19 the employer must balance OHS with

the employee's privacy. During a pandemic situation it maybe reasonable that the employer be involved in contact tracing so that close contacts of the employee may isolate, watch for symptoms or test as required. **In all cases the privacy of the infected worker must be protected, and very limited information should be given to other employees as a way to complete contact tracing** (i.e speaking in generalities, dates and times that may be cross reference to working with an employee.)

There would have been **significant challenge** in balancing the operational unit staffing with the medical privacy of the employees. It would be the due diligence of the employer to ensure there was a proper assessment of the privacy concerns and that the custodians of health information ensured that they followed their legislated and professional obligations to protect medical information. The employer may deem the open disclosure of medical status as reasonable given the pandemic response. However, this must be demonstrated with evidence of the need and the assessment of the risk, and this would need to be clearly communicated and consented to by the employees. **Reasonable disclosure by the employer and reasonable expectation of privacy are two substantial issues**. Protection of personal medical information was never removed from legislation even with the provisions for contact tracing. It is important to discuss that the **contract tracing requirements were only in the CMOH orders (which are not expunged) and were not legislated changes for employees**.

There is considerable concern with the access, use, disclosure, and consent in relation to the EPS **OHN obtaining Netcare access**. It is important that prior to the COVID-19 pandemic this was not considered reasonable or necessary for the EPS OHN to require full access to the personal medical information of all EPS employees. Prior to COVID-19 the EPS hosted an annual Influenza Vaccination Clinic and perform duties relating to workplace health and safety **without** the need to access the electronic health records of the employees.

The FOIP documents did **not contain information to demonstrate that the EPS employees were made aware and that they provided consent for the OHN to access to their complete medical file on Netcare.** The employees **must** provide informed consent and as part of that must be made aware that they may revoke consent or that they have the ability to mask their health information on Netcare so that all information can not be viewed by all practitioners. The only consent form for access to Netcare that was presented in the disclosure was for exposure to blood or bodily fluids, a copy of which is in the consent section of this report. In discussions with employees, none of them could recall needing to complete the exposure consent form.

The Pandemic Committee Meeting minutes detail very concerning statements as the employer preparing to require COVID-19 Vaccination of their employees. **It was noted that the employer was actively tracking names of the vaccinated for Extra Duty Details, compliance to vaccination deadlines, testing requirements, audits and even noted that they could access to confirm the information being provided by the employee was accurate.** For the OHN, the use of **Netcare must be in the provision of providing direct patient care and the actions described would be using the employee's medical information for employment purposes**. OHN were not providing any **direct** patient care in relation to COVID-19 illness. They did not provide testing, vaccination or provide any direct medical care for symptoms. The extent of their involvement was contact tracing and reporting absences and illness to the employer**. Any access to the Netcare system outside of the provision of patient care is in violation of the legislation**. For an occupational setting it maybe considered reasonable to access Netcare medical information for

the provision of emergency care and EPS could try to state it was for fitness for work, however that would not be reasonable as most employers relied on employees to conduct a pre-work checklist. Where the worker information is being accessed for WCB, the patient's physician and point of care medical team would have access to Netcare for the documentation of their injuries or illness.

It is very **concerning was the communication of members names in the Pandemic Committee Team meetings minutes, emails, and Executive Situation Reports, in relation to positive COVID-19 tests, close contacts and those off for illness.** The FOIP disclosure redacted the names as per 17(1) 17(4), it is noted that this refers to the redaction of personal identifying information.
An example of this from the COVID-19 Command Team Meeting April 29, 2021 - (Pandemic Committee Folder – FOIP Part 1 - IAPU 614-618 2023-G-0163)

> • *Nurses concerned as **17(1) 17(4)** received their **vaccination** last week have both been tested as COVID-19 positive. **17(1) 17(4)** works in PCB, was symptomatic but came into work feeling better, **assuming the symptoms were from vaccination. 17(1) 17(4)** and was at work while symptomatic. The nurses were able to confirm he had no close contact with the public. 4 people are isolating from this incident.*

Privacy issues in relation to the **Edmonton Police Service COVID-19 Vaccination Protocol**. The collection, use and disclosure of vaccination status or COVID-19 testing results is the collection of **health information and is legislated under the *Health Information Act* (HIA).** Personal information for a public body such as EPS is legislated by FOIP. The EPS stated in the protocol that they were collecting the information for "*the general purpose of the Protocol is to protect the health and safety of our employees and the public we serve, and to preserve work capacity."* The employees were required to upload personal medical information to the EPS OHS section on the Cority program for the workplace. The FAQ for the COVID-19 Vaccination Protocol stated that the legislated authority to collect the information was FOIP Section 33 (c) and disclosure will be pursuant to Section 28 of FOIP.

> *"Any personal information provided under this Protocol is collected, used, and stored in accordance with the EPS' obligations pursuant to the Freedom of Information and Protection of Privacy Act (Alberta) and will only be used and disclosed in accordance with that legislation, including but not limited for the purposes of addressing compliance with this Protocol, determining which employees are permitted to be actively engaged in their duties for EPS, determining which safety protocols are necessary for those employees and generally in the workplace, and to address health and safety concerns related to COVID-19."*

The EPS OHN's were required to be knowledgeable in their obligations under the HIA, OHS, and medical privacy. They completed the details application for Netcare access in 2020 and during the completion of that application they were required to acknowledged that they would comply with the legislated requirements of managing personal health information. The Edmonton Police Service COVID-19 Vaccination Protocol being implemented and justified under OHS and FOIP is misuse of both legislations. **There was no supporting information or reference to the legislative authority under the OHS act provided to the employees. In the email from the FOIP disclosure office that confirmed that**

> *I conducted searches with the EPS Policy Management team and confirmed that there was*

> *never any official policy or procedure developed relating to suspected COVID-19 illness and the return-to-work procedure following illness.*
>
> *Both the **Pandemic Committee and the Human Resources Legal Department** has confirmed that there is **no correspondence regarding the forced disclosure of confidential medical information or outlining the grounds allowing the employer to supersede medical privacy, HIA, PIPA, FOIP and labor laws to request medical information. Any existing non-legal correspondence has been provided to you**.*

The regulated medical, safety, legal and human resource professionals advising EPS leadership for the implementation of the COVID-19 Vaccination Protocol knew the limits of their ability to obtain the personal medical information of employees. **The protocol was enacted in the workplace in a deceptive manner, and this warrants further investigation**. **These actions are an egregious breach of trust in their positions.** The medical information obtained was claimed to be volunteered by the members, thus did not require consent. **The information was not voluntarily given. This information was required to be produced or employees would be placed on leave without pay. This is not consent, this is not freely given it was information provided under duress, threat, coercion, false authority, and mental torture to gain compliance**. There was a **duty of care** required of these positions to ensure that direction and information to employees was lawful and was appropriate, yet there was **no information from the employer to support the decision to violate the person and force disclosure.**

In discussions with EPS employees, it is evident that they have been made to believe that because they are in law enforcement and they undergo medical and fitness to work all the time, that their medical information does not have the same privacy component as workers in other industries. **It is concerning that these employees do not feel they have the right to medical privacy and that the employer has created this culture in the workplace**. The perception of this "right to know" approach provided, assisted in facilitating the loss of privacy in the workplace. Supervisors, co-workers, etc. approached and felt they were entitled to ask someone's medical information, this is inappropriate in any workplace. Information on masking exemptions, medical illness and vaccination status became regular conversation. **This led to isolation, bullying, shaming, harassment, inappropriate notes or signage, and the collective mentality that the unvaxed are to be blamed for society not returning to normal.**

<u>Recommendations</u>

There must be extensive work in rebuilding this divided and broken workplace. The breach of trust with leadership, co-workers and support staff are toxic and have affected the operational teams. **To move forward there must be an extensive review and acknowledgement of the harm from the pandemic response and decisions of EPS leadership**. Without this review you will not begin to heal the organization and the "**quiet quitting", stress leaves, and attrition rate will continue to grow.** The pandemic follow-up in this workplace should include training for all staff on appropriate communication of medical and personal information in the workplace. Including that your right to privacy is not suspended by any declaration of emergency by the government. **This is a dangerous precedent that has been set and there must be a correction for the staff and management before this becomes "acceptable" workplace culture**.

Recommend investigating EPS leadership and all advisors for the breach of their duty of care in ensuring the laws were followed in communication of personal medical information, access

of personal medical information for the public or detainees, and the interaction with government officials to gain special access to the information in lieu of obtaining medical information through established channels. The Chiefs statement when requesting priority notifications for police on March 18, 2020, requires immediate investigation, law enforcement has an essential role and responsibility in their position of authority to understand, uphold and respect the laws of our country and our province. **This demand for the abandonment of personal privacy is a breach of his position as a public official**.

> *"We also request the Province introduce an interim mechanism whereby Alberta Health Services can confirm or deny whether an individual has been tested, or has tested positive, for COVID-19 after being in close proximity to a police officer, or other front-line responder.* ***We wish to firmly state that privacy cannot trump global safety, and there is no better time than now to end this***."

Recommend investigation by the regulatory bodies relating to the OHN, OHS manager and the handling of personal medical information by these professionals. Employees medical information was provided to supervisors, this medical information then flowed to the entire working unit. OHNs were contacted directly by employees to communicate information for compliance to the rapid testing reporting. This was done by the employee because they did not consent to using the Cority system for medical information. The OHN then without consent entered their information into the Cority. This is a direct violation of the members request for the handling of their personal medical information. The confirmation of this breach of trust came when the employee's received emails for not having uploaded information, and their vaccination status was listed on the email.

Recommend OPIC referral for investigation into privacy violations. Anyone or institution that is violating the privacy laws should be held accountable for the damage that is caused from the **unlawful disclosure and professional, personal and financial harm that it may cause**. The forced disclosure of the medical information from the employees caused significant professional harm that is still ongoing. Many of the targeted employees voiced their concern about being overlooked for advancement in rank or moves to specialized areas, limited access to training which has now harmed them when being reviewed for other positions, and employees still feel targeted with the ongoing discussions about their personal choices. The employer representatives consider the matter closed in reference to the historic pandemic response. However, there are a long list of questions, concerns, harms, illness, injury, and permanently disabled employees that are rightful in their request for investigation and accountability.

Recommend independent review of all disciplinary action taken by the EPS against employees who would not provide their personal medical information as part of the mandatory disclosure of COVID-19 vaccination status. This must include any employees that were placed on disciplinary leave, were terminated, forced to retire in lieu of being on indefinite suspension. These employees' grievances were not properly represented by the association and warrant appropriate corrective action for the unlawful and financially and professionally harmful actions.

Recommend Investigation and Audit of all contact tracing and worker exposure requests for COVID-19 information Forms. This document was used to obtain public or detainee's personal medical information and this must be reviewed considering the CMOH order being expunged. Occurrence was on May 8, 2020, and the follow had Supt. Hilton recommending that the boxes

on the form are pre-checked to alleviate any confusion by EPS employees when completing the form. This needs to be reviewed further to determine if this document was altered to pre-check boxes.

8.0) Consent

8.1) Legislation Relating to Consent

It is essential that consent is addressed separately in relation to this report. The employer representatives that are law enforcement, legal, medical, human resources and OHS professionals every employee sitting at a decision-making role or committee would need to understand fully what entails legal informed consent. **Informed consent is always required, even if there is a declared public health emergency. A person does not give up their inalienable fundamental rights because the government declared a health emergency**. Breach of legal informed consent must be properly investigated and referred for criminal investigation should thresholds be met.

Criminal Code – Definitions from source: www.criminal-code.ca

> *265(1) A person commits an assault when (a) without the consent of another person, he applies force intentionally to that other person, directly or indirectly; (b) he attempts or threatens, by an act or a gesture, to apply force to another person, if he has, or causes that other person to believe on reasonable grounds that he has, present ability to effect his purpose; or (c) while openly wearing or carrying a weapon or an imitation thereof, he accosts or impedes another person or begs.*
>
> *It is important to note that an assault charge does not require actual physical harm to have been inflicted. It can be based simply on the threat or attempted application of force. This section of the Criminal Code of Canada is designed to protect individuals from physical and emotional harm caused by threatening or violent behavior, and to hold accountable those who perpetrate such offenses.*
>
> *This critical section of the Canadian Criminal Code protects individuals from any form of unwanted physical harm or threats of harm.*
>
> *Section 265(1) is essential in safeguarding physical safety and personal rights in Canada. It provides a legal basis for prosecuting acts of violence or intimidation, ensuring that those who violate these laws face appropriate consequences. Assaults threaten the fundamental right to security and dignity, as well as impacting long-term physical and emotional well-being.*

***Alberta Health Act* – Health Charter** (https://www.alberta.ca/alberta-health-charter)

- *have my health status, social and economic circumstances, and personal beliefs and values acknowledged*
- *be treated with respect and dignity*
- *have the confidentiality and privacy of my health information respected*

- *be informed in ways that I understand so that I may make informed decisions about my health, health care and treatment*
- *be able to participate fully in my health and health care*
- *have the opportunity to raise concerns and receive a timely response to my concerns, without fear of retribution or an impact on my health services and care*

Medical consent is relatively standard in the definition across the health professions. For the purposes of this section, I will use the definition and practice standards from the College of Physicians and Surgeons of Alberta (CPSA) and the Canadian Medical Protective Association (CMPA).

College of Physicians and Surgeons of Alberta (CPSA) - Informed Consent – Standard of Practice (issued June 2016) (source CPSA website https://cpsa.ca/physicians/standards-of-practice/informed-consent/)

1. A regulated member **must** obtain a patient's informed consent[i] prior to an examination, assessment, treatment or procedure; such consent may be implied, expressed orally or in writing as appropriate.
2. If a patient is under the age of 18 years, a regulated member **must**:
    a. determine whether the patient is a mature minor with the capacity to give informed consent[i]; and
    b. if the patient is not a mature minor, seek informed consent from the patient's legal guardian, in accordance with legislation.[i]
3. If an adult patient lacks capacity to give informed consent, a regulated member **must** seek informed consent from the patient's legal guardian or substitute decision maker, in accordance with legislation.[i]
4. A regulated member who has reasonable grounds to believe an informed consent decision by a legal guardian or substitute decision maker is not in the best interests of the patient **must** seek legal advice, such as from the Canadian Medical Protective Association, or advice from the College.
5. A regulated member obtaining informed consent from a patient, or the patient's legal guardian or substitute decision maker **must** ensure the decision maker:
    a. is aware of his/her right to withdraw consent at any time;
    b. is free of undue influence, duress or coercion in making the consent decision;
    c. receives a proper explanation that includes but is not limited to:
        i. diagnosis reached;
        ii. advised interventions and treatments;
        iii. exact nature and anticipated benefits of the proposed examination, assessment, treatment or procedure;
        iv. common risks and significant risks;
        v. reasonable alternative treatments available, and the associated common risks and significant risks; and

vi. natural history of the condition and the consequences of forgoing treatment;

d. demonstrates a reasonable understanding of the information provided and the reasonably foreseeable consequences of both a decision and a failure to make a decision.

6. A regulated member who assesses the capacity of a patient to give informed consent **must**:

a. use accepted capacity assessment processes;

b. to the extent possible, conduct the capacity assessment at a time and under circumstances in which the patient is likely to be able to demonstrate full capacity; and

c. inform the patient of the nature and consequences of the capacity assessment.

7. A regulated member obtaining informed consent for a patient to participate in health research **must** comply with the College's *Human Health Research* standard of practice.

8. A regulated member **may** delegate responsibility for obtaining informed consent to another healthcare professional only when confident the delegate has the appropriate knowledge, skill and judgment to meet the expectations of this standard.

Canadian Medical Protective Association (CMPA) and the other regulators recommend legal advice from the college or CMPA when they have questions relating to medical consent. – (CMPA website information will be used below as it is adopted across Canada for the medical profession) https://www.cmpa-acpm.ca/en/advice-publications/handbooks/consent-a-guide-for-canadian-physicians#informed%20consent

> *In the shorter Oxford dictionary, consent is defined as "the voluntary agreement to or acquiescence in what another person proposes or desires; agreement as to a course of action."*
>
> *In the medical context and as the law on consent to medical treatment has evolved, it has become a basic accepted principle that "every human being of adult years and of sound mind has the right to determine what shall be done with his or her own body." Clearly physicians may do nothing to or for a patient without valid consent. This principle is applicable not only to surgical operations but also* ***to all forms of medical treatment and to diagnostic procedures that involve intentional interference with the person****.*
>
> ***Implied consent***
> *Much of a physician's work is done on the basis of consent which is implied either by the words or the behaviour of the patient or by the circumstances under which treatment is given. For example, it is common for a patient to arrange an appointment with a physician, to keep the appointment, to volunteer a history, to answer questions relating to the history and to submit without objection to physical examination. In these circumstances consent for the examination is clearly implied. To avoid misunderstanding, however, it may be prudent to state to the patient an intention to examine the breasts, genitals or rectum.*

The foregoing notwithstanding, in many situations the extent to which consent was implied may later become a matter of disagreement. ***Physicians should be reasonably confident the actions of the patient imply permission for the examinations, investigations and treatments proposed.*** *When there is doubt, it is preferable the consent be expressed, either orally or in writing.*

Expressed consent
Expressed consent may be in oral or written form. It should be obtained when the treatment is likely to be more than mildly painful, when it carries appreciable risk, or when it will result in ablation of a bodily function.

Although orally expressed consent may be acceptable in many circumstances, frequently there is need for written confirmation. As physicians have often observed, patients can change their minds or may not recall what they authorized; after the procedure or treatment has been carried out, they may attempt to take the position it had not been agreed to or was not acceptable or justified. Consent may be confirmed and validated adequately by means of a suitable contemporaneous notation by the treating physician in the patient's record.

Expressed consent in written form should be obtained for surgical operations and invasive investigative procedures. It is prudent to obtain written consent also whenever analgesic, narcotic or anaesthetic agents will significantly affect the patient's level of consciousness during the treatment.

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*.*

Informed Refusal
Our courts have reaffirmed repeatedly a patient's right to refuse treatment even when it is clear treatment is necessary to preserve the life or health of the patient. Justice Robins of the Ontario Court of Appeal explained:

*"****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 underlines 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."*

However, difficulty may arise if it should later be claimed the refusal had been based on inadequate information about the potential consequences of declining what had been recommended. In the same way as valid consent to treatment must be "informed," so it

may be argued a refusal must be similarly "informed." Physicians thus may be seen to have the same obligations of disclosure as when obtaining consent, that is, disclosure of the risk to be accepted.

8.2) Major Findings – Consent

There was no evidence provided in the FOIP that demonstrated there was an informed consent process for masking, testing, isolation, chemical exposure, or vaccination. The below consent form was included in FOIP Part 1, if the nurses or other employer representatives were obtaining verbal consent, there was no information provided as to what the narrative for verbal consent was and where this would be documented. A retention schedule was provided for the EPS wellness schedule in the FOIP Part 2 that indicates, in relation to EPS nursing medical files, consent to share information forms are retained permanently, however a blank form was not provided for review. (Combined Records_Redacted – FOIP Part 2 – EPS IAPU 3216 2023-G-0199). The records retention schedule for health indicates that there is a completed project or program for immunization, flu, infection control, exposure, other health surveillance and research. It also informed that any nursing related internal policies and procedures, training, presentations, and the materials used are retained permanently, yet these were not provided with the FOIP disclosure.

An undated consent form was provided as (HR Folder FOIP Part 1 - IAPU 70 2023-G-0163).

CONSENT TO THE DISCLOSURE OF PERSONAL INFORMATION
AND INDIVIDUALLY IDENTIFTING HEALTH INFORMATION
AUTHORIZED BY THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT
AND THE HEALTH INFORMATION ACT

I, _____, authorize my personal information and individually identifying health information regarding my medical status related to COVID-19, including but not limited to my name, information about places and people I have come into contact with, symptoms, diagnosis, treatment plan, work limitations (the "Information"), to be disclosed to the Edmonton Police Service in accordance with section 39 of the Freedom of Information and Protection of Privacy Act, RSA 2000, c F-25 and section 34 of the Health Information Act, RSA 2000, c H-5 for the purpose of enabling the Edmonton Police Service to take reasonable steps to respond to the potential presence of COVID-19 in the workplace and take action to try to control the spread, including but not limited to those steps necessary to identify and take action with respect to those potentially impacted in the workplace and to initiate appropriate cleaning protocols.
I acknowledge and understand why I have been asked to disclose the Information and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of the Information. I understand that I may revoke this consent in writing at any time.

This consent takes effect this ____ day of _____, 2020 and does not expire (subject to the ability to revoke in writing noted above).

FOIP Part 2 contained a document titled "**EPS OHN Role in COVID-19 Vaccination Policy**" (Combined Records_Redacted – FOIP Part 2 – EPS IAPU 3212 2023-G-0199). Included the following information relating to consent.

> *While medical information is not disclosed without consent of the person, compliance with policy, or lack thereof was when required. In the circumstance of COVID-19 policy, a member's vaccination status would not be disclosed, however if they had chosen testing instead of providing proof of vaccination, it would be disclosed to the OHS Manager if they failed to provide the required test in accordance with policy, who then would follow up with the member and their supervisor. Consent was not required for COVID-19 tests or vaccinations that were uploaded into Cority by the members themselves as consent is implied.*
>
> ***EPS OHN Verifying COVID Immunization***
> *As the policy allowed for members to voluntarily supply their COVID-19 proof of vaccination and audit of the records supplied was conducted. In all **1996 CORITY records were audited** over a 6-month period starting Oct 2021 and finishing in May 2022.*
>
> ***Process for auditing***
> *5. If the proof of vaccination document was not uploaded or not valid the Nurse would contact*
> *employee via email to request proof of immunization.*
> *6. If employee is unable to provide proof of immunization but advised they did get immunized the*
> *RN would request consent from the employee to search in Netcare for proof of immunization.*
> *7. Email sent to employee by Nurse requesting consent to check Netcare for proof of immunization.*
> *8. Once the Nurse received emailed consent from the employee the Nurse checked Immunization*
> *status in Netcare and reported back to employee via email.*
> *9. Nurse created record under Clinic Visit in CORITY and uploaded emailed consent.*

The example email communication was included with in the *EPS OHN Role in COVID-19 Vaccination Policy* (the full email sample is viewable in the privacy section and in the attached appendix) and the consent sample is as follows:

> ***Example of Consent obtained for Netcare***
> *Hello AK,*
> *I will need either proof of your vaccines other than the QR code or if you prefer with your consent I can verify your COVID immunization in Netcare. Please advise.*
> *Thank you,*
> *Shelley*

College of Registered Nurses of Alberta (CRNA) **Privacy and Management of Health Information Standards** – Effective March 31, 2023, was included in the FOIP Part 2 documents (Combined Records_Redacted – FOIP Part 2 – EPS IAPU 3220 2023-G-0199). The practice standard for nurses contains some very important information for the OHN to follow. It should be noted that this practice standard was created in December 2022 when there was a revision

to CRNA practice standards, the practice standard that was in place during the pandemic response was **not** included.

> ***CRNA - Privacy and Management of Health Information Standards***
> ***Background*** *(page 4)*
> *The HIA {2000), the Health Information Regulation {Alta Reg 70/2001), and the Alberta Electronic Health Record Regulation {Alta Reg 118/2010) outline expectations for the collection, use, disclosure, and security of health information that protects the privacy and confidentiality of individuals and their health information. The HIA balances the protection of privacy with sharing health information to provide a HEALTH SERVICE and manage the health system. Regardless of how a health service is paid for, the HIA applies to all health information collected, used, and disclosed by custodians in relation to that health service.*
>
> *Registrants are governed by a variety of privacy legislation, which applies to the personal information that they collect, use, and disclose. Where the HIA (2000) does not apply, Alberta's Personal Information Protection Act {PIPA, 2003), Freedom of Information and Protection of Privacy Act {FOIP, 2000), or the federal Personal Information Protection and Electronic Documents Act (PIPEDA, 2000) may.* ***Registrants are accountable for understanding which legislation applies to their nursing practice****.*
>
> *The HIA {2000)* ***does not apply to health information collected for purposes other than to provide health services****. The Health Information Regulation {Alta Reg 70/2001) excludes a number of services from the definition of health services {Appendix A).*
>
> ***All registrants must***
> *1.1 access personal and health information, including electronic health records (EHR), only for purposes that are consistent with their professional responsibilities;*
> *1.2 collect, use, and disclose only health information that is essential for the intended purpose, with the* ***highest degree of confidentiality possible****, and in accordance with legislation;*
>
> ***Registrants as custodians must***
> *2.4 be responsible and accountable for identifying information they* ***collect for the purposes of providing a health service*** *as health information;*
> *2.5 be responsible and accountable for ensuring that they and their affiliates are familiar with, and comply with, the legislated requirements specific to health information;*
>
> ***Registrants as custodians of health information, and employed by a non-custodian, must also***
> *2.11 clearly communicate their obligations of a custodian to the employer;*
> *2.12 review the employer's requirements relating to the collection, use, disclosure, retention, and security of health information and ensure requirements align with legislation; and*
> *2.13 collaborate with employers to ensure that legislated requirements specific to health information, and their obligations as custodians are met and reflected in the employer's requirements and procedures regarding the collection, use, disclosure, retention, and security of health information.*

Appendix A: Exclusion from Definition of Health Service
Health Information Regulation (Alta Reg 70/2001)
Exclusion from definition of health service
3.1 For the purposes of section I(l)(m) of the Act, the following services are excluded from the definition of health service:

a. the review, interpretation or assessment by a health services provider of
i. results from a drug or alcohol test performed on a bodily substance from an individual, but only to the extent necessary or reasonably required to determine the individual's fitness to work,
ii. results
A. from medical, health or biological monitoring of an individual, or
*B. from medical or health surveillance of an individual, but only to the extent necessary or **reasonably required** to protect the health of workers or to determine the individual's fitness to work, or*
*iii. results from a medical or health assessment of an individual, but only to the extent necessary or **reasonably required** to determine the individual's fitness to work;*
b. the review, interpretation or assessment of health information about workers collected under the Occupational Health and Safety Act by the Director of Medical Services for the purposes of protecting the health and safety of workers;
c. an independent medical examination of an individual, or a review of the health information of an individual, by a health services provider who is not involved in the treatment and care of the individual for the purpose of determining benefits or coverage, or both, for insurance purposes;

There was limited information provided in the FOIP documents regarding consent and the need to ensure legal informed consent was obtained for employer measures.

8.3) Employee Information – Consent

- Never provided informed consent for providing personal medical information.
- Employees did not provide consent to isolation at home or contact tracing.
- The contact tracing was invasive with questions and if employees did not provide information, they were deemed to be non-cooperative.
- The employees that were sent to work from home did not realize there was an option. Some pushed back as they were unable to work at home, especially with the schools closed. The employer did allow those employees work in the office. Employees stated that many of their **coworkers have suffered greatly from the isolation**.
- The employees did not know if the OHN was trained properly to conduct contact tracing and EPS continues the in-house contact tracing well beyond the CMOH order lifting the public health order.
- Employees did not consent to provide their information be provided to co-workers for contact tracing by OHN.
- Employees informed that they **DID NOT consent to masking, testing, vaccination, and disclosure of personal medical information.**
- Employees did not consent to their personal medical information being shared with their supervisors or discussed in meetings. Emails and other communications.

- Employees did not consent to their personal medical information being uploaded to the Cority OHS section of their personal employee file. The employees that did upload information expressed that they did so **under threat of discipline, threat of job or income loss, duress, intimidation, and coercion**.
- The threat of loss of income, caused physical and psychological harm to employees was the tool to obtain compliance.
- The repeated forced violations on their person were described by some as torture and extortion.
- None of the EPS employees indicated that they had provided consent for OHN to access their personal Netcare medical records.
- A small number of EPS employees obtained their Netcare Access Audit Logs, the employees indicated that the names of the OHN did not appear on their audit logs. None of these members would have been involved in the audit of vaccination records by the OHN as they all elected to not disclose their personal vaccination status to the employer.
- EPS members that did have contact with the OHN or OHS manager noted that they received "snot-o-grams" from them, unprofessional communication telling them to upload information, or they will be placed on leave immediately. Multiple emails were sent by the OHS manager to force the completion of the disclosure.
- **Consent must be informed and freely given, without undue threat, duress, coercion from the situation or a 3rd party. The employer and employer representatives committed the ultimate abuse of the employees with their actions.**
- The employees causing this harm and demanding this violation of personal privacy and bodily autonomy must be accountable for their actions. The injury and harm they have caused with their reckless application of the COVID-19 pandemic measures has victimized many employees.
- The EPA knew of the decisions and the privacy concerns, they were being kept in the loop by EPS and were fielding questions from members. Never did they support the members right to privacy or demand the requirement for informed consent.

Employees provided samples of these emails, these are attached as (Appendix EMP-04)

From: *Nicole Wetsch <Nicole.Wetsch@edmontonpolice.ca>*
Sent: *October 13, 2021 14:20*
To: *Nicole Wetsch <Nicole.Wetsch@edmontonpolice.ca>*
Cc: *OHS Reporting (Dist) <OHSReporting@edmontonpolice.ca>*
Subject: *COVID_19 Vaccination Protocol Reminder*
Importance: *High*

Hello,

You are receiving this because we have not yet received your survey indicating your choice of options for the Vaccination Protocol.

As per the protocol (attached), all EPS employees must choose one of the following options by October 18th, 2021:

a. *indicate they are fully vaccinated, or partially vaccinated but intend to be fully vaccinated by November 30, 2021;*

b. *if they are not fully vaccinated or will not be fully vaccinated by November 30, 2021, or do not wish to disclose their vaccination status, indicate that they will submit for testing as defined in the vaccination protocol;*
c. *indicate that they will commence a non-disciplinary leave without pay.*

If we do not receive your survey by the 18th of October, you will be deemed as having chosen option C.

Please note, if you are on an approved leave you will be given a set time period upon your return to make your selection.

If you submitted the survey using the Guest Login, you must re-submit it. The guest login is not associated with your demographic record so we have no way of knowing who completed the survey. ***You must use your Cority login to complete the survey as per the instructions sent out on October 4th and attached to this email.***

If you believe you believe you have already submitted this, or are having issues logging in to Cority, please contact OHSReporting@edmontonpolice.ca so we can check your status.

Regards,
Nicole Wetsch, CRSP *(pronouns: she/her)*
Manager, Occupational Health and Safety Section
Edmonton Police Service

From: *Nicole Wetsch <Nicole.Wetsch@edmontonpolice.ca>*
Sent: *October 15, 2021 14:45*
To: *Nicole Wetsch <Nicole.Wetsch@edmontonpolice.ca>*
Cc: *Melissa Polson <Melissa.Polson@edmontonpolice.ca>*
Subject: *COVID-19 Vaccination Protocol-FAILURE TO COMPLETE COULD RESULT IN BEING PLACED ON UNPAID LEAVE*
Importance: *High*

Hello,

You are receiving this because we have not yet received your survey indicating your choice of options for the Vaccination Protocol. Those of you on leave will be given an opportunity to complete it on your return. ***Unless you completed your survey after 14:30 today, we do NOT have a record of it.*** *Please contact us if you believe this is an error.*

PLEASE NOTE: THIS IS NOT THE SAME SURVEY YOU COMPLETED IN SEPTEMBER.

As per the protocol, all EPS employees must choose one of the following options by October 18th, 2021:

a. *indicate they are fully vaccinated, or partially vaccinated but intend to be fully vaccinated by November 30, 2021;*
b. *if they are not fully vaccinated or will not be fully vaccinated by November 30, 2021, or do not wish to disclose their vaccination status,*

indicate that they will submit for testing as defined in the vaccination protocol;

c. *indicate that they will commence a non-disciplinary leave without pay.*

If we do not receive your survey by the end of 18th of October, you will be deemed as having chosen option C.

Please note, if you are on an approved leave you will be given a set time period upon your return to make your selection.

If you submitted the survey using the Guest Login, you must re-submit it**. The guest login is not associated with your demographic record so we have no way of knowing who completed the survey. **You must use your Cority login to complete the survey as per the instructions sent out on October 4th and attached to this email.

If you believe you believe you have already submitted this, or are having issues logging in to Cority, please contact OHSReporting@edmontonpolice.ca so we can check your status.

Regards,
***Nicole Wetsch, CRSP** (pronouns: she/her)*
Manager, Occupational Health and Safety Section
Edmonton Police Service

8.4) Analysis and Recommendations - Consent

There was never informed, freely given consent for the pandemic measures in the workplace. After lengthy discussions with EPS employees, they confirm that any submission or compliance with the protocol was done under duress, threat of job loss, threat of career advancement or disciplinary charges. Examples were made of the few members that stood firm in not providing information. Many **letters, emails, memorandums were sent to the EPS leadership, OHS and the EPA addressing the employee concerns about the lack of informed consent, almost all went unanswered.** The dismissal of the personal rights enforced the institutional harm and repeated victimization of the employees.

The writer presented the above consent form to multiple EPS members who stated that it was their first time seeing this form in relation to the COVID-19 pandemic. When asked if they had ever completed and submitted this consent, they had informed the writer that they had not completed a consent for their employer related to COVID-19. There was no supporting information in the FOIP Part 1 in relation to the use of this consent. The information in this consent form is concerning as there is no expiry on the consent and there is no statement that the **OHS nurses will have access to the members electronic health records in their entirety**. The information in this form would not meet the thresholds for information consent once the OHN was provided access to Netcare. **There is a need for the employer to have substantial training and review relating to medical privacy and consent in the workplace.**

It is recommended that there is a comprehensive review of the audit process and the consent obtained. The EPS employees who did provide consent for Netcare access should be contacted

to determine if they had **informed consent** and what was involved in that communication with the OHN. Clarification is required to see if they were properly informed about the information that OHN was able to access in relation to their medical records. It is important to determine if they were told that they can revoke consent at anytime and that they can mask their medical records so that only specific information is viewable by the employer representative. There should also be an **audit to ensure that there was no unlawful access of the 1996 vaccination records that were audited by the employers OHN.**

There is a significant concern that the OHN was working for HR purposes when accessing Netcare records to confirm an employee's medical information. This OHN as a custodian of health information was accessing the information to validate the vaccination status that the employee had provided. This was not to determine fitness to work, or for safety at the worksite. The Edmonton Police Service COVID-19 Vaccination Protocol part 7 indicated the following for Non-Compliance:

> ***7. NON-COMPLIANCE***
>
> *7.1 OH&S will be conducting regular **audits** where possible to monitor compliance with this Protocol.*
>
> *7.2 An employee who fails to comply with the Protocol or submits fraudulent, inaccurate or misleading information under this Protocol may*:
>
> *a. in the case of a sworn employee, be subject to discipline pursuant to the Police Act and Police Service Regulation;*
>
> *b. in the case of a civilian employee, be subject to discipline for cause (in accordance with the relevant collective agreement, if applicable); and*
>
> *c. in the case of volunteers or EPS contractors, be prohibited from attending EPS facilities or fulfilling their duties with the EPS on such conditions and/or for such duration as determined by EPS.*

The below statement from the protocol and the following from #9 of the FAQ relating to the protocol, make it very clear to the employes that their **medical information was being used for compliance and not for health and safety reasons or in the provision of providing direct patient care** as per the HIA.

> *OH&S Section will be able to pull reports from that information and monitor compliance with the policy based on the information submitted. OH&S will provide the list of employees who have selected the leave without pay option or are deemed to have selected it under the Protocol to Human Resources Division so that the employee may be properly coded as such and their supervisor(s) may be made aware that they are on leave.*

The EPS COVID-19 Vaccination Protocol stated that "*the information is being collected pursuant to Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is managed and protected in accordance with FOIP. The EPS makes reasonable security arrangements to protect information against unauthorized access, collection, use, disclosure or destruction pursuant to Section 38 of FOIP".*

There is considerable concern that the OHN deemed the employee's mandatory submission of medical information into Cority computer tracking system, to be submitted with **implied** consent. There was **no option to not provide information without job action** in the form of LWOP

and a PSB complaint. Any opposition or questioning of the employer's ability to collect and store this personal medical information was met **with threat of financial loss, professional discipline, and other personal harm (i.e. inability to participate in work related training, extra duty shifts, etc.).** The employer consistently made claims to the employees that the disclosure was voluntary and that they could always chose a LWOP, this is **not a choice**. The compelling of this information from the entire workforce must be investigated for removal of an employee's legal right to abstain.

There was no reasonable justification shown that this provided substantial evidence that it was to protect employees at their worksite. There was no hazard assessment, no significant illness or death of workers, "***no correspondence** regarding the forced disclosure of confidential medical information or outlining the grounds allowing the employer to supersede medical privacy, HIA, PIPA, FOIP and labor laws to request medical information*". There was no justification for this unprecedented infringement on freedom, and following the health emergency is not sufficient justification to determine this action in a workplace. There was **no provincial mandate** that required workers in the province to be vaccinated or to provide their personal medical status.

When reviewing consent and whether legal informed consent for a medical treatment, therapy or medication have been obtained. One of the first considerations is what was the consent for? In the case of the COVID-19 vaccinations, were these tested and approved? In the case of the COVID-19 vaccines, they were approved by Health Canada under and Interim Use Authorization, the drug companies were not required to submit any human clinical trial information and there were no long-term studies included as part of the approval process. The vaccine manufacturers were also provided indemnity in the contracts with the Government of Canada.

In the fall of 2023, the EPS had their annual influenza clinic on EPS property. At this clinic they offered the Moderna COVID-19 Spikevax XBB.1.5 vaccination. **Informed consent at this clinic would have required the disclosure of the information from Health Canada Regulatory Decision Summary for the injection.** The information maybe located at the following link and under the All Resources tab - https://covid-vaccine.canada.ca/spikevax-xbb15/product-details there are some significant components to providing informed consent to the employees, these were not included in the vaccine communication on EPSnet. It is important to also remind the reader, that COVID-19 is no longer a declared health emergency or a pandemic and the CMOH orders have been expunged by the courts. Below is from the Moderna COVID-19 Spikevax XBB.1.5 Health Canada Regulatory Decision Summary:

> *While acknowledging that animal models are not always predictive of immunogenicity in humans, previously generated non-clinical immunogenicity data for the Spikevax platform has translated into similar findings in corresponding clinical studies.*
>
> *The **safety, reactogenicity, and immunogenicity** of Spikevax XBB.1.5 are evaluated in an **ongoing Phase 2/3** open-label study in participants 18 years of age and older (study mRNA-1273-P205, Part J). In addition, the **safety and effectiveness** of Spikevax XBB.1.5 for individuals 6 months of age and older is **inferred** from studies of a primary series and booster dose of Spikevax Bivalent (Original/Omicron BA.1) in individuals 6 months to 5 years of age, a booster dose of Spikevax Bivalent (Original/Omicron BA.1) in individuals >18 years of age, as well as data from studies which evaluated the primary series and booster vaccination with Spikevax (original).*

> *This included providing information in the product monograph and identifying populations where more data are needed. The RMP will be updated to reflect additional safety information as* ***this is collected****. In addition to regulatory requirements for post-market monitoring, Terms and Conditions have imposed for the submission of periodic safety update reports/periodic benefit risk evaluation reports and RMPs to Health Canada.* ***Results related to safety and effectiveness from ongoing and planned studies will be submitted as they become available****.*
>
> *While* ***clinical data for Spikevax XBB.1.5 is limited at this time****, based on the extrapolation of clinical safety data for the original Spikevax vaccine and Spikevax Bivalent, and post-market safety data for the original Spikevax vaccine, Spikevax Bivalent, and Spikevax Bivalent (Original / Omicron BA.4/5) to date, the RMP adequately captures the known and potential risks of this vaccine.* ***The RMP includes three important identified risks: anaphylaxis, myocarditis, and pericarditis and also lists four areas of missing information (limited/no clinical data): "use in pregnancy and while breastfeeding", "long-term safety", "long-term effectiveness", and "use in subjects less than 18 years of age*** *(Spikevax XBB.1.5)."* ***An important limitation of the data for all approved age groups continues to be the long-term safety and effectiveness of the vaccine****. This limitation is managed through labelling and the RMP.*

Recommend an investigation into the hosting of an experimental COVID-19 vaccination clinic being offered on EPS property. A full review of the decision and justification to host the clinic, full review of the consent process, interview, and medical follow up with all employees that were vaccinated at the clinic. **Injecting an experimental product into employees on the worksite constitutes the employer participating in clinical trials**. The employer had knowledge of COVID-19 vaccine injured workers, yet they still elected to host this on their worksite.

When a medical treatment is released and is still in clinical trials, they are considered medical experiments and the duties required for consent are considerable and fall under the additional international ethical principles for medical research and experimentation that have been adopted by the medical community are the *Nuremberg Code* and the *Declaration of Helsinki*.

> "Permissible Medical Experiments." Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10. Nuremberg October 1946 – April 1949, Washington. U.S. Government Printing Office (n.d.), vol. 2., pp. 181-182.
>
> **Nuremberg Code (**source: UNC Research Website - https://research.unc.edu/human-research-ethics/resources/ccm3_019064/)
>
> 1. *The voluntary consent of the human subject is* ***absolutely essential****. This means that the person involved should have legal capacity to give consent; should be situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion, and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should*

be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. *The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.*
3. *The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.*
4. *The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.*
5. *No experiment should be conducted where there is an a prior reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.*
6. *The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.*
7. *Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury disability or death.*
8. *The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.*
9. *During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.*
10. *During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgement required by him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.*

Declaration of Helsinki (source Wikipedia: https://research.unc.edu/human-research-ethics/resources/ccm3_019064/)

Principles

The Declaration is morally binding on physicians, and that obligation overrides any national or local laws or regulations, if the Declaration provides for a higher standard of protection of humans than the latter. Investigators still have to abide by local legislation but will be held to the higher standard.

Basic principles

The fundamental principle is respect for the individual (Article 8), his or her right to self-determination and the right to make informed decisions (Articles 20, 21 and 22) regarding

participation in research, both initially and during the course of the research. The investigator's duty is solely to the patient (Articles 2, 3 and 10) or volunteer (Articles 16, 18), and while there is always a need for research (Article 6), the participant's welfare must always take precedence over the interests of science and society (Article 5), and ethical considerations must always take precedence over laws and regulations (Article 9).

The recognition of the increased vulnerability of individuals and groups calls for special vigilance (Article 8). It is recognized that when the research participant is incompetent, physically or mentally incapable of giving consent, or is a minor (Articles 23, 24), then allowance should be considered for surrogate consent by an individual acting in the participant's best interest, although his or her consent should still be obtained if at all possible (Article 25).

Operational principles
Research should be based on a thorough knowledge of the scientific background (Article 11), a careful assessment of risks and benefits (Articles 16, 17), have a reasonable likelihood of benefit to the population studied (Article 19) and be conducted by suitably trained investigators (Article 15) using approved protocols, subject to independent ethical review and oversight by a properly convened committee (Article 13). The protocol should address the ethical issues and indicate that it is in compliance with the Declaration (Article 14). Studies should be discontinued if the available information indicates that the original considerations are no longer satisfied (Article 17). Information regarding the study should be publicly available (Article 16). Ethical principles extend to publication of the results and consideration of any potential conflict of interest (Article 27). Experimental investigations should always be compared against the best methods, but under certain circumstances a placebo or no treatment group may be utilized (Article 29). The interests of the participant after the study is completed should be part of the overall ethical assessment, including assuring their access to the best proven care (Article 30). Wherever possible unproven methods should be tested in the context of research where there is reasonable belief of possible benefit (Article 32).

When addressing the COVID-19 vaccination in Canada and Alberta, informed consent for this experimental therapy was not obtained by the health care practitioners performing the injections. The message was not made clear to the public that the **COVID-19 vaccines were not under full approval and there was no public disclosure of the approval process**. This much of the information was made available on the Health Canada websites as shown above, however the majority of the population was trusting of the messaging being put out in the media and by the governments. There was **no true understanding** of the benefits or risks by communicated to the public. This sheds a new light on the lawful requirements of our police, if there was knowledge of this being rushed and still in clinical trials, why did they not provide direction and correct both the media and government message to ensure the public was not being deceived? **It is assault to swab, or inject a person without valid, informed consent.**

The EPS Executive Situation Reports began providing updates on the approval of COVID-19 vaccination clinical trials in May of 2020. The evidence extracted from the reports is located in more detail in the COVID-19 Vaccination section of this report. The following demonstrate there was knowledge and understanding that the COVID-19 vaccines were experimental.

> Aug 32-Sept 13, 2020 Executive Situation Report
> • *The Prime Minister (PM) confirmed on August 31 that Canada has agreements in principle with four of the leading vaccine producers: Pfizer, Moderna, and now Johnson & Johnson and Novavax to procure millions of doses of* ***experimental COVID-19 vaccines****.*

The communication to employees in the January 15, 2021, EPSnet Article – Common questions about the COVID-19 vaccine, the employer did not detail the experimental and ongoing clinical trial information, the employer was not truthful in addressing the rapid manufacturing of the vaccine.

> ***How can the COVID-19 vaccine be safe when it was manufactured so quickly?***
> *It is much safer to get immunized, personal health conditions permitting, than to get the disease. The development of the COVID-19 vaccine has been expedited but no corners have been cut: all regulatory approval processes were followed to ensure safety and efficacy….Health Canada's independent drug authorization process is world-renowned for its high standards and rigorous review. Approvals were based only on scientific and medical evidence shoring the vaccines are safe and effective.*
> ***How effective are the vaccines?***
> *Both vaccines have shown to be ~95% effective in preventing severe illness…Maximum duration of* ***protection isn't know, but it's being studied****. It's important to note that even after receiving both doses of the vaccine, you can still carry the virus and infect those who are not vaccinated.*
> ***Will we still need to wear masks and practice physical distancing once immunized?***
> *Yes, we will still need to wear masks and physically distance until a large proportion of the population is vaccinated and* ***we are sure it provides long term protection*****.**

This information from the employer is **false and misleading.** They had information that the vaccines were in clinical trials and did not communicate that to the employees. They have also demonstrated in the FOIP request closure email that they **did not have information to support discussions about a medical treatment for their workers, and they sought a legal opinion in January 2021 regarding mandating the vaccines for employees.**

The EPS **breached their duty of care and did not provide accurate information to the workers**, providing medical information to another person to reduce "vaccine hesitancy". In addition to the communication to staff not identifying the harms, when employees asked questions about the vaccines and raised the issue with the harms, the concerns were dismissed by the employer representatives. The employer had **knowledge** of serious worker injury, hospitalization from side effects, prior to the vaccine protocol being implemented in October of 2021. With knowledge of harm, illness and deaths relating to the vaccine, continuing to mandate the vaccinations in the workplace shows negligence on the part of the employer.

Recommendation for a criminal investigation with public oversight by an independent team must be initiated to review the information, evidence, communications and the actions of EPS leadership and professionals within the organization. The EPS leadership also negated their duty to address the vaccine messaging in the public and their inactions had devastating consequences in the public**.** This breach of public trust is damaging to law enforcement and resulted in significant harm to the population. When the public brought forward requests for

investigations were any initiated? Any direction, influence, or negligence must be fully examined and where necessary handled appropriately in the justice system.

9.0) Harassment/Intimidation/Threat/Mental Health

9.1) Legislation

OHS Code Part 27 **–** Violence and Harassment. This section of the OHS legislation requires employers to develop and implement a violence prevention plan with policies and procedures in the workplace.

Employees have informed that there is a workplace policy to address EPS policy on Harassment in the Workplace and Workplace Violence and Safety however none of these policies were provided with the FOIP documentation.

The *Criminal Code of Canada* has relevant sections that would apply based on the outcome of an investigation and if it breached a criminal threshold for the incident. It is also a consideration that the *Alberta Human Rights Act* if the workplace harassment was related to a protected right as defined in the act.

9.2) Major Findings – Harassment/Intimidation/ Threat/ Mental Health

There was limited information in the FOIP that related to mental health or considerations related to the increased Operational Stress as a first responder during a declared health emergency.

Given the concerns of the pandemic, isolation within working units, distancing, contact tracing and all the other logistics that EPS was implementing, it was of note that Human Resources had posted information to EPSnet for babysitting. (HR Folder FOIP Part 1 - IAPU 59 2023-G-0163). The below information was not dated.

> *"Following the provincial government's closure of daycares and schools the Edmonton Police Service (EPS) is aware that many of our employees are actively seeking alternative methods of childcare for their families.*
> *While the EPS cannot provide or recommend particular alternatives, we do wish to make it easier on our employees to find alternative childcare of their choice. As such, what follows are some potential resources.*
>
> ***EPS Bulletin Board** - Employees who are interested in locating a babysitter or are aware of someone available to babysit (e.g., their child who is in high-school) in their respective division may indicate that through the EPS Bulletin Board. To view bulletin postings for a division, members should select "Browse By Bulletin" and select the desired division. Note that the EPS will not be vetting these posts in any way and employees are solely responsible for their choice of childcare.*

> ***EPA Babysitting Offers*** *– Edmonton Police Association has a Member-Only Facebook page where members may access a Facebook thread of available babysitters.*

An undated document - Christmas message to EPS members. The messaging was directed to members relating to off-duty interactions. (Chiefs Office FOIP Part 1 - Attachments Part 3 - IAPU 19 203-G-0163) contained the following:

> *All we want for Christmas is you…*
> *To celebrate safely together*
> *As Christmas is less than three weeks away, we know EPS employees are getting excited for a holiday season with family and friends. As a police service, we have been through a long and arduous two years, and we believe that everyone deserves to safely celebrate the coming new year, and all that we have been through together.*
> *The organization still discourages large gatherings and in-office celebrations; instead, if EPS employees want to get together with co-workers, we encourage you to attend local businesses who are a part of the government's Restrictions Exemption Program and have approved health and safety rules in place. All employees must follow these rules to ensure the safety of their co-workers and other patrons; this includes providing proof of vaccination or negative test results and masking when you are not consuming food or drinks.*
> *Please remember, if you attend a private gathering outside of EPS, you must follow current Provincial Health Orders*

There was an untitled and undated document formatted as a Q&A (OH&S Folder – FOIP Part 1 - IAPU 387 2023-G-0163). This document included information on isolation, illness, tips on dealing with stress/fear/anxiety and mental health supports via Employee and Family Assistance Program (EFAP) and with AHS.

9.3) Employee Information - Harassment/Intimidation/ Threat/ Mental Health

- Employees were under constant pressure and communication to "**conform**" to be more "**compliant**".
- The workplace became **unsafe for anyone that would speak up, ask questions or that was labelled as an "anti-masker", or "anti-vaxer".**
- Many employees sought mental health supports to cope with the increasing strain on their health. **Employees found the resources were not only lacking but were harmful**. Psychologists pushing and "educating" on taking COVID-19 vaccines and being more complainant. This caused them to stop seeking the mental health supports.
- **Shame room**, when unvaccinated could not eat with their co-workers and partners that were vaccinated, could not use gym facilities.
- EPS Protocol was **discriminatory** unvaccinated could not work overtime shifts outside of their division, they could not work Extra Duty Detail if the client required contractors to be vaccinated. Could not attend training where OHS determined there was not a reasonable expectation of physical distancing. They could not travel out of town for work-related EPS business.

- **Severe harassment of employees led to depression, isolation, degraded trust of co-workers, leadership, and EPS**.
- The Employees that were isolated at home withdrew from co-workers and teams. They did not feel like part of the organization or a valued employee. **Many described depression, needing mental health supports but not being able to access them, increased alcohol use, lack of activity, fatigue and a decline in their personal health**.
- The Employees stated that the constant pressure and harassment from the employer and society has caused psychological harm and social isolation.
- The harm to their mental health rippled in and has affected their relationships with spouses, children, friends, and family.
- Employees have described the **breakdown of their family units, separations, divorce** for many the situations have not resolved as there are so many outstanding issues.
- Employee describes watching **co-workers spiral out of control, and they lacked the workplace supports to assist them**.
- There were employees that were **heavily targeted with discrimination, demeaning rhetoric, name calling and other verbal abuses**. All of this **eroded trust** in the institution and operational unit.
- During this time the employes described the loss of multiple coworkers. **On-duty deaths, suicides, sudden unexpected medical events.**
- Employees have taken on providing support for co-workers who are suffering as a result of the employer harms, frequent and recent illness from vaccination and their own family losses.
- There is a large group of workers that are reporting they are “fine” or that they have jobs satisfaction, only because they know nothing is anonymous in the EPS system.
- Employees are struggling with the emotional and physical harm their employer has inflicted on them over the past years. It has left them in a state of fear of disciplinary actions if they speak out or come forward with questions or concerns.
- There has been little to no support from the EPA to rectify this ballooning situation.
- Many employees discussed the visible “**quiet quitting**” they are seeing from co-workers, they have been demoralized and abused. The ongoing harm has caused extensive trauma and PTSI.
- Some employees described the **lack of excitement in performing the job they were once very proud of, the heartache of knowing the failure of law enforcement to protect the public and the most vulnerable.**
- The oath they had have taken means **nothing when they are not allowed to uphold the law and protect the public.** The constant threat of employer punishment or reporting to the PSB has mentally eroded the confidence in the organization that they will do the right thing. **This was the ultimate breach of trust from people of authority.**
- All of this additional harm at the hands of the employer was on top of the operational stress that law enforcement has everyday. This has created an **extremely toxic** work environment.
- The EPA is protecting the abusers with the action of allowing those who harasses, bullies, and tormented co-workers to vote on whether or there was an EPA investigation into the matter. This action by the EPA just added to the division and lack of support they have displayed to the membership.

Employee provided additional information in relation to the EPS resources for employees. They outlined that there is an informal peer-support process in place for follow up after critical incidents. The Employee Family Assistance path allows the employees to access a preferred providers list of mental health professionals, there is no review to ensure that these providers specialize in 1st responder operational stress injury as this is a specialized area of practice, however they do have PTSI and other trauma experience. The employees can access 10 paid sessions initially then any additional therapy sessions would be covered by the health insurance provider. During COVID-19 most of these sessions were held via telehealth, many employees were wanting in-person care. Recently the EPS contracted to the Newly Institute to provide support for employees on long-term and short-term leave. The EPS also contract 2 psychologist that are utilized for the interview process, return to work reviews, they do not generally see EPS employees for therapeutic reasons. The employe also indicated that there is a re-integration pathway that is used when an employee has been off and the feedback is that this has been a good program.

9.4) Analysis and Recommendations - Harassment/Intimidation/ Threat/ Mental Health

OHS legislation requires the employer to address workplace harassment, intimidation, and bullying. From discussions with EPS employees, it was very clear that the workplace culture has been becoming progressively more harmful and toxic. This is not new, but it has generated serious institutional supported harms for those being victimized by their co-workers**. Employees that speak up in response to workplace harms are not supported and are forced into silence, often becoming the victim of a complaint as a means of deterring other whistleblowers or supporters** from coming forward**. Isolation during the pandemic response has cause tremendous mental harms to employees, no matter where they stood on the measures**. The years of working from home and lack of interaction with the workplace community made the return to the office very difficult. Employees faced fear, uncertainty, and anxiety. To assist with this the EPS has instituted a hybrid model with a work from home option where appropriate for the role of the employee. Those who were isolated have lacked support and representation, they would perform their job duties but have expressed that they missed out on the team interaction that was an essential part of their job prior to covid. **They have lost the work connections within what use to be very cohesive operational or administrative support units**.

The COVID-19 pandemic created the perfect environment for additional mental and physical harm. From the onset there was **shame and ridicule** if someone tested positive. With the lack of medical privacy, they were targeted, and we made to feel shame for getting ill. Co-workers took it upon themselves to police the workplace for "**compliance**". Reporting or calling out employees that were not distancing or wearing masks in common area. As the pandemic continued the fear campaign by the media increased, those who were fearful became more empowered to harass and bully coworkers for what they deemed to be non-compliance. Employees described this as growing with every additional mandate. There were disagreements with co-workers and isolations within operational teams. This further eroded trust in unit, lack of respect and the COVID-19 vaccination roll out brought in additional pressure on operational units. **Mob mentalities came out when incited by management messages. There was outright hostility from within teams and many chose to not say anything so that they would not be targeted. In units there were calls for the unvaccinated to be locked up, the rhetoric from some was that**

they wished the unvaxed would "just die", these were open discussions of imprisonment and wishing of death on co-workers. None of the employees conducting themselves with this unprofessional and unlawful way were corrected or decisions.

The harassment from the OHN, OHS managers caused extensive anxiety, fear, and trauma. These **regulated professionals breached their duty of care and professional code of ethics** when they advised on the discriminatory and punitive protocol, phone, and emailed employees for uploading medical information and threatened them with being reported for insubordination should they not get their test results in. These employer representatives even contacted people on days off or when on personal time during their 4-day rotation. **Sleep deprivation in the EPS is training that is drilled into every shift worker. The harm caused by lack of rest or disrupted rest is well know and the importance of this rest is considered by the EPS to be essential safety measures.** During the implementation of the vaccination protocol these employer representatives' behaviour and disruptive measure were described by many to be a form of **mental abuse and torture.** There were employees that **capitulated** to taking the COVID-19 vaccines as a result of this harassment, and constant threat of job action.

Many employees promoted the government messaging, they **develop significant fears, and began to bully and harassing co-workers by saying the unvaxed were diseased, lepers, blamed them for not being able to get back to "normal"**. Anyone who had questions or concerns was labelled an anti-vaxer. The employer protocol added to this harm by requiring the segregation of people who chose to not disclose personal medical information. Co-workers were all aware and, in some divisions, this led to **extreme harassment and visual displays of inappropriate workplace bullying**. The lunchroom and fitness facilities were off limits to the "**dirty unvaxed**", signage targeting employees was put up in divisions, or on people's personal workstations. Supervisors ignored and in the worst case supported and participated in the harm. When the information was presented by employees to the unions, they did nothing.

When it came to the EPA's October 2023 AGM there were some very significant concerns brought forward about the new way that the Association elected to host the vote for motions relating to this pandemic response. **Employees asked how it was ok to put out an online vote to those that bullied, harassed, and torment their co-workers, that was allowing the abusers to decide on whether they are investigated.** The post-pandemic handling of the harms has been absent, **no accountability** for the actions of leadership and co-workers' behaviours and actions. The duty of the EPA is to represent an employee and support them on any workplace issue. They have declined to do so, been rejecting putting forward grievances. **Many employees have been approached to "just drop it", "move on", "let it go" this adds to the intimidation, harassment, and toxicity of the workplace.**

To address the harms of the workplace environment further the **PSB has been weaponized to discipline those that speak out or are seeking equal and fair workplace treatment**. The EPS is experiencing higher than expected attrition rate in 2022 and according to the Chiefs 2023 year in review, from December 2023, the EPS is facing a 10% LOA for In August of 2023 the EPA vice-president said that the EPS is facing serious morale and trust issues.

"*Your membership isn't happy with the way you are running things,*"

> *"The EPA has called for an Employee Engagement Survey so that every single person in the EPS that sits in a senior management position can become truly aware of how the membership feels about how the EPS is operating and those that operate it*,"
>
> "*There are reasons behind the fact that we have people retiring and resigning in large numbers and the EPS needs to hear why. We push so hard for recruiting, but what is going to be done regarding retention?"*

The EPS must stop using the PSB as a way to target employees that they view as needing removal or silencing. This is a very unprofessional approach to the professional discipline process and leads to the cultural and retentions issues that EPS is facing. When leadership will use a PSB complaint to **silence a voice or ensure that no one asks questions about unlawful orders, the organization has moved beyond an acceptable discipline path**. **Whistle-blowers are targeted and handled with extremely punitive measures;** this organization will never rebuild until the culture from the top down is reformed.

When a workplace breaches this level of punitive, mishandling of employees and deploys tactics to cause a person professional and personal harm, there is a need for a critical independent lens to be placed on leadership. The EPS leadership is concerned about attrition and LOA's of employees, the Chief speaks of concerns about the employee's mental health, however their actions do not demonstrate any regard for employee mental in the organization. **When discrimination, harassment, segregation are supported to keep people in line or to force them to do anything against their will, this is abuse.** These employees need to have the institutional abuses stopped, they need to be assured that if there are concerns or questions that they are openly able to ask and participate in a wholesome discussion. During and after the EPS COVID-19 response the employees were consistently being told if they asked questions or did not comply it would be viewed as insubordination, and they would face discipline. This is in direct violation of the OHS legislation, where a worker's rights are protected.

It is unbelievable and tremendously damaging to the mental health of the employee to be **dismissed or ignored** when asking questions that directly affect what happens with their bodies. Currently any concerns the employees raise in relation to health and safety, are dismissed and they are instructed that it is no longer open for discussion. Many have experienced vaccine injury as a result of their time in the military, where they were experimented on and have faced medical issues and trauma as a result. **This current response from the employer is negligent and a significant breach of their obligations.**

The workplace cannot survive this level of harm and culture for the employees. It is proving to be unsustainable and the year-in-reviews from the Chief confirm this. Attrition rate and LOA or stress levels are at concerning level. Confirmation by members of the "quiet quitting", lack or trust in the organization and fear of being terminated or suspended without pay echo in their minds daily. The programmed harm for employees is real and the silence from them is a red flag indicator of this. People on leave are being pushed to return to work prior to being ready. The Chief discussed **controlling** this process, **controlling the medical return from work would be an abuse of this authority**, medical clearance would need to be provided by a physician.

The weaponization of the PSB to intimidate employee so that they were examples to other employees to not question the actions of the employer.

Recommendation for an independent workplace investigation into the toxic workplace culture at the EPS. According to the employees the EPS did not follow the requirements of their workplace harassment policy when it came to addressing employee concerns. The investigations must assess if a criminal referral is required.

Recommendation for a complaint to OHS Code Part 27 for failure to address workplace harassment, intimidation, and bullying. The failure of the employer to meet their obligations of the OHS code has led to worker injury, illness, and alleged deaths. There are many members on LOA because of the workplace environment and according to the employees there was no indication that OHS was notified.

Recommendation to establish an independent Operational Stress Injury (OSI) and PTSI resource pathway for employees. It is unfortunate that this has not already been done for the EPS. The employee family services pathway is limited in visits and once those are exhausted the employees are left with disruption in care as they await approval for more resources. Employees stated that the **peer-support in EPS has been very helpful and is easy** for them to access. Some employees indicated their desire for the peer support to have a follow up check in as sometimes the effects of a call do not hit for a few weeks or months. However, if things progress or there is a greater need for supports it is limiting and the professionals are not specialized enough to support the first responders needs. Having this tool available is critical to the rebuilding of the workplace.

10.0) Fitness Facilities

10.1) Major Findings – Fitness Facilities

There was considerable discussion relating to the usage and closing of EPS fitness facilities during the pandemic response. The information in the FOIP disclosure was extensive as this is an important requirement for the physically demanding work that law enforcement performs and is required to meet their health and fitness requirement for work. The CMOH orders significantly impacted the decision-making process and considerations for fitness facilities.

April 1, 2020 – Email Communication re: Maintaining EPS fitness facilities – (Chiefs Office Emails FOIP Part 1 - IAPU 152 2023-G-0163)

> *You may be aware that there has been some concerns in relation to our divisional fitness facilities. In anticipation of a recommendation to close the fitness facilities Al and I had a discussion to implement some strict guidelines before we get to full closure and Michael drafted the attached communication piece.*
> *The fitness facilities are a means for our frontline members to have a physical and mental break from the environment they are facing. General feedback from both civilian and sworn employees has been positive in us supporting keeping the fitness facilities open, but it does raise some concerns of someone spreading the COVID virus.*

April 6, 2020 – Email Communication re: Concerns for the chief and pandemic committee (Chiefs Office Emails FOIP Part 1 - IAPU 45 2023-G-0163). These emails from the EPA in response in relation to fitness facilities.

> *Could you please pass along the following concerns from the membership to the Chief? I know you are aware of them from our emails and phone calls. Thank you again.*
> *1. Fitness facilities - should they remain open? Limited to those only working? Closed completely?*
> *2. Parades - Should they be discontinued and utilize emails, FaceTime, etc for assignments and BOLF's etc?*
> *3. Supervisors need to step up to ensure they have all members following the separation aspect (6 feet) when possible. Members complaining the supervisors are not following the guidelines thus members are not following as well.*
> *4. What steps are being taken to ensure members can work from home (if applicable) to ensure less interaction with the public and other members.*
> *5. Is there any possibility for members/employees attending work to complete a questionnaire (similar to AHS employees/physicians) before entering or commencing their shift? (Example attached)*

On April 7, 2020 – COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 78-84 2023-G-0163) It was noted that a **medical opinion was received that recommended the EPS fitness facilities should be closed. The Chiefs committee had a discussion and was not in agreement.** The opinion came from a doctor who was part of the Provincial Guideline team, Donna Munro had a conversation with this doctor on April 6, 2020. She was to document the mental health vs physical health considerations.

April 9, 2020 – Email Communication discussion of gym closures – (Chiefs Office Emails FOIP Part 1 - IAPU 147 2023-G-0163). Email from a concerned member that the rumors about gym closures.

> *Hey Super Big Boss... sorry to bug you but members of my squad are hearing rumours that our gyms might be closed by next week.*
> *To give in to AHS or anonymous demands would be absurd and reduce the morale of patrol to a zero. I have been witness to how diligent members have been in keeping our gym clean/sterile and they are extremely grateful/appreciative to you and the rest of the big brass for keeping our gyms open.*
> *Again I hate to bug you as I'm sure you are very busy but please for the love of common sense leave our gyms... they are in good hands.*

April 9, 2020 – Email communication re: Facilities Closure – (Chiefs Office Emails - FOIP Part 1 - IAPU 395 2023-G-0163)

> Please find attached a communication piece that will be emailed to all employees and posted on EPSnet at 1400hrs. Prior to this going out make arrangements to secure and lock all of your fitness facilities. Please place a sign on the entrances communicating that the Fitness Facilities are now closed until further notice. Over the coming week all fitness facilities will be disinfected and cleaned ensuring they are ready when it is decided to reopen.
> **Chief's committee recognizes the importance fitness has to employees physical and mental well being**. However, this will give us an opportunity to assess the potential spread throughout our facilities and evaluate the best way to move forward.

April 23, 2020, - COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 133-137 2023-G-0163)

> *• PCRT recommendation to maintain gym closures on hold until we receive the absolute authority directive from the Office of the Chief Medical Officer as to whether the PHO applies to our gym. Does the order apply to EPS or not? If we open gyms, will we breach the order? Can we apply for an exemption? Risk benefit discussion. Potential repercussions if open and a cluster occurs. The risk to our members and the public. Optics with EPS non-compliance while providing pubic education, warnings and enforcement of the Public Health Act orders. 21(1J(aJ In the event it is not a legal issue then the recommendation to Chiefs Committee could be presented with a secondary option to open the gyms with the proposed changes by FALU.*

June 11, 2020 – Service Directive – Access to EPS Fitness Facilities and Rules and Responsibilities for Use. This directive was signed by Darren Derko – Deputy Chief of Police. (FOIP Part 2 – NSR – SD20-013)

> *Effective June 12, 2020, EPS fitness facilities will reopen for use by employees.*
> *- Employees are not authorized to use EPS fitness facilities on their days off or outside of their assigned facility.*
> *- In all other instances, use of EPS fitness facilities is restricted to one-hour total for all users, with use of cardio equipment limited to a maximum of 30 minutes.*
> *Failure to comply with these measures will result in the suspension of EPS fitness facility access privileges to employees found to be non-compliant with these rules and could result in EPS fitness facilities closing again. Each EPS facility will be posting additional rules pertinent to their facility and will have designated employee(s) assigned to monitor compliance with all rules and regulations found in this Service Directive and further instructions posted in the facility.*

The EPS fitness facilities remained open from June 12, 2020, until December 2020, January 2021 there was a The Provincial Health Order Exemption allowing EPS Fitness Facilities to remain open included both sworn police officers and peace officers. When this exemption was provided it did not allow for the civilian EPS employees or contractors to use the fitness facilities along with their co-workers. Civilian units were enquiring and were being declined access to the fitness facilities, as it was not allowed under the PHO. The fitness facilities were closed to everyone with the exception of sworn peace officers and police officers as per CMOH public health order on April 6, 2021. The restriction for usage of fitness facilities began again in October 18, 2021 when the employees that chose the testing option were not permitted to use the fitness facilities. Edmonton Police Service COVID-19 Vaccination Protocol stated:

> *4. Additional COVID-19 Safety Measures for Partially Vaccinated employees and those who choose the Testing Option*
> *4.1 In addition to complying with the general COVID-19 safety measures identified in section 2.3 and 3.6, employees* ***who are partially vaccinated or choose the testing option are not permitted to:***
>
> ***a. use EPS gym facilities****;*

October 4, 2021 – COVID-19 Command Team Meeting Minutes – (Pandemic Committee Folder - FOIP Part 1 – IAPU 774 2023-G-0163).

> *• Unvaccinated persons will not be permitted to use EPS fitness facilities once vaccine requirement in place. Still determining how that is going to be monitored/enforced*

February 23, 2022 – COVID-19 Command Team Meeting Minutes – (Pandemic Committee Folder - FOIP Part 1 – IAPU 794 2023-G-0163).

> *• Regardless of the province's expected announcement on easing of restrictions to take effect March 1, 2022, CoE internal COVID-19 protocols will be in place until at least April 4, 2022.*

EPS Fitness Facilities – Reopened for all EPS employees, both civilian and sworn, on April 6 2022.

10.2) Employee Information – Fitness Facilities

- Significant concerns about the closure and restrictions in the EPS Fitness Facilities.
    - **Job requires that an employee maintain a minimum fitness level for safety when performing their duties**.
    - Employees use a pre-shift workout to mentally and physically ensure they are ready for any response they may face; it is critical to ensuring preparedness.
    - Community gyms were closed as well, and many members do not have access to fitness equipment at their homes.
    - Closure was devastating to employees; they were thankful for the exemption EPS obtained.
    - Members on a leave could not access facilities to maintain fitness as they prepared for their return to work.
    - Members rely on physical exercise as a way to manage job related operation stress, it is part of their mental health care.
    - There was no care given to the need for members to have the ability to de-stress via their workout routines.
    - Annual Fitness testing was occurring, yet members were not able to access the facilities to maintain their fitness.
    - When EPS fitness facilities were given an exemption by the CMOH, there was significant backlash from the pubic. Law enforcement was given special treatment, and the civilians and public were still banned.
    - Medical status was disclosed by an employee's inability to use a fitness facility as soon as the vaccination protocol was implemented. "Disclosure by absence".
    - **The discriminatory protocol where only vaccinated could use the fitness facilities made no sense and were only punitive in nature**.

10.3) Analysis and Recommendations – Fitness Facilities

The arbitrary rules around the EPS fitness facilities were not supported by any evidence, it was simply **compliance with the unlawful CMOH orders**. Civilians that worked beside a sworn

member could not then go workout with their co-worker after a shift. **The facilities would be open, closed, open again, clean, masking, no masking, vaccinated only, then everyone**. Not a single motion had documentation provided to support the rationale of removing a very important requirement for the employees.

This was **not just a process of closing gyms; this was removing a mental health support**. It was reassuring that EPS leadership did advocate for the fitness facilities to receive and exemption from the CMOH public health orders. The recognition of the importance of employee exercise importance placed on this activity did provide an essential activity that supports their membership. The CMOH order closed community fitness facilities and many employees did not have fitness equipment at home. The requirement for safety in law enforcement is that the employee maintains a high level of fitness and strength. This job requirement is not new, and the sworn members undergo fitness assessments annually to ensure they're in optimal physical health. Members that were beginning a return from leave were not being given access to the fitness facilities and thus were finding it extremely challenging to be fit for work. For example, any female on maternity leave was discriminated against as they could not access a fitness facility in preparation to be fit to return to work. I would like to ask OHS how they justified the lack of access to maintain operational fitness with ensuring a worker's safety?

It will be important to note that the same fitness facilities restriction did not exist at the Calgary Police Service (CPS). The CPS employees that were rapid testing did not face these discriminatory and punitive actions by the employer.

This must be addressed in a complaint to OHS as well in addressing the employers' duties directing people under their care. If you take away a resource that affect the operational abilities of your teams, then you have not met your employer duty of care obligations. The employers are to ensure that their law enforcement is fit for duty to protect and serve the public, this was detrimental to the employees and their performance.

The fitness facility restrictions were used as a tool to be punitive to the sworn members that would not take the vaccine. **The final decision-making process and discussions relating to this discrimination must be further investigated**. Fitness facilities were not a source of increased transmission, this was never proven with evidence or stats from the employer that this was occurring. There was no rationale to apply this **unjust and arbitrary** rule to one group of employees. This amounts to extensive mental, personal, and operational harm for employees and indicates that the employer was not concerned about the health and safety of the workforce or their fitness for work by ensuing this essential resource was open for use. At the beginning of the pandemic response the EPS leadership recognized and obtained an exemption to keep their fitness facilities open when the province shut down. This was done on the premise that the fitness facilities were essential for the members mental health and to ensure readiness with the physical demands of their job. This lends to the decision to remove access when the COVID-19 Vaccination Protocol was **knowingly implemented as punitive measure to those that were doing the rapid testing program.**

11.0) COVID-19 Testing

11.1) Major Findings – PCR and Rapid Testing

The EPS followed the testing and isolation requirements outlined by the CMOH while the orders were in place. They adopted the provincial CMOH order for negative PCR testing and no symptoms prior to the return to work. It was not clearly defined anywhere in the FOIP

documents that a member was being required to provide proof a test to be on leave for COVID-19 or for a negative test to return to work after travel of illness. Many employees communicated that if they were sick with symptoms, they were to follow AHS guidelines and that did include testing, contact tracing and isolation.

The use of **community positive cases** does not demonstrate that decisions were being made specific to the health and safety of the worker and operational needs of the organization. It is well known that **testing involved using flawed tools at high amplified cycle thresholds (Ct value) flawed tools for determining illness and severity of illness**.

Health Canada - **Polymerase chain reaction (PCR) and cycle threshold (Ct) values in COVID-19 testing** (source: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/polymerase-chain-reaction-cycle-threshold-values-testing.html)

> *It is not possible to directly translate a Ct value into degree or duration of infectiousness.*
>
> *A person is deemed infectious if they shed virus particles that are intact and able to go on to infect others. PCR tests cannot distinguish viral genomic material coming from intact viral particles in persons who are infectious or viral particle fragments that are present in individuals who have recovered.*
>
> *A person is deemed infectious if they shed virus particles that are intact and able to go on to infect others. PCR tests cannot distinguish viral genomic material coming from intact viral particles in persons who are infectious or viral particle fragments that are present in individuals who have recovered.*
>
> *Ct values can sometimes be used by practitioners, in combination with clinical and epidemiologic information, to make judgment-based decisions. Ct values should not be used alone to make concrete clinical or public health decisions.*
>
> *Not all nucleic acid amplification assays produce Ct values or an equivalent proxy measure of viral 'RNA load'.*
>
> *High Ct values are not yet proven to be able to declare someone non-infectious, only that they are less likely to be infectious.*
>
> *As a result, it is not recommended that Ct values be routinely clinically reported with SARS-CoV-2 RT-PCR results.*

The EPS did explore in-house COVID-19 testing and was contacted by private companies to provide testing for the employees that would negate the use of the provincial testing, however these options were not supported by leadership as there were cost and accuracy issues noted. The **rapid testing** was also explored as an option for the employer; however, these tests were **not deemed to be accurate and that they were not sufficient for diagnostic testing**, they **required a healthcare professional to administer the test** and were not an option for EPS. It is not clear in the documentation how the rapid tests were assessed and justified for use to be compliant with the Edmonton Police Service COVID-19 Vaccination Protocol.

The following is the chronological timeline of testing information provided in relation to testing in extracted from the FOIP documents.

March 26, 2020 – COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 34-40 2023-G-0163)

- *Identify who can be tasked with setting up in-house testing. Donna's team has done a good amount of research on how that could be done. Dave Elanik has previous experience in this.*
- *Stephanie Booth has done some research on the subject and sent it to Donna. It* ***outlines some of the legalities and risk***.

March 27, 2020 – COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 41-46 2023-G-0163)

• Dave Elanik has contacts with AHS and will be the point of contact for in house testing.
• We are exploring the testing being done through our nurses.

March 27, 2020 – Email communication with draft of email to Dr. Graham Tipples – Chiefs Office Emails FOIP Part 1 (IAPU 630 2023-G-0163). Email below was from Dave Elanik to Darren Derko and was forwarded to Dale McFee

> *Darren – Below is a draft of the email that I prepared for the Chief. I wanted to emphasize that we do not want to further burden AHS and would closely monitor which members would be eligible for an expedited testing process. Please let me know if any changes are required.*
> *For your info, Dr. Tipples is the Official Scientific Director for Public Health and is in charge of the Alberta Provincial Laboratory which is responsible for all COVID-19 testing. As I indicated, Dr. Tipples is expecting this email from the Chief as soon as possible.*
>
> *Lastly, none of this would be possible without Dr. Winton's assistance and willingness to assist the EPS but we need to ensure that we protect his confidentiality. We would be able to properly recognize him for his efforts at a later time. I'll likely have to buy him drinks for an entire curling season but it would be money well spent*.

March 27, 2020 – Email communication Dr. Tipples Alberta Precision Labs RE Edmonton Police Service COVID-19 Priority Testing – (Chiefs Office Emails FOIP Part 1 - IAPU 630 2023-G-0163). Dale McFee was requesting expedited testing for law enforcement. Dr. Tipples replied that he would get clarity for essential service workers and would copy the AHS Emergency Coordination Centre for more details.

> *Similar to other essential emergency services, the Edmonton Police Service is being seriously impacted by the COVID-19 virus. Presently, we have a total of 46 employees who have completed the AHS online self-assessment and are awaiting COVID-19 testing. While we presently have nearly 300 employees on sick leave, 32 of the 46 employees who are awaiting COVID-19 testing are assigned to frontline operations and any efforts to expedite the testing process would be greatly appreciated so that these members can return to active frontline duties in as short a period as possible. In anticipation of an increase in the number of Edmonton Police Service members requiring COVID-19 testing in the future, the* ***Edmonton Police Service would appreciate any efforts that could be made to expedite the testing process so that these members can remain on active duty and not be required to self-isolate for the mandatory 14 day period****. If the development of such an arrangement*

were possible, we would ensure that only those members essential to providing frontline policing services would be eligible for this expedited testing process.

March 31, 2020 – Email communication re: COVID-19 Test Kits – (Chiefs Office Emails FOIP Part 1 - IAPU 70 2023-G-0163). Police agencies were being contacted by Vereburn Medical Supply to secure COVID-19 test kits. Marlin Degrand from GOA communicated the concerns with these kits in an email to AACP.

Late last week the RCMP provided us with information they received directly from a Calgary based medical supply vendor who was ***offering for sale to police agencies a COVID-19 point of care testing kit,*** *claiming that it was able to presumptively test for the COVID-19 virus with immediate results to the frontline user. We provided that information to our colleges at Health to determine if they were aware of these kits and if this was a legitimate testing process. We have, today, received a response back from Health, as per below*

> ***Alberta Health does not currently support the use of unlicensed and unapproved COVID-19 point of care testing kits****. There currently is not enough evidence to support the use of point of care testing for COVID-19. The Strategic Advisory Committee (SAC) providing advice to the Federal/Provincial/Territorial Conference of Deputy Ministers of Health (CDMH), on response to a significant public health event, advised that the evaluation of promising technologies from reliable companies will be undertaken by the National Microbiology Lab (NML). Alberta Health will also investigate opportunities with Alberta Precision Laboratories to validate point of care testing kits. The logistics of reporting point of care testing COVID-19 results to Alberta Health is being explored.*

April 27 – May 3, 2020 - Executive Situation Report COVID-19 – (Chiefs Office FOIP Part 1 - Attachments Redacted Part 2 IAPU 302-315 2023-G-0163)

Federal Government Update

• Health Canada has suspended the regulatory approval it granted Spartan Bioscience Inc. last month over concerns on the efficacy of the proprietary swab for Spartan's COVID-19 testing product but indicated no concerns regarding the accuracy and analytical performance of the device. Health Canada restricted use of the product for research purposes only until adequate evidence of clinical performance is provided.

• Innovation, Science, and Industry Minister Bains announced $175 million for the Vancouver based biotech firm AbCellera, which has identified antibodies for use in potential drugs to treat COVID-19. The funds are expected to help the firm conduct human trials, which could begin as early as July.

Provincial Government Update

• Expanding testing to all close contacts of confirmed COVID-19 cases whether they have symptoms or not. This is an adjustment based on growing evidence on asymptomatic.

June 1, 2020, COVID-19 Command Team Meeting minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 212-222 2023-G-0163)

• Current COVID-19 testing through AHS only tells if one is COVID-19 positive on the day of the test, not if one had COVID-19 in the past*.*

September 14-27, 2020 - Executive Situation Report COVID-19 – (Chiefs Office FOIP Part 1 - Attachments Redacted Part 2 IAPU 218-230 2023-G-0163)

Provincial Government Update

• New targeted approaches announced to COVID testing in Alberta. Testing will continue for any Albertan with symptoms while targeting asymptomatic testing for those who most need it and where it is most likely to identify positive cases. Voluntary asymptomatic testing is no longer available for other Albertans who have no symptoms and no suspected exposure to COVID-19.

October 1, 2020 – COVID-19 Command Team meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 376-381 2023-G-0163)

***• Health Canada has approved another rapid test. It is unlikely it will be approved for workforces such as EPS. Those tests still need a medical professional**.*

October 8, 2020 – COVID-19 Command Team meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 385-391 2023-G-0163)

• A new rapid test has been approved by the Federal Government. It is unlikely that we will be able to use it in our work setting as it still requires medical professionals to administer. Likely it will find use in long-term care settings. ***One concern with rapid tests is that they are not as accurate as the traditional tests and may result in false positive or worse, false negative tests.***

October 29, 2020 – COVID-19 Command Team meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 414-419 2023-G-0163)

• Since AHS ***has stopped*** *asymptomatic testing, members have not been experiencing delays in getting tested for COVID-19. Donna is working on having members identified as front-line workers to get expedited results*.

November 26, 2020 – Email Communication Re: News Release: Alberta to launch rapid testing for COVID-19 – (Chiefs Office Email FOIP Part 1 - IAPU 449 2023-G-0163). This was a communication from the GOA.

Alberta to launch rapid testing for COVID-19

November 26, 2020 Media inquiries

Alberta will soon begin piloting point-of-care rapid testing for COVID-19, providing faster, more convenient testing for the disease.

In the coming weeks, these two point-of-care rapid testing systems will be rolled out in clinical pilot several sites throughout the province. The PanBio rapid antigen tests will be used at one assessment centre in Calgary and one assessment centre in Edmonton. The IDNow tests will begin to be used at COVID-19 assessment centres in Slave Lake and St. Paul and at the hospital lab in Bonnyville.

To ensure the validity of the results, two swabs will be collected from each patient, and all negative from both systems will be subject to confirmation by the existing lab-based polymerase chain-react (PCR) testing method. This is because a negative result is not as reliable as a PCR test and the test miss some COVID-positive samples.

December 3, 2020 – COVID-19 Command Team meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 461-466 2023-G-0163)

***• Chief McFee presented to Dr. Hinshaw the possibility of EPS obtaining rapid testing**. Would she endorse us working with Dynalife so we could reduce the 14-day isolation requirement as it has a significant impact on our staffing. Dr. Hinshaw did not commit but*

said she is open to exploring that. Also seeking authority to access COVID testing results. Our nurses are trying to get access to NetCare to get results.

December 10, 2020 – COVID-19 Command Team meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 471-476 2023-G-0163)

Dynacare – Rapid Testing

• The purpose of exploring a potential plan for ***rapid testing is the ability to obtain quicker COVID test results to possibly reduce the isolation time required for members identified as close contacts to COVID positive cases****. Proposed Rapid Testing Plan includes: Subject immediately gets tested. If test in negative, then subject isolates for 7 days. If subject remains asymptomatic and tests negative on day 7 then subject can return to work ... This could reduce the self isolation time 4-5 days. Overall it would be isolating for 10 days instead of 14. Dynalife would be very interested to have EPS hire them for testing. Cost is about $100/test and the turnaround time is 24-48 hours, though that time is not guaranteed.* ***To be clear, the ability to get a rapid test within an hour or so has an efficacy of about 50%.***

• ***Issues include accuracy of contact tracing and accuracy of test****.*

Contact Tracing Badge

• Dynacare is associated to a company that would like to initiate a contact tracing badge pilot project. This would be a separate badge that employees would wear that interacts within 3m of someone else wearing the badge. The badge turns red if you spend more than 15 minutes with that person. Nurses would keep the names and associated numbers. This is exploratory and there are lots of privacy concerns as well as a strong likelihood of negative feedback from employees.

Action: PCRT agreement - Not to proceed at this time.

December 29, 2020 – COVID-19 Command Team meeting Minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 487-490 2023-G-0163)

• Dr. Rector inquiring if there is an appetite in the ***EPS for conducting random rapid testing for asymptomatic employees in critical work areas such as PCB****. The proposal is for members to be systematically or sporadically tested which may show 1 or 2 people are asymptomatic COVID positive.* ***Donna advises that OH&S have reviewed the accuracy of that type of rapid test and it is <u>not reliable</u>. Asymptomatic testing is only valuable for that point in time, so the cost benefit is likely low.*** *The rapid testing that is being done in senior centres is exclusively administered by the Federal Government.*

• The Chief has sent the proposed rapid two test procedure request to Dr. Hinshaw. This proposal will permit EPS asymptomatic close contact tests in hopes to reduced absenteeism. These tests *would be administered by Dynalife at cost of $100/test and potentially reduce self-isolation time by 4-5 days.*

January 4, 2021 – COVID-19 Command Team meeting Minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 497-501 2023-G-0163)

•Asymptomatic testing within a specialized area like PSS was evaluated through OH&S. Their opinion is that other asymptomatic testing by the federal government ***saw little identification of positive cases. OH&S believes asymptomatic testing is not good value for the impact at this time****. Supt. Hilton has followed up with Dave Elanik and he was in agreement. Our best measures at this time continue to be education and reinforcement of our COVID-19 prevention protocols.*

March 22, 2021 - COVID-19 Command Team meeting Minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 581-584 2023-G-0163)

> • ***OH&S have reviewed the rapid testing information. The idea is that mass testing is done in large groups, but it is more for public health surveillance purposes and not for diagnostic results.*** *This process is staff intensive and wouldn't provide reliable or beneficial information for EPS. Regional Municipalities have reviewed this as well and are not interested.*

August 9, 2021 - COVID-19 Command Team meeting Minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 702-704 2023-G-0163)

> ***It is concerning that once COVID testing decreases, will not be able to differentiate what might be colds or seasonal allergies***.

July 28, 2021 – CMOH Update – Chiefs Office Emails FOIP Part 1 (IAPU 770 2023-G-0163). Update provided to EPS senior leadership by Katja Magarin.

> There was an update by Dr. Hinshaw just now, some effective tomorrow.
> Significant changes are coming regarding masking, isolations, testing etc
> *As of tomorrow, 29 July 2021*
> *o Quarantine no more universally legally required for close contacts of confirmed cases*
> *o Mandatory isolation for symptomatic people and positive cases still in place until 16 August*
> *o Stopping routine testing for asymptomatic close contacts*
> ***o Contact tracers will no longer call close contacts***
> *o Positive cases recommended to notify their close contacts*
> *o Managing outbreaks in high-risk places*
> *As of Monday, 16 August 2021*
> *o Provincial masking orders on ride share, transit taxi will be lifted*
> *o No masking required in schools, but schools will be asked to support those who choose to mask*
> *o The 10-day isolation period following a positive test result will no longer be mandatory, but will be strongly recommended.*
> *o Isolation hotels and quarantine support will no longer be available, as these requirements will be removed.*
> *o In general, Albertans who feel unwell or who have COVID-**19 symptoms should stay home and limit contact with others until they are back to normal. Testing will no longer be recommended for those with mild symptoms for whom a result will not change their treatment.***
> *o Testing will be available for Albertans with symptoms when it is needed to help direct patient care decisions.*
> *o This testing will be available through assessment centres until August 31, and after that will be in primary care settings including physicians' offices. For those with severe illness requiring urgent or emergency care, testing will be available in acute care and hospital settings.*
> *o COVID-19 testing will also be offered as needed in high-risk settings, such as in continuing care.*
> *o A wastewater baseline testing program will be launched to provide area trend information and monitor variants of concern. More details will be released in the coming weeks.*

*o **Public health will focus on investigating COVID-19 cases that require hospitalization and deaths due to COVID-19, no general contact tracing***
After 31 August 2021
o Testing only required for specific cases, but not generally required for those with symptoms

September 13, 2021 - COVID-19 Command Team meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 725-730 2023-G-0163)

*• Some logistics options being discussed with other agencies including if a person offers a letter for medical exemption then they would be **required to submit to rapid testing**. The frequency of that option would need to be determined. If people choose not to vaccinate, they would have to submit to **rapid testing at their expense. What would the sanctions be**? 27(1)(a)*

September 27, 2021 - COVID-19 Command Team meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 738-742 2023-G-0163)

Vaccination Status Protocol
• The proof of vaccination, negative COVID tests and exemption protocol that is planned to come into effect at EPS on 18 October 2021 has been submitted to the Chief for approval. It is currently not known when the decision will be made. The following is proposed.

*Persons not vaccinated must plan on being **tested every 72 hours** by a valid provider Employees will be provided by EPS OHS with a list of providers they are permitted to use. The cost of the testing is the employee's responsibility. Regardless of shift schedules or members changing their shift schedules, the testing needs to be done every 72 hours. Cority will be setup for those required to do the testing to submit their documentation confidentially and **only the OHS Nurses will have access to this information**. This will allow the nurses to monitor. Cority reporting will flag anyone who is not providing proof of vaccination or does not get tested within the prescribed intervals.*

Edmonton Police Service COVID-19 Vaccination Protocol came into effect October 18, 2021. The protocol outlined the testing requirements for the unvaccinated or those unwilling to disclose their vaccination status as follows:

Definitions
• "testing" means a test for COVID-19 approved by Health Canada that is conducted by a provider approved by Alberta Health:
*o the primary form of testing under this Protocol is a rapid test approved for **point-of-care of molecular or antigen COVID-19 testing** conducted by a provider as listed here;*
o however, if an employee has taken a Polymerase Chain Reaction (PCR) Testing provided as indicated by Alberta Health because they were symptomatic or linked to an outbreak that testing can be used to provide proof of testing and results under this Protocol.

REQUIREMENTS
1. Indication of Choice
1.1 EPS employees must choose one of the following three options on or before October 18, 2021:

a. indicate that they are fully vaccinated or are partially vaccinated but intend to be fully vaccinated by November 30, 2021;
b. if they are not fully vaccinated or will not be fully vaccinated by November 30, 2021 or do not wish to disclose their vaccination status, indicate that they will submit for testing as defined herein and pursuant to section 3;
c. indicate that they will commence a non-disciplinary leave without pay (or for EPS contractors and volunteers that they will not be attending EPS facilities or engaging in be paid for their duties for the EPS).

3. Testing Option

3.1 Those employees who choose the testing option must provide proof of testing and results that occurred within 72 hours of the start of any shift worked via the form provided for that purpose on Cority.
3.2 Any testing costs are the responsibility of individual employees.
3.3 In addition to the requirements in section 3.1, if an employee has a positive test, the employee must not attend work and must contact an EPS nurse.
3.5 If an employee who has chosen the testing option fails to comply with section 3.1, the employee must not attend work and shall be placed on a non-disciplinary leave without pay.
3.6 Employees who choose the testing option must continue to follow EPS' general COVID-19 safety measures, as revised from time to time depending on the circumstances and the evolving public health orders and recommendations. EPS' current measures are linked here.

4. Additional COVID-19 Safety Measures for Partially Vaccinated employees and those who choose the Testing Option

4.1 In addition to complying with the general COVID-19 safety measures identified in section 2.3 and 3.6, employees who are partially vaccinated or choose the testing option are not permitted to:
a. use EPS gym facilities;
b. travel out of town for work-related (EPS) purposes;
c. work overtime shifts outside of their Division;
d. work Extra Duty Detail for clients who require those working with them to be fully vaccinated;
e. attend common areas in EPS facilities where masking and physical distancing is not maintained (e.g. where food or drink is being consumed).
f. Attend non-mandatory training where OH&S determines that there is a reasonable expectation that physical distancing cannot be maintained and other control measures are not sufficient to address COVID-19 associated risks. EPS staff organizing or attending non-mandatory, external training can contact the OHS section at OHSReporting@edmontonpolice.ca for assistance.

COVID-19 Vaccination Protocol Frequently Asked Questions – these accompanied the above protocol implemented on October 18, 2021.

14. What if I cannot get vaccinated and/or submit to testing for medical or other reasons?
Employees who cannot be vaccinated or otherwise comply with the Protocol on the basis of a protected ground under the Alberta Human Rights Act (e.g. disability, religious beliefs, etc.) will be reasonably accommodated. Employees seeking accommodation are responsible for requesting that accommodation as soon as reasonably possible. Failure ot

request accommodation by October 11, 2021 may mean that the request cannot be assessed prior to the October 18, 2021 deadline. Requests for accommodation for a medical reason must be directed to Disability Management Unit via this form. Requests for accommodation on the basis of other protected grounds must be directed to Human Resources Division via this form Employees requesting accommodation will be required to provide support for that request as required on the relevant form and as further requested by Disability Management Unit and/or Human Resources Division. The EPS will determine whether an accommodation request is approved and work on specific accommodation measures for an approved request with the employee on an individualized basis.

15. I already work remotely. Why do I need to select one of these options?
It is important that all employees, including those working from home, are fully vaccinated or participating in testing, 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 and the public we serve and preserve workforce capacity. In addition, the decision to have the options apply to all employees, regardless of whether they are working from home ensures fairness amongst the workforce.

Working from home can continue as directed by the EPS from time to time and/or as arranged between an employee and their supervisor. Working from home may also be considered as an accommodation option where an employee's accommodation request is approved.

17. Why are there additional restrictions for those who select the testing option and not for fully vaccinated employees, particularly when people who are vaccinated may still contract or transmit COVID-19?
While fully vaccinated individuals may contract or transmit COVID-19, the current science supports that they are less likely to than unvaccinated individuals. Research has demonstrated that people vaccinated with COVID-19 vaccines who develop COVID-19 generally have a lower viral load than unvaccinated people. This may indicate reduced transmissibility and viral load. Furthermore, studies suggest that vaccinated people who become infected with Delta have potential to be less infectious than infected unvaccinated people. In addition, testing only provides a point-time-picture of whether an individual has COVID-19. In order to avoid imposing daily testing on employees who choose this option, additional restrictions (e.g., not using EPS gyms, etc.) is a reasonable means of mitigating the increased risk of transmitting COVID-19.

18. Why do I have to pay for testing? Why did the EPS not apply for free rapid testing via the Province? Does Blue Cross cover testing? Can I test myself? Do I get paid for the time that I take to test?
The EPS has decided to give its employees the option to submit to testing if they do not want to get vaccinated or disclose their vaccination. However, the EPS is not obligated to incur the cost of testing for those who choose that option. In addition, the EPS does not have the capacity to apply for the Province's rapid testing program or administer that testing should such an application be approved. Blue Cross does not cover testing of this kind. Self-testing is not an acceptable form of testing under the Protocol as it must be conducted by an approved provider:

https://www.alberta.ca/assets/documents/COVID-19-rapid-testing-third-party-healthservice-vendors-businesses.pdf. Employees will not be paid for the time it takes to submit to testing.

19. I work sets of four 12-hour shifts – how am I supposed to ensure I have submitted to testing every 72 hours? What about if I am on call?
It is up to employees who choose the testing option to figure out when they should attend for testing, depending on when works for them and when it is required to comply with the Protocol. Employees who choose this option are required to have a negative test within 72 hours of the start of a shift. So, for example, an employee who works four 12-hour shifts could test the day prior to their first shift and then go again right after their second shift or right before their third. Employees who are on call should ensure they are being tested every 72 hours.

November 29, 2021 - COVID-19 Command Team meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 765-769 2023-G-0163)

• The OH&S team are receiving obnoxious notes on COVID test results submitted by some employees who have chosen to participate in the testing protocol. H/R are aware, and some have been made aware that their communication is offensive.
***• The EPA have been approved via the Alberta Rapid Testing Program to conduct COVID-19 tests to sworn members at no charge. The test kits are free and not paid from members' dues**.*

An Undated document located in the (Chiefs Office Emails FOIP Part 1 - IAPU 420 2023-G-0163) discussing testing as a point in time, this information was from Marlin (last name not provided in FOIP) Alberta Health to all Chiefs.

It is important to note that these tests represent a point in time --a negative result or having no testing that has occurred does not confirm that at the time of the encounter the individual was not potentially infectious.
Some additional information and guidance for law enforcement follows:
COVID-19 is transmitted by droplet spread from a cough or a sneeze.
• The droplets must either be breathed in or land on the person's mouth/nose or eyes.
• You can also get COVID-19 by touching a surface or object that has the virus on it and then touching your own mouth, nose, or eyes.
• After exposure, it takes 1-14 days before symptoms develop.
• If a patient tests positive for COVID-19, Alberta Health Services will follow up with contacts of that individual - including law enforcement that may have been in close proximity while they were experiencing symptoms.
• Alberta Health Services does detailed contact tracing of all COVID-19 cases. This means that if it was identified that a case was in police custody while contagious, Alberta Health Services would be in contact with enforcement agencies to advise of any necessary steps for officers who were in contact with that case.
• This process means that you do not need to self-isolate if you assist an individual who is experiencing symptoms, unless you are directed to by public health, or unless you begin to exhibit symptoms
• The skin is a natural defense against COVID-19; exposures on intact skin are very low risk. Wash with soap and water for at least 20 seconds

In an undated attachment in the Chiefs Email Attachment Part 3 Folder (Pandemic Committee Folder FOIP Part 1 - IAPU 3 2023-G-0163) the following was stated in response to the COE revoking the masking bylaw and the EPS changing pandemic protocols:

> ***Testing for Unvaccinated Members***
> *• As per the communication on March 4th,* ***EPS will evaluate the testing protocol on March 25th (21 days)***
> *• Provided internal indicators continue to improve,* ***testing requirements for unvaccinated staff will be suspended beginning March 26th, unless otherwise communicated***
>
> *EPS will continue to monitor the impact of the COVID-19 pandemic and reserves the right to* ***re-instate masking and testing requirements at any time****, with a minimum of one week's notice for testing.*

11.2) Temperature Testing

April 6, 2020, COVID-19 Command Team Meeting minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 71-77 2023-G-0163) indicated that the EPS was exploring temperature testing the employees after being contacted by a private company Mercury Group.

> *We are now offering you the ability to self teach and complete your own COVID-19 screening!*
> *Purchase your own screening kit which includes:*
> *-A No-Touch Laser Thermometer*
> *-A Tablet loaded with our proprietary screening software*
> *-Employee and Supervisor Informative Seminar Videos*
> *-Employee Screening Waiver*
> *-Flagged employee list*
> *-Tutorials on how to use the software and laser thermometer to complete your own screening*
> *-Regular software updates to keep in sync with any new COVID-19 information $360.00*

April 14, 2020, COVID-19 Command Team Meeting minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 97-102 2023-G-0163)

> *• Dave Elanik learned it may be beneficial to temperature test as another means to screen for possible COVID-19 positive persons. Some research suggests that 90% of people would have a fever, but a person could be asymptomatic. Will consult with DMU on temperature testing of detainees. Stephanie and Donna are still working on testing protocol for EPS should thermometers arrive.*

April 16, 2020, COVID-19 Command Team Meeting minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 109-113 2023-G-0163)

> *• Thermometers - 20 thermometers will be arriving next week. Need to create a plan for thermometer testing and check-sheet.*

April 17, 2020, COVID-19 Command Team Meeting minutes (Pandemic Committee Folder FOIP Part 1 - APU 114-118 2023-G-0163)

Use of temperature tests still needs to be decided. During yesterday's presentation to Chiefs Committee, Dr. Stephen Shafran believes that pre-shift temperature taking is ***ineffective*** *as transmission also occurs in asymptomatic people. EPS OH&S agrees that it is not necessary. Considerations: logistics of cleaning and administering, and if people are fevered will we send them home? Is that what AHS are doing?*

May 6, 2020, COVID-19 Command Team Meeting minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 167-171 2023-G-0163)

• Temperature testing will be done through the health nurses when there is an identified need as outlined in the protocol. That protocol is documents with the pre-shift screening and should be tracked if changes or updates are required.

June 18, 2020, COVID-19 Command Team Meeting minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 246-251 2023-G-0163)

Get your track in to Stephanie and win a thermometer!

Outcome for the Temperature testing was that the employer **did not** implement this in the workplace. There was no further information in the FOIP related to temperature testing.

11.3) Antibody Testing

May 5, 2020, COVID-19 Command Team Meeting minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 161-166 2023-G-0163)

• Chief's Committee inquired about anti-body testing

May 6, 2020, COVID-19 Command Team Meeting minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 167-171 2023-G-0163)

• Briefing Note on antibody testing is complete and with OHS for review.
• Chief's Committee inquiring if more of our staff can get tested whether they are symptomatic or not. The Province might expand more asymptomatic testing. ***Antibody testing is different and currently not legal in Canada.*** *Stephanie Booth will review if there are gaps in overall testing from the BN on antibody testing*.

May 12, 2020, COVID-19 Command Team Meeting minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 183-187 2023-G-0163)

Chief's Committee asking if there is any means for us to do anti-body testing*. Supt. Hilton will share Stephanie Booth's briefing note with them and hopefully alleviate questions*.

May 27, 2020, COVID-19 Command Team Meeting minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 210-214 2023-G-0163)

• Antibody Testing Briefing Note is with Ron Anderson who shared it with Dr. Rector. No decision yet if they want to participate in any testing.

May 28, 2020, COVID-19 Command Team Meeting minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 215-217 2023-G-0163)

• Ron Anderson has reviewed the briefing note on antibody testing and is supportive of that. Supt. Hilton will present it to Chief's Committee to see if there is support in principle to proceed.

May 25-31 2020 - Executive Situation Report COVID-19 – (Chiefs Office FOIP Part 1 - Attachments Part 2 IAPU 273-286 2023-G-0163)

Pandemic Command Team Initiatives
Planning Chief
*• Exploring opportunities for the **EPS to participate in serology/antibody testing research***

June 1, 2020, COVID-19 Command Team Meeting minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 212-222 2023-G-0163)

*• Serology Briefing Note has been reviewed by Chiefs Committee. The **EPS would be interested in participating in serological testing trial if deemed mutually feasible**. The information in the briefing note outlines the limitations of antibody testing*.

June 4, 2020, COVID-19 Command Team Meeting minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 223-229 2023-G-0163)

Dr. Talbot was consulted about serological testing. At this time no decisions until more information becomes available.

June 22-28, 2020 - Executive Situation Report COVID-19 – (Chiefs Office FOIP Part 1 - Attachments Part 2 IAPU 259-272 2023-G-0163)

Provincial Government Update
*• Alberta will invest 10 million dollars into serology testing which detects antibodies in an individual who has previously been exposed to the COVID-19 virus. This testing is not a preventative measure, rather a means to **support the collection of data** to help track the virus across the province*.

September 28-October 11, 2020 - Executive Situation Report COVID-19 – (Chiefs Office FOIP Part 1 - Attachments Part 2 - IAPU 316-328 2023-G-0163)

Provincial Government Update
• Alberta is splitting $2.1 million among seven research projects that include antibody detection, serology testing, treatment strategies and the real-life experiences of patients and caregivers

October 26 – November 15, 2020 - Executive Situation Report COVID-19 – Chiefs Office Attachments Part 2 (IAPU 287-301 2023-G-0163)

Federal Government Update
• On 10 Nov, the Federal Government signed an agreement with Becton, Dickinson and Company to purchase 7.6 million rapid, point-of-care, COVID-19 antigen tests.

January 4-17, 2021 - Executive Situation Report COVID-19 – (Chiefs Office FOIP Part 1 - Attachments Part 2 - IAPU 534-548 2023-G-0163)

Provincial Government Update
*• **21JAN1 1 CMOH Dr. HINSHAW tasked Alberta's Tomorrow Project with conducting a provincial study to test for COVID-19 antibodies in adult Albertans**.*

Outcome for the Antibody Testing research was that the employer **did not** implement this in the workplace. There was no further information in the FOIP related to the antibody research.

11.4) Employee Information - Testing

- Until reviewing the FOIP members were not aware that they were being considered for **research into antibody testing,** some employees were very concerned that this would even be a consideration by their employer.
- Were they considering using for another "**experiment**"? What are we "**lab rats"?** would this be a requirement of our employment as well?
- "Get your Track in and win a thermometer" – EPS employees now understood what was behind the thermometer contest. So, thermometers were ordered and paid for by EPS then given away. Employees deemed that a misuse of public funds.
- EPS employees were asked to provide information about **PCR testing**:
    - Most employees had never had a PCR test, they were never around anyone who was sick and were not sick themselves.
    - Employees that were required to go for PCR testing because of illness or if they were considered a close contact described the experience as follows. They called to book in at a community-based testing facility, they drove up for their appointment, remained in their vehicle, **no disclosure of risk, very little discussion with the person attending to them, many did not have visible ID because of all the protective gear.** They could not see their face due to the masks and they were hard to hear. There was **no informed consent**, none described signing any forms for consent. They were instructed to tilt their head back, the person **jammed** the swab up there nose as far as it would go, some described the worker as meeting resistance, and they pushed it harder. All people that described having a **PCR test said it was painful**, the person doing the test gave very little instruction.
    - Some employees that tested stated that in the days following their PCR test they had **pain, eye infections, sinus infections, headaches. Some still are experiencing complications with their sinuses.**
    - A number of those tested informed that they felt the medical person didn't care, and that they were harmed during their test. No one reported the experience, they did not even think that the procedure was not done correctly because it was not an informed process.

- Employees that had **rapid testing** done when the protocol was implemented:
    - Multiple EPS employees communicated that there was not any information relating risk discussed with them by the pharmacists. **No informed consent for the procedure, the pharmacist jammed the swab far up the nos**e and it was very painful. There was little care or consideration when they found out a person was testing for work.
    - Testing at a pharmacy and when the pharmacist hurt them doing the swab, they were told that they could go elsewhere for testing.
    - Tests were unreliable and sometimes the pharmacist would have to re-do the rapid test.
    - The EPS employees were having to pay out of pocket and give up personal time, sleep time to get testing completed and uploaded within the 72-hour timeframe.
    - The **cost to the members was tremendous. Mentally it added to the exhaustion, the forced testing was assault on their person, it added to sleep deprivation which was described by a few members as a form of torture**.

    - Some members could not do the testing in 72-hour intervals as it would have consumed precious rest time. They made the **personally devastating decision to take the vaccination because they could not absorb the financial and personal hardship that went with testing**.
    - Testing was only done by employees as a result of the open threat their income and they feared job loss or discipline.
    - Many felt completely abandoned by the EPA and capitulated to the forced testing. It was a defeating situation to be in, especially when they knew it was a complete violation of their body.
    - **Employees felt this was a total assault on their person**. Their jobs hung in the balance with a few being made examples with discipline and LWOP.
    - The testing path came with stipulations of not using the fitness facilities, lunchrooms, loss of training and career opportunities, financial loss from not being able to do overtime or extra duty.
    - Employees recognized that this punitive action was to get more to take the vaccines, for some it was their breaking point.
    - Employees attempted the testing route and could not make it work, in order to then keep their jobs, they took the COVID-19 vaccinations. This has caused unfathomable loss physically, mentally, socially and professionally.
    - The restrictions from their ability to attend training is still affecting members as they are **missing opportunities for advancement in their career** due to missing courses. The harm is ongoing.
    - Employees communicated the lack justification to have only one group testing, as they would be the only ones knowing if they are covid positive. They were also worried about how the new stats would be used to demonstrate the EPS message that the unvaccinated were the root of the problem.

- There were members that communicated that they were thankful that the EPA provided the option of the free testing, this relieved some financial burden and for those that were able to go to the EPA offices, it was an option that allowed them to comply with the employer protocol.
- EPA had administrators trained as they were approved for the Employer Testing Program with the GOA. EPS employees took the online training to administer the rapid testing for free to members. **These admins and EPS board members are not trained regulated medical professionals, yet they were doing an invasive medical test**.
- Employees that went to the EPA for testing said that they did not describe the risks, but that there was a consent form, none of the employees had a copy of the form.
- EPA should not be administering a medical test into a person's nose.
- Employees would then take a photo of the test result and email it to the OHS nurse or upload into Cority, and internal EPS database.
- If testing results were not in the Cortiy system, they would get a call from the OHS manager or their supervisor to tell them that their test results were not entered.
- The entry of the **information was not voluntary, if you failed to upload or disclose a medical test result you would be punished with unpaid leave**.
- **OHS manager was overseeing the testing protocol compliance**. There was a concern about her harassing employees to upload results, which were often already in the system. **She would breach their privacy by calling and informing their supervisors of the employees' medical status**.

- Members were being contacted by their direct supervisors relating to having not disclosed vaccination status as per the protocol.
- Supervisors were calling to inform that the OHS manager contacted them because their test results had not been uploaded, this was occurring for people 30 min prior to shift when they were not at the EPS facility to log in and upload information.
- Employees were contacted to upload testing results on Cority when they were on non-Covid leave of absence or days off. This information was available to all employees on CARM or for those with authorization it was also accessible on PeopleSoft, and the OHS team was given access to that HR information). In a communication with one member on a medical leave, the OHS Manager informed that she did not have information about the leave. Yet the employer, HR and OHS had been tracking all people away for illness, injury, vacation since the beginning of the pandemic.
- Employees that had not uploaded the information were under constant **threat of being charged with failure to follow a lawful order.**
- **The EPA was notified of the names of the members that had not provided their medical status. These members were contacted by the EPA president at the time, Mike Elliot, who informed them that they would be put on LWOP if they had not made medical declaration in the Cority system by the deadline**.
- EPA rapid testing – 2 admins clerks took the rapid test course to be able to administer the tests for the employees. The employees could go to the EPA or use a list of approved rapid test providers. Members informed the writer that Calgary Police Service members could do their own rapid test at home and upload the data.
- The EPA employees conducted testing and handling medical results. They **lack the education and training to perform these procedures, these were administrative clerks and not health care professionals.** The members have no idea how their medical information is being utilized, stored or the privacy around it.
- The EPA did not charge the members for performing the testing, information about the funding of the testing was not provided to the employees.
- The EPS did not offer testing for the members as they stated that they did not have the capacity, the funding and that if the employee was choosing this option that it is their cost and will not be refunded.
- The rapid test results obtained from testing at the **EPA could not be used outside** of employment. There was a **threat of discipline** if the EPA test results were used for anything other than their work at the EPS.
- Some employees did not have an issue using rapid test results for non-work access to recreational activities, and others indicated that their results were identified as work employment purposes only.
- Some employees stated that the test results that they paid for and provided to their employer so that they could continue being gainfully employed **could not be used outside of work**. The results could not be used if the member needed it for REP program, going to a restaurant, or other activities outside of work hours that required a negative test. **They would have to get another test for off-duty activities.**
- EPS told them that the test results were only good for their employment and that if they were used **outside of work that this would be considered a policy breach and disciplinary action would be taken if the test results were used.**
- Employees were not made aware of the retention policy relating to their personal medical information. 100-year retention on any personal medical information obtained.

- Employees are not aware of the retention policy for the EPA in relation to the testing results for anyone that utilized the rapid testing provided by EPA staff.

11.5) Analysis and Recommendations - Testing

Restricted Activity as defined in the *Health Professions Act* (HPA). This is also defined further by profession in the ALBERTA REGULATION 22/2023 Health Professions Act ***HEALTH PROFESSIONS RESTRICTED ACTIVITY REGULATION*** https://canlii.ca/t/bxl8

*(2) Regulated members **must** perform only those restricted activities that the regulated members are **authorized and competent to perform** and that are appropriate to the practice of the respective profession under the Act and this Regulation.*

(3) Regulated members must perform the restricted activities in accordance with standards of practice and must meet the requirements for demonstrating competence as established by the council under the Act and this Regulation.

Section 0.1 Heath Services Restricted Activities
Definition:
*(nn) "**restricted activity**" means a restricted activity and a portion of a restricted activity, within the meaning of Part 0.1;*

Restricted activities
1.3(1) *The following, carried out in relation to or as part of providing a health service, are restricted activities:*

(b) ***to insert or remove instruments, devices, fingers or hands***
(i) beyond the cartilaginous portion of the ear canal,
(ii) <u>beyond the point in the nasal passages where they normally narrow,</u>
(iii) beyond the pharynx,

(i) to administer a vaccine or parenteral nutrition

Regulations
1.4 *The Minister may make regulations authorizing a person or a category of persons, other than a regulated member or category of regulated members, to perform one or more restricted activities subject to any conditions included in the regulations.*

Public health emergency
1.5 *For the purposes of preventing, combating or alleviating a public health emergency as defined in the Public Health Act, the Minister may by order authorize a person or category of persons to perform one or more restricted activities subject to any terms or conditions the Minister may prescribe.*

Offence
1.6(1) *No person shall perform a restricted activity or a portion of it on or for another person unless*

(a) the person performing it
(i) is a regulated member and is authorized to perform it by the regulations,
(ii) is authorized to perform it by a regulation under section 1.4,

(iii) is authorized to perform it by an order under section 1.5, or
(iv) is authorized to perform it by another enactment, or
(v) has the consent of, and is being supervised by, a regulated member described in clause (a)(i), and

(b) there are standards of practice adopted by the council of the college of the regulated member respecting

(i) how a regulated member performs the restricted activity,
(ii) who may be permitted to perform the restricted activity under the supervision of a regulated member, and
(iii) how a regulated member must supervise persons who provide restricted activities under the regulated member's supervision.

(3) No person, other than a person authorized to perform a restricted activity under subsection (1)(a), shall or shall purport to consent to, provide supervision of and control of, another person performing the restricted activity or a portion of a restricted activity.
(4) No person shall require another person to perform a restricted activity or a portion of a restricted activity if that other person is not authorized in accordance with subsection (1) to perform it.

College of Physicians & Surgeons of Alberta (CPSA) Glossary – Standards of Practice – Restricted Practices – Updated March 2023

***Competent**: the regulated member is adequately qualified, suitably trained and has sufficient experience to safely perform work without supervision.*
***Restricted activities**: high risk activities performed as part of providing a health service that require specific competencies and skills to be carried out safely*

On May 3, 2020 - CMOH Record of Decision – CMOH 16-2020 provided direction to the health regulatory colleges. (Appendix NG-11)

*7. For greater certainty, **nothing** in this Order authorizes a regulated member under the Health Professions Act to provide a health service that is not within their scope of practice.*

On October 29, 2020 – Minister of Health Tyler Shandro expanded the authorization of regulated health professionals that had a expressed an interest and willingness to perform nasopharyngeal swabbing for COVID-19 testing (PCR testing) to include: (Appendix NG-12)

Clinical pharmacists, dental hygienists, dental assistants, and dieticians.

The conditions from the minister were as follows in the order:

Terms and Conditions Applicable to Performance of the Restricted Activity Authorized in this Ministerial Order

• An authorized person may only perform the activity authorized by this Ministerial Order for the purpose of nasopharyngeal swabbing.
• An authorized person may only perform the activity authorized by this Ministerial Order once they have successfully completed training which has been approved by Alberta Health Services.
• An authorized person may only perform the activity authorized by this Ministerial Order once they have met any other criteria required by the employer they are employed by.
• An authorized person must obtain permission to perform the activity by their regulated profession.

• An authorized person is subject to any standards of practice, guidelines or policies imposed by their regulated profession.

Testing of employees that work from home. There was no assessment or indication that the employer conducted any hazard assessments in relation to those working from home. The employer is required by OHS laws to assess the workplace hazard. When working from home how did the employer meet this obligation? Without a hazard assessment of the home office, how did they determine that there was any biological risk to the worker? **The employer can only implement controls when there is an identified hazard and the risk from that hazard cannot be mitigated. This is unlawful overreach and personal violation of bodily autonomy by requiring vaccination or mandatory testing**.

There should be a review of appropriateness of **conducting research on employees**, there are always extensive ethical considerations with research and there was no mention of there being legal or ethics reviews as the research programs were being considered. The consideration of EPS members participation in research the Chief, "***Exploring opportunities for the EPS to participate in serology/antibody testing research"*** *and* the chiefs committee putting forward that, ***"the EPS would be interested in participating in serological testing trial if deemed mutually feasible. The information in the briefing note outlines the limitations of antibody testing"***. There must be further assessment to how this information was presented to the Chief's Committee, who approached the EPS to participate and what the parameters were going to be should the decision be made that employees were unknowingly signed up for the research. What was the plan for presenting this to employees? And would it have been made mandatory like disclosure of personal medical information and COVID-19 vaccination/testing?

The **temperature testing program** was **not** implemented in the workplace; however, money was spent on the acquisition of thermometers and employee time developing the framework of a temperature testing program. April 17, 2020, there was physician advisement "*that pre-shift temperature taking is ineffective as transmission also occurs in asymptomatic people. EPS OH&S agrees that it is not necessary."* Yet even with this information on May 6, 2020, the PCT Meeting notes outline the following information: "*temperature testing will be done through the health nurses when there is an identified need as outlined in the protocol. That protocol is documents with the pre-shift screening and should be tracked if changes or updates are required*. On June 18, 2020, there was a note about the thermometer give away in the PCT meeting minutes. This raises a question as to why there was a purchase of thermometers when there was not an approved program and who is responsible for the allocation of resources for this expenditure when a decision had not been made to implement temperature checks.

PCR COVID-19 Testing

In assessing the PCR testing related to the workplace. The EPS was following the provincial guidelines set forward by the CMOH, Dr. Deena Hinshaw. They applied the Public Health Order requirements and recommendations to their membership. There was not any information provided that demonstrated the employer reviewing these orders for their application of testing requirements. In this case the Edmonton Police Service's adoption and application of the testing requirements should be scrutinized further, review of the implementation should have been triggered as a result of ***Ingram vs Alberta*** ruling that the orders were implemented without authority**. The adoption of unlawful orders and require the level of isolation, medical testing and forced days off was unprecedented, which should have warranted a significant review by**

law enforcement who are knowledgeable in the requirement of Oakes tests to determine lawful violations. The EPS was well aware of the lack of enforceability of the PHO yet they were requiring employees and the public to comply with them. Had the EPS and other law enforcement agencies conducted themselves in a manner that was upholding and questioning of the mandates being implemented, they would have conducted proper due diligence as an employer as well as undertaking COVID-19 investigation. There is a breach of trust of the public caused significant acts of harm to impact the entire province. **Mandates and Public Health Orders are <u>not laws</u> and there was never a proven test that would meet a threshold to consider the suspension of one's rights, freedoms and security of person**.

The mandated testing was presented as **not optional** for employees to be gainfully employed**.** This process lacked proper process and is a restricted practice for which only competent, highly trained healthcare professionals should be performing. **Untrained medical professionals were then being allowed to assault people in their vehicles at testing sites**. Even a preliminary look at the requirement of PCR testing would have demonstrated that this procedure was not being done properly and thus constitutes assault and battery. There are healthcare professionals on the OHS team who are obligated to understand and know what restricted practices are, as defined in the HPA. These professionals would also have an obligation to notify the EPS leadership of the risk of harm for untrained personnel performing this procedure on employees. **Their duty of care was to protect the worker and by not performing their due diligence they have caused significant harm and injury**. The OHN did indicate that they would not be providing testing services, was this because they knew the scope restrictions, lack of skills, feasibility, cost? Competencies not being met endangered the health and safety of the public and employees who were subjected to this violation of their person.

April 10, 2020, Alberta Provincial Lab (APL) Bulletin Major Changes in COVID-19 specimen collection. This document is from the Alberta Provincial Laboratory, it was sent to All Health Care Providers and would be the responsibility of the health care provider to apply the changes in their workplace setting. This bulletin was necessary for inclusion as the COVID-19 assessment centres were instructed to collect **throat swabs and not deep nasopharyngeal** (NP) swabs that most were describing when they were sent for testing, This procedure is for **PCR testing** and **<u>not</u> the rapid testing kits**. (Appendix NG-07)
https://www.albertahealthservices.ca/assets/wf/lab/wf-lab-bulletin-major-changes-in-COVID-19-specimen-collection-recommendations.pdf

The APL bulleting above contains a link to the AHS ProvLab Collection of a Nasopharyngeal and Throat Swab for Detection of Respiratory Infection. This has been included with Appendix NG-07 and the link is to the information from AHS is provided below.
https://www.albertahealthservices.ca/assets/wf/plab/wf-provlab-collection-of-nasopharyngeal-and-throat-swab.pdf

Recommend an investigation into the practice at the COVID-19 testing facilities. Including a complete review of the testing procedures, review of the circulation of the provincial lab bulletin from April 10, 2020, and the follow up instructions provided to the staff at the testing facilities. There must be follow up as related to the consent process and injuries or harm from PCR testing. It is an overwhelming issue when addressing the harms of testing, however, every health care practitioner and employer that hosted testing must have their program reviewed and any practitioner must be accountable for their practice. Following orders from their supervisor has

never been a justification for lack of care when providing patient care. They are obligated as health care professionals to be responsible in their practice and only work within their scope of training and competencies. This requirement was **not superseded** by the declaration of a public health emergency.

Rapid Testing

The information in the disclosure documents relating to rapid testing is concerning. From early on in the pandemic response the Pandemic Committee was discussing the options of the rapid testing of workers. The message from OHS consistently stated that the **rapid antigen tests were not accurate and that they did not support the use in the workplace**. Information was not provided to demonstrate the shift from the rapid tests not being accurate for workplace use to unvaccinated employees must be tested every 72 hours. **The discriminatory application of the testing** for only those did take COVID-19 vaccination is in violation of OHS legislation. If there was a demonstrated workplace hazard that required testing, then this test would not apply to just one group of singled out workers. This testing "option" for keeping the workplace safe does account for the fact that the vaccinated were still getting sick and spreading illness to others. There was mandatory disclosure prior to the COVID-19 Vaccination Protocol, this was an unlaw request for the medical information. There were employees that refused to disclose their medical information and were disciplined and terminated for legally abstaining from the employer's attempted violation of their rights.

There is not clear demonstration that the **rapid testing of unvaccinated was applied with supporting evidence for the reduction of a health and safety hazard or that it had any diagnostic, medical or scientific support for only requiring it of one identified group of workers**. The requirement for people who were working 100% from a home office was not justified and was stated to be **fair** to all workers and in the event, they needed to return to the office. If this was for the health and safety of the workers, then **fairness** is not a consideration, the workplace hazard assessment does not contain a column for fairness, and this is not part of the training as an OHS professional**. This action was implemented as discriminatory, punitive** and as a way to increase vaccination rates for employees.

Many employees expressed the **devastating affects of the mandatory testing**. Again, the employer may argue that the employees had an option. Employees that were testing were required to take on the financial burden of the testing both for the pharmacy charges and for the personal time and travel required to obtain the test. However, that is not the case, leave without pay is not an option for a worker. It was described by EPS employees as **coercion, abuse of power, discrimination, assault, intentional financial harm, torture, induced extreme stress, anxiety, loss of personal and sleep time as it often took hours to obtain testing**. The workers that were testing had **additional punitive measures on them, such as an no access to the gym or lunchrooms, restriction on access to training, no work-related travel, they could work with a vaccinated co-worker, but they could not eat with them**. The EPS also prevented the employee from using their rapid testing for personal use, again another punitive measure. Those that needed to provide proof of a negative test to gain access to a restaurant, sports activities etc. in their personal time were required to obtain another test at their own cost. **The employees that were rapid tested are worried about the health risks associated with being tested, may experience nasal issues, trauma from inexperienced and unskilled pharmacists, infections and**

with the knowledge of the presence of ethylene oxide, concerns for chemical exposure and the long-term health risks.

July 28, 2021 (Chiefs Office Emails FOIP Part 1 - IAPU 770 2023-G-0163)

> *In typical fashion, the Province made another abrupt lane change with the COVID protocols this afternoon. The biggest changes are isolation requirements, contact tracing and COVID testing all being eliminated. We will have to review these changes and timelines closer in the morning with our OHN's and HR as a few modifications to the COVID protocol will be needed.*
>
> *o Quarantine no more universally legally required for close contacts of confirmed cases*
> *o Mandatory isolation for symptomatic people and positive cases still in place until 16 August*
> *o Stopping routine testing for asymptomatic close contacts*
> *o Contact tracers will no longer call close contacts*
> *o Positive cases recommended to notify their close contacts*
> *o Managing outbreaks in high-risk places*
> *Testing will be available for Albertans with symptoms when it is needed to help direct patient care decisions*

CPS employees were provided with a Rapid Testing Program that for a 1-month time frame provided free test kits to the employees until December 1, 2021, and then they would be required to continue rapid testing at their own cost after December 1, 2021, by an authorize vendor.

On January 8, 2024, **BCCDC revoked the rapid antigen testing as they are not reliable for diagnosis of COVID-19. and issued the immediate disposal of all kits**. (Appendix NG-08)

> *COVID-19 rapid antigen tests (RAT) are <u>not reliable for diagnosis of COVID-19.</u> On November 21, 2023. The BCCDC and Provincial laboratory Medicine services issued a memo stating that the BCCDC oversight of COVID-19 RAT has been withdrawn. As such, COVID-19 RAT testing can no longer be used to direct clinical care or Infection Prevention and Control measures, and must be discontinued **immediately** in Interior Health affiliated emergency rooms, hospitals, long term care facilities or **outpatient settings.***
>
> - *COVID-19 RAT must stop immediately at all Interior - affiliated sites*
> - *Healthcare workers no longer require COVID-19 RAT testing to direct the return to work process*
> - *Discard COVID-19 RAT kits Immediately*

(Source Global New January 11, 2024, https://globalnews.ca/news/10217146/health-canada-btnx-covid-test/)

> *Deleting the specimens increased the estimate of the rapid test's ability to detect the virus. In October 2020, BTNX submitted an application to Health Canada as it sought approval to sell its rapid test for COVID-19.*
> *Though an assistant deputy minister at Health Canada had already flagged possible issues with another BTNX application, federal employees reviewing BTNX's file did not challenge the company about this improvement or ask for an explanation, according to correspondence Global News obtained via freedom of information request*

> *The leap in the product's accuracy was one of at least three red flags that Health Canada appears to have either missed or ignored as BTNX applied for a licence to sell the test kit in the fall of 2020. This included a warning from a senior Health Canada official about the veracity of the company's public statements; data missing from a second study in BTNX's application; and what researchers called elevated test results.*
>
> *Health officials around the world had concerns about the reliability of the obvious alternative to lab tests, which were cheaply made rapid tests. In many markets these had never been regulated — and the World Health Organization would issue two warnings about them within the next six weeks.*
> *Health Canada hired new employees, set up an emergency authorization process for health care equipment, and cut wait times on licences to sell medical supplies.*
>
> *Over at Public Services and Procurement Canada, the invocation of the National Security Exemption empowered employees to skip most processes.*
>
> *BTNX's application to Health Canada for authorization to sell the antibody test was "poor quality," Sabourin added. The supplier had not submitted clinical data that backed up its claims, he wrote.*
> (Source Global New January 11, 2024, https://globalnews.ca/news/10217146/health-canada-btnx-covid-test/)

There is also another concern relating to the use and abuses of the testing. Whether it is PCR or rapid antigen testing, there was significant harm when using the test kits.

Independent Investigation into government and the regulatory agencies to determine the **decision-making process for allowing restricted practices to be performed by medical and non-medical persons.** There was a lack of training and competencies, the tests were not being performed properly. Health care practitioners performing the tests are required to work within their scope of practice, they must ensure they are competent to conduct a process. They must have informed consent with a discussion of the risks prior to performing the test. There would be no implied consent application for an invasive medical procedure. Any person administering a test in the community setting was issued a notice from APL on April 10, 2020, informing them that PCR swabs were to be collected with a throat swab. (Appendix NG-07)

In discussions with EPS employees and other general public, most describe no informed consent, no discussion of risks, no identification of being able to have this as a throat swab. They had pain, injury, eye infections and many have persistent sinus issues in the nostril that was swabbed. They described being told "**this was going to be unpleasant and will hurt**" by the tester. Their heads were not able to go back the 70 degrees to and the swab was not carefully and slowly inserted into their noses. Most were sitting in a vehicle to obtain the test and would not have been able to get into the position described to ensure the procedure was completed safely.

The **decision makers and the managers of these clinics have a duty of care to not cause harm and to direct their employees in a manner that would not cause patient harm.** No employee should have been able to work outside of their scope performing this potentially harmful procedure. There is a reason anything beyond the first narrowing of the nasal passage is a

restricted activity for health care professionals. This negligent approval has led to the repeat assaults of patients and there **must** be full investigation and accountability for this approval, implementation and for anyone that performed this procedure.

The rapid antigen testing was not well informed. There was no proper approval of the test kits in Canada, the emergency approval process allowed all safety requirements for medical testing devices to be circumvented. These rapid test kits were then put into the hands of the public and school age children, even thought they contain hazardous chemicals. There was no requirement for the manufacturers to inform Health Canada

Recommend a full stop on the use or distribution of any test kits, collection of any existing kits as evidence. Immediate forensic testing to determine the presence of any harmful chemicals or contaminants. Investigation into the approval, distribution, and financial compensation process for the testing. Full disclosure of this information to the public.

Recommend the EPA and union support the reimbursement of employees for the financial cost and time compensation required for the rapid testing options of the protocol. The hardship for some was too much, the financial costs, time and sleep deprivation lead some of them to take the vaccine. The personal experiences described by this group of employees demonstrates the extensive trauma, mental torment, personal regret, and assault they endured. Many that ended up taking the COVID-19 vaccine because they knew they could not meet the requirement of testing and could not go without a paycheck have faced very significant vaccine injury and illness.

EPS elected to maintain the testing option past what the Calgary Police and Alberta Health Services did, with no justification presented to the employees. To add to the harm and clear **punitive and coercive use of the rapid testing**. After the removal of the testing program the **employer distributed Altron Rapid Antigen Test kits to the employes free of charge**. This action just adds to the harm and there must be investigation into the harmful actions of the employer. These test kits have been retained by a number of the employees as evidence should they be required for analyst**. Employees had the legal right to not be subjected to invasive medical testing to be gainfully employed. The tactics deployed by the EPS were not justified and must be assessed for the criminality relating but not limited to:**

- to fraudulent and/or misleading messaging/advertising on issues of the severity of the “pandemic”, the efficacy, safety and education around hesitancy with the COVID-19 vaccine
- failing to exercise due diligence in the duties of the office. This could include:
- failing to objectively look at all evidence;
- making orders/directives that unfairly restricted fundamental rights and freedoms.
- Breach of trust by a public officer
- Intimidation, coercion, harassment, threat, discriminatory and punitive employment actions.
- Intentional harm (physical and psychological)

Employers including EPS made COVID-19 vaccination or medical testing a condition of employment. **If the employee would not disclose personal medical information, take an experimental treatment, they would be terminated, forced to retire, or laid off without pay.** EPS added testing as an option to their protocol, undoubtedly because of the objections to the

compulsory COVID-19 vaccination messaging that was being used prior to the employer circulating the protocol. The EPS employees were threatened with punishment, and they were **not being allowed to exercise their legal right to abstain**. This level of intimidation resulted in substantial harm to the employees and there must be accountability for the actions of the employer that inflicted mental and physical injury/illness. This was not solely intimidation, there was considerable threat to person and livelihood, as many employees faced harsh punitive actions and termination (forced retirement) as a result of the employer's actions.

Recommend criminal investigation is required into the harm of forced medical procedures (rapid testing) for EPS employees as a requirement to maintain gainful employment. This forced testing was done with no requirements for this as a risk mitigation for "worker safety", if that was the case then testing would have been required for all staff and not just the ones that would not take the COVID-19 vaccine. There was no justification for the application of the rapid testing to one group of employees, this is **discriminatory and resulted in harm, mental abuse, and physical abuse of the employees**. The employees that were working from home were required to rapid test to be "fair" to all the employees. This was not for their safety at all, and the employer showed **no reasonable grounds** to force an invasive medical test for those working from home.

Recommend investigation into the decision making of the OHN, OHS, Human Resources, legal counsel and EPS Leadership and the lack of appropriate communications relating to risk of testing, ensuring employees understood restricted practice information so that they were not harmed during a mandatory workplace test. **The conduct of the regulated professionals must be investigated as the harassment, threats and privacy violations of the employees meet the threshold of unprofessional conduct**. There must be complaints submitted by the employees to the respective regulatory bodies.

12.0) COVID-19 Vaccination

12.1) Legislation – COVID-19 Vaccination

The province of **Alberta did not implement a mandatory vaccination requirement for any workplace or citizen of the province.** There was never a requirement for a COVID-19 vaccination program to be implemented by OHS, Public Health, Alberta Health, or any other government agency. There was **not a revision to any legislation** that made COVID-19 a required vaccination in a workplace. Any decision to implement a vaccination requirement or health information disclosure was at the **risk of the employer, venue, or place of business**. There may be some ability for the employer to require it as a condition of employment for new hires, however they would have to prove their due diligence, and risk assessments supported this as required for the occupation. The implementation of a COVID-19 vaccination mandate as a condition of employment does not apply to an experimental product with no long-term risk profile. The employer would need to also ensure that a KVP test has been satisfied for the implementation of any mandatory medical treatment, with informed consent and

> *The **KVP test requires that to be enforceable, a policy or rule unilaterally introduced by the company, and not agreed to by the union, must satisfy the following conditions***:

- *It must not be inconsistent with the collective agreement;*
- *It must not be unreasonable;*
- *It must be clear and unequivocal;*
- *It must be brought to the attention of the employee affected before the company can act on it;*
- *The employee concerned must have been notified that a breach of the rule could result in his discharge (if the rule is used as a basis for discharge); and*
- *It should have been consistently enforced by the company from the time it was introduced.*

*The second requirement – **that the policy or rule be reasonable** – is the core of the KVP test, and must be carefully applied to the facts of each case. Policies that arbitrators have found are reasonable in some other workplace, or even in most other workplaces, might not be reasonable in your own workplace. The answer will depend on the extent to which the rule or policy interferes with the particular interests of each affected employee group. Unions should therefore be diligent in assessing the effect of every unwelcome policy or rule on the particular interests of the affected employee group. By invoking the KVP test, the union in this case shifted the focus to the harmful effects that the new policy would have on the privacy interests of its members in particular.*

12.2) Major Findings – COVID-19 Vaccination

May 4, 2020 – COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 156-160 2023-G-0163)

Advanced Planning

*• **The Province have sent a request for critical infrastructure information to determine prioritization of vaccine distribution**.*

• It is unlikely that a vaccine will be available in Canada until 2021.

May 11-17, 2020 – Executive Situation Report COVID-19 – (Chiefs Office FOIP Part 1 - Attachments Part 2 -IAPU 190-240 2023-G-0163)

Federal Government Update

*• The Prime Minister (PM) announced that the Canadian Center for Vaccinology at Dalhousie University has been approved by **Health Canada to begin clinical trials of a COVID-19 vaccine candidate.** The PM stated that the National Research Council of Canada will work with the manufacturers of the potential vaccine so that it would be able to be manufactured domestically should the trials be successful.*

May 25-31, 2020 – Executive Situation Report COVID-19 – (Chiefs Office FOIP Part 1 - Attachments Part 2 - IAPU 273-286 2023-G-0163)

Federal Government Update

*• Health Canada has approved 37 **clinical trials**, to date, for potential COVID-19 therapies and vaccines.*

June 1, 2020 - COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder FOIP Part 1 -IAPU 218-222 2023-G-0163)

Chiefs Committee this morning would like to keep people working from home for the time being. It is ***possible that return to workplace does not get mandated until there is a vaccine****.*

September 14-27, 2020 - Executive Situation Report COVID-19 – (Chiefs Office FOIP Part 1 - Attachments Part 2 - IAPU 218-230 2023-G-0163)

Federal Government Update

• On 25 Sept, Prime Minister Trudeau announced an agreement with AstraZeneca to procure up to 20 million doses of its ***COVID-19 vaccine candidate****. Additionally, the federal government has also signed agreements with Sanofi and GlaxoSmithKline to secure up to 72 million doses of their respective* ***vaccine candidates****.*

August 17-30, 2020 - Executive Situation Report COVID-19 – Chiefs Office FOIP Part 1 - Attachments Part 2 - IAPU 342-354 2023-G-0163)

Federal Government Update

• ***Canadian COVID-19 clinical trial scrapped*** *after China wouldn't ship potential vaccine: A collaboration between a Chinese company and a Halifax research team aiming to carry out Canada's first clinical trials of a potential COVID-19 vaccine has been abandoned amid rising tensions between the two countries. In an emailed statement, the National Research Council NRC said the vaccine candidate had not been approved by Chinese customs to ship to Canada.*

August 31 – September 13, 2020 - Executive Situation Report COVID-19 – (Chiefs Office FOIP Part 1 - Attachments Part 2 - IAPU 329-341 2023-G-0163)

Federal Government Update

• The Prime Minister (PM) confirmed on August 31 that Canada has agreements in principle with four of the leading vaccine producers: ***Pfizer, Moderna, and now Johnson & Johnson and Novavax to procure millions of doses of experimental COVID-19 vaccines****. The PM also announced funding to establish a new bio-manufacturing facility in Montreal; through a public-private partnership, the facility will enable the National Research Council of Canada (NRC) to increase vaccine manufacturing to up to two million doses per month by next year increasing Canada's ability to produce sufficient quantities of the vaccine.*

October 12-25, 2020 - Executive Situation Report COVID-19 – (Chiefs Office FOIP Part 1 - Attachments Part 2 - IAPU 205-217 2023-G-0163)

Federal Government Update

• On 23 Oct, the Prime Minister announced funding to advance ***the development of Canadian COVID-19 vaccine technologies.***

• On 16 Oct, the Minister of Innovation, Science and Industry announced the launch of two challenges through the Innovative Solutions Canada program to make PPE more compostable and/or recyclable.

October 17-25, 2020 - Executive Situation Report COVID-19 – OH&S Folder FOIP Part 1 - IAPU 402-414

2023-G-0136

Federal Government Update

•On 23 Oct, the Prime Minister announced funding to advance the development of Canadian COVID-19 vaccine technologies.

October 26 – November 15, 2020 - Executive Situation Report COVID-19 – (Chiefs Office FOIP Part 1 - Attachments Part 2 - IAPU 287-301 2023-G-0163)

Federal Government Update

• On 15 Nov, ***Moderna released preliminary data suggesting that their mNRA COVID-19 vaccine may be 94% effective at preventing COVID 19.*** *Canada has pre-ordered 20 million doses.*

• On 9 Nov, ***Pfizer released preliminary data suggesting that their mNRA COVID-19 vaccine may be 90% effective at preventing COVID 19****. Canada has pre-ordered 20 million doses.*

• On 3 Nov, the Chief Public Health Officer of Canada provided an update on preliminary guidance from the National Advisory Committee on Immunization regarding key populations for early COVID-19 vaccination.

November 16, 2020 – COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 435-439 2023-G-0163)

• Stephanie Booth met with Katja over the weekend and they discussed the vaccine situation. So far only press releases have been provided by the two providers but no detailed medical information. ***Both vaccines seem to reduce the disease, but it is not clear if people who are asymptomatic can spread the disease****. More information needs to be evaluated, but so far it looks promising* ***though full and effective vaccination of population is not expected until earliest this time next year.***

December 11, 2020 – (Chiefs Office Email Folder FOIP Part 1 - IAPU 1029 2023-G-0163 and IAPU 180 2023-G-0163 and Chiefs Office FOIP Part 1 - Attachments Part 1 IAPU 136-139)
Interpol – **Orange Notice** Control No.: O-563/12-2020
File No. 2020/77412-1 Imminent Threat COVID-19 Related Crime Falsification, Theft and Illegal Advertising of COVID-19 and Influenza Vaccines. The Orange Notice was originally sent by Michael Catlin a Detective - NYPD liaison to Toronto Police – Intelligence Bureau:

It is vitally important that law enforcement agencies ensure a stable and secure framework in which medical workers can deliver safe and effective vaccines for people who opt for immunization through vaccination, while also ensuring the safety of the supply chain, physically, legally and online.

The purpose of this orange notice is to issue a warning about criminal activity involving vaccines in the context of the COVID-19 pandemic, which has triggered unprecedented, opportunistic and predatory criminal behaviour.

In the light of the upcoming global distribution of vaccines against COVID-19, the relevant authorities are strongly advised to raise their level of preparedness. This is in order to deal with this emerging threat, from both a strategic and operational perspective, and to protect the life and health of people and the general well-being of communities.

The emails regarding the Orange Notice from Chief McFee questioned:

Would the Gov of Alberta be aware of this and or Dr Hinshaw?

The response from Kevin Brezinski was as follows:

I doubt that Dr. Hinshaw would have this information, but you can verbally share it with her if you wish. There is a ***provision from the NYPD that it is for law enforcement only****. I guess the DLE would be ok to receive this report?*

Kevin Brezinski forwarded the Orange notice to Marlin Degrand with the GOA with the following note:

> *The Chief and I had a discussion about this document. Have you seen it? If not, it might be worth a read and to share verbally with Health? I would imagine that OC groups will look at ways to exploit the new vaccine*.

Marlin Degrand responded to Kevin Brezinski and cc'd Bill McAuley and Bill Sweeney with GOA:

> *Thanks for sharing this Kevin, it is consistent with the sorts of threats/ conversations that are taking place in terms of potential risks to public safety as the vaccination program begins to roll out. I will provide a copy of this to the Task Force on the vaccine as well as our ASSIST/ Provincial Security and Intelligence Office folks to make sure they are fully in the know.*
> *I believe the intel folks are sharing information among law enforcement with the intent to ensure anyone who might become aware of such activity knows what they are looking at and shares that info broadly. This will be most helpful.*

Kevin Brezinski reported to Chief McFee:

> *Loop Closed*

December 10, 2020 – COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 471-476 2023-G-0163)

> *• Katja will reach out to GOA POC to see if there are any updates about the COVID vaccine.*

December 14, 2020 – COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 477-481 2023-G-0163)

> *• Meeting with AHS security representative on Wednesday to discuss the vaccine rollout security.*

December 21, 2020 - COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 482-486 2023-G-0163)

> *• Meeting with AHS Executive Director of Protective Services. The only request for EPS at this time was for situational awareness of storage locations and vaccination centres. Information was sent to OICC and PCB for LOI entry.*
> *• On Friday, information that General Dany Fortin, i/c Canada's vaccine distribution, will be requesting Police Services of jurisdiction to provide armed police escorts in the areas the vaccine is going to be distributed.*
> *• Katja is monitoring the vaccine information closely. At this time there is no information about prioritizing vaccines for law enforcement or other First Responders in Alberta*.

December 23, 2020, <u>Draft EPS Vaccine Considerations document</u> (OH&S Folder FOIP Part 1 - IAPU 417. Identification of problems:

> *Vaccine roll-out for COVID-19 is beginning in Canada.* ***EPS needs to plan for internal and external implications****. Below are some of the considerations.*
>
> *2. Vaccinations by EPS Occupational Health Nurses or at EPS facilities by Alberta Health Services staff.*

a. Will EPS Occupational Health Nurses be able to vaccinate sworn and civilian members?

i. If yes, do they require specific training and equipment?

ii. If yes, would this be extended to direct family members?

iii. If no, could that change, for example for a different vaccine?

b. Could/ would AHS potentially have a designated EPS vaccination clinic at an EPS site for our sworn and civilian members and their families?

3. Who will get vaccinated when?

*EPS will potentially have to prioritize access to vaccinations…**Exemptions may have to be made for employees with medical conditions, who are pregnant, etc**.*

4. Vaccination Policies at EPS

There will likely be a time when some EPS members have received both doses of the vaccine or just one, and others have not received any, can't receive it at all or are refusing the vaccination. We have to identify how we are addressing these situations.

*d. Will we **require** sworn and/or civilian members get vaccinated?*

i. If we can't force employees to get vaccinated, can this still become a condition of their employment?

ii. Do we have to accommodate employees who cannot get vaccinated for health reasons? If so, how?

iii. Do we have to accommodate employees who refuse to get vaccinated?

f. Will we require proof of vaccination or take an employee's word?

i. If we require proof, what will that look like and how will it be administered?

*ii. Will **EPS OHN have access to vaccination records**?*

6. EPS, SOA, CSU 52, CEMA Support

*a. **Proactive discussions with Association and Unions to obtain support among members and have the same message regarding vaccinations.***

b. Discussion about potential consequences could be if members are not able to receive vaccine or are unwilling to get vaccinated.

i. Consequences could be requirement to wear PPE to limitations on employability.

8. Who needs to review any direction we draft?

a. HR Legal Advisor Dana Christianson

b. Occupational Health and Safety Nurses

c. Pandemic Command Team

d. Chief's Committee

December 29, 2020 - COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 487-490 2023-G-0163)

Vaccine Security

• RCMP are coordinating security for the transport of the Moderna vaccine. Lot sizes requiring armed police escort likely not until March 2021. UPS are managing the security for the Pfizer vaccine.

December 31, 2020 – Email communication re: COVID-19 Vaccination Discussion with Dr. Fauci – (Chiefs Office Emails FOIP Part 1 IAPU 362 2023-G-0163). Dale McFee emailing information to Darren Derko stating "*We might want to have a few folks take this webinar in if available*" . Darren confirmed that he would share the information with HR and Dean.

SAVE THE DATE: January 6, 2021, 3:00 p.m. EST
The COVID-19 Vaccine and Law Enforcement: A Discussion with Dr. Anthony Fauci
As a police leader, you are asked to face many challenges within your agencies and communities. Over the last year, those challenges evolved in ways no one could have imagined. As you continue to navigate the COVID-19 pandemic, questions and issues continue to arise, including those related to the vaccines.

To support you, the IACP will host a members-only virtual discussion with Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases. This webinar will cover the critical issues the policing profession faces related to the COVID-19 vaccine including health and safety concerns, agency policies, and community impacts.

January 4, 2021 – COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 497-501 2023-G-0136)

Webinar
•Wednesday, January 6, 2021, 13:00-15:00 our time. Dr. Anthony Fauci and IACP panelists will discuss operational issues associated with the COVID-19 vaccine distribution. Supt. Hilton will follow-up with D/C Derko to find out joining instructions and see who can attend.
Vaccine
• Katja will circulate the vaccine considerations document with updated information for review. 27(1)(a)

January 4-17, 2021 - Executive Situation Report COVID-19 – (Chiefs Office FOIP Part 1 - Attachments Part 2 - IAPU 534-548 2023-G-0163)

Federal Government Update
• 21 JAN 12, Prime Minister TRUDEAU announced that Canada is purchasing an additional 20M doses of Pfizer-BioNTech COVID-19 vaccine; expected to start arriving in April/May 2021.
• 21JAN15 Pfizer-BioNTech announced a reduction of 50% of expected COVID-19 vaccine shipments to Canada over the next four weeks. This delay is necessary to facilitate expansion of Pfizer's European manufacturing plant.
Provincial Government Update
• Alberta began administering it's first batch of the Pfizer vaccine to health care workers as of 20DEC15. 85,935 doses have been administered as of 21JAN16.
Pandemic Committee Update
Human Resources I OHS
• Liaising with Corporate Communications on distribution of vaccine related information to EPS membership.
Planning Section
• Monitoring COVID-19 situation to identify near future impacts to EPS.
*• **Planning for vaccine rollout implications to EPS membership**.*
• Identifying law enforcement implications and planning for larger vaccine distribution to AHS.
*• **Finalized staffing contingency planning in conjunction with Operations Section**.*

January 7, 2021 – COVID-19 Command Team Meeting Minutes (Pandemic Committee Folder FOIP Part 1 - IAPU 502-507 2023-G-0136)

Dr. Anthony Fauci Webinar

Donna Munro, Nicole Wetsch, Denise Sribney as well as DIC Derko and S/Sgt. Krull dialed in to Dr. Fauci's webinar yesterday. The key learnings are that we should now focus on is educating our population about the vaccine itself. ***This should include addressing concerns we are hearing already from people including, vaccine hesitancy, Government control, big Pharma, etc.***

Employees may experience COVID-19 symptoms 24hrs after the booster shot. ***It is important to stagger vaccine inoculation, so employee absences do not impact daily operations.***

If a person was exposed and got COVID-19, should they get the vaccine? The answer is yes. That person can still transmit the virus therefore wearing PPE will still be required.

Dr. Fauci was clear, that even though you are vaccinated, you can still carry the virus. *Therefore, wearing PPE will continue to be required. If vaccinated members are not wearing PPE and have a close contact encounter with a COVID-19 positive person, they will still need to isolate for the 14 period of time.*

*The vaccine provided 95% protection for the disease and 100% protection from severe disease****. In 5-7 months, more data will be available to know more and potentially update recommendations****.*

From a policing perspective, IACP representatives from LAPD (Chief Michael Moore) and Minnesota State Police (Colonel Matt Langer) noted that they are focused on and monitoring vaccine related criminal cyber crime and frauds. In the US Police are not assigned as security for the vaccine storage or immunization centers but are prepared to surge and respond if required. The only concern to date with the vaccine centres are people impersonating health care workers to jump the queue to get the vaccine.

COVID-19 Vaccine
• Vaccine centres are coming online next week through to early February. Distribution will be in several phases set to run until at least the end of 2021. Vaccination of the general population is not expected to begin before September 2021. Phase 1 will include health care workers, medical workers, and long-term care aides and residents. A large vaccine shipment is expected for March 2021 when 132,000 units expected to come into the province. DIC Derko will be discussing with AACP to prioritize law enforcement which at this time is expected to get the vaccine beginning in April 2021
• Donna advises D/C Derko has asked for a Briefing Note that will summarize what Katja has asked in the vaccine document. Donna will have Denise and Nicole take a look at that and then forward to PCRT to address.

January 8, 2021 – (Chiefs Office FOIP Part 1 - Attachments Part 2 - IAPU 666-679 2023-G-0163) - **RCMP NATIONAL CRITICAL INFRASTRUCTURE ASSESSMENT OVERVIEW OF THREATS TO COVID-19 VACCINE ROLLOUT**

National Critical Infrastructure Assessments are issued to provide critical infrastructure stakeholders with a law enforcement intelligence assessment of current CI protection issues.
This assessment provides an overview of threats to the COVID-19 vaccine rollout and it is

intended for public and private critical infrastructure stakeholders, and government, health, andlaw enforcement officials who have a role in vaccine deployment.

COVID-19 Vaccines are a Valuable Critical Infrastructure Asset
As a critical asset of both the Government and Health Sectors, the COVID-19 vaccines and their rollout are an essential component of Canadian critical infrastructure. Threats to/disruptions of the vaccines are in the National Interest and are a matter of Health Security and therefore National Security, as they directly or indirectly impact the health, safety, security, and economic security of Canadians and Canada. ***In addition, there are reputational risks to Government and the pharmaceutical industry, and well as the risk of increasing vaccine hesitancy, which could impact the effectiveness of the national vaccination strategy.***

Normally vaccines are distributed to central depots within the provinces and territories for onward distribution by each jurisdiction*. However, the first COVID-19 vaccines to arrive in Canada will have unique requirements for storage and transport at ultra-frozen (-80°C) or frozen (-20°C) temperatures. As the usual vaccine distribution systems in Canada are generally not equipped to manage vaccines held at these temperatures, the federal government and/or the manufacturer will support, when required, the transportation of these vaccines, including delivery to the destination where they will be administered within provinces and territories.*

Ideologically Motivated and Other Violent Extremists
Individuals and groups adhering to a wide range of ideological, political, and religious beliefs have found shared interest under the broad banner of anti-public health measure beliefs, COVID-19 misinformation and conspiracy theories. These beliefs are discussed and spread extensively online, as well as through in-person networking and groups*.*

Individuals or groups inspired by these beliefs will continue to spread misinformation and disinformation regarding public health measures and COVID-19 vaccines*. It is possible that individuals or groups inspired by this information could attempt to disrupt vaccination efforts through actions that could include threats, harassment, intimidation, or other criminal or violent acts - such as sabotage – targeting personnel and/or facilities involved in the vaccination effort, including the vaccine itself.*

MISINFORMATION / DISINFORMATION
Most of the challenges associated with COVID-19-related misinformation and disinformation are not within the mandate of law enforcement, but rather fall to public health and other government and/or social organizations.

The RCMP does not investigate occurrences, organizations or individuals engaged in lawful protest, or those who engage in acts of legitimate dissent*.*

However, it is possible that individuals or small groups may be inspired to engage in violence and/or criminal acts which interfere with the rights and freedoms or law-abiding citizens or which disrupts the safe and secure functioning of critical infrastructure facilities, such as vaccination sites.

January 11, 2021. **EPS Briefing Note to Deputy Chief Darren Derko Issued**. **Subject: Current information regarding COVID 19 Vaccinations and EPS.** (OH&S Folder FOIP Part 1 - IAPU 385 2023-G-0163). The attached Legal opinion regarding mandating vaccines and draft communication #1 regarding the vaccine for EPS were not included in the FOIP Part 1 documents.

> *Upon the request of DC Derko what follows is a summary of information regarding the COVID 19 Vaccine as it relates to EPS.*
>
> *EXPLANATION:*
> *Key considerations of the administration of the vaccine include:*
> *1.* ***Vaccine is voluntary but we want to increase the uptake as much as possible by all EPS members through education from scientific and Canadian resources. See first communication planned for January 15 and then weekly thereafter***
> *2. Previously EPS did not believe we could administer the vaccine but given the change on January 8th, our nurses are just starting to explore what that possibility would look like including logistics such as storage and transport due to cold requirements, training and documentation required by AHS and to determine if it is more expedient to do this rather than have AHS do it. We do know additional nursing resources will be required*
> *3. The Pandemic Command Team should develop a risk based assessment tool to prioritize the order in which our members are vaccinated. The risk should be based on likelihood of exposure*
> *4.* ***Scheduling of the first dose and second dose needs to be done such that staffing levels on patrol and front line roles are not impacted. Due to the second dose having a higher likelihood of side effects for 24 hours the scheduling needs to be staggered so an entire squad is not potentially ill due to side effects****. If EPS does not administer the vaccines we still need to create, communicate and maintain this schedule. Hopefully the planning section of the Pandemic Command Team can take this task on.*
> *ATTACHMENT(S):*
> ***1. Legal opinion regarding mandating vaccines***
> *2. Draft communication #1 regarding the vaccine for EPS*

January 15, 2021 – EPSNet Article – **Common questions about the COVID-19 Vaccine** (Combined Records Redacted FOIP Part 2 – EPS IAPU 3234-3237 2023-G-0199). This communication to EPS members as a result of AHS starting the rollout of the COVID-19 Vaccination in the province. The author of the article is not identified.

> ***Vaccination is a personal choice you should make to protect yourself, your family and our community****. The vast majority of Canadians agree it's part of good health and important for the prevention of serious disease.*
> ***For you to make an informed decision, EPS OHNs have provided some answers to some of the most common questions they receive about the vaccine.***
> *Types of Vaccines available – Pfizer-BioNTech COVID-19 mRNA, Moderna COVID-19 mRNA vaccine.*
> ***Is there anyone who may not be able to receive the vaccine?***
> *Before you get a vaccine, you should consult with your family physician if you have any health-related concerns.*
> ***How do the vaccines work?***

The current approved mRNA vaccines teach our cells how to make a protein that will trigger an immune response without using the live virus that causes COVID-19. Once triggered by the vaccine, our bodies make antibodies, which help us fight the real virus if it enters our body in the future.

Do the vaccines cause side effects?

In general, the side effects observed are similar to what you might have with other vaccines. ***They are mild or moderate and resolved within 24-48 hours.*** *They include:*

- *Pain at the site of the injection*
- *Body Chills*
- *Feeling tired*
- *Headache*
- *Feeling feverish*

Side effects are noted to be more common with the second dose but resolve within 24-48 hours. These are common side effects of vaccines in general and aren't likely to pose a health risk. As with all vaccines, there's a chance of serious side effect (such as an allergic reaction), but it's rare.

How can the COVID-19 vaccine be safe when it was manufactured so quickly?

It is much safer to get immunized, personal health conditions permitting, than to get the disease. *The development of the COVID-19 vaccine has been expedited but no corners have been cut:* ***all regulatory approval processes were followed to ensure safety and efficacy****….Health Canada's independent drug authorization process is world-renowned for its high standards and rigorous review****. Approvals were based only on scientific and medical evidence showing the vaccines are safe and effective****.*

How effective are the vaccines?

Both vaccines have shown to be ***~95% effective*** *in preventing severe illness…Maximum duration of protection isn't know, but it's being studied. It's important to note that* ***even after receiving both doses of the vaccine, you can still carry the virus and infect those who are not vaccinated****.*

Will we still need to wear masks and practice physical distancing once immunized?

Yes, we will still need to wear masks and physically distance until a large proportion of the population is vaccinated and we are sure it provides long term protection.

February 10, 2021 – Email communication RE: Vaccination Rollout – (Chiefs Office Emails FOIP Part 1 - IAPU 1065 2023-G-0163). Email from Rick Bourassa to Dale McFee.

As discussed, Saskatchewan rolled out its Phase 2 vaccination plan yesterday. We had been informing the decision as much as possible about the duties front-line officers undertake to keep our communities safe and also carry out pandemic compliance and enforcement duties on behalf of the health authority. We were recommending front-line officers be prioritized for vaccination because of these risk factors.

When they announced the plan yesterday, we were surprised to hear the only lens through which the rollout was assessed was the health lens, and the only criteria for prioritization was age…

The Chiefs Office Emails chains for the **Executive Situation Reports for COVID-19** had multiple items **documented in relation to COVID-19 Vaccination**. The table below provides the summarized information from the FOIP Part 1. The information is from the communication of

information within the body of the email and not from the attached Executive Situation Report. All information is from the Chiefs Office Emails Folder FOIP Part 1.

Document reference	Email Date	Relevant Vaccine Information
IAPU 1032 2023-G-0163	February 4, 2021	*Overall, our **isolation numbers have been holding fairly steady** as we continue to navigate the COVID strains. This is good. Vaccine acquisition for Canada and specifically Alberta continues to be a challenge. There has been no update as to when Alberta's phase 2 of vaccinations might begin and what demographic will be designated within that. There are still many from phase 1a and 1b to yet receive a dose and many more still needing their second dose. The pandemic team has been doing preliminary work on what a vaccine roll-out for EPS staff might look like, but there are still too many unknowns to be determined through AHS.*
IAPU 1040 2023-G-0163	March 4, 2021	*On Monday the Province announced a scaled down entry into phase 2 of the Provincial path forward (some adjustment to indoor fitness and library access). Scaled down mostly due to the lack of vaccine availability over what had been anticipated and the fact that our COVID-19 cases had a minor rise from the falling numbers the Province had fortunately been seeing. More cases of the variant COVID strains have also been seen of late. More vaccine is starting to arrive now that AstraZeneca has been approved. Check out this link if you want the latest update on the vaccination program and timings. https://www.alberta.ca/covid19-vaccine.aspx*
IAPU 1039 2023-G-0163	March 19, 2021	*The main topics that the pandemic team is monitoring right include the status of the Provincial vaccine roll-out now that front-line police have been placed within phase 2C. Phase 2C **plus the percentage of our staff who are, or will be eligible for vaccination by age group will help. Our Service will identify who our eligible front-line members will be based on available supply.** Vaccinated or not, it will be important that all personnel maintain our consistency of cleaning and PPE for the time being.*
IAPU 1037 2023-G-0163	May 14, 2021	*Vaccinated persons must still distance and mask as well as stay home if they are experiencing any flu or cold like symptoms.*
IAPU 1038 2023-G-0163	July 22, 2021	***On the vaccine front, many of our isolations this month had been a result of people experiencing some symptoms from their second vaccination.*** *We have been watching for impacts of the stage 3 "Open For Summer" on the EPS. We believed that by August 1st, persons who desired or were able to receive their second dose of a vaccination, plus the two weeks to build immunity, would have been able to do so.*

February 15-28, 2021 - Executive Situation Report COVID-19 – Chiefs Office FOIP Part 1 - Attachments Part 2 - IAPU 521-533 2023-G-0163)

Human Resources / OHS
• Liaising with Corporate Communications on distribution of vaccine related information to EPS membership
Planning Section
• Monitoring COVID-19 situation to identify near and future impacts to EPS.
• Planning for vaccine rollout, including prioritization and implications to EPS membership.
• Identifying law enforcement implications and planning for protection of larger vaccine distribution to AHS.
Corporate Communications
• Preparing for specific vaccination related communication

The (Chiefs Office FOIP Part 1 - Attachment Part 3 - IAPU 18 2023-G-0163) contained the following chart for prioritization of vaccination for member. This document was <u>not dated</u> however there was an end date for March 1, 2021, for the statistical information:

EPS Front Line Sworn Members Vaccine Prioritization Recommendation

BUREAU	**DIVISION**	**BRANCH**	**SWORN MEMBERS**
Community Policing	Patrol	W&NW/SW&SE /D&NE	690 Patrol/Beat members
Community Policing	Crime Suppression and Investigation	Crime Suppression	51 Suppression and Disruption Team members
Community Safety and Well-being	Strategic Social Development	Social Response	9 HELP members
Operational Services Support	Operational Services Suppo1i Division	Traffic Services	31 Traffic Enforcement members
			ESTIMATED TOTAL: 781

Estimated total as of March 1, 2021.
Estimated total number of sworn members+/- 20.

<u>Definition of frontline limited to</u>:
Front line active police officers that provide call response and engage in daily interaction/exposure with the public & vulnerable groups. (This does not include investigative areas)

On March 4, 2021, an email chain regarding **Police Executive Research Forum - PERF Daily COVID-19 Report** was circulated with the OHS group. (OH&S Folder FOPI Part 1 - IAPU 313 2023-G-0163). This email had question and answers relating to a webinar by the COVID-19 Vaccine Analysis Team (COVAT), which is affiliated with the Georgetown University Medical Center. The responses for the Q&A were provided by Dr. Jesse Goodman, Professor of Medicine and Infectious Diseases at the Georgetown University School of Medicine and former Chief Scientist and Deputy Commissioner for Science and Public Health at the FDA.

> *Question:* ***Some vaccines in trial or recently approved reportedly have lower efficacy numbers than the two mRNA vaccines (Moderna and Pfizer****). Is that cause for concern?*
>
> *Answer: The* ***FDA has issued Emergency Use Authorization for three vaccines****. The most recent one authorized is manufactured by Johnson & Johnson (Janssen). The goal of all three vaccines is to* ***prevent severe illness****, and all three authorized vaccines do that very well. The vaccines were not compared directly with each other at the same time in the same populations,* ***so it is not clear whether somewhat lower overall efficacy*** *seen with the J&J vaccine is a true difference.*
>
> *It is recommended that you take the first vaccine that becomes available to you.*
>
> *Question: I've been fully vaccinated. Do I still need to take precautions?*
> *Answer:* ***While studies show very high initial efficacy for the vaccines in preventing COVID-19, protection is still not 100%. And it is also not yet known 1) how long the protection will last and 2) whether vaccines will keep you from transmitting infection to others.***
>
> *Question:* ***Should police agencies stagger vaccinations, so that all the people from the same unit/shift aren't vaccinated at the same time, in case there are side effects****?*
> *Answer: According to the CDC, people who receive the vaccine commonly have pain at the injection site (e.g., your upper arm). In some cases, people who receive a vaccine may have symptoms like fatigue, muscle and joint aches, fever, or chills, which are signs that the body is building protection. Such side effects may affect some individual's ability to do daily activities, but typically resolve in 1-3 days.* ***Some organizations stagger vaccinations to minimize potential disruptions in staffing.***
>
> *Question: Do the current vaccines work for the virus variants? Should police be planning for anything different due to the variants?*
> *Answer: Viruses often mutate (become different from the predominant version in wide circulation), and there is concern about some variants seen in the U.S. and around the world. It appears that some variants are more easily spread, and some may cause more severe infection. A recent study showed that the Johnson and Johnson vaccine was effective in preventing severe disease caused by the current variants of highest concern, including a variant that originated in South Africa.*
>
> *Furthermore, studies performed in test tubes suggest the Pfizer and Moderna vaccines should also help protect against current circulating variants.*

Getting vaccinated can help control the current outbreak and reduce the risks from variants. In addition, vaccines are being prepared against variants [in case] future boosters are needed.

Question: What length of immunity do the vaccines provide? Will I likely need a follow-up shot?
Answer: ***The amount of time the various vaccines provide protection against the virus is not yet known, and it is expected that a booster shot may ultimately needed to extend its protection. What that interval will be (for example, annually) is also not known, but is being actively investigated***.

Question: Can I "mix and match" the Moderna and Pfizer vaccines?
Answer: While these two vaccines are similar in how they are made, they are different vaccines. ***There have been no studies of mixing the two vaccines (i.e. first shot by Moderna, second by Pfizer), so it is not recommended to do so***.

Question: Does the vaccine help prevent people from spreading the virus, or just prevent people from getting the virus?
Answer: ***The vaccine was studied to see if it would prevent people from becoming ill or dying. It is not known, but is being studied, whether the vaccines can prevent people from getting the virus or spreading the virus.***

Past experience with vaccines, and ***limited information on the 3 authorized vaccines****, do suggest that they may help reduce the risk of spreading the virus and infecting others.*

*Question: The Moderna and Pfizer vaccines have received only "e****mergency use authorization****" from the FDA. What does that mean? Are they not as safe or reliable as vaccines that have received full use authorization?*
Answer: The FDA provides information about Emergency Use Authorization: "An Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during public health emergencies, such as the current COVID-19 pandemic."

The FDA sets very high standards for granting an EUA, including a requirement for clear evidence of safety and efficacy to be documented in well-conducted clinical studies in tens of thousands of individuals of diverse race and ethnicity, and including older adults and those with underlying medical conditions.

FDA made the safety and efficacy data public, and also had outside review of the data by independent experts during public advisory committee meetings.

Question: Without getting too technical, what does it mean that these vaccines were created through an mRNA process?
Answer: The CDC states it well:
"mRNA vaccines are a new type of vaccine to protect against infectious diseases. To trigger an immune response, many vaccines put a weakened or inactivated germ into our bodies. Not mRNA vaccines. Instead, they teach our cells how to make a protein-or

even just a piece of a protein-that triggers an immune response inside our bodies. That immune response, which produces antibodies, is what protects us from getting infected if the real virus enters our bodies.
"Scientists have been studying mRNA vaccines for decades. More information can be found here on the CDC website."

March 15, 2021 – **Email communication from Deena Hinshaw** RE: Update Phase 2C Immunization Program – (Chiefs Office Emails FOIP Part 1 - IAPU 476 2023-G-0163)

Later this afternoon, I will be announcing more details about Phase 2B and 2C of the ***COVID-19 Immunization Program.***
I am pleased to advise you that front line policing, as well as court and transport sheriffs will be included in Phase 2C of our rollout of the immunization program. At this time, we are expecting Phase 2C to start in April but as always it is dependent on our vaccine supply.
As we get closer to the launch of Phase 2C, you will see an additional announcement of when you and your officers will be able to make their appointments for immunizations against COVID-19. Like all Albertans, they will be able to access the vaccine through community pharmacies or clinics hosted by Alberta Health Services.
I thank you for your patience and dedication of service. Should you have any questions, please let me know and I am happy to meet if needed. Alternatively you can contact Merry.Turtiak@gov.ab.ca for further details.

April 6, 2021 – Email Communications for CMOH Update on April 6, 2021 – (Chiefs Office Emails FOIP Part 1 - IAPU 264 2023-G-0163). From Katja Magarin to Senior EPS leadership.

Hello Sir,
Here is a quick update based on the press conference just now. Press conference was held by Dr. Hinshaw, Minister of Health Tyler Shandro, and Premier Kenney
Potential EPS Impacts
Internal:
• Need to evaluate how fitness restrictions will affect EPS, is exemption for sworn members still valid?
• Await posting of CMOH order tomorrow morning for clarifications and review
Premier Kenney and Minister Shandro
• Vaccines are coming, it is expected that by end of May 48% will have achieved protections, by end of June 64%, by end of September it is expected that 72% of Albertans have a good level of immunity
• By 72% it is possible to remove mask requirements and lift other restrictions
• Starting tomorrow bookings for vaccinations for all individuals in 2B category will open up
• Additionally, all Albertans between 55-64 can now get Astra Zeneca vaccines
• Seven new Rapid Flow Through Clinics for vaccinations opening in Alberta, including in Edmonton
• Walk-in appointments at some pharmacies will become available, next week more information will become available
• Sharp decline in deaths in older Albertans proofs that vaccines work
• ***We have not observed blood clot issues in Canada like in Europe***
• Asking Albertans to buy us time with these restrictions so we can immunize more
• ***Take-up of vaccines is lower than expected in Alberta***

April 26, 2021 – CMOH Update April 26, 2021 – Katja Margin to EPS Senior Leadership – (Chiefs Office Emails FOIP Part 1 - IAPU 767 2023-G-0163)

> *Here is a quick update based on the press conference just now.*
> *Press conference was held by Minister of Health Tyler Shandro and Premier Kenney only.*
> *Actions Today*
> *• Nothing affecting EPS as frontline policing is still not yet going ahead as part of Phase 2C…*
> *Jason Kenney, Premier and Tyler Shandro, Minister of Health*
> *• Starting April 27 – Youth born between 2009 and 2006 with pre-existing conditions can now book for a Pfizer vaccine. When booking for a youth born between 2009 and 2006, make sure to have first contacted your physician and received a doctor's note (required).*
> *•* ***Rapid testing program no longer requires oversight by a health care provider***
> *• Premier was asked about more restrictions put in place and suggested that more rules don't increase compliance*

May 5, 2021 - **EPSNet Article – Vaccine Efficacy** (Combined Records Redacted FOIP Part 2 – EPS IAPU 3234-3237 2023-G-0199). This was a communication to EPS members **after** the expansion of the province's vaccine eligibility.

> *We strongly urge the remaining employees to book their COVID-19 vaccination once the latest age groups open…Although many employees are/will be vaccinated, we must remind everyone that COVID-19 public health measures and protocols must be adhered to, regardless of vaccination****. Even after receiving both doses of the vaccine, you are not 100% protect and you may still carry the virus****.*
>
> ***COVID-19 Vaccine Efficacy Rates***
> *Employees should understand their* ***vaccine's efficacy rates, as it does vary for each*** *vaccine. The following table provides the efficacy rate after the first shot and second shot of each. This is extremely important, as it illustrates how* ***these vaccines take time before they provide the best protection.*** *Employees should note that the extended time between 1st and 2nd shots is not a reason to delay vaccination. Your first shot will provide the majority of your protection.*

Vaccine Efficacy Rates

	Medicinal Ingredient	Number of Doses	Recommended Time Between Doses	First Shot Efficacy	Second Shot Efficacy
Pfizer-BioNTech	mRNA	2	Recommended: First dose, then the second dose 21 days later NACI: Four months	52.4 per cent effective, then 92.3 per cent effective after 14-21 days	95 per cent effective in preventing COVID-19 one week later, with immunity developing over time
Moderna	mRNA	2	Recommended: First dose, then the second dose 28 days later NACI: Four months	80.2 per cent effective, then 92.1 per cent effective after 14 days	94.1 per cent effective in preventing COVID-19 two weeks later
AstraZeneca	Adenovirus vector vaccine	2	Recommended: First dose, then the second dose 4-12 weeks later NACI: Four months	76 per cent effective after 22-90 days	82 per cent effective when the second dose is taken 12 weeks or more after the first dose, with immunity developing over time
Johnson & Johnson	Adenovirus vector vaccine	1	N/A	66 per cent effective in preventing symptomatic COVID-19 disease two weeks later, with immunity developing over time	N/A

Source: Government of Canada and Ontario Ministry of Health
Created by: CTVNews.ca

May 17, 2021 – Update for Senior Management – (Chiefs Office Emails FOIP Part 1 - IAPU 996 2023-G-0163)

> *In the last few days we have had two situations where we are facing potential outbreaks. Should some of the tests we are waiting for come back positive these will be publicly reported as outbreaks in our facilities. In both cases members came to work with common symptoms and assumed that it was not COVID-19 without following up with the nurses for assessment. In each of the cases members wore no masks in vehicles and EPS facilities and did not practice social distancing with co-workers**. With more members getting their vaccination we are seeing an increase in complacency with the restrictions**. It is incredibly important that we continue to message and enforce the need to follow restrictions and not come to work with any COVID-19 symptoms without prior assessment from the OHN's.*

June 1, 2021 – CMOH Update – (Chiefs Office Emails FOIP Part 1 - IAPU 261 2023-G-0163). Update provided to EPS senior leadership by Katja Magarin. **This update includes risk information relating to AstraZeneca and blood clots.**

> *Quick summary of the Premier's, Minister of Health's, and CMOH's update just now. Information about second vaccine doses has been updated on the website and is available here:*

https://www.alberta.ca/covid19-vaccine.aspx
• Step 1 of 'Open for Summer' plan started today
• Vaccines and health measures have driven this progress
• Urged every eligible Albertan to get vaccinated to allow us to be 'open for summer'
• Every Albertan who has received first dose of vaccine will be able to book their second dose by the end of June
• For the most part the same vaccine will be given for first or second dose as for the first dose
• Bookings for second doses will be sequenced in the same order as for the first dose, however it should be faster than for the first doses as more vaccines are coming in

• AHS will use their call back system to remind people when they can book their second vaccines and pharmacies and physician's offices will also call with reminders, however, Albertans don't have to wait for those calls to book
• ***Astra Zeneca*** *specific information*
o It remains a safe vaccine
o Second doses of AstraZeneca should be a minimum of 8 weeks after the first dose, and up to 12 weeks
o Those who got a first dose of AstraZeneca can choose to get a mRNA (Pfizer or Moderns) vaccine as second dose in alignment with NACI guidelines issued today
o To book a second Astra Zeneca dose, you have to book through AHS or one of the pharmacies carrying AstraZeneca
o If you choose to get the second dose with a mRNA vaccine, you can get that anywhere those are available
o ***Risk of AstraZeneca related blood clots from the second dose seems to be much lower than for the first dose***
o Both vaccination combinations will count as a complete series in Canada

July 28, 2021 – CMOH Update – (Chiefs Office Emails FOIP Part 1 - IAPU 770 2023-G-0163). Update provided to EPS senior leadership by Katja Magarin.

There was an update by Dr. Hinshaw just now, some effective tomorrow.
Significant changes are coming regarding masking, isolations, testing etc.
• ***Rises of cases seen mostly in unvaccinated***
• More than 64% of eligible Albertans fully vaccinated, that is 54.7% of total population
• Encouraging all to access the available vaccinations and get their first and second dose
• Pfizer booster 3rd dose, especially for those with mixed vaccine, not yet recommended in AB as we are seeing evidence that two doses are highly effective with Delta variant too
• Mask wearing is still a reasonable measure
• Expecting to see higher cases of other respiratory viruses in near future too
• Making changes now to procedures to bring COVID-19 management in line with how we handle other respiratory viruses and this may feel like a drastic change for many
• ***Stressed that the measures put in place were to protect the health system*** *and* ***not prevent people from acquiring COVID-19***

August 10, 2021 – Email communication EPS senior leadership RE: PERF Daily Clips: Denver's top public safety leader prepared to fire police officers who don't comply with vaccine mandate – (Chiefs Office Emails FOIP Part 1 - IAPU 1041 2023-G-0163)

From Dale McFee:
*Interesting how services are tackling the **vaccine dilemma internally**, seems to be more and more push over the last month to get all of their members vaccinated since the variant came into play.*

August 30, 2021 – Email Communication RE: FYI – City Employees to wear masks – (Chiefs Office Emails FOIP Part 1 - IAPU 99 2023-G-0163). Emails to EPS senior leadership informing of email being sent to COE staff re vaccination disclosure.

I was just informed by a communications advisor within the City that the email that was sent to all of their employees about the vaccination disclosure also included this statement about face coverings: "Face coverings will be required for all employees in all indoor City of Edmonton owned and operated facilities and workspaces (including City vehicles) starting August 31. This is subject to limited exceptions based on being alone at a workspace, separated by a physical barrier or a hazard assessment. More information will be provided tomorrow."
I thought it should bring it forward in case it's something we need to consider/respond to as well.

August 31, 2021 – Email from Graeme McAlister from **AHS – RE Immunization of Workers for COVID-19 Policy** – (Chiefs Office Emails FOIP Part 1 – IAPU 384 2023-G-0163). This communication was the letter sent by Dr. Verna Yiu to **AHS employees** outlining the vaccination requirements for healthcare workers. A few highlights from the attached letter.

Workers are required to be fully immunized for COVID-19, by Oct 31, 2021. The latest a worker could receive their last dose to be in compliance with the new policy is Oct 16, 2021, which allows for the 14 days that must pass to be considered fully immunized.

Immunization against COVID-19 is the most effective means to prevent the spread of COVID-19, to prevent outbreaks in AHS facilities, to preserve workforce capacity to support the healthcare system, and to protect our workers, patients, visitors and others accessing AHS facilities.

Evidence overwhelmingly confirms that being fully immunized mitigates potential harm to patients and healthcare workers. Healthcare professionals have a unique responsibility to protect their own health as well as the well-being of those around them who may be at risk. Vaccination is a tool to assist in meeting this standard.

A new Immunization of Workers for COVID-19 Policy will be finalized following a period of union and stakeholder consultation. This policy will allow us to strengthen work we have already done throughout the pandemic to keep hospitals and healthcare facilities safe, including mandatory use of Personal Protective Equipment, daily symptom checks for all healthcare staff, visitor restrictions, Infection Prevention and Control measure and ongoing staff education.

September 1, 2021 – Email communication Re issue? – (Chiefs Office Email FOIP Part 1 - IAPU 427 2023-G-0163)

Some of the Councillors have had correspondence come into thier office regarding vaccine mandates for EPS employees. They are good to respond, They just wanted to check that

> *there are **no optics issues if officers are using EPS email addresses and EPS signatures for this issue.***

September 3, 2021 – **Email communication RE: News Release: Further Actions to protect health system from COVID-19** – Chiefs Office Emails – FOIP Part 1 IAPU 1018 2023-G-0163). News release was from GOA and included the **New Vaccine Incentive Program**. This announcement claimed that more than 80% of COVID-19 cases in hospital were unvaccinated. The email was cut off on the one side in the FOIP document, below is copies verbatim with the information present. The announcement also claimed that *"Vaccines are safe, effective, and a game-changer".* The provincial government "*… are taking measured steps and introducing a new **incentive program to encourage more Albertans to get the jab***."

> ***New vaccine incentive program***
> *A **one-time incentive** of **$100** is now available for all Albertans age 18 or older who receive a first or second dose of vaccine between Sept. 3 and Oct. 14.*
> *This **incentive is intended to encourage unvaccinated Albertans** to get protected as soon as possible. After vaccination, eligible Albertans will be able to register online. Alberta Health will validate registrations against provincial immunization data.*
> ***Additional vaccine incentives***
> *All Albertans who have received two doses of vaccine and are aged 18 and over are eligible for the remaining **$1-million draw** for the **Open for Summer Lottery**. To register and for complete details, v*
> *alberta.ca/lottery. The final draw closes Sept. 23.*

September 7, 2021 – Email communication to EPS Senior Leadership in response to a corporate communication to staff about masking measures. (Chiefs Office Emails FOIP Part 1 - IAPU 61 2023-G-0163)

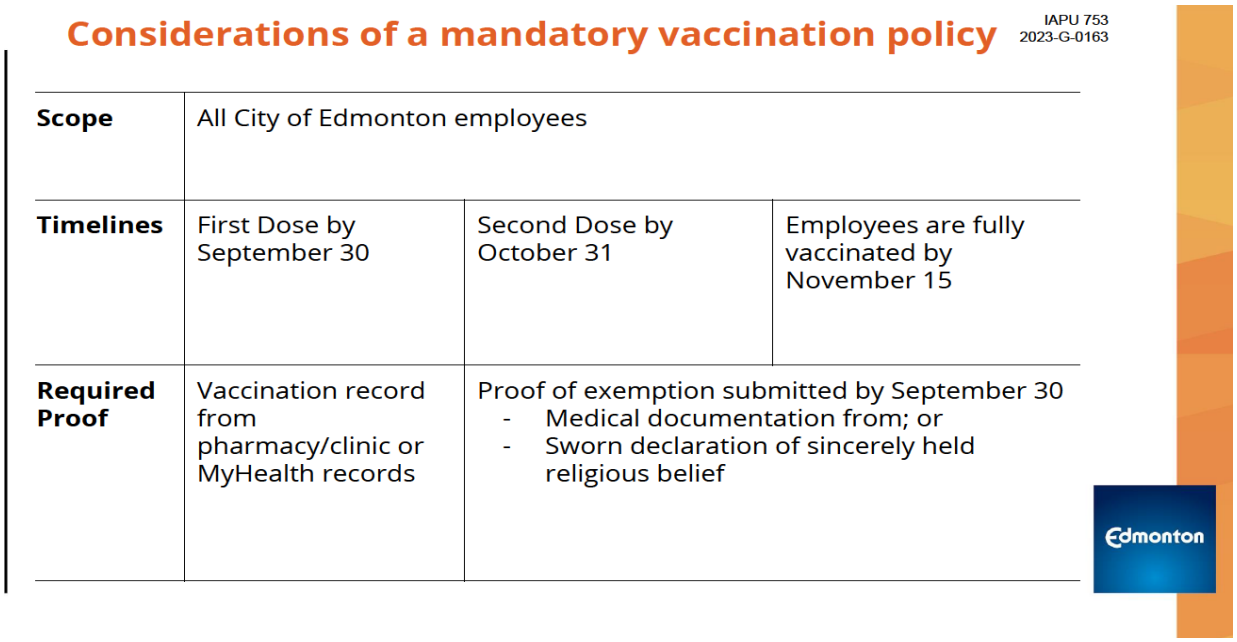
> *Please pass on to our Executive that **those of us who are vaccinated in this organization are quite tired of the half measures that are now being effected because a minority of Albertan's including some EPS members refuse to be vaccinated.** This refusal is the primary driver of yet another wave of Covid. We're tired of hearing this is a sensitive issue, it really isn't, it's science and it's simple.*
> *It's time for the EPS to step up as AHS has and require mandatory vaccinations. If members don't want to get vaccinated let them work at home so the rest of us can get back to work.*

Undated presentation slides titled - **Navigating COVID-19 Vaccinations in the Workplace** - from Suzanne Polkosnik, Q.C of the legal firm Swainson, Miki, Peskett LLP. The Presentation slides provide workplace vaccination information for employers. The presentation slide content is below. Any notes taken during this presentation or additional content from the presenter was not provided in the FOIP disclosure documents. (Chiefs Office FOIP Part 1 - Attachments Part 2 Folder - IAPU 726-744 2023-G-0163)

> *Slide 3 - Can I force my employees to get vaccinated? No*
> *Slide 4 – Can I implement a policy that makes vaccination an employment requirement? Yes*
> *Slide 5 – Does the Public Health Act of Alberta allow government to order people to be vaccinated? No*

Slide 6 – Are mandatory employee vaccination policies contrary to the Canadian Charter or Rights & Freedoms? No
Slide 7 – Are mandatory employee vaccination policies contrary to the Human Rights Act of Alberta? No
Slide 8 – Is collecting information about employee's vaccination status a violation of the Personal Information Protection Act of Alberta or the Freedom of Information and Protection act of Alberta? No
Slide 9 – Does the Health Information Act of Alberta apply to information that an employer collects about a vaccination status? No
Slide 10 – Do employers and employees have rights and obligations relative to COVID-19 and vaccination under the Occupational Health and Safety Act of Alberta? Yes
Slide 11 – Does the Employment Standards Code of Alberta have any application to vaccinations? Yes
Slide 12 – Does implementing a mandatory vaccination policy that applies to current employees represent a unilateral change to a fundamental term and condition of the employment relationship? Yes
Slide 13 – Can I make proof of vaccination a condition of employment for new employees? Yes
Slide 14 – Can I implement a policy that has different rules for different types of employees in the workplace? Yes
Slide 15 – Can I terminate employees for a failure to get vaccinated as required by policy? Yes
Slide 16 – Do I need to give advanced notice of the implementation of a mandatory vaccination policy to employees? Yes
Slide 17 – Can I require employees to be tested as a alternative to mandatory vaccination? Yes
Slide 18 – Can I offer time-limited incentives to employees to encourage vaccination as part of vaccination policy? Yes

Undated presentation slides from the City of Edmonton - (Chiefs Office FOIP Part 1 - Attachments Part 2 Folder - IAPU 753-754 2023-G-0163) the presentation slides are not complete, but the title of the included slides is City of Edmonton Considerations of a Mandatory Vaccination Policy

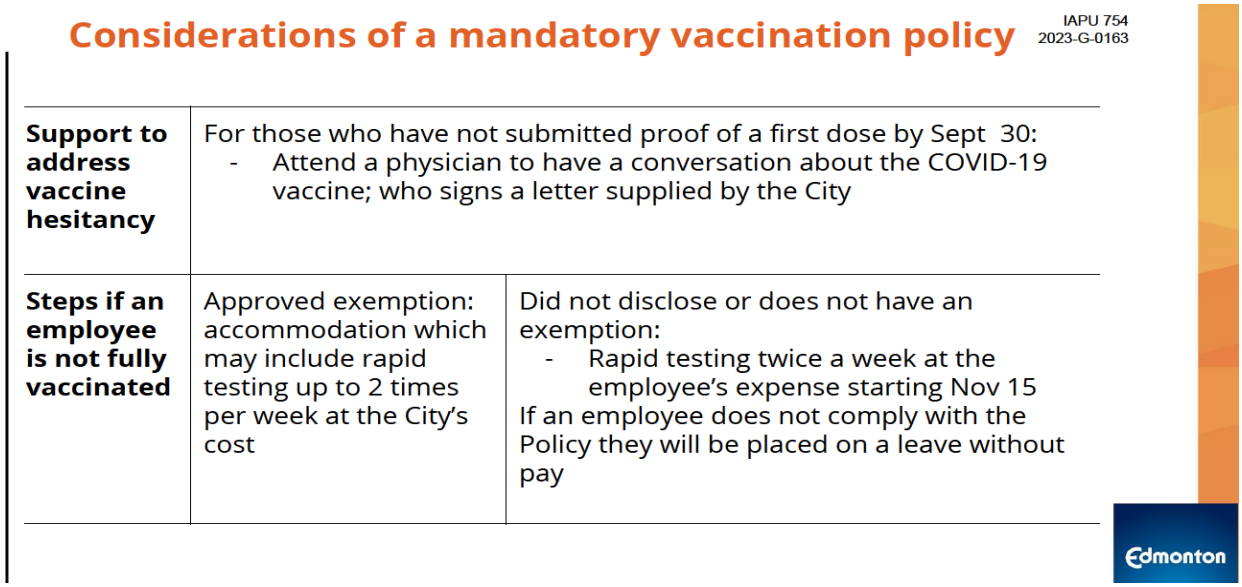


Considerations of a mandatory vaccination policy

IAPU 753
2023-G-0163

Scope	All City of Edmonton employees		
Timelines	First Dose by September 30	Second Dose by October 31	Employees are fully vaccinated by November 15
Required Proof	Vaccination record from pharmacy/clinic or MyHealth records	Proof of exemption submitted by September 30 - Medical documentation from; or - Sworn declaration of sincerely held religious belief	

Edmonton



Considerations of a mandatory vaccination policy

IAPU 754
2023-G-0163

Support to address vaccine hesitancy	For those who have not submitted proof of a first dose by Sept 30: - Attend a physician to have a conversation about the COVID-19 vaccine; who signs a letter supplied by the City	
Steps if an employee is not fully vaccinated	Approved exemption: accommodation which may include rapid testing up to 2 times per week at the City's cost	Did not disclose or does not have an exemption: - Rapid testing twice a week at the employee's expense starting Nov 15 If an employee does not comply with the Policy they will be placed on a leave without pay

Edmonton

The **Human Resource FOIP disclosure folder FOIP Part 1** contained the following relevant to vaccination in the workplace.

> (HR folder FOIP Part 1 – IAPU 74 2023-G-0163) – **COVID-19 Immunization Program Employer Information.** This is a **Government of Alberta guidance document** published on June 2021. It is unknown what department authored the publication, however there is no reference that it was from GOA OHS.
> The purpose of the publication was to provide an overview of the COVID-19 Vaccination Program. The document states that:

- *All vaccines used in Canada must obtain regulatory approval through Health Canada and meet strict standards for safety, quality and effectiveness.*
- *Alberta's COVID-19 Immunization Program supports the overall provincial and federal program goal: To minimize serious illness and overall deaths while minimizing societal disruption due to the COVID-19 pandemic.*

The COVID-19 Immunization Program objectives are to:

- *Provide a safe and effective COVID-19 vaccine for all Albertans for whom the vaccine is licensed and recommended;*
- *Allocate, distribute and administer COVID-19 vaccine as efficiently, equitably and effectively as possible; and,*
- *Monitor the safety and effectiveness of COVID-19 vaccines.*

Workplace Immunization
Employers are encouraged to be immunization champions for their staff. An employer resource package has been developed to assist employers with getting their staff fully immunized with two doses of vaccine as quickly and as easily as possible. This includes specific FAQs, ***key messages to support conversations with employees, a resource toolkit including incentive ideas, and post-immunization support***

Post-Immunization
All individuals, including those immunized with COVID-19 vaccine, should continue to follow public health measures for prevention and control of COVID-19 infection and transmission.

Research is ongoing to determine whether immunized people can transmit the virus to those who are not immunized, how effective the vaccines are against variants, and how long immunity lasts*.*

COVID-19 immunization will not be mandatory *in Alberta, but it is highly encouraged and recommended.*

Alberta's approach is collaborative rather than mandatory to encourage conversations on the benefits of immunization, while still ***respecting Albertans' right to make informed decisions about their own health. There is no intent to restrict the activities of those who choose not to immunize****.*

The **Government of Alberta OHS published** a guidance document titled **COVID-19 Information – COVID-19 as a workplace hazard**. (HR Folder FOIP Part 1 - IAPU 133 2023-G-0163) on July 30, 2021. This document is a guidance for employers and employees and **has since been removed** from the OHS website. This publication was to address the return to the workplace as restrictions reduced and people were returning to their workplaces on July 1, 2021.

Hazard assessment
Occupational Health and Safety (OHS) legislation requires employers to protect the health and safety of workers at the work site and others at, or around, the work site. This includes ***performing a hazard assessment to identify existing and potential workplace hazards****.*

The hazard assessment must address the potential for all types of hazards, including those related to the COVID-19 virus. Employers ***must involve affected workers*** *when doing a hazard assessment.*

Vaccination
Vaccination is an effective control to protect against the COVID-19 virus. The rollout of vaccines provides workers and all Albertans over the age of 12, an opportunity to be immunized. Current evidence indicates vaccines are effective in preventing illness due to a COVID-19 infection.

Employers should consider seeking legal advice on issues and laws relating to human rights, labour and employment, privacy, health information and occupational health and safety before asking for proof of vaccination or implementing mandatory vaccine requirements*.*

On September 3, 2021, a letter was sent from the **EPA to Chief Dale McFee regarding the EPS Mandatory COVID-19 Vaccination Disclosure.** The letter requested questions be answered to satisfy the EPA in relation to concerns and questions from the mandatory questionnaire circulated for employees. (HR Folder FOIP Part 1 - IAPU 135 2023-G-0163 2023-G-0163)

On August 30, 2021, the City of Edmonton announced their mandatory vaccination disclosure policy, and the Edmonton Police Service (EPS) followed the City's lead and announced their own ***mandatory vaccination disclosure protocol****.*

The Edmonton Police Association (EPA) recommends all members acquire the vaccination as we believe it is the best method for protection as indicated by our Federal and Provincial Chief Medical officer's. The EPA also understands Occupational Health & Safety (OH&S) legislation requires employers to protect the health & safety of its employees which include hazard assessments.

The ***EPA has concerns and questions over the mandatory questionnaire*** *on several fronts which include:*
• Who will have access to the medical information?
• Will disclosure of the vaccination status be kept confidential and only be used for the purpose of assessing the hazard?
• Will members be disciplined for not responding to the mandatory questionnaire?
• Can we obtain assurances members will not be disciplined for any failure to be vaccinated
and/or not reporting?
• Will there be room to allow those who cannot obtain the vaccine (Medical or human rights based) to be accommodated?
• The current policy ***compels members*** *to potentially disclose the fact of a religious belief or an underlying medical condition. Both of are personal, private, and/or confidential information about an individual, and disclosure at this stage is unnecessary.*

The EPA understands the significance of covid and ensuring all employees are as safe as possible. The EPA also appreciates the challenges of balancing the safety and wellness of

our employees and the citizens of the City of Edmonton. We look forward to working with you to provide a balanced aspect which will address the concerns of the membership.

September 7, 2021 – (Chiefs Office FOIP Part 1 - Attachments Part 3 Folder - IAPU 59-61 2023-G-0163). This letter was addressed to the **EPA President Mike Elliott with responses** to the above-mentioned questions. Due to the importance of the information contained in the response from the employer the entire letter was added for the reader's review.

September 7, 2021
Attn: Mike Elliott, President, Edmonton Police Association

Re: EPS Mandatory COVID-19 Vaccination Disclosure

Dear Sgt. Elliott,

I am writing in response to your letter of September 3, 2021.
First, I am ***happy to hear that the EPA is recommending to its members*** *that they get vaccinated against COVID-19 and that it understands that the EPS is legally obligated to protect the health and safety of its workers. As set out in the documents announcing EPS' new* ***COVID-19 mandatory vaccination disclosure protocol, the directive to disclose vaccination status is an effort to meet the EPS' legal obligations under Alberta's Occupational Health and Safety Act*** *("OH&S") and enable the* ***EPS to make data-driven decisions with respect to any future COVID-19 measures****. The* ***minimally intrusive nature of the directive*** *EPS has given in this regard (i.e., that its employees must disclose whether or not they have been vaccinated so that anonymous aggregated statistics can be provided to Chief's Committee) properly balances the EPS' OH&S obligations with our employees'* ***privacy rights*** *in accordance with the relevant collective agreements and the Freedom of Information and Protection of Privacy Act.*

Second, in answer to your specific questions, I can advise as follows:

1. Who will have access to the medical information?
*The only people who will have access to the personally identifying information provided are the two nurses in the Occupational Health and Safety Section. Other members of the Occupational Health and Safety Section (of which there are four in addition to the two nurses) will be able to pull reports from that information, so that supervisors may be informed which employees have not completed the disclosure and so that anonymous aggregated data can be provided to Chief's Committee****. However, there will be no reports with both an employee's name and their specific response regarding vaccination status – again, that information (i.e., the information linking a specific individual to their actual response) will only be accessible by the two nurses.***

2. Will disclosure of the vaccination status be kept confidential and only be used for the purpose
of assessing the hazard?
Yes. As set out in the information provided to all employees, the purpose of collecting the information is so that anonymous statistics regarding vaccination rates in the EPS can be provided to Chief's Committee to determine which, if any, additional measures may be

necessary to ensure the health and safety of EPS employees with respect to COVID-19. The information gathered will allow EPS to implement hazard controls (if it is necessary to do so based on the data) that are specific and responsive to any risk identified.

3. Will members be disciplined for not responding to the mandatory questionnaire?
Like with any refusal to carry out a lawful order, directive, rule or policy (which this is), failure to comply may constitute insubordination as defined in the Police Service Regulation and any such conduct will be dealt within the normal course.

4. Can we obtain assurances members will not be disciplined for any failure to be vaccinated and/or not reporting?
*The EPS has **not implemented a mandatory vaccination policy at this time**. As there is currently no policy requiring vaccination, there will be no discipline imposed where a member discloses that they have not been vaccinated as they will have met the requirement to disclose. Again, the **mandatory disclosure policy implemented at this time** is simply to enable the EPS to gather the data necessary to make **informed decisions with respect to its OH&S obligations while still respecting the privacy rights of its employees**. If the EPS later decides to implement a mandatory vaccination policy (if, for example, the data demonstrates that we do not have high enough vaccination rate to adequately ensure the health and safety of our workers in all of the circumstances), members would then be expected to follow that policy subject to accommodation for human rights-based reasons. Again, like with **any refusal to follow EPS policy, failure to comply may constitute insubordination and would be dealt with in the normal course**. However, again, we are not currently implementing a mandatory vaccination policy and the hope is that the data collected will demonstrate that it is not necessary. Employees (and the EPA) will be informed of any changes to policy in that regard if they are going to occur.*

5. Will there be room to allow those who cannot obtain the vaccine (Medical or human rights based) to be accommodated?
*Again, the EPS has not mandated vaccination (**it has only mandated disclosure of vaccination status)**. If a member has not been vaccinated for human rights-based reasons, they need only indicate that they have not been vaccinated on the form. They do not need to indicate the reason why they are not vaccinated. The EPS is not aware of any human rights-based reason that would prevent a member from answering the questions posed on the form or require accommodation. However, like with any policy, if any member did require unforeseen accommodation of a protected characteristic in order to comply with the disclosure requirement, they can request such accommodation and that would be dealt with on an individualized basis. Similarly, if the EPS were to implement a mandatory vaccination policy in the future, reasonable accommodation for protected characteristics under human rights legislation would be provided for those who cannot comply.*

6. The current policy compels members to potentially disclose the fact of a religious belief or an underlying medical condition. Both of are personal, private and/or confidential information about an individual, and disclosure at this stage is unnecessary.
*The EPS policy does not ask members to disclose the fact of a religious belief or any underlying medical condition. Again, **members must only disclose if they have or have not been vaccinated** – they are not required to provide any reasons for that.*

I hope the above information helps alleviate any concerns with the disclosure being required. As indicated, the EPS' OH&S obligations require it to do everything reasonably practicable to protect the health and safety of its employees (and EPS employees have a corresponding obligation under OH&S to cooperate with the EPS to ensure that protection). While these ***obligations must of course be balanced against employees' privacy rights, the minimally intrusive request*** *being made in all the circumstances more than achieves that balance****. I hope that the EPA will encourage its members to comply with the disclosure requirement so that the EPS can make informed decisions in continuing to ensure EPA members' health and safety****.*

September 8, 2021 – **Email Communication Re Vaccine Disclosure Article** – (Chiefs Office Emails FOIP Part 1 - IAPU 1067 2023-G-0163). This communication was for **EPSne**t article based on Dana Christensen's response to the EPA's letter. The email chain also included the stats for the responses to the Covid vaccine survey.

The current data for the survey is:
- 1958 responses
- 90.6% vaccinated,
- 3.2% partially vaccinated
- and 6.2% unvaccinated

September 9, 2021 – (Chiefs Office Email FOIP Part 1 - IAPU 5-17 2023-G-0163) The email was from Brian Sinclair to Dale McFee. This email was to make the Chief aware of the comments from members after an article that was posted on EPSnet, the article was about vaccination. The article that resulted in the comments was not provided with the FOIP disclosure documents. However, on September 8, 2021, and email from Lauren Wozny to Darren Derko and cc'd to Dean Hilton and was forwarded to the Chief (Chiefs Office Emails FOIP Part 1 - IAPU 1067 2023-G-0163). The comments section in relation to the communication was being monitored for the responses.

I've worked with the Pandemic Team to draft a vaccine disclosure article for EPSnet that addresses some common questions about the directive, reminds staff of the disclosure deadline and shares the latest AHS stats on hospitalizations. Much of this is based on the response Dana wrote to the EPA's letter. Please review and let me know if you would like to see any changes.
Comments will remain open on this article, but Corp Comms will be moderating and I've included a disclaimer in the article about keeping things respectful. I'd like to get this posted this afternoon, pending your approval.

A EPSnet article was posted prior to the vaccination disclosure protocol and the member comments cover the spectrum. From the conversations it is evident that there was division in the organization over the issue. There were employee experiences and concerns communicated that included those who had been ill or had family members that were sick or died from COVID-19, and lots of questions about the disclosure. Below are some of the comments in relation to the article, refer to the attached appendix for additional comments and conversation between employees. The identifier of those commenting was redacted for the FOIP release.

08-Sep-2021 04:22:38
17 (1) 17 (4)

Just a couple questions without getting into the whole pro-vax/anti-vax/privacy bickerlng ... and for the record ... ! answered the questionnaire.
How come the EPS has the "legal obligation" to determine this data under OHS legislation when the organization has been functioning just fine since last year before vaccines were even a thing? What has changed? We have gone throughs waves 1-3 without any noticeable issues. People have still been working for the past 18 months have they not? Have there been any serious COVID incidents? It seems the organization hasn't collapsed, despite being a front line service with thousands of public contacts per day. Why hasn't there been any previous "mandatory disclosures" for a variety of health related issues? The organization "opened for summer" with the province just 2 short months ago and we tossed our masks away and fully opened our fitness facilities without any mention of "legal obligations" or "mandatory disclosures" even though the vaccines had been around for several months by that time. Why was it not critical to have disclosure back then? Lets just say there does not appear to be a lot of consistency.

08-Sep-2021 06:01 :19
17(1) 17(4)
This message seems to skirt the issue it speaks of. If the purpose of proposing vaccine uptake is to address community safety, should we not be provided charts on transmission rates between the vaccinated and unvaccinated to encouragement vaccine uptake? This appears to be potentially creating a divide (already seen) within the workplace and placing the blame on one group purely on on bed space stats. The media already covers cases and bed space stats. The media also don't address transmission rates. Perhaps OH&S can speak to that in future COVID-19 updates?

08-Sept -2021 06:08:03
17(1) 17(4)
Seriously people just get vaccinated.
Assuming we all had to provide proof of vaccinations when we signed up for this job, what It the Issue now? People have been getting this vaccine for the better part of a year and aside from a blood clot or two (some risks are associated to many medications) I have yet to see any evidence that their is any danger whatsoever .... But why would should we trust the top scientific minds in the world; you know the same types that developed insulin, cured polio, smallpox, made it possible to live with HIV and figured out how to transplant organs etc.
If you believe in conspiracy theories propagated on the internet you need to seriously consider your continued role in policing where we rely on facts and proof.
Vaccinated and proud of it - not going to tip toe around anti-vax nonsense, and would fully support vaccine requirement provincially and within the EPS

08-Sep-2021 11 :46:06
17(1) 17(4)
I think one of the largest changes to policing in my limited career has been the shift from expectation to demand for police {and public servants/figures) to be aware, respectful and accountable to keep their biases in check. As someone who is no longer trying to have kids, someone who has never had an experience with adverse reactions to medications and someone who has always been lucky enough to have positive interactions with the application and

provision of western medicine; I (and dare I say maybe you) can not comment or fu lly understand what others may be feeling about their personal medical decisions and the dissemination thereof.
I don't disagree with your logic ... but life isn't always logical, scientific or as sterilized as we'd like ... We live and serve in the
grey.

09-Sep-2021 07:25:53
17(1) 17(4)
Yesterday's stats.
1166 new cases, 18 deaths, elective surgeries cancelled and all available resources diverted to supporting the ICU.
Who am I to comment on others medical decisions? I'm limiting my input to comments. By refusing to be part of the solution the unvaccinated are directly Impacting the medical decisions of every Albertan who Just had elective surgeries cancelled.
The very concept of an organized society and the laws that we enforce are about the limitation of personal freedoms for the common-good, and I dare say should be based on logic and science.

08-Sep-2021 07:12:38
17 (1) 17 (4)
Where is anyone talking conspiracy theories or anti-vax content? People have valid questions and your "shut up and fall in line" tone only divides people further. You want to know who else needs to consider a continued role in policing ... those of us that try to Impose our will on others because of a personal opinion. You do realize that many of the unvaccinated in the world are the racialized and marginalized populations? Would you be so dismissive of their concerns ... as a
professional police officer?

08-Sep-2021 06:15:15
17 (1) 17 (4) said + 22
To me it's more of a privacy issue than a vaccination issue. I had to do the disclosure twice as my first response was "not tied to the distribution". So where did it go then? If there are already issues with the collection of information (other members have had the same problem), how can I be assured that there will be no issues with dissemination of the information collected?

08-Sep-2021 06:57:03
17(1) 17(4)
It seems that the service has made their stance quite clear. The EPS will applaud those who have been vaccinated, and shame/pressure those that haven't. The chances of me having any adverse reaction to any vaccine are pretty low. However ... my chances of having serious symptoms/symptoms at all from COVID-19, are also in the pretty low category.
The "just get vaccinated" argument doesn't really hold up either. Through studies, many fully vaccinated individuals have experienced severe symptoms, including death. So .... the vaccine doesn't do what the CDC and WHO initally said it would do. Frankly, I don't care if your vaccinated or not, that's your personal medical decision to make. My body, my choice,

right? Or does that only apply to certain things?
To be pressured into disclosing that information to the service, is a breach of a persons right to privacy, which will continue to erode the trust between the membership and the higher ups. I completed the disclosure, only because I did not feel like I had any say in the matter. Like most, I have kids, a house, bills. To have however many hours the service feels like deducting from me for "insubordination" (lawful order or not) isn't really an option.

September 10, 2021 - Email communication Re**: COVID Survey** – (Chiefs Office Emails FOIP Part 1- IAPU 994 2023-G-0163). The email contained an update, to the Chief, on the numbers of responses to the employee survey.

I just pulled the results. We have had 2200 replies and are currently sitting at 7.82% not vaccinated, 4.04% partially vaccinated and 88.14% vaccinated.

*That equates to **172 people so far that are unvaccinated**.*

September 10, 2021 – (Chiefs Office FOIP Part 1 - Attachments Part 2 - IAPU 132-157 2023-G-0163) Letter to Chief Dale McFee from the EPA VP Curtis Hoople RE: **Membership voice on 21Aug30 – Mandatory Vaccine Disclosure**. For this **document 19 of the pages were redacted** from the FOIP. It is important to note that of the few EPA notes that were not redacted, they were almost solely communication that was in support of vaccination.

Chief,
*The EPA is committed to working with you and the EPS on trying to find a balance for the membership during unprecedented times of uncertainty. These are words of your members that are **pleading to the EPS and EPA** to find a way that all employees can work in a safe workplace. The safe workplace includes the OHS mandates, but we are also **trying to avoid acts of discrimination, harassment, and intimidation.** The **EPA has fielded** hundreds of calls, emails, and phone calls from members on all sides. The messages are clear, they are looking for some comfort and guidance from the leadership group.*

Please review the comments and attachments provided. The names will remain anonymous, so we can focus on the messaging and emotional testimonies.

13 pages redacted 17(1) 17(4)
We just wanted to advise that we have received an exorbitant number of emails, calls, letters, and texts from concerned members regarding mandatory medical disclosure and pending mandatory vaccines. We will deal with those issues and concerns, but we wanted to update you on an observation.

*There is a large group of members that seem to be **very anxious and quite upset over** the recent events. Some have stated they **feel unsupported and isolated**. Of course, in the wellness world, these are notable triggers. We wanted to ensure your team was aware. As we move forward in the coming weeks, the **anxiety and stress will reach levels that may be quite detrimental**. We know how awesome you team is, but we thought you would appreciate the heads up.*

Please track us down if you require any thing else. Our Board of Directors will be advised to recommend members to reach out to EFAS if they need supports.

6 Additional Redacted Pages 17(1) 17(4)
EPA NOTES from conversations and texts
21Aug30
• Received numerous emails and texts from members across the city
• EPS received word that Civic Unions may be looking at options in response to mandatory vaccine info release.
21Aug31
• Support emails and text staring to come in from members. Stating they encourage mandatory vaccines and disclosure. They want a safe work environment for all.
• EPA encouraged members to express both sides of the discussion. EPA wants to hear from members in support as well as opposed.
• CPS stance: https://globalnews.ca/video/8121875/calgary-police-chief-mark-neufeld-discussesthe-extension-of-COVID-19-health-protocols/
• CPS Chief NEUFELD notes issue with accessing medical information and rights of employee. NEUFELD provides some stats and discusses mandatory vaccines and CPS not implementing policy
• NYPD stance: refer to attached - Top NYPD Union Promises
• Policeonguard Article on mandatory vaccinations: https://policeonguard.ca/template-of-noticeto-employers-regarding-mandatory-vaccination/

• AHS and mandatory vaccinations: https://www.cbc.ca/news/canada/edmonton/alberta-healthservices-requiring-employees-and-contracted-health-care-workers-to-be-vaccinated-1.6160126

• EPS source is estimating 20-25% of members are unvaccinated which includes management. Unknown exact #s.
21Sept01
• EPS OHS Section - Nurses are distributing following emails: From: Nicole Wetsch Nicole.Wetsch@edmontonpolice.ca Sent: August 31, 2021 08:18 To: Nicole Wetsch nicole.wetsch@edmonton.ca Subject: Mandatory COVID-10Vaccination Declaration

• EPA contacting EFAS to cover off preventive measures to support members feeling isolated.
21Sept02
• Calls continued over the night and day
21Sep03-06:
• Calls, emails and texts continue to come in and all are against the mandatory medical disclosure piece

21Sep07-09:
• Emails and phone calls continue to come in regarding mandatory disclosure and fear of pending mandatory vaccines
21Sep09-10:
• Members very separated on this ***issue and causing conflict within squads, divisions or branches. Plenty of fear and confusion****.*
• Calls and text continue as the 21Sep10 approaches. Looking to EPS or EPA for guidance and support.

> • *Worried about **mental health of employees**.*
> • *Worried about **COVID and safety at work**.*
> • *Worried about **getting suspended or terminated**.*
> • *Worried about **being discriminated against**.*
> • *Worried about **losing friendships and relationships with fellow colleagues**.*
>
> *Thank you for your attention on this matter. **The EPA is committed to working with the EPS on this polarizing development.***
> *Sincerely,*
> *The Edmonton Police Association*

September 10-11, 2021 – Email communication Re **Chief Memo** – (Chiefs Office Emails - FOIP Part 1 - IAPU 654 2023-G-0163). This communication was in response to the above communication from Mike Elliott to Chief McFee. This information was in response to the above disclosure from the EPA relating to the mandatory Vaccination Disclosure and attached information from EPS members. This email had the following attachments from Mike Elliot, the contents of the email were blank and not noted as a redaction from the FOIP office.
Attachment#1 - 10yrs Member.pdf
Attachment#2 - Concerned Member.pdf
EPA - Mandatory Vaccination Disclousre (Comments).pdf

> From Kevin Brezinski:
> *I just had a meeting with Mike Elliott. **The EPA board has asked if we can assure the membership that we will not enforce the PSR for those that have not completed the survey**.*
>
> *I have advised Mike that this is somewhat contradictory to our intranet article but advised that I would share this with the group. I also said that that once we collect the survey results we will have to make a determination on next steps. Any disagreements with this approach?*
>
> From Dale McFee:
> *Thanks Kevin, that is consistent with what he has been told. **There are no guarantees, if they can't even fill out an anonymous survey then we can't make the right decisions going forward.** It will certainly tell us where we are at.*

September 15, 2021 – (Chiefs Office FOIP Part 1 - Attachments Part 2 - IAPU 752 2023-G-0163) – Alberta Justice and Solicitor General BULLETIN from Sean Bonneteau Acting Executive Director - Law Enforcement and Oversight.

> *To all Alberta Police Services:*
> *Re: **Provincial Court of Alberta - Vaccination Policy***
>
> *The Provincial Court of Alberta has announced that as of October 31, 2021, **anyone who is not fully vaccinated will no longer be permitted to access Judicial Chambers.** This does not restrict access to Courthouses, only to Judicial Chambers within Court Houses*
>
> *Anyone trying to access Judicial Chambers (lawyers, police officers, clerks, etc ...) can be expected to be questioned regarding their vaccination status and if not fully vaccinated (i.e.*

being the recipient of the full series of a vaccine authorized in Canada at least 14 days prior) will not be permitted access.

This policy will only remain in effect until such time as the health data indicates that it is no longer required. Thank you.

September 17, 2021 – Email communication RE **Compulsory Vaccinations – Final** (Chiefs Office Emails FOIP Part 1 - IAPU 554 2023-G-0163)

From Michael James:
*Please find attached the proposed communication for employees on **compulsory vaccination.** Once approved by Chief's Committee, we will distribute to the leadership and give them about an hour with it prior to emailing to all staff and posting on EPSnet. We will also have the same caveat about keeping comments respectful for the discussion and monitor comments through the weekend.*
I've given the COE a heads up – they will be coming out with their announcement on vaccine passports today. If the media call about this announcement, we will defer them to Monday.

From Dale McFee:
This is well worded and looks good. A reminder to let the city know once everyone has had a chance to input on the final product prior to sending out.
Thanks to all who have helped get this done in short order!

September 18, 2021 – **COVID-19 EPS information** – (Chiefs Email Office FOIP Part 1 - IAPU 22 2023-G-0163), document from the employee was not provided with the FOIP.

***Another vaccination document from an EPS member**. I am not sure if this one was brought to our attention yet. The member brought it to the EPA and they told him they would provide it to us. I have directed the chain of command to have the member remove the EPS crest from the document. 17(1) 17 (4)*

September 20, 2021 - Email communication Darren Derko to Dale McFee RE: EPA Letter Sept 20, 2021 – (Chiefs Office Email FOIP Part 1 - IAPU 383 2023-G-0163)

Cheif I will assign and have these questions answered. Prior to us responding I will share our response with Chief's Office.
*I spoke with Mike earlier and he gave me a heads up that these were coming. The **EPA board appears split** on these but we will continue to answer and give rational on how we ended where we have.*

September 20, 2021 Email Communication relating to updated vaccination survey responses. (Chiefs Office Emails FOIP Part 1 - IAPU 998 2023-G-0163)

For your information:
*There are only **155 employees** that have not responded to the survey.*
Results for all EPS employees who have responded to the survey are 86.2% fully vaccinated 4.8% partially and 9.0% not vaccinated.
If we break out just the Sworn we are slightly less but still very good at 85.1% vaccinated, 4.8% partially and 10.1% not vaccinated.

September 27, 2021 – Email communication RE **Draft Vaccination Protocol v3 and Draft Vaccination Protocol FAQs** – (Chiefs Office Emails FOIP Part 1 - IAPU 1059 2023-G-0163)

> *I assume that everyone has had a look at the attached document as it relates to the Vaccine Protocol and FAQ's.*
> *27(1)(a)*
> *I would like to have this on Thursdays Chief's Committee agenda for approval so we can begin discussions with the Associations, EPS leadership followed up with a communication piece to our employees*.

September 25, 2021 – Email communication regarding an update on the vaccine disclosure survey – (Chiefs Office Email - FOIP Part 1 - IAPU 462 2023-G-0163)

> *As of 3:00pm yesterday we have **22 members** who have not completed their vaccine disclosure survey who are not on an approved leave of some kind. The total number of surveys received is 2774, below is the breakdown of responses for surveys received*.

	Not Vaccinated	Partially Vaccinated	Fully Vaccinated	Total
Total EPS	9.4%	4.7%	85.9%	2774
EPA	10.7%	4.7%	84.6%	1834
SOA	2.4%	0.0%	97.6%	42
Civilian	7.2%	4.9%	87.9%	898

September 29, 2021, the OHS section issued a document to demonstrate COVID-19 Disclosure Using myCority. This is a step-by-step guide to entering the information in the EPS Cority system. On page 5 of the document, it states the following: Appendix ccc IAPU 392 OHS folder.

> *Selecting Your COVID-19 Vaccination Protocol Option*
> *In order to choose whether you will submit to rapid testing, show proof of vaccination or choose a leave of absence please select the EPS COVID-19 Vaccination Disclosure Icon. This survey will allow you to make your selection and submit proof of your vaccination.*

October 1, 2021 – Email from **Corporate Communications to EPS staff – Re: COVID-19 Vaccination Protocol** (Combined Records Redacted FOIP Part 2 – EPS IAPU 3163 2023-G-0199). This communication was sent to all EPS staff with the Vaccination Protocol and Vaccine Protocol FAQ attached. The content below is from the body of the email.

> *Vaccination is the single most effective means of preventing the spread of COVID-19, preventing outbreaks within EPS and protecting our workforce and the community. Although EPS has a relatively high vaccination rate amongst its employees, the **current COVID-19 situation in Alberta warrants continued health and safety measures.***
> *At the same time, the EPS understands that not everyone wants to get vaccinated. To address the risk of COVID-19 while **respecting our employees' privacy and the ability to choose what is right for them**, the **EPS will be implementing a new compulsory COVID-19 Vaccination Protocol.***

> ***Employees must choose one of the three options outlined in the Protocol by October 18, 2021. Those who do not indicate their choice by that time will be deemed to have selected <u>non-disciplinary</u> leave without pay.***
> *The options are:*
> *1. Fully vaccinated or a partially vaccinated but intend to be fully vaccinated by November 30, 2021 (proof of vaccination is required).*
> *2. Not vaccinated, will not be fully vaccinated by November 30, 2021 or do not wish to disclose their vaccination status and will submit for testing at their expense and abide by additional restrictions.*
> *3. Go on <u>non-disciplinary leave without pay</u> pending either of the above options or until circumstances change such that this Protocol is amended*
> *The full Protocol and a list of frequently asked questions is attached. Please review both for details on options, including the process for indicating your choice or pursuing accommodation. Employees seeking accommodation for medical reasons or other protected grounds (ex. religious belief) must have their request submitted no later than October 11, 2021 if they wish to have it reviewed prior to the October 18, 2021 deadline. Regardless of which option is chosen or vaccination status, all employees are still required to follow existing workplace COVID-19 measures and Bylaw/Public Health Orders such as masking, physical distancing, etc*

October 4, 2021 – Email communication Re **Vaccination Protocol: Cority now open**. (Combined Records Redacted FOIP Part 2 – EPS IAPU 3166 2023-G-0199). Email was from Corporate Communications to EPS employees. The email also had an attached pdf myCority Training for COVID-19 Disclosures and Testing as a step-by-step guide to entering the information in the system.

> *Starting today you can access the survey to complete your COVID-19 vaccination protocol disclosure in Cority.*
> ***You must indicate your choice of option outlined in the protocol by October 18,2021.***
> *If you're stating that you're already vaccinated, you must submit your proof of vaccination. If you're only partially vaccinated, you will need to complete the survey a second time to upload your proof of the second vaccine once you receive it.*
> *Employees seeking accommodation for medical reasons or other protected grounds (ex. religious belief) must have their request submitted as per instructions on the accommodation forms no later than October 11, 2021 if they wish to have it reviewed prior to the October 18 deadline.*

October 5, 2021 – Email Communication – Re: Corporate communication email (Combined Records Redacted FOIP Part 2 – EPS IAPU 3162 2023-G-0199). Email communication from Nicloe Wetsch to Lorri Carr and Lora-Lee Francoeur with attached vaccination information.

> *I have attached the two emails they sent out. These should be shared with anyone returning from leave. For those returning after the 18th, we will have to give them a deadline to complete their disclosure.*

October 6, 2021 – Email communication re: EPA and the vaccination protocol update – (Chiefs Office Emails FOIP Part 1- IAPU 973 2023-G-0163) Email is from Darren Derko to EPS leadership including Dale McFee, Alan Murphy, Kevin Brezinski, Ron Anderson, Enyinnah Okere, Justin Krikler, Brian Sinclair, Michael James and Darren Eastcott.

> *For information the **EPA has hired a lawyer, Dan Scott, to look at the EPS protocol** as it relates to Covid. Dana and I have provided him with some information to help answer some of the questions/concerns that have been raised by EPA. One of the questions he asked was around "**how many members have been infected with Covid-19 (and recovered) to October 1, 2021, and how many lost shifts that has resulted in?***
>
> *We sent him the answer and he now wants to know if the EPA can use this information to share with the sworn members in a communication piece. I do not have any issue with it but before that happens I want all of us to know what the numbers are. Just a quick calculation, If we look at $50 an hour and 10 hours per day x 11,020 days we are looking at $5.5 million. **This information supports our need for this Protocol**, there is no private information in it, and either it will be used by the EPA to show its members why the Protocol is necessary/reasonable or if the EPA decided to challenge the Protocol in a grievance the numbers will be disclosed through that process anyways.*
>
> > *EPS has had **253 positive cases and 2461 isolations** related to close contacts. Each positive case must isolate for a minimum of 10 days, while each close contact muse now isolate from anywhere from 10-14 days depending on vaccination status (fully vaccinated close contacts are not required to isolate). From the start of the pandemic to October 1, 2021, the Service paid out 101,876 hours to the code Isolation with Pay (the code used for close contacts) or approximately 10,187 days. We paid out o further 8833 hours co Quarantine with Pay (the code used for positive people required to isolate) or approximately 883 days. Currently there are 14 people on isolation for being positive and 20 on isolation for being symptomatic or a close contact. So, thus for there has been approximately 11,020 lost days.*
>
> ***In talking with Mike Elliott this morning he is preparing a letter that will go out to all the EPA members. In this letter he will be stating that they will not be grieving the protocol but will look at individual concerns and may or may not support a grievance, their board appears split right now.** They are going to be critical on some of the points in the protocol, one being the fitness facilities for members that are not vaccinated but tested negative. Having said that he knows that as an employer we can put this restriction in. Another point they may raise is that the Covid testing should be paid for by the employer but the EPA is not going to pay for it.*

October 8, 2021, email exchange with **Curtis Hoople and Nicole Wetsch relating to Clarification questions by the EPA relating to the COVID-19 Vaccination Disclosure Protocol**. (OH&S Folder FOIP Part 1 - IAPU 515 2023-G-0163)
Note: The blue indicate responses from Nicole Wetsch to the questions from Curtis.

We were hoping to get some clarity on a few questions we have received this week. We felt these questions needed some clarity due to specific work area schedules or operations:

1) *Scenario #1 - Unique work rotations or agreements:*

- *(x3) days working in the office + (x1) day working at home.*
- *Does the member require the second test for the (x1) day at home?*
- *Does Cortii or CARM recognize their specific work arrangement and will know they don't need a second test?*

As per the Protocol, employees who choose the testing option are required to provide proof of testing and results that occurred within 72 hours of the start of any shift worked. As set out in the FAQ document (#19) it is ***up to employees to figure out when they therefore need to be tested depending on their work schedule****. As set out in the FAQ document (#15), the fact that a shift is worked from home does not alter the requirement to have a test within 72 hours of the start of that shift. So, for example, the employee working 4 shifts in a row, could test the day prior to their first shift and then go again in between their second and third shifts. As set out in the FAQ document (#s 9 and 10)* ***OH&S will be monitoring compliance with the Protocol*** *as they have access to both the testing information and employees' shift schedules.*

2) Scenario #2 - Unique work arrangements:

- *Surveillance unit with authorization to bring their vehicles home.*
- *Work solely independent. Start work at home and end work at home. Only person in vehicle with no physical or close contact with any other squad member. Radio or phone contact only. No office attendance. RCMP command team.*
- *Do they need to complete Cortii and rapid testing?*
- *How do they check off the choices when they are technically working from home?*

Yes, as above and as per the Protocol, if this employee selected the testing option, they are required to provide proof of testing and results that occurred within 72 hours of any shift worked and will need to log into Cority to do so. Similarly, they will need to log into Cority to initially select one of the three options.

3) 'Out of Town' travel clarity:

- *Surveillance or specialized areas work outside of City or Province. Moving targets and fluid files.*
- *Does the new policy exclude 'unvaccinated' from going outside City or Provincial boundaries?*
- *Out of Town travel only apply to international travel?*

"Out of Town travel" does not include instances where a member is actively engaged in their policing duties, is required to go outside of EPS jurisdiction, and is following EPS policies and procedures while doing so (e.g. a criminal flight or surveillance). The out of town travel restriction in section 4 of the Protocol applies to out of town travel for training, conferences or other work-related activities that are not included in regularly day-to-day duties expected of the members. The restriction on out of town travel in this context does not only apply to international travel (e.g., employees who choose the testing option are not permitted to go to conferences in other Canadian cities on behalf of the EPS). For clarity, this restriction only applies to work related travel (e.g., going to a conference or training on

behalf of or funded by the EPS); it does not prevent employees from travelling on their personal time.

4) Employee had COVID and 90 day window:
- Is there concerns for members that have recently had COVID and the new testing policy?
- Is it likely they will produce false positives in the 90 day post COVID?
- What are the options for these members?
As set out in the Protocol, if a member requires accommodation under the Protocol, they can seek that via Disability Management Unit. This would include seeking accommodation (e.g. via not getting vaccinated or not testing for certain period) as a result of recently being COVID-19 positive. Members seeking such accommodation will need to provide satisfactory medical information to support that request. Each individual circumstance will be considered (and accommodated if necessary) on the basis of the particular circumstance.

5) ***Any consideration to extend the October 18th date till the EPA and EPS can ensure all questions and concerns are answered?***
- EPA is having their AGM on October 20th and we hope to have a wholesome understanding on the views of our membership.
- Maybe 21Oct25 or 21Nov01?
No*.* ***The Protocol and the FAQ document are very clear and employees have had ample notice of the EPS' approach****. The vast majority of questions that have arisen here and via other forums from the EPA and its members are already* ***answered in the FAQ*** *or have been otherwise answered.* ***Employees have been provided with more than enough time and information to make an informed choice for themselves under the Protocol and the majority of employees have already done that****. Employees are also not stuck with the choice they make by October 18 – as set out in the Protocol and FAQ document, they may change their choice at anytime.*

We really appreciate your time and attention to these questions. We know how busy we have been, so we can't even imagine how busy the two of you have been. We truly understand how difficult our jobs are and can sympathize how exhausting this can be. Thank you!

October 15, 2021 – Email communication re: **Medical COVID Exemption** (Combined Records_Redacted FOIP Part 2 – EPS IAPU 3164 2023-G-0199). Email from Lorri Carr to Noel Wee, Aneet Bassi, Kyla Smeeton, Lindsey Harding. And the previous October 7, 2021, email relating to covid protocols. In the attachment to the email Lorri Carr pulled out a summary chart as a quick glance document from the attached **AHS COVID-19 Scientific Advisory Group Rapid Brief – Medical Exemptions for COVID-19 Vaccine** – Jurisdictional Scan September 7, 2021 – Interim Report

Email - October 15, 2021 – Email from Lorri Carr to Noel Wee, Aneet Bassi, Kyla Smeeton, Lindsey Harding
These requests are coming fast and furious as Monday is also coming very quickly. There also seems to be some confusion.

For Perm vaccination accommodations the regulatory college released their criteria for providing vaccination exemptions to the reasons below:

- Severe and proven anaphylaxis to the vaccine
- Current myocarditis/pericarditis

As mentioned in the below email stream there is one temporary accommodation expected as below:

- Patients who received monoclonal antibody or plasma to treat COVID (this means 90 days following they are unable to get vaccinated)
- active COVID infection

This is why we built our form to include the temp option and we expect that the Dr advise us the date the member is able to get vaccinated.
We would then be monitoring the claim until that point and finding out from the member at that time what their choice is going forward.

Email - October 7, 2021 - Form Lorri Carr to Noel Wee, Aneet Bassi, Kyla Smeeton, Lindsey Harding, Anick Lavictoire
That was in the Scientific Advisor Group (SAG) report I had sent – here is another copy, but I have pulled out a chart that lays out them at a quick glance.
Basically, if you were treated for COVID they are not recommending you be vaccinated for 3mths after, if you just had COVID and where not hospitalized the dr may suggest the same. It would be a temp accommodation only that they would be looking or asking for. So really the accommodation would be only for the 3mth period that they are unable to get vaccinated. Then we would expect them to select an option from the protocol.

The summary chart produced by Lorri Carr as a quick reference from the AHS COVID-19 Scientific Advisory Group Rapid Brief for Medical Exemptions, following recommendations were charted by Ms. Carr (Combined Records Redacted FOIP Part 2 – EPS IAPU 3165 2023-G-0199).

Individuals for whom the first dose should be formally deferred for further exemption assessment, or for a resolution of a potentially complicating condition:

- ***Severe allergic reaction/anaphylaxis following receiving/ingestion of any component of COVID-19 vaccine (refer for Allergy Assessment Pathway***
- ***Current confirmed diagnosis of myocarditis or pericarditis from any cause***
- *Persons who received antiviral monoclonal antibody therapy or convalescent plasma for COVID-19 treatment*
- *Individuals with current COVID-19 infection*

Individuals for whom vaccination is recommended after appropriate counselling and informed consent (based on multijurisdictional risk – benefit assessment)

- *Pregnant, breastfeeding, or those of childbearing years*
- *Previous severe allergic reaction to any injectable therapy unrelated to a component of COVID-19 vaccines (e.g., intramuscular, intravenous, or subcutaneous vaccines or therapies)*
- *History of other allergies (allergy not related to a component of authorized COVID-19 vaccines)*

Specific to AstraZeneca/COVISHIELD COVID-19 Vaccine

- *Previous diagnosis of **capillary leak syndrome** - Rare reports of patients with CLS developing symptoms after AstraZeneca/COVISHIELD COVID-19 vaccine. mRNA COVID-19 vaccine should be offered.*

AHS COVID-19 Scientific Advisory Group Rapid Brief – Medical Exemptions for COVID-19 Vaccine – Jurisdictional Scan September 7, 2021 – Interim Report (Combined Records Redacted FOIP Part 2 – EPS IAPU 3167-3187 2023-G-0199). There are some significate points to be taken from the attached document, reference the attached interim report in FOIP Part 2 for additional information:

Topic: Medical Exemption for COVID-19 Vaccination

*• **This review of current guidelines considers medical exemptions and does not address human rights, religious or other possible non-medical reasons for seeking vaccine exemptions**.*

• This Rapid Review is primarily a Jurisdictional Scan. The purpose of this jurisdictional scan is to identify and review policy/approaches used in other jurisdictions (provinces, nations, organizations), including their evidence base.

• Guidance from major national public health and health organizations with similar populations to Alberta was central in this review. Policies for individual organizations (such as corporations or large employers) was generally not available and is not incorporated in this review.

• This synthesis of policies that consider medical exemptions for vaccination against COVID-19 is provided for consideration of AHS policymakers and clinical groups. Although there was considerable consensus noted, details from specific organizations (especially where there are differences) available in the appendix.

Limitations**: This synthesis of guidance reported by jurisdictions including in this scan identifies guidance based on current evidence as assessed by these jurisdictions; this is **not a review of the underlying evidence.** Further, the included **guidance can only reflect currently knowledge. This review is not a consideration of all possible but as yet unknown medical consequences that potentially may lead to identification of medical exemptions in the future.

Strength of Evidence & Methods

*This **Jurisdictional Scan identifies guidance but is not a search and synthesis on underlying scientific literature; as such, the evidence and strength of evidence is not assessed**. We conducted a search of grey literature, with a focus on websites / documentation from high profile public health and health agencies in North America and Western Europe for guidance on COVID-19 vaccination, specifically medical contraindications or precautions to vaccination. Where available, the supporting scientific evidence for stated exemptions was reviewed, **but a primary search and review of the scientific literature for medical exemptions for COVID-19 vaccination was not conducted**.*

Limitations of this review

*The Jurisdictional Scan was **limited to online resources available reporting medical exemptions for COVID-19 vaccination**. Numerous corporations (particularly in the United States) have developed internal policies related to mandatory vaccination and vaccine exemptions that are not readily available. Therefore, this document focuses on available information provided by oversight groups.*

Undated information for document with the header **EPS OHN Role in COVID-19 Vaccination Policy** (Combined Records Redacted FOIP Part 2 – EPS IAPU 3212-3215 2023-G-0199). This information provided the steps for verification/audit of the vaccination record and the required steps should the OHN need to access Netcare to confirm vaccination status. The process involved obtaining consent by email from the member to access their Netcare medical records. The document contained a sample email chain with the templated emails for the process.

> ***The Occupational Health Nurses (OHN's) are the custodians of all medical information within the Edmonton Police Service****. Access to this information is controlled through security roles within Cority that limits the Occupational Health module to the nurses, OHS admin support and overall Cority Administrator (the current OHS Manager and supervisor of the OHN's). As vaccination information ids medical in nature, the information is handled in the same manner all other medical information is. Staff are governed by EPS policy and prevented from accessing information unless there is a legitimate need to and is done so in accordance with FOIP and HIPA requirements*.
>
> *While medical information is not disclosed without consent of the person, compliance with policy, or lack thereof was when required. In the circumstance of COVID-19 policy, a member's vaccination status would not be disclosed, however if they had chosen testing instead of providing proof of vaccination, it would be disclosed to the OHS Manager if they failed to provide the required test in accordance with policy, who then would follow up with the member and their supervisor.* ***Consent was not required for COVID-19 tests or vaccinations*** *that were uploaded into Cority by the members themselves as* ***consent is implied.***
>
> ***EPS OHN Verifying COVID Immunization***
> *As the policy allowed for members to voluntarily supply their COVID-19 proof of vaccination and audit of the records supplied was conducted. In all* ***1996 CORITY*** *records were audited over a 6 month period starting Oct 2021 and finishing in May 2022.*
>
> In the **sample email communication**, the following was the consent for Netcare access to obtain COVID Immunization record by the OHN when the nurses could not verify the employee's immunization status.
>
> **(SAMPLE)** *Good afternoon,*
> *I hope this email finds you well. I am one of the Health Nurses here at EPS and we are doing a routine COVID immunization audit. It appears that there are no documents attached therefore I cannot verify your immunization status.*
> *Would you please go to the link https://covidrecords.alberta.ca/dvc enter your info and at the bottom hit save your record as PDF and then email this to me. I will verify your status and upload it into your file for you.*
>
> Consent email
> *I will need either proof of your vaccines other than the QR code or if you prefer with your consent I can verify your COVID immunization in Netcare. Please advise.*

An undated **draft letter to employees** in relation to the COVID-19 Vaccination Protocol. This draft letter was to be sent out to EPS Employees that have sent in email/letters questioning the vaccination protocol. (Chiefs Office FOIP Part1 - Attachment Part 3 - IAPU 215 2023-G-0163)

> *[Date]*
> *[Name]*
> *RE: EPS COVID-19 Vaccination Protocol*
> *I am writing to indicate that the Human Resources Division and the Office of the Chief have received your [email/letter] regarding the EPS' vaccination protocol. Although you have presented your information on the topic, the EPS is confident in the validity of this protocol. We are in the fourth wave of the pandemic, and it is imperative that the Service protects both our employees and the public from the impacts of COVID-19. The circumstances warrant continued measures to address the risk the virus poses.*
>
> *We understand that not everyone wishes to be vaccinated. Through the vaccine disclosure survey, we have determined that a large percentage of EPS employees are fully or partially vaccinated which has allowed us to take an **alternative approach to simply mandating the vaccine.** To address the risks of the pandemic while respecting employee privacy, the vaccination protocol provides options and the ability for employees to choose which is right for them.*
>
> *When the details of the protocol are released in the coming days, we encourage you to review those options and determine which course of action is best suited for you. You may have further questions, so we have included your chain of command in this response. They will be able to assist you in reviewing the protocol options and addressing any additional concerns you have.*
> *Regards,*
> *[Name]*

December 21, 2021 – COVID-19 Update – CMOH update – Email chain (Chiefs Office Emails FOIP Part 1 - IAPU 1069 2023-G-0163). This update resulted in the decision to have employees to continue to work from home due to the rise in Omicron and the concern some may have. There was also conversation about needing to fill spots with OT due to people off awaiting the results of testing.

> December 21, 2021 - Email from Katja Magarin to Dean Hilton with cc to numerous other employees:
> *CMOH Dr. Deena Hinshaw, Premier Jason Kenney and Minister of Health Jason Copping just provided a COVID-19 update. Longer update with newly announced restrictions. This probably needs another email or spotlight this week. We may need to look at our current gym rules as well and again stress mask wearing in all indoor setting, including meeting rooms.*
> *This is the most concerned I have seen Dr. Hinshaw.*
> ***Booster Vaccine***
> *o Starting immediately, all Albertans aged 18 and older who received their second COVID-19 vaccine at least five months ago can now book a third dose – booster shot*
> *o Albertans are encouraged to take the first mRNA vaccine available to them for a third dose (Moderna or Pfizer).*

o Pfizer will be offered to Albertans 18 to 29 years of age for booster purposes as a cautionary measure.
o Urging every Albertan to get vaccinated, getting third shot very crucial to reduce severe outcomes
Rapid Tests
o More rapid tests coming, including 10 million additional expected in January
o If one has a positive rapid test, one must isolate and get a PCR test, this is a requirement
Omicron development
o ***Breakthrough cases in those vaccinated and those who have recovered have been observed – vaccination reduces severity***

December 21, 2021 – email forwarded from Megan Hankewich to Martine Sallaberry and Geoff Crowe
Just an FYI on covid situation as we look at work from office vs home for January. Looks like a specific ask from Hinshaw to continue work from home and no gatherings even at REP locations. I'm thinking we will likely be back from home completely in Jan just given how omricon is spreading so far but I think watching the next week is key too.

December 23, 2021 - Email Geoff Crowe to Megan Hankewich and Martine Sallaberry
Did you mean not back from home or be working from home in Jan?

December 23, 2021 - Email from Megan Hankewich to Martine Sallaberry and Geoff Crowe
Working from home. As my guess. And almost 1400 new cases yesterday. Just not looking good. BC estimate saying Alberta could hit 6000 cases per day within 4 weeks if nothing is done.

December 23, 2021Reply email From Geoff Crowe
Yeah, with the virulence of Omnicron, it might not be a bad idea to retreat to full work from home except where necessary in January until further notice. If you think that is proper, you might as well let people know that circumstances have changed and while it is important to return to the office at a gradual pace, now is not the time.

December 23, 2021 – Email from Megan Hankewich to Martine Sallaberry and Geoff Crowe
Yeah I was thinking earlier to watch how this week/two goes. But if it keeps going like it is, especially with the comments from the pandemic team yesterday that they're having issues filling all of the OT spots for people off awaiting results/etc it might be an obvious necessary answer sooner.

December 23, 2021 Email from Geoff Crowe to Megan Hankewich and Martine Sallaberry
Yeah, then just pull the trigger and call off working from the office except where necessary. Send them all an email now as I imagine the rise of Omnicron is making some of them concerned.

December 27, 2021 – **Email communication Re: Changed to COVID-19 restrictions** – (Chiefs Office Emails FOIP Part 1 - IAPU 1087 2023-G-0163)

From Nicole Wetsch:
*My staff are seeing a **huge increase in COVID positives and close contacts** and we are rapidly going to be seeing staffing shortages if we don't get a handle on it.*

I strongly recommend we adopt interim measures that require staff to be masked at all times when in EPS facilities unless alone in single occupancy offices with the door closed. This means those working in cubicles or other open concept office spaces must be masked at their desks. I also suggest we have members in cars wear N95 masks at all times.

***This is the fastest increase in positive cases and people away we have seen since the pandemic began**. Anyone who can work from home should be working from home and our sworn operational members, particularly patrol, need to be diligent both with controls and isolating. We have had several argue with the nurse about having to isolate because they are unhappy about missing holiday overtime.*

From Dean Hilton to Kevin Brezinski:
*Will C.C. be supportive of the measures noted below by Nicole? Of course these measures will only be effective if they are **enforced.** We will need senior leaders to **ensure that they both model and enforce our protocols**. If C.C supports, we will send out a Corp Comms message today and should likely include reference to the increasing numbers for reference. Patrol is looking for contingency staffing, but that should include us ensuring all protocols are being followed.*

December 29th and 30, 2021 – (Chiefs Office Emails – FOIP Part 1 - IAPU 350-352, 955-958, 123-124, 116 2023-G-0163). This is an email chain that followed a COVID-19 Update for Senior Management email. Melissa Polson was asked to provide addition numbers in relation to the rise of number of positive cases at the EPS, the following email exchange occurred between Alan Murphy, Dale McFee, Kevin Brezinski. Below are the responses in the email chain related to **the rise in numbers**. Note the emails sent after Alan Murphy's at 08:22 were only between Alan, Dale and Kevin.

From: Kevin Brezinski
Sent: December 30, 2021 08:13
FYI and Al is checking on the numbers for the vaccinated vs unvaccinated.

From: Alan Murphy
Sent: December 30, 2021 08:22
Hello again,
*To give you another perspective on today's numbers I can tell you that of the **51 active Covid cases in the organization 47 are members that are vaccinated and 4 are not vaccinated. I think we may have believed the opposite would be true.***
Al

On Dec 30, 2021, at 8:23 AM, Kevin Brezinski wrote:
*FYI interesting that of the **51, 47 are vaccinated**.*

From: Dale McFee
Sent: December 30, 2021, 09:01
Kev, what would be of interest is are the symptoms and illness any different between the cohorts? It appears omicron symptoms for vaccinated are minimal. What we don't know is that the same for non vaccinated.

On Dec 30, 2021, at 9:02 AM, Kevin Brezinski
*From what we have heard thus far, the **symptoms are mild to moderate for most**. This is something we can certainly inquire about.*

From: **Dale McFee**
Sent: December 30, 2021, 09:04
To: Kevin Brezinski
***If there is a differentiation then perhaps we can inform to possibly increase vaccination if that is the case**.*

From: Kevin Brezinski
Sent: December 30, 2021, 09:04
Might be worth simply asking if they are aware of the symptoms of the 4 unvaccinated.

From: Alan Murphy
Sent: December 30, 2021, 11:04
*According to the nurses the symptoms run the spectrum. **We have some triple vaccinated members who have been hit hard and some unvaccinated that have mild symptoms**.*

The most common are fatigue, headache and sore throats.

From: Kevin Brezinski
Sent: December 30, 2021, 11:10
*See Al's response after chatting with the Health Nurses. Appears from our data that **unvaccinated are not any worse off than vaccinated folks.***

January 4 and 5th, 2022 – Update for Senior Management – (Chiefs Office Emails FOIP Part 1 - IAPU 107 2023-G-0163)

Melissa Polson to Nicole Wetsch and Danielle Brown
*I have been asked to provide an additional report as our numbers are still rising. Please see below for the most recent numbers. The nurses are actively working to inform vaccinated COVID positive members and close contact isolations of the **reduced isolations requirements** and determine if they are still symptomatic or are cleared to return to work. We expect this to relieve some of the staffing absences.*

Alan Murphy to Dale McFee et al
Here are the latest numbers. As of today, the COVID-19 positive case rate for vaccinated employees is 2.9% and 8.1% for unvaccinated employees.

January 5, 2022 – Update to isolation and masking requirement. (Chiefs Office Emails FOIP Part 1 - IAPU 1093 2023-G-0163). Email from Dean Hilton to Kevin Brezinski.

Here is what we would like to put out from the pandemic committee regarding isolations and masking. A couple of key points for consideration.

There are three areas that we will exceed the health order requirements as we believe the nature of our work requires a higher safety standard to protect our staff so that we can maintain minimum staffing.
1. Masking in all areas of our facilities, and when interacting with the public unless alone in a closed office.
*2. We will continue to do 10 day isolations for **asymptomatic close contacts** that are **unvaccinated**; although we reduced from 14 days.*
3. Masking all the time while in an EPS fitness centre.

*As stated previously, it will be important that these measures are followed as often the health nurses hear members are not adhering to existing protocols when they do contact tracing. We will need leadership to model and correct behaviours until we can stabilize our increasing numbers. This said, our **isolation numbers should see a designed decrease once the five day isolation is activated.***
Let me know if C.C. supports this message or if there are any questions.

An **undated** document **Updates to isolation and masking requirements EPS has updated isolation requirements for COVID-19 positive cases and close contacts.** – (Chiefs Office Emails FOIP Part 1 - IAPU 1134 2023-G-0163). Provided an update to the isolation and masking requirements of EPS employees.

Isolation for positive cases
*• **Fully vaccinated (2 doses**): Isolate for **5 days** from the start of symptoms or until they resolve,*
whichever is longer. For 5 days following isolation, wear a surgical mask at all times in the workplace and do not eat in lunchrooms or open concept offices around others.
*• **Not fully vaccinated** (1 dose or less): Isolate for **10 days** from the start of symptoms or until they resolve, whichever is longer.*
• Regardless of vaccination status, if you test negative and have symptoms, stay home until symptoms resolve.
• Contact the health nurse via email and they will follow up with you

Quarantine for close contacts
*• **Fully vaccinated**: **Not required to quarantine** but should monitor for symptoms. Isolate and seek testing if symptoms develop.*
*• **Not fully vaccinated** (1 dose or less): **Isolate for 10 days** if asymptomatic. Monitor for symptoms and seek testing if they develop.*
Although the province has removed close contact isolation requirements for the public, EPS has chosen to require a 10-day isolation period for close contacts who are not fully vaccinated, shortened from the previous 14-day period.

January 6, 2022 – (Chiefs Office Emails FOIP Part 1 - IAPU 1082 2023-G-0163)

> *We have now moved to the **five day isolation for symptom free vaccinated** employees that may provide some relief and I am advised that the health nurses have now reached out to the majority of those employees to inform them of that change.*
>
> *I request that you all ensure that you are familiar with the protocols as outlined on the latest EPSNet article. We need to ensure that all of us, and all supervisors within our work units, are adhering to and modeling those expected behaviours to increase employee safety.*
>
> *Our current active cases have been doubling approximately every 3-4 days. Our protocols are what the EPS has deemed to be the best remedy to try and stay ahead of the curve regardless of anyone's personal opinion otherwise. Should the EPS receive any complaints from the province (OH&S), it would be prudent to demonstrate that our protocols and practices meet or exceed the health order requirements.*

January 26, 2022 – Update for Senior Management – (Chiefs Office Emails FOIP Part 1 - IAPU 327 2023-G-0163)

> *The numbers are showing a continued decreasing trend. That being said we are still consistently seeing several positive and isolations daily. Since the January 1st we have had 466 unique isolations related to COVID and **234 positive cases, which is more positives than the first 17 months of the pandemic combined**.*

The OH&S FOIP Part 1 folder contained the City of Edmonton COVID-19 Vaccination Procedure – which falls under Administrative Policy A1701B – Approved on October 6, 2022, with previous approval dates listed as March 2, 2022, and September 16, 2021. This procedure is similar to the EPS COVID-19 Vaccination Disclosure Protocol.

March 1, 2022 – **Update RE: CPS update on COVID-19 measures** (Chiefs Office Emails FOIP Part 1 - IAPU 128 2023-G-0163)

> Email from Katja Margarin:
> *I just got a phone call from Calgary Police updating on their changes in protocol. **Effective today they will go back to everything pre-pandemic, with the exception that sworn members have to carry masks to they can don one where required (hospital, transit, City of Calgary facilities, etc.)**. Returning back to the office from working from home will be staggered over the coming weeks, with everyone returned by April 4. At that point people can apply to participate in a hybrid model.*
>
> *There is no more mask, distancing, vaccination, testing, group size or any other requirement. Gyms are also back to regular fire code capacities.*
>
> *The City of Calgary is keeping masking for their own employees for now (not sure how long).*
>
> *The City of Calgary is also investigating if they are introducing their own bylaw for mask wearing on transit. Apparently the CMOH Order is **not enforceable by municipal bylaw, just police**. But it is unclear at this time how and if that will work if indeed the GoA will change the Municipal Government Act.*

The person I talked with was not 100% clear on how employees on leave without pay would be returned to the office as their HR is dealing with those HR specific items. However, there are no more restrictions on unvaccinated employees.

Dean Hilton forwarded to Kevin Breziniski. (Kevin then forwarded the email chain to Dale McFee, Ron Anderson, Darren Derko, Darren Eastcott, Enyinnah Okere, JoAnne Kirkland: *FYI. Did C.C. have another time set aside for to discuss the pandemic protocol? It would be good for you all to hear Dana C's perspective and then decide a course of action. I see the Premier just* ***announced making an amendment to the Municipal Governance Act taking away the autonomy of municipalities to enact their own public health acts****. Calgary PS looks like they are opening up things today; although not sure of their position on unvaxxed yet.*

March 3 and 4th, 2022 – Email Chain with the **development** of the **Return to Work Guidance V6.1** – (Chiefs Office Emails FOIP Part - IAPU 1122-1126, 1127-1131 2023-G-0163)

4. Symptomatic employees and close contacts
If an employee is demonstrating signs or symptoms of COVID-19 they must:
• Stay home/return home; and
• Contact their supervisor and the OHN for further direction

If an employee is unvaccinated and a close contact of a confirmed COVID-19 positive individual they must contact the OHN for further directions.

9. Vaccination Protocol Modifications
The testing protocol for unvaccinated employees remains in place until further notice*. The requirement for this vaccination protocol will be reviewed every 21 days and employees will be notified if changes to the protocol result from review.*

March 4, 2022 – **COVID-19 Update March 2022**, this document is undated, and it is not clear where it was posted for employees. It was produced in response to the GOA easing of restrictions Step 2.

6. Vaccination Protocol Modifications
The ***testing protocol for unvaccinated members remains in place until further notice****. The requirements for this vaccination protocol will be reviewed every 21 days and employees will be notified if changes to the protocol result from review.*

All other restrictions for unvaccinated employees are removed and they can now access gyms, lunchrooms, etc*.*

Lifting of testing and vaccination

On March 9th and 10th, 2022 An email conversation to remove the Covid vaccination requirement from job postings. This was approved on March 10, 2022. (OH&S Folder FOIP Part 1 - IAPU 532 2023-G-0163)

In follow up to our discussion on the fact that ***the City has removed the requirement for applicants to have Covid vaccinations,*** *I spoke with Katherine today and she wants us to remove that requirement as well. So Carmen, if Shawna is good with this I think it can come off of any of our postings now.*

On March 10, 2022 - **Email chain Nicole Wetsch with Lora-Lea Francoeur, Senior LR Consultant** about the lifting of the vaccination protocol requirements. (OH&S Folder FOIP Part 1 - IAPU 555 2023-G-0163)

> *Nicole: **Attached is the list I have of employees who are testing.** Those highlighted in yellow are currently on my list of people **exempted from testing by disability management** (most likely due to recent COVID infection) and the one from HR. There may be a few more as it can take a week or so for disability to notify us.*
>
> *Lora-Lea: FYI – I just heard that **AHS and Covenant are dropping their vaccination and testing requirements as of 4pm today**. We are already getting pressure to do the same so I suspect that will be amplified…*
>
> *Nicole: Yeah, we discussed this yesterday, the COE is maintaining it until the 1st of April. We had said we would evaluate in 21 days, which would be the 25th, so the plan right now id to drop on the **26th.** That should be communicated soon.*
>
> *Lora-Lea: That is good to hear, **because I wasn't sure how we were going to justify** that going forward. Thank you for the update!*

March 15, 2022 – Lessons Learned from the pandemic email chain – (Chiefs Office Emails – FOIP Part 1 - IAPU 1005 2023-G-0163)

> *The Chief shared a book from PERF outlining **lessons learned from the pandemic**. He was wondering if we are doing something similar? I thought that perhaps Katja may be working on something?*
>
> *Yes, Katja was tasked/ vounteered to put together an AAR draft to share with the rest of the committee for further input. It is on her list of things to do.*

March 23, 2022 - Email from Katja Magarin regarding COVID-19 Update. (OH&S Folder FOIP Part 1- IAPU 493 OHS file)

> *There was just now an update from CMOH Dr. Hinshaw and Minister of Health Jason Copping. Here is a brief overview.*
>
> - *There was no indication given when Step 3 could be announced*
> - *BA2 is more transmissible than BA1, but currently no evidence it causes more severe disease*
> - *Strongly recommending to get booster doses if not yet done*
> - *Fourth doses of vaccines only recommended to those immunocompromised at this time*

April 6, 2022 – COVID-19 Update for Senior Management – (Chiefs Office Emails FOIP Part 1 - IAPU 318 2023-G-0163)

> *Feedback from the nurses is that we have seen a marked increase in cases, as we expected with loosening of provincial controls and return of members to the workplace.*
> ***The general consensus is that this phase of the pandemic has had milder impact on members and less are requiring isolation beyond 5 days unless unvaccinated.***

An undated document EPS COVID-19-19 Plan Update (Chiefs Office Emails FOIP Part 1 - IAPU 1132 2023-G-0163) – this outlined the changes that would apply to employees with the further lifting of COVID-19 measures.

> *• Employees will begin a phased approach to return to the workplace. Although subject to further consideration, it is expected that 100% of staff should be returned to the workplace by April 18, 2022.*
> ***• Unvaccinated employees can now use workout facilities, lunchrooms, and attend non-mandatory training***
> *Restrictions still in place:*
> *• Masking is still required in shared settings unless alone in a workspace and two metre distancing is maintained. If you are alone or can maintain 2-metre physical distancing, you do not need to wear a mask.*
> *• In-person social events, including in lounges or messes are not allowed until Step 3.*
> *• Employees demonstrating signs or symptoms of COVID-19 must stay home/return home and contact their supervisor and OHN for further direction.*
> *• Provincial isolation requirements for symptomatic persons are still in effect –* ***minimum 5 days for vaccinated and 10 days for unvaccinated,*** *plus being symptom free.*
> ***• Testing remains in effect for unvaccinated employees. This will be reassessed in 21 days. This decision was made based on our organization's COVID-19 cases data, as the COVID positivity rate amongst unvaccinated staff was 3.5x the rate of vaccinated employees****.*
>
> *Since we implemented the testing program,* ***34 unvaccinated*** *people tested positive. Of those,* ***14 were caught before the member developed symptoms due to the test*** *requirement. With Omicron's high rate of transmission, these tests were certainly able to prevent further spread.*
>
> *For information, the positivity rate of COVID-19 positive cases in unvaccinated people (after widespread vaccine availability) was 58.6%, the positivity rate of COVID-19 positive cases in partially vaccinated people (after widespread vaccine availability) was 50%, and the positivity rate of COVID-19 positive cases in vaccinated people (after widespread vaccine availability) was 16.6%.*

October 13, 2022 – Vaccination Policy of Police Services – (Chiefs Office Emails FOIP Part 1 - IAPU 643 2023-G-0163). Email from Leticia Aplin at AACP on behalf of Marlin Degrand from GOA. This message was sent to all Chief of Police in the province. The reply to this was not provided in the FOIP disclosure.

> *Good Morning,*
> *I have been asked by our Deputy Minister's office to canvas the chiefs for information on the current vaccination policy requirements of the services.*
>
> *What is the current status of the same?*
> *Do your services reguire vaccination for Covid?*
> *If so, can you state how many officers are off work due to not meeting that vaccination requirement.*
>
> *Thanks very much for any information on this you can provide back to Leticia for consolidation and reporting.*

In the (Chiefs Office FOIP Part 1 - Attachments Part 3 - IAPU 185 2023-G-0163), this document is not dated but it references the lifting of the remaining provincial COVID-19 restrictions on June 15th. It is reasonable to state that this was in 2022.

> *For the time being, existing EPS workplace measures remain in place while impacts are reviewed.*
> ***The province announced that it will be lifting all remaining COVID-19 restrictions effective June 15th,*** *this includes wearing masks on public transportation and quarantine requirements.*
> *For the time being,* ***all measures at EPS will remain in place*** *while we review how this announcement impacts our workplace. Resulting changes will be shared in the coming days.*
> *If you have symptoms, please remember:*
> *• Employees who have symptoms must stay home/return home and contact their supervisor and OHN for further direction. Symptomatic persons must isolate for a minimum of* ***five days for vaccinated and 10 days for unvaccinated****, plus being symptom free.*
> ***• Any vaccinated employee returning to work following COVID-19 infection must wear a mask in the company of others for 5 days (this includes while alone at a workstation in a shared space, but not alone in a closed office).***
>
> *We understand that many are eager to see all measures lifted; however, we need time to assess the effect on our current practices and how to balance maintaining a safe work environment. The EPS continues to have a legal obligation under the Occupational Health and Safety Act to do everything reasonable to ensure the safety of its workers.*

12.3) Employee Information - COVID-19 Vaccination

- **Vaccination of any kind is a personal choice and the right to abstain from a medical treatment, testing or procedure**.
- Health authorities and the GOA were all saying it was a **personal choice** to take the COVID-19 vaccines, yet **EPS felt they had a right to demand it to be able to work**.
- Hundreds of questions, concerns and comments by EPS employees were submitted in an attempt to gain clarification, present information, ask for **legal authorities and there was no response back.**
- Lengthy well researched documents were sent to EPS senior leadership, OHS and the EPA outlining the concerns about the experimental, interim authorized vaccines.
- Employer made it **Mandatory** to disclose personal medical status in relation to their COVID-19 vaccination status **PRIOR** to the implementation of the vaccine protocol. Anyone who did not disclosure their personal medical information were placed on leave without pay, were subjected to PSB investigations and were disciplined or were forced to take early retirement (terminated). These employees were advised by the **EPA lawyer** that they **could be left on unpaid leave as long as the Chief wanted too**.
- Many employees feared that they would lose their job as COVID-19 vaccination policies started to be implemented by other employers around the province and federally.
- Vaccine described by employees as **extortion, coercion, depth of harm, vaccines were never shown to be safe and effective.**

- Propaganda in the government, media and from EPS communication to staff
- **EPS posted misleading and false information for employees, while knowing that the COVID-19 vaccines were in clinical trials and were experimental**. **Employees describe this as criminal.**
- Some employees have **previously had vaccine related adverse events** and were not open to taking an experimental vaccine with no long-term information. It was very distressing that they were being forced into a medical procedure that they did not consent too.
- Violation of the duties as a sworn member to push a medical treatment.
- **Inaccurate communication where the employer should not be giving any medical advice to employees.**
- EPS employees communicated that there were some work areas that implemented their own punitive actions of **restricting the unvaxed from entering some EPS buildings**.
- When the protocol came in suddenly there was a **ban on the use of fitness facilities** for the employees that were rapid testing. This made zero sense. If the tests worked then really those doing the testing were the only ones that were known to not have COVID-19, if the tests didn't work, why were they being used? It was just a punishment on top of other punitive actions that the employer implemented to try to increase vaccination rates in the EPS.
- Employees that were working from home were required to comply with the vaccination protocol, with **no rationale** other than this was to be **"fair"** to everyone. And there may be a need to come into the office at some unknown point in time. This was not about workplace health and safety.
- West division was into **public shaming of people who they knew were not vaccinated** or chose to not disclose their medical information. Employees from all divisions knew about the harassment, "**shame" room** (lunchroom).
- Some work groups including supervisors were completely disrespectful, unheard and was treated like a disease, called conspiracy theorists, super-spreaders, the "joking" and harassment was unbearable. This fractured their operational units.
- The emails from EPS began to come out with the company line that not getting **vaccinated posed a threat to the physical health of their co-workers**.
- No one could rationalize why only the vaccinated could freely use all EPS facilities, access training, and not have any restriction on their professional development and personal health. Especially when they would be pending an 8-hour shift in an EPS vehicle but could not eat their meals or workout together.
- **No justification was ever provided to support the violation of their medical privacy**.
- **Not only lack of EPA support** but they came out in support and indicated that they would **not challenge the vaccination protocol**. They supported the communication and would not pursue any action to prevent the implementation of discriminatory, punitive, and other measures.
- The **ability to pick up extra duty or special duty was not challenged by the EPA; this was financially punitive and would be against the collective agreement. This caused financial harm to the employees.**

- Employees were being **directed by supervisors to get their shots on their week off so that they would not be having side effects while at work** like some employees had experienced. When a vaccine side effect occur on shift it became an officer safety issue that was not addressed.
- Employees could get 3 hours paid time off to get vaccinated but anything relating to the rapid testing was at the employees own cost and had to be completed on their own personal time and cost.
- **The employer failed in their duty to warn of the risks**, this is negligent and was communicated to the employees in a way to reduce vaccine hesitancy. **They knew it was interim use authorized and still in clinical trials, this was intentional deception, concealment of information and fraudulent communications.**
- **All** medical and religious exemptions were **denied** for vaccination, and only a few medical exemptions were known to be approved for the masking.
- Employees provided very detailed information requesting religious exemptions, they were deemed to **not be valid religious reasons for declining vaccination**. This was very upsetting for employees; they demand to know who has the right to judge if their religious convictions were valid.
- When hired the employees produced their vaccination records, if there were vaccines that they did not have for any reason they were not forced to then take the recommended vaccines, in some cases employees recall signing a waiver for the employer liability. Most of the employees had their routine childhood and other vaccines so this was not an issue for them when they were hired by EPS.
- The **employer knew about vaccine injuries for employees**, and they were accommodating vaccine injured workers prior to the protocol taking effect. Instead of stopping the implementation of the protocol they pushed forward and when the protocol was released in September, they had added a testing "option". This was after the communications between EPS leadership and the EPA.
- Employees sent in **well researched memorandums and letters to leadership, none of them received a response back**. It was clear that EPS leadership had a single path to put in the mandate even if they had to fire all employees that would not take the shots.
- During the EPA and EPS meetings the Chief was informed that there would be approx. **150 members that would be on LWOP if they mandated vaccines**, his response was to **fire them all**.
- The EPA determined that the testing option was a good choice and was not going to challenge the protocol because there was a choice offered. **Instead of supporting the worker choice they supported forced medical testing.**
- April 30, 2021, email from Human Resources "**It is important in your roll as a Police Officer, that you are immunized. A worker in your roll is at increased risk of being exposed to COVID-19 and spreading it to others…" Yet no one was getting seriously ill,** and many divisions had very little illness as front line since March of 2020.
- EPS communications continued to ramp up with an EPS corporate communications email on September 17, 2021 "**mandatory vaccine disclosure surveys**" that include a threat that "**those that do not (do the survey) will be dealt with in the same course as non-compliance with of the EPS policies and directives**." The threats of professional

consequences for non-disclosure of personal medical information were felt by many to be illegal and an invasion of their privacy. Information that the employer could not justify obtaining.

- **The constant threatening emails and the punitive measures that were announced for those that would not disclose were causing extreme stress**.
- The **EPA was silent and did nothing for the frontline workers**. The employees combined with the COE and Edmonton Fire Rescue employees that were opposed to the employer overreach and had legal notice sent to the employer regarding the vaccination mandate. **This legal notice was quickly dismissed by EPS and COE lawyers, saying they could do this to protect the health and safety of the workers**.
- The COVID-19 vaccination protocol came with **extreme restrictions and requirements**. Households with more that one EPS employee or where their spouses' **workplaces were imposing the same measures were torn. It was a devastating situation. With the threat of job losses at any moment families were making decisions they should have never had to endure**. Some ended up downsizing and selling everything in the event that they became unemployed, some of their spouses did lose their jobs, sold homes sold vehicles and did everything possible to prepare themselves for the worst-case scenario. **Some employees made the heartbreaking decision to have one take the COVID-19 vaccines and one not so that they would at least have one income in their home**. Now they express the uncertainty and fear for their health.
- As a result of the hardship both financially, time, living out of the city and for shift hygiene (requirement to be well rested for work) many employees could not make the testing option work and were **faced with the devastating decision** to vaccinated or be placed on a leave without pay.
- **Employees faced name calling, anger from co-workers and supervisors telling them to take the shots, employees went on stress leave as a result of this situation** as it was too much for their mental health and they had lost all trust in the employer which was essential for their job. The employer choosing to do this to their employee that they claim to care about is "**morally repugnant**".
- Many Employees voiced that they waited and hoped things would change but because of the limitations, hardship, and possibility for the employer to remove the testing option, they **capitulated and took the COVID-19 vaccines to keep their jobs. This has destroyed their mental and physical health**.
- Prior to the COVID-19 vaccination protocol being released employees stated that it was being communicated as **compulsory and mandatory, many employees took the vaccine believing this would be the case, then when the protocol was released there was a testing option**. This has caused a range of emotions for the **coercion and deceit** of the employer.
- As permitted by the employer some employees went and took the vaccination while on shift and then kept watch for each other. **This had detrimental impacts to their ability to perform their duties as an employee experienced an adverse event while at a call**. When the supervisor found out their only instruction was to do the next shot while not on shift so that they have time to recover.

- The EPS reporting system would not accept the entry of vaccine related medical issues, for they reason that they were not deemed mandatory by the employer. So, a COVID-19 **positive test from a workplace exposure was covered by WCB yet a vaccine adverse event was not reportable** when it occurs on the job and was a requirement of employment.
- Employees that have discussed vaccine related issues informed that some of their **doctors won't document a vaccine injury for fear of disciplinary action from their regulatory college, some physicians are refusing to discuss the causation**. Many are not getting the medical care they need because of this.
- **Adverse events occurred and are still occurring for employees**. There are countless accounts of medical events for previously healthy employees. **Trips to emergency for heart issues, clotting, bruising, hospitalization for sudden cardiac issues, myocarditis, headaches, joint issues, fatigue, hair loss, insomnia, exhaustion, weight changes, memory issues, constant illness and getting any respiratory going around**. These are ongoing medical issues that are **not recognized or supported** for those that have gone to the employer.
- The HR that handles worker illness are **not accepting of the vaccine related hospitalizations even with all the charting, these non-medical personnel are denying support for health issues that employee face**. The employees have required medicals and must meet the fitness to work requirements, they had no previous medical conditions and the only factor that changed was the COVID-19 vaccination. With the denial of medical support, the employees are faced with trying to manage adverse issues on their own and it has also now served as a deterrent to for others to not report medical issues.
- There is **no ability for employees to report adverse vaccine events with the employer and seeks support related to health issues post vaccination.** Even to date the employees are having to battle to get the EPA and the employer to try to get coverage and support for post COVID-19 vaccine related issues.
- A member of the EPS leadership team informed people at their division that they had a case of **myocarditis, but it wasn't a big deal**, and they were ok now. This was as they dismissed concerns about the COVID-19 vaccines that employees were bringing forward.
- EPS employees that **capitulated under the pressure and took the vaccination have expressed the harm mentally and physically**. They have chronic health issues, many fear what will come next with their health, they are under constant stress over what a headache or pain might be caused from, they worry about their fertility, and the mental anguish has been extreme. These **employees expressed a range of emotions from depression, self-hate, regret, anxiety, anger, abandonment, shame, and distrust.**
- The worry over employee's future with the organization is compounded with the idea that the **protocol was simply suspended, and they were informed that it could be re-activated or modified at any time.** There is no trust that the EPS or EPA have any regard or care about the harm they have caused or the impact to employee's health.
- This further adds to the trauma as they are constantly **worried about what they long-term health** will be, some are being accommodated at work because their vaccine injury

is such that they can no longer perform their previous position. The employer knows about the extensive illness and injury the vaccine has caused to the workforce.

- **Employees are currently providing support and assistance to co-workers** that have approached them with medical issues, they are suffering from frequent illness and health issues post vaccine. They fear their personal health information being obtained by their employer as it may affect their fitness to work.
- The **employees have been fighting to get their union and association to support them with pursing WCB coverage for the vaccine injured. The EPA has a COVID-19 vaccine injury file open with at least 20 signed statements from members who are vaccine injured. The EPA has knowledge of vaccine harm, and alleged deaths and will not launch an investigation as they are required by law as police officers**.
- The EPA **will not** seek compensation for the out-of-pocket costs of the membership for the employer required testing, other unions have fought for their employees to have compensation.
- Employees know of the deaths of employees that are related to mandatory vaccination protocol as well as alleged vaccine adverse events.
- Employees have communicated knowledge of approximately 15 retired member deaths since 2021 and 5 active employee deaths. Some of these they had provided significant information that indicated that the employer's vaccine requirement contributed significantly to the death. **Many employees said there is no desire for the employer to review or investigate the causation behind these deaths, they must be concerned about liability.**
- Employees said that this is the **largest employee injury event in EPS history, and everyone is trying hide it away.**
- The treatment of the employees and failure of the employer to stop the harm is **negligent**. They had the information that should have paused this unknown product from being injected into their workforce.
- Employees asked how the employer is dealing with the decision now? Now that the COVID-19 vaccine injury information is public, the contract with Health Canada is public and supported what the employees were flagging with no long-term safety data and no efficacy data being presented. If law enforcement had stopped and identified that it was not safe, how many of the public would have also reconsidered taking the vaccines?

The EPS employees have reviewed the **Calgary Police Service (CPS) – COVID-19 Vaccination** Requirements. They provided the following information related to the differences that they have discussed with CPS employees.

- CPS had a mandatory online education program about the efficacy and safety of the COVID-19 vaccinations.
- If the participated in the Rapid Testing Program. They would be provided an at-home testing kit at no cost until December 1, 2021. The testing had to be completed no less that twice weekly with a period of 72 hours between tests. After December 1, 2021, the cost of the test kit was to be incurred by the employee and the test must be completed on their own time.

- If there was non-compliance with testing or vaccination the civilian and sworn employees would be placed on an unpaid leave of a minimum of 30 days and could apply vacation time or accrued time off if available to continue being paid. The intention of this was to encourage corrective behaviour and was not intended as disciplinary. After the 30 days if they failed to comply, they would be subject to disciplinary action up to and including termination. Additionally sworn employees would also face disciplinary action pursuant to the Police Act and Police Service Regulation.
- Notable that the CPS COVID-19 vaccination policy **did not have the punitive restrictions** like the EPS protocol. The CPS employees that were doing the rapid test program could access the fitness facilities, lunchrooms, and training.

The 17-page document that had been removed from the FOIP was provided by the employee for review with employer information**. The document was provided to the EPA and EPS Senior Leadership on September 16, 2021.** The document is attached as Appendix EMP-04. The employee identifiers have been removed from the attached document as there is significant concern for professional harm. This document has been used to demonstrate that EPS leadership and the EPA were made aware of the concerns employees had regarding the COVID-19 vaccines, testing and other pandemic issues. This document is **well researched and sourced from mainstream available information prior to the implementation of the COVID-19 vaccination protocol at EPS.** No response was received by the employee and the protocol was implemented without consideration of the information.

12.4) Analysis and Recommendations - COVID-19 Vaccination

The OHS act and the provincial government **did not require** any businesses to implement a mandatory COVID-19 vaccination or vaccination disclosure policy, procedure, or protocol. Any employer that **chooses** to implement these types of workplace requirements did so independent of any legislative ability or protections. In the writer's opinion, the EPS leadership and decision-making team implemented this policy to support their own personal agendas and beliefs**. As law enforcement with legal advisors on staff and on the committees, there is no justification or reasonable grounds to claim they did not know.** A well-informed employee base, advisors and communication directly to EPS leadership, and the pandemic committee was **ignored**. The EPS had an obligation to assess whether there would be legal grounds to force a medical disclosure or medical treatment (vaccination or testing) on any employee. There was **no opt out** for providing personal medical information. The employe mandated to know this to determine what to push out as a COVID-19 vaccination protocol based on the percentages of vaccinated employees. Those that **did not answer the mandatory vaccination disclosure** were placed on unpaid leave, had a PSB complaint for insubordination and were subject to job action.

When assessing employer rules or policies that are likely to affect employee's individual rights it is necessary that any legal advisement apply the KVP test, which sets out the scope of management's unilateral rule making authority under a collective agreement. This would be the application that an arbitrator would apply to assessing the policy.

The KVP test requires that a policy or rule satisfy the following conditions:

- *it must not be inconsistent with the collective agreement;*
- *it must not be unreasonable;*
- *It must be clear and unequivocal;*
- *it must be brought to the attention of employees affected before the company can act on it;*
- *the employee concerned must have been notified that a breach of such rule could result in his discharge if the rule is used as a foundation for discharge; and*
- *such rule should have been consistently enforced by the company from the time it was introduced.*

When applying the KVP test, it is important to consider the ever-evolving workplace health and safety conditions involving COVID-19 and the reasonableness of a workplace rule or policy that may infringe upon an individual's rights. Leadership has the legal obligation to protect the health and safety of their employees, any such rule or policy must be reasonably necessary and involve a proportionate response to the real and demonstrated risk or business need. The employer would need to provide sufficient information and evidence to apply this requirement. None of this information was present in the FOIP and the only justification provided to the EPA was in the form of statistics for time off.

> *For information the EPA has hired a lawyer, Dan Scott, to look at the EPS protocol as it relates to Covid. Dana and I have provided him with some information to help answer some of the questions/concerns that have been raised by EPA. One of the questions he asked was around "**how many members have been infected with Covid-19 (and recovered) to October 1, 2021, and how many lost shifts that has resulted in?***
>
> *We sent him the answer and he now wants to know if the EPA can use this information to share with the sworn members in a communication piece. I do not have any issue with it but before that happens I want all of us to know what the numbers are. Just a quick calculation, If we look at $50 an hour and 10 hours per day x 11,020 days we are looking at $5.5 million. **This information supports our need for this Protocol,** there is no private information in it, and either it will be used by the EPA to show its members why the Protocol is necessary/reasonable or if the EPA decided to challenge the Protocol in a grievance the numbers will be disclosed through that process anyways.*

The **money and lost shifts were the justification**. How is that related to safety, especially when the lost time was for illness and for isolation from close contacts. We are **not looking at serious worker illness, death, or permanent injury from COVID-19 infection,** but the monies spent on CMOH Public Health directed isolation and positive test numbers. There was not a cost line in the hazard assessment related to COVID-19 as a workplace hazard, when this protocol was brought in under the guise of required by OHS and to ensure worker safety that was never demonstrated by the employer.

In the case of the employees working from home, the only reason provided was that it was to be **"fair"** to all staff. Even with EPS providing first responder services to our communities there was no evidence which indicated that there was an increase in the level of workplace dangers or hazards associated with COVID-19 outbreaks or transmissions. Implementing the COVID-19

vaccination protocol **was unreasonable and violated the employees' privacy rights and right to bodily integrity.**

The **OHS manager for EPS has informed employees that she had done vaccine research in the past**. It is notable that she had previously worked for the National Research Council of Canada with nanoparticles and plasmid DNA research. If she had worked in vaccine research, then this places her in a unique position of understanding the approval and research process for vaccinations as well as knowing where and how to look up the status of clinical trials. When exploring vaccinations for an entire population of workers and when concerns were being raised by employees about the experimental and new mRNA vaccines, there was an obligation for her to look up the information and provide it to EPS leadership to allow for informed decision making. A person with her background and required obligations would know to look for information and would be required to mitigate the risk of an Interim Use Authorized vaccines, not approved via a regular regulatory approval process and with no safety or efficacy data provided for the approval. This information was easily available with a simple search on the Government of Canada websites. **There was clear concealment and inaccurate information provided to the EPS employees from the OHS department**.

Due diligence when considering the implementation required the professionals to explore all the available information and present it to EPS leadership. There was not indication in the FOIP or from discussions with employees that any of this information was available. **The gravity of this failure must be investigated the impact of this decision is yet to be seen in the EPS**. What will the long-term issues be for employees that are vaccine injured or for those who in the future have illness related to these experimental therapies. This was a **reckless action** and could **operationally compromise the EPS**. What was the intent of mandating and pushing for all EPS employees to receive this experimental therapy? This is even more of a question when the **EPS allowed the COVID-19 vaccines to be provided at their own on-site influenza clinics, when they are currently accommodating and aware of serious vaccine related injuries.** The most recent COVID-19 immunizations have promoted to EPS employees when there have been admissions of there being no long-term safety data, and the status of them still being in stage 2/3 clinical trials. This is included in the decision summaries on the Health Canada website. https://covid-vaccine.canada.ca/info/SBD1698862620995-spikevax-xbb-1-5-en.html

December 9, 2020, Health Canada Regulatory decision for Pfizer-BioNTech COVID-19 Vaccine. This has been linked from Wayback Machine as the information has not been retained on the Health Canada site. This decision indicated that the vaccine was authorized under section 5 Interim Order. All of the interim authorized COVID-19 vaccines have Regulatory Decision and complete information outlining the same information.
https://web.archive.org/web/20210823135129/https://covid-vaccine.canada.ca/info/regulatory-decision-summary-detailTwo.html?linkID=RDS00730

> ***Health Canada analysis of known and potential benefits and known and potential risks***:
> *One limitation of the data at this time is the lack of information on the long-term safety and efficacy of the vaccine. The identified limitations are managed through labelling and the Risk Management Plan. The Phase 3 Study is ongoing and will continue to collect information on the long-term safety and efficacy of the vaccine. There are post-authorization commitment for monitoring the long-term safety and efficacy of Pfizer-BioNTech COVID-19 Vaccine.*

There are a few sites that are tracking worldwide clinical trails for the COVID-19 vaccines. They are provided below for the reader. If the OHS team was researching information from Health Canada, the provincial government, and the CDC, as indicated in the FOIP then they should have been very aware of the information being communicated by those resources. In conducting their due diligence, they would have been required to review the information in its totality, if this was completed, they would have been required to communicate the documented risks of the experimental COVID-19 vaccines. This was not presented in the information provided to the employees. Below are a few of the resources that the

NIH Official US government Clinical Trial database. https://clinicaltrials.gov/
COVID-19 Vaccine Tracker - https://vac-lshtm.shinyapps.io/ncov_vaccine_landscape/
COVID-19 vaccine clinical trail global tracking map - https://covid-nma.com/vaccines/mapping/

Adverse Event Following COVID-19 Vaccination in Alberta
COVID-19 vaccine - Adverse Event following Immunization (AEFI) was first published on December 28, 2020, and was updated on the following dates:
Feb 4, 2021, April 27, 2021, June 15, 2021July 15, 2021, Dec 15, 2021, and last update was on Feb 25, 2022. To view all the adverse event documents listed
https://open.alberta.ca/publications/COVID-19-vaccine-aefi

> **December 28, 2020 "*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*."**
> https://open.alberta.ca/dataset/4d885a4c-f9b3-4434-bf5a-5accb63e22a1/resource/fc9b049a-3edb-43c6-b4f7-5a5acd72c59f/download/health-aip-aefi-COVID-19.pdf

With the **knowledge of employee injury and illness within the COVID-19 vaccinated the employer did not step back from pushing the COVID-19 vaccines.** In fact, with knowledge of an EPA vaccine injury file and accommodations for some vaccine injured workers, they moved forward with hosting their 2023-2024 EPS Flu & COVID-19 Vaccine Clinic, with the addition of the COVID-19 vaccine. The EPS was happy to announce that they would be offering the vaccinations in October and November of 2023 at designated sites, first aid offices at the headquarters and at the NW campus. (Appendix EMP-06)

What is Coronavirus?

- *Coronaviruses are a large family of viruses. Coronaviruses cause respiratory illness in people ranging from mild common cold to severe pneumonia.*
- *COVID-19 is the disease caused by SARS-CoV-2 coronavirus, a new virus that was first recognized in 2019. It posed a serious threat to public health. Mutations in the COVID-19 virus over time are expected and can cause variant strains of COVID-19 to emerge.*
- *Most people will recover within a week to 10 days, but some people are at greater risk of severe complications, such as pneumonia or death.*

The COVID-19 vaccine available in Alberta this 2023 fall is the Moderna (Spikevax) XBB 1.5 Frozen Vaccine.

- *Moderna COVID-19 vaccine uses the mRNA (messenger ribonucleic acid) manufacturing platform. mRNA vaccines contain the genetic instructions for making the COVID -19 spike protein. This protein is found on the surface of the virus that causes COVID-19.*
- *The vaccines effectiveness continued to be evaluated as the COVID-19 immunization program is being rolled out.*

Getting the COVID-19 vaccine provides protection from the SARS-CoV-2 virus (also known as COVID-19)

The EPS and EPA had knowledge of harm, disclosure of the lack of efficacy and protections and minimal risk of illness in their workforce the action to host the clinic is negligent. The EPS hosted the clinic and there did not appear to be any action by the EPA to intervene in this action.

During the Shaun Rickard and Karl Harrison vs Attorney General of Canada case (Court File No. T-199-21), the Director General of the Biologic and Radiopharmaceutical Drug Directorate (BRDD0 in the Health Products and Food Branch of Health Canada, Cekia Lourenco, stated in her sworn affidavit and testimony that she "*made the decision to authorize the COVID-19 vaccines developed by Pfizer-BioNTech, Moderna, AstraZeneca and Janssen*." During her cross-examination by, K. Wilson, she confirmed that the **phase 3 clinical trial for Pfizer was not scheduled to be completed until December 2023** and that it was (Appendix NG-12):

"*That's correct, the **clinical trial is ongoing**. However, it has completed the phase the reporting- out phase for the purposes of regulatory authorization. So for regulatory authorization they needed to complete the phase of the trial where they were able to provide data on efficacy and safety up to a median of **two months of follow up** of all the participants in the clinical trial*."

"***The trial, however, is continuing in order to collect longer term safety and efficacy data."***

Keith Wilson K.C (sources: https://twitter.com/ikwilson/status/1707576566522511442)

Health Canada approved the first Pfizer C-19 vaccine in Dec 2020 without completing the Phase III Clinical Trial but tens of millions of Canadians were not told. *In 2020 through 2022, millions of Canadians participated in a Phase III Clinical Trial experiment without informed consent. Is Health Canada trying to do it again but with our young kids? [Source: see my cross examition transcripts of Health Canada from the Fed Crt Peckford Travel Mandate Charter Challenge.]*

The **EPS and the EPA have not taken any action to correct the position they had during the COVID-19 vaccination protocol implementation**. This lack of desire to review the actions and address the harm are further damaging the trust in the organization. A leadership that is unwilling to listen to employees and address concerns is breaching their duty of care in the operation of the organization. Employees have made the EPS and the EPA aware of court information, recent rulings, disclosures, and admissions from the ongoing proceedings in Canada, US and around the world.

Edmonton Police Commission

There is no mention in the FOIP documents as to the role of the Edmonton Police Commission (the Commission) It is important that there is some information provided to the reader relating to the communication from the Chief of Police to the Commission as represented in the meeting minutes. The Commission is the public oversight for the police in our community. They are responsible for holding EPS leadership accountable for their decisions and to provide a complaints pathway as it related to the EPS policy or officers of any level. The OHS and Chief of police do provide updates at the Commission meeting and the Commission is responsible for the hiring and oversight of the Chief's position. During the COVID-19 pandemic the Commission did implement a mandatory COVID-19 Vaccination Policy for all staff and commissioners that was in alignment with the EPS policy. The Commission did not have a LWOP option if an employee did not want to comply with the testing or vaccination policy they were to work remotely as long as it was feasible for the operations. This policy can be located on the Commission's website.

There were some meeting notes related to communication from the Chief of Police that require further investigation. During an update to the Edmonton Police Commission on September 16, 2021, the meeting minutes contained the following information from the Chief of Police.
https://edmontonpolicecommission.com/wp-content/uploads/2021/10/Mins-Sept.16.2021-Public.pdf

> *The Service currently has 11 active COVID cases.* ***It will have a plan to increase the number of vaccinations****. It has communicated to the Unions the steps that will be taken.*

The Chief then communicated the following stats to the commission on October 28, 2021:
https://edmontonpolicecommission.com/wp-content/uploads/2022/01/Mins-Oct.28.2021-Public-Approved-6.pdf

> *Edmonton Police Service is 100% compliant with the vaccination protocols that have been implemented in October.* ***96.2%*** *of EPS employees will be fully vaccinated by November 30, 2021.* ***2*** *employees have opted for regular rapid testing and* ***2*** *employees chose to take a leave without pay*

The above communication regarding the stats was not supported in the documentation provided with the FOIP. Below are the stats that were provided for the time frame in question.

September 25, 2021 - Email from Darren Derko to McFee; Kevin Brezinski; Ron Anderson; Alan Murphy; Enyinnah Okere; Brian Sinclair; Justin Krikler; Michael James (Chiefs Office Emails – FOIP Part 1 – IAPU 462 2023-G-0163)

> *As of 3:00pm yesterday we have 22 members who have not completed their vaccine disclosure survey who are not on an approved leave of some kind. The total number of surveys received is 2774, below is the breakdown of responses for surveys received.*

	Not Vaccinated	Partially Vaccinated	Fully Vaccinated	Total
Total EPS	9.4%	4.7%	85.9%	2774

EPA	10.7%	4.7%	84.6%	1834
SOA	2.4%	0.0%	97.6%	42
Civilian	7.2%	4.9%	87.9%	898

Information from the Pandemic Command Team **October 25, 2021**, (Pandemic Committee Folder – FOIP Part 1 - IAPU 751-754 2023-G-0163)

> *There are 2,388 employees that are fully vaccinated. 2,673 will be fully vaccinated by November 30, 2021. 105 are participating in the testing regimen. 5 of those **105** employees will be testing later once they have passed 90 days following a COVID-19 infection and one for another reason. The final number of those being accommodated for medical considerations is not yet confirmed. There are no non-medical accommodations. Three **(3)** employees have chosen leave without pay*

October 6, 2021 - There is significant concern about the information presented to the Edmonton Police Commission. I suspect that some information the **4500 emails that were not provided** with the FOIP and the Updates to Senior Leadership that were omitted for the time frame of the COVID-19 vaccination protocol. There must be **further investigation** into the information Chief McFee provided, what he was given by the PCT or EPS leadership for the statistics. Was the information documented properly in the meeting minutes and if not, why was it not corrected.

The Chief and the EPA were in conversations that included other EPS leadership as the EPA lawyer, Dan Scott, was asking Covid related questions. The EPS during which documented statistics for illness during COVID-19 pandemic response were not provided. If the EPS was attempting to demonstrate a justified and reasonable expectation of implementing a vaccination protocol then including information about serious illness, hospitalization, or deaths from being ill and having a positive test would be essential to showing the need to reduce the risk of serious illness or death in the EPS workforce.

> ***For information the EPA has hired a lawyer, Dan Scott, to look at the EPS protocol as it relates to Covid. Dana and I have provided him with some information to help answer some of the questions/concerns that have been raised by EPA****. One of the questions he asked was around "how many members have been infected with Covid-19 (and recovered) to October 1, 2021, and how many lost shifts that has resulted in?*
>
> *We sent him the answer and he now wants to know if the EPA can use this information to share with the sworn members in a communication piece. I do not have any issue with it but before that happens I want all of us to know what the numbers are. Just a quick calculation, If we look at $50 an hour and 10 hours per day x 11,020days we are looking at $5.5 million.* ***This information supports our need for this Protocol, there is no private information in it, and either it will be used by the EPA to show its members why the Protocol is necessary/reasonable or if the EPA decided to challenge the Protocol in a grievance the numbers will be disclosed through that process anyways.***

> *EPS has had **253 positive cases and 2461 isolations related co close contacts**. Each positive case must isolate for a minimum of 10 days, while each close contact muse now isolate from anywhere from 10-14 days depending on vaccination status (fully vaccinated close contacts ore not required to isolate). From the start of the pandemic to October 1, 2021, the Service paid out 101,876 hours to the code Isolation with Pay (the code used for close contacts) or approximately 10,187 days. We paid out o further 8833 hours co Quarantine with Pay (the code used for positive people required to isolate) or approximately 883 days. Currently there ore 14 people on isolation for being positive and 20 on isolation for being symptomatic or a close contact. So, thus for there has been approximately 11,020 lost days.*

There are several recommendations stemming from the information above.

Recommend referral of regulated professionals for violations of their Code of Conduct and Scope of Practice while providing inaccurate and incomplete information to allow for informed consent, breach of the duty of care while instructing workers in the workplace, providing medical information that is out of their scope of practice. **Failure to ensure that the risks and experimental/clinical trial information was provided to employees in relation to the COVID-19 vaccines, harassment and mental harm inflicted on employees and the failure to provide information to the employees when asked for supporting information.** Providing inappropriate advisement in relation to the lawful ability of the employer to mandate vaccination.

Recommend a judicial review process for any legal advisement obtained by EPS and the EPA in relation to the implementation of the workplace measures and COVID-19 Vaccination Protocol.

Recommend referral to Minister of Justice and Solicitor General for an investigation into the EPS leadership for their breach of duties, failure to investigate the false and misleading information, failure to uphold the rule of law, breach of trust, failure to uphold the Charter of Rights and freedoms, endangerment of employees, failure to direct work to prevent bodily harm.

Recommendation for investigation to determine the targeting of law enforcement with the push to get them vaccinated as a priority. What was the intent behind this when the product was known to be experimental, in clinical trials, did not prevent illness, did not have long term studies or safety information, and that people were experiencing side effects post injection? This reckless action had and still has the potential to incapacitate our law enforcement and jeopardizes public safety. There was no consideration for this and there appears to be zero risk assessment for this potential harm.

Recommendation for a risk assessment and development of an independent medical assessment pathway to monitor and provide immediate medical assistance to employees that have or that will develop health issues related to vaccination. This must be outside of the employer to ensure the privacy; proper care and that discipline is not applied to these workers. The fear of accessing care and being deemed not fit for duty is actively occurring and must be immediately addressed.

Recommend an Investigation into why the COVID-19 vaccines were being distributed federally via the Canadian Armed Forces. This is outside of normal acquisition and provincial distribution procedure and the purpose for this deviation from standard procedure needs to be understood.

13.0) Professional Standards Branch (PSB) Complaints, Edmonton Police Commission

The use of the Professional Standards Branch (PSB) complaint/investigation discipline process in the EPS and the EPS commission must be addressed. As the PSB process was used to threaten, intimidate, silence and gain compliance from the employees. Below is information as it related to the complaints process for police officers and the role of the Edmonton Police Commission

13.1) The Edmonton Police Commission – Governance Policies

The legislative intent behind the creation of the Edmonton Police Commission (Commission) is to ensure that the Edmonton Police Service (Service) remains a separate and independent body from the municipality. The Police Commission has a unique relationship with Edmonton City Council (Council) and it exists, in part, to ensure an arm length relationship exists between the Service and the political decision-making process. The Commission is responsible for ensuring that the police provide adequate, effective, and efficient services.

The Commission is responsible to both the City of Edmonton and the Province of Alberta for exercising good governance in their oversight role of the Service on behalf of the general public, staff, volunteers, and other stakeholders.

Guidelines:
Individual Commissioners are appointed by Council. As a Commission, they are responsible to Council as a corporate body within the parameters of the Police Act.
The Commission may make assignments to individual Commissioners, employee(s) or member(s) of a committee; however, the Commission retains ultimate responsibility and accountability.
The Commission will account to Council and other key stakeholders through annual and periodic reports on the activities and finances of the Commission and of the Service.
The Commission will provide access to minutes of Board meetings, as per FOIP regulations.
The Commission will receive representations from the general public and will consult with key stakeholders.
The Commission will operate in an open and transparent manner.

1.1.3 DISCRIMINATION AND HARASSMENT
The Edmonton Police Commission (Commission) affirms its commitment to the principal that all people have the right to live and ***work in an environment free of discrimination and harassment*** *and will use this as a guiding principle in dealing with all people.*
Guidelines:

5. The Commission expects that the Chief of Police will develop policy and procedures for the Service that address workplace discrimination and harassment ensuring that the principles outlined in this policy statement are reflected.

The *Police Act* governs the actions when there is a complaint or allegation against an employee that relates to Part 4 and Part 5.

Bringing of complaints

43(1) *All complaints with respect to a police service or a police officer, other than the chief of police, shall be referred to the chief.*

(2) *All complaints with respect to the chief of police must be referred to the chair of the commission.*

13.2) Employee Information – PSB and Edmonton Police Commission

- Multiple members were subject to PSB complaints. I will address these situations as they speak to the **level of threat, duress, and the use of the regulatory side as a tool to intimidate the employees**.
- The employees that faced COVID-19 discipline, including support for the trucker convoy were used as a mechanism to ensure that the rest of the employees did not speak up. **PSB is weaponized in the EPS to silence whistle-blowers** and those who are being harmed by the institution.
- Submitted questions to the employer relating to the covid pandemic response and was taken to a PSB process for asking for clarification. The process was making examples of those that asked questions, when the member wanted to go to a hearing on the matter, that was denied, and the Chief pulled the file back to assign discipline. The Chiefs office presented offers and EPA lawyers would inform members that the Chief can do what he wants.
- When someone is placed on a leave without pay for a COVID-19 related complaint. They were not treated the same as other complaints. They were **not provided with procedural fairness, not properly informed of the charges they were facing, they were not supported by the EPA,** they were being told they could be place on this leave **indefinitely** by the Chief of police.
- The employees had to check in, ask to work in other jobs to support their ability to work, they had to seek permission to move or travel out of the city, they were **forced into financial hardship and were abused by this process.**
- **EPA lawyers were not appropriately representing the employees** and were recommending employees consider offers that would cause significant personal, professional, and financial harm.
- The EPA can take a challenge of the LWOP to the Commission for review to ensure that the Chief has met the criteria of demonstrating that the suspension has met the threshold of being extraordinary circumstances. The EPA did not push to have the LWOP challenged before the Commission.
- Financial decimation of the employees undergoing PSB complaints was an abuse of position. **The employees were told they could be left on a leave indefinitely**, the EPA would do nothing. These employees were subject to level of harm where in they lost homes, they had to wait for approval to work other jobs so that they could eat and pay bills. There were instructions that they had to ask for approval to leave the city limits. There were people that spoke up, had social media complaint, attended a protest, asked

questions of the employer's protocols, or declined providing their personal medical information. **They were not criminals, yet they were handled with more extreme and punitive measures than some one facing serious criminal charges**.

13.3) Analysis and Recommendations – PSB and Edmonton Police Commission

Inconsistency in the processes with the professional misconduct.
As a trained regulatory investigator, it was very important to address the issues with the EPS disciplinary process. **This process is completely destructive and has contributed to a toxic and abusive workplace environment, it was clear from employees that this had been the case well before Covid.** Many victims of this process felt that because they were deemed paramilitary that it was acceptable for the employer to circumvent procedural fairness and use the system to make examples of employees. The harm and trauma that is inflicted in the workplace by the authoritative actions in this process have caused extensive personal and professional harm to the employees. The opinion of the writer is that this is one of the worst workplaces that I have witnessed in relation to the abuse of power and breach of trust when applying employer discipline. **There is inconsistency in the application of the penalties**. For example, serious misuse of force, fraud, theft complaints that have been founded and received no where near the discipline applied by the Chief of Police for pandemic related issues.

Asking questions and for justification of workplace health and safety measures is protected by the OHS Act. The employer has an obligation under the OHS act to prevent workplace harassment, to communicate the hazards and to respond to the workers questions and concerns. **The employees have the right and responsibility to know health and safety information at their workplace, and to participate in worksite OHS**. Your employer cannot take disciplinary or discriminatory action (such as transfer, change in job location, etc.) against you for exercising your rights and duties under OHS legislation. In the EPS the PSB was used to discipline those raising legitimate safety questions, and those who harassed, intimidated, segregated co-workers were not disciplined for their actions.

Recommendations to establish an internal human resources process and a separate PSB that is removed from the reach of the employer's influence. Any police officers that face a complaint initiated from the public to the Commission, or from the Chief of Police is never a hands-off from the employer. **The ability for the Chief of Police to have complete authority over the complaint process has been abused and misused**. Other regulated professionals (lawyers, physicians, nurses, realtors, engineers etc.) in the process have been provided with an independent professional conduct process. When a complaint is received by a regulatory body the employer should not have influence or be able to direct the complaint. The employer's involvement is limited to complainant or witness. This allows for the removal of bias and provide procedural fairness for both the complainant and the investigated person. Currently, the PSB investigators are employees of the EPS and are themselves under the direction of the Chief of Police. **The reform to the process should include the movement of those investigators out of the employers/co-worker relationship and they should be independently employed to ensure bias, and influence is removed. This independent process would also provide more consistent disciplinary action based on the merit of the complaint and findings of the investigation, without undue influence or potential targeting of individuals**.

The failure of the professional discipline process to be an independent oversight to policing has assisted in the deeply rooted and toxic workplace culture. **The COVID-19 pandemic related disciplinary actions were a gross misuse of the powers provided in the archaic legislative authorities of the *Police Act*.** The ability for the Chief to "do what he wants" with a complaint is a significant breach in a position of trust. Utilization of the PSB to discipline people for asking questions or having concerns about the discrimination and treatment of themselves or colleagues is an abuse of authority. The Chief threatens that an employee can be place on an indefinite leave without pay to get signed resolution agreements. **Employees on suspension must have the Chief approve any alternative work or personal mobility, then bullies' workers to sign agreements because of loss of income, home, ability to support essentials of life.** This is a **misuse of the authority and duty of care in exercising his fiduciary duty of care**. This ability to control the outcome of the discipline and hold hostage a person's most basic human rights is unfathomable.

Recommendation to government – Review and reform of the police act and related legislation to ensure that an independent, unbiased, and procedurally fair process for complaints and misconduct is established. This independent body should consist of investigative teams that are multi-disciplinary with professionals that have experience with unprofessional conduct, criminal, and workplace investigations. These investigators should not be employed by law enforcement while serving on the oversight of regulatory functions. The process must reformed ensure that once a complaint is received by the employer or Chief of Police, that there is no ability for the employer to control the outcome or disciplinary outcome of the case.

Toxic workplace, culture of supporting egregious internal misconduct. No police or their families from the same organisation should be allowed to be involved as investigators for the professional misconduct complaints. NDA agreements silence victims, prohibit the use of this in a disciplinary process. Nowhere for complaints to go for harassment, intimidation, and other workplace issues. As demonstrated the current reporting of these workplace issues results in the discipline of the reporter, silencing of victims because the EPA, OHS and HR did exactly the opposite of what should be done when a workplace issue is being reported. There are workplace policies relating to harassment, bullying, whistleblower protections. The people become voiceless when they silence a victim, the workplace culture train the employees to not speak up for fear of being made an example. The toxic workplace is fueling the increased attrition and challenges in recruiting new members**. The EPS cannot continue to ignore misconduct in the workplace, muzzling or pushing employees/victims out of the workplace and using the professional discipline process to take punitive action on the members who speak out.**

The use of the PSB pathway to inflict personal, professional, and serious financial harm is what would expect within a criminal organization. The "don't step out of line or we will ruin you" approach must stop**. The organization is breaching the requirements for procedural fairness, bias, lack of meaningful discipline and use of the process for retaliation or intimidation demonstrates a reckless disregard for the employee**. There must be reform to ensure that there is a clear separation of the employer from this complaints process. **The abuse of the duty of care in having sole discretion to direct discipline without fair process is archaic and had been demonstrated to create the ability to control the workers and not to better the professionals that are employed.**

Recommend investigation into the Chief of Police for abuse of his position of authority that has resulted in the discriminatory and inconsistent application of discipline.

Recommend a review of all COVID-19 and Freedom Convoy related disciplinary actions taken by the employer. Should this review find that the employees have been unlawfully disciplined they should be compensated including an offer for their reinstatement at the same or equivalent position and pay.

14.0) Edmonton Police Association (EPA)

The FOIP contained limited information relating to communications between the EPS and EPA. **The EPA President Mike Elliot was being provided employee information and updates starting on April 10, 2020, via the Update to Senior Management emails**. These emails contained employee identifiers for positive testing, close contacts, operational decisions, employee compliance issues. The EPA President would have then been aware that there had not been significant numbers of illness, no serious illness reported and no reported hospitalizations or deaths from COVID-19. When the COVID-19 vaccinations began distribution in Alberta and employees were bringing concerns to the EPA it is unclear if Mike Elliot was still being included in the emails. The last Update for Senior Management was on May 17, 2021, the FOIP disclosure did not contain the updates until December 29, 2021, at which time it does not appear that the EPA was being included on the distribution list.

The EPA did forward the concerns relating to the COVID-19 vaccines to EPS leadership. There was not sufficient information to assess the level of the communications. The communications provided are in the above sections of this report.

14.1) Employee Information - EPA

- Serious concerns about the lack of **representation from the EPA lawyers** and the board. When the new board members were voted in and joined in the spring of 2023, there was a push for accountability from within to have a review of the EPS pandemic response and to have the COVID-19 vaccine injury file opened.
- The President of the EPA during the implementation of the COVID-19 Vaccination Protocol was seeking a leadership position with the EPS. This was **not fully disclosed** to the employees, and he did not recuse himself from representing the members on this very serious matter.
- Mike Elliot was appointed to his new position in senior leadership by the Chief of Police.
- The members have concerns about his **conflict of interest during the heightened time**. The EPA in this time frame also made the determination to back the employer COVID-19 vaccination protocol and did not support members with any action to challenge it with a grievance.
- The **EPA failed to address the concerns of workplace harassment, intimidation, threat coercion, lack of informed consent and the physical and psychological harms**.

- The EPA will **not support grievances** for the employer's failure to provide OHS documentation as per the repeated requests of the members.
- When employees did not disclosure personal medical information the EPA President was provided a list and was utilize by the employer to pressure and threaten the member with pending job action should they continue to not follow the unlawful mandatory order.
- EPA members have now been **left without a pathway** to ensure that their concerns are heard and with the failure to represent they have very limited legal pathways to address the harms of the employer.
- The members feel **abandoned by their association**, there was significant support for a review of the employer.
- The EPA did not have the desire to make the "**political decision**" to require review and investigation event thought they are gate-keeping serious vaccine injury accounts from their membership.
- While members were attempting to have the EPA address the employer concerns and actions, the EPA made the decision to host the December 2023 Christmas Open House (by invite only). The invite was not open to general membership. Invited guests were the EPA board of directors, EPA staff, crown prosecutors, lawyers, EPS leadership and management. This was an added slap in the face and the employees question the conflict of interest with hosting this event. The December 2023 Christmas event was not disclosed to membership and the cost of the event was not approved at the fall 2023 AGM. Members have requested the EPA provide information and costs for this event, at the time of the submission of this report they had not yet been disclosed.
- The EPA **allowed those that targeted, harassed, segregated, and bullied employees to vote** on whether their actions should be reviewed. This was described as the ultimate betrayal and slap in the face for those victimized by the workplace measures.
- The EPA is refusing to review or process requests for grievances related to the covid harms.
- EPA did not take forward LWOP to the Commission to have it reviewed to see if it meets the requirements of extraordinary circumstances.
- The EPA has allowed for the unjust processes to abuse and demote employees. They have repeatedly failed to stand for the employee. They simply act as an arm of influence to push the demands of the EPS. Employees are still being harmed by being overlooked for promotions or moves to specialized units. Contributing factors have been the employee's inability to take non-mandatory training while the COVID-19 Vaccination Protocol was enacted in the workplace.
- The EPA is not currently challenging the protocol which has been suspended and the employer is reserving the right to bring the protocol back if they deem it is required.

EPA members provided communication to membership in relation to the COVID-19 vaccines from EPA President Mike Elliot:

August 26, 2021 - **Covid19 and vaccinations** (Appendix EMP-06)

> *We have all observed different directions and opinions from all levels of governments, organizations, businesses and individuals regarding covid vaccinations. Most recently, the **Edmonton Police Service (EPS) issued a statement indicating they strongly recommend***

all members acquire the vaccine *and they are reviewing the possibility of implementing mandatory vaccinations.*

The Edmonton Police Association (EPA) has had ***consultations with EPS management and consultations with legal counsel regarding this matter****. This pandemic has challenged everyone from a physical and mental perspective and the previous 18+ months have been difficult for every member and their families.*

The EPA ***recommends everyone obtain the vaccination****. It has been supported by Federal and Provincial chief medical officers as an effective and safe mechanism as it is the most beneficial method to provide adequate protection. We have reason to believe a high number of members have acquired the vaccine as the EPA lobbied the Provincial government and the Chief medical officer, a few months prior, to ensure our operational members acquire the priority vaccine with other front line first responders and health care workers.*

With that being said, the EPA also understands and appreciates the rights of an individual to ***make their own informed decision regarding vaccinations and their wellness****.*

We know a decision has not been made. Moving forward, the EPA will continue to monitor and work with EPS management to ***strike a balance*** *which will be beneficial to everyone to ensure a safe workplace while protecting the rights of our members. As the covid conversations are ongoing, the EPA will continue to update the membership with pertinent and timely information.*

September 8, 2021, Re: **EPS <u>Mandatory</u> COVID-19 Vaccination Disclosure.** (Appendix EMP-07).

Dear members of the Association,
On August 30th the City of Edmonton announced their ***mandatory vaccination disclosure*** *policy, and the Edmonton Police Service {EPS) echoed the City's lead and announced their own mandatory vaccination disclosure protocol.*

The Edmonton Police Association {EPA) received, and continues to receive, numerous questions and concerns related to the disclosure protocol. On September 03rd , the EPA, with efforts to gain clarity, submitted questions to the EPS. On September 07th, we received their response:
(see Appendix for Q&A section)

In addition, the ***EPA has been in regular consultations with two legal counsel to gain an informed legal opinion.*** *The EPS and City of Edmonton are utilizing the Occupational Health & Safety (OH&S) legislation. Under the legislation, the employers have a duty to protect the health and safety of its employees which included hazard assessments for COVID-19.*

The new July 30, 2021, ***OH&S guidelines require employers to try and determine how many employees have been vaccinated (among other information) and then ensure they have implemented proper controls for COVID-19 hazards****. Vaccinations are now considered one of the "first choices" for COVID-19 risk control. In this context, we do not believe a grievance or a FOIP complaint would succeed in overriding OH&S obligations in*

terms of disclosing employee vaccination status, especially with several recent arbitration decisions having approved mandatory COVID-19 testing in a variety of workplaces.
What is your Association's position?
• The EPA supports our members who wish to acquire the covid vaccination.
• The EPA supports our members who have their right to choose to be vaccinated.
• The EPA does not support any unreasonable employer access to your personal and confidential medical information.
We will continue to have dialogue with EPS management as we all believe in acquiring a fair and reasonable approach to the pandemic.

October 8, 2021, **Re: Edmonton Police Service (EPS) COVID-19 Vaccination Policy**. This document did not have an individual specific signature line. (Appendix EMP-08)

*The Edmonton Police Association (EPA) has been inundated with **hundreds of emails, texts, phone calls and personal meeting requests since the inception of the Edmonton Police Service (EPS) COVID-19 Vaccine Policy.** The messaging from our membership has been divided while emotions have never been more elevated. Your EPA is listening and working hard to evaluate the EPS policy and how it impacts our membership. We will illustrate our position moving forward and provide clear messaging on how we feel the EPS has neglected to find a balanced approach on making all employees feel protected and supported during this taxing and tragic world pandemic.*

*Before we dive into the formalities, we wanted to remind our police family that we are here for all of you. The EPA is built on a foundation that is stronger when we work together to support each other during times of uncertainty and confusion. We need to find a way to calm the anxiety and fear resulting from daily tragedy and grief. This EPA wants a healthy membership, so we do not have to worry about you not being ready to serve the citizens of Edmonton, safely and professionally. We are working hard to convince the EPS it is critical to have the voice of the membership (EPA) at the table when **making unprecedented policy**. This has not been the case and we are pleading with EPS to slow down and begin listening to the voices of all members. We should all be working hard to retain incredible, experienced, and dedicated employees instead of cutting our losses with hopes that recruiting can miraculously find replacements.*
<u>The EPA Legal Position</u>:
The EPA has retained two highly respected labour law firms to review this recent COVID-19 policy while deliberating intently with the EPA Board of Directors at the October 05, 2021, board meeting. The EPA and legal reviewed two thorough and detailed legal opinions while blending the hundreds of members concerns received since the policy inception.
*The **EPA has determined NOT to challenge the EPS Vaccination Protocol through the grievance or arbitration process as there is no realistic chance to successfully challenge it**. The reasons are:*
1. The Alberta Government declared a new public health emergency as of September 16, 2021.
2. Mandatory vaccination policies have been upheld by numerous arbitrators in the past, including a recent arbitration decision from 2020 that upheld the AHS mandatory vaccination policy involving measles. The arbitrator in that case confirmed that the AHS

policy requiring proof of vaccination was reasonable, and that AHS was allowed to place employees on leave without pay until they could provide proof of vaccination. The 2020 decision was the third Alberta arbitration decision upholding mandatory vaccination policies and confirmed that employers could place employees on leave without pay for non-compliance with a reasonable vaccination policy.

3. The three previous mandatory vaccination decisions in Alberta dealt with measles and influenza situations, which are statistically much less deadly than COVID-19. If arbitrators are willing to uphold mandatory vaccination policies (and leave without pay for noncompliance) on other serious but less deadly viruses, there is no realistic chance an arbitrator would reach a different conclusion on a COVID-19 policy.

4. In July 2021, the Alberta Government updated its Occupational Health & Safety provisions on Covid- 19 workplace hazard assessments. Employers, including EPS, were required to undertake an updated workplace hazard assessment specific to COVID-19 and take all reasonable measures to control the risk. The Alberta Government now lists "vaccines" as a "first choice" for controlling COVID-19 risks in the workplace. This change in approach put employers on notice that vaccinations must be considered as a first choice to meet OH&S workplace COVID-19 safety requirements.

EPA Concerns with EPS and EPS Policy:

1. The EPA takes the position the EPS should be responsible for the cost of providing the rapid test to our members, or at the very least endorse the use of low-cost testing such as approved self- administered tests. and On October 6th , the Calgary Police Service announced that they will be providing, free of charge, at-home testing kits until December 01st After which point, members will be required to obtain their own, service approved, rapid testing kits. It is disappointing that the EPS has restricted the testing options available to members, which has, in turn increased their out-of-pocket expenses. The EPA will be exploring ways to help reduce the financial burden being placed on members by the EPS and are asking the EPS to reconsider their policy surrounding rapid antigen testing.

*2. **It is our opinion that if a rapid test is appropriate to be able to work with your colleagues, and engage with vulnerable people within the community, a rapid test should be appropriate to attend non mandatory training, work over-time in other divisions and utilize EPS facilities including lunchrooms and fitness spaces**. For a fair comparison, Calgary Police Service is permitting its members to use its facilities when utilizing a rapid test kit, and this is a reasonable approach. Precluding certain segments of the blatant segregation and promotes an "us vs them" mentality and brings sadness to everyone. This does nothing to promote an esprit de corpse and is in direct contravention of the EPS Core Values and Core Competencies.*

3. The EPA will engage with EPS and look at options. This is a time for which the Service, as a collective, should be helping and collaborating with one another, and not creating divisions and silos within our organization's units and squads. We may have differences of opinions but that does not mean we cannot work together with appropriate safeguards and meaningful mechanisms in place.

*4. The methodology of how things have unfolded over the previous three weeks has been **polarizing to the membership**. The EPA and the Service's OH&S and Health Nurses have fielded hundreds of questions, concerns, fear, anger, and anxiety over the policy. There*

> *have been debates and divisions throughout the service. Stressors are evident and there has been no sincere mechanisms put in place from the Service to calm fears and establish a sense of belonging for everyone.*
> *5.* ***The EPA will continue to uphold its duty of fair representation and will assist members on a case-by- case basis as it pertains to the new vaccination protocol, including those who may require medical or religious accommodations.*** *We encourage you to attend the October 20, 2021 Annual General Meeting (AGM) at 1600hrs where our legal teams will be present.*
> *The EPA is here for you.*

EPS sworn members have described varying levels of lack of representation from the EPA. At the time of the writing of this report there were **no known grievances** taken forward to challenge the mandatory medical disclosure, denial of religious or medical exemptions, lack of procedural fairness in the handling of the PSB complaints. To date there has been no review of the COVID-19 pandemic response and protocol of the employer, they have acted as an arm of the employer and threatened employee's jobs when they did not comply.

14.2) Analysis and Recommendations - EPA

The **action and inaction of the EPA requires additional disclosure and investigation**. There should be a comprehensive review of their actions, legal advisement and the meetings and communications with the EPS. The EPA continues to tell their members that there is not a pathway forward for review or grievance relating to COVID-19 reimbursement, reinstatement, or policy reviews. In a review of the arbitration decisions on the Government of Alberta there are reinstatement and arbitrations that are ruling in favour of the unionized employees. There has yet to be a policy challenge decision rendered by the Alberta Labour Board.

In review of the EPA letters above there are a few issues to consider. Legal advisement and case law or arbitration rulings were based solely on vaccinations that were not novel products, that were experimental, with no long-term safety profile and were authorized under and Interim Use that allowed for the usual approval process to be circumvented. The October 8, 2021, EPA letter also contained the following statement:

> *In July 2021, the Alberta Government updated its Occupational Health & Safety provisions on Covid- 19 workplace hazard assessments. Employers, including EPS, were required to undertake an updated workplace hazard assessment specific to COVID-19 and take all reasonable measures to control the risk. The Alberta Government now lists "vaccines" as a "first choice" for controlling COVID-19 risks in the workplace. This change in approach put employers on notice that vaccinations must be considered as a first choice to meet OH&S workplace COVID-19 safety requirements.*

The EPS had **not completed a 2021 COVID-19 specific hazard assessment**. Any COVID-19 specific hazard assessment does not have an engineered control of COVID-19 vaccination listed. This information from the EPA is false. The **OHS legislation never changed**. The issued **guidance document** is included as (Appendix NG-09). It is believed the July 2021; document being referenced by the EPA is **Respiratory viruses and the workplace - OHS information for**

employers, supervisors and workers. This is a guidance bulletin that provides the following information:

> *Respiratory viruses*
> *A number of different respiratory viruses can make people sick in the workplace. These include viruses that circulate in the population regularly, such as seasonal influenza, and new or emerging respiratory viruses. Of these, new viruses are generally only a public health concern if they can make people very sick. For example, new strains of the coronavirus family – some of which cause nothing more than the common cold – also include SARS-CoV, which led to the 2003 severe acute respiratory syndrome (SARS) outbreak, and COVID-19.*
>
> *Hazard assessment and control*
> *Employers **must perform a hazard assessment to identify existing and potential hazards** at a work site. Part 2 of the OHS Code outlines minimum hazard assessment requirements. Eliminate a hazard wherever you can. When elimination is not possible or reasonable, it must be controlled. There is a hierarchy of controls that must be followed.*
> *•**First choice: engineering controls**. These control a hazard at the source. Depending on the workplace and processes, examples might include vaccinations, ventilation systems or physical barriers, such as plexiglass.*
> *•**Second choice: administrative controls**. These change the way people work. Examples include worker training or hand hygiene, physical distancing, alternate work arrangement or regular workplace cleaning policies.*
> *•**Third choice is personal protective equipment (PPE)**, which controls the hazard at the worker. PPE examples can include gloves, eye protection, facemasks or respirators. Employers must ensure that workers are trained in the PPE they are expected to use, and that PPE is maintained and in good condition to perform the functions for which it was designed.*
> *PPE has to meet OHS Code Part 18 requirements. For instance, respirators must be approved by a standards setting organization acceptable by the Alberta OHS Director of Occupational Hygiene.*
> *If a respirator is required and depends on a facial seal to work effectively, the worker must be fit-tested. The worker must be clean-shaven where the respirator seals to the skin of the face.*
> *Personal Care*
> *There are vaccinations for some respiratory viruses, such as seasonal influenza and COVID-19 virus. If you don't have any contraindications, consider protecting yourself by getting vaccinated.*

The above OHS bulletin referenced has been **archived and was updated in December of 2022**. The hazard control section was revise as seen below with vaccination being addressed at the end of the bulletin. The complete publication is provided for the readers reference as Appendix NG-10.

Controlling respiratory virus hazards
Employers must eliminate a hazard wherever they can. When elimination is not reasonably practicable, it must be controlled. There is a hierarchy of controls that employers must follow:
*• **First choice: engineering controls**. These control a hazard at the source.*
*• **Second choice: administrative controls**. These change the way people work.*
*• **Third choice is personal protective equipment (PPE)**, which controls the hazard at the worker.*
Employers may need a mix of engineering and administrative controls and PPE to protect workers.
Vaccination
There are vaccinations for some respiratory illnesses, such as influenza virus and COVID-19. More information about vaccinations for influenza and COVID-19 is available at myhealth.alberta.ca/Alberta/Pages/immunization-influenza.aspx and alberta.ca/covid19-vaccine.aspx.
*On-site workplace influenza and COVID-19 immunization clinics can make vaccination more convenient for workers who **choose to be vaccinated**.*

The **OHS act and guidance had not changed and was unlawfully applied to coerce and deceive workers into compliance with the employer COVID-19 vaccination protocol. OHS has not required mandatory vaccination of workers as a workplace control.** In the event an employer was considering this as a condition of employment they would need to conduct extensive due diligence, legal consultation and demonstrate a clear risk to the worker that would warrant that level of personal bodily violation. The Alberta Government bulletin was not a legislative change and the employer, and the EPA presented it as if there was a change to the OHS Act to allow for this action.

The EPA was aware of the illness rates during the pandemic as they were included in the Updates for Senior Leadership. The EPA asked for illness rates as part of the COVID-19 vaccination discussions with the employer. According to the information in the FOIP the EPA was **not provided with any information on serious illness, hospitalization, or death from COVID-19 infections**. **The EPA's communication that an invasive rapid test was a reasonable approach for members that did not want to take the COVID-19 vaccinations is unfathomable**. The EPA was concerned with segregation over the vaccination issue but failed to address the workplace conditions that the exclusionary conditions of the protocol created.

There was not sufficient information provided to address the COVID-19 response of the Union representing the Civilian employees. The accounts of the employees were consistent in the lack of representation for the mandate, however some employees said that their union representatives did try to assist them with workplace accommodations, others cannot even get a response from their union representatives.

Currently, unionized employees are being blocked on all paths of seeking accountability for the lack of representation. The legislative constraints that protect unions with little oversight and ability to pursue other legal avenues must be addressed via legislative reform. EPA members can only seek to remove members from the board by utilizing the bylaws, failures per the code

of conduct and voting powers. The time frames for labour board complaints in this case have lapsed and the EPA is not accepting COVID-19 related grievances. Denial of a grievance would allow a member to see a procedural complaint via the labour board. **This is an egregious breach of their fiduciary duties and given the extent of the harm I would recommend consultation with legal counsel to determine what options remain**.

Recommendation for a review of the actions and failure of representation by the EPA. The EPA has a duty to represent the members without bias, discrimination, or prejudice. This has not been the case with the pandemic concerns and harm. The current President of the EPA holds the file containing known vaccine injury, illness, and related deaths of workers. There is a duty as a police officer to report and investigate the harm. At the time of writing this report there was some movement on seeking WCB and injury coverage/accommodation for some of the members.

15.0) Summary of Recommendations

There has been physical, psychological, and moral injury within the organization, there must be a movement to rebuild trust, morale and confidence with the employer and fellow co-workers. As in any circumstance, **the steps to rebuilding must involve the review of actions, transparency of information, acknowledgement of harm, there must be accountability and reform of the processes that failed**. It is also essential to recognize that employees did have positive interactions and support from some of the EPS leadership team. This cannot be overlooked as many employees expressed recognition of the challenging situation that their supervisors were in. Any investigation or review must not apply a broad brush when assessing the perpetrators of harm, however, it must be established as to why employees did not have any outward support from people in the leadership positions when they knew of the employees' concerns. EPS leadership and committee members must answer for their decisions.

From an operational perspective the employees and the FOIP disclosure document indicate that the EPS leadership were able to maintain staffing, transition to work from home when possible and ensure that law enforcement requirements were met within the City of Edmonton. The operational response initially had the challenge of a larger number of isolations, mainly due to recent return from international travel, this rapidly declined in April of 2020 as those mandatory isolations returned to work. The numbers of positive cases for EPS remained low until December 2020 when there was an increase which subsided in January 2021. There was a small increase in positive cases again in April of 2021, this resolved quickly and the number of positive cases for EPS remained low until September of 2021. There was a slight increase in the fall and by late December 2021 there was a rapid increase in the number of positive cases. The tracking of positive cases at the **implementation of the EPS COVID-19 Vaccination Protocol** now included positive rapid test results from employees that were required to test every 72 hours. This was also the time that the province was providing free rapid antigen test kits at schools, employers, and pharmacies for home usage. By February of 2022 the positive case numbers decreased but remained higher with the use of the rapid testing protocol in place. It is unfortunate that the statistics provided did not separate lab confirmed PCR testing vs rapid testing or actual illness data for accuracy in the presentation of COVID-19 in the workplace.

Throughout the COVID-19 pandemic response there were discussions of employee illness, however there was **no mention in the FOIP documentation that there were hospitalizations or deaths related to COVID-19 illness.** The writer's conversations with employees confirmed that many teams did not have people sick or testing positive, even thought they had **significant and regular contact with the public and were in high-risk situations. However, all employees confirmed that once the vaccinations were made available to the public that there was a rise in co-worker illness. Employees said that in their workplace illness and vaccine adverse injuries became very noticeable**. Many employees indicated that they are now always getting sick, picking up every bug and their co-workers are always sick as well. Since the roll out of the COVID-19 vaccinations there have been hospitalizations, short-term and long-term disability accommodations being made for employees. The EPA has a file with approximately 20 signed statements from members disclosing their COVID-19 vaccination injuries. The employees have indicated that the COVID-19 vaccine was an alleged contributing factor in deaths of employees,

they are not aware of any of these being properly investigated or reported to OHS. Many employees are now a conduit for supporting co-workers who are struggling, as they receive disclosures of other employees' medical concerns it leaves many to wonder what the state of the EPS will be in the coming years. It was clear that there was no assessment of the harm, no risk mitigation for any of the measures the employer implemented. It is essential to develop a detailed follow up and response program that will ensure the EPS is able to provide essential public protection in the future.

There will need to be action for this workplace to heal. **The recommendations included addressing much needed reform and addition of appropriate services for employees.** In many professions where workers are exposed to situations that have the potential to cause extensive operation stress injury, it is my experience that the employee services providers are not well equipped to support this level of harm. Many first responder groups have sought out extensive peer support networks, that are independent of the employer services. Many employees do not trust or have felt abandoned by the current systems in place for their mental health supports. When operational stress injury is not properly managed it erodes and destroys both the employee and institution. The benefit to these specialized supports will be required as the workplace moves to recover and rebuild. It is hopeful that the EPS and EPA will support the development of arms length essential programs for their employees.

In the interest of the public and in addressing the employer harm many may ask why the employees did not take the path to bring forward concerns using whistleblower protections. Anyone that spoke up faced the loss of upward career movement, job loss, threats, and use of PSB to threaten and intimidate the employees. It was a career ending move to take a stand and examples were made by putting good, upstanding employees through PSB process, unpaid leave, arduous conditions, and eventual forced retirement or terminations. The whistle-blower path and PSB have both been weaponized to target employees that would seek to hold the institution accountable. The whistle-blower policy and legislation has been shown to offer little protection to law enforcement. EPS has suspended employees for bringing issues related to EPS leadership forward for investigation, any attempt to have a review is deemed to be undermining authority, insubordination and eroding public confidence. Whistleblowers are not offered protection when it comes to exposing leadership, they are all too often punished for attempting to have impartial investigation and do the right thing for the organization and the community. **The Minister of Justice and Solicitor General must review the misuse of the whistleblower process to silence employees that are bringing forward concerns**.

For employees and the public, the inability to have authorized investigations adds to the compounding harm. When a police officer is restricted or obstructed in their duties to investigate, they experience tremendous psychological harm. They are sworn to protect and serve being incapacitated by the system is devastating, especially as they watch the public, family and friends suffer illness, injury, death, and other significant personal and financial destruction. Should they attempt to launch investigations into covid response they face the possibility of discipline, or destruction of their careers. Bringing forward requests to the Minister of Justice to investigate the EPS had been met with those members being placed on disciplinary suspensions, investigated by PSB, forced retirement and professional harm. The pathway to hold people accountable during the pandemic was removed, law enforcement and

government blocked every pathway for investigation and accountability. This is defeating and demoralizing for those that conduct themselves in a manner that serves to protect their community. The employees that push the system have already sustained extreme personal, professional, and financial consequences, yet they persevere as they attempt to uphold the law and their ethical and moral principles. They have become the support for their fellow coworkers and family members that are struggling in the wake of the COVID-19 response, yet they have no avenue to address the harms that are being disclosed to them.

The government, EPS and EPA all took part in the negligence and actions that have created the harmful workplace environment and serious employee injury and death. The situation has been compounding and eroding within this institution for years, the pandemic simply accelerated and expanded the harm. With lots of work and commitment to changing the workplace culture from the top down, you can create a positive and more cohesive workplace. In the extensive hours of discussions, I have had with the EPS employees there was a tremendous amount of information shared that demonstrated their true love and passion for being in this profession. The pride and ownership that these employees have from being part of this organization cannot be ignored, it is the reason they have been pushing so hard to help their colleagues who are injured and to facilitate change that creates a positive environment going forward.

Referral to Minister of Justice and Solicitor General requesting an independent investigation as per section 46.1.2 of the Police Act, in relation to the serious injuries and alleged deaths of EPS officers.

Recommendation for a Public Inquiry into the Pandemic Response. This must be initiated for to ensure transparency and disclosure of the government. This must be a broad inquiry covering the governance, failure of oversight and accountability mechanisms, failure of judicial branch and law enforcement, absence of the Office of the Chief Medical Examiner (OCME) in reporting and being transparent in relation to the covid deaths and subsequent excess death numbers.

Recommendation for referral to the Alberta Ombudsman and Public Interest Commissioner for investigation into the governance oversight failures of the public sector, municipal, provincial government and the regulatory bodies. This recommendation comes with a significant concern. On January 30, 2023, Kevin Brezinski was appointed to the position of Ombudsman and Public Interest Commissioner. Mr. Brezinski is noted through out the FOIP documentation as being an EPS Deputy Chief of Police directly involved with the EPS COVID-19 pandemic response. Any referral of this matter to the office would need to have a legislative or independent oversight and/or review to ensure any conflict of interests are properly identified and that public sector whistle-blowers are protected.

Employers were not mandate by government to implement COVID-19 vaccination as a condition of employment, however employers have a duty to ensure safety in the workplace as found in Criminal Code section 271. This section places a duty to ensure there are reasonable steps taken to prevent the bodily harm of the employee they are directing. In the case of the experimental COVID-19 vaccines and rapid testing, the due diligence of the employer to coerce, intimidate or threaten workers into a medical treatment or test must not be done if there is a risk of illness, injury, or death.

> *217.1 Every one who undertakes, or has the authority, to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person, or any other person, arising from that work or task*.

There was communication of known risk of adverse vaccine events in late 2020 and early 2021. The EPS Briefing note issues by Deputy Chief Darren Derko on January 11, 2021, stated the following:

> *"The information on this topic is changing frequently sometimes daily so this is the best known information at this time*"
>
> *1. Vaccine is voluntary but we want to increase the uptake as much as possible by all EPS members through education from scientific and Canadian resources. See first communication planned for January 15 and then weekly thereafter*
>
> 4. ***Scheduling of the first dose and second dose needs to be done such that staffing levels on patrol and front line roles are not impacted. Due to the second dose having a higher likelihood of side effects for 24 hours the scheduling needs to be staggered so an entire squad is not potentially ill due to side effects****. If EPS does not administer the vaccines we still need to create, communicate and maintain this schedule. Hopefully the planning section of the Pandemic Command Team can take this task on.*

Recommendation for review and reform of the Police Act and Regulation. This reform is needed to ensure an impartial and procedurally fair disciplinary process. The ability for the Chief of Police to have unilateral, unchallenged control of the outcomes of professional discipline and complaints has led to the misuse of the PSB and complaint process.

Recommend Employees obtain copies of the Netcare Access Log Audit, testing results, medical records, from 2020 to 2023 for the duration of COVID-19 pandemic response and COVID-19 vaccination protocol.

Recommend that all EPS members that are experiencing medical issues post COVID-19 Vaccination or testing undergo independent medical assessment and have symptoms, illness or injury documented for investigation. Provide a pathway for access to required medical care.

OHS Complaints must be submitted by employees to Government of Alberta - Workplace Health and Safety. These complaint by the employees would need to address the following:

- no Hazard assessment that demonstrated a change in the workplace risk from COVID-19 had changed since the last documented hazard assessment on April 23, 2020.
- The employer failed to meet the obligations of WHIMIS. No SDS sheets for the additional chemicals used, potential harms and areas of use were communicated to employees. When there were reactions to the cleaning agents and EPS OHS investigated to stop electrostatic cleaning, however, there was no

communication that this process was suspended due to adverse reactions by members.

- **No evidence in the FOIP documents that their due diligence when assessing masking**. A cloth or non-surgical mask does not meet the workplace standard of being designated respiratory protection in a workplace. There were no instructions, training provided to members on the proper use or justification for requesting masking. The message was inconsistent and varied by work setting. Confusing instructions and when employees requested information to support decisions, they were not provided with the information used from the hazard assessment and research to support the decisions.
- Employer tossed the "its for the health and safety of the employees" around like a hashtag on social media. **Without demonstratable, relevant information to support the risk mitigation decision making. This is a significant breach as the employer needs to make available the information to the employees and work with them.** Questions by the employees went unanswered and worse employees that pursued seeking answers for their concerns were disciplined for raising health and safety questions.
- **Harassment, discrimination, intimidation, segregation, bullying** - there is extensive institutional harm demonstrated in the action and reaction of the employer. Threatening discipline to those seeking responses to questions about the implemented pandemic measures. Intimidation was used to obtain compliance from people for distancing, masking, vax, privacy issues etc.
- OHS legislation is designed to ensure a safe workplace. However, this requires that workers participate in the safety measures, when the **employer refuses to demonstrate a hazard and the reason for a workplace measure, then threatens the employee with discipline or consequences this demonstrates the failure of the employer.**
- Certified safety professionals manage the EPS OHS program. There is a demonstrated lack of knowledge in these professionals as the basics of employer hazard identification and documentation was not met. The obligations of these safety professionals are to do not harm in the establishment of their H&S programs and response to the changing workplace environment. As an OHS professional they have an obligation to listen to worker concerns as part of their due diligence in mitigating risk. This was not demonstrated in the documentation. In speaking to the workers, it was evident that the OHS professionals were failing to provide requested information, responds to worker concerns and contributed to the harassment of targeted workers.
- **No evidence was presented to indicate there was a change to warrant the implementation of a vaccine requirement or requirement for mandatory medical disclosure to mitigate risk in the workplace**. This resulted in a significant breach in the medical privacy, bodily autonomy and the misleading information being

communicated to employees. The employer is not a regulated medical provided in Alberta and was in violation of the HIA in providing medical advice to the employees.

- For the duration of the COVID-19 pandemic, there was **no mention of an employee being seriously ill, disabled or dying due to being ill with COVID-19**. Positive tests and community hospitalizations/cases were used to determine risk for this worksite. **There was not a demonstrated risk of an airborne viral pathogen to the workers, as required by law**.
- **There is documented harm from vaccination injury, illness, and death post COVID-19 vaccination, these would be required reportable injuries** if the worker was hospitalized and/or had lost time. Both the EPS and EPA are aware of employee harm. The EPA is in the possession of many statements of vaccine injury and alleged deaths. **Employees were not aware if OHS had been notified of these worker incidents.**

Recommend involved employees submit complaints to the College of Registered Nurses of Alberta (CRNA) regarding the unprofessional conduct of the involved Registered Nurses. This complaint would include any employee specific violations for privacy breaches, review of the Netcare access to audit the personal medical information, disclosure of personal medical information without consent. Harassment and threatening of employees for their personal medical information, working out of scope by providing medical advice outside of their area of practice, failure to ensure informed consent was obtained, threatening punitive measures, or blocking of training for non-compliance with COVID-19 pandemic measures, failure to provide evidence-based nursing care in their area of practice. In the handling of the pandemic the registered nurses violated the Alberta Patient Charter as outlined in the *Alberta Health Act*.

Recommend involved employees submit complaints to the Board of Canadian Registered Safety Professionals (BCRSP) regarding the OHS professionals for unprofessional conduct and a violation of their code of ethics. The OHS professionals are in breach of their code of ethics when they discriminate and harass workers, they failed to provide information to workers as it related to safety and justification for workplace measures. The OHS professionals failed to recognize their limitations and were providing medical information that is out of scope for their training. The employees had the perception that the OHS professional was a nurse due to their communication relating to medical information. The OHS represent their qualifications and experience inaccurately and was knowingly make false or misleading statements when communicating about masking, testing and the known experimental, interim use COVID-19 vaccination, and used their position to deter and dismiss any questions relating to potential side effects or harms.

Complaint to the Office of the Privacy Commissioner – Inappropriate use of Netcare for employment compliance and was not for the provision of direct patient care. Personal medical privacy violation was extensive in the documents provided. Although the FOIP is redacted, it was clear that personal medical information with identifiers were being communicated in the meetings and emails. The FOIP disclosure must be reviewed as there have been very selective redactions, i.e. in the EPA document, employees' concerns, or support should have been

redacted and not omitted, Updates to senior management omitted from May 17, 2021, to December 29, 2021, OHS policies not provided, 4500 emails excluded from disclosure.

Netcare Access Audit – **GOA** – Inappropriate usage, access, disclosure of private medical records, unlawfully used for employment reasons, not in the provision of direct patient care. Netcare records cannot be accessed for OHS compliance, this is not in the provision of patient care or treatment. Netcare cannot be accessed to audit for employer monitoring or compliance with employment policies, procedures, or protocols.

Investigations – **Civilian led multidisciplinary investigation team must be given the authority for a detailed investigation to determine the level of breaches, misuse of authority, duty of care and the extensive employee harms**. Ensuring this team contains law enforcement investigators and access to a prosecutor to facilitate transitioning to criminal investigations where required.

E**stablishment or access to Operational Stress Injury and PTSI specialists.** Current pathways are not sufficient, they described by employees as being cumbersome and are often disrupted due to restrictions of the number of visits. Having the proper supports in place for the employees is key to rebuilding the workplace culture. The behavioural problems that arise from the constant operational stress and institutional harms will completely erode the ability of any professional to be retained.

Independent Experts to ensure there is oversight to any in-house or interagency review or policy revision and the development of appropriate mental health services to support operational stress.

15.1) Recommendations by Section

1.0) Freedom of Information and Protection of Privacy (FOIP) Request and Final Letters

Recommendation to have the FOIP request and disclosure reviewed by the Office of the Privacy Commissioner to address the 4500 emails that were omitted, missing updates to senior management and other documentation relating to the request.

Recommendation obtaining the specific information and website links relating to the specific information from Health Canada and Alberta Health. The employer would be required to retain the information for this decision making to demonstrate due diligence and reasonableness of their decisions. The pointing to a current and actively updated dashboard is unacceptable, considering the pandemic response included placing a barrier device on a face, isolation, chemical exposure, COVID-19 vaccination, and mandatory testing.

2.0) Edmonton Police Service Employee Illness Reporting and Government Communications During the COVID-19 Pandemic Response and Enforcement

Recommend referral to Minister Justice and Solicitor General to initiate a review into the process and justification utilized for masking detainees and detaining the public to educate them on masking and public health order compliance.

Recommend referral for criminal investigation. This has presented challenges as there is a lack of desire or approval for investigations, this is resulting in an undermining of the rule of law. The obstruction of investigations that are preventing police and others from conducting investigations must be addressed to determine if there is criminal obstruction of justice, breach of trust, charter, and constitutional violations. The actions of government officials and law enforcement must be investigated as the harm to the public extensive. With all law enforcement and government being involved there is a challenge created into who would provide oversight to this level of investigation.

The research MaskEd Up presented by the City of Edmonton must be referred to the Privacy and Ethic Commissioner for investigation. The AI behavioural science technology surveillance of random citizens without knowledge or consent. The AI mask detection unit would send the facial scan information to a **behavioral nudge unit** to generate and immediate message to the individual relating to their mask compliance. There was no additional information provided in the EPS FOIP to inform further on the research, however the question of ethics and privacy were raised by EPS leadership. The writer submitted a FOIP request on November 3, 2023, to the City of Edmonton to obtain additional information about this research project. However, at the time finalizing this report the information was being detained in a City of Edmonton Internal Consultation process. There must be a more detailed investigation to determine if this would be lawful research and surveillance of the public.

4.0) Hazard assessment and Control

Recommend complaint to GOA OHS in relation to the failure of the employer obligations on the worksite. The OHS department and EPS leadership failed to ensure due diligence in their duty of care must be investigated both for the OHS component and for the gross negligence of requiring an irreversible medical therapeutic or testing to ensure one could earn a living and financially support them and their families. If there was no need to conduct another COVID-19 specific hazard assessment in 2021, then the assessment from April 2020 would be used in the workplace, the lack of assessment directly indicates there was no change to the workplace hazard levels. There then would be no justification to even allow the employer to consider a vaccination requirement. In addition to this they were **knowingly** requiring an experimental injection with known side effects and no long-term safety data, that was approved under an Interim Use Authorization to become a condition of employment. This reckless and negligent decision making is a significant breach of their duty of care.

Recommend that investigations include any personal or professional benefit to pushing this unproven product on our law enforcement. There was knowledge of adverse events, knowledge of the product being in clinical trials, no known increase in risk of illness for the workers, no serious illness, hospitalization, or death and yet it was determined to make this a workplace requirement.

Recommendation for referral for criminal investigation must include determining who or what entity was involved in requiring the unjustified measures in the workplace. An investigation would allow for examination of all evidence, communications, directives etc. to determine those persons or organizations involved. There are multiple violations in this workplace and there was lack of information and/or false information provided to the employees relating to the health and safety and hazards at the workplace. For the reader, there must be a significant criminal investigation into the actions of the employer and their representatives. The harm, illness and injury of workers is significant and those who are harmed are being forced to be silenced for fear of retaliation.

5.0) Worker Exposure to Hazardous Chemicals

Recommendation – there was not sufficient information provided to determine the chemical exposure at the workplace. This requires further disclosure and transparency from EPS. The concerns for employee exposure, training, proper PPE and lack of communication with employees are concerning as many employees identified possible chemical exposure symptoms. The employees have concerns about prolonged and repeated exposure to chemicals and not being provided with information of what chemicals were being used in their specific worksite, frequency of use and any potential health effects from exposure.

There must be additional investigation into the use of chemicals at the worksite and the exposure to cleaning agents. It was never demonstrated that there was a cleaning and drying protocol for the EPS vehicles and workers would be using these vehicles for the duration of their shifts. It is concerning that the chemical would be applied the interior of the vehicle and would be coating the interior surfaces.

Recommend EPS OHS to develop guidelines for and educate the employees on the potential risks with overuse or misuse hand sanitizers in the workplace. There must be a review of the extensive use and exposure of employees in relation to hand sanitizer use. The majority of people do not realize the potential toxicity and human health impact of these products can have on their health. They contain hazardous chemicals (i.e. ethanol and isopropyl alcohol) which can cause antimicrobial resistance and potentially fatal toxicity if improperly used.

There is also a requirement to determine why chemical disinfectants have been assigned DIN numbers in Canada, and how this reclassification changes the employer obligations relating to OHS. This would involve discussions with OHS chemical specialists and further FDA review. The EPS OHS department should have been aware of these changes, OHS professionals have an obligation to ensure that they understand and communicate this information to employees. The reclassification information was included at the beginning of this section to allow for additional review of these reclassified products. A significant consideration is the need to inform workers in relation to the reclassed disinfectant drugs, what consent is required for use of a chemical now considered a drug?

6.0) Masking in the Workplace

Recommend a complaint to OHS. The forced usage of a facial covering in the workplace warrants further investigation by OHS. The use of the mask was not for the protection of the workers for a demonstrated workplace hazard, thus the reason for masking compliance raises significant concerns. If the Pandemic Committee, EPS leadership and their advisors were blindly following the CMOH and COE, what was the advice they were receiving and was there pressure from external organizations or government. Masking was not the proper RPE for use with a viral threat and was never designated as proper PPE by OHS code Part 18. There was no documentation to support the use of masks in the FOIP disclosure, the journal articles provided in the FOIP did not support the use of masks by EPS in the workplace.

The experimentation or trialing products on your workers, without consent, is a significant breach of the duty of care. Liability for this action is significate as workers confirmed that there was no knowledge that they were trialing masks, no informed consent, no follow up, no option to opt out of the trial, there was a clear lack of transparency and a complete disregard for the potential harms of trialing a product on your workforce. This negligent action could have had led to significant harm had the biological hazard been at the level of risk being communicated. Had this virus impacted and caused very serious illness or death to workers this trial of cloth masks could have operational incapacitated our law enforcement**. There must be further investigation into the trialing of products on employees during a pandemic situation.**

Recommend referral for Human Rights Commission Complaints for those that faced medical discrimination, and punitive measures for requiring accommodation. There were rare situations where exemptions from masking were approved. Employees with exemptions were discriminated against and were not supported, instead they were moved to different units or sent to work from home, because this exemption was deemed a disability to be accommodated. If the workers with exemptions were deemed to need a workplace accommodation due to a disability, then the act of discrimination, harassment, and any demotion in work or pay should be addressed as a Human Rights Complaint.

7.0) Privacy

Recommend independent review of all disciplinary action taken by the EPS against employees who would not provide their personal medical information as part of the mandatory disclosure of COVID-19 vaccination status. This must include any employees that were placed on disciplinary leave, were terminated, forced to retire in lieu of being on indefinite suspension. These employees' grievances were not properly represented by the association and warrant appropriate corrective action for the unlawful and financially and professionally harmful actions.

Recommend Investigation and Audit of all contact tracing and worker exposure requests for COVID-19 information Forms. This document was used to obtain public or detainee's personal medical information and this must be reviewed considering the CMOH order being expunged. Occurrence was on May 8, 2020, and the follow had Supt. Hilton recommending that the boxes on the form are pre-checked to alleviate any confusion by EPS employees when completing the form. This needs to be reviewed further to determine if this document was altered to pre-check boxes.

Recommend investigation EPS leadership and all advisors for the breach of their duty of care in ensuring the laws were followed in communication of personal medical information, access of personal medical information for the public or detainees, and the interaction with government officials to gain special access to the information in lieu of obtaining medical information through established channels. The Chiefs statement when requesting priority notifications for police on March 18, 2020, requires immediate investigation, law enforcement has an essential role and responsibility in their position of authority to understand, uphold and respect the laws of our country and our province. This demand for the abandonment of personal privacy is a breach of his position as a public official.

Recommend investigation by the regulatory bodies relating to the OHN, OHS manager and the handling of personal medical information by these professionals. Employees medical information was provided to supervisors, this medical information then flowed to the entire working unit. OHNs were contacted directly by employees to communicated information for compliance to the rapid testing reporting. This was done by the employee because they did not consent to using the Cority system for medical information. The OHN then without consent entered their information into the Cority. This is a direct violation of the members request for the handling of their personal medical information. The confirmation of this breach of trust came when the employee's received emails for not having uploaded information, and their vaccination status was listed on the email.

Recommend OPIC referral for investigation into privacy violations. Anyone or institution that is violating the privacy laws should be held accountable for the damage that is caused from the unlawful disclosure and professional/personal harm that may cause. The forced disclosure of the medical information from the employees caused significant professional harm that is still ongoing. Many of the targeted employees voiced their concern about being overlooked for advancement in rank or moves to specialized areas, limited access to training which has now harmed them when being reviewed for other positions, and they still feel targeted with the ongoing discussions about their personal choices. The employer representatives consider the matter closed in reference to the historic pandemic response. However, there are a long list of questions, concerns, harms, illness, injury, and permanently disabled employees that are rightful in their request for investigation and accountability.

8.0) Consent

It is recommended that there is a comprehensive review of the audit process and the consent obtained. The EPS employees who did provide consent for Netcare access should be contacted to determine if they had informed consent and what was involved in that communication with the OHN. Clarification is required to see if they were properly informed about the information that OHN was able to access in relation to their medical records. It is important to determine if they were told that they can revoke consent at anytime and that they can mask their medical records so that only specific information is viewable by the employer representative. There should also be an **audit to ensure that there was no unlawful access of the 1996 vaccination records that were audited by the employers OHN.**

There is a significant concern that the OHN was working for HR purposes when accessing Netcare records to confirm an employee's medical information. This OHN as a custodian of health information was accessing the information to validate the vaccination status that the employee had provided. This was not to determine fitness to work, or for safety at the worksite.

There is a need for the employer to have substantial training and review relating to medical privacy and consent in the workplace.

Recommend an investigation into the hosting of an experimental COVID-19 vaccination clinic being offered on EPS property. A full review of the decision and justification to host the clinic, full review of the consent process, interview and medical follow up with all employees that were vaccinated at the clinic. Injecting an experimental product into employees on the worksite constitutes the employer participating in clinical trials. The employer had knowledge of COVID-19 vaccine injured workers, yet they still elected to host this on their worksite.

Recommendation for a criminal investigation with public oversight by an independent team must be initiated to review the information, evidence, communications and the actions of EPS leadership and professionals within the organization. The EPS leadership also negated their duty to address the vaccine messaging in the public and their inactions had devastating consequences in the public. This breach of public trust is damaging to law enforcement and resulted in significant harm to the population. When the public brought forward requests for investigations were any initiated? Any direction, influence, or negligence must be fully examined and where necessary handled appropriately in the justice system.

10.0) Harassment/Intimidation/Threat/Mental Health

Recommendation for an independent workplace investigation into the toxic workplace culture at the EPS. According to the employees the EPS did not follow the requirements of their workplace harassment policy when it came to addressing employee concerns. The investigations must assess if a criminal referral is required.

Recommendation for a complaint to OHS Code Part 27 for failure to address workplace harassment, intimidation, and bullying. The failure of the employer to meet their obligations of the OHS code has led to worker injury, illness, and alleged deaths. There are many members on LOA because of the workplace environment and according to the employees there was no indication that OHS was notified.

Recommendation to establish an independent Operational Stress Injury (OSI) and PTSI resource pathway for employees. It is unfortunate that this has not already been done for the EPS. The employee family services pathway is limited in visits and once those are exhausted the employees are left with disruption in care as they await approval for more resources. Employees stated that the **peer-support in EPS has been very helpful and is easy** for them to access. Some employees indicated their desire for the peer support to have a follow up check in as sometimes the effects of a call do not hit for a few weeks or months. However, if things progress or there is a greater need for supports it is limiting and the professionals are not specialized enough to support the first responders needs. Having this tool available is critical to the rebuilding of the workplace.

11.0) Testing

There is a breach of trust of the public caused significant acts of harm to impact the entire province. **Mandates and Public Health Orders are not laws and there was never a proven test that would meet a threshold to consider the suspension of one's rights, freedoms and security of person.**

Recommend an investigation into the practice at the COVID-19 testing facilities. Including a complete review of the testing procedures, review of the circulation of the provincial lab bulletin from April 10, 2020, and the follow up instructions provided to the staff at the testing facilities. There must be follow up as related to the consent process and injuries or harm from PCR testing. It is an overwhelming issue when addressing the harms of testing, however, every health care practitioner and employer that hosted testing must have their program reviewed and any practitioner must be accountable for their practice. Following orders from their supervisor has never been a justification for lack of care when providing patient care. They are obligated as health care professionals to be responsible in their practice and only work within their scope of training and competencies. This requirement was **not superseded** by the declaration of a public health emergency.

Independent Investigation into government and the regulatory agencies to determine the **decision-making process for allowing restricted practices to be performed by medical and non-medical persons.** There was a lack of training and competencies, the tests were not being performed properly. Health care practitioners performing the tests are required to work within their scope of practice, they must ensure they are competent to conduct a process. They must have informed consent with a discussion of the risks prior to performing the test. There would be no implied consent application for an invasive medical procedure. Any person administering a test in the community setting was issued a notice from APL on April 10, 2020, informing them that PCR swabs were to be collected with a throat swab. (Appendix NG-07)

Recommend a full stop on the use or distribution of any test kits, collection of any existing kits as evidence. Immediate forensic testing to determine the presence of any harmful chemicals or contaminants. Investigation into the approval, distribution, and financial compensation process for the testing. Full disclosure of this information to the public

Recommend the EPA and union support the reimbursement of employees for the financial cost and time compensation required for the rapid testing options of the protocol. The hardship for some was too much, the financial costs, time and sleep deprivation lead some of them to take the vaccine. The personal experiences described by this group of employees demonstrates the extensive trauma, mental torment, personal regret, and assault they endured. Many that ended up taking the COVID-19 vaccine because they knew they could not meet the requirement of testing and could not go without a paycheck have faced very significant vaccine injury and illness.

Recommend criminal investigation is required into the harm of forced medical procedures (rapid testing) for EPS employees as a requirement to maintain gainful employment. This forced testing was done with no requirements for this as a risk mitigation for "worker safety", if that was the case then testing would have been required for all staff and not just the ones that

would not take the COVID-19 vaccine. There was no justification for the application of the rapid testing to one group of employees, this is **discriminatory and resulted in harm, mental abuse, and physical abuse of the employees**. The employees that were working from home were required to rapid test to be "fair" to all the employees. This was not for their safety at all, and the employer showed **no reasonable grounds** to force an invasive medical test for those working from home.

Recommend investigation into the decision making of the OHN, OHS, Human Resources, legal counsel and EPS Leadership and the lack of appropriate communications relating to risk of testing, ensuring employees understood restricted practice information so that they were not harmed during a mandatory workplace test. **The conduct of the regulated professionals must be investigated as the harassment, threats and privacy violations of the employees meet the threshold of unprofessional conduct**. There must be complaints submitted by the employees to the respective regulatory bodies.

12.0) COVID-19 Vaccination

Recommend referral of regulated professionals for violations of their Code of Conduct and Scope of Practice while providing inaccurate and incomplete information to allow for informed consent, breach of the duty of care while instructing workers in the workplace, providing medical information that is out of their scope of practice. **Failure to ensure that the risks and experimental/clinical trial information was provided to employees in relation to the COVID-19 vaccines, harassment and mental harm inflicted on employees and the failure to provide information to the employees when asked for supporting information.** Providing inappropriate advisement in relation to the lawful ability of the employer to mandate vaccination.

Recommend a judicial review process for any legal advisement obtained by EPS and the EPA in relation to the implementation of the workplace measures and COVID-19 Vaccination Protocol.

Recommend referral to Minister of Justice and Solicitor General for an investigation into the EPS leadership for their breach of duties, failure to investigate the false and misleading information, failure to uphold the rule of law, breach of trust, failure to uphold the Charter of Rights and freedoms, endangerment of employees, failure to direct work to prevent bodily harm.

Recommendation for investigation to determine the targeting of law enforcement with the push to get them vaccinated as a priority. What was the intent behind this when the product was known to be experimental, in clinical trials, did not prevent illness, did not have long term studies or safety information, and that people were experiencing side effects post injection? This reckless action had and still has the potential to incapacitate our law enforcement and jeopardizes public safety. There was no consideration for this and there appears to be zero risk assessment for this potential harm.

Recommendation for a risk assessment and development of an independent medical assessment pathway to monitor and provide immediate medical assistance to employees that have or that will develop health issues related to vaccination. This must be outside of the employer to ensure the privacy; proper care and that discipline is not applied to these workers.

The fear of accessing care and being deemed not fit for duty is actively occurring and must be immediately addressed.

Recommend an Investigation into why the COVID-19 vaccines were being distributed federally via the Canadian Armed Forces. This is outside of normal acquisition and provincial distribution procedure and the purpose for this deviation from standard procedure needs to be understood.

13.0) PSB Complaints, EPS Commission

Recommendations to establish an internal human resources process and a separate PSB that is removed from the reach of the employer's influence. Any police officers that face a complaint initiated from the public to the Commission, or from the Chief of Police is never a hands-off from the employer. The ability for the Chief of Police to have complete authority over the complaint process has been abused and misused.

Recommendation to government – **Review and reform of the police act and related legislation to ensure that an independent, unbiased, and procedurally fair process for complaints and misconduct is established**. This independent body should consist of investigative teams that are multi-disciplinary with professionals that have experience with unprofessional conduct, criminal, and workplace investigations. These investigators should not be employed by law enforcement while serving on the oversight of regulatory functions. The process must reformed ensure that once a complaint is received by the employer or Chief of Police, that there is no ability for the employer to control the outcome or disciplinary outcome of the case.

Recommend investigation into the Chief of Police for abuse of his position of authority that has resulted in the discriminatory and inconsistent application of discipline.

Recommend a review of all COVID-19 and Freedom Convoy related disciplinary actions taken by the employer. Should this review find that the employees have been unlawfully disciplined they should be compensated including an offer for their reinstatement at the same or equivalent position and pay.

14.0) Edmonton Police Association (EPA)

Recommendation for a review of the actions and failure of representation by the EPA. The EPA has a duty to represent the members without bias, discrimination, or prejudice. This has not been the case with the pandemic concerns and harm. The current President of the EPA holds the file containing know vaccine injury, illness, and related deaths of workers. There is a duty as a police officer to report and investigate the harm. At the time of writing this report there was some movement on seeking WCB and injury coverage/accommodation for some of the members. There is an opportunity for the new board to act and support the membership.

Concluding Statement

My final recommendation: It is essential that this report does not in anyway undermine the importance of our law enforcement or EPS personnel, and that it appropriately addresses issues and concerns, in a supportive manner. Our communities rely on this institution to ensure our safety on a daily basis, we should be supporting workplace reform that recognizes the extensive harm of decisions and procedures and promotes positive change for the Edmonton Police Service.

To the reader of this analysis, it is desire of these employees to have wholesome investigations into the negligence, breach of trust, failure of the duty of care, abuse and that this also leads to the desire to investigate the concerns of the public. It is essential for the public to engage the government and leadership expressing their demand for transparency, accountability, and justice. The law enforcement should always be maintained as a conduit for citizens to have serious harm and death investigated and this failure in these duties have left most with nowhere to turn. The lack of this desire to start these processes, and the concealment of information must end, in order to reform and start rebuilding healthy workplaces and communities.

I wish to express my appreciation to all EPS employees that courageously engaged with me during this process. You shared your deeply personal experiences and perspectives to ensure that it could be captured in this report. These were invaluable to being able to express the physical and psychological injuries and trauma that has been experienced. In maintaining your anonymity, I was unable to detail some of the most tragic information you have shared. Your personal, professional, and family harms were so extensive and that is not diminished by being excluded it in my report. Your willingness to engage in the process was essential to shed light on the important issues and helped shape the recommendations to guide change for your organization and your personal wellbeing.

Appendices

[redacted]

[redacted]

Fw: FOIPP File 2023-P-0163 (EPS covid FOIPP questions)

1 message

[redacted]

[redacted]

From: [redacted]
Sent: August 14, 2023 14:40
To: [redacted] <[redacted]@edmontonpolice.ca>
Subject: RE: FOIPP File 2023-P-0163

Good afternoon[redacted]

Please see the revised list of questions. Many questions cover material that you have already looked up, but some questions have new information requests.

Will the initial cheque written for a deposit of **$2,246.40** cover this request? Or should that cost be revised?

Thanks,

[redacted]

-=-=-=-=-=-=-=-

FOIPP File 2023-P-0163

Appendix EMP-01

I am requesting documents, physical and electronic, for the time period of July 1, 2019 to July 1, 2023.

I am requesting these documents be provided in a PDF format for the purposes of this FOIPP request.

I have included some questions that I am attempting to answer for your ability to clarify the scope of the information I am requesting. Information prior to 2020 would be in relation to pandemic preparation and response meetings.

1. All minutes for all Pandemic Committee meetings. With the minutes provide any supporting documentation/websites used or referenced in relation to the decisions or directions identified in the minutes. Please include any materials provided by any non-committee participants that were providing information to the committee.

2. A complete list of names, professional designations (if applicable) and job title of each member that has participated on the Pandemic Committee since it's establishment in 2020.

3. All emails and meeting must between The Chief, Executive Officer Team (EOT) and Pandemic Committee specific to operational changes (not responding to non-emergency calls), re-deployment of staff, covid-19 policies /procedure/mandates, and disciplinary action for non-compliance.

4. All documentation surrounding the implementation of Cority within the Edmonton Police Service. This would include any proposals, meeting minutes, policy, procedures, implementation plans, and Occupational Health and Safety (OHS) directives.

5. All OHS policies, procedures, guidance documents and hazard assessments in relation to covid-19 mandates, procedures, personal protective equipment (PPE), restrictions, testing and covid-19 vaccination. Please include any communications to EPS leadership and all EPS employees relating to the hazards identified by the OHS committee.

6. OHS committee's hazard assessment prior for the fall of 2019 (or the hazard assessment was completed prior to the 2020 covid-19 pandemic) and include all hazard assessments conducted by OHS to July of 2023.

7. OHS fit testing procedure and selection of type of respiratory PPE in relation to the masking policy. Procedure for communicating with hearing impaired members of the public in relation to the masking policy.

Appendix EMP-01

8. EPS Policies and procedure relating to suspected covid-19 illness and the return-to-work procedure following illness.

9. All emails, with directions or recommendations from OHS, Alberta Health Services (AHS), Alberta Health – Public Health (i.e. Chief Medical Officer of Health (CMOH) and/or regional CMOH or other public health official), Pandemic Committee, Human Resources, and the Chief's Office in regard to implementing workplaces mandates, vaccination policies/procedure, testing requirements and restrictions on those electing to not disclose their confidential medical information and/or not take the covid-19 vaccinations. Include any documents relating to duty to accommodate and the decision-making process.

10. All correspondence between legal advisors' section to the Chief's committee, OHS, and the Pandemic Committee in regard to the legal grounds on the collection of confidential medical information. And any documented legal advice provided in relation to the vaccination mandates. What the legislative authority was referenced and providing the legal ability for the employer to request this confidential medical information from employees in September of 2021?

11. All retention, distribution, and destruction policies in relation to confidential medical information for EPS members located on their human resource files. In addition, specific to the covid-19 vaccination policies, who is the custodian of the health information for the organization and who else was this information communicated to during the organizations implementation of the mandates?

12. Correspondence between OHS, HR, legal advisors, Pandemic Committee and EOT regarding the forced disclosure of confidential medical information.

Indicate the position titles of persons that had direct or indirect access to confidential medical information (specifically vaccination status, medical exemptions, mask exemptions).

All legal communications outlining the grounds allowing the employer to supersede medical privacy, Health Information Act (HIA), Personal Information Protection Act (PIPA), Freedom of Information Protection Act (FOIP), and labour laws to request medical information.

13. I am requesting the privacy assessment report and/or any communication with the Office of the Privacy Commissioner of Alberta in relation to the collection and utilization of confidential medical information.

14. OHS staff nurses', names and professional designation, directives that they were operating under during covid-19 pandemic response.

Appendix EMP-01

15. All documents or emails, physical or electronic as it pertains to denying EPS members certain access to facilities or workplace restrictions. This would include but not be limited to meeting notes, guidance from legal, government, OHS, public health officials or the Pandemic Committee.

Documentation regarding unvaccinated members being a risk to others:

- Being denied access to gyms. (i.e. What scientific documents state that members can be denied access to the fitness facilities on Tuesday, but must attend a fitness test on Wednesday in the same fitness facility?)
- Denied access to lunchrooms.
- Denied overtime opportunities.
- Denied access to courses and training.

16. All policy/procedure/email or other correspondence outlining the parameters of excluding members from attending training courses and professional development.

17. All emails, legal advice, directives, policies, procedures, forms regarding medical/religious or other exemptions for masking and vaccination. Include any documentation regarding mandatory or forced disclosure of private medical information.

18. All documentation and communication surrounding the qualifications of the authorities that approved or denied medical, religious, or other exemptions requests by EPS members. Who made the decision and what info did they have access to for that decision?

All communication relating to the handling of employee requests for exceptions between OHS, Pandemic Committee, Human Resources, and the Chief's Office. Did EPS have lawful authority to ask for religious reasons why members were not vaccinated or not consenting to disclosure of their medical status?

19. Emails, guidance, or documentation relating to knowledge of covid-19 vaccination injury in EPS members. This includes reporting of vaccine injury stats to external agencies (i.e. AHS, Blue Cross, OHS, WCB, Alberta Public Health, Public Health Agency of Canada) as per the requirements of the Adverse Event Reporting.

20. Requesting all stats relating to WCB lost time claims, short term or long-term leave stemming from covid-19 restrictions or vaccination injuries with EPS employees.

21. Provide any educational material or training developed by or provided to the Pandemic Committee to promote the covid-19 mandates and to increase vaccination uptake in EPS

Appendix EMP-01

employees.

22. Disclosure of any financial grants or other monies from 3rd party organizations, foundations, pharmaceutical companies, municipal, provincial or federal government that was directly earmarked for the implementation of any covid-19 pandemic mandates and/or vaccination policies within EPS.

23. Stats from Employee Assistance on the numbers of EPS staff using Employee and family assistance services in the years 2019, 2020, 2021, 2022 to 2023.

24. Policy or procedure regarding the changes to the cleaning procedures for the stations, gyms, EPS vehicle and offices for the time frame indicated. Including the name and Material Safety Data Sheets (MSDS) for all cleaning products, sanitizers used from the implementation of the covid-19 cleaning protocols.

25. Documentation that provided designation of authority to the OHS nurses to enforce, report and access personal health information for the purpose of monitoring and reporting infractions relating to covid-19 policies and procedures. Include sample consent form completed by EPS employees for this monitoring. As the custodian of medical information provide documentation as to the reporting structure for the OHS nurses in relation to covid-19 medical information and non-compliance.

26. How many EPS employees (civilian and sworn) were accepted for religious accommodation or medical accommodation or other human rights vaccine exemptions?

Respectfully,

[redacted]

From: [redacted] <[redacted]@edmontonpolice.ca>
Sent: August 8, 2023 08:21
To [redacted]
Subject: RE: FOIPP File 2023-P-0163

Good Morning,

Appendix EMP-01

If we are going to provide you the records strictly electronically then we will waive the $2,496.00 cost for producing copies of the records.

As for the breakdown of preparing the records for disclosure, please see below:

Per Schedule 2 of the Alberta FOIPP Act, we are able to charge $6.75 per ¼ hour for searching for, locating and retrieving a record and/or for preparing and handling a record for disclosure.

$6.75 x 4 = $27.00/hour.

It takes approximately one minute to review one page. We have located approximately 9,984 pages however it likely more as we have 8,400 emails, most of which are more than one page but we have only counted as one page for the sake of this estimate.

9,984 pages divided by 60 minutes (1 hour) = 166.4 hours

166.4 hours x $27/hour = **$4,492.80**

With the waiving of the cost to produce copies of the records, we would now require a 50% deposit in the amount of **$2,246.40**. A response within 20 days from this revised estimate is required or we will close your fie.

As for any fee estimates provided to other applicants for different FOIPP requests, that information is protected under the FOIPP Act and cannot be disclosed without the applicant's consent.

Please let me know if you have any other questions.

Regards,

[redacted]
Disclosure Analyst
Information and Privacy Unit
[redacted]@edmontonpolice.ca

Phone: (780)[redacted]

From: [redacted]
Sent: August 5, 2023 08:06

To: [redacted]<[redacted]@edmontonpolice.ca>; [redacted]

Subject: Re: FOIPP File 2023-P-0163

Good morning [redacted],

I had been doing some further thinking and chatting with other people on the proposed cost of this FOIPP request. They agreed that this cost was extraordinary and had never heard of such a large FOIPP cost.

I would like the cost analysis breakdown to be carbon copied to [redacted] and [redacted] the President and Vice President of the EPA. Please carbon copy them on the response.

I would also like to know how much the cost was for the person who FOIPP'd the area codes of all the sworn EPS members. I am referring to the FOIPP file that made the media around April 2022.

See:

> Under half of Edmonton Police Service officers live in the city, FOIP data show
>
> edmontonjournal.com

Respectfully,

[redacted]

> On Aug 4, 2023, at 17:14, [redacted] wrote:
>
> Good afternoon [redacted]

Appendix EMP-01

That is an extraordinary number. Shocking even for the cost.

I am requesting as to why this FOIPP request would cost so much? I have never heard of a FOIPP request costing this much money.

I am requesting to have digital records (PDF documents) made available. Is there any need for photocopies at all?

For the creation of PDF documents that could be sent to me via email or a USB stick (inter office mail), can you please explain the cost breakdown?

Respectfully,

[redacted]

[redacted]

On Aug 4, 2023, at 09:08, [redacted] <[redacted]@edmontonpolice.ca> wrote:

Good Morning,

Please see the attached correspondence regarding the above mentioned request.

Thank you,

[redacted]
Disclosure Analyst
Information and Privacy Unit
[redacted]@edmontonpolice.ca

Phone: (780) [redacted]

Appendix EMP-01

EDMONTON
POLICE
SERVICE

9620 • 103A AVENUE
EDMONTON, ALBERTA
CANADA T5H OH7
PH: 780-421-3333
www.edmontonpolice.ca

Our File: 2023-G-0163

2023 October 31

Sent by encrypted email to: [redacted]

[redacted]

Re: *Freedom of Information and Protection of Privacy Act* (*FOIP Act*) Request

I am responding to your request for access to information pursuant to the Alberta *FOIP Act* that was received by the Edmonton Police Service (EPS) Information and Privacy Unit on 2023 July 04. You requested various records in relation to COVID-19.

Please find enclosed a copy of the responsive records, consisting of five-thousand four-hundred and twenty-one (5,421) pages, which is responsive to your request. Information has been redacted from the records pursuant to sections 17(1), 17(4), 20(1), 21(1), 24(1) and 27(1) of the Alberta *FOIP Act*:

17(1) The head of a public body must refuse to disclose personal information to an applicant if the disclosure would be an unreasonable invasion of a third party's personal privacy.

(4) A disclosure of personal information is presumed to be an unreasonable invasion of a third party's personal privacy if

(a) the personal information relates to a medical, psychiatric or psychological history, diagnosis, condition, treatment or evaluation,

(b) the personal information is an identifiable part of a law enforcement record, except to the extent that the disclosure is necessary to dispose of the law enforcement matter or to continue an investigation,

(d) the personal information relates to employment or educational history,

(g) the personal information consists of the third party's name when

(i) it appears with other personal information about the third party, or

(ii) the disclosure of the name itself would reveal personal information about the third party,

20(1) The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to

(m) harm the security of any property or system, including a building, a vehicle, a computer system or a communications system,

21(1) The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to

(b) reveal information supplied, explicitly or implicitly, in confidence by a government, local government body or an organization listed in clause (a) or its agencies.

24(1) The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to reveal

(a) advice, proposals, recommendations, analyses or policy options developed by or for a public body or a member of the Executive Council,

(b) consultations or deliberations involving (i) officers or employees of a public body,

27(1) The head of a public body may refuse to disclose to an applicant

(a) information that is subject to any type of legal privilege, including solicitor-client privilege or parliamentary privilege,

Please be advised that approximately 4,500 emails were not included as they were deemed non-responsive.

On 2023 August 04 you were provided a fee estimate for processing this request in the amount of $6,988.80. On 2023 August 08 you requested to receive the records electronically which reduced the fee down to $4,492.80 which you then agreed to. On 2023 September 01 we received a cheque in the amount of $2,246.40 for the 50% deposit to process this request. We acknowledge receipt of your second cheque in the amount of $2,246.40 for the remainder of the fee.

Under section 65 of the *FOIP Act*, you may ask the Information and Privacy Commissioner to review this matter. You have 60 days from the receipt of this notice to request a review by writing the Information and Privacy Commissioner at 410, 9925 – 109 Street, Edmonton, Alberta, T5K 2J8.

If you wish to request a review, please provide the Office of the Commissioner with the following information: (1) The reference number quoted at the top of this notice, (2) A copy of this letter, (3) A copy of your original request for information that you sent to the Edmonton Police Service.

Thank you for your patience during the processing of this request. We strive to respond openly, accurately, and completely. If you have any questions about this response or would like to request additional searches be conducted, I ask you to contact me directly at [redacted] first so I can attempt to resolve any issues.

Sincerely,

[redacted]

[redacted]
Disclosure Analyst

Encl. 5421 pages

EDMONTON
POLICE
SERVICE

9620 • 103A AVENUE
EDMONTON, ALBERTA
CANADA T5H OH7
PH: 780-421-3333
www.edmontonpolice.ca

Our File: 2023-G-0199

2023 December 12

Sent by encrypted email to: [redacted]

Dear [redacted]:

Re: *Freedom of Information and Protection of Privacy Act* (*FOIP Act*) Request

I am responding to your request for access to information pursuant to the Alberta *FOIP Act* that was received by the Edmonton Police Service (EPS) Information and Privacy Unit on 2023 August 15. You requested various records in relation to COVID-19 for the time period of 2019 July 01 to 2023 July 01.

Please find enclosed a copy of the responsive records, consisting of three-thousand two-hundred and ninety-six (3,296) pages, which is responsive to your request. Information has been redacted from the records pursuant to sections 17(1), 17(4) and 20(1) of the Alberta *FOIP Act*:

> 17(1) The head of a public body must refuse to disclose personal information to an applicant if the disclosure would be an unreasonable invasion of a third party's personal privacy.
>
> (4) A disclosure of personal information is presumed to be an unreasonable invasion of a third party's personal privacy if
>
> (d) the personal information relates to employment or educational history,
>
> 20(1) The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to
>
> (a) harm a law enforcement matter,
>
> (c) harm the effectiveness of investigative techniques and procedures currently used, or likely to be used, in law enforcement,
>
> (k) facilitate the commission of an unlawful act or hamper the control of crime,
>
> (m) harm the security of any property or system, including a building, a vehicle, a computer system or a communications system

The names of each member that has participated on the Pandemic Committee since it's establishment can be found on the meeting minutes that were provided to you under FOIP file 2023-G-0163. There are no records that contain the job titles and/or professional designations of these individuals.

I conducted searches with the EPS Policy Management team and confirmed that there was never any official policy or procedure developed relating to suspected COVID-19 illness and the return-to-work procedure following illness.

Both the Pandemic Committee and the Human Resources Legal Department has confirmed that there is no correspondence regarding the forced disclosure of confidential medical information or outlining the grounds allowing the employer to supersede medical privacy, HIA, PIPA, FOIP and labor laws to request medical information. Any existing non-legal correspondence has been provided to you.

I conducted searches with EPS Employee and Family Assistance Section and confirmed that member support is a confidential area and they do not keep records or any documentation of how many staff members contact the preferred providers.

I conducted searches with EPS Human Resources Division and Disabilities Management and confirmed that Lora-Lea Francoeur and Dana Christianson in Human Resources were the ones who reviewed the religious exemption requests. Aneet Bassi, Noel Wee and Kyla Smeeton in Disabilities Management were the ones who reviewed the medical exemption requests. The decisions were based on the information provided by the employees requesting an exemption. Zero religious exemptions were approved, and six medical accommodations were approved that were either work-from-home, masking and/or vaccine accommodations. No other records were located in relation to exemptions.

Disabilities Management also confirmed that there were 37 lost time claims reported from March 31, 2020 to present, 165 employees were granted paid short-term disability due to COVID-19, 1 employee was granted paid short-term disability to a vaccine related condition and 1 employee was granted long-term disability.

I conducted searches with the Chief's office and confirmed that the EPS did not receive any funds to support COVID-19.

I conducted searches with EPS Training Section and confirmed that there were not any training courses on COVID-19.

I conducted searches with the EPS Occupational Health and Safety Team and confirmed that we relied on Health Canada and Alberta Health to provide any information on safety related to the vaccine. We did regularly consult the Alberta Government COVID page, which included vaccine safety information (linked below), but we did not have the internal medicine expertise, knowledge, or justification to make any recommendations counter to public policy.

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

OH&S also confirmed that there are no records in relation to fit testing as we were advised by the Province of Alberta that we did not need to do so.

All other requested records have been provided to you under FOIP file 2023-G-0163.

Under section 65 of the *FOIP Act*, you may ask the Information and Privacy Commissioner to review this matter. You have 60 days from the receipt of this notice to request a review by writing the Information and Privacy Commissioner at 410, 9925 – 109 Street, Edmonton, Alberta, T5K 2J8.

If you wish to request a review, please provide the Office of the Commissioner with the following information: (1) The reference number quoted at the top of this notice, (2) A copy of this letter, (3) A copy of your original request for information that you sent to the Edmonton Police Service.

Thank you for your patience during the processing of this request. We strive to respond openly, accurately, and completely. If you have any questions about this response or would like to request additional searches be conducted, I ask you to contact me directly at [redacted]@edmontonpolice.ca first so I can attempt to resolve any issues.

Sincerely,

[redacted]

[redacted]
Disclosure Analyst

Encl. 3296 pages

PUBLICATIONS

Ministerial Order 613/2020 [Health]

Archived

This item has been replaced by a more recent resource or the content may be otherwise out of date. It is provided for informational and research purposes.

Replaced by: Ministerial Order 615/2020 [Health]

M.O. 613/2020

WHEREAS the Lieutenant Governor in Council made Order in Council 080/2020 under section 52.1(1) of the *Public Health Act* (PHA) on March 17, 2020 declaring a state of public health emergency in Alberta due to pandemic COVID-19 and the significant likelihood of pandemic influenza;

WHEREAS Order in Council 080/2020 has effect for 90 days following March 17, 2020 under section 52.8(1)(a) of the PHA;

WHEREAS section 52.1(3) of the PHA authorizes the Minister of Health (Minister), to make an order without consultation, to suspend or modify the application or operation of all or part of an enactment, subject to the terms and conditions the Minister prescribes, if the Minister is satisfied that the application or operation of all or part of the enactment is not in the public interest; and

WHEREAS I am satisfied that the application or operation of all or part of the PHA is not in the public interest because existing fines under the PHA are insufficient to effectively deter persons from contravening the PHA and the increased risks that may flow from such contraventions due to the COVID-19 pandemic;

THEREFORE, I, TYLER SHANDRO, Minister of Health, pursuant to section 52.1(2) of the *Public Health Act*, do hereby order that:

1. the application of subsection 73(2) of the PHA is suspended and of no force or effect.

2. subsection 73(3) of the PHA is repealed and the following is substituted:

   (3) A person who contravenes this Act or the regulations is, if no penalty in respect of that offence is prescribed elsewhere in this Act, liable to a fine of not more than $100 000 in the case of a first offence and $500 000 in the case of a subsequent offence.

This Order lapses, unless it is sooner continued by an order of the Lieutenant Governor in Council under section 52.811(3) of the PHA, at the earliest of the following:

(a) August 14, 2020;

(b) 60 days after Order in Council 080/2020 is terminated by the Lieutenant Governor in Council, if Order in Council 080/2020 is terminated before June 15, 2020;

(c) when this Order is terminated by the Minister under section 52.811(2) of the PHA because the Minister is satisfied that this Order is no longer in the public interest; or

(d) when this Order is terminated by the Lieutenant Governor in Council under section 52.811(1)(c) of the PHA.

DATED at Edmonton, Alberta this 26 day of March, 2020.

TYLER SHANDRO
MINISTER

Appendix NG-01

ALBERTA
HEALTH

Office of the Minister
MLA, Calgary - Acadia

M.O. 615/2020

WHEREAS Ministerial Order 613/2020 suspended subsection 73(2) and amended subsection 73(3) of the *Public Health Act* (PHA), pursuant to section 52.1(2) of the PHA; and

WHEREAS Ministerial Order 613/2020 is no longer required, as soon as the amendments to s. 73 of the PHA, set out in the *Public Health (Emergency Powers) Amendment Act, 2020* (PH Amendment Act), are in effect; and

WHEREAS I am satisfied that as soon as section 73 of the PHA is amended by the PH Amendment Act, Ministerial Order 613/2020 is no longer in the public interest;

THEREFORE, I, TYLER SHANDRO, Minister of Health, pursuant to section 52.811(2) of the PHA, hereby repeal Ministerial Order 613/2020, effective the date that the PH Amendment Act receives royal assent.

DATED at Edmonton, Alberta this 2 day of April, 2020.

TYLER SHANDRO
MINISTER OF HEALTH

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

ALBERTA

LABOUR AND IMMIGRATION
Office of the Minister

MINISTERIAL ORDER No. 2020-24

WHEREAS the Government of Canada has introduced the Canada Emergency Response Benefit (CERB) payments to provide temporary support to Canadians whose employment has been affected by the Covid-19 pandemic;

AND WHEREAS, pursuant to section 1(1)(y) of Schedule 2 of the Income Support, Training and Health Benefits Regulation (the Regulation) under the *Income and Employment Supports Act*, the Minister may exempt a payment received from the Government of Canada from the determination of financial resources, to the extent determined by the Minister;

AND WHEREAS, pursuant to section 2(1)(o.2) of Schedule 1 of the Regulation, the Minister may exempt an asset or liquid asset that was purchased or obtained with money exempted under section 1(1)(y) of Schedule 2 of the Regulation for the purpose of determining assets;

I, JASON COPPING, Minister of Labour and Immigration:

1. Pursuant to section 1(1)(y) of Schedule 2 of the Regulation, exempt a payment received from the Government of Canada under the CERB from the determination of financial resources; and

2. Pursuant to section 2(1)(o.2) of Schedule 1 of the Regulation, exempt an asset or liquid asset that was purchased or obtained with money from a payment received from the Government of Canada under the CERB for the purpose of determining assets.

DATED at Edmonton, Alberta this 7th day of May, 2020.

Jason Copping
Minister of Labour and Immigration

Appendix NG-03

ALBERTA

M.O. 24/2021

MINISTERIAL ORDER

I, KAYCEE MADU, QC, Minister of Justice and Solicitor General for the Province of Alberta, pursuant to section 13(1) of the *Peace Officer Act*, consider that an emergency exists that requires the services of one or more peace officers. With their consent and the consent of their authorized employers,

1. **I declare that the peace officers listed in this Order have jurisdiction in all or any part of Alberta and in addition to the authorities responsibilities and duties set out in their individual appointments have the authority, responsibility and duty:**

   i. **To enforce Alberta's *Public Health Act* and all of Alberta's Chief Medical Officer of Health's Orders pertaining to the COVID-19 pandemic.**

2. **This authority, responsibility and duty are granted only while performing the following duties:**

   i. **Providing law enforcement services or other related duties in relation to the COVID-19 pandemic; and**
   ii. **Acting at the request of any police service in Alberta, or any Government of Alberta Ministry pertaining to the COVID-19 pandemic.**

3. **This Order applies to the following peace officers:**

   i. **All uniformed Alberta Peace Officers Level 2 employed/engaged by the Ministry of Environment and Parks, Environmental Enforcement Services; and**
   ii. **All uniformed Community Peace Officers Level 1 employed/engaged by an authorized employer of peace officers as defined by section 5 of the *Peace Officer Act*.**

4. **This order shall remain in effect for a period of 30 days from the date set out below.**

Dated at the City of Edmonton, in the Province of Alberta, this 2nd day of June, 2021.

Original signed by Kaycee Madu

MINISTER OF JUSTICE AND SOLICITOR GENERAL
OF THE PROVINCE OF ALBERTA

Civilian Member Division	**Hazard Assessment Listed Hazard** **Hazard Category from Assessment Form - Health-Biological Exposure (mould, viruses, blood and body fluid, bed bugs, animal bites, etc.)** **Was MASKING or RPE Listed Yes/No by year. N/A when not available** **Note: Unless other wise specified, all hazards were listed as green (low risk with controls)**				
	2019	**2020**	**2021**	**2022**	**2023**
Ballistics Analyst	No	No	No	N/A	No
Facilities	No	No	No	N/A	N/A
Administrative	No	No	No	No	Yes Appropriate face mask as required
Cadets	N/A	No	No	No	N/A
Chief Administrative/ Officer/Executive Director	No	No	No	No	No
Drug Exhibit Unit	No	No	No	No	No
Digital Media Unit	No	No	No	No	No
Documents Services	No	No	Yes (yellow) N95 masks where/ when applicable (during pandemic) Surgical masks (during pandemic)	Yes (yellow) N95 masks where/ when applicable (during pandemic) Surgical masks (during pandemic)	Yes (yellow) N95 masks where/ when applicable (during pandemic) Surgical masks (during pandemic)
Electronic Surveillance	Yes Fit-tested NIOSH-approved N95 respirator	Yes Fit-tested NIOSH-approved N95 respirator	Yes Fit-tested NIOSH-approved N95 respirator	Yes Fit-tested NIOSH-approved N95 respirator	Yes Fit-tested NIOSH-approved N95 respirator
Fitness & Lifestyle Unit	No	No	No	No	No
Fleet Services	No	No	No	Yes Surgical masks or N95 if available	Yes Surgical masks or N95 if available
Forensic Identification Services Section	Yes NIOSH-approved fit-tested	Yes NIOSH-approved fit-tested	Yes NIOSH-approved fit-tested	Yes NIOSH-approved fit-tested	Yes NIOSH-approved fit-tested

	•N95 respirator • half-mask respirator with Pl00 or OV filter/ changing filters after every shift	•N95 respirator • half-mask respirator with Pl00 or OV filter/ changing filters after every shift	•N95 respirator • half-mask respirator with Pl00 or OV filter/ changing filters after every shift	•N95 respirator • half-mask respirator with Pl00 or OV filter/ changing filters after every shift	•N95 respirator • half-mask respirator with Pl00 or OV filter/ changing filters after every shift
Indigenous Relations	No	No	No	N/A	N/A
Mail Services	Yes NIOSH approved fit-tested N95 respirator	Yes NIOSH approved fit-tested N95 respirator	Yes NIOSH approved fit-tested N95 respirator	Yes NIOSH approved fit-tested N95 respirator	Yes NIOSH approved fit-tested N95 respirator
Materials Management Branch	Yes NIOSH-approved fit-tested N95 as required	Yes NIOSH-approved fit-tested N95 as required	Yes NIOSH-approved fit-tested N95 as required	Yes NIOSH-approved fit-tested N95 as required	Yes NIOSH-approved fit-tested N95 as required
Media Relations	No	No	No	No	No
Mobile Support	No	No	No	No	No
OHS Section	No	No	No	No	No
Police Communications Branch	No	No	No	N/A	N/A
Property Exhibit Unit	Yes NIOSH approved fit-tested N95 respirator	Yes NIOSH approved fit-tested N95 respirator	Yes NIOSH approved fit-tested N95 respirator	Yes NIOSH approved fit-tested N95 respirator	Yes NIOSH approved fit-tested N95 respirator
Pre-Hire	No	No	Yes N95 Disposable Disposable 3-ply mask EPS Civil cloth face masks	Yes N95 Disposable Disposable 3-ply mask EPS Civil cloth face masks	Yes N95 Disposable Disposable 3-ply mask EPS Civil cloth face masks
Security Branch	No	No	N/A	N/A	N/A
Police Sized Vehicles	No	No	No	Yes Face masks	Yes Face masks

Victim Services	No	No	N/A	N/A	N/A
Volunteers	No	No	No	Yes Face Masks	Yes Face Masks
Wiretap Services	No	No	No	No	No
Criminal History Unit	Yes Wearing NIOSH-approved fit-tested N95 when collecting DNA	Yes Wearing NIOSH-approved fit-tested N95 when collecting DNA	Yes Wearing NIOSH-approved fit-tested N95 when collecting DNA	Yes Wearing NIOSH-approved fit-tested N95 when collecting DNA	Yes Wearing NIOSH-approved fit-tested N95 when collecting DNA
Fingerprint Tech	No	No	Yes N95 mask	Yes N95 masks	Yes N95/KN95 masks
Flight Ops	N/A	Yes NIOSH approved fit-tested N95 respirator	Yes NIOSH approved fit-tested N95 respirator	Yes NIOSH approved fit-tested N95 respirator	Yes NIOSH approved fit-tested N95 respirator
Tech Crimes	N/A	Yes NIOSH approved Fit-tested N95 respirator	Yes NIOSH approved Fit-tested N95 respirator	Yes NIOSH approved Fit-tested N95 respirator	Yes NIOSH approved Fit-tested N95 respirator
Crime & Trauma Informed Support Services	N/A	N/A	No	No	Yes Wear appropriate PPE including face mask
Cyber Risk and Security Infrastructure Unit	N/A	N/A	No	No	No
Staff Sergent Community Relations section (civilian)	N/A	N/A	N/A	No	N/A
Emergency Communications and Operations Branch	N/A	N/A	N/A	Yes Medical face masks	Yes Medical face masks
Facilities	N/A	N/A	N/A	Yes Surgical masks or N95 if available	Yes Surgical masks or N95 if available
Program Manager Community Relations	N/A	N/A	N/A	N/A	No

COVID-19 Specific HA	N/A	Yes Wearing a procedure mask or KN95 when working in an area where 2m social distancing is not possible Procedure masks or KN95 mask to be worn by subjects displaying symptoms of or COVID-19 positive, where social distancing is not possible.	N/A	Yes Use of surgical, KN95 and (53 masks in accordance with most up to date process on EPSNet • Wear a procedure mask or KN95 mask when working in an area where 2m social distancing is not possible • Procedure masks or KN95 mask to be worn by subjects displaying symptoms of or COVID-19 positive, where social distancing is not possible	N/A
EPS Sworn Member Divisions					
Modified Work	No	N/A	N/A	N/A	N/A
Administrative Officers	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator • N95 disposable • Disposable 3 ply masks	Yes NIOSH-approved fit-tested N95 respirator • N95 disposable • Disposable 3 ply masks	Yes NIOSH-approved fit-tested N95 respirator • N95 disposable • Disposable 3 ply masks

			• EPS Civil cloth face masks	• EPS Civil cloth face masks	• EPS Civil cloth face masks
Alberta Law Enforcement Response Team	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Bomb Detail	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes (orange) N95 Disposable mask EPS approved Surgical masks	Yes (orange) N95 Disposable mask EPS approved Surgical masks	Yes (orange) N95 Disposable mask EPS approved Surgical masks
Canine	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Chief/Deputy Chief/Superintendent, Inspector	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes (Orange) Under hazard this was added to the above description *COVID has increased risk from viruses* NIOSH-approved fit-tested N95 respirator	Yes (orange) Under hazard this was added to the above description *COVID has increased risk from viruses* NIOSH-approved fit-tested N95 respirator
Child Protection Section	Yes NIOSH-approved fit-tested N95 respirator	Yes (yellow) NIOSH-approved fit-tested N95 respirator	Yes (yellow) NIOSH-approved fit-tested N95 respirator	Yes (yellow) NIOSH-approved fit-tested N95 respirator	Yes (yellow) NIOSH-approved fit-tested N95 respirator
Criminal Investigation Division	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
CIS Special Projects Unit	Yes	Yes	N/A	N/A	N/A

	NIOSH-approved fit-tested N95 respirator	NIOSH-approved fit-tested N95 respirator			
Covert Operations	Yes NIOSH-approved fit-tested respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Commercial Vehicle Inspection	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
DEOPS	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator 3 layer surgical mask	Yes NIOSH-approved fit-tested N95 respirator Surgical Masks	Yes NIOSH-approved fit-tested N95 respirator Surgical Masks
Divisional Sworn Officers	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Detainee Management Unit	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Duty Officer	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Edmonton Drug and Gang Unit	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Electronic Surveillance	Yes	Yes	Yes	Yes	Yes

	NIOSH-approved fit-tested N95 respirator	NIOSH-approved fit-tested N95 respirator	NIOSH-approved fit-tested N95 respirator	NIOSH-approved fit-tested N95 respirator	NIOSH-approved fit-tested N95 respirator
Extra Duty Detail	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	N/A	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Flight Ops	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Forensic Identification Services Section	Yes NIOSH-approved fit-tested •N95 respirator • half-mask respirator with Pl00 or OV filter/ changing filters after every shift	Yes NIOSH-approved fit-tested •N95 respirator • half-mask respirator with Pl00 or OV filter/ changing filters after every shift	Yes NIOSH-approved fit-tested •N95 respirator • half-mask respirator with Pl00 or OV filter/ changing filters after every shift	Yes NIOSH-approved fit-tested •N95 respirator • half-mask respirator with Pl00 or OV filter/changing filters after every shift	Yes NIOSH-approved fit-tested •N95 respirator • half-mask respirator with Pl00 or OV filter/ changing filters after every shift
Gang Suppression Unit	N/A	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
IMAC Branch	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
LRT Beats	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	N/A	N/A	N/A
Training Section	Yes	Yes	Yes	Yes	Yes

	NIOSH-approved fit-tested N95 respirator	NIOSH-approved fit-tested N95 respirator	NIOSH-approved fit-tested N95 respirator	NIOSH-approved fit-tested N95 respirator	NIOSH-approved fit-tested N95 respirator
Support Unit	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Police Communications Branch	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Professional Standards Branch	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Source Management Unit	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
School Resource Officer	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Specialized Traffic Apprehension Unit	Yes NIOSH-approved fit-tested N95 respirator	N/A	N/A	N/A	N/A
Surveillance Unit	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Tactical Unit	Yes NIOSH-approved fit-tested	Yes NIOSH-approved fit-tested	Yes NIOSH-approved fit-tested	Yes NIOSH-approved fit-tested	Yes NIOSH-approved fit-tested

	disposable respirator	disposable respirator	disposable respirator	disposable respirator	disposable respirator
Youth Offender Management Unit	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Arson	N/A	Yes NIOSH-approved fit-tested N95 respirator	N/A	N/A	N/A
Recruit Training Unit	N/A	Yes (yellow) NIOSH-approved fit-tested N95 respirator	Yes (yellow) NIOSH-approved fit-tested N95 respirator	Yes (yellow) NIOSH-approved fit-tested N95 respirator	Yes (yellow) NIOSH-approved fit-tested N95 respirator
Recruit Constables	N/A	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Tech Crimes	N/A	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Traffic Enforcement Section	N/A	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
CSIU Ballistics Analyst	N/A	N/A	No	No	No
BEATS	N/A	N/A	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator	Yes NIOSH-approved fit-tested N95 respirator
Crime Suppression Branch	N/A	N./A	Yes NIOSH-approved fit-tested	Yes NIOSH-approved fit-tested	Yes NIOSH-approved fit-tested

			N95 respirator	N95 respirator	N95 respirator
Detainee Management Unit – Body Scanner	N/A	N/A	N/A	Yes NIOSH-approved fit-tested N95 respirator NIOSH- Approved fit-tested respirators PC4, P100, N95 Disposable	Yes NIOSH-approved fit-tested N95 respirator NIOSH- Approved fit-tested respirators PC4, P100, N95 Disposable
Aircraft Recovery Assistance Team	N/A	N/A	N/A	N/A	Yes NIOSH-approved fit-tested disposable respirator
Collision Centres	N/A	N/A	N/A	N/A	Yes NIOSH-approved fit-tested N95 respirator N95 Disposable Disposable 3 ply masks EPS Civil cloth face mask
ECOM	N/A	N/A	N/A	N/A	Yes NIOSH-approved fit-tested N95 respirator
HSOC (Healthy Streets Operation Community Safety Team)	N/A	N/A	N/A	N/A	Yes NIOSH-approved fit-tested N95 respirator
Missing Persons Unit	N/A	N/A	N/A	N/A	Yes NIOSH-approved fit-tested N95 respirator

COVID-19 specific HA	N/A	Yes Wearing a procedure/KN95 when working in an area where 2m social distancing not possible Use of fit-tested N95 mask when in close contact (<2m) with symptomatic people • Procedure masks or KN95 mask to be worn by subjects displaying symptoms of or COVID-19 positive, where social distancing is not possible.	N/A	Yes Use of surgical, KN95 and (53 masks in accordance with most up to date process on EPSNet • Wear a mask in accordance with the latest processes on EPSnet • Procedure masks or KN95 mask to be worn by subjects displaying symptoms of or COVID-19 positive, where social distancing is not possible. • Wear a fit tested N95 mask when in close contact with symptomatic individuals	N/A

Civilian Member Division	**Hazard Assessment Listed Hazard – Health-Biological Exposure (mould, viruses, blood and body fluid, bed bugs, animal bites, etc.)** **Was Vaccination Listed Yes/No by year. N/A when not available** **Note: Unless other wise specified, all hazards were listed as green (low risk with controls)**				
	2019	**2020**	**2021**	**2022**	**2023**
Ballistics Analyst	No	No	No	N/A	No
Facilities	No	No	No	N/A	N/A
Administrative	No	No	No	No	No
Cadets	N/A	No	No	No	N/A
Chief Administrative/ Officer/Executive Director	No	No	No	No	No
Drug Exhibit Unit	No	No	No	No	No
Digital Media Unit	No	No	No	No	No
Documents Services	No	No	No (yellow)	No (yellow)	No (yellow)
Electronic Surveillance	No	No	No	No	No
Fitness & Lifestyle Unit	No	No	No	No	No
Fleet Services	No	No	No	No	No
Forensic Identification Services Section	Yes (green)	Yes (green)	Yes (green)	Yes (green)	Yes (green)
Indigenous Relations	No	No	No	N/A	N/A
Mail Services	No	No	No	No	No
Materials Management Branch	No	No	No	No	No
Media Relations	No	No	No	No	No
Mobile Support	No	No	No	No	No
OHS Section	No	No	No	No	No
Police Communications Branch	No	No	No	N/A	N/A
Property Exhibit Unit	No	No	No	No	No
Pre-Hire	No	No	Yes (green)	Yes (green)	Yes(green)
Security Branch	No	No	N/A	N/A	N/A
Police Sized Vehicles	No	No	No	No	No
Victim Services	No	No	N/A	N/A	N/A

Volunteers	No	No	No	No	No
Wiretap Services	No	No	No	No	No
Criminal History Unit	No	No	No	No	No
Fingerprint Tech	No	No	No	No	No
Flight Ops	N/A	Yes (green)	Yes (green)	Yes (green)	Yes(green)
Tech Crimes	N/A	No	No	No	No
Crime & Trauma Informed Support Services	N/A	N/A	No	No	No
Cyber Risk and Security Infrastructure Unit	N/A	N/A	No	No	No
Staff Sergent Community Relations section (civilian)	N/A	N/A	N/A	No	N/A
Emergency Communications and Operations Branch	N/A	N/A	N/A	No	No
Facilities	N/A	N/A	N/A	No	No
Program Manager Community Relations	N/A	N/A	N/A	N/A	No
COVID-19 Specific HA	N/A	No	N/A	No	N/A
EPS Sworn Member Divisions					
Modified Work	No	N/A	N/A	N/A	N/A
Administrative Officers	Yes	Yes	Yes	Yes	Yes
Alberta Law Enforcement Response Team	Yes	Yes	Yes	Yes	Yes
Bomb Detail	Yes	Yes	Yes (orange)	Yes (orange)	Yes (orange)
Canine	Yes	Yes	Yes	Yes	Yes
Chief/Deputy Chief/Superintendent, Inspector	Yes	Yes	Yes	Yes (Orange) Under hazard this was added to the above description *COVID has increased risk from viruses*	Yes (orange) Under hazard this was added to the above description *COVID has increased risk from viruses*

Child Protection Section	Yes	Yes (yellow)	Yes (yellow)	Yes (yellow)	Yes
Criminal Investigation Division	Yes	Yes	Yes	Yes	Yes
CIS Special Projects Unit	Yes	Yes	N/A	N/A	N/A
Covert Operations	Yes	Yes	Yes	Yes	Yes
Commercial Vehicle Inspection	Yes	Yes	Yes	Yes	Yes
DEOPS	Yes	Yes	Yes	Yes	Yes
Divisional Sworn Officers	Yes	Yes	Yes	Yes	Yes
Detainee Management Unit	Yes	Yes	Yes	Yes	Yes
Duty Officer	Yes	Yes	Yes	Yes	Yes
Edmonton Drug and Gang Unit	Yes	Yes	Yes	Yes	Yes
Electronic Surveillance	Yes	Yes	Yes	Yes	Yes
Extra Duty Detail	Yes	Yes	N/A	Yes	Yes
Flight Ops	Yes	Yes	Yes	Yes	Yes
Forensic Identification Services Section	Yes	Yes	Yes	Yes	Yes
Gang Suppression Unit	N/A	Yes	Yes	Yes	Yes
IMAC Branch	Yes	Yes	Yes	Yes	Yes
LRT Beats	Yes	Yes	N/A	N/A	N/A
Training Section	Yes	Yes	Yes	Yes	Yes
Support Unit	Yes	Yes	Yes	Yes	Yes
Police Communications Branch	Yes	Yes	Yes	N/A	N/A
Professional Standards Branch	Yes	Yes	Yes	Yes	Yes
Source Management Unit	Yes	Yes	Yes	Yes	Yes
School Resource Officer	Yes	Yes	Yes	Yes	Yes
Specialized Traffic Apprehension Unit	Yes	N/A	N/A	N/A	N/A
Surveillance Unit	Yes	Yes	Yes	Yes	Yes
Tactical Unit	Yes	Yes	Yes	Yes	Yes
Youth Offender Management Unit	Yes	Yes	Yes	Yes	Yes
Arson	N/A	Yes	N/A	N/A	N/A
Recruit Training Unit	N/A	Yes (yellow)	Yes (yellow)	Yes (yellow)	Yes (yellow)
Recruit Constables	N/A	Yes	Yes	Yes	Yes

Tech Crimes	N/A	Yes	Yes	Yes	Yes
Traffic Enforcement Section	N/A	Yes	Yes	Yes	Yes
CSIU Ballistics Analyst	N/A	N/A	No	No	No
BEATS	N/A	N/A	Yes	Yes	Yes
Crime Suppression Branch	N/A	N./A	Yes	Yes	N/A
Detainee Management Unit – Body Scanner	N/A	N/A	N/A	Yes	Yes
Aircraft Recovery Assistance Team	N/A	N/A	N/A	N/A	No (Under PPE) Vaccination Program Listed as Administrative control
Collision Centres	N/A	N/A	N/A	N/A	Yes
ECOM	N/A	N/A	N/A	N/A	Yes
HSOC (Healthy Streets Operation Community Safety Team)	N/A	N/A	N/A	N/A	Yes
Missing Persons Unit	N/A	N/A	N/A	N/A	Yes
COVID-19 specific HA	N/A	No	N/A	No	N/A

June 22, 2020

Chris Schaefer
SafeCom Training Services Inc.
Edmonton, AB
chris@safecom-inc.com

Dr. Deena Hinshaw
Chief Medical Officer of Health
Alberta Health
Edmonton, AB
Deena.Hinshaw@gov.ab.ca

Open Letter to Physicians and the Public of Alberta

Dear Dr. Hinshaw,

Re: Alberta Health recommendation that Albertans wear N95, surgical or non-medical masks in public to reduce the likelihood of transmitting or developing a condition from the coronavirus known as COVID-19

I have been teaching and conducting respirator fit testing for over 20 years and now currently for my company SafeCom Training Services Inc. My clients include many government departments, our military, healthcare providers with Alberta Health Services, educational institutions and private industry. I am a published author and a recognized authority on this subject.

Filter respirator masks, especially N95, surgical and non-medical masks, provide negligible COVID-19 protection for the following reasons:

1. Viruses in the fluid envelopes that surround them can be very small, so small in fact that you would need an electron microscope to see them. N95 masks filter 95% of particles with a diameter of 0.3 microns or larger. COVID-19 particles are .08 - .12 microns.

2. Viruses don't just enter us through our mouth and nose, but can also enter through our eyes and even the pores of our skin. The only effective barrier one can wear to protect against virus exposure would be a fully encapsulated hazmat suit with cuffs by ankles taped to boots and cuffs by wrists taped to gloves, while receiving breathing air from a self-contained breathing apparatus (SCBA).

This barrier is standard gear to protect against a biohazard (viruses) and would have to be worn in a possible virus hazard environment 24/7 and you wouldn't be able to remove any part of it even to have a sip of water, eat or use the washroom while in the virus environment. If you did, you would become exposed and would negate all the prior precautions you had taken.

3. Not only are N95, surgical and non-medical masks useless as protection from COVID-19, but in addition, they also create very real risks and possible serious threats to a wearer's health for the following reasons:

A. Wearing these masks increases breathing resistance, making it more difficult to both inhale and exhale. According to our Alberta government regulations on respirator (mask) use, anyone that is required to wear a respirator mask should be screened to determine their ability to safely wear one.

Any covering of the mouth and nose increases breathing resistance, whether the mask is certified or not. Those individuals with pre-existing medical conditions of shortness of breath, lung disease, panic attacks, breathing difficulties, chest pain in exertion, cardiovascular disease, fainting spells, claustrophobia, chronic bronchitis, heart problems, asthma, allergies, diabetes, seizures, high blood pressure and pacemakers need to be pre-screened by a medical professional to be approved to be able to safely wear one. Wearing these masks could cause a medical emergency for anyone with any of these conditions.

Pregnancy-related high blood pressure is possible. More research is necessary to determine the impact of wearing a mask for extended periods of time on pregnancy.

It is dangerous to recommend, much less mandate anyone with medical conditions to wear a mask without educating them about the risks involved in wearing them without having been pre-screened and approved by a medical professional first.

B. In order for any respirator mask to offer protection to a specific user, that user must be individually fitted with the right type, right size, if male – face must be clean shaven (only short moustache allowed). Next, the user

must be fit tested with that respirator by a trained professional to determine whether or not the respirator is providing the user with an air-tight seal – a requirement for any respirator mask.

C. N95 masks – N for not resistant to oil particles, 95 for the percentage of protection – the lowest level of all respirator masks

These masks even when properly sized and fitted will not protect against virus exposure, however they are capable of adequate protection from larger particles such as pet dander, pollen and sawdust.

Surgical masks (the paper ones that loop around the ears) – do not seal to the face and do not filter anything.

Nonmedical and/or homemade masks are dangerous because:

- Not engineered for the efficient yet protective requirements of easy inhalation and effective purging of exhaled carbon dioxide
- Could cause an oxygen deficiency for the user
- Could cause an accumulation of carbon dioxide for the user
- Shouldn't be recommended under any circumstance

D. They increase body temperature and physical stress – could cause a high temperature alert on a thermometer gun

E. They impede verbal communication

F. N95, surgical and nonmedical masks can create infections and possible disease all by themselves by causing exhaled warm, moist air to accumulate on the inside material of the mask, right in front of the user's mouth and nose, which is the perfect environment for bacteria to form, grow and multiply. That is why N95 and other disposable masks were only designed to be short duration, specific task use and then immediately discarded.

So if masks are not effective in preventing illness, what is? How about the age-old tried, tested and proven method of protecting our health with a healthy diet, clean water, avoidance of processed, junk and fast foods, plenty of fresh air, sunshine, moderate exercise, adequate restful sleep and avoidance of stress?

We all have an immune system that can fight and overcome any COVID-19 threat if it is healthy and we nurture it.

Thank you for reading this open letter and letting me share my expertise. I ask that you share this with the public via media statement as we are all committed to promoting good health for all Albertans. If you or any of the public wish to contact me with a question or comment, I would love to hear from you. I can best be reached chris@safecom-inc.com.

Sincerely,

Chris Schaefer
Director
SafeCom Training Services Inc.

ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Laboratory Bulletin

Date: **April 10, 2020**
To: **All Health Care Providers**
From: **Alberta Precision Laboratories (APL) – Public Health Laboratory**
Re: **Major changes in COVID-19 specimen collection recommendations**

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key messages:

- Nasopharyngeal (NP) and throat swabs are now recommended over nasal swabs for COVID-19 testing.
- Acceptable specimen types for COVID-19 testing include NP swab, throat swab (deep nasal swab can be collected instead if a throat swab is not possible), NP aspirate, endotracheal tube (ETT) suction/sputum, or bronchoalveolar lavage/bronchial wash (BAL/BW).
- It is recommended that hospitalized patients with COVID-19 symptoms be tested with an NP swab. For patients who have a lower respiratory tract infection and are intubated, also submit an ETT suction or BAL/BW.

Background:

- Due to a global shortage of NP swabs, deep nasal swabs were recommended by APL for COVID-19 testing, especially in the setting of community-based screening at COVID-19 assessment centres.
- Despite many attempts to communicate proper collection technique of nasal swabs, it has become clear that there is significant variability in how nasal swabs are being collected.
- An evaluation of different swab types performed by APL and AHS has demonstrated that throat swabs are equivalent to NP swabs.

Recommended specimen types:

- **COVID-19 assessment centre patients**: collect throat swabs using the APTIMA® Unisex or Multitest Swab Specimen Collection Kits currently in circulation (see Addendum 1).
- **Non-assessment centre community patients**: collect NP swabs in the transport medium supplied (see Addendum 1).
- **Hospital patients with lower respiratory tract disease**: In addition to an NP swab, these patients should have lower respiratory tract specimens tested, including ETT suction or BAL/BW, if possible. These should be collected even if the NP swab is negative if there is a high degree of suspicion for COVID-19.
- Throat swabs for COVID-19 should NOT be collected using Amies swabs (the regular bacterial culture swab). See Addendum 2 for collection instructions.
- NP swab collection technique: https://www.albertahealthservices.ca/assets/wf/plab/wf-provlab-collection-of-nasopharyngeal-and-throat-swab.pdf
- Non-respiratory specimens (e.g., blood, stool, urine, etc) should only be submitted after discussing with the COVID-19 Virologist on-call (Edmonton 780-407-8822; Calgary 403-333-4942).

Inquiries and feedback may be directed to:

Dr. Nathan Zelyas, Medical Microbiologist, APL – Public Health Program Leader for Respiratory Viruses

ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Laboratory Bulletin

Nathan.Zelyas@albertaprecisionlabs.ca; 780-407-8921

This bulletin has been reviewed and approved by:
Dr. Graham Tipples, Medical-Scientific Director, Public Health, APL

ADDENDUM 1: Collection kits

Throat swab collection kits (can also be used for deep nasal swabs if needed)

APTIMA® Unisex Swab Specimen Collection Kit

APTIMA® transfer tube (white top with foil, white label, clear fluid)

Use **blue swab** that comes with kit

Discard white cleaning swab

Use if ONLY COVID-19 testing needed

APTIMA® Multitest Swab Specimen Collection Kit

APTIMA® transfer tube (white top with foil, **orange label**, clear fluid)

Use **pink swab** that comes with kit

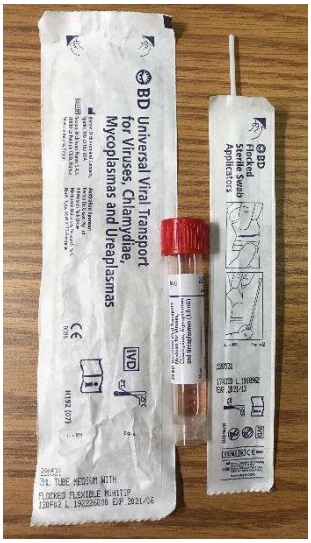
Use if ONLY COVID-19 testing needed

Nasopharyngeal collection kit

Universal Transport Medium (**red top** tube with pink fluid)

FLOQSwab® (white swab) as **NP swab**

Use for RPP or rapid influenza/RSV (COVID-19 will also be tested)



ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Laboratory Bulletin

ADDENDUM 2: Testing instructions for COVID-19 using APTIMA® Unisex or Multitest Swab Specimen Collection Kits

1. Store tubes at room temperature.

2. Fill out the requisition provided for COVID-19 or enter into your EMR and label the tube with:
   - Name and date of birth
   - Unique identifiers (MRN or Alberta Health Care Number)
   - Time of collection
   - Site of collection (nasal)
   - Include ordering provider (designated medical officer of health or other physician) on the requisition
   - If using a printed label make sure the label is properly affixed to the tube

3. Use personal protective equipment (PPE) as per protocol for collection of COVID-19 NP samples.

4. Explain procedure to the patient.

5. Collect throat swab. Swab areas highlighted in the instructions.

6. While holding the swab in your hand, unscrew the tube cap (foil top). Do not spill the tube contents. Immediately place the swab into the transport tube so that the line is in line with the top edge of the tube and carefully break the shaft. The swab will drop to the bottom of the vial. **IF USING APTIMA TUBES, DO NOT FORCE THE SWAB THROUGH OR DO NOT PUNCTURE THE FOIL CAP.**

7. Discard the top portion of the shaft. Tightly screw the cap onto the tube.

8. Place tube in biohazard bag. Place requisition in pouch outside of the bag.

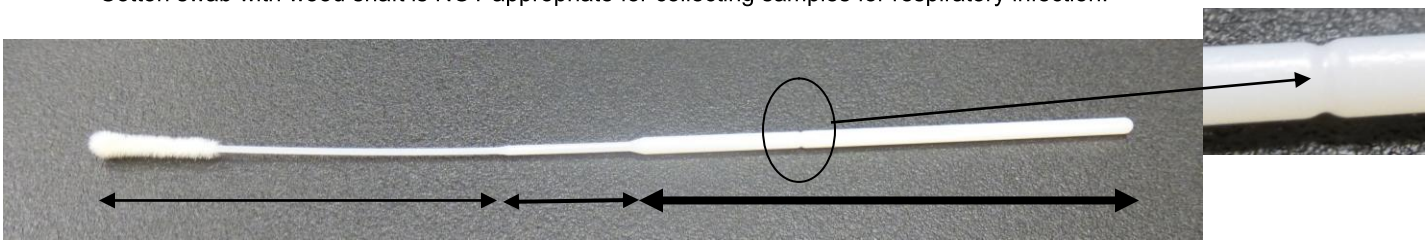
9. Refrigerate tubes or store on ice if possible. If no refrigeration available, store at room temperature and ship to the lab within 48 hours.

COLLECTION OF A NASOPHARYNGEAL AND THROAT SWAB FOR DETECTION OF RESPIRATORY INFECTION

Nasopharyngeal swabs are the preferred specimens for respiratory virus rapid antigen (DFA) testing and Pertussis testing

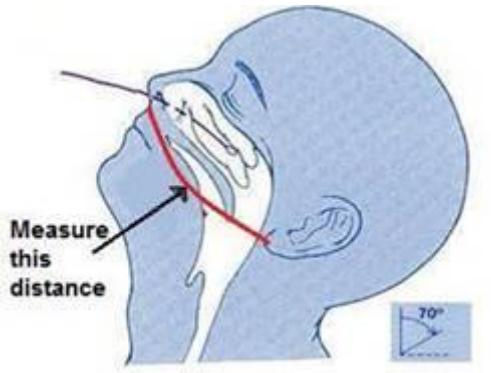
Swab Description: The nasopharyngeal swab has a white plastic shaft, with 3 different thicknesses, ending in a "furry" or flock tip. There is a deep score mark (▽) on the thick part of the shaft where it can be snapped to fit into the transport medium container, obviating the need to cut it with a sterile scissors (see graphic). Each swab is individually packaged and labeled "Copan sterile swab applicator".

Cotton swab with wood shaft is NOT appropriate for collecting samples for respiratory infection.



Collection of a Nasopharyngeal swab (NP)

1. Assemble all supplies such as gloves, mask, pen, appropriate collection kit containing ProvLab requisition, nasopharyngeal flock swab and transport medium
2. Check expiry date of transport medium.
3. Perform hand hygiene by washing hands with soap and water or using alcohol hand rub.
4. Put on gloves and mask (and eye protection if required or if splashing is anticipated).
5. Have the patient sit in a chair or lie on a bed – elevate the head of the bed so that their head can be tilted back (see diagram).
6. Remove any mucous from the patient's nose, with a tissue or cotton tipped swab prior to collecting the NP swab
7. How deep is the NP swab inserted into the nasopharynx? *Measure the distance from the corner of the nose to the front of the ear and insert the shaft ONLY* ***half this length.*** *In adults, this distance is usually about 4 cm, (finest thickness of this swab shaft). In children this distance is less.*
8. Tilt the patient's head back slightly (about 70°) to straighten the passage from the front of the nose to the nasopharynx to make insertion of the swab easier.
9. **Gently** insert the swab along the medial part of the septum, along the base of the nose, until it reaches the posterior nares – gentle rotation of the swab may be helpful. (If resistance is encountered on one side, try the other nostril, as the patient may have a deviated septum).
10. Rotate the swab several times to dislodge the columnar epithelial cells, and then remove the swab.
    Note – *insertion of the swab usually induces a cough.*
11. Put the NP swab into the transport medium and break it at the score mark on the shaft so that it does not protrude above the rim of the container. Failure to do so will result in the transport medium leaking and the **sample being discarded.**



12. **Ensure that the lid of the container is screwed on tight.**
13. Remove and discard gloves. Perform hand hygiene by washing hands with soap and water or using alcohol hand rub.
14. Remove and discard face mask, and repeat hand hygiene if hands become contaminated.
15. Follow the labelling and transport instructions given in the collection kit insert.
16. Instructional Videos for nasopharyngeal specimen collection practises may be found on the ProvLab website:
    http://www.albertahealthservices.ca/lab/Page14607.aspx

Collection of a Throat Swab (TS)

1. Assemble all supplies such as gloves, mask, pen, appropriate collection kit containing ProvLab requisition, throat swab and transport medium.
2. Check expiry date of transport medium.
3. Perform hand hygiene by washing hands with soap and water or using alcohol hand rub.
4. Put on gloves and mask (and eye protection if required or splashing is anticipated).
5. Using the plastic shafted swab in the kit, vigorously swab the back of the throat around the tonsillar area
6. Place the swab into the transport medium, and break off the shaft so that it does not protrude above the rim of the container. Failure to do so will result in the transport medium leaking and the **sample being discarded.**
7. **Ensure that the lid of the container is screwed on tight.**
8. Remove and discard gloves. Perform hand hygiene by washing hands with soap and water or using alcohol hand rub.
9. Remove and discard face mask, and repeat hand hygiene if hands become contaminated.
10. Follow the labeling and transport instructions given in the collection kit insert.

Interior Health

IMPORTANT LAB UPDATE

January 8, 2024 24-02

To: **All clinical staff and medical providers, Infection Prevention and Control Practitioners, Medical Health Officers, Emergency Network**

From: **Dr. Amanda Wilmer, Discipline lead, Medical Microbiology**
Dr. Amir Hadzic, Medical Director, Infection Prevention and Control
Dr. Jonathan Malo, Medical Health Officer, Communicable Diseases
Dan Woods, Laboratory Health Service Director
Arthur Sanchez, Manager, Laboratory Point-of-Care Team

Re: Discontinuation of COVID-19 Rapid Antigen Testing (RAT) in Interior Health

COVID-19 rapid antigen tests (RAT) are not reliable for diagnosis of COVID-19. On November 21, 2023, the BCCDC and Provincial Laboratory Medicine services issued a memo stating that the BCCDC oversight of COVID-19 RAT has been withdrawn. As such, **COVID-19 RAT testing can no longer be used to direct clinical care or Infection Prevention and Control measures, and must be discontinued immediately in Interior Health affiliated emergency rooms, hospitals, long term care facilities or outpatient settings**.

For symptomatic patients who meet indications for testing, a nasopharyngeal swab must be collected and forwarded to Interior Health Medical Microbiology laboratories for testing. Refer to specimen ordering guidelines for further information.

- Acute care: https://www.interiorhealth.ca/sites/default/files/PDFS/respiratory-viral-testing-ordering-chart-om-flu-season-acute-care.pdf
- Long term care: https://www.interiorhealth.ca/sites/default/files/PDFS/respiratory-viral-testing-ordering-chart-om-flu-season-long-term-care.pdf

Symptomatic healthcare workers no longer require COVID-19 RAT testing. Updated provincial guidelines provide a more general syndromic approach for returning to work after any viral respiratory illness, so testing is not recommended. Since COVID-19 RAT testing is still available in the community, healthcare workers may continue to use this testing at their discretion, based on individual preference or medical need.
Updated Provincial guidance on return to work after viral respiratory illness can be found online at:
https://picnet.ca/wp-content/uploads/Provincial-Guidance-RTW-and-Exposure-Management-for-HCW-with-VRI-2023-Oct-20.pdf

Important Information

- COVID-19 RAT must stop immediately at all Interior Health affiliated sites
- Healthcare workers no longer require COVID-19 RAT testing to direct the return to work process

Action Required

- Discard COVID-19 RAT kits immediately
- For symptomatic patients, collect a nasopharyngeal swab for respiratory viral testing in the laboratory

For inquiries and feedback please contact:

Respiratory viruses and the workplace

OHS information for employers, supervisors and workers

This bulletin gives employers, supervisors and workers information about minimizing risk from respiratory viruses in the workplace.

Key information

- Follow best practices in your workplace, including handwashing, physical distancing, staying home from work and getting medical attention if you don't feel well.
- Monitor public health alerts and follow advisories.

Respiratory viruses

A number of different respiratory viruses can make people sick in the workplace. These include viruses that circulate in the population regularly, such as seasonal influenza, and new or emerging respiratory viruses. Of these, new viruses are generally only a public health concern if they can make people very sick. For example, new strains of the coronavirus family – some of which cause nothing more than the common cold – also include SARS-CoV, which led to the 2003 severe acute respiratory syndrome (SARS) outbreak, and COVID-19.

Viral transmission

Cold and flu season typically runs from November to April in Alberta. While you can pick up a respiratory virus any time, it is more common in colder weather.

Outbreaks of new respiratory viruses can happen in any season. Most of the time, these start in other parts of the world – often, from animal viruses that have mutated first so that they can infect people, and then further mutate to spread from person to person. The new viruses spread across regions and internationally when infected individuals travel.

Respiratory viruses can spread either directly or indirectly.

- Direct infection can happen if:
  - someone coughs or sneezes on you, or
  - you shake hands with someone who is sick and then touch your eyes, nose or mouth.
- Indirect spread can happen from contaminated surfaces, tissues, cloth or paper.

Where to get more information

You can find more about seasonal influenza and other regularly circulating viruses at:

- alberta.ca/influenza-the-flu.aspx
- myhealth.alberta.ca/Alberta/Pages/influenza-symptoms-faqs.aspx
- albertahealthservices.ca/assets/heal/heal-handout-common-cold.pdf
- ipac-canada.org/influenza-resources.php (includes information on both seasonal and pandemic influenza)

You can get information on new and emerging respiratory viruses at:

- ipac-canada.org/coronavirus-resources.php
- canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html

OHS legal requirements and infection prevention

Alberta occupational health and safety (OHS) legislation includes a number of provisions that can apply when respiratory viruses are in the workplace. Some of these are included below.

Alberta OHS enforces workplace health and safety legislation. If you have questions about OHS legislation, call the OHS Contact Centre at 1-866-415-8690.

General duty

Employers, supervisors and workers have general responsibilities under the *OHS Act*.

- Employers must ensure, as far as reasonably possible, the health and safety of workers and others at or around their work site.
- Supervisors must protect, as far as reasonably possible, the health and safety of workers they supervise.
- Workers must take reasonable care and cooperate with the employer to ensure the health and safety of themselves and others at the work site.

For more on employer and worker obligations, read the *Employer's guide to occupational health and safety* and *Worker's guide to occupational health and safety*.

Hazard assessment and control

Employers must perform a hazard assessment to identify existing and potential hazards at a work site. Part 2 of the OHS Code outlines minimum hazard assessment requirements. Eliminate a hazard wherever you can. When elimination is not possible or reasonable, it must be controlled. There is a hierarchy of controls that must be followed.

- First choice: engineering controls. These control a hazard at the source. Depending on the workplace and processes, examples might include vaccinations, ventilation systems or physical barriers, such as plexiglass.
- Second choice: administrative controls. These change the way people work. Examples include worker training or hand hygiene, physical distancing, alternate work arrangement or regular workplace cleaning policies.
- Third choice is personal protective equipment (PPE), which controls the hazard at the worker. PPE examples can include gloves, eye protection, facemasks or respirators.
  - Employers must ensure that workers are trained in the PPE they are expected to use, and that PPE is maintained and in good condition to perform the functions for which it was designed.
  - PPE has to meet OHS Code Part 18 requirements. For instance, respirators must be approved by a standards setting organization acceptable by the Alberta OHS Director of Occupational Hygiene.
  - If a respirator is required and depends on a facial seal to work effectively, the worker must be fit-tested. The worker must be clean-shaven where the respirator seals to the skin of the face.

For more information on respiratory protective equipment, read the publications *Development of a Code of Practice for Respiratory Protective Equipment* and *Respiratory Protective Equipment: an Employer's Guide*.

Employers may need a mix of engineering and administrative controls and PPE to protect workers. Effective controls for workplace hazards depend on site and task-specific factors. For instance, at work sites where workers have a high risk of exposure to infectious droplets and/or airborne hazards – such as health care settings – respirators may be part of the control mix. Other work environments may not require the same type of controls for hazards associated with a respiratory virus. Employers need to do a risk assessment to determine what controls would be most appropriate at their specific work site.

In all cases, employers must evaluate the effectiveness of their control measures, and review and revise hazard assessments as needed, to prevent the development of unsafe or unhealthy working conditions.

For more information on hazard assessment, read *Hazard Assessment and Control: a handbook for Alberta employers and workers*.

Special considerations apply for health care workers and others who work in a health care setting. These workers should seek additional direction from their employers. Employers are responsible for ensuring protection of workers, which includes protection from biological hazards such as respiratory viruses.

First aid and emergency preparedness

In case ill workers come to work, employers should consider whether first aid services are adequate to look after ill workers. In an outbreak, employers may need to review their first aid and emergency response plans to ensure that they are appropriate.

Best practices

Best practices can be an important part of your control of respiratory virus hazards in the workplace.

Note that best practices continuously evolve and improve – make sure that you have current advice from expert sources in choosing what practices you follow.

Business continuity

Employers should review and identify operational areas that may be vulnerable to staff absenteeism, if workers are sick or need to stay home to take care of sick family members.

Questions to ask in relation to potential respiratory virus hazards may include:

- Who can be exposed to respiratory viruses in the workplace? Think about workers who interact regularly with sick patients, crowds, children, travellers or other members of the public.
- What job tasks increase potential exposure to respiratory viruses in the workplace (for example, aerosol generating medical procedures)?
- How often are workers potentially exposed?

Employers may need to consider other potential hazards. Examples include:

- Stress, for instance from fear of illness, concern for sick family members or changed job roles due to absent co-workers.
- Fatigue, for example if workers have to put in extra hours.
- Changes in working conditions related to increased or different workloads.

There are options for employers to explore. These can include:

- Alternative working arrangements such as telework.
- Teleconferences or virtual meetings instead of in-person meetings.
- Using mail, fax, telephone or email communication to help decrease in-person contact with co-workers or customers.

Personal care

Good hand hygiene is important. Washing hands with soap and water can prevent the spread of respiratory viruses. Using a hand sanitizer with at least 60 per cent alcohol can also be effective.

Physical distancing means staying more than two metres from others, whether or not they show any signs of illness, such as coughing or sneezing. Cough or sneeze droplets that can spread respiratory viruses tend to travel less than two metres.

Keep hands away from your mouth, nose and eyes to avoid bringing respiratory viruses into contact with mucous membranes, where they enter the body.

Consider staying home from work if you feel sick. Call Health Link Alberta (811 or 1-866-408-5465) if you have questions about your health.

There are vaccinations for some respiratory viruses, such as seasonal influenza and COVID-19 virus. If you don't have any contraindications, consider protecting yourself by getting vaccinated.

Workplace hygiene

Good workplace hygiene practices can also be important in controlling the spread of respiratory viruses in the workplace.

- Clean surfaces that are frequently touched with hands.
- Clean shared workstations and equipment when individuals are changing workstations.
- If possible, discourage workers from sharing phones, desks, offices or other work tools and equipment.

In an outbreak

Employers, supervisors and workers should check and follow all advice provided by public health officials. Travel advisories may affect workers who are planning to travel for work purposes.

If there is an outbreak, reputable information sources include:

- Alberta Health
- Alberta Health Services
- Public Health Agency of Canada
- World Health Organization

If isolation measures have been adopted in an outbreak, employers may need to set up a process for ensuring that ill workers have completed any required isolation, as directed by health authorities.

Contact us

OHS Contact Centre
Concerns, questions, reporting serious incidents

Anywhere in Alberta
- 1-866-415-8690

Edmonton & surrounding area
- 780-415-8690

Deaf or hearing impaired
- 1-800-232-7215 (Alberta)
- 780-427-9999 (Edmonton)

Notify OHS of health and safety concerns online
alberta.ca/file-complaint-online.aspx

Online Reporting Service
PSIs, mine or mine site incidents
psi.labour.alberta.ca

Get copies of the *OHS Act*, Regulation and Code

Alberta Queen's Printer
qp.gov.ab.ca

Occupational Health and Safety
alberta.ca/ohs-act-regulation-code.aspx

For more information

Alberta Health
alberta.ca/health.aspx

Alberta Health: Infection prevention and control
alberta.ca/infection-prevention-and-control.aspx

Alberta Health Services active health advisories (health advisories for physicians, healthcare workers and the public)
albertahealthservices.ca/news/Page1926.aspx

Health Link (web resources from Alberta's 24/7 non-emergency health advice service)
albertahealthservices.ca/assets/healthinfo/link/index.html

Public Health Agency of Canada
canada.ca/en/public-health.html

World Health Organization
who.int

Respiratory viruses and the workplace

OHS information for employers, supervisors and workers

This bulletin gives employers, supervisors and workers information about controlling respiratory viruses in the workplace…

KEY INFORMATION

- Employers, supervisors and workers should follow best practices, including handwashing, physical distancing, staying home from work and getting medical attention if you don't feel well.
- Employers must assess the risk of exposure to respiratory viruses in job tasks and put appropriate controls in place.
- As applicable, monitor public health alerts and follow advisories.

Respiratory viruses

A number of different respiratory viruses can make people sick in the workplace. Some viruses circulate in the population regularly, such as seasonal influenza. New and emerging respiratory viruses can also appear. For example, new strains of the coronavirus family – some of which cause nothing more than the common cold – also include SARS-CoV1, which led to the severe acute respiratory syndrome (SARS) 2003 outbreak, and SARS-CoV2, responsible for COVID-19.

Seasonal transmission

There may be patterns of increased transmission of respiratory viruses at certain times. For example, cold and flu season typically runs from November to April in Alberta.

However, when a virus is new or when a new variant of an existing disease like COVID-19 or influenza appears, it is harder to predict times of increased transmission. Outbreaks of new respiratory viruses can happen in any season.

How respiratory viruses spread

Respiratory viruses can spread either directly or indirectly. This is generally true regardless of whether they are seasonal, or new/emerging viruses.

Direct infection can happen if someone coughs or sneezes on you, you breathe in air that has infectious aerosols, or you shake hands with someone who is sick and then touch your eyes, nose or mouth.

Indirect spread can happen from contaminated surfaces (for example, tissues, cloth or paper).

The most contagious period for most respiratory viruses is for five to seven days beginning from the start of symptoms (for instance. coughing or sneezing). With some respiratory viruses, individuals can be infectious before they have symptoms, or infectious with no symptoms.

Where to learn more

Reliable sources that provide information about seasonal influenza, COVID-19 and other regularly circulating or new viruses include Alberta Health, Alberta Health Services, the Public Health Agency of Canada and the World Health Organization. See For more information for website details.

Alberta Occupational Health and Safety (OHS) enforces workplace health and safety laws. If you have questions about occupational health and safety laws, call the OHS Contact Centre at 1-866-415-8690.

OHS legal requirements and infection prevention

Alberta occupational health and safety laws include a number of provisions that apply when respiratory viruses are in the workplace. Some of these are introduced below.

Assessing respiratory virus hazards

Employers must perform a hazard assessment to identify existing and potential hazards – including respiratory viruses – at a work site. They must also eliminate or control any identified hazards. Part 2 of the Occupational Health and Safety (OHS) Code outlines minimum hazard assessment requirements.

In assessing the potential exposure to respiratory viruses in the workplace, employers should consider factors such as:

- The size and layout of the workspace.

Alberta

- The infectiousness of potential respiratory viruses which may be present.
- Workers' ability to limit exposure to sick individuals in the course of their job tasks.
- How often workers are exposed to coworkers, clients/customers and members of the public, or contaminated surfaces.

See Table 1 for some general guidelines about exposure level. Hazard assessment must be work site specific. Employers need to do a hazard assessment to determine what controls would be most appropriate at their specific work site.

TABLE 1: EXPOSURE LEVEL EXAMPLES

Exposure level	Examples
Minimal exposure	• Workers working alone outdoors or in well-ventilated indoor environments with no or minimal contact with others.
Lower exposure	• Workers who may be exposed to others from time to time in relatively large, well-ventilated workspaces. • Workers whose job tasks do not require close contact to another individual, where physical distancing can be maintained.
Higher exposure	• Workers who work with sick individuals. • Workers who work in small, poorly ventilated workspaces with frequent close contact with multiple co-workers or members of the public.

Controlling respiratory virus hazards

Employers must eliminate a hazard wherever they can. When elimination is not reasonably practicable, it must be controlled. There is a hierarchy of controls that employers must follow:

- First choice: engineering controls. These control a hazard at the source.
- Second choice: administrative controls. These change the way people work.
- Third choice is personal protective equipment (PPE), which controls the hazard at the worker.

Employers may need a mix of engineering and administrative controls and PPE to protect workers.

Table 2 gives some examples of different control types that may apply to respiratory viruses – but it's critical to note that effective controls for workplace hazards depend on site and task-specific factors. For instance, at work sites where workers have a high risk of exposure to infectious droplets and/or airborne hazards – such as health care settings – respirators may be part of the control mix. Other work environments may not require the same type of controls for hazards associated with a respiratory virus.

TABLE 2: SAMPLE RESPIRATORY VIRUS CONTROLS

Control type	Examples (Selection depends on work site hazard assessment)
Engineering control	• Ventilation systems. • Physical barriers, such as plexiglass.
Administrative control	• Worker training. • Hand hygiene practices. • Physical distancing. • Alternate work arrangements. • Regular workplace cleaning policies.
PPE	• Eye protection. • Respirators. • Facemasks. • Gloves.

In all cases, employers must evaluate the effectiveness of their control measures, and review and revise hazard assessments as needed to prevent the development of unsafe or unhealthy working conditions. They must involve affected workers in hazard assessment, and the control or elimination of the identified hazards.

If there are potential concerns related to controls for respiratory viruses at a work site (for example, reactions to cleaners or disinfectants), the employer must additionally address and control any additional hazards identified.

Learn more in Hazard Assessment and Control: a handbook for Alberta employers and workers.

Personal protective equipment

- The employer's hazard assessment will determine what PPE is required. PPE that is selected as a control must also be used appropriately. For example, if gloves are a control, this does not replace the need for hand washing.
- Employers must ensure that workers are trained in the PPE they are expected to use and that PPE is maintained and in good condition to perform the functions for which it was designed.
- PPE has to meet OHS Code Part 18 requirements. For instance, if a respirator is required for certain respiratory viruses:
  - Respirators must be approved by a standards setting organization acceptable to an OHS director.
  - If a respirator depends on a facial seal to work effectively, the worker must be fit-tested. The worker must be clean-shaven where the respirator seals to the skin of the face.

Employers and supervisors share a responsibility to ensure workers use or wear equipment or PPE required by occupational health and safety law. Workers must use and wear all PPE that is required in relation to their work.

For more on respirator requirements, read Respiratory Protective Equipment: an Employer's Guide. To learn more about the differences between respirators and masks, read Respiratory viruses: selecting masks and respirators.

First aid and emergency preparedness

In case ill workers come to work, employers should consider whether first aid services are adequate to look after ill workers. Employers should prepare for a pandemic virus as a potential biological hazard, and as part of emergency planning.

Learn more in Emergency response planning: an occupational health and safety tool kit.

Worker training

Employers have a general duty to ensure workers have all the training they need to work in a healthy and safety manner. Employers must ensure, as much as reasonably practicable, that supervisors are competent and familiar with the occupational health and safety laws that apply to the work done on site. Examples of this applied to respiratory virus control include that employers must:

- Provide workers and supervisors with up-to-date training on respiratory viruses, respiratory and hand hygiene practices, and other procedures to protect workers from respiratory viruses.
- Ensure workers and supervisors know where cleaning supplies and PPE are kept and how to access these.
  - If using chemical disinfectants, ensure compliance with Part 4 of the OHS Code and that workers and supervisors know where to find safety data sheets and other requirements related to the Workplace Hazardous Materials Information System (WHMIS).

Best practices

Best practices can be an important part of controlling respiratory virus hazards in the workplace.

Note that best practices continuously evolve and improve. Make sure that you have current advice from expert sources in choosing what practices you follow.

Business continuity

Employers should review and identify operational areas that may be vulnerable to staff absenteeism if workers are sick or need to stay home to take care of sick family members.

Employers may need to consider other potential hazards. Examples include:

- Stress – for instance, from fear of illness, concern for sick family members or changed job roles due to absent co-workers.
- Fatigue, for example if workers have to put in extra hours.
- Changes in working conditions related to increased or different workloads.

There are options for employers to explore that can increase flexibility in how and where workers get their work done. These can include:

- Alternative working arrangements such as telework.
- Teleconferences or virtual meetings instead of in-person meetings.
- Using mail, fax, telephone or email communication to help decrease in-person contact with co-workers or customers.

Personal care

Physical distancing means allowing space between people, whether or not they show any signs of illness. Depending on the work site and nature of the work being carried out, minimizing crowded situations or enabling workers to physically distance from each other can help decrease the risk of respiratory viruses.

Everyone in the workplace can help control viral spread by keeping their hands away from their mouth, nose and eyes. This avoids bringing respiratory viruses into contact with mucous membranes, where they enter the body.

Good hand hygiene is important. Washing hands with soap and water can prevent the spread of respiratory viruses. If hands are not visibly soiled, using a hand sanitizer with at least 60 per cent alcohol can also be effective.

Precautionary principles

Individuals should stay home from work if sick. Employers can support workers to stay home by enacting supportive policies around sick leave and facilitating remote work arrangements (if a worker is well enough to work remotely and opts to do so).

Workplace hygiene
Good workplace hygiene practices can also be important in controlling the spread of respiratory viruses in the workplace.

- Clean surfaces that are frequently touched with hands (for example, instruments, doorknobs, keyboards, workstations, chairs). Cleaning may need to be enhanced at certain points of the day (for instance, enhanced cleaning of a break room after a coffee or lunch break).
- Clean shared workstations and equipment when individuals are changing workstations.
- If possible, discourage workers from sharing phones, desks, offices or other work tools and equipment.
- Reassess routine business practices like shaking hands when making introductions or at the end of a meeting.

Workplace meals and social activities
- Minimize use of shared utensils, tableware, cookware and towels in kitchens and break rooms.
- As possible according to the season and environmental conditions, plan outdoor social meals and social activities. If booking a restaurant gathering, ask about options for outdoor patio dining.

Minimize crowding
- Stagger shift start and end times, as well as break times, to minimize crowding at entrances, exits and break rooms.
- Provide extra space in employer-arranged transportation to and from a work site, and allow workers to open windows for additional ventilation when feasible, according to environmental conditions.

Vaccination
There are vaccinations for some respiratory illnesses, such as influenza virus and COVID-19. More information about vaccinations for influenza and COVID-19 is available at myhealth.alberta.ca/Alberta/Pages/immunization-influenza.aspx and alberta.ca/covid19-vaccine.aspx.

On-site workplace influenza and COVID-19 immunization clinics can make vaccination more convenient for workers who choose to be vaccinated.

In an outbreak

Employers, supervisors and workers should check and follow all advice provided by public health officials. For example:

- Travel advisories may affect workers who are planning to travel for work purposes.
- If isolation measures have been adopted in an outbreak, employers must follow public health direction.
- In an outbreak, employers may need to review their first aid and emergency response plans to ensure that they are appropriate.

For more on responding to infections disease outbreaks in certain settings, read Outbreak Management: Infection Prevention and Control.

Contact us

OHS Contact Centre
Anywhere in Alberta
- 1-866-415-8690

Edmonton and surrounding area
- 780-415-8690

Deaf or hard of hearing (TTY)
- 1-800-232-7215 (Alberta)
- 780-427-9999 (Edmonton)

Notify OHS of health and safety concerns
alberta.ca/file-complaint-online.aspx

> Call the OHS Contact Centre if you have concerns that involve immediate danger to a person on a work site.

Report a workplace incident to OHS
alberta.ca/ohs-complaints-incidents.aspx

Website
alberta.ca/ohs

Get copies of the OHS Act, Regulation and Code

Alberta King's Printer
alberta.ca/alberta-kings-printer.aspx

OHS
alberta.ca/ohs-act-regulation-code.aspx

For more information

Alberta Health
alberta.ca/health.aspx

Alberta Health: Infection prevention and control
alberta.ca/infection-prevention-and-control.aspx

Alberta Health Services active health advisories (health advisories for physicians, healthcare workers and the public)
albertahealthservices.ca/news/Page1926.aspx

Alberta Health Services Outbreak Management: Infection Prevention and Control
albertahealthservices.ca/ipc/Page6421.aspx

Emergency response planning: an occupational health and safety tool kit (BH040)
ohs-pubstore.labour.alberta.ca/bp040

Hazard Assessment and Control: a handbook for Alberta employers and workers (BP018)
ohs-pubstore.labour.alberta.ca/bp018

Health Link (web resources from Alberta's 24/7 non-emergency health advice service)
albertahealthservices.ca/assets/healthinfo/link/index.html

Public Health Agency of Canada
canada.ca/en/public-health.html

Respiratory Protective Equipment: An Employer's Guide (PPE001)
ohs-pubstore.labour.alberta.ca/ppe001

Respiratory viruses: Selecting respirators and masks (PPE009)
ohs-pubstore.labour.alberta.ca/ppe009

World Health Organization
who.int

Alberta Health

Office of the Chief Medical Officer of Health
10025 Jasper Avenue NW
PO Box 1360, Stn. Main
Edmonton, Alberta T5J 2N3
Canada

RECORD OF DECISION – CMOH Order 16-2020 which amends CMOH Order 07-2020

Re: 2020 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 I made Record of Decision - CMOH Order 07-2020 on March 27, 2020.

Whereas having determined that it is necessary to resume the provision of non-essential health services to Albertans as the risk of COVID-19 transmission can be sufficiently mitigated when health professionals follow public health guidance, I hereby make the following Order which amends the prohibitions in Record of Decision – CMOH Order 07-2020 that limit the provision of non-essential health services.

1. Effective May 4, 2020, sections 6(a), 7 and 8 of Record of Decision - CMOH Order 07-2020 apply only to a registered member of a designated health discipline as defined in the *Health Disciplines Act*.

2. Effective May 4, 2020, and subject to section 6 of this Order, a regulated member of a college established under the *Health Professions Act* practising in the community must comply with the attached Workplace Guidance For Community Health Care Settings to the extent possible when providing a professional service.

3. Subject to section 5 of this Order, each college established under the *Health Professions Act* must, as soon as possible, publish COVID-19 guidelines applicable to the regulated members of the college that are substantially equivalent to the guidance set out in the Workplace Guidance For Community Health Care Settings developed by Alberta Health, along with any additional guidelines specific to the usual practice of the regulated profession.

4. Each college must provide the Chief Medical Officer of Health with a copy of any COVID-19 guidelines published in accordance with section 3 of this Order.

5. The Chief Medical Officer of Health may amend any COVID-19 guidelines created by a college under section 3, if the Chief Medical Officer of Health determines that the

guidelines are insufficient to reduce the risk of transmission of COVID-19 in the practice of the regulated profession.

6. Section 2 of this Order does not apply in respect of a regulated member under the *Health Professions Act* whose college has published COVID-19 guidelines as required by section 3 of this Order.

7. For greater certainty, nothing in this Order authorizes a regulated member under the *Health Professions Act* to provide a health service that is not within their scope of practice.

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

Signed on this 3 day of May, 2020.

Deena Hinshaw, MD
Chief Medical Officer of Health

Document: Appendix A to Record of Decision – CMOH Order 16-2020

Subject: Workplace Guidance for Community Health Care Settings

Date Issued: May 3, 2020

Scope of Application: As per Record of Decision – CMOH Order 16-2020

Distribution: Colleges under the *Health Professions Act*

Overview

This document has been developed to support community health care settings to reduce the risk of transmission of COVID-19 among staff, volunteers and clients/patients. **The college of each regulated health profession will be responsible for providing guidelines to its members who operate community health care clinics.** This document outlines the criteria that should be included in individual, written workplace policies and procedures established to address the COVID-19 pandemic response. All community health care settings are expected to develop and implement policies and procedures prior to re-opening.

The guidance in this document includes:

1) Communication related to COVID-19 for Staff and Volunteers
2) COVID-19 Specific Workplace Considerations
3) Screening
4) Symptomatic staff and volunteers
    a. Symptomatic clients/patients
    b. Exceptions
5) Staff, volunteers or clients/patients diagnosed with COVID-19
6) Prevention
    a. Hygiene
    b. Cleaning and disinfecting
    c. Personal Protective Equipment
    d. Physical Distancing and Gathering Requirements

This information is not intended to exempt employers from existing occupational health and safety

(OHS) requirements. OHS questions and concerns can be directed to the OHS Contact Centre by telephone at 1-866-415-8690 (in Alberta) or 780-415-8690 (in Edmonton) or online.

Communication related to COVID-19 for Staff and Volunteers

- Encourage staff and volunteers to remain up to date with developments related to COVID-19.
- Remind staff and volunteers about available social and mental health supports during this stressful time, and encourage them to use these resources.
- Notify staff and volunteers of the steps being taken by the workplace to prevent the risk of transmission of infection, and the importance of their roles in these measures.
- All non-essential travel outside Canada should be cancelled, as per the Government of Canada's travel advisory.
- Post information on the following topics in areas where it is likely to be seen by staff, volunteers, and clients/patients;
  - physical distancing;
  - hand hygiene (hand washing and hand sanitizer use); and
  - help limiting the spread of infection.
  - At a minimum this includes placing them at entrances, in all public/shared washrooms, and treatment areas.
- When possible, provide necessary information in languages that are preferred by staff and volunteers. Downloadable posters are available at the following link: https://www.alberta.ca/prevent-the-spread.aspx#toc-6.
- Ensure staff and volunteers are aware of CMOH Order 05-2020 which states that any person who is a confirmed case of COVID-19 or has COVID-like symptoms (cough, fever, shortness of breath, runny nose, or sore throat) must be in isolation.

COVID-19 Specific Workplace Considerations

- Prepare for the possibility of increases in absenteeism due to illness among staff, volunteers and their families.
- Employers are encouraged to examine sick-leave policies to ensure they align with public health guidance. There should be no disincentive for staff or volunteers to stay home while sick or isolating.
- Changes to the Employment Standards Code will allow full and part-time employees to take 14

days of job-protected leave if they are:
  - required to isolate
  - caring for a child or dependent adult who is required to isolate.
- Employees are not required to have a medical note.
- To enable quick contact with employees, community health care settings should maintain an up-to-date contact list for all staff and volunteers, including names, addresses and phone numbers.
- For the purposes of public health tracing of close contacts, employers need to be able to provide:
  - roles and positions of persons working in the workplace;
  - who was working onsite at any given time;
  - names of clients/patients in the workplace by date and time; and
  - names of staff members who worked on any given shift.
- Where feasible, a barrier (e.g. plexiglass) should be installed to protect reception staff. (The reception staff would likely be responsible for screening clients/patients, accepting payment, rebooking appointments, etc.)
- Minimize the need for clients/patients to wait in the waiting room (e.g. possibly by spreading out appointments, and/or having each client/patient stay outside the clinic until the examination room is ready for them and then call in, by phone preferably).

Screening

- If a staff member or volunteer has travelled on essential business outside of Canada, CMOH Order 05-2020 requires individuals who have returned from travel outside of Canada to be in isolation for a minimum of 14 days.
  - If an individual becomes sick during the 14-day isolation period, they should remain in isolation for an additional ten days from the start of symptoms, or until the symptoms resolve, whichever is longer.
- Community health care settings should implement active daily screening of staff, volunteers and clients/patients for symptoms of cough, fever, shortness of breath, runny nose, and sore throat.
  - Staff and volunteers should complete health assessment screening upon arrival.
  - Clients/patients should be screened over the phone for symptoms of COVID-19 before scheduling appointments and upon arrival.
  - Where clients/patients present in-person without phone screening, staff should screen clients/patients upon entry to assess for symptoms.
- Emphasize that any staff or volunteers who are sick with COVID-like symptoms such as cough, fever, shortness of breath, runny nose, or sore throat, **MUST NOT** be in the workplace.

Symptomatic staff or volunteers

Symptomatic clients/patients

General guidance:

- Clients/patients with symptoms: cough, fever, shortness of breath, runny nose, and sore throat should not come to the health care setting and should complete the online self-assessment tool and be tested for COVID-19.
- CMOH Order 05-2020 legally requires individuals who have a cough, fever, shortness of breath, runny nose, or sore throat (that is not related to a pre-existing illness or health condition) to be in isolation for 10 days from the start of symptoms, or until symptoms resolve, whichever takes longer
    - These requirements must be followed regardless of whether or not the individual has been tested for COVID-19.

Client/patients who become symptomatic while at the site

- If a client/patient becomes symptomatic while at the site, the following requirements apply:
    - A client/patient who develops cough, fever, shortness of breath, runny nose, or sore throat while at the site, should be given a mask and sent home immediately in a private vehicle and avoid public transportation if possible.
    - Clients/patients should complete the online self-assessment tool once they have returned home and be tested for COVID-19.
    - Once a symptomatic individual has left the site, clean and disinfect all surfaces and areas with which they may have come into contact.
    - The employer should immediately assess and record the names of all close contacts of the symptomatic client/patient. This information will be necessary if the symptomatic client/patient later tests positive for COVID-19.

Exceptions:

- Where a symptomatic client/patient requires in-person care that cannot be delayed (medical, dental, etc.), the following should apply:
    - Consider providing some care virtually even if an in-person visit is needed, in order to minimize the in-person time required (i.e., an essential prenatal visit could be divided into a virtual discussion of testing/screening options with a brief in person physical assessment).

- Provide the client/patient with a surgical/procedural mask.
- Additional IPC precautions (contact and droplet precautions) and PPE (eye protection, gloves, and gowns) may be required depending on assessment and care that is needed.
- Spread out appointments.
- Set a dedicated time of day specifically for symptomatic individuals, in settings where patients may be presenting for the purpose of symptom assessments.
- Have a dedicated exam room
- Thorough cleaning between each client/patient
- Have client/patient stay outside the clinic until the exam room is ready and then call them in.

Staff, volunteer, or client/patient diagnosed with COVID-19

- If a staff member, volunteer, or client/patient is confirmed to have COVID-19, and it is determined that other people may have been exposed to that person, Alberta Health Services (AHS) will be in contact with the health care setting to provide the necessary public health guidance. Records/contact lists will be requested for contact tracing and may be sought for up to two days prior to the individual becoming symptomatic.
  - Health care settings need to work cooperatively with AHS to ensure those potentially exposed to the individual receive the correct guidance.

Prevention

Hygiene

- Community health care settings should promote and facilitate frequent and proper hand hygiene for staff, volunteers and clients/patients.
- Employers should instruct staff and volunteers to wash their hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer (greater than 60% alcohol content).
  - Hand washing with soap and water is required if the employee or volunteer has visibly dirty hands.
  - The AHS Hand hygiene education webpage has more information, posters and videos about hand hygiene.
  - Glove use alone is not a substitute for hand hygiene. Hands should be cleaned before and after using gloves.

- Employers and business should make every effort to ensure respiratory etiquette (e.g., coughing or sneezing into a bent elbow, promptly disposing of used tissues in the trash and washing hands immediately) is followed.
- Clients/patients should have access to alcohol based hand sanitizer as they enter the site and be encouraged to use it.

Enhanced Environmental Cleaning

- Cleaning refers to the removal of visible soil. Cleaning does not kill germs but is highly effective at removing them from a surface. Disinfecting refers to using a chemical to kill germs on a surface. Disinfecting is only effective after surfaces have been cleaned.
- Communicate, to the appropriate staff, regarding the need for enhanced environmental cleaning and disinfection and ensure it is happening.
    - Use disinfectants that have a Drug Identification Number (DIN) or Natural Product Number (NPN) issued by Health Canada and do so in accordance with label instructions.
    - Look for an 8-digit number (normally found near the bottom of a disinfectant's label).
- Use disposable equipment where possible.
- Develop and implement procedures for increasing the frequency of cleaning and disinfecting of high traffic areas (e.g. door knobs, light switches, computers, phones etc.), common areas, public washrooms, kitchen, staff rooms.
- Remove all communal items that cannot be easily cleaned, such as newspapers, magazines, and stuffed toys.
- Staff should ensure that hand hygiene has been performed before touching any equipment and clean and disinfect:
    - Any health care equipment (e.g., wheelchairs, walkers, lifts), in accordance with the manufacturer's instructions.
    - Any shared client/patient care equipment (e.g., blood pressure cuffs, thermometers) prior to use by a different client/patient.
    - All staff equipment (e.g., computer carts and/or screens, medication carts, charting desks or tables, computer screens, telephones, touch screens, chair arms) at least daily and when visibly soiled.
- Where necessary maintain an adequate supply of soap, paper towel, toilet paper, hand sanitizer and other supplies.

- Follow the manufacturer's instructions for difficult to clean items, or consult with Alberta Health Services (AHS) Infection Prevention and Control (IPC).
- All IPC concerns, for all settings, are being addressed through the central intake email continuing care@albertahealthservices.ca.

Personal Protective Equipment (PPE)

- All staff providing direct client/patient care or working in client/patient care areas must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are either involved in direct client/patient contact or cannot maintain adequate physical distancing (2 metres) from client/patient and co-workers.
    - The rationale for masking of staff providing direct client/patient care is to reduce the risk of transmitting of COVID-19 from individuals in the asymptomatic phase.
- Any staff who do not work in client/patient care areas or have direct client/patient contact are required to mask at all times in the workplace if a physical barrier e.g. plexiglass is not in place or if physical distancing (2 metres) cannot be maintained.
- N95 masks and full PPE is not routinely required for Community Health Care settings unless performing Aerosol Generating Medical Procedures (AGMP). If performing AGMP refer to specific regulatory body guidance.
- Staff providing care to any patient/client with symptoms suggestive of COVID-19 must do a point of care risk assessment and utilize the appropriate PPE for protection.
- For more information refer to: Health care setting PPE guidelines.

Physical Distancing and Gathering Requirements

- CMOH Order 07-2020 prohibits gatherings of more than 15 people, however this does not prohibit healthcare settings from having more than 15 staff in a workplace.
- Examples of how to prevent the risk of transmission amongst staff, volunteers and clients/patients.
    - Maintaining a two-meter separation between individuals (e.g., staff, volunteers, clients/patients) is preferred in any health care setting. Clients/patients that are from the same household can be cohorted.
    - Restricting the number of staff, volunteers and clients/patients in the setting at any one time.
    - Installing a physical barrier, such as a partition or window, to separate staff, volunteers and clients/patients, where feasible.

- Increasing separation between desks and workstations.
- Eliminating or re-structuring of non-essential gatherings (e.g. meetings, training classes) of staff and volunteers. Typically, this involves moving in-person meetings to virtual media platforms like teleconference or video conference.
- Limiting the number of people in shared spaces (such as lunchrooms) or staggering break periods. Removing chairs form spaces and taping markers at 6-foot distances may be helpful to support physical distancing.
- Limiting hours of operation or setting specific hours for at-risk clients/patients.

References

1. Community-based measures to mitigate the spread of coronavirus disease (COVID-19) in Canada, Government of Canada.
2. Coronavirus disease (COVID-19): Transmission, Government of Canada.
3. Clean & Disinfect, US Centers for Disease Control and Prevention.
4. Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities, US Centers for Disease Control and Prevention.
5. Getting your workplace ready for COVID-19, World Health Organization.
6. Interim Guidance for Business and Employers, US Centers for Disease Control and Prevention.

ALBERTA
HEALTH

Office of the Minister
MLA, Calgary - Acadia

M.O. 645/2020

WHEREAS section 3.1 of Schedule 7.1 of the *Government Organization Act* provides that for the purposes of preventing, combating or alleviating a public health emergency as defined in the *Public Health Act*, the Minister may by order authorize a person or category of persons to perform one or more restricted activities subject to any terms or conditions the Minister may prescribe;

WHEREAS the Government of Alberta has established a plan to increase testing for COVID-19 and part of that plan includes authorizing regulated members under the *Health Professions Act*, who are not otherwise authorized through regulation, to perform certain restricted activities; and

WHEREAS some regulated professions under the *Health Professions Act* have expressed interest in and willingness to perform nasopharyngeal swabbing for the purposes of testing for COVID-19;

THEREFORE, I, TYLER SHANDRO, Minister of Health, pursuant to section 3.1 of Schedule 7.1 of the *Government Organization Act*, hereby:

1. Authorize the following regulated members under the *Health Professions Act*

    - Clinical Pharmacists under the Alberta College of Pharmacy;
    - Dental Hygienists under the College of Registered Dental Hygienists of Alberta;
    - Dental Assistants under the College of Alberta Dental Assistants; and
    - Dieticians under the College of Dieticians of Alberta

    to perform the following restricted activity, on the terms and conditions set out in Appendix A:

    - To insert or remove instruments, devices, fingers or hands beyond the point in the nasal passages where they normally narrow for the purposes of nasopharyngeal swabbing.

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

M.O 645/2020

This Order takes effect upon signing.

DATED AT EDMONTON, Alberta, this 29 day of October , 2020.

TYLER SHANDRO Q.C.
MINISTER

Appendix A

Terms and Conditions Applicable to Performance of the Restricted Activity Authorized in this Ministerial Order

- An authorized person may only perform the activity authorized by this Ministerial Order for the purpose of nasopharyngeal swabbing.
- An authorized person may only perform the activity authorized by this Ministerial Order once they have successfully completed training which has been approved by Alberta Health Services.
- An authorized person may only perform the activity authorized by this Ministerial Order once they have met any other criteria required by the employer they are employed by.
- An authorized person must obtain permission to perform the activity by their regulated profession.
- An authorized person is subject to any standards of practice, guidelines or policies imposed by their regulated profession.

Court File No. T-1991-21

AND BETWEEN:

SHAUN RICKARD AND KARL HARRISON

Applicants

and

ATTORNEY GENERAL OF CANADA

Respondent

AFFIDAVIT OF CELIA LOURENCO

I, **CELIA LOURENCO**, of the City of Ottawa, in the Province of Ontario, **SOLEMNLY AFFIRM THAT:**

1. I am the Director General (DG) of the Biologic and Radiopharmaceutical Drugs Directorate (BRDD) in the Health Products and Food Branch of Health Canada in Ottawa, Ontario. I assumed my current position in November 2018. In my current position as DG of the Biologic and Radiopharmaceutical Drugs Directorate, I am primarily responsible for the scientific review and regulatory authorization of biologic and radiopharmaceutical drugs, including vaccines, for the Canadian market. I made the decision to authorize the COVID-19 vaccines developed by Pfizer-BioNTech, Moderna, AstraZeneca, and Janssen (Johnson & Johnson).

2. I am a pharmacologist by training, with a bachelors and PHD in Pharmacology from the University of Toronto, Ontario, Canada. I have worked in the Health Products and Food Branch for over 20 years, occupying various roles ranging from scientific review of new drugs to management of various teams responsible for evaluation of clinical trials and drug submissions for new drugs. I have participated in international initiatives focusing on developing internationally harmonized guidelines and approaches for drug registration. During the past 20 years, I have developed significant expertise in the application of regulations and guidelines for drug development, registration, and post-market monitoring, including in relation to vaccines. I am also an *ex officio* member of the National Advisory Committee on Immunizations. I have attached a copy of my current curriculum vitae as **Exhibit "A"**.

I N D E X O F P R O C E E D I N G S

WITNESS: Celia Lourenco

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The following list of undertakings, advisements and refusals is meant as a guide only for the assistance of counsel and no other purpose

INDEX OF UNDERTAKINGS

The questions/requests undertaken are noted by U/T and appear on the following pages: 209:16, 210:6, 261:24

INDEX OF ADVISEMENTS

The questions/requests taken under advisement are noted by U/A and appear on the following pages: 182:24, 204:8, 216:1, 219:14, 241:24, 242:25, 268:21, 269:11, 271:16, 273:12

INDEX OF REFUSALS

The questions/requests refused are noted by R/F and appear on the following pages: 172:7, 237:3, 278:19, 283:25, 289:16, 296:3, 333:21, 339:13

about are hepatitis B vaccine, was it approved for use in Canada prior to completion of phase three clinical trials?

A. The same answer there, I don't -- I don't recall.

689 Q. Okay. And what about the annual flu vaccine, was it approved prior to completion of phase three clinical trials?

A. So the annual flu vaccine -- the initial authorization of the flu vaccine undergoes phase three clinical trials and is authorized after the clinical trials are completed. And then what happens subsequent to that is as the strain changes year after year, the manufacturers do what we call strain updates and those strain updates don't require clinical trials, so they just require the manufacturing changes which they submit to us for our review prior to authorization in the fall.

Because we rely on the initial authorization of the vac -- of the initial vaccine through its initial authorization of that particular vaccine and the platform that it's manufactured under.

690 Q. And that initial approval that you've

Appendix NG-13

just indicated underwent a -- completed its phase three clinical trials before it was authorized; correct?

A. Yes, it under -- underwent phase three clinical trials before it was authorized.

691 Q. You'd agree with me that the phase three clinical trial for the Pfizer COVID-19 vaccine is not scheduled to complete and is ongoing until December of 2023; correct?

A. That's correct, the clinical trial is ongoing. However, it has completed the phase -- the reporting-out phase for the purposes of regulatory authorization. So for regulatory authorization they needed to complete the phase of the trial where they were able to provide data on efficacy and safety up to a median of two months of follow up of all the participants in the clinical trial.

So once that was achieved, they submitted the information to us for review and authorization and initial authorization of the vaccine if everything looked acceptable. The trial, however, is continuing in order to collect longer term safety and efficacy data.

692 Q. And you'd agree with me that with

COVID-19 Vaccination Protocol Frequently Asked Questions

1. What is the purpose of the COVID-19 Vaccination Protocol (the "Protocol")?

The purpose of the protocol is to protect the health and safety of EPS employees and the public we serve while respecting our employees' personal choices and privacy.

2. Who does the Protocol apply to?

The Protocol applies to all EPS employees, volunteers and contractors. The Protocol applies to those contractors working under contracts with the EPS specifically as those are the individuals most frequently in EPS facilities and working with EPS employees. Other contractors who work in EPS facilities from time to time, but are under contracts with the City of Edmonton shall be subject to any applicable City of Edmonton policies, but do not fall under this Protocol.

3. Why is this Protocol being implemented now?

We are in the fourth wave of the COVID-19 Pandemic, with Alberta cases and hospital (including ICU) admissions at an alarmingly high level, particularly amongst the unvaccinated. While the EPS' vaccination rate is relatively high, the circumstances warrant continued measures to deal with the risk of COVID-19, particularly given the nature of EPS' business. Vaccination remains the single most effective means of preventing the spread of COVID-19 and thereby protecting our workforce and the community we serve. Scientific and medical evidence shows that immunization is proven to be safe and effective and that being fully vaccinated mitigates potential harm to our employees and the public we serve. Alberta Health reports vaccine effectiveness of 85 per cent to 91 per cent against variants of concern identified in Alberta.

4. Why is this Protocol necessary if we have a relatively high vaccination rate?

It is true that EPS has a relatively high vaccination rate amongst its employees. The EPS is grateful to those who have been vaccinated for the increased protection they have created for themselves, their colleagues, and the public. The EPS expects that given this relatively high vaccination rate, most employees will not have an issue with choosing to indicate they are fully vaccinated so that they can participate in the workplace with limited additional restrictions. However, the fact remains that we have employees who are not vaccinated or do not want to disclose their vaccination status. The EPS respects our employees' ability to make the choice that is right for them, however that choice entails additional measures to address the risks associated with COVID-19. It also includes a continued requirement for all employees (whether vaccinated or not) to continue to follow the additional (evolving) general COVID-19 measures such as masking, physical distancing, etc.

5. **Why is EPS mandating vaccination?**

The EPS is not mandating vaccination. We encourage employees to get vaccinated, but recognize that not everyone wants to. As such, we are giving our employees the option to choose what is best for them, while still allowing the EPS to protect the health and safety of all its employees and the public we serve.

6. **What does it mean to be fully vaccinated?**

As set out in the Protocol, "fully vaccinated" means:

- an employee who has received two doses of a vaccine approved by the World Health Organization in a two-dose COVID-19 vaccine series or one dose of a vaccine approved by the World Health Organization in a one-dose COVID-19 vaccine series; and

- for whom fourteen days have elapsed since the date on which the person received the second dose of the COVID-19 vaccine approved by the World Health Organization a two-dose vaccine series or one dose of the COVID-19 vaccine considered valid by the World Health Organization in a one-dose vaccine series.

Currently, the approved two-dose vaccine series for COVID 19 are Moderna, Pfizer, BioNTech, and Astrazeneca and the approved one-dose vaccine series is Johnson & Johnson.

Note that while Alberta Health recently announced that some Albertans are eligible to receive a third dose, at this time a third booster shot is not required to be considered fully vaccinated for the purpose of the Protocol.

7. **What proof do I need to show that I am fully vaccinated?**

You can either provide a copy of your original COVID-19 vaccination record(s) (i.e., that you received at the time of your vaccination(s)), or you can provide a copy of the Province's downloadable/printable vaccine card.

8. **Can I select the vaccinated option if I have only received one dose of a two-dose COVID-19 series but plan to get the second dose when I am able to?**

You can choose the vaccinated option as long as you have been partially vaccinated on or before October 18, 2021 and intend to be fully vaccinated on or before November 30, 2021. If you are partially vaccinated and under this option, you will have to abide by some additional restrictions until you are fully vaccinated (i.e., you cannot use EPS gym facilities, travel for work-related purposes, work overtime shifts outside your Division, work Extra Duty Detail for clients who require those working with them to be fully

vaccinated, attend common areas in EPS facilities where masking and physical distancing is not maintained such as where food or drink is being consumed, and you cannot attend non-mandatory training if OH&S determines that physical distancing cannot be maintained and other control measures are not sufficient to address COVID-19 associated risks). Once you are fully vaccinated and have provided proof of such, these additional restrictions will no longer apply. If you do not become fully vaccinated on or before November 30, 2021, you will have to choose one of the other two options (testing or leave without pay) until such time as you are fully vaccinated.

9. Is my vaccination and testing information provided under the protocol confidential?

The information is being collected pursuant to Section 33(c) of the *Freedom of Information and Protection of Privacy Act* (*FOIP*) and is managed and protected in accordance with *FOIP*. The EPS makes reasonable security arrangements to protect information against unauthorized access, collection, use, disclosure or destruction pursuant to Section 38 of *FOIP*. If you have any questions about the collection and use of your information please contact OH&S Manager Nicole Wetsch.

The EPS Nurses are the only ones who will have access the personal information submitted via Cority. OH&S Section will be able to pull reports from that information and monitor compliance with the policy based on the information submitted. OH&S will provide the list of employees who have selected the leave without pay option or are deemed to have selected it under the Protocol to Human Resources Division so that the employee may be properly coded as such and their supervisor(s) may be made aware that they are on leave. OH&S Section will monitor the testing information provided and if it is discovered that an employee who selected the testing option has not complied with the Protocol requirements (e.g., they have not submitted to a test within 72 hours of the start of a shift, or completed the required form, etc.), the fact that they have been non-compliant will be communicated to HRD such that they can be placed on a leave without pay and their supervisors can be made aware of same. Similarly, OH&S will monitor compliance with other restrictions in the Protocol that apply to partially vaccinated employees and those who have selected the testing option and notify the appropriate parties of any non-compliance.

10. Are supervisors expected to monitor compliance with the Protocol?

No. Supervisors are not required to monitor compliance with this Protocol. Supervisors are not required to and should not be asking their employees whether they are vaccinated and/or have submitted to testing as required. That information is all provided to OH&S via Cority. It is OH&S who will be monitoring compliance with the Protocol. If there is an instance of non-compliance which results in a need to involve a supervisor (e.g., to make them aware that an employee is now on leave without pay),

OH&S will notify the supervisor and/or HRD of that. If a supervisor or any other employee witnesses someone engaging in conduct that appears to breach the Protocol (e.g., an employee who has been vocal about not being vaccinated attends an EPS gym), that witness can report that alleged breach to OH&S.

11. Why do I have to indicate that I am fully vaccinated if I already did so under the mandatory disclosure protocol?

The EPS is requesting this information for a new purpose under this new Protocol. In addition, employees selecting this option are now required to provide proof of vaccination, which was not required under the mandatory disclosure protocol.

12. Can I take time off work to get vaccinated?

Employees are permitted 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 their supervisors should work together when scheduling COVID-19 vaccination leaves.

13. Do I have to get vaccinated if I already had COVID-19?

EPS employees are not required to get vaccinated – they must choose one of the three options provided. The fact that you have already had COVID-19 is not a substitute for choosing one of the options (subject to any approved accommodation as described below). If you have already recovered from COVID-19, there is still a chance you could contract COVID-19 again or spread it to others.

If there is a medical reason you cannot be vaccinated that is related to the fact that you have already had COVID-19 (e.g., if your physician has advised you to wait a certain amount of time to be vaccinated) then you may be approved for accommodation. If you wish to request accommodation on that basis, please fill out and submit this form to EPS' Disability Management Unit.

14. What if I cannot get vaccinated and/or submit to testing for medical or other reasons?

Employees who cannot be vaccinated or otherwise comply with the Protocol on the basis of a protected ground under the *Alberta Human Rights Act* (e.g. disability, religious beliefs, etc.) will be reasonably accommodated. Employees seeking accommodation are responsible for requesting that accommodation as soon as reasonably possible. Failure ot request accommodation by October 11, 2021 may mean that the request cannot be assessed prior to the October 18, 2021 deadline. Requests for accommodation for a medical reason must be directed to Disability Management Unit via this form. Requests for accommodation on the basis of other protected grounds must be directed to Human

Resources Division via this form Employees requesting accommodation will be required to provide support for that request as required on the relevant form and as further requested by Disability Management Unit and/or Human Resources Division. The EPS will determine whether an accommodation request is approved and work on specific accommodation measures for an approved request with the employee on an individualized basis.

Employees should note that medical exemptions from vaccination will likely be very rare. Medical support is required for such an exemption and the College of Physicians and Surgeons of Alberta has indicated that an exemptions will be "exceedingly rare" (https://cpsa.ca/wp-content/uploads/2021/09/Guidance-for-Physicians-COVID19-Vaccine-Exemption.pdf).

15. I already work remotely. Why do I need to select one of these options?

It is important that all employees, including those working from home, are fully vaccinated or participating in testing, 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 and the public we serve and preserve workforce capacity. In addition, the decision to have the options apply to all employees, regardless of whether they are working from home ensures fairness amongst the workforce.

Working from home can continue as directed by the EPS from time to time and/or as arranged between an employee and their supervisor. Working from home may also be considered as an accommodation option where an employee's accommodation request is approved.

16. If I am fully vaccinated or submitting to testing do I still need to follow other COVID-19 safety measures like masking?

All employees, regardless of vaccination or testing, must continue to follow the EPS' general COVID-19 safety measures, as revised from time to time depending on the evolving COVID-19 circumstances and public health orders and recommendations. Those currently in place are linked here. The reasons for this include that: (1) the EPS continues to be required to follow public health orders and (2) those employees who are vaccinated and/or have a negative test may still be able to contract and pass on COVID-19 to others.

17. Why are there additional restrictions for those who select the testing option and not for fully vaccinated employees, particularly when people who are vaccinated may still contract or transmit COVID-19?

While fully vaccinated individuals may contract or transmit COVID-19, the current science supports that they are less likely to than unvaccinated individuals. Research has

demonstrated that people vaccinated with COVID-19 vaccines who develop COVID-19 generally have a lower viral load than unvaccinated people. This may indicate reduced transmissibility and viral load. Furthermore, studies suggest that vaccinated people who become infected with Delta have potential to be less infectious than infected unvaccinated people. In addition, testing only provides a point-time-picture of whether an individual has COVID-19. In order to avoid imposing daily testing on employees who choose this option, additional restrictions (e.g., not using EPS gyms, etc.) is a reasonable means of mitigating the increased risk of transmitting COVID-19.

References:

Health Canada, [Internet]. Testing for COVID-19 in vaccinated populations. August 2021. Available from: https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/testing-screening-contact-tracing/testing-vaccinated-populations.html

National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases. CDC COVID-19 Science Briefs [Internet]. Science Brief: COVID-19 Vaccines and Vaccination. [Updated 2021 Sep 15]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK570435/

18. Why do I have to pay for testing? Why did the EPS not apply for free rapid testing via the Province? Does Blue Cross cover testing? Can I test myself? Do I get paid for the time that I take to test?

The EPS has decided to give its employees the option to submit to testing if they do not want to get vaccinated or disclose their vaccination. However, the EPS is not obligated to incur the cost of testing for those who choose that option. In addition, the EPS does not have the capacity to apply for the Province's rapid testing program or administer that testing should such an application be approved. Blue Cross does not cover testing of this kind. Self-testing is not an acceptable form of testing under the Protocol as it must be conducted by an approved provider: https://www.alberta.ca/assets/documents/covid-19-rapid-testing-third-party-health-service-vendors-businesses.pdf. Employees will not be paid for the time it takes to submit to testing.

19. I work sets of four 12-hour shifts – how am I supposed to ensure I have submitted to testing every 72 hours? What about if I am on call?

It is up to employees who choose the testing option to figure out when they should attend for testing, depending on when works for them and when it is required to comply with the Protocol. Employees who choose this option are required to have a negative test within 72 hours of the start of a shift. So, for example, an employee who

works four 12-hour shifts could test the day prior to their first shift and then go again right after their second shift or right before their third. Employees who are on call should ensure they are being tested every 72 hours.

20. What if I am complying with the Protocol but get COVID-19? Will I still be entitled to sick leave?

Yes. Sick leave will continue to be administered in the normal course (and pursuant to any applicable collective agreement and EPS policy, procedure and practices).

21. Does WCB cover any absence caused resulting from COVID-19 or the vaccination.

WCB has a Fact Sheet in this regard linked here.

22. Will I be disciplined for not being vaccinated?

No. Employees are not being required to vaccinate and so will not be disciplined for not doing so. Employees are able to choose which of the three options make sense for them. However, if employees do not comply with the Protocol (e.g. they fail to attend for testing even though they chose the testing option or attend work when they have not complied with the requirements to be able to do so), they may be disciplined for failure to follow the Protocol. In addition, any employee who submits fraudulent, inaccurate or misleading information under the Protocol may be disciplined.

The leave without pay that that employees may choose as an option, or that employees may be deemed to have chosen, or that employees may be placed on if they fail to comply with certain aspects of the Protocol, is not disciplinary in nature. The leave without pay option is necessary because the EPS has determined that employees cannot currently be working unless they are vaccinated or submitting to testing. Any leave without pay selected or imposed is separate and apart from any disciplinary action that may be taken for an employee's failure to comply with the Protocol.

Edmonton Police Service COVID-19 Vaccination Protocol

I. BACKGROUND AND PURPOSE

We remain in the midst of the COVID-19 Pandemic. Alberta has again declared a public state of emergency given the continued rise in COVID-19 cases and hospitalizations (including in the ICU), particularly amongst unvaccinated Albertans, and has implemented new public health measures as a result.

The EPS is committed to the health and safety of all its employees and the public it serves. Vaccination remains the single most effective means of preventing the spread of COVID-19, of preventing outbreaks within EPS, and of protecting our workforce and the community. Although EPS has a relatively high vaccination rate amongst its employees, the current COVID-19 situation in Alberta warrants continued measures to address the risk. At the same time, the EPS understands that not everyone wants to get vaccinated. As a result, in order to address the risk of COVID-19 while respecting our employees' privacy and the ability to choose what is right for them, the EPS will be implementing a new compulsory COVID-19 Vaccination Protocol (the "Protocol") effective **Monday, October 18, 2021.**

The general purpose of the Protocol is to protect the health and safety of our employees and the public we serve, and to preserve work capacity.

II. APPLICABILITY

This Protocol applies to all EPS employees, EPS contractors (those contractors who contract directly with the City will be subject to any City of Edmonton policies) and EPS volunteers (hereinafter collectively referred to as "employees").

III. DEFINITIONS

For the purpose of this Protocol:

- "fully vaccinated" means:
    - an employee who has received two doses of a vaccine approved by the World Health Organization in a two-dose COVID-19 vaccine series or one dose of a vaccine approved by Health Canada in a one dose COVID-19 vaccine series; and
    - for whom fourteen days have elapsed since the date on which the person received the second dose of the COVID-19 vaccine approved by Health

Canada in a two-dose vaccine series or one dose of the COVID-19 vaccine considered valid by World Health Organization in a one dose vaccine series.

- "partially vaccinated" means:
    - an employee who has received one dose of a vaccine approved by the World Health Organization in a two-dose COVID-19 vaccine series; and
    - for whom fourteen days have elapsed since the date on which the person received one dose of a vaccine approved by the World Health Organization in a two-dose vaccine series.
- "testing" means a test for COVID-19 approved by Health Canada that is conducted by a provider approved by Alberta Health:
    - the primary form of testing under this Protocol is a rapid test approved for point-of-care of molecular or antigen COVID-19 testing conducted by a provider as listed here;
    - however, if an employee has taken a Polymerase Chain Reaction (PCR) Testing provided as indicated by Alberta Health because they were symptomatic or linked to an outbreak that testing can be used to provide proof of testing and results under this Protocol.

IV. REQUIREMENTS

1. Indication of Choice

1.1 EPS employees must choose one of the following three options on or before October 18, 2021:

a. indicate that they are fully vaccinated or are partially vaccinated but intend to be fully vaccinated by November 30, 2021;

b. if they are not fully vaccinated or will not be fully vaccinated by November 30, 2021 or do not wish to disclose their vaccination status, indicate that they will submit for testing as defined herein and pursuant to section 3;

c. indicate that they will commence a non-disciplinary leave without pay (or for EPS contractors and volunteers that they will not be attending EPS facilities or engaging in be paid for their duties for the EPS).

1.2 The indication of choice set out in section 1.1 shall be completed through a form sent out from EPS' Occupational Health and Safety Section ("OH&S") via Cority on October 4, 2021.

1.3 Employees who fail to choose one of the three options on or before October 18, 2021 shall be deemed to have selected Option "c" (i.e., nondisciplinary leave without pay).

1.4 Employees who wish to subsequently change their choice after their initial selection or update their proof of vaccination once they are fully vaccinated may do so by logging into Cority and completing another copy of the form, which will be linked at the top of the page. Employees who have not yet set up their Cority login are encouraged to do so via the "Register" option at https://eps.my.cority.com/#/login as soon as possible.

2. Vaccinated Option

2.1 Employees who choose the first option (vaccinated) must indicate the type of vaccination, number of doses, and date of vaccination in the Cority form referenced in section 1.2.

2.2 Employees who are fully vaccinated on or before October 18, 2021 and choose to indicate as such must submit proof of vaccination via the prompt in the Cority form noted in section 1.2.

2.3 Employees who are partially vaccinated on or before October 18, 2021 and choose to indicate as such and that they intend to be fully vaccinated by November 30, 2021 must:

a. submit proof of being partially vaccinated via the prompt in the Cority form noted in section 1.2 on or before October 18, 2021;

b. submit proof of being fully vaccinated via Cority pursuant to s. 1.4.

2.2 Acceptable proof of vaccination under this Protocol is either:

a. a copy of the employee's original COVID-19 vaccination record(s) that indicates the employee's name, type of vaccine, number of doses and date of vaccination; or

b. a copy of the Province's downloadable/printable vaccine card that indicates the employee's name, type of vaccine, number of doses and date of vaccination.

2.3 Employees who are fully vaccinated and have provided acceptable proof pursuant to this Protocol must continue to follow EPS' general COVID-19 safety measures, as revised from time to time depending on the circumstances and the evolving public health orders and recommendations (those currently in place are linked here), but do not have to abide by additional COVID-19 restrictions that apply to those who are partially vaccinated or who have selected the testing option.

3. Testing Option

3.1 Those employees who choose the testing option must provide proof of testing and results that occurred within 72 hours of the start of any shift worked via the form provided for that purpose on Cority.

3.2 Any testing costs are the responsibility of individual employees.

3.3 In addition to the requirements in section 3.1, if an employee has a positive test, the employee must not attend work and must contact an EPS nurse.

3.5 If an employee who has chosen the testing option fails to comply with section 3.1, the employee must not attend work and shall be placed on a non-disciplinary leave without pay.

3.6 Employees who choose the testing option must continue to follow EPS' general COVID-19 safety measures, as revised from time to time depending on the circumstances and the evolving public health orders and recommendations. EPS' current measures are linked here.

4. Additional COVID-19 Safety Measures for Partially Vaccinated employees and those who choose the Testing Option

4.1 In addition to complying with the general COVID-19 safety measures identified in section 2.3 and 3.6, employees who are partially vaccinated or

choose the testing option are not permitted to:

a. use EPS gym facilities;

b. travel out of town for work-related (EPS) purposes;

c. work overtime shifts outside of their Division;

d. work Extra Duty Detail for clients who require those working with them to be fully vaccinated;

e. attend common areas in EPS facilities where masking and physical distancing is not maintained (e.g. where food or drink is being consumed).

f. Attend non-mandatory training where OH&S determines that there is a reasonable expectation that physical distancing cannot be maintained and other control measures are not sufficient to address COVID-19 associated risks. EPS staff organizing or attending non-mandatory, external training can contact the OHS section at OHSReporting@edmontonpolice.ca for assistance.

5. Accommodation

5.1 Any employee who is unable to be vaccinated or otherwise comply with this Protocol on the basis of a protected ground under the *Alberta Human Rights Act* will be reasonably accommodated.

5.2 Employees seeking accommodation should request accommodation as soon as reasonably possible and no later than October 11, 2021 if they wish to have that request reviewed prior to the October 18, 2021 deadline:

a. Employees seeking accommodation for a medical reason must make that request to the EPS' Disability Management Unit via this form; and

b. Employees seeking accommodation on the basis of another protected ground must make that request to Human Resources Division via this form.

5.3 Employees seeking accommodation will be required to provide support for the basis of the request as indicated on the relevant form and as further required by Disability Management Unit and/or Human Resources Division.

5.4 The EPS will determine whether an accommodation request is approved and work on the specific accommodation measures for an approved request with the employee on an individualized basis.

6. PRIVACY

6.1 Any personal information provided under this Protocol is collected, used, and stored in accordance with the EPS' obligations pursuant to the *Freedom of Information and Protection of Privacy Act* (Alberta) and will only be used and disclosed in accordance with that legislation, including but not limited for the purposes of addressing compliance with this Protocol, determining which employees are permitted to be actively engaged in their duties for EPS, determining which safety protocols are necessary for those employees and generally in the workplace, and to address health and safety concerns related to COVID-19. If you have any questions about the collection and use of your information please contact OH&S Manager Nicole Wetsch.

7. NON-COMPLIANCE

7.1 OH&S will be conducting regular audits where possible to monitor compliance with this Protocol.

7.2 An employee who fails to comply with the Protocol or submits fraudulent, inaccurate or misleading information under this Protocol may:

a. in the case of a sworn employee, be subject to discipline pursuant to the *Police Act* and *Police Service Regulation*;

b. in the case of a civilian employee, be subject to discipline for cause (in accordance with the relevant collective agreement, if applicable); and

c. in the case of volunteers or EPS contractors, be prohibited from attending EPS facilities or fulfilling their duties with the EPS on such conditions and/or for such duration as determined by EPS.

7.3 In no circumstance is a leave without pay under this Protocol disciplinary (whether chosen by the employee as an option, deemed pursuant to the protocol, or imposed in response to non-compliance). The non-disciplinary leave without pay under this Protocol is required because the EPS has determined that employees cannot currently be working if they are not vaccinated or submitting to testing. Any disciplinary action that results from non-compliance with the Protocol is separate and apart from any leave without pay under the Protocol.

8. SUPPORTS AVAILABLE

8.1 The COVID-19 pandemic is an unprecedented challenge that we are all facing together. There have been many changes in both our personal and work lives that have been stressful and required us to adapt and manage as best we can. If you or a loved one find yourself struggling, know that you are not alone. Your EPS family is here to help: the EPS' Employee and Family Assistance Section, Chaplain Lawrence Peck, and counsellors are available to assist you:

a. for sworn employees, you can access available counselling here;

b. for civilian employees, you can access counselling through Homewood Health.

9. PROTOCOL DURATION AND REVIEW

9.1 The EPS will continually monitor all relevant circumstances, public health measures and expert guidance as required and update this Protocol as needed.

9.2 The EPS has the right to modify or revoke this Protocol at any time, including but not limited to enhancing the protections in place and implementing supplementary protocols that may apply to specific areas or activities of the EPS.

[redacted].

The following is a compilation of my research into COVID-19, the COVID-19 vaccines, the burden on our healthcare system and the problem with weekly testing for unvaccinated people. I have sourced all my research with reputable government agencies and news outlets.

Informed Consent

A regulated member obtaining informed consent from a patient, or the patient's legal guardian or substitute decision maker must ensure the decision maker:

A. is aware of his/her right to withdraw consent at any time;
B. **is free of undue influence, duress or coercion in making the consent decision**;
C. receives a proper explanation that includes but is not limited to:
    1. diagnosis reached;
    2. advised interventions and treatments;
    3. exact nature and anticipated benefits of the proposed examination, assessment, treatment or procedure;
    4. **common risks and significant risks**;
    5. **reasonable alternative treatments available, and the associated common risks and significant risks**; and
    6. natural history of the condition and the consequences of forgoing treatment;
D. demonstrates a reasonable understanding of the information provided and the reasonably foreseeable consequences of both a decision and a failure to make a decision.

https://cpsa.ca/physicians/standards-of-practice/informed-consent/

AHS' Guidelines Regarding Vaccination

"This decision is a personal choice."

"We encourage you to speak with your healthcare provider. In consultation with them, you can determine if the benefits of immunization outweigh potential risks based on your health and circumstances."

https://www.albertahealthservices.ca/topics/Page17389.aspx

COVID-19 Alberta statistics as of September 14, 2021 (most recent information)

Table 13. Total Hospitalizations, ICU admissions and deaths (ever) among COVID-19 cases in Alberta by age group

Age Group	Cases	Hospitalized			ICU			Deaths		
	Count	Count	Case rate	Pop. rate	Count	Case rate	Pop. rate	Count	Case rate	Pop. rate
Total	273820	11449	4.2	258.9	2200	0.8	49.8	2495	0.9	56.4
Under 1 year	1649	75	4.5	145.0	18	1.1	34.8	0	0.0	0.0
1-4 years	10373	57	0.5	26.2	10	0.1	4.6	0	0.0	0.0
5-9 years	14781	29	0.2	10.4	12	0.1	4.3	0	0.0	0.0
10-19 years	36952	186	0.5	34.9	25	0.1	4.7	0	0.0	0.0
20-29 years	51407	649	1.3	109.7	79	0.2	13.3	11	0.0	1.9
30-39 years	52447	1155	2.2	161.4	181	0.3	25.3	17	0.0	2.4
40-49 years	42107	1399	3.3	229.9	305	0.7	50.1	52	0.1	8.5
50-59 years	30823	1971	6.4	357.9	511	1.7	92.8	127	0.4	23.1
60-69 years	17980	2019	11.2	425.6	581	3.2	122.5	322	1.8	67.9
70-79 years	7870	1824	23.2	699.8	379	4.8	145.4	529	6.7	203.0
80+ years	7243	2082	28.7	1484.3	98	1.4	69.9	1436	19.8	1023.8
Unknown	188	3	1.6	NA	1	0.5	NA	1	0.5	NA

https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#highlights

The table above includes the total Case Counts, Hospitalizations, ICU counts and Deaths broken down into age groups. These numbers have been amassed since the onset of Covid-19 (April 2020) and include over 17 months worth of data. To best understand these numbers and achieve perspective, it is prudent to use Case Fatality Rate (CFR).

What is CFR?

"Case fatality rate, also called case fatality risk or case fatality ratio, in epidemiology, the proportion of people who die from a specified disease among all individuals diagnosed with the disease over a certain period of time."

"Case fatality rate is calculated by dividing the number of deaths from a specified disease over a defined period of time by the number of individuals diagnosed with the disease during that time; the resulting ratio is then multiplied by 100 to yield a percentage."

https://www.britannica.com/science/case-fatality-rate

Using this calculation to measure the risk of hospitalization, ICU care and/or death in my age group (30-39) results in a .03% risk of death, .34% risk of ICU care and 2.2% risk of hospitalization. It is important to note that these numbers include people aged 30-39 with major preexisting health conditions. Unfortunately, AHS does not break down major preexisting health

conditions by age group. As a whole, including people over 80 years old, AHS states that 75% of all hospitalizations, 78% of all ICU cases and 97% of all deaths **had at least 1 major preexisting health condition**. Factoring these numbers into the already low percentages of risk for people aged 30-39 drops to .0009% risk of death, .07% of ICU care and a .55% risk of hospitalization.

https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#pre-existing-conditions

Dying from Covid-19 and Dying with Covid-19 are Different but Treated the Same

"According to Dr. Deena Hinshaw, any death that has been flagged where COVID-19 is a possible cause is included in the initial count, even if the official cause of death remains unknown."

https://globalnews.ca/news/7814731/alberta-determine-covid-19-death/

This method of counting deaths completely drives fear. Especially when 97% of deaths had at least 1 major preexisting health condition. We at EPS do not count homicides as a homicide, until it is deemed such by the medical examiner. Even in situations where it is overwhelmingly clear that it is a homicide. We report it as a suspicious death until confirmed otherwise. When reporting any death it is prudent to be certain of the cause before publicly releasing it.

Perspective

Death is always tragic and can create fear if we solely focus on it. The sad reality is that between 25,000 and 30,000 people die in Alberta every year from a wide variety of reasons but we must maintain perspective or life will become too fearful to live.

https://www.statista.com/statistics/568041/number-of-deaths-in-alberta-canada/

Motor Vehicle Comparison

39 year old age groups	Covid-19 17 months	Vehicle Collision 12 months	Greater Risk of Collision vs Covid-19
Deaths	17	38	223%
Hospitalizations	1155	2964	256%

These statistics could be perceived to make being in a motor vehicle extremely dangerous, but that is not the case. Millions of Albertans ride in vehicles everyday because they know the risks are low. These statistics display just how low the risk of Covid-19 is to a 39 year old, especially one without preexisting health conditions. It is also worthy to note that there were also 18 motorcycle fatalities over just the riding months.

https://open.alberta.ca/dataset/25020446-adfb-4b57-9aaa-751d13dab72d/resource/982e6d4f-64d5-4167-81ca-b8c10d76fa59/download/trans-alberta-traffic-collision-statistics-2018.pdf

Canadian Sudden Arrhythmia Death Syndromes (SADS) Comparison

"SADS refers to a variety of cardiac rhythm disorders which are often genetic and can be responsible for sudden death in young, apparently healthy people."

"**600 Canadians under 35 die annually**"

50% reported no pre event warning signs
https://www.sads.ca/

As of September 10, 2021 (over 17 months of Covid-19), **237 Canadians under 40 years old** have died from Covid-19.
https://www.statista.com/statistics/1228632/number-covid-deaths-canada-by-age/

Sports and physical activity are one of the main triggers of SADS. This is why all gyms and arenas are required to have automated external defibrillators (AED) in them. SADS is clearly far more of a risk to young people than Covid-19, yet EPS promotes physical activity with gyms in almost all their facilities and an annual mandatory fitness test. This is because we know that the overall risk of SADS is extremely low and this demonstrates just ho much lower the risk of Covid-19 is.

Vaccines

Pfizer

-Authorized for use on an Interim Heath Order with **indemnity**.
https://globalnews.ca/news/7521148/coronavirus-vaccine-safety-liability-government-anand-pfizer/

-Currently in clinic trials until **May 2, 2023**
https://clinicaltrials.gov/ct2/show/NCT04368728?term=NCT04368728&draw=2&rank=1

Credibility Concerns

"The U.S. Securities and Exchange Commission (SEC) alleges that employees and agents of Pfizer's subsidiaries in Bulgaria, China, Croatia, Czech Republic, Italy, Kazakhstan, Russia, and Serbia **made improper payments to foreign officials** to obtain regulatory and formulary approvals, sales, and increased prescriptions for the company's pharmaceutical products. **They tried to conceal the bribery** by improperly recording the transactions in accounting records as legitimate expenses for promotional activities, marketing, training, travel and entertainment, clinical trials, freight, conferences, and advertising."
"Pfizer consented to the entry of a final judgment ordering it to pay disgorgement of $16,032,676 in net profits and prejudgment interest of $10,307,268 for a total of $26,339,944"
https://www.sec.gov/news/press-release/2012-2012-152htm

"Agreed to pay $2.3 billion, the **largest health care fraud settlement** in the history of the Department of Justice"
"plead guilty to a felony violation of the Food, Drug and Cosmetic Act for misbranding Bextra **with the intent to defraud or mislead**"
https://www.justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history

Credibility Concerns - con't

"Pfizer Inc **hid potential defects** from patients. According to The New York Times, the lawsuit was settled, with Pfizer expecting to pay between $155 and $205 million total."
https://www.lawyersandsettlements.com/lawsuit/bjork_shiley_heart_valves.html

"$894M deal ends most of Pfizer's lawsuits"
"The world's biggest drugmaker said Friday it has agreements in principle to end more than 90% of personal injury lawsuits brought by people claiming **the pills caused heart attacks, strokes or other harm.**"
https://abcnews.go.com/Business/story?id=6062389&page=1

"Effexor lawsuit claims are arising against Pfizer for children born with debilitating birth defects."
Lawsuit is still ongoing from 2012 for medication going back to 1993.
https://www.drugdangers.com/ssri/effexor/lawsuit/

Moderna

-Authorized for use on an Interim Heath Order with **indemnity**.

-Currently in clinic trials until **October 27, 2022**
https://clinicaltrials.gov/ct2/show/NCT04470427

Credibility Concerns

"The Covid Vaccine Front-Runner **With No Track Record** and an Unsparing CEO"
"The upstart hasn't yet developed an approved drug"
https://www.wsj.com/articles/inside-moderna-the-covid-vaccine-front-runner-with-no-track-record-and-an-unsparing-ceo-11593615205

Astrazenica

Canada suspended use of Astrazenica for people under 55 on March 29, 2021
https://www.cbc.ca/news/health/canada-suspends-astrazeneca-vaccine-covid-19-1.5968657

Not all countries recognize the Astrazenica vaccine.
https://www.ctvnews.ca/world/immunized-but-banned-eu-says-not-all-covid-19-vaccines-equal-1.5506855

Johnson & Johnson

Canada never released the vaccine due to quality control concerns
https://www.ctvnews.ca/health/coronavirus/health-canada-not-releasing-more-than-300k-doses-of-j-j-vaccine-over-possible-quality-control-issue-1.5467374

"Canada to donate 10M unused Johnson & Johnson vaccine doses to poor countries"
https://www.cp24.com/news/canada-to-donate-10m-unused-johnson-johnson-vaccine-doses-to-poor-countries-1.5544717?cache=walqrkeg

Adverse Events Following Immunization

1,474 adverse events following immunization (AEFI) have been reported to Alberta Health

https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#highlights

I currently do not know of anyone personally who has been hospitalized from Covid-19 including my 103 year old grandmother who contracted it in December of 2020. However, I do know of many people who have had significant adverse reactions to the vaccine some of which are still having an impact on day to day life. Almost all which did not report the adverse effect to Alberta Health.

The US Vaccine Adverse Event Reporting System (VAERS) corroborates my belief that adverse events are under vastly underreported.

“The term, underreporting refers to the fact that VAERS receives reports for only a **small fraction of actual adverse events.**”

https://vaers.hhs.gov/data/dataguide.html

Long term Effects

“Because COVID-19 vaccines clinical trials only started in the summer of 2020, it’s not yet clear if these vaccines will have long-term side effects.”

https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-vaccine/art-20484859

Transmission

AHS Scientific Advisory Group last update of Summary and Recommendations regarding transmission.

***NOTE:** “None of the vaccine studies to date have directly measured whether people who are vaccinated and end up testing positive for COVID-19 transmit the virus to fewer people than people who test positive for COVID-19 and are not vaccinated.”

“Conclusion: Although so far studies look *promising* that vaccination will reduce transmission, until more studies are finished it is most safe to maintain current precautions during vaccine rollout and reassess the evidence frequently.”

https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-post-vaccine-transmission-rapid-review.pdf

Based on this information alone, any restrictions or special requirements such as testing for unvaccinated people would be discrimination without any science to support it.

The Burden to the Healthcare System

Cancelled surgeries, lack of space in ICU and worn out healthcare workers. This is tragic and completely unacceptable in our healthcare system. Are these claims true? Is it truly because of the “unvaccinated”? When did truly this begin?

To answer these questions we need to look at the board context throughout the pandemic and before the pandemic. The is the only way to bring perspective to the situation rather than to just focus on increasing and decreasing numbers.

ICU Capacity

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.

https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#healthcare-capacity

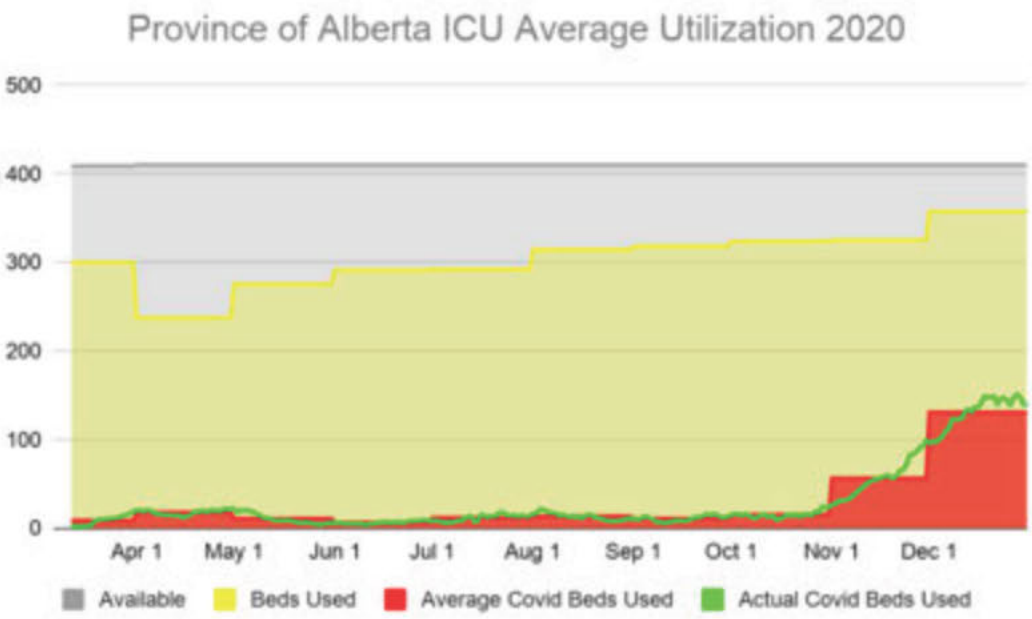
March 14, 2021 - There was 36 Covid patients in ICU beds and 118 non - Covid patients in ICU beds and 54 empty ICU beds for a total of 208 ICU beds.

April 30, 2021 - There was 152 Covid patients in ICU beds and 28 non - Covid patients in ICU beds and 30 empty ICU beds for a total of 210 ICU beds.

July 31, 2021 - There was 17 Covid patients in ICU beds and 125 non - Covid patients in ICU beds and 48 empty ICU beds for a total of 190 ICU beds.

September 12, 2021 - There was 198 Covid patients in ICU beds and 44 non - Covid patients in ICU beds and 39 empty ICU beds for a total of 281 ICU beds.

Analysis: Approximately 100 of the ICU beds jump almost directly back and forth between Covid patients and non-Covid patients. This strongly suggests that Covid-19 is spreading among patients already in ICU for preexisting medical conditions and remained in ICU once they recovered. This is corroborated by the stat sourced on page 4, that 78% of all Covid ICU cases had at least one major preexisting medical condition.



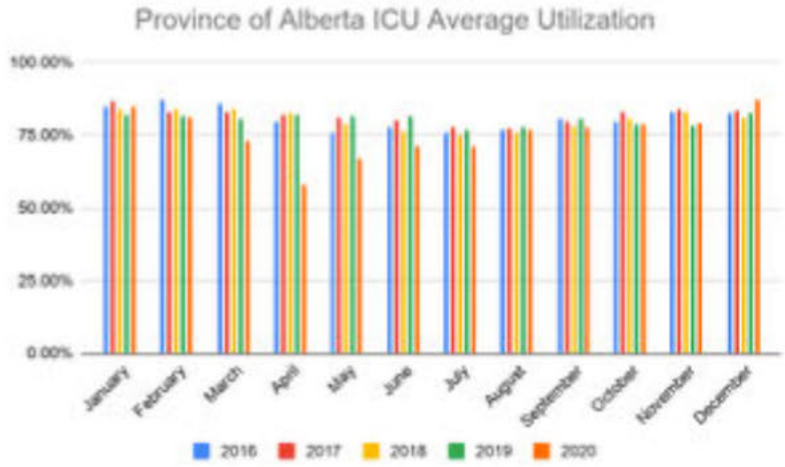
- Grey area is the number of funded beds available per dataset.
- Yellow area is the average number of ICU beds used per month per dataset.
- Red area is the average number of ICU beds occupied by Covid patients per GOA website.
    - This area is also part of the yellow area and is not separated from it.
- Green line is the actual number of ICU beds occupied by Covid patients per GOA website.
- Other than November/December the average number of Covid beds required in ICU was negligible.

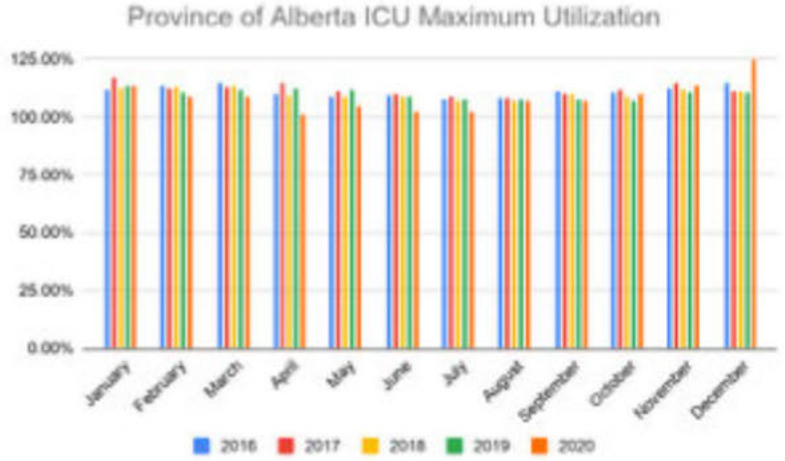
At no point throughout the year was the average number of beds above capacity of "budgeted" beds.

Source: Data from Justice Centre FOIP Request to AHS

Analysis: AHS states in their FOIP Request that they have just over 400 funded ICU beds. Yet on September 12, 2021 it shows on AHS' website that only 281 ICU beds are available. Where are the other 100+ beds that the government funded?

Government and AHS' Failure to Healthcare Workers and Albertans





- The above chart represents the maximum number of ICU beds required at some point in each month.

https://www.jccf.ca/wp-content/uploads/2021/05/Province-of-Alberta-Actual-ICU-Utilization-FOIP-Request-short.pdf

Albertans were told repeatedly throughout 2020 that the restrictions on them were to preserve the Health Care System. Yet, when compared to the previous 4 years prior to Covid-19, the levels appear to be roughly the same with the exception of December. This displays that Alberta's ICU has been over capacity at some point every month for the past 5 years.

Back on April 8, 2020 AHS released their "Covid-19 Modeling" which clearly stated "AHS plans to be able to **increase ICU capacity by 1081 beds for COVID-19** patients by the end of April, if necessary."

https://www.alberta.ca/assets/documents/covid-19-case-modelling-projection.pdf

As of September 16, 2021, 17 months later into the pandemic, this still has not happened.

Cancelled Surgeries, Lack of Space in ICU and Worn out Healthcare Workers.

As stated before, this is tragic and completely unacceptable in our healthcare system. Sadly this is not unprecedented.

History of Over Capacity

Headline from 2013 – "Hospitals overwhelmed by flu and norovirus patients"

"As both the flu and the stomach infection nororvirus sweep across Canada, hospitals all over the country say they are being pushed to the limit."

"Many Edmonton hospitals are operating at more than 100 per cent capacity because of the surge of patients needing admission. In Calgary, occupancy is above 100 per cent in major hospitals and over 100 per cent on certain medical units."

https://www.ctvnews.ca/health/health-headlines/hospitals-overwhelmed-by-flu-and-norovirus-patients-1.1108376

Headline from 2015 – "Calgary mom waits 24 hours for baby to be admitted to Alberta Children's Hospital'

"The Alberta Children's Hospital has fluctuated between 96 and 110 per cent capacity in the month of February, but a spokesperson says **it's a challenge that isn't unusual or new**."

Headline from 2014 – "ER doctor worried about chronic overcrowding at U of A hospital"

"The ER waiting room environment has become so stressful for staff that some **nurses have begun to refuse triage shifts.**"

"Sources tell CBC News the hospital's emergency department is in **crisis**, with acutely ill patients often waiting for up to eight hours to see a doctor."

"AHS is constantly working to address **capacity challenges** in our emergency departments."

https://www.cbc.ca/news/canada/edmonton/er-doctor-worried-about-chronic-overcrowding-at-u-of-a-hospital-1.2866523

Headline from 2014 – "Aging Misericordia Hospital falling apart, say staff, patients"

"The only ICU in the region where the bed availability is based on the weather"

"Staff at Edmonton's deteriorating Misericordia Hospital say conditions are so bad, they're what you'd expect in the third-world, not one of the richest nations in the world"

https://www.cbc.ca/news/canada/edmonton/aging-misericordia-hospital-falling-apart-say-staff-patients-1.2527797

History of Cancelled Surgeries

Headline from 2017 – "Doctors say Red Deer Regional Hospital short more than 100 beds and 3 operating rooms"

"More than 75 per cent of our patients on the 'wait list' for elective surgery fall out of window — which **means they wait too long for life-changing and life-saving surgery** because we don't have enough ORs"

https://www.cbc.ca/news/canada/calgary/red-deer-hospital-health-care-alberta-ahs-resources-1.4002689

Headline from 2013 – "Widespread flu and norovirus outbreaks combine to fill Alberta hospitals beyond capacity."

"There were nine surgeries postponed in Calgary on Tuesday. Two of 246 surgeries scheduled for Wednesday were put off."

https://nationalpost.com/health/widespread-flu-and-norovirus-outbreak-combine-to-fill-alberta-hospitals-beyond-capacity

Headline from 2013 – "Area hospitals operating at over 100 percent capacity".

"Reports say that 11 elective surgeries have been cancelled as a result of flu outbreaks and hospitals have been pushed to over 100 percent operating capacity."

"Occupancy is above 100 percent in major hospitals in the area and well over 100 percent on medicine units."

https://calgary.ctvnews.ca/area-hospitals-operating-at-over-100-percent-capacity-1.1106586

Headline from 2013 – "11 surgeries postponed at Royal Alex due to 'extraordinary emergency capacity issues'"

"The hospital faced "extraordinary emergency capacity issues yesterday" and as a result, eight surgeries had to be postponed."

"I think we seriously need to be addressing the capacities our hospitals have, Azocar said. I think it's more than unacceptable. **It's reprehensible that this is happening."**

"We do not recognize the fact that there has been an **increase of bed use because of the influenza, flu outbreak**, but it should not be a situation where people who require surgeries should have to wait to get the services they need,"

https://edmonton.ctvnews.ca/11-surgeries-postponed-at-royal-alex-due-to-extraordinary-emergency-capacity-issues-1.1136084

Setting Our Healthcare Workers up for Failure

Headline from 2019 – "Unions raise safety concerns after AHS memo imposes new limits on overtime".

"The organization's 2018-19 annual report references overtime as one factor driving expenses **$39 million over budget** last year. Overtime rose last year due to more demand for health services and **jobs intentionally left vacant** for longer, the report said."

https://edmontonjournal.com/news/politics/unions-raise-safety-concerns-after-ahs-memo-imposes-new-limits-on-overtime

It is abundantly clear that our Healthcare system has been on life support for years before Covid-19. The Alberta government and AHS failed to be prepared for Covid-19 despite a very real warning over the past decade. The Alberta government and AHS failed have failed to implement their own strategy of increasing ICU beds to 1081 beds by the end of April 2020 which was 17 months ago. The Alberta government has consistently over promised and under delivered throughout this pandemic and have repeatedly blamed different groups for their failures without proof. Unvaccinated Albertans are merely the governments most recent scapegoat after their failed promised of "70% vaccinated and we're open for good". It is clear that this is a pandemic predominantly in the ICU and not of the healthy people who chose not to be vaccinated. However, it appears that the government would have the citizens blame each other, rather than them who have ultimately failed Albertans.

In a time of crisis, we should have leaders uniting the province not dividing it and causing segregation. We need leaders that will be accountable and admit that this is their mess that they have created and not look for others to blame. We are are at a stage in society where we are using coercion, enticement and now even repression on people to take vaccines that are still in clinical trials.

Recommendations

In a time of crisis we should be in encouraging all avenues of protection against Covid-19. We should not coerce Albertans into a mass clinical trial who do not wish to part take in it. Especially the healthy young population that Covid-19 poses almost no risk to. There are numerous studies of different safe products that humanity has been using for decades. We should be promoting a healthy immune system above all. The vaccines are showing drastically reduced efficacy with "breakthrough" cases and concerns of "high zone tolerance" emerging in people from boosters and even their second dose.

"While Israel often topped the list by Oxford University-based Our World in Data of population vaccinated, now it's leading in another category: It has the world's highest seven-day rolling average of new daily coronavirus cases per million people."

https://www.cbc.ca/news/world/israel-covid-delta-variant-booster-1.6159472

“A new pre-print Israeli study has found that people with natural immunity to COVID-19 could be 13 times less likely to contract the respiratory virus than those who were solely vaccinated against the disease.”

https://thefederalist.com/2021/08/27/israeli-study-natural-immunity-is-13x-stronger-than-pfizer-covid-shots/

“Our results demonstrate that the second dose increases both the humoral and cellular immunity in naïve individuals. On the contrary, the second BNT162b2 vaccine dose results in a reduction of cellular immunity in COVID-19 recovered individuals, which suggests that a second dose, according to the current standard regimen of vaccination, may be not necessary in individuals previously infected with SARS-CoV-2.”

https://www.biorxiv.org/content/10.1101/2021.03.22.436441v1

Vitamin D

“Observational studies largely show that lower vitamin D levels are associated with a greater risk of COVID-19 infection and mortality”.

https://www.publichealthontario.ca/-/media/documents/ncov/he/2021/02/covid-19-rapid-review-vitamin-d.pdf?sc_lang=en

“Vitamin D deficiency has been found to occur more frequently in patients with obesity and diabetes. These conditions are reported to carry a higher mortality in COVID-19.”

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7385774/

Zinc

“The study found that participants with low zinc levels had a 21% mortality rate compared with 5% in those with healthy zinc levels.”

“The time to clinical recovery was approximately three times less in those with healthy serum zinc levels.”

https://www.medicalnewstoday.com/articles/can-zinc-levels-predict-covid-19-severity

Ivermectin

“Ivermectin has been around since 1970 and won a Nobel Prize for its safe use in humans for treating Malaria.”

https://www.nobelprize.org/prizes/medicine/2015/press-release/

“The widespread use of ivermectin resulted in a significant reduction in cases and mortality rates that approached pre-pandemic levels in these areas. As evidenced by what occurred in these regions, ivermectin is clearly an essential and vital treatment component in achieving control of the pandemic”

https://covid19criticalcare.com/wp-content/uploads/2020/12/One-Page-Summary-of-the-Clinical-Trials-Evidence-for-Ivermectin-in-COVID-19.pdf

We know these products to be safe in humans and they clearly have some level of benefit in treating COVID-19. Why is the government not promoting these treatments? Why is the only strategy to enforce lockdowns and vaccines that are in clinical trials with unknown long term outcomes? This hasn’t worked for over a year, so why are we expecting a different result? We are in a time of absolute crisis. There is division, segregation, restricting fundamental freedoms, increase in depression, increase in suicides, increase in suicides, crippling small business and coercing a mass clinical trail on society; why is the government not promoting something a simple, safe and available as vitamin D and zinc as well as vaccines?

The Problem with Regular Testing of Unvaccinated Individuals

With the current studies and science available, it would be completely discriminatory to test people solely because they are unvaccinated. Let me reiterate AHS that was sourced on page 6: “None of the vaccine studies to date have directly measured whether people who are vaccinated and end up testing positive for COVID-19 transmit the virus to fewer people than people who test positive for COVID-19 and are not vaccinated.”

According to the media and politicians, unvaccinated people that contract the virus will have more severe symptom than those that are vaccinated. Therefore, unvaccinated people should display more symptoms when they contract COVID-19 and realize that they need to stay home and isolate compared to someone who is vaccinated and infected with COVID-19 with less severe symptoms.

Rapid Antigen Test and PCR tests are highly inaccurate. What happens to an employee that receives a false positive test and has to isolate for 14 days? We saw it in professional sports

over this past year, where players test positive one day then one or two tests later, the same day, they test negative and can play.

Chief Microbiologist and Laboratory Specialist Dr. Jared Bullard is a witness for the Manitoba government in an active court case in Manitoba challenging the lockdown restrictions. Dr. Bullard testified under oath that a PCR test will detect any viral RNA that is present in a sample 99.9% of the time. However, Dr. Bullard testified that determining whether or not a sample is actually infectious (containing a viable virus, capable of replicating) needs to be confirmed by lab culture. As noted, only 44% of the "positive" samples using a Cycle Threshold count (Ct) of 18 returned a viable lab culture. **Samples tested at a Ct of over 25, according to Dr. Bullard's report, produced no viable lab cultures. Manitoba has confirmed that it utilizes Ct's of up to 40, and even 45 in some cases. This indicates "cases" resulting from such tests (above a Ct of 25) are almost certainly not actually infectious**

https://www.jccf.ca/manitoba-chief-microbiologist-and-laboratory-specialist-56-of-positive-cases-are-not-infectious/

Alberta's Cycle Threshold count (Ct) is 39.

https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-self-collection-of-testing-samples-rapid-review.pdf

"Rapid Testing Is Less Accurate Than the Government Wants to Admit"

https://www.propublica.org/article/rapid-testing-is-less-accurate-than-the-government-wants-to-admit

Unknown Risk of Ethylene Oxide

On March 20, 2020, the FDA approved the use of Ethylene Oxide to sanitize health equipment including masks and swabs. Ethylene Oxide is a well known carcinogen. The FDA believes the amount used to be safe **but it's still in its Pilot Project**. It is unknown what the effects of repeated exposure (even to a small amount) could have on you.

https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/ethylene-oxide-sterilization-medical-devices

Many workplace hazardous fact sheets state "there may be no safe level of exposure".

"Ethylene Oxide is on the Right to Know Hazardous Substance List because it is cited by OSHA, ACGIH, DOT, NIOSH, NTP, DEP, IARC, NFPA and EPA. This chemical is on the Special Health Hazard Substance List."

https://nj.gov/health/eoh/rtkweb/documents/fs/0882.pdf

Health Canada admits that Ethylene Oxide is used to sanitize testing swabs on PCR and Rapid Antigen Tests.

https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/medical-devices/testing/test-swabs.html

Some masks are now also sanitized using this method.

https://www.shimadzu.eu/sites/shimadzu.seg/files/SEG/Landingpages/COVID19/HS_GC_Safe_Masks_F25a_SEG.pdf

We trust our Health Authorities but we also must question what is best for our personal health. Health Authorities have been wrong repeatedly in the past with formaldehyde, asbestos, tobacco, and mercury to name a few. What are the long term health effects of weekly exposure to Ethylene Oxide?

Please take time to consider to the following resources.

Dr. Byram Bridle - viral immunologist and associate professor at the University of Guelph. Dr. Bridle was funded by the Ontario government in May of 2020 to research and develop vaccines for COVID-19.

Dr. Robert Malone - virologist, immunologist and inventor of mRNA vaccines.

Michael Yeadon - former vice president and reacher of Pfizer.

2792 AHS Healthcare Workers that have and continue to heroically work through the pandemic have signed this open letter to AHS.

https://healthprofessionalsunited.ca/

Thank you for your time and consideration. Please contact me with any questions.

Respectfully,

Upcoming 2023-24 EPS Flu & Covid-19 Vaccine Clinics

Respiratory Virus season is just around the corner. We are happy to announce the **EPS vaccine clinics** are back and will be scheduled in **October/November** at designated sites as well as the First Aid Offices at PHQ and NW Campus. Once we have received the vaccine, we will send out a link to book your immunization online via **MYCORITY**. We will be offering both I**NFLUENZA** and **COVID-19** immunizations for the upcoming 2023-24 season.

What is influenza?

Influenza is an infection of the nose, throat, and lungs that is caused by a virus. Symptoms start suddenly and, in some cases, influenza can lead to a lung infection (pneumonia) or make other health problems worse. Even healthy, young people can get extremely sick or die from influenza.

The Vaccine for 2023-24 is targeting 4 strains from Influenza A and B viruses:

- A/Victoria/2570/2019 (H1N1) pdm 09-like virus;
- A/Darwin/9/2021(H3N2) – like virus
- B/Austria/1359417/2021 (B/Victoria lineage)-like virus
- B/Phuket/3073/2013 (B/Yamagata lineage)-like virus

What is Coronavirus?

- Coronaviruses are a large family of viruses. Coronaviruses cause respiratory illness in people ranging from mild common cold to severe pneumonia.
- COVID-19 is the disease caused by SARS-CoV-2 coronavirus, a new virus that was first recognized in 2019. It posed a serious threat to public health. Mutations in the COVID-19 virus over time are expected and can cause variant strains of COVID-19 to emerge.
- Most people will recover within a week to 10 days, but some people are at greater risk of severe complications, such as pneumonia or death.

The COVID-19 vaccine available in Alberta this 2023 fall is the Moderna (Spikevax) XBB 1.5 Frozen Vaccine.

- Moderna COVID-19 vaccine uses the mRNA (messenger ribonucleic acid) manufacturing platform. mRNA vaccines contain the genetic instructions for making the COVID -19 spike protein. This protein is found on the surface of the virus that causes COVID-19.
- The vaccines effectiveness continued to be evaluated as the COVID-19 immunization program is being rolled out.

Effective June 23, 2022, EPS has made the following changes to the COVID-19 workplace restrictions:

Isolation is no longer mandatory, but all EPS employees are encouraged to stay home if experiencing **respiratory virus symptoms or displaying COVID-19 symptoms**. All Employees may discuss work from home options with their supervisor, but it should not be a substitute for taking the necessary sick time to recover.

- AHS has also recommended to be fever-free for 24 hours without using fever-reducing medications before returning to work.

  If symptomatic at work EPS employee are required to wear a N95 or KN95 mask to protect others.

- AHS recommends anyone who has respiratory virus symptoms are recommended to 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.

What if I'm a Close Contact?

For seven days after exposure to a confirmed COVID-19 case, AHS has recommended to:

- Watch for symptoms. **If you develop symptoms**, you should stay home and away from others.
- If contact cannot be avoided, it is recommended to wear a mask.
- Take precautions such as physical distancing, wearing a mask and washing or sanitizing your hands often.
- Get tested using an at-home rapid test if you have access to one.

How can we prevent the spread of Respiratory Viruses?

- Get the vaccine
- Don't let your good habits slide

- Wash your hands

  - Using soap and warm water, wash your hands thoroughly and often

  - including after coughing, sneezing, using tissues or the washroom and before eating or preparing foods.

- Alcohol-based hand rub or sanitizer can also be helpful if hands are not visibly soiled.
- Make a point of keeping your hands and fingers away from your eyes, nose, and mouth.
- Cover your mouth and nose when coughing or sneezing.
- Stay home and rest when sick.

Comparison of COVID-19, influenza, common cold and gastrointestinal (GI) illness

	COVID-19	Influenza (FLU)	Cold	GI Illness (Stomach "Flu")
Caused by	SARS-CoV-2 virus	Influenza A or Influenza B viruses	Many different kinds of viruses such as rhinovirus or adenovirus	Norovirus (or Norwalk-like viruses) is the most common, but there are many causes of stomach upset
Symptoms appear quickly	Sometimes	Yes	No. Symptoms appear gradually	Yes
Prevention	Getting the COVID-19 vaccine provides protection from the SARS-CoV-2 virus (also known as COVID-19)	Getting the influenza vaccine every year protects against the strains of the virus going around that season	Cannot be prevented by immunization	Cannot be prevented by immunization
Symptoms				
Fever	Common	Common	Rare	Sometimes
Fatigue	Common	Common	Sometimes	Sometimes
Cough	Common	Common	Common	No
Sneezing	Rare	Sometimes	Common	No
Aches and Pains	Common	Common	Sometimes	Common
Runny or Stuffy nose	Rare	Common	Common	No
Sore throat	Sometimes	Common	Common	No
Diarrhea	Common	Sometimes (Especially in Children)	Rare	Common
Headaches	Common	Common	Rare	Sometimes
Shortness of Breath	Sometimes	Sometimes	No	No
Loss of taste or smell	Sometimes	No	No	No

Appendix EMP-06

August 26, 2021

Covid19 and vaccinations.

We have all observed different directions and opinions from all levels of governments, organizations, businesses and individuals regarding covid vaccinations. Most recently, the Edmonton Police Service (EPS) issued a statement indicating they strongly recommend all members acquire the vaccine and they are reviewing the possibility of implementing mandatory vaccinations.

The Edmonton Police Association (EPA) has had consultations with EPS management and consultations with legal counsel regarding this matter. This pandemic has challenged everyone from a physical and mental perspective and the previous 18+ months have been difficult for every member and their families.

The EPA recommends everyone obtain the vaccination. It has been supported by Federal and Provincial chief medical officers as an effective and safe mechanism as it is the most beneficial method to provide adequate protection. We have reason to believe a high number of members have acquired the vaccine as the EPA lobbied the Provincial government and the Chief medical officer, a few months prior, to ensure our operational members acquire the priority vaccine with other front line first responders and health care workers.

With that being said, the EPA also understands and appreciates the rights of an individual to make their own informed decision regarding vaccinations and their wellness.

We know a decision has not been made. Moving forward, the EPA will continue to monitor and work with EPS management to strike a balance which will be beneficial to everyone to ensure a safe workplace while protecting the rights of our members. As the covid conversations are ongoing, the EPA will continue to update the membership with pertinent and timely information.

Michael Elliott
President – Edmonton Police Association

2nd Floor, 14220-112 Avenue, Edmonton, Alberta, T5M 2T8 PH: 780.496.8600
admin@epaboard.ca
An Affiliate of the Alberta Federation of Police Associations and of the Canadian Police Association

Appendix EMP-07

September 8, 2021

Re: EPS Mandatory Covid-19 Vaccination Disclosure

Dear members of the Association,

On August 30th the City of Edmonton announced their mandatory vaccination disclosure policy, and the Edmonton Police Service (EPS) echoed the City's lead and announced their own mandatory vaccination disclosure protocol.

The Edmonton Police Association (EPA) received, and continues to receive, numerous questions and concerns related to the disclosure protocol. On September 03rd , the EPA, with efforts to gain clarity, submitted questions to the EPS. On September 07th , we received their response:

1. **Who will have access to the medical information?**

The only people who will have access to the personally identifying information provided are the two nurses in the Occupational Health and Safety Section. Other members of the Occupational Health and Safety Section (of which there are four in addition to the two nurses) will be able to pull reports from that information, so that supervisors may be informed which employees have not completed the disclosure and so that anonymous aggregated data can be provided to Chief's Committee. However, there will be no reports with both an employee's name and their specific response regarding vaccination status – again, that information (i.e., the information linking a specific individual to their actual response) will only be accessible by the two nurses.

2. **Will disclosure of the vaccination status be kept confidential and only be used for the purpose of assessing the hazard?**

Yes. As set out in the information provided to all employees, the purpose of collecting the information is so that anonymous statistics regarding vaccination rates in the EPS can be provided to Chief's Committee to determine which, if any, additional measures may be necessary to ensure the health and safety of EPS

employees with respect to COVID-19. The information gathered will allow EPS to implement hazard controls (if it is necessary to do so based on the data) that are specific and responsive to any risk identified.

3. **Will members be disciplined for not responding to the mandatory questionnaire?**

Like with any refusal to carry out a lawful order, directive, rule or policy (which this is), failure to comply may constitute insubordination as defined in the Police Service Regulation and any such conduct will be dealt within the normal course.

4. **Can we obtain assurances members will not be disciplined for any failure to be vaccinated and/or not reporting?**

The EPS has not implemented a mandatory vaccination policy at this time. As there is currently no policy requiring vaccination, there will be no discipline imposed where a member discloses that they have not been vaccinated as they will have met the requirement to disclose. Again, the mandatory disclosure policy implemented at this time is simply to enable the EPS to gather the data necessary to make informed decisions with respect to its OH&S obligations while still respecting the privacy rights of its employees.

If the EPS later decides to implement a mandatory vaccination policy (if, for example, the data demonstrates that we do not have high enough vaccination rate to adequately ensure the health and safety of our workers in all the circumstances), members would then be expected to follow that policy subject to accommodation for human rights-based reasons. Again, like with any refusal to follow EPS policy, failure to comply may constitute insubordination and would be dealt with in the normal course. However, again, we are not currently implementing a mandatory vaccination policy and the hope is that the data collected will demonstrate that it is not necessary. Employees (and the EPA) will be informed of any changes to policy in that regard if they are going to occur.

5. **Will there be room to allow those who cannot obtain the vaccine (Medical or human rights based) to be accommodated?**

Again, the EPS has not mandated vaccination (it has only mandated disclosure of vaccination status). If a member has not been vaccinated for human rights-based reasons, they need only indicate that they have not been vaccinated on the form. They do not need to indicate the reason why they are not vaccinated. The EPS is not aware of any human rights-based reason that would prevent a member from answering the questions posed on the form or require accommodation. However, like with any policy, if any member did require unforeseen accommodation of a protected characteristic in order to comply with the disclosure requirement, they can request such accommodation and that would be dealt with on an individualized basis. Similarly, if the EPS were to implement a mandatory vaccination policy in the future, reasonable accommodation for protected characteristics under human rights legislation would be provided for those who cannot comply.

6. **The current policy compels members to potentially disclose the fact of a religious belief or an underlying medical condition. Both of are personal, private and/or confidential information about an individual, and disclosure at this stage is unnecessary.**

The EPS policy does not ask members to disclose the fact of a religious belief or any underlying medical condition. Again, members must only disclose if they have or have not been vaccinated – they are not required to provide any reasons for that.

I hope the above information helps alleviate any concerns with the disclosure being required. As indicated, the EPS' OH&S obligations require it to do everything reasonably practicable to protect the health and safety of its employees (and EPS employees have a corresponding obligation under OH&S to cooperate with the EPS to ensure that protection). While these obligations must of course be balanced against employees' privacy rights, the minimally intrusive request being made in all the circumstances more than achieves that balance. I hope that the EPA will encourage its members to comply with the disclosure requirement so that the EPS can make informed decisions in continuing to ensure EPA members' health and safety.

In addition, the EPA has been in regular consultations with two legal counsel to gain an informed legal opinion. The EPS and City of Edmonton are utilizing the Occupational Health & Safety (OH&S) legislation. Under the legislation, the employers have a duty to protect the health and safety of its employees which included hazard assessments for Covid-19.

The new July 30, 2021, OH&S guidelines require employers to try and determine how many employees have been vaccinated (among other information) and then ensure they have implemented proper controls for Covid-19 hazards. Vaccinations are now considered one of the "first choices" for Covid-19 risk control. In this context, we do not believe a grievance or a FOIP complaint would succeed in overriding OH&S obligations in terms of disclosing employee vaccination status, especially with several recent arbitration decisions having approved mandatory Covid-19 testing in a variety of workplaces.

What is your Association's position?

- The EPA supports our members who wish to acquire the covid vaccination.
- The EPA supports our members who have their right to choose to be vaccinated.
- The EPA does not support any unreasonable employer access to your personal and confidential medical information.

We will continue to have dialogue with EPS management as we all believe in acquiring a fair and reasonable approach to the pandemic.

Edmonton Police Association

October 08, 2021
To: Members of the Edmonton Police Association (EPA):

RE: Edmonton Police Service (EPS) Covid-19 Vaccination Policy

The Edmonton Police Association (EPA) has been inundated with hundreds of emails, texts, phone calls and personal meeting requests since the inception of the Edmonton Police Service (EPS) Covid-19 Vaccine Policy. The messaging from our membership has been divided while emotions have never been more elevated. Your EPA is listening and working hard to evaluate the EPS policy and how it impacts our membership. We will illustrate our position moving forward and provide clear messaging on how we feel the EPS has neglected to find a balanced approach on making all employees feel protected and supported during this taxing and tragic world pandemic.

Before we dive into the formalities, we wanted to remind our police family that we are here for all of you. The EPA is built on a foundation that is stronger when we work together to support each other during times of uncertainty and confusion. We need to find a way to calm the anxiety and fear resulting from daily tragedy and grief. This EPA wants a healthy membership, so we do not have to worry about you not being ready to serve the citizens of Edmonton, safely and professionally. We are working hard to convince the EPS it is critical to have the voice of the membership (EPA) at the table when making unprecedented policy. This has not been the case and we are pleading with EPS to slow down and begin listening to the voices of all members. We should all be working hard to retain incredible, experienced, and dedicated employees instead of cutting our losses with hopes that recruiting can miraculously find replacements.

The EPA Legal Position:

The EPA has retained two highly respected labour law firms to review this recent Covid-19 policy while deliberating intently with the EPA Board of Directors at the October 05, 2021, board meeting. The EPA and legal reviewed two thorough and detailed legal opinions while blending the hundreds of members concerns received since the policy inception.

The EPA has determined NOT to challenge the EPS Vaccination Protocol through the grievance or arbitration process as there is no realistic chance to successfully challenge it. The reasons are:

1. The Alberta Government declared a new public health emergency as of September 16, 2021.

2. Mandatory vaccination policies have been upheld by numerous arbitrators in the past, including a recent arbitration decision from 2020 that upheld the AHS mandatory vaccination policy involving measles. The arbitrator in that case confirmed that the AHS policy requiring proof of vaccination was reasonable, and that AHS was allowed to place employees on leave without pay until they could provide proof of vaccination. The 2020 decision was the third Alberta arbitration decision upholding mandatory vaccination policies and confirmed that employers could place employees on leave without pay for non-compliance with a reasonable vaccination policy.

3. The three previous mandatory vaccination decisions in Alberta dealt with measles and influenza situations, which are statistically much less deadly than Covid-19. If arbitrators are willing to uphold mandatory vaccination policies (and leave without pay for noncompliance) on other serious but less deadly viruses, there is no realistic chance an arbitrator would reach a different conclusion on a Covid-19 policy.

4. In July 2021, the Alberta Government updated its Occupational Health & Safety provisions on Covid-19 workplace hazard assessments. Employers, including EPS, were required to undertake an updated workplace hazard assessment specific to Covid-19 and take all reasonable measures to control the risk. The Alberta Government now lists "vaccines" as a "first choice" for controlling Covid-19 risks in the workplace. This change in approach put employers on notice that vaccinations must be considered as a first choice to meet OH&S workplace Covid-19 safety requirements.

5. Other employers are imposing similar mandatory policies. Alberta Health Services (AHS) has imposed a mandatory vaccination policy on all employees including EMS first responders. The Court of Appeal of Alberta, the Court of Queen's Bench of Alberta, and the Provincial Court of Alberta (the Courts) adopted a mandatory vaccine policy which applies to all secure areas of the courthouses used by judicial officers and staff to which public access is restricted.

6. On September 30, 2021, the Court of Queen's Bench in Saskatchewan dismissed an injunction application that tried to prevent Saskatchewan's proof of vaccination policy from coming into effect. The Saskatchewan policy, which applied to government employees, required proof of vaccination or proof of a negative Covid test. The Court dismissed the application and said there was no evidence of irreparable harm to affected employees. It is highly likely that Alberta Courts would reach the same conclusion.

7. On October 1, 2021, the Alberta Courts announced mandatory vaccination requirements for all staff (including Sheriffs) effective November 1, 2021, signalling extraordinarily dedicated support for mandatory vaccinations from the Chief Justices of the Alberta Court of Appeal, Alberta Court of Queen's Bench, and the Provincial Court.

8. In short, an arbitrator would certainly dismiss a grievance challenging the EPS Vaccination Protocol, and the Courts would deny any injunction application. Finally, even if EPA could challenge the EPS protocol – and in a situation where most of our members are vaccinated – the challenge would not be decided until early 2022 at best. In the meantime, members who were not vaccinated or who cannot provide a negative Covid test would be placed on unpaid leave.

EPA Concerns with EPS and EPS Policy:

1. The EPA takes the position the EPS should be responsible for the cost of providing the rapid test to our members, or at the very least endorse the use of low-cost testing such as approved self-administered tests. and On October 6th , the Calgary Police Service announced that they will be providing, free of charge, at-home testing kits until December 01st After which point, members will be required to obtain their own, service approved, rapid testing kits. It is disappointing that the EPS has restricted the testing options available to members, which has, in turn increased their out-of-pocket expenses. The EPA will be exploring ways to help reduce the financial burden being placed on members by the EPS and are asking the EPS to reconsider their policy surrounding rapid antigen testing.

2. It is our opinion that if a rapid test is appropriate to be able to work with your colleagues, and engage with vulnerable people within the community, a rapid test should be appropriate to attend non mandatory training, work over-time in other divisions and utilize EPS facilities including lunchrooms and fitness spaces. For a fair comparison, Calgary Police Service is permitting its members to use its facilities when utilizing a rapid test kit, and this is a reasonable approach. Precluding certain segments of the blatant segregation and promotes an "us vs them" mentality and brings sadness to everyone. This does nothing to promote an esprit de corpse and is in direct contravention of the EPS Core Values and Core Competencies.

3. The EPA will engage with EPS and look at options. This is a time for which the Service, as a collective, should be helping and collaborating with one another, and not creating divisions and silos within our organization's units and squads. We may have differences of opinions but that does not mean we cannot work together with appropriate safeguards and meaningful mechanisms in place.

4. The methodology of how things have unfolded over the previous three weeks has been polarizing to the membership. The EPA and the Service's OH&S and Health Nurses have fielded hundreds of questions, concerns, fear, anger, and anxiety over the policy. There have been debates and divisions throughout the service. Stressors are evident and there has been no sincere mechanisms put in place from the Service to calm fears and establish a sense of belonging for everyone.

5. The EPA will continue to uphold its duty of fair representation and will assist members on a case-by-case basis as it pertains to the new vaccination protocol, including those who may require medical or religious accommodations. We encourage you to attend the October 20, 2021 Annual General Meeting (AGM) at 1600hrs where our legal teams will be present.

The EPA is here for you.

Edmonton Police Association