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14200 Green Timbers Way
Surrey, BC
V3T 6P3

November 21, 2013

Ms. Lisa Lapointe
Chief Coroner
Metrotower II
Suite 800 - 4720 Kingsway
Burnaby, BC
V5H 4N2

Your file Votre référence

2011:0216:0177

Our file Notre référence

2013CP-0217

**Re: Verdict at Inquest Recommendations
In Custody Death of
Christopher Leslie Kampman (B: 1973-12-30)
Abbotsford, BC - 2011-03-02
CROPS File 2013-0217**

RECEIVED

DEC 8 4 2013

MINISTRY OF SOLICITOR GENERAL
OFFICE OF THE CHIEF CORONER

Dear Ms. Lapointe:

We acknowledge receipt of the BC Coroners Service Verdict at Inquest report dated April 17, 2013, in relation to the death of Mr. Christopher Kampman at Abbotsford, BC. We have now had an opportunity to review the recommendations directed to the Commanding Officer, "E" Division RCMP. I wish to provide the following response.

To Commanding Officer, E Division, Royal Canadian Mounted Police:

JURY RECOMMENDATIONS:

1. Develop and implement ongoing or periodic refresher training for responding officers to identify whether or not a subject is suffering from a medical or psychological condition, and consider the implementation of a policy making it mandatory for officers directly involved with an individual to make this assessment.

2. Develop and implement a mandatory initial training in identifying the symptoms and alternate responses to individuals displaying behavior consistent with Cocaine Associated Confusional State.

Recommendation # 1 and # 2: RCMP Response

Regular RCMP operational members are required to re-certify every three years during the five day "Operation Skills Training Program" (OST) at the RCMP Pacific Region Training Centre. Members experience various training scenarios to enhance learning opportunities, and collectively analyze various responses and discuss possible outcomes within their groups.

.../2

These training experiences enhance and address the situational factors which can present at incidents such as persons under the influence of alcohol and stimulants. Potential response measures are formulated such as implementing specialized services, and the use of mental health practitioners should the situation permit.

The RCMP in "E" Division has introduced Crisis Intervention & De-escalation (CID) training to its five day use of force training course. This course was a collaborative design between PRTC, BC Ministry of Justice, Police Services Division and Municipal Police Departments, and includes both an online component and scenario-based training experiences with live actors.

The course is based on a five stage communication model that emphasizes rapport building and use of empathy and ongoing risk assessment to build understanding, trust and confidence with emotionally disturbed clients. The principles of this communication model may be applied and extended to all police-client interactions.

The requirement for mandatory CID training is covered in "E" Division RCMP Policy. I have attached these policies for your information under "Appendix A"

RCMP Operational policy is very clear when taking a person into police custody. An "Assessing Responsiveness and Medical Assistance" survey is conducted by members, and how the client is processed is dependent upon psychological and physical observations based upon the factors presented. I have attached this policy for your information under "Appendix B"

RCMP members are qualified and trained to an Emergency Medical Response Training Level 1 as authorized under The Canadian Red Cross Standard First Aid requirements. This training reflects that a person's medical condition can change rapidly and continued observation of behavior and symptoms is imperative. Should further medical intervention be required the members would request the services of the British Columbia Ambulance Service or the appropriate medical intervention professional.

3. Review current practices and training respecting control and communication during multi officer operations with a view to developing situational based plans.

Recommendation # 3: RCMP Response

RCMP members are always encouraged to "plan their actions" based on the totality of the information available. The CAPRA model that guides police activity is rooted in information-gathering and the formulation of a response.

A "plan" may be as simple as two officers informally agreeing to a set of procedures on how to deal with a violator, more complicated as when a lead investigator briefs a small group of officers to prepare for the execution of a high risk search warrant. These processes may be as formal and complex as the drafting of an Incident Command operational plan to deal with the crash of an aircraft.

These types of continuous training experiences simulate and address the situational factors which can present at incidents. Potential response measures are formulated such as tactical repositioning options which may involve multiple officers, or the implementation of specialized police services such as an ERT deployment.

Police response to the wide variety of calls for assistance must not be fettered by algorithm. The fluid and dynamically changing world of police work must be free to apply specific response to a specific situation. The totality of circumstances will dictate if police officers have time to act after gathering a plethora of information or if they have to react with only a modicum of information.

The training curriculum and role based scenarios are reviewed on a regular basis by PRTC training staff, National RCMP Learning & Development Branch, and Depot Division, Training Program Support and Evaluation Unit to ensure these courses of study meet current standards.

Ongoing dialogue continues between the Officer in Charge (OIC) of Training and Development Unit at Depot Division, as well as the OIC of Training at the RCMP Pacific Regional Training Center (PRTC) to develop effective tactics when dealing with these types of emergent situations.

4. Consider the installation and constant use of cameras in the back of all police vehicles used in transporting or detaining individuals.

5. Consider the implementation of a policy to ensure constant visual monitoring be maintained on the individual for whom the EHS has been called for.

Recommendations # 4 and # 5: RCMP Response

If a camera were incorporated into the rear of a police vehicle the area of the activity in question may not be observed as the persons movements may be outside the field of view of the camera (i.e.: Prisoner laying down on rear seat of the patrol car in the dark).

Members while transporting prisoners usually engage in verbal dialogue during the transit period back to detachment or medical facility. This bilateral communication ensures the ability to monitor and assess the prisoner.

At the present time the RCMP National Procurement strategy has projected the following capital expenditures for "In-Car Digital Video Systems." which generally captures forward moving events.

2013-2014: \$2,000,000.

2014-2015: \$1,240,000.

2015-2016: \$1,240,000.

It is not practical to mount cameras in the rear of all unmarked police vehicles without making them obvious as police transport. This would defeat the purpose of an unmarked vehicle.

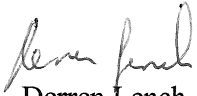
The aspect of "constant visual monitoring" is addressed on page #2 of this correspondence.

This Verdict at Inquest and relative background information has been provided to the OIC CAP Policy Unit in Ottawa for their subject matter experts; however the use of In Car Digital Video Systems inside all police transport is not a national directive at this time.

The NCO i/c Training Program Support and Evaluation Unit - Depot Division, the OIC Pacific Regional Training Centre have also been supplied a copy of the Verdict at Inquest for further consideration on lesson plan and course design.

Thank you for bringing these recommendations to my attention. Incidents such as this, while tragic, serve to reinforce the importance of ongoing training and policy development in an effort to minimize the recurrence of like incidents. The RCMP is committed to improving its service to communities through the ongoing development of appropriate policies.

Yours truly,

A handwritten signature in dark ink, appearing to read 'Derren Lench', written in a cursive style.

Derren Lench

Chief Superintendent

Deputy Criminal Operations Officer - Core Policing

RCMP, "E" Division



Abbotsford Police Department

2838 Justice Way, Abbotsford, BC V2T 3P5 Phone (604) 859-5225 Fax (604) 859-4812

Administration Division

"Protecting with Pride"

August 26, 2014

Ms. Lisa Lapointe, Chief Coroner
Province of British Columbia
Suite 800-4720 Kingsway
Burnaby, BC V5H 4N2

VIA COURIER

RECEIVED

AUG 28 2014

Dear Ms. Lapointe:

**Re: Coroner's Inquest into the death of:
KAMPMAN, Christopher Leslie
BCCS Case File #: 2011:0216:0177**

MINISTRY OF SOLICITOR GENERAL
OFFICE OF THE CHIEF CORONER

The Executive of the Abbotsford Police Department (APD) has reviewed and carefully considered the recommendations that resulted in the above referenced matter. The following sets out the response of APD to the jury recommendations of the Christopher Leslie Kampman Inquest, please be advised of the following:

Recommendation No. 1:

Develop and implement ongoing or periodic refresher training for responding officers to identify whether or not a subject is suffering from a medical or psychological condition, and consider the implementation of a policy making it mandatory for officers directly involved with an individual to make this assessment.

Response to Recommendation No. 1:

APD is meeting this recommendation. APD has been training the provincially mandated Crisis Intervention and De-escalation Course (CID) as of 2012. All members of the Operations Division have been trained in the CID training. Courses will be scheduled as required to ensure that members transferring operationally also receive this training.

Also, addressed in our "Use of Force Policy" II.H.010, paragraph 5 states:

"Medical Emergencies – Excited Delirium"

- (5) Individuals can experience medical emergencies brought on through mental, medical or substance abuse issues such as Excited Delirium or Psychosis. Such persons may present as combative, incoherent, non-compliant and unresponsive. In these circumstances,

***Our Mission:
To make Abbotsford the safest city in BC.***

the BC Ambulance Service (BCAS) shall be called as soon as practicable. In these circumstances, consideration must be given to containing the individual but delaying intervention until the BCAS is on scene.”

A PowerPoint presentation on Excited Delirium, supplements Use of Force Policy training and is prepared and delivered by APD training staff. The presentation is accessible on the intranet to keep APD members informed regarding appropriate police response to apparent Excited Delirium.

Recommendation No. 2:

Develop and implement a mandatory initial training in identifying the symptoms and alternate responses to individuals displaying behavior consistent with Cocaine Associated Confusional State.

Response to Recommendation No. 2:

All operational members participate in mandatory training, which includes a component on Excited Delirium Syndrome, and training how to respond to the department’s protocols for responding to Cocaine Associated Confusional State. It is our assessment that in a dynamic operational environment our members are not medically trained, therefore not able to distinguish between the two. This training, offered by Canadian Police Knowledge Network (CPKN), enhances awareness concerning the signs and symptoms of Excited Delirium Syndrome and explores factors and issues that must be considered when responding to an Excited Delirium Syndrome incident. In conjunction with the CPKN course, APD has also developed an internal Training Bulletin, T14-29.

Outlined below is the syllabus for our internal Training Bulletin T14-29 with the objective to enhance officer knowledge:

Syllabus –course description and purpose:

Ultimately, the goals are to raise awareness of the existence of Excited Delirium Syndrome and to identify best practices to deal with this medical emergency.

1. The Definition
2. Subject Behaviours
3. Information and Research
4. How to Obtain Control
5. Intervention Strategies

Recommendation No. 3:

Review current practices and training respecting control and communication during multi-officer operations with a view to developing situational based plans.

Response to Recommendation No. 3:

This recommendation is addressed through a variety of training activities including, a two-week NCO Training course, Use of Force re–certification training, and Immediate Action Response Deployment (IARD) Training.

APD's Use of Force Policy II.H.010, addresses communication, verbal control and presence in paragraph 6 which states:

"Communication Verbal Control and Presence

- (6) In the daily performance of their duties, members will encounter a wide variety of situations. Members must always strive to perform their duty through dialogue and presence. Verbal communication without any use of force will always be the preferred method of interaction with any person".

Recommendation No. 4:

Consider the installation and constant use of cameras in the back of all police vehicles used in transporting or detaining individuals.

Response to Recommendation No. 4:

APD has carefully considered this jury recommendation: we will not be adopting this recommendation for the entire fleet. To do so would result in prohibitive additional costs to the department related to acquisition, maintenance, monitoring, storage and transcription of the recordings. At present, the APD Prisoner Transport Van is equipped with a TV monitor to ensure the safety and protection of both the officer and prisoner.

Recommendation No. 5:

Consider the implementation of a policy to ensure constant visual monitoring be maintained on the individual for whom the EHS been called for.

Response to Recommendation No. 5:

The APD has specific policy for the Jail – Jail Policy Part 1 – Care and Control of Prisoners, which provides clear procedures to follow when dealing with prisoners when BC Ambulance Service is required, paragraph 38, 106 & 109 states:

"SPECIAL HANDLING AND CLOSE OBSERVATION

- (38) Guards shall use the monitors to maintain a visual check of the prisoners detained in the cellblock area and report any illness, injury, problems or suspicious circumstances to the Jail NCO.

UNCONSCIOUSNESS OR QUESTIONABLE CONSCIOUSNESS

- (106) At any time a prisoner becomes unresponsive, the Jail Guard shall immediately press the cell block emergency button, contact BCAS and notify the Jail NCO.
- (109) Prisoners who display advance signs of intoxication, e.g. extensive staggering, slurred speech or others signs consistent with excessive levels of intoxication shall be monitored while in cell and check at least every ten (10) minutes by the Jail Guard. The Jail NCO shall ensure compliance with this section."

APD is committed to training on such important topics. The mission of our training department is to bring the latest information and to create deeper understanding of the issues facing the police officer responding to incidents, including the ones that potentially involve excited delirium. Based on jury recommendation No. 5, an Excited Delirium Training Bulletin was

reissued, and under the heading of Physical Intervention Strategies, the following direction has been provided.

- Ensure constant visual monitoring be maintained on the subject until the person has received medical intervention by emergency health services.

Additionally, the updated training bulletin includes a link to a training video produced by PoliceOne entitled "Identifying and Dealing with Excited Delirium".

Respectfully,

A handwritten signature in black ink, appearing to read 'Wayne Plamondon', with a long horizontal flourish extending to the right.

Wayne Plamondon
Acting Deputy Chief– Administration Division



Peter Lepine
Chief Constable

WEST VANCOUVER POLICE DEPARTMENT

1330 Marine Drive, West Vancouver, British Columbia V7T 1B5 Telephone 604.925.7300 Fax 604.925.5938 wvpd.ca

August 21, 2013

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AUG 26 2013

Office of the Chief Coroner
Metrotown II
Suite 800 – 4720 Kingsway
Burnaby, BC
V5H 4N2

MINISTRY OF SOLICITOR GENERAL
OFFICE OF THE CHIEF CORONER

Dear Lisa Lapointe:

**RE: Coroner's Inquest into the Death of:
KAMPMAN, Christopher Leslie
BCCS Case File #2011-0216-0177**

Thank you for your letter dated June 26, 2013 which includes a copy of the Verdict at Inquest into the death of Christopher Leslie Kampman and your request for a response to the recommendations.

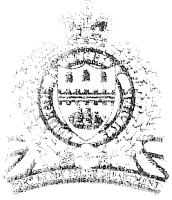
On reviewing the recommendations, West Vancouver Police Department (WVPD) provides training in identifying a subject's actions in a crisis mode as being an indicator of either being in a medical, psychological or drug induced condition, as well as being trained in dealing with these individuals in an alternate manner. Subject matter experts from the private sector have been brought in to deliver training to all the WVPD members on Crisis Intervention and De-escalation and the cocaine confusional state falls within this category. Members have received simulation training involving multiple officers at the same time undergoing various situations that require communication and potential use of force applications.

West Vancouver Police Department uses dash mounted cameras that have front/rear viewing capabilities to be used in transporting or detaining individuals. Members are taught to constantly re-assess a subject's condition while waiting for EHS to attend as well as the Prisoner Transportation Policy states that constant observation is required during transport.

Please feel free to contact me at any time to discuss this matter further.

Yours truly,

Peter Lepine
Chief Constable



City of Port Moody
Police Department

OFFICE OF THE CHIEF CONSTABLE

3051 St. Johns Street, Port Moody, B.C. V3H 2C4 (604) 461-3456 Fax: (604) 937-1314

July 22, 2013

RECEIVED

JUL 24 2013

MINISTRY OF SOLICITOR GENERAL
OFFICE OF THE CHIEF CORONER

Lisa Lapointe
Office of the Chief Coroner
Metrotower II
Suite 800-4720 Kingsway
Burnaby, BC V5H 4N2

Dear Ms. Lapointe:

I write with respect to your letter dated June 26, 2013 in regards to the Coroner's Inquest into the death of Christopher Leslie Kampman (BCCS File 2011-0216-0177) which occurred in Abbotsford, BC. The Port Moody Police Department has now reviewed the five recommendations provided by the jury.

With respect to recommendations 1 and 2 we have had and currently conduct refresher training in an area called "excited delirium" This training consists of identifying, responding to and appropriately managing behaviours that you have described as "cocaine associated confusional state".

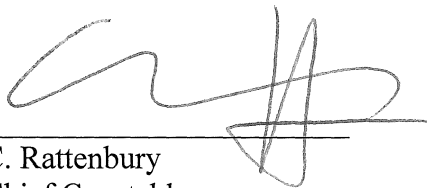
Recommendation 3 consists of an area we constantly stress during our control tactics training, that of communication between officers in dealing with an individual to ensure safety for all parties. We will consider a review of our current training to explore whether we should enhance our skills in this area.

Although we currently have cameras in some of our police vehicles we will consider recommendation 4 and the purchasing of further cameras.

With respect to recommendation 5 we have instructed members in "Care of Persons in Custody" and speak to such things as, "police owe a duty to a person in custody to exercise reasonable care to protect him/her from foreseeable risks" and "police have a duty to secure medical treatment for persons in their custody as appropriate". This training goes on further to a discussion about "questionable consciousness" and our appropriate investigation into it, including monitoring by eliciting responses from the subject.

We will consider implementation of a policy around our training to cover off this area further.

Sincerely,



C. Rattenbury
Chief Constable



Oak Bay Police Department

1703 Monterey Ave, Victoria, B.C., V8R5V6 Ph (250) 592-2424 Fax (250)592-9988

August 1, 2013

RECEIVED

AUG 06 2013

MINISTRY OF SOLICITOR GENERAL
OFFICE OF THE CHIEF CORONER

Lisa Lapointe, Chief Coroner
Ministry of Justice, Emergency Management BC
BC Coroners Service
Metrotower II
Suite 800 – 4720 Kingsway
Burnaby BC V5H 4N2

Dear Ms. Lapointe:

I am writing in response to the jury recommendations referred to in the Verdict of Inquest concerning the death of Christopher Leslie Kampman. I have considered the recommendations of the jury and will outline our department's response to them below:

Recommendation 1:

Our members have taken the Crisis Intervention and De-escalation training program which was developed by Police Services Division. This training program is designed to ensure that police officers will be able to use crisis intervention and de-escalation techniques to effectively de-escalate crisis situations, including incidents involving intervention in a mental health crisis. All of our front line officers have completed this training course. The training material and scenarios covered in this course deal with situations and circumstances that officers must consider when assessing situations where persons are in distress.

Recommendation 2:

Our members have taken the Crisis Intervention and De-Escalation training program as well as training lectures on Excited Delirium. These symptomology descriptions are covered in both of these training sessions and members are made aware of the importance of calling emergency health services when subjects are displaying these symptoms.

Recommendation 3:

Multi-officer approaches to persons in crisis are discussed in the Crisis Intervention and De-escalation training that is referred to above. Officers are encouraged to discuss strategies for the approach and designate a primary contact person prior to approaching the individual. As part of the course, officers are required to demonstrate their knowledge of approach options and the importance of communication between the approaching officers. Each situation is unique and dynamic so there is no one plan template that can be stipulated for these situations.

Recommendation 4:

I have considered this recommendation. At this time our department will not be installing cameras in the back of all of our police vehicles. There is a significant cost associated to this recommendation and we currently do not have the funds to purchase cameras for this purpose. We police in a major metropolitan area and are very close to emergency medical health services.

Recommendation 5:

I have considered this recommendation and our department will amend our policy concerning ambulance calls to stipulate that officers must ensure constant visual monitoring of an individual for whom emergency health services have been called.

Should you have any questions regarding our response to these recommendations, please contact me directly.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Fisher', is written over the printed name.

Mark Fisher
Chief Constable
Oak Bay Police Department



NEW WESTMINSTER POLICE DEPARTMENT
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www.newwestpolice.org

DAVID JONES, Chief Constable

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JUL 30 2013

July 22, 2013

MINISTRY OF SOLICITOR GENERAL
OFFICE OF THE CHIEF CORONER

Lisa Lapointe, Chief Coroner
Office of the Chief Coroner
Metro Tower II, Suite 800
4720 Kingsway
Burnaby, B.C. V5H 4N2

Dear Chief Coroner Lapointe:

**Re: Coroners Inquest Into the Death of:
KAMPMAN, Christopher Leslie
BCCS Case File No. 2011-0216-0177**

We write as a follow-up to the jury's recommendations given April 17th, 2013, and in particular those recommendations to "Municipal Chiefs of Police of BC All Municipal Police Departments". We will respond to each recommendation as numbered by the jury.

1. Recommendation #1:

"Develop and implement ongoing or periodic refresher training for responding officers to identify whether or not a subject is suffering from a medical or psychological condition, and consider the implementation of a policy making it mandatory for officers directly involved with an individual to make this assessment"

Current minimum requirements for a person to be employed as a New Westminster Police officer include a Valid Emergency, Survival, Standard, Level 1, or First Responder 1 or 2 First Aid Certificate. A CPR Certificate alone does not suffice.

These First Aid requirements include the required responsibility that the responder must be able to objectively record observed or reported signs and symptoms of injuries.

New Westminster Police Department (NWPD) Policy "Care and Control of Prisoners OD130" requires the following:

- Arresting and transporting members must always consider the safety and security of both the officer and the prisoner person when deciding whether or not to restrain and the method of restraint.
- Members preparing to transport arrested persons who display symptoms of an illness or who are suffering from some form of injury, shall consider requesting BC Ambulance Service to attend the scene of the arrest to conduct a medical assessment of the prisoner before transport. This is particularly important if any doubt exists regarding the level of seriousness of the illness or injury.
- In the event that an arrested person is to be transported to the NWPD Detention Facility by a police officer other than the arresting officer, the transporting officer shall complete an entry in their notebook, prior to transport, detailing information regarding the suspect, including
 - o The physical condition of the prisoner, including any obvious or known injury and medical condition or any known consumption of alcohol or drugs
 - o Information supplied by the arresting member regarding the prisoners health, the circumstances of the arrest and any injury or suicidal or risk threat.
 - o Any other information which might be important to the investigation, including observations of impairment and any information disclosed or statements made by the prisoner.
- Members who reasonably suspect that a person in custody is medically unfit must ensure that the person receives immediate medical attention at the scene. Where members have any doubt concerning the need for immediate medical attention for a person in custody, they must resolve that doubt in favor of obtaining immediate medical attention.
- Members involved in bringing a person into custody must obtain, record and share with supervisors and other police officers as appropriate, all information relevant to a determination of whether or not the person requires immediate medical attention. This specifically includes inquiring about the following issues and documenting the responses in the comments section of the Prisoner Record:
 - o Whether he or she suffers from any illness or injury, known or suspected, whether prior to or during arrest.
 - o Whether he or she is currently taking any medication

- The contents of any medical information bracelet.
- In making a decision in a case of questionable consciousness, Members must conduct an appropriate investigation that must include:
 - An attempt to converse with the person about how much he or she has had to drink, and what other causes there may be for his or her condition.
 - Some attempt to make him or her respond to basic commands.
 - A basic physical assessment to determine if the person has suffered any injuries.
 - An investigation of the circumstances in which he or she was found, including speaking to available witnesses about their observations.

It is our position that the minimum required First Aid Certification necessary for a person to be employed as a New Westminster Police officer is appropriate taking into consideration the mandate and responsibilities of our police officers and the availability of emergency medical care through the New Westminster Fire and Rescue Service, and the availability of the B.C. Ambulance Service Paramedics.

NWPD policy regarding prisoner care requires prisoner health assessment.

With regard to police officers training to identify whether or not a subject is suffering from a psychological condition, Crisis Intervention and De-escalation training was mandated by the Province in 2012. NWPD members received 3.5 hours of online study and 8 hours of classroom/practical training. Prior to this provincially mandated training, the NWPD trained our members regarding the psychological condition schizophrenia in 2010. Identifying schizophrenia was an aspect of that training.

Additionally, the NWPD has increased our authorized strength by one member in 2013. This position is a full time Mental Health Liaison Officer (Sworn Member) who works with NWPD members, local health agencies and individuals in our community who suffer from mental illness.

2. Recommendation #2:

“Develop and implement a mandatory initial training in identifying the symptoms and alternate responses to individuals displaying behavior consistent with Cocaine Associated Confusional State”

Current minimum requirements for a person to be employed as a New Westminster Police officer include a Valid Emergency, Survival, Standard, Level 1, or First Responder 1 or 2 First Aid Certificate. A CPR Certificate alone does not suffice.

These First Aid requirements include the required responsibility that the responder must be able to objectively record observed or reported signs and symptoms of injuries.

New Westminster Police Department (NWPD) Policy "Care and Control of Prisoners OD130" requires the following:

- Members preparing to transport arrested persons who display symptoms of an illness or who are suffering from some form of injury, shall consider requesting BC Ambulance Service to attend the scene of the arrest to conduct a medical assessment of the prisoner before transport. This is particularly important if any doubt exists regarding the level of seriousness of the illness or injury.
- Members who reasonable suspect that a person in custody is medically unfit must ensure that the person receives immediate medical attention at the scene. Where members have any doubt concerning the need for immediate medical attention for a person in custody, they must resolve that doubt in favor of obtaining

NWPD policy regarding prisoner care requires prisoner health assessment.

In November 2010, during Use of Force Options Re-Certification training, NWPD members were trained on the assessment of, and response to, people suffering from excited delirium attributed to cocaine abuse.

Crisis Intervention and De-escalation training was mandated by the Province in 2012. NWPD members received 3.5 hours of online study and 8 hours of classroom/practical training.

Excited Delirium, associated to cocaine abuse was an included subject in this training.

The NWPD is satisfied that prisoner care obligations are met through the training of our members, the obligations through policy for prisoner care and assessment, the availability of emergency medical care through the New Westminster Fire and Rescue Service, and the availability of the B.C. Ambulance Service Paramedics.

3. Recommendation #3:

“Review current practices and training respecting control and communication during multi-officer operations with a view to developing situational based plans”

Proper communication and planning between members, along with proper police tactics are two of the most important considerations when the NWPD Training Section is conducting Tactical or Force Options training to police members. One of the primary methods through which this training is delivered is reality based scenario training using role players. Scenario based training is used to provide members with practical applications of tactical communication and planning during incidents involving the possible use of force, as well as providing an opportunity for Training Staff to evaluate both the members and the training being provided. While adequate communication and planning is not always possible in dynamic situations, NWPD training reinforces their importance for a police officer faced with a situation that may involve the use of police tactics or force options. Furthermore, the NWPD Training Section is constantly reviewing all its training standards to ensure NWPD members are receiving the best possible instruction on how to resolve the situations they face in their day to day job, from high risk-low frequency events such as Active Shooters to the regular, day to day functions such as traffic stops

4. Recommendation #4:

“Consider the installation and constant use of cameras in the back of all police vehicles used in transporting or detaining individuals”

The Coroner's Comment regarding this jury recommendation is that the police officers testified that they monitored Mr. Kampman's condition from outside the police vehicle and the jury heard differing testimony about the period of time that Mr. Kampman may have been in an unresponsive state. The jury believed that a camera would have answered this question for them.

This recommendation was made so that the jury would have an independent reliable account of the period of time that Mr. Kampman may have been unresponsive.

This recommendation was made to assist with future investigations of in custody deaths. The NWPD wholeheartedly endorses the concept of thorough,

independent investigation and recognizes that complete investigational material will assist to prevent similar deaths in future.

In an analysis of preventing similar in custody deaths in the future, the NWPD is satisfied that the obligations of NWPD police officers as they relate to prisoner care are clearly reflected in policy. These policy statements have been discussed above with regard to recommendation #1. In summary, police officers preparing to transport a prisoner who they reasonably suspect is medically unfit, shall consider arranging for immediate medical response to the scene. Where the police officer has any doubt concerning the need for immediate medical attention, they must resolve that doubt in favour of obtaining immediate medical attention.

We trust this deals with the jury's recommendations in the KAMPMAN Inquest.

Yours truly,

A handwritten signature in dark ink, appearing to read 'Laurin Stenerson', enclosed within a large, loopy oval shape.

Laurin Stenerson
Deputy Chief Constable
New Westminster Police Department

4455 Clarence Taylor Crescent
Delta BC V4K 3E1

phone 604.946.4411
deltapolice.ca



Lisa Lapointe
Chief Coroner
B.C. Coroners Service
Metrotower II
Suite 800 – 4720 Kingsway
Burnaby B.C. V5H 4N2

RECEIVED

AUG 26 2013

August 22, 2013

MINISTRY OF SOLICITOR GENERAL
OFFICE OF THE CHIEF CORONER

**Re: Coroner's Inquest
KAMPMAN, Christopher, Leslie
BCCS Case File #2011-0216-0177**

Dear Chief Coroner Lapointe:

I am writing in response to your request of June 26, 2013 for feedback in relation to the jury recommendations arising out of the above inquest. The Delta Police Department takes the responsibilities regarding use of force and prisoner care and control very seriously. This commitment is reflected in a number of department policies and procedures including;

- OB10 – Use of Force**
- OB31 – Conducted Energy Weapons**
- OD27 – Ambulance and Mental Health Response**
- OE30 – Arrest and Detention**
- OF10 – Transportation of Prisoners**
- OF20 – Detention Facility – Care and Control of Prisoners**

These policies and procedures are available if required.

In addition, we have Automated External Defibrillators available on scene and in our facilities through trained personnel should they be required in any operational situation.

Attached is a direct response to the specific jury recommendations themselves. Please contact me should any further clarification or other information be required.

Yours truly,

A handwritten signature in black ink, appearing to read 'Rich Drinovz'.

Rich Drinovz
Deputy Chief Constable
Administrative Division

Cc: Chief Constable Cessford

Re: Coroners Act (Sec.38) Findings and Recommendations as a Result of the Inquest into the Death of KAMPMAN, Christopher Leslie

1. **Jury Recommendation**-Develop and implement ongoing or periodic refresher training for responding officers to identify whether or not a subject is suffering from a medical or psychological condition, and consider the implementation of a policy making it mandatory for officers directly involved with an individual to make this assessment.
 - a. *Delta Police Training Section has been delivering in-service training sessions on Excited Delirium since 2006. These sessions have occurred in conjunction with Conducted Energy Weapon Certifications & Re-Certifications as well as stand alone sessions. The sessions are lecture based in nature and cover a variety of areas related to the topic such as a definition of Excited Delirium, behavior recognition, chemical and physiological precursors, possible causal factors, signs and symptoms, team based control strategies and tactics, medical intervention, crisis intervention and de-escalation strategies as well as case studies.*
 - b. *With respect to departmental policy regarding Excited Delirium, the following is an excerpt from Delta Police Policy:*

OF20-Detention Facility Care and Control of Prisoners

Subjects in a state of Excited Delirium may indicate some or all of the following signs or symptoms:

- *vigorous resistance or violent behaviour;*
- *irrational physical behaviour;*
- *unintelligible speech or the making of animal sounds;*
- *profuse sweating;*
- *rapid breathing;*
- *clothing removal;*
- *increased strength;*
- *lid lift (eyes wide open);*
- *self inflicted injuries;*
- *extreme aggression towards objects, glass, mirrors;*
- *vigorous resistance; and*

- *unaffected by any type of pain.*

Excited Delirium Intervention Strategies

A member who encounters a subject who may be suffering from excited delirium should consider the following intervention strategies:

- *control of the subject must be established;*
- *realize the subjects exhibiting these signs are in a medical emergency;*
- *weigh the need for immediate control against the risk to the subject;*
- *when possible, have BCAS on site or enroute before attempting control;*
- *inform BCAS of all symptoms and circumstances; and*
- *provide escort for BCAS and attend the hospital to brief medical staff on the circumstances.*
- *Failure to comply with this procedure may contribute to medical complications resulting in death.*

2. **Jury Recommendation**-develop and implement a mandatory initial training in identifying the symptoms and alternate responses to individuals displaying behaviour consistent with Cocaine associated Confusional State.

- a. *The Delta Police Training Section delivers training in Excited Delirium to all new police Recruits during the initial phase of their Block II training. The sessions are lecture based in nature and cover a variety of areas related to the topic such as a definition of Excited Delirium, behaviour recognition, chemical and physiological precursors, possible causal factors, signs and symptoms, team based control strategies and tactics, medical intervention, crisis intervention and de-escalation strategies, control and restraint options as well as case studies. There is significant time spent identifying the affects of several street drugs associated with Excited Delirium including cocaine, bath salts, methamphetamines, LSD, GHB and Ecstasy. The material delivers a consistent message that cases of Excited Delirium should be treated as a medical emergency while at the same time recognizing that "there can be no medical treatment without restraint" so team based use of force and restraint options are discussed as well.*

3. **Jury Recommendation**-review current practices and training respecting control and communication during multi-officer operations with a view to developing situational based plans.

- a. *The Delta Police Training Section continually places a heavy emphasis on multi-officer "team tactics and intervention strategies". This occurs not only within the scope of training in dealing with Excited Delirium related*

calls for service but as a conceptual approach when managing a variety of other problems as well. Areas addressed include:

- *Staging EHS/ALS in advance*
 - *Formulating emergency action and arrest plans*
 - *Layered force options (i.e. Lethal and less lethal weapon systems present)*
 - *Communication strategies (C.I.D.)*
 - *Physical control and arrest strategies*
 - *Restraint options*
 - *Medical follow up*
4. **Jury Recommendation**-consider the installation and constant use of cameras in the back of all police vehicles used in transporting or detaining individuals.
- a. *Not a consideration at this time.*
5. **Jury Recommendation**-consider the implementation of a policy to ensure constant visual monitoring be maintained on the individual for whom EHS has been called for.
- a. *The need for constant observation and monitoring both during and proximal to restraint is an area that is consistently addressed during Excited Delirium training. The need for observation and monitoring proximal to restraint is also addressed within departmental policy OF20-Detention Facility Care and Control of Prisoners.*