



**IN THE MATTER OF THE DEATH OF A FEMALE
FOLLOWING RELEASE TO HOSPITAL DUE TO MEDICAL DISTRESS
SUFFERED WHILE IN THE CUSTODY OF THE RCMP IN THE CITY OF
PORT ALBERNI, BRITISH COLUMBIA
ON JUNE 24, 2016**

**DECISION OF THE CHIEF CIVILIAN DIRECTOR
OF THE INDEPENDENT INVESTIGATIONS OFFICE**

Chief Civilian Director:	Ronald J. MacDonald, Q.C.
General Counsel:	Clinton J. Sadlemyer, Q.C.
IIO File Number:	2016-128
Date of Decision:	January 12, 2018

THIS PAGE INTENTIONALLY LEFT BLANK

Introduction

On June 23, 2016, at approximately 7:00 a.m., the Affected Person (AP), was taken into custody for being intoxicated in a public place. She was transported to and detained in RCMP cells until 4:23 p.m. that afternoon.

Shortly after 6:00 p.m. the same day, AP was again taken into custody by RCMP. Emergency Health Services (EHS) was summoned to where police waited with AP. EHS personnel found that although intoxicated, AP was medically fit and she was turned over to the RCMP. AP was again transported to, and detained in RCMP cells.

Early the next morning AP required assistance to drink some water. EHS was summoned and AP was taken to the local hospital and later flown to a hospital in Victoria where she succumbed to heart failure at 7:20 p.m. on June 24, 2016.

RCMP policy requires the Officer in Charge (Officer 1) to personally check the guardroom and prisoners contained therein at the beginning and end of his shift. Upon review of cell videos it is clear that Officer 1 did not perform personal checks upon AP.

The Independent Investigations Office (IIO) was notified by the RCMP at 1:35 p.m. on June 24, 2016. The IIO commenced its investigation as AP was reported to be in critical condition and she had been in police custody when she was discovered to be in medical distress.

Facts

Evidence collected during the IIO investigation included the following:

- 1) Statements of six civilians including two first responders;
- 2) Statements and reports of four police officers;
- 3) RCMP Policy;
- 4) CCTV of RCMP cells;
- 5) Medical records of AP;
- 6) Photographs of the scene;
- 7) BCEHS related records; and
- 8) Autopsy report with Toxicology report.

Pursuant to section 17.4 of the Memorandum of Understanding between the IIO and BC Police Agencies, Officers who are the subject of an investigation are not compelled to submit their notes, reports and data. In this case, Officer 1 declined to provide his statement or notes, reports and data to the IIO.

At approximately 6:45 a.m. on June 23rd 2016 Port Alberni RCMP received a call reporting an intoxicated female. Officers 2 and 3 attended and located AP, who was obviously intoxicated and not able to care for herself. Attempts were made to find a safe location to take her but none was found. AP was taken to Port Alberni RCMP cells.

CCTV evidence shows AP was physically active throughout the day before being assessed by Officer 4, who was acting Watch Commander at the time. Officer 4 said AP could care for herself so he released her from custody at 4:23 p.m. AP can be seen on CCTV at this time walking without difficulty.

AP's friend told the IIO that AP arrived unannounced to her residence less than an hour later. She said AP was shaking and had blue lips, as if she were cold. She said AP appeared to be hallucinating and AP stated she thought people were watching her. The friend also said AP seemed to have exerted herself and smelled bad. AP's friend said AP was not looking good, which she attributed to AP's drug use. As she was about to go out at the time but was concerned about AP, she went to a nearby relative's residence who called the police.

Officers 3 and 4 attended and spoke with AP's relative. AP's relative did not agree to take AP into their care. When the Officers returned to their police vehicles AP was standing near Officer 3's vehicle. Officer 4 told the IIO that AP appeared to be under the influence of drugs, unaware of her surroundings, and in a delusional state. After a discussion with Officer 3, Officer 4 called paramedics to assess AP.

The report of the paramedics who attended indicates their attendance was for a "wellness check." The report further indicates that AP was acting erratically, had taken "unknown drugs" and was elusive about what she had consumed. No obvious trauma or distress was noted. AP was noted to have good blood pressure and a strong pulse. At 6:25 p.m., AP was "released" to the police by the paramedics.

Officer 4 arrested AP and Officer 3 transported her to RCMP cells. Officer 4 spoke with Officer 1 shortly before the 7:00 p.m. shift change when Officer 4 finished for the day. Officer 1 was the acting Watch Commander for the night. Officer 4 told Officer 1 that AP had not eaten for two days and that they should, "...push food and fluid." Officer 4 also indicated he would reassess AP when he came back on shift at 7 a.m. the next morning. Officer 4 told the IIO he did not believe AP was in any kind of life threatening situation.

Prior to going off shift, Officer 3 asked oncoming Officer 5 to pass a message to the guard requesting that AP was to be given food and water outside the normal mealtimes due to her extended period in custody.

At approximately 8:45 p.m., Guard 1 came on duty. Guard 2 was about to finish his shift. A few minutes later, the acting Watch Commander, Officer 1, came into the cell block. Guards 1 and 2 briefed Officer 1, including that AP had been out of custody for

only about an hour and that she appeared to be intoxicated on drugs. Officer 1 did not make a personal check on AP.

AP remained in custody and was active periodically overnight. The cell block is equipped with CCTV with several viewing screens at the Guard Station and further screens within the Watch Commander's office. The cell in which AP was housed is visible on both sets of screens.

Some checks were done by Guard 1 from outside the door of AP's cell. Although Officer 1 was in and out of the cell block, at no time did any officer make an in-person check of AP.

During the course of the night, AP at times laid down, sat up, stood up and walked within her cell. At 1:28 a.m., AP leaned over the sink apparently drinking from the tap and then sat down.

At 2:08 a.m., Officer 5 spoke with Guard 1 and passed on the request made by Officer 3 that AP be given food. Guard 1 did not comply with the request.

AP sat up and laid down numerous times over the course of the night, the last time at 3:29 a.m., when she sat up and leaned against the wall for approximately one minute.

At 6:01 a.m., Officer 1 spoke with Guard 1 in relation to releasing AP from custody; however, Guard 1 advised that AP had not slept and was, "*still tweaking*." Officer 1 left the cell area, again without performing a personal check on AP.

Video between 3:29 a.m. and 7:25 a.m. shows AP lying on the floor, next to a wall, and moving her arms and legs from time to time and occasionally rolling on to her side.

At 7:25 a.m., Officer 4 entered AP's cell and introduced himself. There was limited response from AP. Officer 4 instructed Guard 2 to provide AP with toast and water. Guard 2 prepared and delivered toast and water to the door hatch of AP's cell. AP is shown at 7:33 sitting up on her own.

At 8:17 a.m., Officer 4 re-entered the cell block and questioned Guard 2 regarding AP. Guard 2 told Officer 4 that AP had not eaten. At 8:21 a.m., Officer 4 went to AP's cell and offered toast and water, and helped AP sit up. AP took a drink of water. Officer 4 told the IIO he became concerned and called EHS because AP's mouth was so dry.

First responders attended at 8:38 a.m., followed shortly thereafter by paramedics at 8:44 a.m. AP was cool to the touch and had a very low blood sugar which was treated with glucose gel administered orally. AP's verbal responses improved, however based on her low blood pressure, high heart rate and high respiratory rate she was taken to hospital.

On arrival at the hospital at 9:05 a.m., AP was seen by two doctors. Her Glasgow Coma Scale score was 15/15 (indicating full consciousness). No peripheral pulses were found however, and although she was breathing at a normal rate with reasonably good air entry, there was little or no blood pressure.

When AP did not respond to treatment she was flown to Royal Jubilee Hospital in Victoria where she arrived at approximately 3:30 p.m. that day. Further treatment there also proved ineffective and AP went into cardiac arrest at 7:08 p.m. AP was pronounced deceased at 7:20 p.m.

Cause of death was determined as drug induced myocarditis (inflammation of the heart muscle) due to the toxic effects of methamphetamine and cocaine. AP's minimal food and water intake was specifically ruled out as a contributing factor in the death.

Relevant Legal Issues and Conclusion

The purpose of any IIO investigation is to determine whether an officer, through an action or inaction, may have committed any offence in relation to the incident that led to the death to AP.

More specifically, the issue to be considered in this case was whether Officer 1 may have failed to provide the necessities of life during AP's detention. This is required under the provisions of the Criminal Code because AP was being held in custody and thus unable to obtain her own food, water or health care.

In addition, as acting Watch Commander, Officer 1 was required by RCMP policy to personally check on each person in custody at the beginning and end of his shift. Additionally, intoxicated prisoners must be, "*awake or awakened*" a minimum of once every four hours and the Watch Commander is responsible for ensuring this occurs.

Prior to AP's detention, Officers 3 and 4 acted in accord with RCMP policy by requesting a wellness check be performed by medical personnel upon AP, due to her intoxication. Additionally, and pursuant to BC's *Liquor Control and Licensing Act*, taking AP into custody was an appropriate and lawful course of action.

Although Officer 1 did not comply with policy requiring him to personally check on prisoners, there is no evidence to suggest that inaction on his part caused or otherwise contributed to AP's medical condition and death. Had he checked on her, the evidence available does not suggest he would have noted anything to indicate she was in need of immediate health care.

Additionally, although Officer 1 did not ensure AP was "*awake or awakened*" a minimum of once every four hours, it is apparent from the CCTV that AP was awake while standing, walking and sitting up. The longest period of AP lying down was between 3:29 a.m. and 7:25 when Officer 4 entered her cell, interacted with her and directed she be

given toast and water. CCTV during that period also show's AP moving her arms and legs quite frequently. Thus she was awake for most of the night, and appeared to be sleeping for just under four hours.

On the evidence collected during the course of this investigation, there was no obvious evidence that AP was in serious medical distress. In addition, the fact she did not earlier receive food or water did not play a role in her death. Unfortunately, her death was caused by the impact of drugs on her heart. Even when medical attention was received, it was unable to reverse her condition. As there was no action or inaction by Officer 1 or any other officer that caused her death, there are no grounds to consider any charges against Officer 1 or any other officer.

Accordingly, as the Chief Civilian Director of the IIO, I do not consider that an officer may have committed an offence under any enactment and therefore, the matter will not be referred to the Crown Counsel for consideration of charges.

Clinton J. Sadlemyer, Q.C.
General Counsel

January 12, 2018
Date of Decision

Ronald J. MacDonald, Q.C.
Chief Civilian Director

January 12, 2018
Date of Decision