

Submission by Gary Thompson

From: James Thompson
To: Board of Health
Subject: Re: Request to appear before October 28, 2019 Board of Health on item 2019.HL10.4
Date: October 28, 2019 3:51:10 AM

Thanks Julie:

Please post online

The following is the core of my deputation

From page 3 BOH background info

Comment

Hot weather is associated with a number of health impacts ranging from heat stroke to more serious effects, such as cardiovascular-related morbidity and mortality. Certain groups may be more at risk from extreme heat than others, including isolated adults and seniors, individuals experiencing homelessness and/or under-housed, people with chronic illnesses, and infants and young children.

<https://www.toronto.ca/legdocs/mmis/2019/hl/bgrd/backgroundfile-138865.pdf>

Hyperthermic patients need cooling treat coma with respiratory assist. Best find the person comatose suffering respiratory insufficiency give breaths before cardiac arrest happens.

Same for hypothermic patients warm them give comatose victim breaths before cardiac arrest happens. Prognosis very poor once cardiac arrest occurs, not simple cardiac arrest caused by heart disease.

Heat Stroke Treatment & Management

Robert S Helman, MD; Rania Habal, MD; Chief Editor: Joe Alcock, MD; Laurie Robin Grier, MD

<https://emedicine.medscape.com/article/166320-treatment>

Best Wishes

Gary Thompson

647-864-6609

From: Board of Health <boh@toronto.ca>

Sent: October 27, 2019 8:38 PM

To: James Thompson <jgary.thompson@mail.utoronto.ca>

Subject: RE: Request to appear before October 28, 2019 Board of Health on item 2019.HL10.4

Hello Gary:

We will distribute your communication regarding Item HL10.4.

As a communication, your correspondence, including any personal information, along with the fact that you communicated with the Board of Health, will become part of the public record. As part of the public record, your name will be listed as a correspondent on the agenda and minutes of the Board of Health or City Council, and as agendas and minutes are posted online, your name may be indexed by search engines like Google.

Our current practice is that we list, but do not post, communications from people writing in an individual capacity, unless they instruct us to do so. **Please kindly advise us if you would like your communication to be posted online.**

Sincerely,
Julie

Julie Lavertu
Administrator
City Clerk's Office, Committees and Boards Team
City of Toronto
City Hall, 10th Floor, West Tower
100 Queen Street West
Toronto, ON M5H 2N2

416-397-4592
julie.lavertu@toronto.ca
toronto.ca/council

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From: James Thompson [mailto:jgary.thompson@mail.utoronto.ca]
Sent: October 27, 2019 8:10 PM
To: Board of Health <boh@toronto.ca>
Subject: Fw: Request to appear before October 28, 2019 Board of Health on item 2019.HL10.4

BOH

Please find attached my Power Point for item number 2019 HL10.4
Respiratory failure hyperthermia ad fin item

Thank You
Gary Thompson
647-864-6609

From: Gary Thompson <garythompson12@outlook.com>

Sent: October 27, 2019 8:03 PM

To: James Thompson <jgary.thompson@mail.utoronto.ca>

Subject: Fw: Request to appear before October 28, 2019 Board of Health on item 2019.HL10.4

Sent from Windows Mail

From: Board of Health

Sent: Sunday, October 27, 2019 7:51 PM

To: 'Gary Thompson'

Hello Gary:

Thank you for your email. We have added you as a speaker for Item HL10.4, Strengthening Heat Resilience in the City of Toronto, which will be considered by the City of Toronto's Board of Health during their meeting on Monday, October 28, 2019 at 9:30 a.m., in Committee Room 1 which is located on the second floor of Toronto City Hall (100 Queen Street West).

Please find below some important information about being a speaker:

- When you request to speak, your name, e-mail, mailing address, and the name of the organization you represent (if applicable), become part of the record of the meeting.
- On meeting day, your name will appear on the "Speakers List" which is posted online.
- If you choose to speak, you will appear on the live broadcast and video archive of the meeting, and your name will appear online in the meeting minutes.

For more information on speaking or writing to the City of Toronto's committees, please visit the following web link: <http://www.toronto.ca/legdocs/tmmis/have-your-say.htm>.

If you wish to make a PowerPoint presentation or show a video to the Board of Health, please note that you would need to bring your own laptop. We suggest that you save your presentation to your desktop and also bring a few hard copies in case there are any technical issues with your presentation (that way, you can display your presentation on the document projector if need be). Should you have video, sometimes streaming from the web does not work well because of buffering or a lack of a solid Wi-Fi connection. We generally advise people that, for a smoother presentation, it is best to save and play back your video from your laptop or memory stick. AV staff can assist you with setting things up prior to your deputation. If you have a Mac computer, you will need a Mac computer to VGA connector.

With respect to your PowerPoint presentation, we will distribute your communication regarding Item HL10.4. As a communication, your correspondence, including any personal information, along with the fact that you communicated with the Board of Health, will become part of the public record. As part of the public record, your name will be listed as a correspondent on the agenda and minutes of the Board of Health or City Council, and as agendas and minutes are posted online, your name may be indexed by search engines like Google. **Please kindly advise us if you would like your communication to be posted online.** Our current practice is that we list, but do not post, communications from people writing in an individual capacity, unless they instruct us to do so.

Please feel free to contact me if you have any further questions or concerns.

Regards,
Julie

Julie Lavertu
Administrator
City Clerk's Office, Committees and Boards Team
City of Toronto
City Hall, 10th Floor, West Tower
100 Queen Street West
Toronto, ON M5H 2N2

416-397-4592
julie.lavertu@toronto.ca
toronto.ca/council

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From: Gary Thompson [mailto:garythompson12@outlook.com]
Sent: October 27, 2019 7:24 PM
To: Board of Health <boh@toronto.ca>
Subject: Request to appear before October 28, 2019 Board of Health on item 2019.HL10.4

To the City Clerk:

I would like to appear before the October 28, 2019 Board of Health to speak on item 2019.HL10.4, Strengthening Heat Resilience in the City of Toronto

Name: Gary Thompson
Organization (if applicable):
Mailing Address: 1466 Kingston Rd Unit B M1N 1R6
Telephone: 647-864-6609

To learn more about speaking to committees, visit: toronto.ca/council

Notice:

When you request to speak, your name, e-mail, mailing address become part of the record of the meeting.

- The day of the meeting, your name will appear on the "Speakers List" which is posted online
- If you choose to speak, you will appear in the live broadcast and video archive of the meeting
- Your name will appear online in the meeting minutes
- For certain items, we will share your information with third-parties like the Ontario Municipal Board as required by law

We are collecting your information under the authority of the Toronto Municipal Code Chapter 27, Council Procedures or any other applicable procedural By-law. As permitted under Section 27 of the Municipal Freedom of Information and Privacy Act, we are collecting this information to create a public record. Information in public records is not subject to privacy requirements. Have questions? Call or write: 416-392-8016 or clerk@toronto.ca

HL10.4

**Strengthening Heat
Resilience in the City of
Toronto**

**Speaker
Gary Thompson**






Hyper or Hypothermia a respiratory emergency. Millions trained deny rescue breaths and give cardiac compressions to a beating heart.

Layperson's eagerly follow orders in the belief they are saving lives.

30 minute training and protocol I was taught and insert given Sept 2, 2011

RESPOND to an OPIOID OVERDOSE

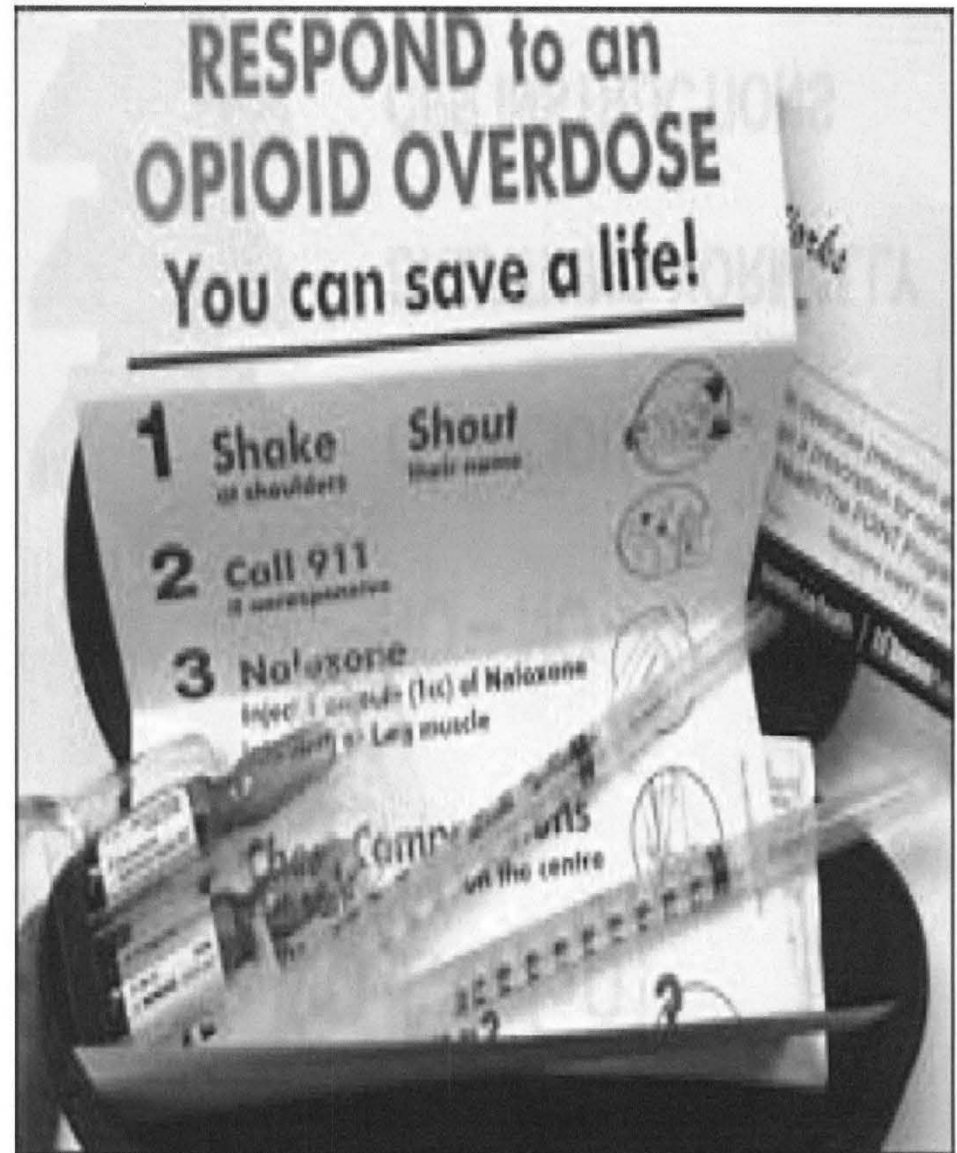
You can save a life!

- 1 Shake** **Shout**
at shoulders their name
Sternum Rub
or Nose Tweak
NECK Injury?
- 2 Call 911**
if unresponsive
- 3 Naloxone**
Inject 1 ampule (1cc) of Naloxone
into Arm or Leg muscle
- 4 Chest Compressions**
Push hard and fast on the centre
of the chest
- 5 Is it working?**
If no improvement after
3-5 minutes, inject a 2nd ampule
(1cc) of Naloxone and continue with
chest compressions until EMS arrives

For more information contact *The Works* 416-392-0520

Gathering of Eagles EMS Medical Directors Slide 21

...Wha



Unconscious-Unknown-Breathing
Absent =



Lee Turpen Chairman - Indiana EMS Commission
Eagles - Avoiding EMS Overuse of Naloxone in Opioid OD
- Levy (Anchorage): Always ventilate first (before
Naloxone). Hypoxia kills. Approach Opioid OD as a
Respiratory emergency. There is no high value in waking
these people up. they want to leave and can be
combative. 4mg is not needed. #Eagles2018

2 MAR 2018

  53

5 comments

 Like

 Share

**Gathering of Eagles 2018 50 Medical
Directors USA I was at this conference
in 2014 showed them what's being
taught Five seconds later common
quotes "That's mass murder any
breathing emergency"
Rescue breathing is the same as BVM
(Bag Valve Mask)**

Signs of overdose

Can't stay awake, walk or talk

Breathing slowly or not at all

Not responding to noise or

**knuckles being rubbed hard on
their breastbone**

Snoring or gurgling sounds

**Blue skin – especially on their
nail beds and lips**

Tiny pupils (pinpoint)

AHA Guidelines part 12:7 'Toxic Ingestions'

Toxidromes

"Practically every sign and symptom observed in poisoning can be produced by natural disease, and many clinical presentations associated with natural disease can be mimicked by some poison." *[means signs of OD can mimic any breathing emergency caused by illness or injury]*

Opioid Toxicity "Naloxone has no role in the management of cardiac arrest" "ventilation should be assisted by a bag mask *[rescue breaths layperson]* followed by administration of naloxone and placement of an advanced airway *[continue breaths layperson]* if there is no response to naloxone."



HEART &
STROKE
FOUNDATION

**I am the only comment up on the H & S F official video
read comment box <https://youtu.be/V1ZQZ0OvtFo>**

Gary Thompson
718-77 Finch Ave E
Toronto, ON M2N 6H8

June 6, 2013

Dear Gary,

Thank you for your letter and interest in the Heart and Stroke Foundation's opinion of the Toronto Public Health webinar on opioid overdose and Naloxone training.

As you may know, the Heart and Stroke Foundation is co-author of the North American Guidelines for CPR and ECC. In this capacity we provide evidence-based clinical practice guidelines to support the education of health care providers, trained responders and the lay public in responding to cardiac arrest, including respiratory arrest, conscious choking and unconscious airway obstruction.

The Heart and Stroke Foundation of Canada's position on Hands Only™ or compression-only CPR is that it is suitable for lay responders and those that are untrained, unwilling, unsure or unfamiliar with the application of respiratory/breathing skills, to encourage their engagement in, and promote an effective response to a cardiac arrest situation. There is substantive evidence and broad International support regarding the efficacy of a compression-only protocol administered by lay responders of a witnessed cardiac arrest. Our simplified response algorithm is a 3-step protocol:

1. Call 9-1-1 (or your local emergency number);
2. Start CPR;
3. Use an AED/defibrillator, if available

The Heart and Stroke Foundation of Canada strongly encourages the public to acquire CPR skills by attending a certification level course, whereby a complete set of lifesaving skills is taught, including rescue breathing.

Our guidelines need to be interpreted by local training programs or educational institutions as the HSFC is not a licensing or governing body. We are not familiar with Toronto Public Health's Naloxone training program, nor the audience to which their program is geared, nor are we in a position to review or approve their training.

We would be open to discussing this directly with Toronto Public Health. However, unless we receive a direct request from them, we thank you for informing us, and consider this matter to be closed.

Thank you. Sincerely,

Andrew Lotto
Manager, Resuscitation Programs
Heart and Stroke Foundation of Ontario

cc. Shawn Hopkins, Manager, The Works – Toronto Public Health
cc. Laurie Morrison, Director, Rescu – St. Michael's Hospital

**Co-authors CJPH 2013;104(3):e200-4
Compressions only!!**

**Both trained millions compressions only specific to respiratory failure, anyone
could be next in the morgue or left permanent brain damage oxygen deprivation**



PublicComment

Feedback

I am published here

If you have any comments or questions on this page, please email us at:
ILCORC2015@heart.org

Opioid overdose response education

Question Type:
 Intervention

Digital Worksheet:

Open the Digital Worksheet to find more information on the development of this CoSTR.

Full Question:

Adults and children at risk of suspected cardio/respiratory arrest due to opioids in the prehospital setting (P), does opioid overdose response education with or without naloxone distribution (I), compared with no overdose response education or overdose prevention education only (C), change Survival with Favorable neurological/functional outcome at discharge, 30 days, 60 days, 180 days AND/OR 1 year, Survival with Favorable neurological/functional outcome at discharge, 30 days, 60 days, 180 days AND/OR 1 year, Survival only at discharge, 30 days, 60 days, 180 days AND/OR 1 year, Survival only at discharge, 30 days, 60 days, 180 days AND/OR 1 year (O)?

Consensus on Science:

For the critical outcome of survival to hospital discharge, we have identified very-low-quality evidence (downgraded for risk of bias, inconsistency, indirectness, and imprecision) from 3 observational before-after studies.(Maxwell 2006, 89; Walley 2013, f174) Only 1 of 3 studies(Walley 2013, 241) attempted to correct for any confounding factors expected in interventional studies by using historic controls. This study did observe a dose-response effect with 0.73 (95% CI, 0.57–0.91) and 0.54 (95% CI, 0.39–0.76) adjusted-rate ratios for lethal overdose in communities with low and high implementation, respectively.(Walley 2013, 241) The remaining 2 observational studies reported reductions in rate ratios for lethal overdose in communities, 0.62 (95% CI, 0.54–0.72)(Albert 2011, S77) and 0.70 (95% CI, 0.65–0.74).(Maxwell 2006, 89)

Treatment Recommendation:

We suggest offering opioid overdose response education, with or without naloxone distribution, to persons at risk for opioid overdose in any setting (weak recommendation, very-low-quality evidence).Values, Preferences, and Task Force Insights In making these recommendations, we place greater value on the potential for lives saved by recommending overdose response education, with or without naloxone, and lesser value on the costs associated with naloxone administration, distribution, or education.

CoSTR Attachments:

GRADE_table_evidence_naloxone_n.docx
 GRADE_table_recommendation_naloxone_n.docx
 Summary Of Bias Assessment - BLS 891_n.xlsx

Contact Us

If you have any comments or questions on this page, please email us at:
ILCORC2015@heart.org

My comment and all comments removed after three years

John Tory press conference quoted "Rescue Breaths most important ... This is what causes people to lose their lives quite literally"
https://youtu.be/_eUqXct3s_E



Photo June 12, 2017 Protocol 3 Naloxone 4 Chest compressions only 5 Naloxone continue chest compressions only

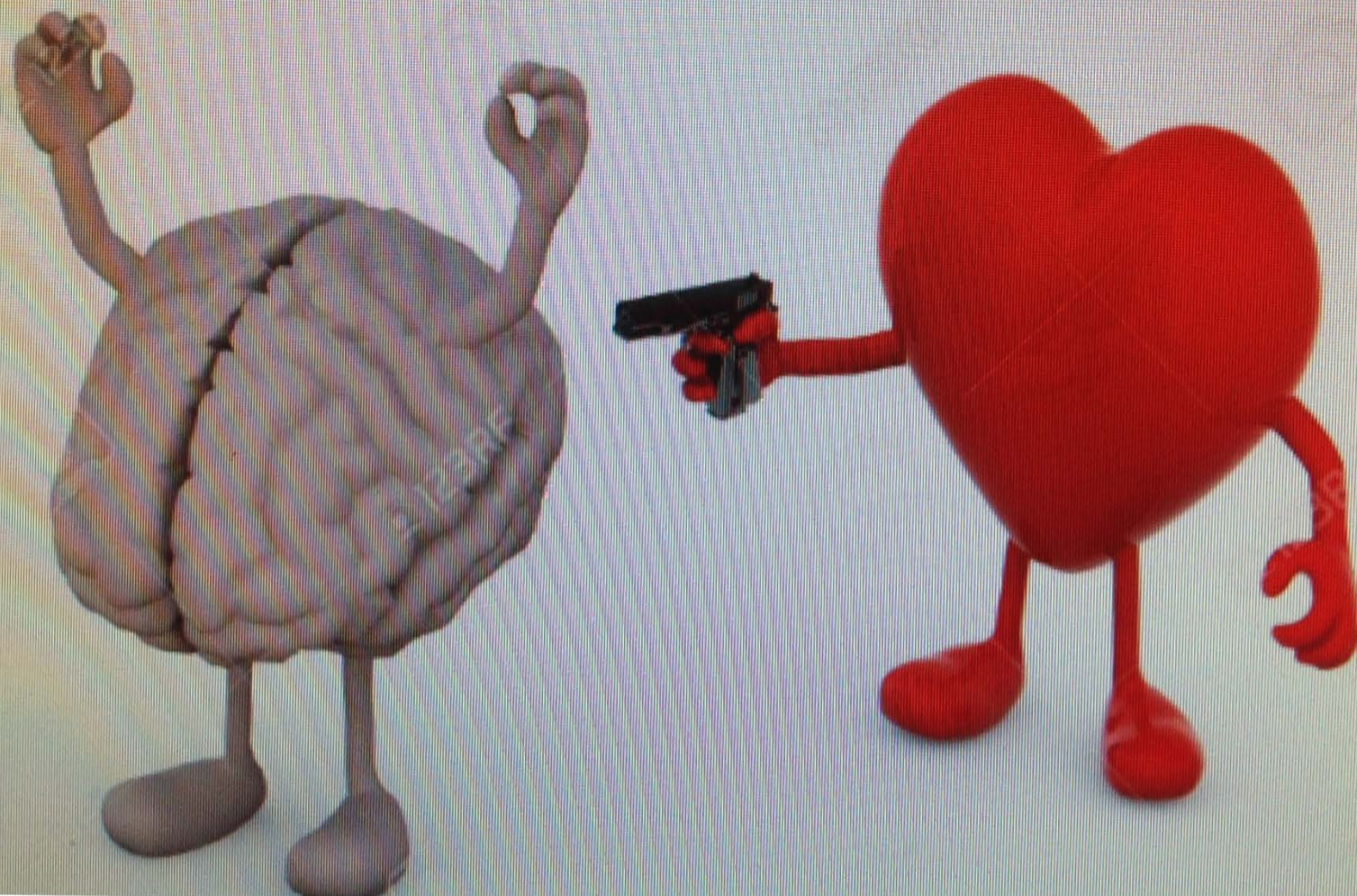


Peel Paramedic Union @OPSEU277 · 10h



Replying to @GaryCPR @medeiros_martin @Peel_Paramedics

it appears your passion is betraying your brain.





OntarioParamedic.ca

@OntParamedic

june 25, 2017

Help save lives this weekend:



9-1-1

Ventilate

Naloxone

Paramedics

Emerg Dept

@OttawaHospital

@ottawahealth

@EscapadeMF

#ottnews

**Rescue breaths
layperson may give
Naloxone continue
Rescue Breaths as
per all medicine thus
saving the lives of
anyone suffering any
of the 100's of causes
breathing emergency**

DECEMBER 7, 2017 AT 11:58 PM

**Thanks just what I needed “They assume logic will rule, but it rarely does
Changing a light bulb is easy. Expect lies, heckling, misdirection, misquotation, ad
hominem attacks, gossip, slander and just about any muck your opposition thinks
might work against you.”**

Shawn you forgot ‘death threats’ too much fun “Suffering fools gladly”

“Ariadne auf Naxos” Opera by Richard Strauss; Libretto Hugo Von Hofmannsthal

Bacchus sings:

Hear me, mortal one who stands before me,

Hear me, you who wish to die.

Ariadne sings:

Does nothing remain of Ariadne but a breath?

Looking for Ariadne’s Thread of Wisdom

**My letter ‘Flaws in Toronto’s Opioid Overdose Prevention Program’ EMN 2015; 37(12):31
With hyperlinks to Public Health Ontario’s training literature**

<http://journals.lww.com/em->

[news/Fulltext/2015/12000/Letter_Flaws_in_Toronto_s_Opioid_Overdose.14.aspx](http://journals.lww.com/em-news/Fulltext/2015/12000/Letter_Flaws_in_Toronto_s_Opioid_Overdose.14.aspx)



Shawn Whatley MD past President Ontario Medical Assoc

DECEMBER 8, 2017 AT 9:49 AM

Thanks Gary. Great comments!

I have only had death wishes, no threats yet.



Too funny Shawn adds a smiling face

Can't save his own life

Thanks for sharing your letter, too. Well done.

Cheers

Letter: Flaws in Toronto's Opioid Overdose Prevention Program

Emergency Medicine News: December 2015 - Volume 37 - Issue 12 - p 31

doi: 10.1097/01.EEM.0000475566.50020.d5

Letter

Editor: Underlined a few of Public Health's training materials

I read with grave concern the article by Leece, et al. about Toronto's opioid overdose prevention program and teaching laypersons the signs of respiratory emergency and training them to give chest compressions only. (*Can J Public Health* 2013;104[3]:e200)

Omitted from the training literature were the signs of opioid overdose. (OHRDP Naloxone Training Video; <https://vimeo.com/68067103>; Toronto Public Health POINT; <http://bit.ly/1kY7eyp>; Toronto Harm Reduction NALOXONE; <http://bit.ly/203DUvz>.) Those include not being able to wake up the person; slow, erratic, or stopped breathing; deep snoring or gurgling sounds; blue or purple fingernails or lips; limp body; and very small pupils.

These signs would indicate a poisoned patient in coma suffering a respiratory emergency. The author's 26th reference states respiratory assist is required (*Circulation* 2010;122[18 Suppl 3]:S829), and this would be consistent with the medical evidence worldwide. (UNODC/WHO 2013: Opioid Overdose; <http://bit.ly/1KtLCnd>; *Resuscitation* 2010;81[Suppl 1]:e93; *Resuscitation* 2010;81[10]:1400.)

Cardiac arrest is secondary to respiratory arrest and is associated with severe hypoxia. Prognosis is poor. The patient now needs ACLS beyond the scope of laypersons. (*EMN* 2011;33[10]:16.)

The authors note that "significant numbers of opioid-related deaths involve polysubstance overdose with cardiotoxic drugs." The author's 29th reference makes slim mention of cardiotoxic drugs. Stimulants and other toxins may cause a dysrhythmia (control with ACLS), and drugs of abuse cause death from acute respiratory failure. (*J Intensive Care Med* 2004;19(4):183.) Cyanosis can be cardiotoxic, myocardial infarction can be from lack of oxygen in bloodstream, and every tissue and all organs are dying from lack of oxygen.

The authors write, "Painful stimulation (such as chest compressions) may be an effective means of increasing respiratory drive." This needs redress (*primum non nocere*); the complications of chest compressions are endless. (*Am Heart J* 1975;89[2]:263.) BLS (rescue breathing) adds oxygen to the bloodstream.

I could find no consensus for chest compressions only for respiratory emergencies, including opioid poisoning (overdose).

James Gary Thompson, MD

Toronto, ON

Disclosure I am not an MD

From: Jackson, Heidi (HC/SC) <heidi.jackson@canada.ca>

Sent: October 1, 2018 5:29 PM

To: James Thompson

Subject: Medical Interventions During an Overdose

Dear Mr. Thompson,

Thank you for sharing your views and concerns about the well-being of Canadians in relation to medical interventions during an overdose. Hearing from concerned citizens like yourself is important to us.

Health Canada is committed to addressing this complex health and social issue and to working with Canadians across the country. Among other important initiatives, we have developed a wallet card that can be handed out to community members to help increase awareness of the symptoms of an opioid overdose and steps to take to save a life. As you indicated, provinces and territories do not have the same first aid protocol in an overdose situation. Some recommend only rescue breathing, others only chest compressions, and the rest, advise both. As such, the wallet cards advise Canadians to call 9-1-1 so that they receive the first aid steps from the dispatchers in their jurisdiction. This allows the wallet card to be made available in all provinces and territories regardless of the first aid approach.

The wallet cards also contain information on Canada's *Good Samaritan Drug Overdose Act*, which protects individuals from simple drug possession charges. This law applies to the person who has overdosed, the person who seeks emergency help, and anyone at the scene when help arrives.

Finally, the Canada.ca/opioids website contains readily accessible outreach resources which promote awareness and prevention.

Thank you again for writing.

Sincerely,

Heidi Jackson
Executive Director
Opioid Response Team
Health Canada
Canada.ca/opioids // Canada.ca/opioides

Question "My views" ten million references in the medical literature Breathing emergencies rescue breaths ASAP. Think people email is all over the map which is correct for any of 100's of causes BREATHING EMERGENCY??

Sept 2018 Health Canada removed rescue breathing

Know the Signs of an Opioid Overdose



Blue lips or
nails



Dizziness and
confusion



Can't be
woken up



Choking gurgling
or snoring sounds



Slow weak or
no breathing



Drowsiness or
difficulty
staying awake

Suspect an Overdose?

CALL 911 or
your local
emergency
number

Administer
naloxone
if you have it

Stay with the
person until
help arrives

You have the power to save a life.



Government
of Canada

Gouvernement
du Canada

Canada

Saving a life is the number one priority during an overdose

Even if you've taken drugs or have some on you,
the Good Samaritan law protects you from:

- Simple drug possession charges
- Violation of conditions regarding simple possession in:

pre-trial release | conditional sentences | probation orders | parole

This law applies to the person who has overdosed, the person
who seeks help and anyone at the scene when help arrives.



Living Saints Matt Johnson Zoe Dodd etc saving everyone's life



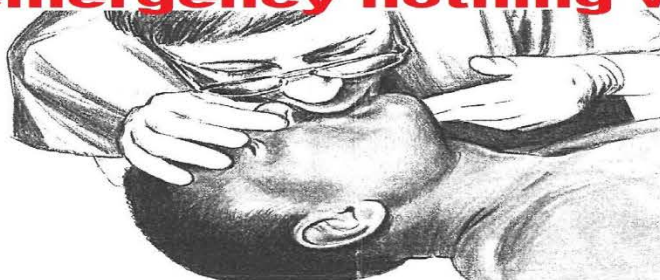
**Harm
Reduction
Program**

This document has been adapted by the COUNTERfit Harm Reduction Program

955 Queen Street East
Toronto, ON M4M 3P3
416.461.1925

RESCUE BREATHING

When someone is overdosing they need OXYGEN
as any the 100s causes breathing emergency
Breathing emergency nothing wrong HEART



1. Tilt head back, pinch the nose closed and open the mouth - use the mouth barrier if you have one
2. Take one deep calming breath for yourself
3. Give the person a breath
4. One slow breath for you, one short breath for the person
5. Give the second dose of naloxone if the person doesn't wake up after 3-5 minutes

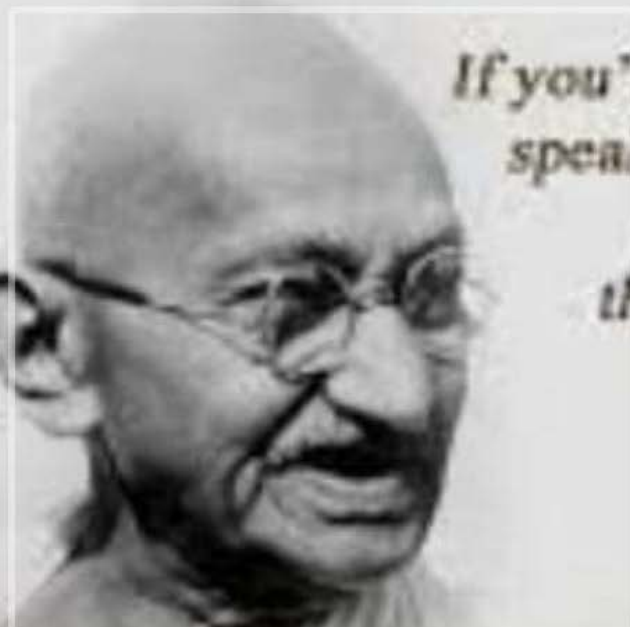
STAY CALM, BREATHE, AND STAY WITH YOUR FRIEND
EVERY STEP YOU TAKE HELPS THEM.

If you are trained in CPR, only do chest compressions
IF THE PERSON DOES NOT HAVE A HEARTBEAT

Giving breaths patient will not suffer a cardiac arrest

"Many people, especially, ignorant people, want to punish you for speaking the truth, for being correct, for being you."

Never apologize for being correct, or for being years ahead of your time.



*If you're right and you know it,
speak your mind. Even if you
are a minority of one,
the truth is still the truth."*

~Gandhi

What is a **word that can describe define a person who does not respond to a medical emergency sudden breathing difficulties. As in complete inaction while watching from a few feet away?**

MURDER Failure to provide a necessity of life rescue breaths

Two or more people tell you do same

'Conspiracy to counsel murder'

Tell millions do same

'Conspiracy to counsel mass murder'

Citizens that say nothing are complicit in their own deaths and mass murder