

2007



CORONER'S COURT OF BRITISH COLUMBIA

held at KELOWNA, British Columbia

VERDICT AT CORONER'S INQUEST

We, the Jury, having been duly sworn and serving at the inquest, commencing on 18th December 2007 at Kelowna, British Columbia, and continued on the following dates 19th December 2007

into the death of Colin Kenson Tremeer find he came to his death at approximately 0626 hours, on the 5th day of August AD, 2007 at or near Kelowna, British Columbia.

MEDICAL CAUSE OF DEATH

(1) Immediate Cause of Death: a) Cardiac arrest

DUE TO OR AS A CONSEQUENCE OF

Antecedent Cause if any: b) Cocaine overdose

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: Cardiomegaly (enlarged heart), excited delirium

CLASSIFICATION OF THE EVENT ACCIDENTAL HOMICIDE NATURAL SUICIDE UNDETERMINED

The above verdict certified by the Jury on the 19th day of December AD, 2007.

TONIA GRACE
Presiding Coroner's Printed Name

[Signature]
Presiding Coroner's Signature

TO BE COMPLETED BY PRESIDING CORONER

Age: 27 Gender: Male Female
Date of Birth: 25 September 1979 Native: Yes No
Coroner's Case No.: 2007:0573:0073 Post Mortem: Full External None
Police File No.: 2007-42613 Toxicology: Yes No
Police Department: Kelowna RCMP Identification Method: Visual Other (specify below)
Court Reporter: Vivian Kariya Identified by: Tamara Turner
Phone: 604-591-6677 Premise of Injury: Unknown
Premise of Death: Hospital



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INTO THE DEATH OF

TREMEER
SURNAME

Colin Kenson
GIVEN NAMES

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 approximately 0520 hours on August 5, 2007 BCAS paramedic Jo Ann Hubbard was driving an ambulance in downtown Kelowna when she was flagged down by a man, later identified as Colin Kenson Tremeer. Mr. Tremeer was described as being in an agitated state. He was sweaty, pale and barefoot. He told Ms. Hubbard that someone was trying to kill him and that he needed help. As Ms. Hubbard was already en route to the hospital with a patient on board, she told Mr. Tremeer she would alert the authorities, which she then did.

As a result of Ms. Hubbard's call, RCMP constables Jordan McLennan and Dylan Hardy were dispatched to find and assist Mr. Tremeer. After driving around the area for a few minutes, Mr. Tremeer was located standing in the middle of the highway. The police vehicle stopped and Constable Hardy got out and approached Mr. Tremeer. Mr. Tremeer told the officer someone was "after him" and he then voluntarily got into the back of the police car. Both officers noticed he was pale, sweaty, barefoot and highly agitated. Constable McLellan gave evidence that it was very difficult to communicate with Mr. Tremeer. They managed to find out his name, that he had used cocaine and that he thought people were trying to kill him. The police officers decided to take Mr. Tremeer to the police station. Constable McLellan considered that there was "no better or safer place" to take him.

At 0531 hours, the officers advised their communication centre that they were en route to the police detachment. During the short journey, Mr. Tremeer was flailing around in the back of the vehicle with his feet in the air and kicking the windows. At this point, the police officers noticed that Mr. Tremeer's barefeet were significantly injured - their bottoms seeming to have been rubbed off.

Mr. Tremeer did not appear to them to be in acute medical distress until they reached the secure bay at the police detachment at approximately 0534 hours. While removing an initially reluctant Mr. Tremeer from the vehicle, he then became unresponsive and was placed on the floor of the secure bay where he then had a seizure. Constable McLellan then called for the attendance of the BC Ambulance Service. By this time, other police officers had also arrived in the secure bay to assist. Constable Shirley Heaton, who had both personal and professional experience of excited delirium, also requested the attendance of the BC Ambulance Service.

Constable McLellan gave evidence that once Mr Tremeer was out of the police vehicle, he recognized that Mr. Tremeer was displaying the signs and symptoms of excited delirium. He stated he had undergone special training in this area both as a result of a specialist one-day training course and also when undergoing Taser training. By contrast, Constable Hardy, a field recruit with only five months service, stated he had not undergone any specific training about excited delirium though it had been mentioned when he underwent pepper spray training. He did not recognize the symptoms.

At approximately 0543 hours an ambulance arrived at the detachment. Advanced life support paramedic, Gerald Andersen gave evidence that upon arrival, he found Mr. Tremeer on the floor of the secure bay having a seizure. He was



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described as convulsing, foaming at the mouth and cyanotic. After an initial assessment, Mr. Tremeer was placed on a stretcher and then put into the back of the ambulance. Mr. Tremeer was described as combative and writhing but then would become less combative and would talk, saying things such as "why" and "am I going to die". The ambulance left the police detachment at approximately 0554 hours.

As it was RCMP policy for a police officer to accompany an arrested person in the back of an ambulance, Mr. Andersen asked the RCMP if Mr. Tremeer was under arrest, and was told, in reply, that if he "bolts" to call them as "he needed to go to hospital". It was therefore decided that an officer would not ride in the back of the ambulance but would follow behind in a police vehicle, ready to give assistance, if required. After setting off from the police detachment for hospital, Mr. Tremeer continued to behave in an agitated manner and repeatedly tried to sit up in the back of the ambulance, making efforts to insert an intravenous line into his arm impossible. Mr. Andersen considered that Mr Tremeer's behaviour to be a danger to himself and others. Consequently, within a few blocks, the ambulance stopped and a police officer was requested to travel in the back of the ambulance. Constable Hardy then continued in the ambulance for the remainder of the short journey to the hospital.

The ambulance arrived at Kelowna General Hospital at approximately 0600 hours. Mr. Tremeer was rushed into the waiting trauma room and was immediately attended to by the trauma team. Emergency physician, Dr. Jeff Eppler gave evidence that Mr. Tremeer was flailing about and highly agitated. He felt very hot to the touch. Dr. Eppler was told that Mr. Tremeer had taken cocaine. He recalled Mr. Tremeer's feet were "in tatters" which he found very alarming to see. Mr. Tremeer was given an intramuscular sedative injection. The RCMP officers helped restrain Mr. Tremeer in order that an intravenous (IV) line could be started. As Mr. Tremeer's pants were being removed in order to take a rectal temperature, he suddenly stopped struggling. Cardiopulmonary resuscitation was immediately commenced and Mr. Tremeer was put on a cardiac monitor. While conducting an ultrasound on Mr. Tremeer's heart, it suddenly stopped. It showed no activity at all which Dr. Eppler said shocked him - it was not something he had ever seen before. He stated that though he had had people die in front of him before, there was always flickering as the heart died- never just a complete stop. Dr. Eppler stated that he continued to do resuscitation and that appropriate IV medication was given, but after approximately 20 minutes, there was still no response and so efforts were stopped. Mr. Tremeer was pronounced dead at 0626 hours.

Dr. Eppler stated that he believed Mr. Tremeer was displaying the classic symptoms of excited delirium. He said that since this incident, he had looked further into excited delirium and it was a very dangerous condition. He stated that presented with the same situation again he would have done exactly the same things.

Dr. Christine Hall, an emergency physician and expert in the field of excited delirium, gave evidence about the nature of the condition. She stated that the symptoms ascribed to Mr. Tremeer were compelling that he was in a state of excited delirium. She stated that it is not known why of those experiencing excited delirium, some die and others do not, adding that "the only indication that death is coming, is death itself". She went on to say that there was only minimal research currently being done in this area and more was needed to gain an understanding about what was going on inside a person that they could be helped. She stated that education of police and paramedic was paramount to enable them to be able recognize the condition. In April 2007, she had worked with the RCMP to help them build an educational package for



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members about excited delirium but she did not know what had happened to it and she underlined the need to ensure that the education reached the members on the street.

The toxicologist, Dr. Walter Martz gave evidence that Mr. Tremeer's post mortem blood was found to have a relatively high concentration of cocaine and its metabolite, benzoylecgonine. The levels were 1.10mg/L (cocaine) and 1.9 mg/L (benzoylecgonine). He estimated these levels to be equivalent to snorting 5 lines of cocaine. He added that the levels were in the range of overdose and recreational use, as they were not sufficiently high to kill everyone and some people with these levels would survive. He stated that there was no safe level of cocaine.

The pathologist, Dr. William Currie gave evidence that Mr. Tremeer died as a result of cardiac arrest or arrhythmia due to a cocaine overdose. He stated that Mr. Tremeer had an enlarged heart (cardiomegaly) which was a contributing factor and had a history of steroid abuse which would have damaged his heart.

Corporal Ian Macpherson from the South East District Major Crime Section gave evidence about the timelines and about RCMP policy. There was currently no stand-alone policy in place dealing with excited delirium, nationally or provincially, though its symptoms were set out in the National Operational Manual dealing with "conducted energy weapons" policy, which those officers who took that training were required to read. The "E" Division (applicable to BC) medical assistance policy now directed the reader to look at the National Operational Manual's conducted energy weapons policy to find out more about excited delirium symptoms. Corporal Macpherson stated that excited delirium was a topic dealt with during block training which takes places once every three years for each member and also it was addressed by the firearm refresher course instructor in the Kelowna area, who had a special interest in it. He was unaware of whether excited delirium was dealt with as part of the refresher annual firearms training province-wide.

After deliberation the jury classified the death of Colin Kenson Tremeer as accidental.

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:

Tonia Grace
Presiding Coroner



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RECOMMENDATIONS OF THE JURY

To: Commissioner William Elliott
Headquarters Building
1200 Vanier Parkway
Ottawa, Ontario K1A 0R2

1. We recommend that the RCMP national operational guidelines include a specific stand-alone policy relating to the recognition and management of persons with excited delirium.
2. We recommend that excited delirium training be part of the initial RCMP recruit training in Saskatchewan and should also form part of the refreshers in block training.

To: Commissioner William Elliott
Headquarters Building
1200 Vanier Parkway
Ottawa, Ontario K1A 0R2

To: Honourable George Abbott
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

3. We recommend that in an identified excited delirium situation, a police officer should ride in the ambulance with the patient.



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4. We recommend more training for BC Ambulance Service personnel to recognize signs and symptoms and management of excited delirium.
5. We recommend more training for emergency room staff to recognize signs and symptoms and management of excited delirium.
6. We recommend that research money be allocated to identify the cause and effects of excited delirium.

