

750 – 500 Portage Avenue  
Winnipeg, MB R3C 3X1  
Telephone: 204- 982-9130  
Toll Free in Manitoba:  
1-800-665-0531  
Fax: 204-942-7803  
E-mail : [ombudsman@ombudsman.mb.ca](mailto:ombudsman@ombudsman.mb.ca)  
[www.ombudsman.mb.ca](http://www.ombudsman.mb.ca)

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# Manitoba Ombudsman

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Winnipeg, MB R3C 3X1  
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October 24, 2016

The Honourable Margaret Wiebe  
Chief Judge  
Provincial Court of Manitoba  
5<sup>th</sup> Floor – 408 York Avenue  
Winnipeg, MB R3C 0P9

Dear Chief Judge Wiebe:

## **Inquest into the death of Cheryl Lynn Tom Our file 2011-0430**

As you are aware, it is the practice of my office to follow up on inquest recommendations when they relate to a provincial department, agency or municipality.

I am writing to advise you of the results of the inquiries made by my office concerning the inquest report recommendations into the death of Ms. Cheryl Lynn Tom. The inquest report, dated July 4, 2011, was issued by the Honourable Judge Patti-Anne Umpherville.

Ms. Tom came to her death on March 26, 2007, after being detained by members of the Winnipeg Police Service pursuant to *The Intoxicated Persons Detention Act* and her subsequent admission to Main Street Project (MSP). As indicated in the inquest report, Ms. Tom was checked regularly by MSP staff but when she was found unresponsive, she was transported by ambulance to Health Sciences Centre where she was pronounced dead. Autopsy confirmed the cause of death was a “multiple drug overdose”. The manner of death was “accidental”.

In her summary of this case, Judge Umpherville noted the changes that have been made at MSP following recommendations from previous inquests:

*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 IPDA<sup>1</sup> clients, water is given to each client and the staff will now release a*

*client to a Responsible Person as defined in the IPDA<sup>2</sup>. 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.*

*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. (para. 94, 95)*

The judge made three recommendations involving Manitoba Health, Seniors, and Active Living (MHSAL); Winnipeg Regional Health Authority (WRHA); and the City of Winnipeg.

This report reflects WRHA's responses, in collaboration with MHSAL and the City of Winnipeg, to Judge Umpherville's recommendations, which we received at intervals in 2012, 2014, and 2016. We contacted the WRHA and Main Street Project this fall for updates on implementation. These updates are included in this report.

The following are the recommendations and the responses we received to our inquiries:

### **RECOMMENDATION ONE**

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 7 pm daily. Many high risk clients are lodged in at night and early morning hours.

#### *RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY:*

*Complete: The Winnipeg Regional Health Authority (WRHA) provided funding to the WFPS (Winnipeg Fire Paramedic Service) in April 2011 to provide Advanced Care Paramedic staffing at the Main Street Project (MSP) on a 24 hour, seven days per week basis. The WFPS implemented the 24/7 staffing of MSP Paramedics on May 27, 2011. The MSP Paramedics perform an initial medical assessment of the IPDA client prior to the client being accepted into the IPDA facility. If the medical assessment findings suggest potential for underlying medical illness the patient is transferred to a health facility by an appropriate means of transport. In most cases this involved the use of an emergency ambulance based on paramedic medical assessment findings. (February, 2014)*

### **RECOMMENDATION TWO**

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<sup>1</sup> Intoxicated Persons Detention Area, (IPDA Centre) MSP website: <http://www.mainstreetproject.ca>

<sup>2</sup> The Intoxicated Persons Detention Act

Each and every cell should have a camera so staff can monitor all clients between the ‘punches’<sup>3</sup>. 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.

*RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY:*

*Complete: Cameras were purchased and installed in January 2012 for the remaining 15 cells, through a donation from the Manitoba Lotteries Commission. The donation also covered the cost of a DVR, hard drive, monitor, and installation expenses. (February, 2014)*

*WRHA and MSP confirmed that there are currently 20 cells in the IPDA; all of them monitored by motion sensor cameras. Cameras are located throughout the facility, from the point of entry to discharge from MSP. (August, 2016)*

**RECOMMENDATION THREE**

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 onsite 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.

*RESPONSE FROM WINNIPEG REGIONAL HEALTH AUTHORITY*

*Complete: MSP paramedics have been equipped with an approved screening device (breathalyzer) for alcohol intoxication since December 2010. All MSP paramedics have been trained in the use of the device, following the protocol and procedure approved by the WRHA/WFPS MAC. The device is used as needed to determine if a level of alcohol intoxication is present during the medical intake assessment. The protocol will be forwarded to the recently formed Manitoba Emergency Services Office of the Medical Director (OMD) for consideration by other regional health authorities. At the present time this protocol is utilized only at the MSP by the MSP paramedics. (February, 2014)*

*Manitoba Health, via the EMS Branch has taken steps in the implementation of the Provincial Office of the Medical Director (POMD) including regulatory changes which came into force November 1, 2015 establishing the authority of the Provincial EMS Medical Director to move forward with the setting of scope of practice for licensed paramedics in Manitoba as well as setting standards for quality assurance in Manitoba EMS. (September, 2016)*

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Given that the WRHA, in collaboration with MHSAL, and the WFPS, has provided its full response to the recommendations, we will be concluding our monitoring of the implementation of the Cheryl Lynn Tom inquest recommendations.

Please note, an electronic copy of this report will be posted on the Manitoba Ombudsman website: [www.ombudsman.mb.ca](http://www.ombudsman.mb.ca).

Yours truly,

A handwritten signature in black ink, appearing to read 'CP', is centered within a rectangular area with a light gray stippled background.

Charlene Paquin  
Manitoba Ombudsman

cc: Milton Sussman, President and CEO, WRHA  
Karen Herd, Deputy Minister, Health, Seniors, and Active Living  
Douglas D. McNeil, CAO, City of Winnipeg  
Rick Lees, A/Executive Director, Main Street Project  
Dr. John Younes, A/Chief Medical Examiner