



VERDICT AT INQUEST

File No.: 2009:1008:0076

An Inquest was held at the Provincial Court, in the municipality of Colwood

in the Province of British Columbia, on the following dates March 22-24, 2011

before Matthew Brown, Presiding Coroner,

into the death of RICE, John Ian 38 [X] Male [ ] Female
(Last Name, First Name, Middle Name) (Age)

and the following findings were made:

Date and Time of Death: July 12, 2009 at 1107 hours

Place of Death: Royal Jubilee Hospital Victoria, BC
(Location) (Municipality/Province)

Medical Cause of Death

(1) Immediate Cause of Death: a) Cocaine-induced agitated delirium during restraint

DUE TO OR AS A CONSEQUENCE OF

Antecedent Cause if any: b)

DUE TO OR AS A CONSEQUENCE OF

Giving rise to the immediate cause (a) above, stating underlying cause last. c)

(2) Other Significant Conditions Contributing to Death:

Classification of Death: [X] Accidental [ ] Homicide [ ] Natural [ ] Suicide [ ] Undetermined

The above verdict certified by the Jury on the 24th day of March AD, 2011.

MATTHEW BROWN

Presiding Coroner's Printed Name

Handwritten signature of Matthew Brown

Presiding Coroner's Signature



## VERDICT AT INQUEST

### FINDINGS AND RECOMMENDATIONS AS A RESULT OF THE INQUEST INTO THE DEATH OF

FILE No.2009:1008:0076

RICE

SURNAME

JOHN IAN

GIVEN NAMES

#### **PARTIES INVOLVED IN THE INQUEST:**

Presiding Coroner: Matthew Brown

Inquest Counsel: Rodrick H. MacKenzie

Court Reporting/Recording Agency: Verbatim Words West Ltd.

Participants/Counsel: Victoria Police Department/Anila Srivastava

The Sheriff took charge of the jury and recorded eight exhibits. Eighteen witnesses were duly sworn and testified.

#### **PRESIDING CORONER'S COMMENTS:**

*The following is a brief summary of the circumstances of the death as set out in the evidence presented to the jury at the inquest. The following summary of the evidence as presented at the inquest is to assist the reader to more fully understand the Verdict and Recommendations of the jury. This summary is not intended to be considered evidence nor is it intended in any way to replace the jury's verdict.*

The jury heard evidence that in the early morning hours of July 12, 2009, two members of the Victoria Police Department were called to a disturbance at 537 St. Charles Street in Victoria. Dispatch recordings revealed a number of calls to the police indicating that a male, later identified as John Ian Rice, was heard yelling, rolling on the ground and punching into the air. Several of the callers to the 911 dispatch suggested that the man appeared to be either "high", "on drugs" or "having a bad drug trip".

The police officers found Mr. Rice in a state of agitation. He continued to roll around on the ground close to a rock wall on the property. The officers testified they were concerned for Mr. Rice's safety and placed him under arrest. They placed handcuffs on him and rolled him onto his side without incident. They attempted to talk with Mr. Rice but he was incoherent. The police requested an ambulance as it was suspected by one of the officers that Mr. Rice may be under the influence of drugs. Minutes later, Mr. Rice became unresponsive. Police advised dispatch of this and suggested that this may be a case of excited delirium.

The police began cardiopulmonary resuscitation (CPR) and upon arrival of the Supervising Sergeant, an automated external defibrillator (AED) was employed with no shock advised. The advanced life support (ALS) and basic life support (BLS) units of the BC Ambulance Service (BCAS) arrived at the scene minutes later along with the Victoria Fire Department. The police, BCAS and the fire department continued to work on Mr. Rice at the scene and he was transported to Royal Jubilee Hospital with lights and sirens. A pulse was obtained upon arrival at the hospital. He was treated in hospital; however, computed tomography (CT) scans of the head, chest and abdomen, revealed brain swelling and a possible small amount of blood on the brain. In an affidavit provided for the inquest, the treating physician reported that Mr. Rice's condition deteriorated and despite all efforts, his death was pronounced at 1107 hours on July 12, 2009.

The jury heard from acquaintances and family that Mr. Rice struggled with substance use issues for some time and that he had been using crack cocaine for several days prior to his death. Subject matter experts testified about the behavior and physiological changes in an individual under the influence of crack cocaine. These behaviors and physiological changes described by the experts were consistent with the testimony provided by acquaintances and family.



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*Pursuant to Section 38 of the Coroners Act, the following recommendations are forwarded to the Chief Coroner of the Province of British Columbia for distribution to the appropriate agency:*

#### **JURY RECOMMENDATIONS:**

To: Solicitor General and the BC Chiefs of Police

1. That all police agencies within the province of British Columbia conduct internal audits to determine the level of first aid training of each of its officers. Upon completion of this audit, all police departments will ensure that its officers have first aid training that is up to date and meets the recognized industry standard.

Coroner's Comments: The jury heard evidence that a requirement for admission to police training at the Justice Institute of British Columbia (JIBC) is that one must have completed a basic level of first aid training. The jury heard that there is no requirement to maintain a current level of first aid for municipal police officers in the province of British Columbia.

2. That the British Columbia Association of Chiefs of Police consider training be provided to all police officers respecting excited delirium consistent with that provided to officers of the Victoria Police Department.

Coroner's Comments: The jury heard evidence that the Victoria Police Department has developed a training module on the subject of excited delirium; however, this is unique to that force.

To: Solicitor General, BC Chiefs of Police, BC Ambulance Service and Union of British Columbia Municipalities

3. That a training bulletin be issued to all dispatch personnel for the BC Ambulance Service, police departments and fire departments. This bulletin would indicate the possible signs and possible symptoms of excited delirium to assist dispatch personnel in their initial assessments when receiving calls from the public. Critical information would then be passed to first responders to facilitate dispatch of adequate emergency resources at the earliest opportunity. All police departments, fire departments and the BC Ambulance Service should adopt a policy similar to that developed by the Victoria Police Department requiring the simultaneous dispatch of police, fire and ambulance in cases of suspected excited delirium.

Coroner's Comments: The jury heard evidence that cases of excited delirium should be considered a medical emergency and that a quick response by medical personnel can prevent deaths. Police officers are more often the first to respond to cases of excited delirium and need to ensure public and officer safety prior to providing the necessary medical treatment to these individuals. The jury heard that restraint has to be used in order to provide efficient medical assistance to the individual and that a coordinated response with law enforcement and medical personnel is considered best practice.