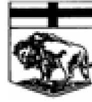
RELEASE DATE: July 7, 2011



Manitoba

THE PROVINCIAL COURT OF MANITOBA

IN THE MATTER OF: The Fatality Inquiries Act C.C.S.M. c. F52

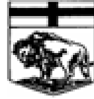
AND IN THE MATTER OF: CHERYL LYNN TOM (DOD: March 26, 2007)

Report on Inquest and Recommendations of
Judge Patti-Anne Umpherville
Issued this 4th day of July, 2011

APPEARANCES:

MS JOCELYNE RITCHOT, Inquest counsel
MR. G. GREGORY BRODSKY, Q.C., Counsel for Ms Annabelle Tom (Mother)
MR. HYMIE WEINSTEIN, Q.C., Counsel for Main Street Project
MS VIVIAN E. RACHLIS, Counsel for Winnipeg Regional Health Authority
MS KIMBERLY D. CARSWELL, Counsel for Winnipeg Police Service
MR. TYLER J. KOCHANSKI, Counsel for Dr. Walji, Dr. Gooi, Dr. Schellenberg, Dr. Rehal and Dr. Mills

RELEASE DATE: July 7, 2011



Manitoba

THE FATALITY INQUIRIES ACT
REPORTED BY PROVINCIAL JUDGE ON INQUEST

RESPECTING THE DEATH OF: CHERYL LYNN TOM

Having held an inquest respecting the said death on December 8, 9, 10, 11, 12, 15, 16, 2009 and November 1, 2, 4, 2010, at the City of Winnipeg in Manitoba, I report as follows:

The name of the deceased is: CHERYL LYNN TOM.

The deceased came to her death on the 26th day of March 2007 at the City of Winnipeg, in the Province of Manitoba.

The deceased came to her death by the following means: multiple drug overdose.

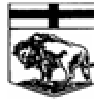
I hereby make the recommendations as set out in the attached report.

Attached hereto and forming part of my report is a list of exhibits required to be filed by me.

Dated at the City of Winnipeg, in Manitoba, this 4th day of July, 2011.

"original signed by:"

____
Judge Patti-Anne Umpherville



Manitoba

THE FATALITY INQUIRIES ACT
REPORTED BY PROVINCIAL JUDGE ON INQUEST

RESPECTING THE DEATH OF: CHERYL LYNN TOM

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I. THE CALLING OF THIS INQUEST

[1] The Chief Medical Examiner for the Province of Manitoba, Doctor A. Thambirajah Balachandra, sent a letter bearing date February 19, 2008 to the Chief Judge of the Provincial Court directing that, in accordance with *The Fatality Inquiries Act* (the *Act*), an inquest be held into the death of Cheryl Lynn Tom for the following reasons:

1. to fulfill the requirement for a mandatory inquest as defined in section 19(3) of the legislation;

2. to determine the circumstances relating to Ms Tom's death; and

3. to determine what, if anything, can be done to prevent similar deaths from occurring in the future.

[2] Section 19(3) of the Act provides:

> 19(3) Where as a result of an investigation, there are reasonable grounds to believe
>
> (a) that a person while a resident in a correctional institution, jail or prison or while an involuntary resident in a psychiatric facility as defined in *The Mental Health Act*, or while a resident in a developmental centre as defined in *The Vulnerable Persons Living with a Mental Disability Act*, died as a result of a violent act, undue means or negligence or in an unexpected or unexplained manner or suddenly of unknown cause; or
>
> (b) that a person died as a result of an act or omission of a peace officer in the course of duty;
>
> the chief medical examiner shall direct a provincial judge to hold an inquest with respect to the death.

II. MANDATE OF THE INQUEST AND STANDING

[3] Inquests in Manitoba are governed by the *Act* and are presided over by judges of the Provincial Court of Manitoba. The duties and limitations of a judge presiding at an inquest are set out in s. 33 of the *Act*. The primary role of the judge at an inquest is to determine the identity of the deceased, when, where, and by what means, the deceased person died, the cause of death, the material circumstances under which the death occurred and whether the death could have been prevented. Further, a judge may recommend changes in the programs, policies or practices of the government and relevant public agencies or institutions or in the laws of the province, where the judge is of the opinion that such changes would serve to reduce the likelihood of deaths in similar circumstances in the future. There is no authority under the *Act* for a judge to make recommendations to private individuals, businesses or corporations.

[4] There is a statutory limitation placed on a judge presiding at an inquest in Manitoba. Section 33(2) of the *Act* prohibits a judge from expressing any opinion on or making a determination with respect to culpability in respect of the death that is the subject of the inquest. In other words, a judge at an inquest is not permitted to make a finding or express an opinion that someone is responsible for or legally blameworthy in the death of the person that is the subject of the inquest.

[5] The mandate of this inquest is to determine the material circumstances relating to Cheryl Lynn Tom's death and to determine what, if anything, can be done to prevent similar deaths from occurring in the future.

[6] The *Act* provides in section 28(1) that a person who "is substantially and directly interested in the inquest" may attend in person or by counsel and may examine or cross-examine the witnesses called. Standing Hearings were held on January 29, 2008 and October 16, 2008.

[7] Standing was granted to Annabelle Tom, Main Street Project, Winnipeg Regional Health Authority, Winnipeg Police Service, Drs. Mohammediqbal Walji, Teong Hean Gooi, Barry James Mills, Ranjodh Singh Rehal and William Charles Schellenberg. No further individuals or organizations made application for standing.

III. THE INQUEST

(A) Summary of Events of March 26, 2007

[8] Cheryl Lynn Tom (Coughlan) was aged 35 years when she died on March 26, 2007 in Winnipeg, Manitoba while being held under *The Intoxicated Persons Detention Act*. On the morning of March 26, 2007, Winnipeg Police Officers attended to the 7-Eleven Store at 2 - 3380 Portage Avenue and found a female store employee restraining Cheryl Tom on the ground. Ms Tom appeared intoxicated to the police. The officers took her to the Main Street Project (MSP) at 75 Martha Street where she was detained under *The Intoxicated Persons Detention Act* (IPDA). While at MSP, Ms Tom was checked regularly by staff. She was later found unresponsive and taken by ambulance to the Health Sciences Centre. Despite continued resuscitation attempts, Ms Tom was pronounced dead at 10:07 a.m. hours on March 26, 2007.

(B) Cause of Death

[9] A medico-legal autopsy confirmed the cause of death as a "multiple drug overdose". The manner of death was "accidental".

IV. WITNESSES CALLED AT THE INQUEST

A. Annabelle Tom

[10] Annabelle Tom is the mother of the deceased. She was the first witness to testify. Cheryl Tom is survived by her three children. They are Keanon, Aliyah and Avery. At the time of her death, the children were residing with their father. Annabelle Tom advised that Cheryl Tom had been residing on her own. She knew Cheryl had been taking anti-depressants for years although she did not know what her diagnosis was. She saw Cheryl one week before her death as she had spent 4 or 5 days with her children at Annabelle's home in and around that time. Annabelle Tom had no concerns about Cheryl's state of mental health during her visit.

[11] Annabelle Tom read a letter she wrote outlining her concerns as to how she lost her daughter. She questioned if proper policies and procedures were in place to safeguard her daughter from such a tragedy.

B. Barbara Bowler

[12] Barbara Bowler has been employed with the 7-11 Convenience Store for 18 years. She was the store manager on March 26, 2007. She was working with Bill Hanson. She testified that she had gone into the washroom and when she exited saw Cheryl Tom in the back office. Ms Tom was going through the pockets of Mr. Hanson's winter coat. Ms Bowler saw cigarettes in Cheryl's hand. She asked Ms Tom to put the cigarettes back and leave. Ms Tom said she was going to take just one and, thereafter she tried to get into the bathroom. She managed to flush the cigarettes down the toilet before Ms Bowler escorted her out of the store. Ms Bowler said Ms Tom was mumbling something but she was not listening. Ms Tom was unsteady on her feet but she was able to make it to the door on her own. Ms Bowler had her hand on her back to guide her out only. She did not need to assist Ms Tom in walking.

[13] Ms Bowler said Ms Tom was wearing a leather jacket, had no makeup on and her hair was messy. She described Ms Tom as intoxicated although she could not tell if it was from alcohol or drugs.

[14] Upon exiting the 7-11 Convenience Store for the first time, Ms Tom told Ms Bowler she was going to call the police. Phone booths across the parking lot were pointed out to her. Although Ms Tom was speaking slowly, Ms Bowler could understand her. Ms Tom came back approximately ten minutes later. When she tried to re-enter the store, Ms Bowler grabbed the doors to prevent her from coming in. There was a minor altercation between the two women and Ms Tom kicked her in the shins. Ms Bowler grabbed Ms Tom by the jacket and when the door opened, Ms Tom fell to the ground. The police were then notified.

[15] Ms Bowler stood over Ms Tom so she would not get up. At this time, Ms Tom was not fighting. Instead she was lying with her eyes closed. Ms Bowler saw her eyes roll back into her head approximately three times. Ms Bowler was concerned that she was going in and out of consciousness and this prompted her to call the police.

[16] Ms Bowler described Ms Tom as having a vacant stare as well as having white or dried saliva around her mouth. She could not smell alcohol. When the Winnipeg Police arrived, she advised them that Ms Tom was on something and that she needed to be taken to the drunk tank to get sober. She advised Police of what occurred inside the store.

911 call from Cheryl Tom

[17] Cheryl Tom did call the 911 operator and was transferred through to police emergency. She was slurring her words on the audio tape of the phone call. She also appeared to be confused at times. The operator inquired if Ms Tom had been consuming alcohol. She advised the operator that she had not been drinking. Ms Tom asked the operater if she sounded like she had been drinking alcohol. The operator said Ms Tom sounded a little bit slurry. Ms Tom responded that it was not the first time that had happened due to the medication she was taking.

C. Michael William Hanson

[18] Michael Hanson, who had been employed with the 7-11 Convenience Store for four years, was working with Ms Bowler that morning. He stated that on March 26, Ms Tom came in at around 7 a.m. He thought she looked really stoned. He described her eyes as unfocused and she was moving very slowly but not staggering. Ms Tom was looking at the watches at the check out counter. Mr. Hanson did not smell alcohol on her.

[19] Mr. Hanson testified that he was familiar with Ms Tom as she would often come into the store between 1 a.m. and 3 a.m. once or twice a week.

[20] When the Police arrived, Mr. Hanson advised them that he did not think Ms Tom was intoxicated instead he believed she was 'high' or on drugs. He stated Cheryl Tom was able to walk out of the store with no problem and was answering the Police Officer's questions when asked.

D. Constable Bradley Sparrow

[21] At the time of this incident, Constable Sparrow had been a Winnipeg Police Officer for six years. Constable Sparrow received information that a female was causing a disturbance at the 7-11 Convenience Store. He arrived with his partner, Constable Klassen, at 7:03 a.m. He stated he saw Ms Tom on the floor of the store with an employee standing over her.

[22] They assisted Ms Tom to her feet. She was unsteady. He noted she looked dishevelled. For officer safety reasons, Ms Tom was handcuffed and escorted to their cruiser car. She was able to walk on her own to the car although she was unsteady. Ms Tom was asked if she had anything to drink to which she responded in the negative.

[23] In the cruiser car, Constable Sparrow did notice she had glossy eyes and crust around her mouth. He stated that he had observed this before on intoxicated persons. He was not concerned as Ms Tom was answering their questions with no difficulty. He did not see any injuries on her. They decided, after confirming there were no outstanding warrants for Ms Tom, that they would take her to the MSP to sober up.

[24] Twenty-one minutes later they arrive at the MSP. Ms Tom had no difficulty exiting the cruiser car and she was able to walk on her own into the MSP although unsteady and swaying. Once inside she was searched by Constable Nash, a female officer, during which time Ms Tom was co-operative. The search revealed nothing.

[25] Constable Sparrow testified that he had attended several times to the MSP with intoxicated individuals. If she had been unconscious or appeared to be getting worse, she would have been taken to the Emergency Room at the Hospital. He stated he had seen many individuals appearing intoxicated, unsteady, glossy eyed, falling asleep and crusty mouthed. He had no concerns about Ms Tom's medical condition. He stated that any and all information is helpful in these situations, such as being advised she was on medications.

E. Constable Michael Klassen

[26] Constable Klassen had been a Winnipeg Police Officer for five years. The information they received was an intoxicated female had assaulted the manager at 7-11. Upon arrival, both Constable Klassen and Constable Sparrow attended inside. He stated he saw Ms Tom lying on the ground with glossy eyes, white crust around her lips, open eyes and conscious. She was searched and handcuffed behind her back.

[27] Ms Tom was unsteady on her feet and, Constable Klassen testified, was displaying the common signs of someone who is intoxicated. He stated he has dealt with many intoxicated individuals as a police officer. Ms Tom had no difficulty answering their questions during which time she was calm and coherent. He could not smell alcohol on her. She was seated in the back of the cruiser car without incident. They decided to take her to the MSP for her own safety and she was to be lodged under the IPDA.

[28] Constable Klassen was not driving the cruiser car and he observed Ms Tom fall asleep several times. He had to knock on the plastic partition between the front and back seat approximately three times after which she would respond by opening her eyes and mumble. He testified that if she had not responded, they would have taken her to Emergency.

[29] At the MSP, Ms Tom was escorted inside. She was unsteady but able to walk on her own. During the drive from 7-11 to the MSP, he did not note any change in her level of intoxication. Constable Nash and Constable Vannus arrived at the MSP. Ms Tom was searched by Constable Nash during which Ms Tom was co-operative. Constable Klassen testified that they then advised the staff at the MSP of Ms Tom's name and the reasons why they were having her admitted.

[30] Constable Klassen testified that he did not observe any injuries or deterioration of her physical state. Had he observed either, Ms Tom would have been taken to the hospital by them immediately without admitting her to the MSP first. He agreed that any information received regarding medication an individual was prescribed would be helpful in his assessment of an individuals' condition. No medication was found on Ms Tom, nor was she wearing a Medic Alert bracelet.

F. Constable Carrie Nash

[31] Constable Nash had been a Winnipeg Police Officer for eight years. On March 26, 2007, she was on duty and partnered with Constable Vannus. She testified they received a call to assist in a search of a female. She advised that female officers are commonly called to search females who are detained. They attended to the MSP at the time of the incident to assist in the search. She observed Ms Tom exit the cruiser car which was parked outside the Main Street Project and walk inside the premises. She noted Ms Tom had no difficulties in exiting the vehicle and although unsteady on her feet, walked unassisted.

[32] Ms Tom was taken to the admissions counter to be admitted and searched by Constable Nash. She stated that Ms Tom appeared to be intoxicated as her speech was slurred. She did not smell alcohol on Ms Tom.

[33] The intake worker asked Ms Tom preliminary questions. Constable Nash testified that Ms Tom was coherent when she was answering the questions and she was responding to the demands made of her. She asked Ms Tom to remove her hair tie which she did. She then asked Ms Tom to sit on the bench, which she also did. Constable Nash stated that she did help Ms Tom with the removal of her shoes as she was having difficulty. She then escorted Ms Tom to her room. She stated Ms Tom had no difficulty walking to the room although Constable Nash did have her hand on Ms Tom's arm to guide her. It took about fifteen to twenty seconds to escort Ms Tom to her room.

[34] Constable Nash testified that she could not understand some of Ms Tom's responses to the intake worker as she was slurring her speech. Enroute to her room, Ms Tom requested to use a washroom which Constable Nash did understand. She stated she told Ms Tom her room had a facility to use. Ms Tom appeared to understand.

[35] Constable Nash stated she dealt with Ms Tom for approximately ten minutes. She did not notice a change in Ms Tom's intoxicated condition. She advised she had been trained in recognizing someone in medical distress as opposed to intoxication. Constable Nash testified that she has taken individuals to the hospital in the past but she did not believe Ms Tom required medical attention given her observations.

G. Constable Dallas Vannus

[36] Constable Vannus had been employed as a Winnipeg Police Officer for five years on March 27, 2007. At approximately 7:30 a.m. he attended with his partner, Constable Nash to the MSP. Constable Nash had volunteered to search a female who was going to be lodged there. He testified he watched Ms Tom exit the cruiser car and walk into the project. She was unsteady on her feet but able to walk unassisted.

[37] Inside Constable Vannus stood by and watched Constable Nash search Ms Tom. He stated Ms Tom was a little unsteady as she removed her jacket. Constable Nash assisted her in removing her hair tie as she required assistance. Ms Tom was then asked to remove her shoes. She sat down on the bench and Constable Nash helped her remove her shoes.

[38] Ms Tom then walked up to the counter where the MSP worker asked if she had taken any medication. Constable Vannus testified he was unable to understand her response due to her slurring her words. He stated he believed the question was asked twice but he could not understand either answer as her answer was mumbled.

[39] He and Constable Nash escorted Ms Tom to her room. He had her by the hand but she was able to walk on her own. They took her to room 11. Inside the room, Constable Nash laid a mat down for Ms Tom. She was then lowered onto the mat. He heard Constable Nash advise Ms Tom that the drain on the floor is to be used as a toilet.

[40] Constable Vannus testified he is trained for identifying signs of intoxication in individuals. He has dealt with individuals who have appeared more intoxicated than Ms Tom. He did not observe any changes in Ms Tom's demeanour or behaviour while he was at the MSP. He stated they would have taken her to the hospital if the MSP worker had requested. Constable Vannus testified that he had dealt with many intoxicated individuals before and nothing in these circumstances concerned him.

H. Tracey Anderson

[41] Tracey Anderson had been a staff member at MSP in March, 2007 for one and a half years. Prior to this employment, she was employed as a juvenile counsellor at the Manitoba Youth Centre. She had also worked as a crisis worker in British Columbia for seven years. Ms Anderson testified she has worked with hundreds of intoxicated persons given her present and past employments. She is also trained in Cardiopulmonary Resuscitation (CPR) which she upgrades yearly.

[42] On March 26, 2007, Ms Anderson was working the intake shift scheduled from 7:30 a.m. to 4:30 p.m. in the IPDA area. Her responsibilities were to process intake individuals from the Winnipeg Police Service, discharge them when they are sober enough to leave as well as do checks of these individuals while they are lodged.

[43] Ms Anderson testified that the police officers advised her Ms Tom was depressed and she was on antidepressant medication. She noted Ms Tom appeared to be under the influence of some substance. She was pale but not sweaty and speaking incoherently. Ms Anderson could not smell alcohol on her. Ms Tom was a first time client at MSP. Ms Tom walked in unassisted and was ambulating well. She noted Ms Tom was wobbly at the counter but this is not unusual at MSP.

[44] Ms Tom was placed in room 11 of the facility as there was a camera in this room. Ms Anderson testified she did this as Ms Tom was new to MSP so they had no file on her. Also, she was unsure of her medical issues or what Ms Tom had consumed as she could not understand her. She testified she did not believe Ms Tom needed to be medically cleared as she was interacting with the Police officers and ambulating well. She stated she would have refused Ms Tom as an admission if she appeared to be under distress. Her policy was to monitor a client more closely if there was a potential of mixed intoxicants.

[45] Ms Anderson testified that clients are monitored every fifteen minutes. They check to see if they are breathing, in distress or have vomited. She stated that if she cannot see any respiration movement, she will enter the room and wake the client up. In addition, the clients are woken every two hours per the policy of MSP.

[46] Ms Anderson's first 'punch' of Ms Tom was at 8:00 a.m. A 'punch' is when an MSP employee observes the well-being of a lodged client and the time of this observance. Another MSP employee completed the 'punches' at 8:15 a.m., 8:30 a.m., 8:45 a.m. and 9:00 a.m. Ms Anderson's next 'punch' was at 9:15 a.m. She stated she observed no changes between the first and last check and had no concerns regarding Ms Tom. She was still breathing, her color had not changed and Ms Anderson did not notice anything unusual.

[47] Ms Anderson testified that she had left Rita Spence, an MSP employee, in the IPDA area. She told Ms Spence to 'keep a close eye' on Ms Tom. Shortly after Ms Spence told Ms Anderson to find Mike Spence. When she returned, Mike Spence, a paramedic and shift co-ordinator, was already with Ms Tom and had started compressions.

I. Rita Spence

[48] Rita Spence had been employed at MSP for ten years at the time of this incident. Her duties were to work in the crisis are, work in the soup kitchen, first aid, working in the 'detox' area, working in the IPDA area as well at the hostel next door. She stated that she had both her CPR and first aid training.

[49] On March 26, 2007, she was working in the IPDA area with Ms Anderson. Her duties were to clean the cells and do the 'punches'. She testified that she was suppose to do her next checks at 9:30 a.m. but she started her checks early at 9:25 a.m. She started with room 11. Ms Spence stated she could not see Ms Tom breathing so she ran and got a key. Upon entering room 11, she found Ms Tom was not breathing. She stated that she tried to check her pulse but was unsure if she could feel it. She yelled out for Mike Spence to come. Ms Spence immediately called 911 to assist. When Mr. Spence arrived, she stated that they turned Ms Tom over. She noted Ms Tom's lips and toes to be blue.

J. Michael Foster

[50] Michael Foster is the manager of MSP. His duties include overseeing the emergency shelter, the detoxification centre, the mainstay transitional housing as well as the IPDA area. The emergency shelter can house up to seventy individuals from 7pm to 6:15am. In 2007, the shelter housed 17,714 people. In 2009, over 27,000 people were estimated to have been housed.

[51] The Detoxification Centre is a ten day stay for clients providing intense counselling and assistance in transferring individuals who want to attend treatment programs. The Mainstay is a transitional house for clients. The capacity is 33 people who are able to reside for months, if necessary.

[52] Primarily the Winnipeg Police bring in the clients admitted under IPDA. The Downtown Biz have also been bringing in clients since 2007. Clients admitted into MSP often have consumed a broad variety of intoxicants from alcohol, both potable and non-potable to narcotics, prescription and non-prescription. Mr. Foster stated that if a client is not ambulatory, he or she will not be admitted into MSP.

K. Karen Martin

[53] Karen Martin is an advanced paramedic. She has been stationed at the MSP since September, 2009. As of November 1st, 2010, a paramedic was on duty at MSP daily from 7 am to 7 pm. She testified that as an advanced paramedic she has a large scope of practice including administering medication to reverse opiate overdoses.

[54] At MSP, Ms Martin stated the paramedics provide service to any individual there, whether they are in the detoxification area, residential or Main Stay including assessment of the admissions under IPDA. When an individual is brought in under IPDA, she stated she immediately begins her assessment. She assesses whether they are walking into the premises by themselves, whether they are responding properly to the intake questions and other observations. After intake, the individual's pupils are checked, blood pressure is taken, they are asked whether they have ingested any intoxicants and other assessments as required are performed.

[55] Ms Martin testified that a new IPDA Pre-Admission Assessment document was implemented in August 2009 as well as a Detainee Assessment Checklist based on recommendations from her and her colleague. At the bottom of the Pre-Admission Assessment document, it states that if the intake worker is unsure about the client's medical condition, then do not admit. She testified that the individual is now awakened every hour as opposed to every two hours which had been the previous policy. As before, the rooms are checked every fifteen minutes.

[56] The paramedics cannot determine if an individual has consumed both alcohol and drugs without having the blood tested. She testified that if there is any concern as to drug ingestion of the individual, they will be sent to the hospital. This threshold, she stated, is low.

L. Brian Bechtel

[57] Brian Bechtel was the Executive Director of MSP from October 2007 until October 2010. Mr. Bechtel testified having a paramedic on duty has made a tremendous difference. There has been a positive impact on the health and safety of the clients. Fewer ambulances have been called with a paramedic on site. He stated many of their clients either abuse the medical system or don't use it at all. Several clients have formed a trust relationship with the paramedics.

[58] Mr. Bechtel advised checklists and protocols regarding the admission of clients under IPDA to MSP as well as monitoring of them were recently revised. This was a joint effort between the paramedics and senior management as a result of a recommendation of the Leon Bighetty Inquest.

[59] Another recommendation which flowed from the Bighetty Inquest was that better communication was necessary between the staff. Now each staff member carries a two-way radio. He stated that clients are now aroused at one hour intervals rather than two hour intervals as per the old policy.

[60] Mr. Bechtel testified that in 2010 it is expected that there will be over 11,000 clients lodged under IPDA. This is over a 50% increase since 2007. Approximately half of these clients are repeat clients. Each one is entered into their computer system so their history can be checked when admitted.

M. Dr. Robert Charles Meatherall

[61] Dr. Meatherall is a Toxicologist at St. Boniface Hospital. He conducted the post-mortem toxicology report of Ms Tom. His conclusions are as follows:

Amitriptyline	612 ng/mL	
Nortriptyline	446 ng/mL	
Total:	1058 ng/mL	Therapeutic: 75-200
Codeine (free)	485 ng/mL	Therapeutic: 10-100
Morphine (free)	13 ng/mL	Therapeutic: 10-80
Diazepam	143 ng/mL	Therapeutic: 200-650
Nordiazepam	46 ng/mL	Therapeutic: 400-1000
Temazepam	0 ng/mL	Therapeutic: 600-900
Oxazepam	0 ng/mL	Therapeutic: 200-500
Lorazepam	87 ng/mL	Therapeutic: 20-70
Citalopram	47 ng/mL	Therapeutic: 30-200

[62] Dr. Meatherall testified that this did not appear to him to be an acute overdose of prescription medication. Rather, Ms Toms' levels of medication in her system resulted from her intake of the medication for a number of days prior her death.

[63] Dr. Meatherall stated he believed the cause of death was due to an overdose due to the ingestion of multiple prescription medication.

N. Dr. Richard Ronald Thurmeier

[64] Dr. Richard Thurmeier is an expert in the area of Psychiatric Drug Therapy. He testified as to his opinion regarding the medications prescribed for Ms Tom and the medications detected during autopsy. He provided a detailed report which summarized his findings.

[65] Dr. Thurmeier testified he reviewed Ms Tom's DPIN Patient Prescription History which listed all of the prescriptions she had filled between November 9,2006 and March 27,2007. DPIN histories are very accurate, they capture all prescriptions filled by licensed pharmacies in Manitoba. The DPIN histories, he noted, cannot confirm the medication practices of the individual receiving the medication, nor can they capture medications which are samples from a Physician or those medications taken which were prescribed to another individual.

[66] Dr. Thurmeier testified as to the effects of the medications which are listed on Ms Tom's chart.

1. Amitripyline – This is a Trycyclic Antidepressant (TCA) used to manage depressive illness. It may be used alone or in combination with other medications. The usual dose range for depression is 50-150 mg per day. Amitriptyline ingested with other Central Nervous System (CNS) Depressants can cause serious toxicity. Dr. Thurmeier was concerned of the effect of Amitripyline combined with Lorazepam, Diazepam and Nordiazepam as found in Ms Tom's blood. This combination can depress the CNS. The

symptons of sleepiness, unsteady gait, slurred speech, confusion can appear quite suddenly. At page 5 of his report, he quoted from the 2009 CPS (online) Amitriptyline monograph;

> "This toxicity commonly begins within two hours of ingestion. The onset of symptons is frequently precipitous, with patients progressing from a wakeful, interactive state to having severe CNS and cardiac involvement within a matter of minutes"

2. Codeine/Acetminophen (aka. Tylenol No. 3, Lenoltec No. 3) – Tylenol No.3 (and Lenoltec No.3) contain Acetminophen 300mg, Codeine 30 mg and Caffeine 15 mg. Once ingested, the body converts much of the Codeine into Morphine. It is the Morphine which provides the pain relief in addition to the potential harmful effects of respiratory depression and can affect one's heart rate. Combined with other CNS depressants, including alcohol, heightens the risk of death. When taken with Benzodiazepines, hypotension, profound sedation or coma may occur.

3. Benzodiazepines – (Lorazepam, Clonazepam, Diazepam) – These are widely used for reducing anxiety, relieving insomnia, reducing muscular spasms, enabling relaxation, reducing panic attacks and in managing seizure disorders. Common trade names of these drugs include Ativan (for Lorazepam), Rivotril (for Clonazepam) and Valium (for Diazepam). Adverse effects can include dizziness, drowsiness, confusion, ataxia (unsteady gait), and lack of coordination. Large amounts of Benzodiazepines ingested alone can cause concern as to toxicity. When combined with Opiates or other respiratory depressants, the potential for a fatal outcome increases substantially.

4. Venlafaxine (aka. Effexor) – is an antidepressant of the SNRI class. (SNRI refers to Selective Serotonin Norepinephrine Reuptake Inhibitor). It is used to treat major depressive disorder and anxiety disorders. Although this medication was noted within Ms Tom's DPIN, it was absent from the autopsy. Dr. Thurmeier concluded that Ms Tom had not consumed this medication in the last five days prior her death.

[67] Dr. Thurmeier testified Ms Tom's Amitriptyline and Nortriptyline levels totalled 1058 ng/ml, as determined in the Toxicology Report, to be much higher than the 'normal' Therapeutic level which should be 75-100 ng/ml. The more the amount is outside the therapeutic level, the higher the likelihood of cardiac problems. He stated this amount alone could be fatal to someone the size of Ms Tom. There are many variables. He explained that depending on the type of medication, fat soluble or water soluble, additional medication can be released into one's system post-mortem. As a result, the post-mortem drug levels can be very different from those at the time of death.

[68] Based on the review of the prescriptions filled on DPIN, Dr. Thurmeier stated he would not be concerned with the number of refilled prescription Ms Tom had received. He noted she was prescribed relatively low doses of medication.

O. Inspector D. G. Smyth

[69] Inspector Smyth has been employed with the Winnipeg Police Service for twenty five years. The last three years he has been working in the Organizational and Development department of the Winnipeg Police Service.

[70] For the purpose of this inquest he prepared a paper entitled ”The Role of the Police in the Intoxicated Persons Detention Act (IPDA). He noted that the purpose of IPDA is to prevent an intoxicated person from being a danger either to him/herself or to others. The IPDA authorizes a peace officer to remove an intoxicated individual from a public place to a Detoxification Center. He explained that not every intoxicated individual can be detained under the IPDA. There are varying degrees of intoxication, from a person showing no ill effects from the ingestion of intoxicants to life threatening intoxication which can include loss of consciousness in another.

[71] The Winnipeg Police Service provides instructional training to front-line members focused on the IPDA. There is no medical training involved. Yet there is an expectation that the Police Officers have basic first aid training. Winnipeg Police Service distinguishes five levels of intoxication. They are:

1. Drinking or drug use with no ill effects

2. Impaired
   a. Not intoxicated, but ability to perform tasks is impaired (e.g. driving) by alcohol or drugs.

3. Intoxication
   a. High degree of influence by alcohol or d drugs.

4. Intoxicated and Incapable
   a. Motor co-ordination is overcome by alcohol or drugs.

5. Life Threatening Intoxication
   a. Loss of consciousness.

Officers are directed to seek medical attention for life threatening intoxication.

[72] Inspector Smyth testified that the Winnipeg Police Service is experiencing the number of IPDA matters to be increasing every year. In 2007, 8568 persons were detained at the MSP. In 2010, 11,103 persons were detained at the MSP. The Downtown BIZ Patrol also has the authority to detain intoxicated individuals under IPDA. Between October 2009 and September 2010, 2371 persons have been detained under IPDA by the Downtown Biz Patrol and lodged at MSP.

[73] He stated that the bulk of the IPDA calls are dealt with by uniformed officers. Once the call is dispatched to the cruiser car, the Police Officers pick up the individual and take them to MSP. After the individual has been accepted into the care of MSP, the unit is released. If it is determined that the individual requires medical attention, the Police Officers escort him/her to the hospital. The Officers are required to wait at the hospital until the individual is medically cleared.

P. Dr. Mohammediqbal Walji

[74] Dr. Walji is an Inpatient Psychiatrist employed at the Selkirk Mental Health Centre. In January 2004, Ms Tom was referred to him as a private patient. His initial diagnosis of Ms Tom was that she suffered from treatment resistant depression and bipolar depression. Ms Tom was first seen from January 6, 2004 until November 29, 2004. She advised she had tried various antidepressents including Paxil, Zoloft, Citalopram, Effexor and Amitriptyline. She was then prescribed Mirtazapine but she advised she had not taken it. Ms Tom was also using frequent doses of Lorazepam.

[75] Ms Tom advised that she has had episodes of depression over the past decade but the last six months had been difficult. Dr. Walji discontinued the Lorazepam and she was started on Clonazepam. She was also started on Lithium Carbonate and Trazadone for sedation. Ms Tom advised Dr. Walji that both her mood and sleep had improved.

[76] The Lithium was stopped on June 3, 2004 as Ms Tom did not believe it was helping her anymore. Dr. Walji stated she had been non-compliant with her food and fluid intake and was non-compliant with the Lithium level monitoring. Therapeutic level and toxic level of Lithium are very close. Dr. Walji explained that it is dangerous to not have one's Lithium levels tested. Dr. Walji prescribed Divalporex to which she responded well.

[77] Ms Tom was prescribed Mirtazapine on August 4, 2004 to assist her with her sleep. Ms Tom did not attend to see Dr. Walji in September, 2004 or November 2004. Her last appointment with him was November 29, 2004. She advised Dr. Walji that she had stopped all of her medications for the previous three and a half months.

[78] Ms Tom was referred to Dr. Walji by Dr. Hassan who was her family doctor at the time. Dr. Walji did a history check with Dr. Hassan so as not to interfere with any other medication she might be prescribed.

[79] Dr. Walji testified that Ms Tom did not appear to be depressed at her last appointment, nor was he concerned that she was at risk to harm herself.

Q. Dr. Teon Hean Gooi.

[80] Dr. Gooi is a Physician and has practiced medicine full time in Manitoba since 1984. In 2006 he was a partner at the Westwood Clinic. He had a family practice and also attended to walk-in patients between 6 p.m. to 9 p.m.

[81] Ms Tom attended to the Westwood Clinic forty-one times between April 2002 and 2007. Dr. Gooi dealt with Ms Tom thirteen times at the walk-in clinic.

1. April 28, 2002 - Ms Tom requested antibiotics for an infection as well as Levaquin or Septra.

2. February 4, 2003 – Ms Tom had run out of Celexa approximately ten days previously. He prescribed her Celexa (40 – quantum of medication) to last 30 days as well as Lorazepam (30) to last her until she could see her doctor.

3. March 1, 2004 – Ms Tom advised she is suffering from migraines. She is prescribed Propranalol (30) as well as Ativan (60) for her insomnia.

4. December 17,2004 – Ms Tom advised she is taking four to five Tylenol No. 3s for aches and pains. She had increased her Lorazepam dosage to two pills a day. She was prescribed Tylenol No. 3 (30) and Lorazepam (30) Dr. Gooi advised her to go to one clinic for her medications as he was aware she had attended St. James Walk-In Clinic as well.

5. March 14,2005 – Ms Tom suffered a second degree burn on her left hand and her right hand was bruised and swollen. She was prescribed Tylenol No. 3 (30), Naproxin (30) and Ativan (50)

6. May 8, 2005 – Ms Tom is prescribed Ativan (50), Naproxen (30) and Maxalt 10 (6). She advised she was still suffering from migraine headaches.

7. October 3, 2005 – Dr. Gooi prescribed Tylenol No. 3 (30) for migraine headaches as well as Ativan (50)

8. April 17,2006 – Ms Tom was prescribed Tylenol No. 3's (30) for migraine headaches and Ativan (50).

9. April 24, 2006 – Ms Tom advised she was assaulted the night prior. Dr. Gooi prescribed her Tylenol No. 3's(30) for her pain. He questioned Ms Tom as she had received Tylenol No. 3's the week before. He prescribed more due to her increased pain.

10. June 6, 2006 – Her medications were refilled. Effexor 150 (30), Effexor 37.5 (30), Ativan (50) and Tylenol No. 3's (60) were prescribed. Ms Tom was noted to be stable.

11. August 28, 2006 – Ms Tom advised she accidently threw out her medication. Dr. Gooi advised her he will not prescribe more medication if she throws them out. She is prescribed Tylenol No. 3's (60), Ativan (950), Effexor 150 (30) and Effexor 37.5 (30).

12. January 15, 2007 – Ms Tom's medication was repeated. In addition to Ativan (60), Tylenol No. 3's (60), Effexor 150 (30) and Effexor 37.5(30), she was also prescribed Amitriptyline (30) to aid in her sleeping.

13. January 20,2007 – Ms Tom is prescribed Clonazepam (60) for her anxiety and sleep.

[82] Dr. Gooi testified that the Westwood Walk In Clinic is open on evenings and weekends. They provide a service to the community. He testified that the Walk In Clinic assists those who cannot get in to have their own doctor renew a prescription. Dr. Gooi stated there needs to be a level of trust between himself and the patient. If Ms Tom told him one medication was working better than another, he would prescribe her enough for a month. This would give her enough medication to see her own family doctor. He stated that if he believed a patient is lying to him, he will not assist nor prescribe medication to them. Once a prescription is filled, a detailed print out is provided to the individual detailing the effects and dangers involved with that medication.

[83] Dr. Gooi remembered Ms Tom. He described her as very slim, pretty and petite girl. She was always well put together. Ms Tom was very polite and her explanations were always reasonable. He stated he had no reason to disbelieve her. She appeared to be very coherent and bright. He was confident she understood what he told her regarding the medications.

R. Dr. Barry James Mills

[84] Dr. Mills has practiced as a Physician to the Westwood Clinic since 1983. Although retired since 2006, he continues to help out part-time at the Walk-In Clinic.

[85] Dr. Mills testified he saw Ms Tom twelve times in five years. He attended to Ms Tom at the Westwood Walk-In Clinic on the following dates:

1. April 23, 2002 – Ms Tom advised that she was in divorce proceedings and was experiencing symptoms of anxiety and depression again. He prescribed her a one month supply of Celexa and Oxazepam. He stated she needed to get back on her medication as she advised she had been off them for six weeks.

2. November 2003 – date unknown – Ms Tom attended due to her anxiety and migraines. Dr. Mills stated he prescribed her Tylenol No. 3 (60) as she was already

prescribed them for her migraines. He also provided her with a sample of Zomig which he thought she should try for the migraines and Lorazepam (60) for her anxiety.

3. December 1, 2003 – Ms Tom advised she was experiencing stress due to the end of a relationship. She was prescribed Lorazepam (60).

4. March 14, 2004 – Ms Tom was experiencing multiple stress factors involving her family. She also noted her divorce was pending. Dr. Mills advised she needed to find her own Family Physician and prescribed her Lorazepam (40).

5. October 19, 2004 – Ms Tom was prescribed Lorazepam (40). Dr. Mills noted that she was 'holding' in his notes which meant she was holding her own or doing okay. His basis for prescribing Ms Tom the medication was due to her ongoing anxiety and stress. He had to trust her when she came in requesting help.

6. July 26, 2005 – Ms Tom advised she was experiencing pain in both her hips as well she requested a prescription for her ongoing Effexor. She advised Dr. Mills what her prescription was and he trusted her and prescribed them for one year (225).

7. January 11, 2006 – Ms Tom attended due to hip and tailbone pain. She advised she had fallen down stairs the year previous and is still bothered by pain. She was prescribed Volteran which is an anti-inflammatory medication as well as Lorazepam (50) and Tylenol No. 3's (30).

8. March 1, 2006 – Ms Tom requested a long-term disability form to be filled out by Dr. Mills. She was advised a Psychiatrist was required to fill out the form. She was advised again to get her own Family Physician. She was prescribed Lorazepam and Tylenol No. 3's.

9. July 22, 2006 – Ms Tom advised Dr. Mills that she was seeing a Psychiatrist in one month. He assumed it was a referral from her Family Physician. He refilled her prescription from June 6, 2006 of Dr. Gooi. This included Effexor XR 150 (30), Effexor XR 37.5 (30), Ativan (50) and Tylenol No. 3 (60). Dr. Mills stated she was an intelligent lady and he trusted her that she came in when she needed her prescription refilled.

10. October 27, 2006 – Ms Tom requested a note from Dr. Mills to assist her in obtaining a dog. She thought a pet dog would be good company for her. Dr. Mills testified Ms Tom presented the same that day as before. No medication was prescribed to Ms Tom.

11. February 16, 2007 – Ms Tom attended with an infected right eyelid for which she was treated. She advised Dr. Mills that taking two Amitrypline is affecting her more positively than one. Dr. Mills asked her the routine questions as to how she was doing.

He had no concerns and repeated her prescriptions from January 15, 2007 of Dr. Gooi's. The kind of routine questions he would ask were:

- How are you feeling?
- Any changes?
- Is the medication still helping?
- Any undue tears?
- Do you want to be alone?
- Has there been a change in your sleep pattern?
- Have you had any panic episodes?

and other similar questions.

12. March 18, 2007 – Ms Tom advised Dr. Mills she was moving to a new area in a month and she had a new Family Physician. He stated he was happy as it was important for her to see one Physician on a regular basis. She was given a refill prescription for Ativan (60), Tylenol No. 3's (60) and Amitriptyline (30).

[86] Dr. Mills testified that he trusted Ms Tom was being truthful about the medication she said she needed. He never had any cause to doubt her credibility. Ms Tom was always well-groomed and neatly dressed. She presented as an intelligent lady. Dr. Mills testified he never had any concerns she would misuse her medication or of her mental state.

S. Dr. William Charles Schellenberg

[87] Dr. Shellenberg joined the Westwood Clinic in 1988. He had a regular practice as well as taking shifts at the Walk-In Clinic. He stated he treated Ms Tom nine times in four years.

1. September 13, 2003 – Ms Tom complained of increase in migraines and anxiety. She requested Tylenol No.3's but he declined. Dr. Schellenberg stated he was concerned the Tylenol No.3's could be causing rebound headaches as she had been prescribed to her in the past.

2. October 11, 2003 – Dr. Schellenberg testified he asked Ms Tom if her medication was helping her before he prescribed more. He is able to infer from his notes that everything was fine with Ms Tom as he did refill her prescription of Tylenol No. 3's (60) and Ativan (100).

3. January 17,2004 – Ms Tom complained of suffering from a tension headache. She was given a sample of Robaxacet. Dr. Schellenberg testified he would have asked her his regular questions before prescribing a refill for her Ativan (69) which he did.

4. January 14, 2005 – Ms Tom advised of a recent significant increase in migraines as well as experiencing anxiety with panic. Dr. Schellenberg declined to prescribe her more Tylenol No.3's. She was given a prescription for Ativan (50).

5. June 16, 2005 - Ms Tom complained of pain to the left side of her head. He advised her she needed to find her own Family Physician to assist her with her headaches. She was given a sample of Relpax (4) and prescribed Ativan (30).

6. November 12, 2005 – Dr. Schellenberg testified he reviewed Ms Tom's chronic anxiety disorder as well as her migraine headaches with her. She was persistent the Tylenol No.3's were the only medication that helped her migraine headaches. Dr. Schellenberg was not concerned she was using the Tylenol No.3 excessively. He was more concerned they could be causing rebound headaches for Ms Tom. She was prescribed Tylenol No.3's (30) and Ativan (50).

7. May 23, 2006 – Dr. Schellenberg prescribed Tylenol 3's (60) for Ms Tom's headaches and Ativan (50) to treat her anxiety.

8. August 23, 2006 - Ms Tom attended complaining about pain and swelling in her feet. After examining and questioning her, Dr. Schellenberg renewed her prescription for Effexor 187.5mg (60), Ativan (60) and Tylenol No.3's (60).

9. November 9, 2006 – Ms Tom advised Dr. Schellenberg the Tylenol No.3's are effective in dealing with her headaches. She continued to suffer from chronic hip pain after an accidental fall two years earlier. Dr. Schellenberg prescribed her Tylenol No.3's (60) and Ativan (60).

[88] Dr. Schellenberg testified he would always ask Ms Tom if the medications were still helping her. He advised his routine when working at the Walk-In Clinic is to first assess the patient by sight. He notices manner of speech, how they are dressed, their eyes and other visible cues as to a patients' mental state. Second, he would ask questions as to what medications he or she was on, why they are taking them and if the medication was helping them.

[89] He would have asked the same questions of Ms Tom. He stated Ms Tom was always well dressed, articulate and clear in her comments as to how she was doing. Her pattern and appearance did not suggest she was abusing her medications and he had no concerns.

T. Dr. Ranjodh Singh Rehal

[90] Dr. Rehal was a Physician at the Westwood Clinic from 1994 – August 2010. He testified he met with Ms Tom seven times at the Walk-In Clinic. The dates are as follows:

1. May 22, 2002 – Dr. Rehal testified he took a patient history from Ms Tom. She advised she was on Celexa but she wished to change to Zoloft. She also wished to switch from Oxazepam to Clonazepam as she has found it be more effective. She advised she was stressed as she was going through a divorce and three children were involved. He stated he declined to prescribe Zoloft. He did provide a sample of Effexor and a sample of Clonazepam (60).

2. April 26, 2004 – Ms Tom requested a refill of Lorazepam. Dr. Rehal prescribed her Lorazepam (30). He noted she was not suicidal but likely depressed. He referred her to the Grace Hospital Emergency as the nurses there are psychiatrically trained and she was provided with a Resource sheet. Dr. Rehal testified he only prescribed enough medication until she could see her own Physician.

3. November 24, 2004 – Ms Tom advised Dr. Rehal that she suffered from panic attacks and Lorazepam helps her. Dr. Rehal testified he prescribed her Lorazepam (50) and a sample of Paxil which can also prevent attacks. He stated he advised her to look for her own Family Physician.

4. July 27, 2005 – Dr. Rehal testified Ms Tom was seeking Percocet for her hips, which is a more powerful painkiller. He declined but did prescribe Tylenol No.3's (30). He stated he advised her to seek her own Family Physician.

5. October 11, 2006 – Dr. Rehal stated he again advised Ms Tom to find her own Family Physician. He did refill her medication. He prescribed Tylenol No.3's (60), Ativan (60), Effexor 150 (60), Effexor 37.5 (60) and Prevaert.

6. December 16, 2006 – Ms Tom attended the Clinic to obtain a one month refill of her medications. Dr. Rehal testified that she told him she does not attend to her Psychiatrist in Selkirk as it is too far. She also mentioned she does not know where her last Physician, Dr. Hassan, has relocated. Dr. Rehal suggested she should contact the College of Physicians for assistance. She is provided with a prescription for Ativan (60) and Tylenol No.3's (60).

7. March 24, 2007 – Ms Tom advised Dr. Rehal that her medication had been stolen and provided him with a Police Report Number R05 – 172 936. She said she was finding a new Family Physician soon. He prescribed her Ativan (60), Tylenol No.3's (60), Amitriptyline (60), Ibuprofen (30).

[91] Dr. Rehal testified he had only a vague recollection of Ms Tom. He believed she was always well groomed and well dressed. He certainly did not believe she was lying when she advised her medications were stolen. There can be very negative consequences if anti-anxiety or anti-depressant medication is stopped. Sudden stoppage can result in a patient slipping into a deep depression. It is not unusual for patients with long-term depression to be on these medications for years.

V. SUMMARY

[92] Given the high risk lifestyles of many of the clients lodged at MSP, this is not the first inquest to be held regarding a death at MSP. I understand that since 2008, two more deaths have occurred pending their own inquests.

[93] Cheryl Tom struggled with depression, anxiety and other medical disorders for many years. During all of her attendances to the Westwood Walk-In Clinic, none of the doctors found her to be unstable or were overly concerned. She presented as 'coherent and bright'. Cheryl Tom visited her mother and children days prior to her death. At that time she appeared fine and happy. It does not appear that there were warning signs to her family or to the professionals that she dealt with.

[94] Since the death of Cheryl Tom, several recommendations from previous Inquests have been implemented. Each staff member now carries a radio for faster communication, there are new and more detailed policies and procedures regarding admission and monitoring of IPDA clients, water is given to each client and the staff will now release a client to a Responsible Person as defined in the IPDA. Further, a paramedic is or should be on site twenty-four hours a day, seven days a week. This was to be implemented in April 2011. If this has not occurred, this will be included as a recommendation.

[95] Could a Paramedic have saved Cheryl Tom's life? Given the high amounts and variety of prescription medications in her system, I am not satisfied the most expeditious on site care and medical treatment from a Paramedic could have saved her life.

VI. RECOMMENDATIONS

[96] Following a detailed review of the evidence and circumstances of the death of Cheryl Tom, I would make three recommendations that I believe could prevent similar deaths:

1) If Paramedics have not yet been properly funded to be at MSP twenty-four hours a day, they need to be. As of December 2010, Paramedics were at MSP from 7am to 7pm daily. Many high risk clients are lodged in at night and early morning hours.

2) Each and every cell should have a camera so staff can monitor all clients between the 'punches'. Then the MSP employee could continually observe each client's movements or lack thereof. This could reduce the time a client is in distress before he or she is noticed by staff.

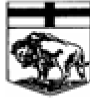
3) Paramedics should be trained and MSP equipped with a device (ie. Breathalyzer) which can check if alcohol had been consumed and the level of alcohol in a client. An on site Breathalyzer device could clearly assist the paramedic in assessing the level of intoxication of a client. In addition, it could assist the paramedic in determining if the intoxication is caused by alcohol. A client who is very intoxicated with no alcohol in his or her system, as was Cheryl Tom, per the Breathalyzer device, may be more closely monitored by a paramedic or further medical attention may be deemed necessary.

Dated at the City of Winnipeg, in Manitoba, this 4th day of July, 2011.

"original signed by:"

____

Judge Patti-Anne Umpherville



Manitoba

THE FATALITY INQUIRIES ACT
REPORT BY PROVINCIAL JUDGE ON INQUEST

RESPECTING THE DEATH OF: CHERYL LYNN TOM

EXHIBIT LIST

Description

1. Letter dated February 19, 2008 from Dr. Balachandra
2. File/court documents
3. Picture of Cheryl Lynn Tom
4. Curriculum Vitae of Dr. Mohammediqbal Walji
5. 2 page Summary prepared by Dr. Walji
6. Curriculum Vitae of Dr. Robert Charles Meatherall
7. Curriculum Vitae of Mr. Richard Rick Thurmeier
8. Report prepared by Dr. Thurmeier
9. Video surveillance at 711
10. Officer Notes of Constable Bradley Sparrow
11. Officer Notes of Constable Michael Klassen
12. Officer Notes of Constable Carrie Nash
13. Officer Notes of Constable Dallan Vannus
14. CD Copy of 911 call

Description

15. Video surveillance at Main Street Project

16. Ambulance Patient Care Report

17. Typed chart notes from Westwood Clinic

18. The Physician Medial Record Guideline No. 117

19. Transcript of 911 call

20. IPDA pre-admission assessment form

21. Main Street Project policy on detainee monitoring

22. Main Street Project policy on medical emergencies

23. Main Street Project policy on pre-admission assessment

24. Winnipeg Police Service routine order directive #215

25. 5 pages document prepared by D. Smythl