

CORONER'S COURT OF BRITISH COLUMBIA



held at KAMLOOPS, British Columbia

VERDICT AT CORONER'S INQUEST

FINDINGS AND RECOMMENDATIONS AS A RESULT OF THE INQUEST

INTO THE DEATH OF

BAUER
SURNAME

Ryan Mathew
GIVEN NAMES

We, the Jury, having been duly sworn and serving at the inquest, commencing on 22 August 2007 at Kamloops, British Columbia, and continued on the following dates 23 August 2007

into the death of Ryan Mathew Bauer find he came to his death at approximately 1800 hours on the 11th day of July AD, 2006 at or near the Royal Inland Hospital, Kamloops, British Columbia

MEDICAL CAUSE OF DEATH

- (1) Immediate Cause of Death: a) Cocaine Overdose
- Antecedent Cause if any: b)
- Giving rise to the immediate cause (a) above, stating underlying cause last: c)

(2) Other Significant Conditions Contributing to Death:

CLASSIFICATION OF THE EVENT ACCIDENTAL HOMICIDE NATURAL SUICIDE UNDETERMINED

The above verdict certified by the Jury on the 23rd day of August AD, 2007.

TONIA GRACE
Presiding Coroner's Printed Name

Presiding Coroner's Signature

TO BE COMPLETED BY PRESIDING CORONER

Age: 29 Gender: Male Female

Date of Birth: 14 November 1976 Native: Yes No

Coroner's Case No.: 2006:456:0026 Post Mortem: Full External None

Police File No.: 2006-20305 Toxicology: Yes No

Police Department: Kamloops RCMP Identification Method: Visual Other (specify below)

Court Reporter: Joann Watson Identified by: Family member

Phone: 604-660-7745 Premise of Injury: Unknown

Premise of Death: Hospital

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INTRODUCTION

This inquest into the death of Ryan Mathew Bauer commenced at 0930 hours on August 22, 2007 at the Kamloops Court House, Kamloops and continued on August 23, 2007. Mr. S. Boorne was counsel to the coroner. Ms. H. Roberts appeared on behalf of the Attorney General of Canada. Deputy Sheriff S. Jeannotte took charge of the jury and recorded the following exhibits:

1. Photograph of Hampton Inn
2. 9-1-1 call on CD-Rom
3. Transcript of 9-1-1 call (July 11, 2006)
4. Plan of scene outside Hampton Inn
5. BCAS Crew Report (July 11, 2006)
6. Royal Inland Hospital Laboratory Records (February 12, 2006)
7. Autopsy report written by Dr. J.D. Stefanelli
8. Toxicology report written by Dr. S. Huckin
9. Registration of death

The following witnesses testified:

1. Crystal St. Germain- girlfriend
2. Shane Czank - friend
3. Gary Czank- friend
4. Mandeep Bachhal- friend
5. Ajesh Deo - Hampton Inn (former) employee
6. Stephen Earl - Hampton Inn manager
7. Constable Vickie Taylor - Arresting officer
8. Constable Peter Dionne - Arresting officer
9. Chris Candy - BCAS paramedic
10. Dr. Alan Vukusic - ER physician
11. Thomas Haynes - friend
12. Dr. David Stefanelli - Pathologist
13. Dr. Walter Martz- Toxicologist
14. Constable Sabrina Mill - RCMP investigator

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PRESIDING CORONER'S COMMENTS

The following is a brief synopsis of the issues reviewed during the inquest. The purpose of these comments is to assist the reader to more fully understand the Verdict and Recommendations of the jury. It is not intended to be considered evidence nor is it intended in any way to replace the jury's verdict.

At around 1150 hours on July 11, 2006 Ryan Mathew Bauer entered the Hampton Inn in Kamloops in a distressed state. He was wearing only shorts, was agitated and bleeding. He began shouting and appeared disorientated. He entered the reception area. He was asked to leave by both the hotel receptionist, Ajesh Deo and the hotel manager, Stephen Earl but did not respond to their repeated requests. At approximately 1159 hours, Mr. Deo then called 9-1-1 and requested police assistance. Prior to the arrival of the police, Mr. Bauer suddenly left the reception area and exited the hotel through the laundry area into the parking lot. Mr. Deo and Mr. Earl followed Mr. Bauer and saw him run towards the road outside the Hampton Inn then fall onto the road. At approximately 1210 hours, Constable Taylor attended the Hampton Inn, shortly followed by Constable Dionne who requested the attendance of the BC Ambulance Service. As Constable Taylor approached Mr. Bauer, who was lying in the road, she noted he was frothing at the mouth, hyperventilating, was tense and agitated. She could see he was bleeding from a scratch on his shoulder area and from under his big toe. After identifying herself as a police officer, Mr. Bauer told her that he was drunk but he was not going to the drunk tank. As he did not smell of alcohol, she questioned him about using drugs. Mr. Bauer told the officer that he had previously used hard drugs but that he was "only drunk right now". Mr. Bauer attempted to get up on a number of occasions but was encouraged by both police officers to stay on the ground as an ambulance was coming to check him over. Both officers were concerned that Mr. Bauer would run away so they decided to handcuff him. Constable Taylor described that Mr. Bauer then started "freaking out" and he was advised he was under arrest for causing a disturbance. Mr. Bauer again attempted to get up but was advised to stay down. His speech was slurred and he was asked again if he had been using drugs, which he denied.

At approximately 1220 hours, the BC Ambulance Service ("BCAS") arrived outside the Hampton Inn. Paramedic Chris Candy gave evidence that he approached Mr. Bauer who was sat on the floor. Mr. Bauer refused to allow himself to be examined, started to thrash about and resisted attempts to place monitoring equipment on him. Mr. Candy, as a primary care paramedic, was not allowed to administer sedative medication. He stated that given Mr. Bauer's agitated state, it was agreed that the RCMP, at their suggestion, would transport Mr. Bauer directly to the Royal Inland Hospital with the ambulance following closely behind ready to give immediate medical assistance, if required. Mr. Bauer was then placed inside a police vehicle. While en route, Constable Taylor requested another officer, Constable Geary, meet her at the hospital with a M26 Taser. She was concerned with the environment at the hospital and the amount of people there and that the use of a Taser may become necessary should Mr. Bauer become combative and violent.

At approximately 1232 hours, the police vehicle arrived at the Royal Inland Hospital followed by the BCAS. Both Constable Dionne and the BCAS had called ahead to the hospital to advise them about Mr. Bauer. Constable Dionne exited the police vehicle in an attempt to find a physician to attend the vehicle to assess Mr. Bauer. The emergency room physician, Dr. Vukusic, gave evidence that he had been requested to attend the vehicle but that he had requested Mr. Bauer be brought into the hospital for proper assessment.



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Mr. Bauer was escorted into the hospital by Constable Dionne and Constable Geary. He had to be carried as he had let his legs go limp. He was still squirming and had clenched teeth but he was not combative and the use of the Taser was not required. Inside the hospital, in the corridor, he was placed on the floor where a nurse gave him a sedative injection on the instruction of Dr. Vukusic. Constable Dionne raised the point that he thought the admission of agitated patients through the ambulance bay rather than through the main entrance would have been better both for the patient and the public. The paramedic, Chris Candy, thought this was also a better way to bring in such patient but that there was no arrangement currently in place to facilitate this. He saw not problems with the RCMP using the ambulance bay in such situations. Prior to their departure from the hospital, Constable Dionne recovered a large quantity of cash from Mr. Bauer's shorts pocket (\$820) which was given to a member of the hospital security team for safe-keeping. There was no evidence available as to how Mr. Bauer had come into possession of this money.

Dr. Vukusic gave evidence that he immediately recognized that Mr. Bauer was suffering the effects of a cocaine and/or amphetamine overdose. He presumed it would be cocaine rather than amphetamines, as the latter tends to be out of fashion but in any event, overdoses of either drug are treated the same way. Mr. Bauer was incoherent and unable to give any information to him. Dr. Vukusic thereafter described the course of treatment he gave which involved the need to stop Mr. Bauer thrashing about to decrease his high temperature – ice packs were also used to help cool him down. He described the need to basically rest the organs until the drug was eliminated from the body. Other trauma was checked for but the CT scan and blood work showed no sign of any other injury or infection. His urine tested positively for cocaine.

Mr. Bauer's vital signs began to improve as he responded to treatment and after review of his laboratory results; he was transferred from the trauma room to a monitored bed. At this time, Dr Vukusic, now able to leave Mr. Bauer's bedside, checked Mr. Bauer's medical history and noted that he had been previously admitted to the hospital on February 12, 2006 for an overdose of cocaine and amphetamine/ecstasy.

At approximately 1625 hours, Mr. Bauer began to seize and was immediately transferred back to the trauma room where despite intensive medical treatment, he died at 1800 hours.

Dr. Vukusic stated that he was aware from the subsequent autopsy that Mr. Bauer had 70-80% occlusion of the left anterior descending coronary artery and that cocaine use can accelerate coronary artery disease as the cocaine injures the inside of the artery though family history, diabetes, high blood pressure and high cholesterol can also cause early coronary artery disease. He stated that the presence of this coronary artery disease would have put an enormous stress on the heart in addition to the stress caused by the cocaine itself. He was unable to offer an opinion as to the cause of the chest pains Mr. Bauer had reported to his girlfriend a few months before his death. He felt that if Mr. Bauer had ingested a very large amount of cocaine at once, his vital signs would not have improved as they did. He did not feel this improvement was consistent with slow leakage into the gastro-intestinal tract.

He did not see a problem with combative/agitated patients being brought in through the ambulance bay. He stated that there was a decontamination room right next to the ambulance bay entrance that combative/agitated patients could be put in so as to protect themselves and others.

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The pathologist, Dr. Stefanelli, gave evidence that Mr. Bauer died as a result of a cocaine overdose. He stated that Mr. Bauer had 70-80% occlusion of the left anterior descending coronary artery which may have been contributory but was not the cause of death. If Mr. Bauer had lived for another 10 -15 years, he would have been at a high risk for a heart attack. He agreed with Dr. Vukusic that cocaine can cause or accelerate coronary artery disease but that family history, diabetes, high blood pressure and high cholesterol can also cause early coronary artery disease. He stated there was no evidence of chronic intravenous drug use. He explained he found no foreign objects in the stomach or intestines when he checked them during the autopsy. There were multiple superficial abrasions to the body but no other trauma and certainly, no trauma to the body consistent with forcible consumption.

Dr. Martz, the head toxicologist from the Provincial Toxicology Centre based in Vancouver, gave evidence that he agreed with the conclusion of his predecessor, Dr. Huckin (since retired) whose report was produced and entered as an exhibit - namely, that Mr. Bauer died of a cocaine overdose. He explained that the levels found in the ante-mortem blood and urine of cocaine and its active metabolite, benzoylecgonine were extremely high. This showed that a very high dose had been taken but he was unable to quantify how much. He also added that the high levels suggested to him that the cocaine had been taken orally. He explained that in any event a ¼ of a little salt/pepper sachet (1.2 grams) was enough to kill a person if they had no tolerance. He considered someone who had only taken cocaine once before to be someone with no tolerance.

Friends of Mr. Bauer gave evidence about him and the events leading up to his attendance at the Hampton Inn in Kamloops on July 11, 2006. He was generally described as a happy person who was fun to be around, extrovert and outgoing. He did not suffer from depression and friends did not consider him to be suicidal. He was not known to use cocaine though he was known to have previously used ecstasy. His girlfriend gave evidence that on Saturday July 8, 2006 he had a violent argument with her in the early morning hours and he then left the home they shared. He thereafter went to the home of a friend, leaving there before noon on July 8, 2006. On Monday July 10, 2006 Mr. Bauer attended a local motel (next-door to the Hampton Inn) which was run by an acquaintance and asked for a room. His mood seemed to be down at this time and he was given a complimentary room. He was later seen during the late afternoon on July 10, 2006 by a long-standing close friend near to the home he shared with his girlfriend and seemed to be in good spirits.

The RCMP investigator, Constable Sabrina Mill gave evidence that, despite efforts made by the RCMP to identify Mr. Bauer's whereabouts, the following time periods remained unaccounted for: (1) Saturday July 8 after he left a friend's home at around noon until his attendance at the motel on Monday July 10, 2006 and (2) Monday July 10, 2006 after checking-in at the motel until his attendance at the Hampton Inn on the late morning on Tuesday July 11, 2006.

After deliberation, the jury classified the death of Ryan Mathew Bauer as accidental.

Pursuant to Section 3(2)(d) 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:

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Tonia Grace
Presiding Coroner



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RECOMMENDATIONS OF THE JURY

To: Murray Ramsden
Chief Executive Officer
Interior Health Authority
220-1815 Kirschner Road,
Kelowna, BC
V1Y 4N7

To: Paul Swain
Superintendent
BC Ambulance Service
1257 Dalhousie Drive
Kamloops, BC
V2C 5Z5

To: Garry Bass
Commanding Officer
E-Division RCMP
5255 Heather Street
Vancouver, BC
V5Z 1K6

1. We recommend that the Interior Health Authority, Royal Canadian Mounted Police and the BC Ambulance Service together develop a protocol for the safer management of the intake of agitated and hard-to-handle patients, so as to protect staff and public as well as the patient.