

Lisa Lapointe
Chief Coroner, Province of British Columbia
PO Box 9259
Stn Prov Govt
Victoria, BC
V8W 9J4

October 25, 2016

Dear Ms. Lapointe

Re: Coroner's Inquest into the death of:
COWAN, Cheryl Ann
BCS Case File #2014-0380-0008

In response to your letter of October 5, 2016 I am writing to advise you of the plans that have been developed to address recommendation #3 from the jury at the Inquest noted above.

In collaboration with the Vancouver Police, we will be conducting a series of mock Code Blue training scenarios for all jail guards. The training scenarios are booked for the following dates:

Team 1: Oct 16 2017
Team 2: Oct 11 2017
Team 3: Oct 12 2017
Team 4: Oct 30 2017

Prior to these dates, a working group will be established including our Nurse Manager at the Vancouver Jail Nicola Chalke, and the VPD staff sergeant Lee Patterson as well as representatives of the guards, nurses, and physicians. This group will develop a series of table top exercises followed by on-site mock code blue drills to assure all staff understand roles, responsibilities, and procedures in the event of a Code Blue, and also when it is appropriate to call a Code Blue.

Thank you,



Digitally signed by Sam Gutman
DN: cn=Sam Gutman,
o=Rockdoc Consulting Inc, ou,
email=sam@rockdoc.ca, c=CA
Date: 2016.10.25 17:00:16 -07'00'

Samuel J. Gutman, MD CCFP (EM/SEM)
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"PROVIDING INDEPENDENT CIVILIAN OVERSIGHT, GOVERNANCE, AND STRATEGIC LEADERSHIP TO THE VANCOUVER POLICE DEPARTMENT,
REFLECTING THE NEEDS, VALUES AND DIVERSITY OF VANCOUVER'S COMMUNITIES."

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DR. PETER WONG, MEMBER

November 28, 2016

Office of the Chief Coroner
PO Box 9259 Stn Prov Govt
Victoria BC V8W 9J4

Attention: Lisa Lapointe, Chief Coroner

Dear Madam Coroner:

Re: **Coroner's Inquest into the death of:
COWAN, Cheryl Ann
BCCS Case File # 2014-0380-0008**

In response to your letter to the Police Board of October 5th, 2016 please find enclosed a Report which outlines the Board's response to the Jury's recommendations in this matter.

We trust this is in order.

Yours truly,

A handwritten signature in black ink, appearing to read "P. Robertson" or similar, followed by the word "for".

Gregor Robertson, Chair

cc.Chief Constable Adam Palmer



VANCOUVER POLICE DEPARTMENT

REPORT TO THE VANCOUVER POLICE BOARD

REPORT DATE: November 10, 2016
BOARD MEETING DATE: November 24, 2016
BOARD REPORT # 1611V06

Regular

TO: Vancouver Police Board

FROM: Drazen Manojlovic, Director, Planning, Research & Audit Section

SUBJECT: Report on the Coroner's Inquest into the Death of Cheryl Ann Cowan

RECOMMENDATION:

That the Vancouver Police Board approves this report and forwards it to the British Columbia Coroners Service.

SUMMARY:

Ms. Cowan was arrested on December 15, 2014, for "assault by trespass". Ms. Cowan was transported to the Vancouver Police Department (VPD) Jail ("Jail") via a prisoner wagon and upon arrival at the Jail, Ms. Cowan was found to be unresponsive. Ms. Cowan was attended to by Jail nurses and a physician and, after an ambulance was called, paramedics performed CPR. Ms. Cowan was revived and transported to hospital; however, her condition deteriorated and she died on December 23, 2014.

The Coroner's Inquest into Ms. Cowan's death was held from January 11-13, 2016, resulting in three recommendations to both the VPD and the Vancouver Police Board ("Board"). The Coroner provided the VPD and the Board the Inquest Report (dated October 5, 2016) and has requested a response from the VPD and the Board within 60 days. The recommendations are as below and a summarized response to each is provided, with greater detail provided in the remainder of the report:

- 1) That the Vancouver Police Department undertake a review to examine the existing training for police officers and guards with respect to basic first aid and current CPR protocol. This review should consider certification by an independent recognized third party, that this training be mandatory, and that certification be current for all police officers and jail guards.*

As part of its conducted energy weapon (CEW) program, the VPD currently has 191 members who have automated external defibrillator (AED) and cardiopulmonary resuscitation (CPR) certifications, and it is anticipated that this number will increase to 211 by the end of 2016. The delivery of CPR training to all VPD officers is a labour/management issue and discussions are

on-going before this training can be funded and delivered (likely in either late 2017 or sometime in 2018).

- 2) *That the Vancouver Police Department undertake a review to determine the placement of security cameras in all wagons (i.e. transport vehicles). This review should include an analysis of other jurisdictions that utilize this equipment and one that provides optimal surveillance and monitoring of the prisoners to ensure their safety and well-being during transport.*

This project is underway and cameras will be installed in wagons in 2017.

- 3) *That scenario-based training covering emergency medical situations that may arise in the jail and transport settings include jail guards, police officers, jail nurses and the jail physicians. This training would cover the duties, responsibilities and authorities of each individual when involved in a medical emergency to ensure that there is a clear understanding of each person's role.*

Training is currently being developed and will be delivered in October, 2017.

BACKGROUND:

Cheryl Ann Cowan was arrested for assault by trespass on December 15, 2014, and she was transported to the Jail via a prisoner wagon. Upon arrival at the Jail it was discovered that Ms. Cowan was unresponsive whereupon she was attended to by Jail nurses and a physician. An ambulance was also called and the paramedics were able to revive her and transport her to hospital; however, due to complications from the period of time that she was unresponsive prior to being revived, her condition deteriorated and she died on December 23, 2014.

The Coroner's Inquest into her death was held between January 11-13, 2016, and the Coroner's Inquest Report was received by the VPD and the Board on October 11, 2016. The Coroner's Jury made three recommendations addressed to the both VPD and the Board. This report provides the VPD's response to each recommendation.

DISCUSSION:

As previously mentioned, the Jury addressed three recommendations to the VPD and the Board and the following is the VPD's response to the recommendations:

- 1) *That the Vancouver Police Department undertake a review to examine the existing training for police officers and guards with respect to basic first aid and current CPR protocol. This review should consider certification by an independent recognized third party, that this training be mandatory, and that certification be current for all police officers and jail guards.*

Vancouver's emergency medical needs are jointly served by the British Columbia Ambulance Service (BCAS) and the Vancouver Fire and Rescue Services (VFRS). All members of VFRS are trained to First Responder Level III standards which include CPR and AED training. The strategic positioning of VFRS Halls throughout Vancouver, supported by several BCAS stations in Vancouver, ensure that priority medical calls for service are attended to within acceptable response times. It should be noted that police officers in BC are not required to receive CPR

training as part of their mandatory recruit training at the Justice Institute of BC, and discussions are underway change this.

In recent years the VPD's response to previous similar recommendations has been that the VPD should rely upon these trained professionals to meet medical emergencies. This position has been predicated on the availability of well trained and equipped VFRS and BCAS responders, combined with the significant, unfunded cost to train VPD members to a basic First Aid and CPR-level standard. In short, providing basic training and equipment to VPD members, coupled with the ongoing re-certification costs was considered impracticable, especially given the low number of incidents where members would put into practice these skills. Another concern was about the proficiency of members, should they be trained yet seldom put into practice these perishable skills.

It should be noted that the VPD does have many members trained in First Aid and CPR. Certain work groups, such as the Marine Unit and the Emergency Response Section, have designated members trained to an Occupational First Aid (OFA) level III status, while another 47 sworn and civilian members have either OFA level I or II status, and both of these levels include CPR training. Also, in 2013, the VPD began a two-day Red Cross Standard First Aid, CPR, and AED training as an increment course. This is delivered to any member of the VPD who elects to receive this training as an increment course (on their own time and cost). Since its introduction 175 members have elected to take this training.

The Force Options Training Unit (FOTU) currently contracts with MediQuest to provide annual AED and CPR certification for all members who are CEW-trained. The VPD currently has 191 CEW-trained members who have AED and CPR certification and it is anticipated that this number will increase to 211 by the end of 2016. Also the FOTU, in conjunction with Dr. Erik Vu (Assistant Clinical Professor - Faculty of Medicine, University of British Columbia, specializing in Emergency Medicine, Critical Care Medicine, and EMS & Special Operations Medicine) provides all VPD operational members with training on how to provide medical assistance for a massive bleed including the application of a combat tourniquet.

On January 28, 2016, the Board approved a report (Board Report #1601P03) by the VPD regarding the Coroner's Inquest into the death of Gregory Douglas Lloyd. The Jury into the death of Mr. Lloyd also made a recommendation with regard to CPR training of VPD officers. In response to that recommendation, the VPD recommended and the Board approved the following:

"It is worthwhile for the VPD to review its options with regard to increasing the delivery of essential CPR training to operational members, determine associated costs, and seek funding from the City of Vancouver. The training schedule for 2016 has been set as has the majority of the schedule for 2017; however, if funding can be secured from the City of Vancouver then it is the VPD's goal to deliver essential CPR training as soon as practicable (given the logistical challenges of training hundreds of members who work shifts)."

The provision of CPR training to VPD officers is a labour/management issue. Discussions are ongoing to obtain support from the Vancouver Police Union to have this training delivered in either late 2017 or 2018.

- 2) *That the Vancouver Police Department undertake a review to determine the placement of security cameras in all wagons (i.e. transport vehicles). This review*

should include an analysis of other jurisdictions that utilize this equipment and one that provides optimal surveillance and monitoring of the prisoners to ensure their safety and well-being during transport.

This project is underway and cameras will be installed in wagons in 2017. Coincidentally, the VPD is upgrading its wagons and a prototype will be tested early in 2017 that will include installed security cameras. These cameras will allow the wagon driver to safely visually monitor each wagon compartment. Prisoner health and safety is the over-riding goal of the cameras.

- 3) *That scenario-based training covering emergency medical situations that may arise in jail and transport settings include jail guards, police officers, jail nurses and the jail physicians. This training would cover the duties, responsibilities and authorities of each individual when involved in a medical emergency to ensure that there is a clear understanding of each person's role.*

Inspector John de Haas of the VPD's Court and Detention Services Section, who testified at the Inquest, advises that the Jail has been developing a series of training scenarios, one of which is the "Code Blue" response as noted in the Cowan Inquest Coroner's Report. This recommendation created a greater awareness that other scenarios involving inter-agency and inter-discipline responses required more training attention.

Working with other agencies, the training's development is underway and once established will provide a template for recurring use. The first training day is tentatively scheduled for October, 2017, and will be done individually by each team over a six-hour period. The sessions, including the Code Blue module, will involve classroom, table-top, and scenario-based components. Other agencies will be involved as appropriate and, for the Code Blue module, the Jail medical staff will be fully engaged. Furthermore, protocols and procedures for a "Code Blue" incident are in the Jail Manual of Operations and members are trained how to respond to this type of event.

CONCLUSION:

The VPD takes its responsibilities with regard to prisoner care and control very seriously and is confident that the steps described in this report will serve to minimize the potential of future deaths occurring. It is recommended that this report be sent to the BC Coroners Service as the VPD's and the Board's official response.

Author: Drazen Manojlovic Telephone: 604-717-2682 Date: Nov.10/16

Submitting Executive Member:

Senior Director Dawna Marshall-Cope Date: November 10, 2016