BRITISH COLUMBIA

Ministry of Public Safety and Solicitor General

VERDICT AT CORONER'S INQUEST

File No.:2007-0217-0418

An Inquest was held at Coroners Court, in the municipality of Burnaby

in the Province of British Columbia, on the following dates NOVEMBER 16-19, 2009

before Vincent M. Stancato, Presiding Coroner,

into the death of KNIPSTROM (Last Name,) Robert Thurston (First Name) 36 (Age) ☒ Male ☐ Female

and the following findings were made:

Date and Time of Death: 24 November 2007 @ 00:26 Hours

Place of Death: Surrey Memorial Hospital (13750 – 96th Avenue) (Location) Surrey, BC (Municipality/Province)

Medical Cause of Death

(1) Immediate Cause of Death: a) Anoxic encephalopathy and rhabdomyolysis

DUE TO OR AS A CONSEQUENCE OF

Antecedent Cause if any: b) Acute Methylenedioxymethamphetamine (MDMA) Intoxication and Excited Delirium with Physical Restraint

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: ☒ Accidental ☐ Homicide ☐ Natural ☐ Suicide ☐ Undetermined

The above verdict certified by the Jury on the 19 day of November AD, 2009.

VINCENT M. STANCATO

Presiding Coroner's Printed Name

Presiding Coroner's Signature

BRITISH COLUMBIA

VERDICT AT CORONER'S INQUEST

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

FILE NO.:2007-0217-0418

KNIPSTROM	ROBERT THURSTON
SURNAME	GIVEN NAMES

PARTIES INVOLVED IN THE INQUEST:

Presiding Coroner: Mr. Vincent M. Stancato

Inquest Counsel: Mr. Rodrick MacKenzie

Court Reporting/Recording Agency: Verbatim Words West Ltd.

Counsel/Participants: Ms. Helen Roberts, counsel for the RCMP/Attorney General of Canada
Ms. Jennifer Spencer, counsel for Taser® International, Inc.
Mr. Alex Sayn-Wittgenstein, counsel for the Fraser Health Authority
Mr. Douglas Eastwood, counsel for the British Columbia Ambulance Service
Mr. David Pilley, counsel for Dr. John Hamilton

The Sheriff took charge of the jury and recorded 8 exhibits as entered. 26 witnesses were duly sworn in and testified. The evidence of one witness was provided through sworn affidavit and read for the record.

PRESIDING CORONER'S SUMMARY:

The following is a brief summary of the circumstances of the death as presented to the jury at the inquest. The summary and my comments respecting the recommendations, if any, are only provided 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.

On November 19, 2007 at approximately 1500 hours, an unknown male (later identified as Robert T. Knipstrom) was witnessed to be driving a grey truck that was reportedly involved in a minor motor vehicle collision. His vehicle was subsequently followed by a witness (civilian) to the incident. The witness testified that she observed Mr. Knipstrom drive his vehicle into the EZE Rent-it Centre and she called the owner to verify that the driver of the vehicle was at his store, and to inform him that the driver was involved in a collision. The witness then reported the collision to the police.

Mr. Knipstrom attended the EZE Rent-it Centre to drop off a wood chipper. While at the store, Mr. Knipstrom dealt primarily with the owner. As Mr. Knipstrom was paying his bill he observed the phone conversation between the owner and the civilian witness. It is unclear if he heard any part of their conversation but once the call ended Mr. Knipstrom said words to the effect that "it's a lie". From this point forward Mr. Knipstrom was described by staff as acting "weird", "scared" and "paranoid". While completing the transaction, Mr. Knipstrom was asked to move his truck and he went outside to comply with the request. He returned to the store and stated that he could not get the truck started. The owner asked an employee to assist and he was able to start the vehicle without issue. Instead of leaving the premises at this point Mr. Knipstrom moved the vehicle to the front of the building, parked it and went back inside. When he re-entered he stated that he felt safe in the store. Despite there being no apparent problems with the vehicle he asked to call his father in order to have him come and assist him.

While waiting, Mr. Knipstrom began acting very scared and paranoid and was described by witnesses as though he was looking to hide from something or someone. At one point Mr. Knipstrom found his way to the staircase which led to a private office area. When confronted by the owner, who was at the top of the staircase, Mr. Knipstrom informed the owner that he felt safe on the stairs. He kept asking the owner if he could stay at the top of the stairs. The owner repeatedly told him that he could not and asked him to move to the bottom of the stairs. The owner testified that he told Mr. Knipstrom that if he continued this behavior he would have to call the police. Mr. Knipstrom moved closer to the bottom of the staircase but his behavior continued to frighten staff and he was eventually asked to leave the premises by the owner. He did not comply with the request and at one point attempted to push his way past the owner back up the stairs. Another EZE Rent-it Centre employee came to assist by calming Mr. Knipstrom down and then called the police. The Chilliwack RCMP received the call at 1517 hours. Two officers (a male and female) arrived at the location at 1532 hours.

Upon arrival, Mr. Knipstrom was observed by both officers to be sitting near the bottom of the stairs. They both proceeded to the staircase. The male officer attempted to engage Mr. Knipstrom in conversation while the female officer stepped behind the front counter to talk with the owner. While attempting to speak with Mr. Knipstrom the situation escalated and a struggle quickly ensued. Police back-up support was immediately called. Despite the female officer's presence, the struggle primarily involved the male officer and Mr. Knipstrom. In an attempt to apprehend Mr. Knipstrom, several use of force techniques were employed including the use of pepper (OC) spray, conducted energy weapon (CEW/taser®) and baton strikes. The male officer testified that Mr. Knipstrom seemed to be immune to pain and possessed extreme strength. He testified that none of the techniques he used seemed to be working. As the struggle continued more police officers arrived at the EZE Rent-it Centre to assist.

When the other officers arrived at the scene, Mr. Knipstrom showed signs of being involved in a struggle (he was bleeding from the head) and he continued to scream incoherently and disobey the commands of the officers. These officers were unaware of the use of force techniques that had already been employed. Seconds after his arrival and in an attempt to apprehend Mr. Knipstrom, one of the assisting officers deployed his taser® which seemed to have no effect. Mr. Knipstrom quickly changed his path of travel and moved towards the exit door which was blocked by another police officer. He suddenly altered his course once again and as he did he was tackled down to the ground by the police officer blocking the door. Several other officers quickly assisted and they were able to keep Mr. Knipstrom down and apply handcuffs.

Mr. Knipstrom was arrested under the Mental Health Act and emergency personnel were called immediately. The police continued to monitor Mr. Knipstrom while he was held on the ground in a prone position with his hands cuffed behind his back. Firefighters arrived on scene first and immediately placed gauze/bandages over his head wounds to control the bleeding. At the same time, Mr. Knipstrom's father arrived from Abbotsford in response to his son's earlier call for help. He was able to identify him. Two BC Ambulance Service (BCAS) personnel (an "attendant" and "driver") arrived on scene shortly thereafter and took over medical care for Mr. Knipstrom. Their assessment of Mr. Knipstrom at the scene was compromised due to the fact that he continued to scream incoherently and move around. Video evidence from the scene showed that the police and paramedics had difficulty trying to turn Mr. Knipstrom so he remained in a restrained and prone position. At this time, the paramedics decided to transport Mr. Knipstrom to Chilliwack General Hospital (CGH) for assistance. Mr. Knipstrom was lifted onto a gurney in a prone and restrained position (there was no attempt to turn him supine

during this process) and he remained in this position en-route to hospital and while at the hospital until the moment he was found to be in cardiac arrest.

The paramedics were accompanied to CGH by a police officer and a firefighter. They all testified that they attempted to place Mr. Knipstrom in a supine position while in transport but they were unsuccessful. They arrived at CGH at approximately 1602 hours. The paramedic (attendant) proceeded to the triage desk while the other paramedic (driver) remained with Mr. Knipstrom. The paramedic (attendant) provided a brief history to the triage nurse at approximately 1613 hours. The triage nurse then attended to Mr. Knipstrom and assigned him to TR#1 (the "quiet room") – a private room typically reserved for agitated and psychiatric patients. It should be noted that multiple witnesses described the hospital as being incredibly busy on this particular day.

The paramedics moved Mr. Knipstrom to TR#1 and maintained responsibility for his care while they waited for the assigned bed side nurse to arrive. Mr. Knipstrom remained vocal for the most part. While in TR#1, the paramedics with the assistance of two police officers moved Mr. Knipstrom from the gurney onto the hospital bed – again, no attempt was made to turn Mr. Knipstrom. At approximately 1628 hours, a police officer in the room noticed that Mr. Knipstrom suddenly became quiet. Upon checking his status, the paramedic (attendant) confirmed that he was unresponsive and immediately yelled for assistance. Police officers removed his handcuffs and he was turned into a supine position. A code blue was called. Several doctors and nurses came to assist with CPR. Resuscitation continued for 28 minutes before a pulse was regained. Mr. Knipstrom was sent to the ICU at CGH for ongoing critical care. A follow up CT scan showed an anoxic brain injury which was irreversible in the opinion of physicians. He subsequently went into renal failure and had to be transferred to Surrey Memorial Hospital (SMH) for dialysis. He remained at SMH until his death on November 24, 2007 at 0026 hours.

BRITISH COLUMBIA

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FILE NO.:2007-0217-0418

KNIPSTROM	ROBERT THURSTON
SURNAME	GIVEN NAMES

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: The British Columbia Association of Chiefs of Police
Clayton Pecknold, President (January 2010)
PO Box 42529
New Westminster, BC V3M 6L7

To: Royal Canadian Mounted Police
Gary Bass, Deputy Commissioner - "E" Division
5255 Heather Street
Vancouver, BC V5Z 1K6

To: BC Ambulance Service
Mr. Les Fisher, A/Chief Operating Officer
PO BOX 9600, STN PROV GOVT.
Victoria, BC V8W 9P1

To: The Union of British Columbia Municipalities
Mr. Harry Nyce, President
Suite 60, 10551 Shellbridge Way
Richmond, BC V6X 2W9

To: The Solicitor General of British Columbia
Honourable Kash Heed
PO BOX 9053, STN PROV GOVT.
Victoria, BC V8W 9E2

To: The Attorney General of British Columbia
Honourable Mike de Jong
PO BOX 9044, STN PROV GOVT.
Victoria, BC V8W9E2

To: The Minister of Transportation and Infrastructure of British Columbia
Honourable Shirley Bond
PO BOX 9055, STN PROV GOVT.
Victoria, BC V8W9E2

To: The Minister of Environment of British Columbia
Honourable Barry Penner
PO BOX 9047, STN PROV GOVT.
Room 112, Parliament Buildings
Victoria, BC V8W 9E2

1. We recommend that enhanced training and regular orientation on the subject of Excited Delirium be provided for all firefighters, paramedics, peace officers and police, under the authority of your agency.

Coroners Comment: The jury heard from police officers, firefighters and paramedics that training on the subject matter of Excited Delirium is sporadic and, for the most part, it is not part of any of their organizations' ongoing in-service regimen. The jury also heard Dr. Christine Hall testify that this type of training is highly recommended.

To: BC Ambulance Service
Mr. Les Fisher, A/Chief Operating Officer
PO BOX 9600, STN PROV GOVT.
Victoria, BC V8W 9P1

2. We recommend the BC Ambulance Service review their policy (re: positioning of restrained patients - 6.4.5.1) to ensure that an internally consistent and clear policy is developed.

Coroner's Comment: As part of Exhibit 1, the jury was provided with the relevant BC Ambulance Service policy (specifically section 6.4.5.1) that articulates the expectations of paramedics when dealing with transporting restrained patients. It states clearly that restrained persons shall not be placed or transported in a prone position while their hands are secured behind their back. This policy, developed by senior BC Ambulance Service personnel, provides no discretion to those working in the field. Additionally, it provides an option for handcuffing such patients to stretchers in a supine position. Although this option clearly exists in policy one of the paramedics (driver) testified that she has been told by her superiors not to do this under any circumstance. This policy also requires the paramedic to warn police about the inherent risks associated with transporting a restrained individual in a prone position. Both paramedics testified that this was not done in this case. The police officers that assisted with Mr. Knipstrom's care while at CGH also testified that they were never warned by the paramedics about the inherent risks associated with transporting restrained individuals in a prone position.

Confusion regarding this policy is compounded by a recent guideline issued by the BC Ambulance Service (Exhibit #1, Tab #7 – entitled "Agitated Patients") which has no policy reference point. It provides latitude to paramedics that are dealing with agitated patients – allowing for the initial placement of agitated patients in a prone position to gain control. It also recommends that in such cases the patient's airway and VS must be monitored closely and the paramedic must make every attempt to move the patient supine as soon as possible.

3. We recommend the BC Ambulance Service develops a consistent internal practice to ensure that all of its members receive and review policy & guidelines and that there is a sufficient follow up mechanism in place to ensure that their employees have reviewed and understand the policy and guidelines.

Coroner's Comment: The jury reviewed the current applicable BCAS policies and guidelines (Exhibit #1) relating to the transportation of restrained or agitated persons. The jury heard from both paramedics that they were aware of the current policy (which requires that restrained persons shall not be placed or transported in a prone position while their hands are secured behind their back and that the paramedic warns police about the inherent risks

associated with transporting a restrained individual in a prone position), but did not adhere to it in this instance. The police and paramedics involved testified that they did attempt to turn Mr. Knipstrom during transport. They also considered it while in TR#1 but the paramedic (attendant) suggested that they wait for the bedside nurse to sedate Mr. Knipstrom. The jury also heard that there is currently no follow up mechanism within the BCAS to ensure that employees have reviewed new policy or guidelines and understand how to apply them in practice.

4. We recommend that the BC Ambulance Service review or create a standard operating procedure with respect to Excited Delirium. This procedure should include a crew member notifying the receiving hospital that a patient with suspected Excited Delirium is being transported to them and request to have Triage Level 1 resources assigned to the patient.

Coroner's Comment: The jury heard Dr. Christine Hall (expert witness) testify that individuals who display signs of Excited Delirium must be regarded as a medical emergency (Canadian Triage and Acuity Scale Level 1). Dr. Hall stated that pre-hospital care providers require training in this area so that they can accurately recognize the symptoms of Excited Delirium. She also suggested that pre-hospital care providers should be required to alert receiving hospitals of this diagnosis so that the proper resources are allocated to treat the patient upon arrival.

5. We recommend that the BC Ambulance Service modify the Crew Report form to include Excited Delirium as a suspected diagnosis (column 64).

Coroner's Comment: Self explanatory.

To: Ministry of Health Services
Honourable Kevin Falcon
PO BOX 9050, STN PROV GOVT.
Victoria, BC V8W 9E2

6. We recommend that all health regions consider amending their current procedures to ensure communication between the triage nurse and the assigned bedside nurse with regard to incoming patients whom are scored 1-3 on the Canadian Triage and Acuity Scale (CTAS). Further, consider a central point of reference to know the whereabouts of all emergency staff at all times.

Coroner's Comment: The jury was able to review Exhibit #3 (Fraser Health Emergency Assessment Record). The triage nurse described the CTAS in general terms stating that a Level 1 means the patient requires "urgent" care, while Level 5 means the patient's care is "non-urgent". The triage nurse scored Mr. Knipstrom as a CTAS Level 2 meaning that his condition was, in her assessment, "emergent". After assessing Mr. Knipstrom at 1613 hours, she assigned him to TR#1 where he remained in the care of paramedics while waiting for the bed side nurse. The jury heard that between 1613 and 1628 hours (when Mr. Knipstrom arrested) he was not attended to by

the bed side nurse. The jury heard that paramedic (attendant) had no way of knowing where the assigned bed side nurse was during this time. The jury heard from both the triage and bed side nurses that there was no procedure in place to ensure communication about incoming patients. The bed side nurse testified that she was busy with another patient during this time and was unaware that she had a CTAS Level 2 patient waiting. The jury also heard that there is currently no central point of coordination for knowing the whereabouts of emergency room staff at any given time.

7. We recommend that all Health Regions revise their triage protocol to categorize cases where the person is exhibiting symptoms of Excited Delirium into CTAS Level 1.

Coroner's Comment: Dr. Hall testified that individuals exhibiting the behaviours and symptoms associated with Excited Delirium should be regarded as emergency situations that require urgent care.

To: The British Columbia Association of Chiefs of Police
Clayton Pecknold, President (January 2010)
PO Box 42529
New Westminster, BC V3M 6L7

To: Royal Canadian Mounted Police
Gary Bass, Deputy Commissioner
RCMP "E" Division
5255 Heather Street
Vancouver, BC V5Z 1K6

8. We recommend that police officers should contact the BC Ambulance Service to request an Advanced Life Support (ALS) team (where available) in anticipation of an arrest of a person exhibiting classic signs of Excited Delirium.

Coroners Comment: The jury heard the initial female responding police officer testify that she was convinced Mr. Knipstrom's behaviours were consistent with Excited Delirium. She also testified that she knew Excited Delirium was a medical condition that required immediate attention however she did not request BC Ambulance Service support at that time. Dr. Hall confirmed that individuals exhibiting behaviours and signs of this condition require urgent medical attention and that the best paramedics to deal with such patients are those that are ALS qualified because they have the ability to sedate the patient.