

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

Natasha Gonek, B.Sc., NCIT Specialized

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Introduction

Since the beginning of the Edmonton Police Service (EPS) COVID-19 pandemic response, employees were asking questions about workplace measures and were taking concerns to the appropriate internal channels to seek clarification and justifications. There has been no transparency into the decision making and due diligence that is legislatively required in the duty of care when directing workers. As the workplace measures escalated without justification, the EPS employees joined with other concerned City of Edmonton employees and had a lawyer send a letter to the EPS and City of Edmonton, outlining their legal obligations and liabilities for the employers' actions. The Edmonton Police Association (EPA) had been approached and had been included in communications and was aware of the concerns of the membership.

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 COVID-19 pandemic related decisions, information, communication, and documentation from the employer. The EPA made assurances that they would open the Covid files, and that the President of the EPA received written statements of the vaccine and mandated workplace measures that have led to worker injury, illness, and alleged deaths.

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 other harms from other COVID-19 pandemic measures. **Currently, there is no indication that an internal operational review process of the COVID-19 pandemic response 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. The employer continues 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.

With respect to events arising from the Edmonton Police Service's COVID-19 pandemic response, including, but not limited to significant and documented, worker illness, injury and disability, an independent, unaffiliated external party was contracted to review Edmonton Police Services documentation obtained through Freedom of Information and Privacy requests and other discussions with those impacted.

The report is intended to further the best interests of the public and to enable a whistleblower pathway for the EPS employees that have sustained physical, psychological, professional, personal and financial harm.

Out of respect for privacy, events mentioned in the report and this summary are anonymized. Should an individual or organization wish to obtain a copy of the complete Analysis Report and the Freedom of Information and Privacy (FOIP) documents, please contact the writer of the report at ngonek@protonmail.com. All information in the report has been released under the Alberta *Freedom of Information and Privacy Act* and has been identified by the EPS Access and Disclosure office as being public information.

Objective

Provide an anonymized analysis and summary of the documents obtained through FOIP requests and include additional context from those involved. The intent of the complete report is to:

- 1) Provide a summary of factual findings from the FOIP information
- 2) Provide actionable items and recommendations
- 3) Provide employees a path to have employer impacts, injury and experiences documented

Methodology

1. Review FOIP disclosure documentation obtained by EPS members, provided as two separate FOIP disclosures. The first disclosure on October 31, 2023, downloaded on November 1, 2023, included **5421** pages of information.
 - a. The contents of the disclosure were Chiefs office emails and attachments, human resource, OH&S, pandemic review committee and pandemic recovery team information.¹
2. On December 12, 2023, the second part of the FOIP disclosure was received and contained **3296** pages of information.
 - a. Part two included hazard assessments and other communication from EPS OH&S and human resources, briefing notes, as well as chemical and cleaning information.
3. Hold discussions with 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.
4. There were significant omissions and/or exclusions from the FOIP documentation provided by the Edmonton Police Service. This included key timeframes with the preparation and implementation of the Mandatory COVID-19 Vaccination Status Survey and the EPS COVID-19 Vaccination Protocol.

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 COVID-19 pandemic.

¹ Please refer to Appendix EMP-01, EMP-02 and EMP-03 to see the complete list of information requested and provided as part of the FOIP.

Findings and Recommendations

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

There were approximately **4500** emails that were deemed non-responsive to the FOIP.

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.

The December 12, 2023, letter provided significant information relating to the information that was absent from the FOIP documents. The letter also confirmed that there were no COVID-19 training courses implemented by the employer, and that they were advised by the Province of Alberta that fit-testing was not required. OH&S stated that they relied on Health Canada and Alberta Health for COVID-19 vaccine related information and that they regularly consulted the Alberta Government COVID-19 webpage. 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 for the specific information and specific information from Health Canada and Alberta Health used in the decision-making process. 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

FOIP Part 1, contained substantial statistical reporting of employee absenteeism, employees awaiting testing, isolation or close contacts, and 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.

EPS was using positive cases and provincial health stats as a marker for implementing workplace measures and justifying the need for such measures. 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 EPS 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 COVID-19 vaccination protocol, and statistically, the positivity rate changed for workers.

There was **no mention** of any EPS employees who had been seriously ill, hospitalized or died because of contracting COVID-19.

In discussions with EPS employees, they confirmed COVID-19 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, hospitalization and alleged deaths.** The letter from the FOIP disclosure on December 12, 2023, indicated 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 related to COVID-19 pandemic measures).

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. However, the FOIP final letter did provide information that there have been paid short- and long-term disability for vaccine related conditions. Employees have confirmed that there were also accommodations in the workplace for vaccine injured co-workers.

EPS Employee Illness

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. The omission of the information from this disclosure raises many questions:

1. Does the supporting information required for this decision exist?
2. What were the discussions in the committees, what is being protected in the minutes?
3. What information was being presented to EPS leadership to ensure they had all the information required to make informed decisions?
4. 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. The FOIP final letter did indicate that there were 165 employees that had been granted short-term disability due to COVID-19, however this information does not indicate if this was due to illness or if it was from the psychological harms of the measure. Employees have communicated that many members are off in relation to COVID-19 due to the psychological harms of the employer measures and ensuing workplace conditions.

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 the Alberta CMOH, 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.

The EPS charting displayed that the pandemic had little impact on staffing levels because of a positive test. However, staff were impacted by the mandatory isolation for close contacts and illness as per the CMOH orders. Since the CMOH orders were used a guide to implement measures in the workplace, it is essential for detailed review into the blanket application of pandemic measures that have been proven in court to be unlawful.

Recommendation: 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.

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 following implementation of the vaccine requirement, and they continued to push the same *get your COVID-19 vaccine* message to staff. There was no consideration for the harmful actions of their decisions and communications. The protocols were forced on employees while there were known harms.

Enforcement and Government Communications

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 public health orders. 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 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, an EPS spokesperson 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.*" Meanwhile EPS leadership was having discussions that "*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.*"

"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." "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."

January 14, 2021. 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." "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.”

February 11, 2021 “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”

April 8, 2021 “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”

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.

Recommendation: 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.

In Chief of Police’s March 18, 2020, letter to the Justice Minister, the Chief, speaking in his role as the President of the Alberta Association of Chiefs of Police, expressed statements related to privacy which must be investigated. The privacy violations made with employees and the public are governed by legislation and this is not simply forfeited in a government declared pandemic.

*“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 referral to Minister Justice and Solicitor General and Public Safety Minister 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. There must be an investigation into the access, use and disclosure of the personal medical information of employees, the public and detainees for violations.

Recommend referral for criminal investigation 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 is extensive.

The EPS leadership was presented with a City of Edmonton research project, in January 2021, that utilized AI behavioural science technology surveillance of random citizens without their knowledge or consent. The AI mask detection unit would send the facial scan information to a **behavioral nudge unit** to generate an 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.

Recommendation: The research *MaskEd Up* presented by the City of Edmonton must be referred to the Privacy and Ethic Commissioner for investigation. An additional FOIP request has been submitted; however, at the time of 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. It was required by law that the EPS communicate to employees all information, including risks or harms, relating to masking, chemical use, social distancing, COVID-19 vaccination, contact tracing, and testing.

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 were 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. With the lack of documents produced it was not possible to assess if the employer was in compliance with their in-house requirement.

Safety policies not being developed or disclosed raises many questions and concerns about the employer's omissions and lack of transparency and their communication that all measures were for workplace safety. The information provided in the FOIP were an Event Duty Protocol and the Edmonton Police Service COVID-19 Vaccination Protocol, and Respiratory Protective Equipment Program.

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.

4.0 Hazard Assessment and Control

Alberta OHS Legislative Requirements

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 PPE for the situation. **Cloth, procedural and non-surgical masks are not approved respiratory protection as designated in the Alberta OHS Code.**

The **COVID-19 specific hazard assessment for 2021 and 2023 were not included** in the FOIP disclosure documents. This omission is concerning as 2021 was the year where the employer implemented the Mandatory vaccination disclosure survey and the Edmonton Police Service COVID-19 Vaccination Protocol for all employees. The communication surrounding the implementation of the mandatory protocols were that these were required to **meet the employer obligations under the OHS Act**, to protect the health and safety of all employees. COVID-19 vaccination was not on the 2020 COVID-19 specific 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 detailed hazard assessments were dated 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 Civilian Member (OHS Section which includes the nurses) Hazard Assessment did **not** have masking or N95 respiratory identified on any of their division specific hazard assessments.

In late 2023, EPS members continued to make multiple attempts to obtain an updated hazard assessment that indicated a change in the workplace hazard that identified a new workplace risk that was significant enough to warrant the consideration of a workplace COVID-19 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 EPS OHS responded to the EPS member with the following:

“For clarity, EPS did not mandate vaccinations- there was always an alternative option available (i.e. 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. “

The EPS did conduct a hazard assessment in April 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 would be **required to repeat the hazard assessment if there was a change to the workplace hazard**. The absence of the 2021 COVID-19 specific hazard assessment supports the concerns that the employees were bringing forward to their supervisors, OHS, EPA and EPS leadership that there was no demonstrated change to the workplace hazards to justify mandatory COVID-19 vaccination as a control.

The EPS had been operationally functioning with **minimal issues due to isolations, 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 communication to EPS leadership included statements questioning people having symptoms of seasonal allergies, that the absences were not unlike

prior cold and flu seasons, *“once COVID testing decreases, will not be able to differentiate what might be colds or seasonal allergies”*.

The EPS 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. 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 a need for determining risk mitigation, a KVP test for the policy change would then consider all vaccine related information, other hazard control options and they would need to present these to the employee to assist with risk mitigation.

Recommendation: 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 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. This is mentioned many times in the Pandemic Committee meeting minutes and has been confirmed in conversation with both sworn and civilian members.

Recommendation: The most recent response from 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 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 required; *“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 under the approval of EPS leadership.

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.

The EPS meeting minutes, and disclosed information shows that adverse events, 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. There were updates to EPS leadership in relation to the clinical trials of the COVID-19 vaccines dating back to May of 2020 “*Health Canada to begin clinical trials of a COVID-19 vaccine candidate.*”

Recent 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.

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: The EPS stance was that they never mandated the COVID-19 vaccination. The information conveyed to employees was: **Take the vaccine or take an 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 COVID-19 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. **The employer was 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 *Health Professions Act (HPA)*.

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 measures 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*

*Freedom*s (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 to determine those persons or organizations involved, the violations in this workplace and the 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

Hazardous Chemicals

EPS members confirmed that they take mandatory WHIMIS training every three 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.

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. There was an EPS OHS investigation into the electrostatic cleaning after reported adverse reactions by employee(s), the results of which were not provided in the disclosure. There was no indication that this information or the results of the internal investigation were communicated to other employees.

In FOIP Part 2, it was revealed that a Drug Information Number (DIN) was granted to disinfecting chemicals by Health Canada under the *Food and Drug Act* (FDA). It is unclear as to why the chemicals were assigned a DIN, thus exempting them from WHIMIS. 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 to a drug.

Recommendation: 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 sanitizers in the workplace. 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. A significant consideration is the need to inform workers in relation to the reclassified disinfectant drugs, as is what consent is required for use of a chemical now considered a drug.

6.0 Masking in the Workplace

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.

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 masks** that were used by EPS in the pandemic response. The employees are properly trained and knowledgeable in the usage of RPE led which led to them 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 in selection 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.

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 were being directed in their personal life from all sides and they had the added worry that they would be reported by a friend, family member or strangers to their employer for what was deemed non-compliance. This harm was debilitating for employees and forced many to withdraw from interactions in their personal time. This continued to contribute to employees taking time off, stress leave and quiet quitting is an ongoing issue, very detrimental to functioning in life.

This forced compliance, through intimidation, threat, harassment, isolation, conflict, and discipline in the workplace was overwhelming, this is on top of the already high level of operation stress from policing. The employees shared that their personal harm, many conveyed the that they struggled with the thought that the EPS actions and support of the measures perpetrate on the community. 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.

The employers’ recommendation for mask usage were constantly changing; N95, non-surgical (blue), cloth masks, no mask. There was no evidence of any policy or procedure created to support the use of masks in the workplace. Any internal communication and documentation for the masking was cumbersome, confusing, and was not supported with evidence. Information presented showed that there were compliance issues in some divisions and that the optics of EPS members not following the rules was a significant issue for the optics of the organization. The CMOH orders and City of Edmonton Bylaws added to the complexity, confusion, and inconsistency of the application of masking in the workplace. **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.**

It was also documented that the cloth masks were distributed and were being **trialed** on employees. 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 significant 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. No research methodologies, officer safety assessment, metrics or outcomes for this trial were provided in the disclosure documents.

Recommendation: 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. This must include information as to why there was no officer safety assessment for operational use of masks.

There was a significant focus on communications for educating employees to wear masks, and that EPS employees need to lead by example in the public. Communications in the FOIP indicated that there were requests for EPS leadership to enforce the City masking bylaw and 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.

There is also 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. Operationally the employer’s documentation did not present information to support that there was proper due diligence in assessing a mask for use. There were issues with not only communication, interviewing, breathing while exerting themselves and mask sealing to the workers face while performing their duties.

A document provided in the FOIP Part 2 from March 4, 2022, showed 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. The FOIP documents were lacking any justifications that may have been applied for the employer to justify the violation of an employee’s charter rights.

Recommend a complaint to OHS. The forced usage of a facial covering in the workplace warrants further investigation by OHS. 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. No officer safety assessments were indicated for the addition of a mask to their body for operational considerations.

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.

Recommend complaint to the appropriate regulator for OHS specialists and nurses and GOA OHS.

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

Recommend: referral for Human Rights Complaints for those who faced medical discrimination, and punitive measures for requiring accommodations to masking. 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

There was a significant focus on the EPS OHN obtaining Netcare access from the GOA. In communication with the CMOH, the Chief of Police requested an update regarding the approval of the access. 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 disclosure of 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.

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.

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 informed consent for the OHN to access to their complete medical file on Netcare. 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. None of the employees knew that the EPS OHN had been granted access to Netcare and their medical records.

The Pandemic Committee Meeting minutes detail very concerning statements as the employer was 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.

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, if they did not comply with this requirement, they would be placed on a leave without pay and would be subject to a professional standards branch (PSB) complaint. The uploading of the information was deemed by the employer to be implied consent; however, this was not the case as failure to disclose came with severe disciplinary consequences.

The Edmonton Police Service COVID-19 Vaccination Protocol being implemented and justified under OHS and FOIP is a 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.”

In discussions with EPS employees, it is evident that many 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 many 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.

Recommendation: To move forward there must be an extensive review and acknowledgement of the harm from the pandemic response and decisions of EPS leadership.

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.

Recommend: investigation by the regulatory bodies relating to the OHN, HR, OHS manager and the handling of personal medical information by these professionals. It is recommended that there is a comprehensive review of the audit process and the consent obtained. 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.

Recommend: OPIC referral for investigation into privacy violations. The forced disclosure of the medical information from the employees caused significant professional and personal harms that are still ongoing.

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.

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 to require medical testing of detainees that were identified as possible exposures. This must be reviewed considering the CMOH order being expunged.

8.0 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.

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.

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.

With the knowledge of COVID-19 vaccine injuries and the accommodation of injured workers, the EPS proceeded with the 2023 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. None of the known risks or lack of efficacy or long-term safety information was communicated in the EPSnet clinic advertisement to employees.

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.

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 to review the information, evidence, communications and the actions of EPS leadership and professionals within the organization.

9.0 Harassment/Intimidation/Threat/Mental Health

From discussions with EPS employees, it was very clear that the workplace culture has become progressively more harmful and toxic. Employees who 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.

The COVID-19 pandemic created the perfect environment for additional mental and physical harm. Isolation during the pandemic response has caused tremendous mental harms to employees, no matter where they stood on the measures. Mob mentalities came out when incited by management messages, encouragement of reporting co-workers for “non-compliance”. 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 disciplined. There were discussions in pandemic committee minutes that an email should be sent to the Inspectors and Supervisors to address to their staff about the concerns, perceptions and that police need to demonstrate adherence to the public health measures, all while knowing that the public health orders were not enforceable.

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-vaxxer. 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. When the information was presented by employees to the unions, they did nothing.

The EPS experienced a higher-than-expected attrition rate in 2022 and according to the Chief’s 2023 year in review from December 2023, the EPS is facing a 10% LOA. He followed with a public statement to the Edmonton Journal on January 9, 2024, “*Our goal is to get as many as we can back to work, in the areas that we have some degree of control, “ adding that it meant focusing in on helping members with “above the neck” injuries.*” In August 2023 the EPA vice-president said that the EPS is facing serious morale and trust issues.

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 PTSD resource pathway for employees. 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.

10.0 Fitness Facilities

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. 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 the unjust and arbitrary rules.

The arbitrary rules that then followed around the EPS fitness facilities (to close, to open, to restrict access, etc.) were not supported by any evidence, it simply relied on the unlawful CMOH orders as justification. 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, their performance and public safety.

11.0 COVID-19 Testing

Outcome for the possible participation of EPS employees in 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.

Despite there being no assessment or indication that the employer conducted any hazard assessments in relation to those working from home, testing was required. 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.

Recommendation: A review of appropriateness of conducting research on employees. 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.”*

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: *“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 thermometers being given 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. 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 EPS’s adoption and application of the testing requirements should be scrutinized further.

Additionally, on 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 directed the COVID-19 assessment centres that they were now being instructed to collect throat swabs and not deep nasopharyngeal (NP). Most EPS employees that attended the community testing sites following this bulletin indicated that the healthcare provided conducted a deep nasopharyngeal swab and not a throat swab. These employees also noted that following the testing many suffered with pain, headaches, constant nasal issues, and eye infections.

Recommendation: Review of the implementation of all testing should be triggered as a result of *Ingram vs Alberta* ruling.

Recommend an investigation into the practice at the COVID-19 testing facilities. Including a complete review of the testing procedures, instructions to frontline staff, training and competency to conduct a test that is designated as a restricted practice in the *Health Professions Act* (HPA).

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 EPS 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 used to unvaccinated employees must be tested every 72 hours.

The discriminatory application of the testing for only those that did not 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 is no 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. This action appears to have been implemented as a discriminatory and punitive way to increase COVID-19 vaccination rates.

Many employees expressed the devastating affects of the mandatory testing. 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 who were testing had additional punitive measures on them, such as an no access to the gym or lunchrooms, restriction on access to non-mandatory 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 who 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. Some employees stated that this only applied to the free rapid tests performed at the EPA, and others indicated that this applied to any test that was for work purposes. The EPA free testing was not a viable option for most employees, due to the location of the office, it was only available on weekday hours. The EPA did not retain a healthcare professional to conduct these tests on EPA members.

In discussions with EPS employees and other general public, most describe no informed consent, no discussion of risks, no identification of being able to be tested. 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.

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.

EPS elected to maintain the testing option and other restrictions past Calgary Police (March 1, 2022) 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 compounding harm and there must be investigation into the harmful actions of the employer.

Recommend: criminal investigation is required into the harm of forced medical procedures (rapid testing) for EPS employees. There was no justification for the application of the rapid testing to one group of employees. The employees who 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.

12.0 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 no revision to any legislation that made COVID-19 a required vaccination in a workplace.

Any decision to implement a COVID-19 vaccination requirement or mandatory 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.

There was communication of known risk of adverse vaccine events in late 2020 and early 2021. The EPS Briefing note issues by Deputy Chief 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.

2. 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.

Many EPS employees provided significant documentation to their leadership and OHS department questioning the legalities of the measures. The employees also had an independent legal notice sent to the employer after the union and the EPA failed to address the workers concerns. This legal notice was not provided as part of the FOIP documents. The FOIP documents did contain a well researched letter

that was provided to the EPA and EPS Senior Leadership on September 16, 2021. 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.

There was clear concealment and inaccurate information provided to the EPS employees from the OHS department. There was no 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 most recent COVID-19 immunizations have been 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.

With the knowledge of employee injury and illness within the COVID-19 vaccinated, the employer has not stepped back from pushing the COVID-19 vaccines.

The EPS and the EPA have not taken any action to correct the position they had during the COVID-19 vaccination protocol implementation. 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.

There were 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. 1 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 included with the disclosure documents for the time frame in question.

September 25, 2021 - Email from Deputy Chief to the Chief of Police and other EPS leadership.

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 on **October 25, 2021:**

*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.*

There is significant concern about the information presented to the Edmonton Police Commission. I would expect 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 the Chief provided, what he was given by the Pandemic Committee or EPS leadership for the statistics. Was the information documented properly in the meeting minutes and if not, why was it not corrected.

Prior to the mandatory disclosure and COVID-19 Vaccination Protocol implementation, the Chief of police, other EPS leadership, the EPA and legal advisors were communicating about upcoming workplace measures. In these communications the EPA was asking for EPS statistics for illness during the COVID-19 pandemic response. If the EPS was attempting to demonstrate a justified and reasonable expectation of implementing a COVID-19 vaccination protocol, they would have been required to include information about serious illness, hospitalization, or deaths relating to employee illness. If there was a demonstrated risk of worker illness, it would have been provided to the EPA to prove the need for medical testing or vaccination protocols in order to mitigate the risk of serious illness or death in the EPS workforce.

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 the appropriate Minister(s) 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. There was no consideration for the harmful outflow of events 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 employer's workplace measures and the Covid-19 vaccine.

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. Several EPS employees were subject to PSB complaints, investigations, suspensions, and leave without pay without any justification of the extraordinary circumstances for the action. This caused tremendous professional, personal, psychological, and financial harm. The EPA did not challenge the misuse of the process and informed members that the Chief could leave them on unpaid leave or suspension for as long as he wanted and there was nothing they could do.

There is inconsistency in the application of the penalties. For example, serious misuse of force, fraud, and theft complaints that have been found, received nowhere near the discipline applied by the Chief of Police for pandemic related issues.

The whistleblower path and PSB have both been weaponized to target employees that would seek to hold the institution accountable. The whistleblower 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.

Recommendations to establish an internal human resources process and a separate PSB that is removed from the reach of the employer's influence. 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.

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.

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 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 the president 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 and mandatory medical disclosure directly to EPS leadership, with the members identifiers included along with their documented comments. There was not sufficient information to assess the level of the communications between the EPS and the EPA.

EPS sworn members have described varying levels of lack of representation from the EPA. 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 communicated the threats to employee's jobs when they did not comply.

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 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.

Recommendation for a review of the actions and failure of representation by the EPA. 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.

The Edmonton Police Association violated their obligations to maintain confidentiality and protection of personal information when they sent the member names with the complaints and concerns directly to

EPS leadership. The EPA's disclosure of the personal information of their members must be reviewed in relation to PIPA violations relating to the collection and disclosure of this personal information without consent or notification that their personal information was being provided to the employer.

Summary

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 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. By February 2022, the positive case numbers decreased but remained higher with the use of the rapid testing protocol in place.

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.

Recommendation: Referral to Minister of Public Safety and the 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 Public Inquiry into the Pandemic Response. This must be initiated 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, an EPS former Deputy Chief (DC) was appointed to the position of Ombudsman and Public Interest Commissioner. This DC was noted throughout the FOIP documentation as being an EPS DC 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.

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 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.

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 represented their qualifications and experience inaccurately and was knowingly making 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 email 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.

Establishment 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.

Conclusion

In consideration of the [Ingram v Alberta decision](#)², it is clear the provincial municipal and employers implemented workplace policies, guidance, as an over-reach of restrictions on their workers. The rule of law is to be maintained by our law enforcement agencies and this was not demonstrated in the EPS response.

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.

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.

² 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.

Thank you to all EPS employees who courageously engaged in this process. You shared your deeply personal experiences and perspectives. These were invaluable to being able to express the physical and psychological injuries and trauma that has been experienced. Your engagement in the process shed light on important issues and will help guide change and contribute to the wellbeing of countless others.

Appendices

Appendix EMP-01 - July 4, 2023, *Freedom of Information and Protection of Privacy Act* Request (2023-G-0163),
Appendix – August 15, 2023, *Freedom of Information and Protection of Privacy Act* Request (2023-G-0199)

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**

Fw: FOIPP File 2023-P-0163 (EPS covid FOIPP questions)

1 message

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

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 its establishment in 2020.
3. All emails and meeting minutes 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.

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.

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

employees.

Appendix EMP-01

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,

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.

$\$6.75 \times 4 = \$27.00/\text{hour}$.

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 file.

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]

Appendix EMP-01

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].

That is an extraordinary number. Shocking even for the cost.

Appendix EMP-01

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]

CONFIDENTIALITY CAUTION:

This message is intended only for the use of the individual or entity to which it has been addressed and may contain information that is privileged and confidential. If you are not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication has been received in error, respond immediately via telephone or return e-mail, and delete all copies of this material.



**EDMONTON
POLICE
SERVICE**

9620 • 103A AVENUE
EDMONTON, ALBERTA
CANADA T5H 0H7
PH: 780-421-3333
www.edmontonpolice.ca

Our File: 2023-G-0163

2023 October 31

Sent by encrypted email to: [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 0H7
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