



**IN THE MATTER OF THE INJURY OF A MALE  
IN CONNECTION WITH THE ACTIONS OF  
SPECIAL PROVINCIAL CONSTABLES AT A  
PSYCHIATRIC HOSPITAL IN COQUITLAM, BRITISH COLUMBIA  
ON JANUARY 20, 2021**

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

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

IIO File Number: 2021-018

Date of Release: March 18, 2022

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## INTRODUCTION

On January 20, 2021, at a secure Forensic Psychiatric Hospital in Coquitlam, two Forensic Services Officers were called to assist clinical staff dealing with a patient who was exhibiting behavioural issues. In the course of being escorted to a seclusion room, the patient (the Affected Person, or 'AP') suffered injuries. As a term of their employment, Forensic Services Officers are designated as Special Provincial Constables ('SPCs') under the B.C. *Police Act*. That *Act* defines SPCs as 'officers' subject to the jurisdiction of the IIO in cases where their actions or inaction may have caused serious harm or death. Because it appeared in this case that the actions of the two SPCs may have caused serious harm to AP, the Independent Investigations Office ('IIO') was notified and commenced an investigation. The narrative that follows is based on evidence collected and analyzed during the investigation, including the following:

- statements of the two Subject Officers ('SO1' and 'SO2') and four civilian witnesses (staff members at the hospital);
- copy of the Incident Report;
- copies of Closed-Circuit Television video recordings; and
- medical evidence.

## NARRATIVE

At a little after 11:00 p.m. on January 20, 2021, two members of the nursing staff were in the process of passing medications to patients through a partly open door from a secure hallway, when AP forced his way through the door and into the hallway. AP wanted to make a phone call, but it was past the latest time permitted for calls. The two staff members, together with two others, retreated into a nurses' station, but AP was able to prevent them from closing the door, and followed them inside. These events were captured on CCTV video. AP appears as a large man (he is six feet, six inches tall and weighs about 300 pounds) with an intense expression on his face. He has a somewhat stiff, awkward gait, but is capable of moving forward with considerable speed, and clearly has the strength to pull open a door that staff members are attempting to hold closed.

AP followed the four staff members through the nurses' station and into a dining area, where he can be seen on CCTV video pacing around while the staff maintain distance from him. When he walks to a chair and sits down, the four staff members return to the nurses' station and close the door. After a short time, AP goes to the nurses' station door and appears to be trying to communicate through its window, then takes a seat beside the door. He can be seen, at one point, standing and trying to pull the door open. There

is no audio track on the video, but IIO investigators were told that AP was shouting through the door, and that he exhibited a “threatening, intimidating manner”.

A staff member had activated a personal alarm, which attracted the attention of the two Subject Officers. The alarm’s code signified threatened or actual violence, and the two officers quickly made their way to the alarm’s origin—the nurses’ station where staff were sheltering.

A plan was agreed by which the two SPCs and several other staff members would attempt to move AP to a “seclusion room”. The group entered the dining room and went to where AP was seated outside the nurses’ station. AP was offered medication, but he threw it away and then stood up in a threatening manner. After a short time, though, he allowed himself to be taken by the hand and walked cooperatively out of the dining room.

That demeanour changed when he reached the door of the seclusion room, an area that is also recorded on CCTV video. AP can be seen to stop and stand with his back to the wall beside the door, ignoring hand signals from SO1 and nursing staff members to go inside. Staff witnesses told the IIO that he told them, a number of times, “I want to kill all of you”, or “I’m going to kill you”. The video shows nursing staff talking to AP, trying to reassure and persuade him, but without success. There is then an apparent shift in the group dynamic, with the two SPCs moving closer to AP, one to each side, as they continued talking to him.

AP’s arms were then taken by the two Subject Officers, and with the assistance of three other staff members AP was moved into the room in a somewhat controlled manner. All individuals are then lost to view from the CCTV in the hallway, and there is no video coverage of the room’s interior.

Staff witnesses told IIO investigators that AP was taken down rather abruptly, against his resistance, onto a mattress on the floor. AP struggled to get up, and was held down by SO1, who held AP’s right arm and placed his left knee on AP’s right shoulder, and SO2, who also placed a knee on AP and his right hand on AP’s left shoulder while he held AP’s left arm. The evidence of staff members was that neither Subject Officer used very great force, but they continued to hold him down as he struggled and attempted to stand. At one point during the struggle, SO1 slipped and twisted an ankle, but quickly recovered his balance. Once staff had wrapped AP in sheets to partially restrict his movement, the group quickly left the room and closed the door, a little under five minutes after they first entered. Hallway video shows SO1 appearing to have some discomfort when walking.

About half an hour later, a nurse went to the seclusion room to ask how AP was, and he told her his arm hurt, and he thought it was broken. After being examined initially by staff,

AP was transported to hospital by ambulance. He was diagnosed with “a comminuted fracture of the left humeral diaphysis”, and was discharged with his arm in a sling.


## **LEGAL ISSUES AND CONCLUSION**

The purpose of any IIO investigation is to determine whether there are reasonable grounds to believe that an officer, through an action or inaction, may have committed any offence in relation to an incident resulting in serious harm or death. More specifically, the issue to be considered in this case is whether an officer may have committed an assaultive offence through the application of unauthorized, unnecessary or excessive force against AP.

The two SPCs were clearly acting in execution of their duty in assisting nursing staff to control AP and place him into a secure location. He had displayed aggressive, non-compliant and threatening behaviour that risked bodily harm to staff, and in fact to himself. The evidence establishes that all the individuals dealing with AP were concerned, not just for their own safety and welfare, but also for his.

There is no evidence that excessive force was used at any point. It was simply an unfortunate accident that in the course of taking a heavy and resistant man down onto a mattress to secure him, while holding his arms, caused an injury to one arm. Indeed, the video demonstrates an approach taken by all staff that was focused on attempts to de-escalate and use compassion with AP. In this regard, the actions of the SO's and all staff were commendable and can be held out as an example of how best to deal with an individual who is suffering from mental wellness issues. While in the end some force had to be used to properly move AP into a seclusion room, this was clearly a last resort and done with the minimum force necessary.

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



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

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