Ministry of Justice

VERDICT AT INQUEST

File No.: 2012-0199-17

An Inquest was held at Duncan Courthouse, in the municipality of Duncan

in the Province of British Columbia, on the following dates March 3-7, 2014

before Matthew Brown, Presiding Coroner,

into the death of RICHARDSON (Last Name) Jeremy David (First Name, Middle Name) 34 (Age) ☒ Male ☐ Female

and the following findings were made:

Date and Time of Death: April 22, 2012 at 1159 hours

Medical Cause of Death

(1) Immediate Cause of Death: a) Acute combined methadone and ethanol intoxication

DUE TO OR AS A CONSEQUENCE OF

Antecedent Cause if any: b)

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:

Place of Death: Royal Jubilee Hospital (Location) Victoria, BC (Municipality/Province)

Classification of Death: ☒ Accidental ☐ Homicide ☐ Natural ☐ Suicide ☐ Undetermined

The above verdict certified by the Jury on the 7th day of March AD, 2014.

Matthew Brown

Presiding Coroner's Printed Name

Presiding Coroner's Signature

RICHARDSON	JEREMY DAVID
Surname	Given Names

PARTIES INVOLVED IN THE INQUEST:

Presiding Coroner: Matthew Brown

Inquest Counsel: John Orr

Court Reporting/Recording Agency: Verbatim Words West Ltd.

Participants/Counsel: RCMP/David Kwan, BC Ambulance Service/Richard Meyer.

The Sheriff took charge of the jury and recorded nine exhibits. Seventeen witnesses were duly sworn and testified.

PRESIDING CORONER'S COMMENTS:

The following is a brief summary of the circumstances of the death as set out in the evidence presented to the jury at the inquest. The following summary of the evidence as presented at the inquest is 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.

The jury heard that Jeremy David Richardson had a history of chronic pain and substance abuse. Mr. Richardson's physician testified that he was diagnosed with generalized anxiety and depression and at the time of his death, was on prescriptions to treat these conditions. The physician testified that Mr. Richardson was on the Methadone maintenance program until 2010 to treat chronic pain associated with an injury sustained at work. She reported that he had been hospitalized on two occasions for an overdose of prescription medication and alcohol. She testified that Mr. Richardson did not have a history of suicidal ideations or attempts.

On April 21, 2012 at 1119 hours, the jury heard that emergency personnel responded to a report of a male found on the ground and unresponsive. The BC Ambulance Service (BCAS) arrived and upon assessment of the individual later identified as Mr. Richardson, he was found to be unresponsive to verbal commands. The BCAS attendant testified that he applied a mild pain stimulus (i.e. knuckles on the sternum) and Mr. Richardson awoke, swung his arm at the attendant, and fled the scene.

The jury heard that the police officer arrived a short time later and learned that Mr. Richardson had left the scene. She testified that she drove around the block and found Mr. Richardson a short time later. The jury heard that the police officer knew Mr. Richardson having been involved with him on several occasions. She stated that when she found Mr. Richardson, she noted that he appeared to be staggering and that she could smell alcohol on his breath. Based on her previous history with Mr. Richardson, the police officer testified that she believed he was under the influence of alcohol and possibly drugs. She stated that he was known to be aggressive in the past but on this occasion he was cooperative and spoke with her. She testified that she did a physical search of Mr. Richardson, who was placed under arrest for "causing a disturbance", placed him in the back of her police car and drove to the Duncan RCMP detachment. The jury heard that the paramedic offered to complete a formal assessment of Mr. Richardson but the police officer denied the assessment.

The jury viewed video footage of the arrival to the detachment and the entire booking process of Mr. Richardson including when he was brought to police cells. The police officer who arrested Mr. Richardson was involved in the entire booking process and placement in cells along with a Corporal in charge of the police cells. The police officer testified that throughout the process, Mr. Richardson was cooperative and once led to his cell, he laid down on the bed and appeared to go to sleep.

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The police officer testified that she returned to the area where Mr. Richardson was arrested to attend another call and in doing so, was advised by a bystander that prior to his arrest, Mr. Richardson was observed to have fallen on the pavement and struck his head. The jury heard that the police officer called the guard at police cells and asked him to check on Mr. Richardson. The guard peered through the window of the jail cell and reported back that Mr. Richardson appeared fine and that he was sleeping.

The police officer testified that approximately twenty minutes later, she received a phone call from the guard advising that Mr. Richardson's breathing was shallow. The police officer testified that upon returning to the detachment, she entered Mr. Richardson's cell and found him snoring. Both the police officer and guard tried to rouse him but Mr. Richardson did not respond. The police officer testified she spoke with her supervisor and advised him of the situation following which the decision was made to wait as their assessment was that Mr. Richardson was under the influence of alcohol and likely "sleeping it off".

Approximately, 30 minutes later, the police officer testified that she entered the cell again to check on Mr. Richardson. She stated that his breathing was shallow and advised the guard to call BCAS. Mr. Richardson was placed in the recovery position and attempts to rouse him continued. The BCAS arrived and upon assessment, placed Mr. Richardson on ventilation. The jury heard that he had a pulse but that he was unresponsive despite several attempts to rouse him. He was placed on a stretcher and transported to Cowichan District Hospital (CDH). The jury heard that Mr. Richardson suffered a cardiac arrest shortly before arriving in hospital. Resuscitation was started by the BCAS attendants and his care was passed to emergency room hospital personnel upon arrival.

The jury heard that Mr. Richardson's heart stopped on two occasions while in the emergency room. The emergency room physician testified that after the second cardiac arrest, it was fifteen to twenty minutes before spontaneous circulation was established at which time, Mr. Richardson's pupils were fixed and dilated. The jury heard that a computed tomography (CT) scan was completed at CDH which revealed cerebral edema and poor gray-white differentiation consistent with severe anoxic brain injury. The physician testified that hospital toxicology reports revealed that Mr. Richardson had alcohol, methadone, and cocaine in his system. Given the requirement for ongoing complex care, Mr. Richardson was transferred to the Royal Jubilee Hospital (RJH) intensive care unit (ICU) for his continued care. The jury heard from the ICU physician that Mr. Richardson's condition continued to decline upon arrival at RJH and he died on April 22, 2012 at 1159 hours.

The jury heard from the forensic pathologist who conducted an autopsy on Mr. Richardson. The pathologist testified that Mr. Richardson died of acute combined methadone and ethanol intoxication. He stated that there was no evidence of physical injury or pre-existing natural disease. The jury heard from the toxicologist who testified that both methadone and alcohol were found in Mr. Richardson's system along with the metabolite of Clonazepam, a medication that was prescribed to Mr. Richardson to treat his anxiety. The toxicologist testified that the level of methadone found in Mr. Richardson could be fatal in someone who is not a regular user of methadone. The jury heard that Mr. Richardson had not been on the methadone program for at least two years and therefore, would be considered a naive user. The jury heard that methadone and alcohol are both central nervous system depressants and the effects would be additive resulting in a decreased oxygen supply to the brain and possible death.

The jury heard that following Mr. Richardson's death, the Oak Bay Police Department conducted a review into Mr. Richardson's death which resulted in five recommendations all of which have been implemented.

The jury heard from the jail guard working at the time Mr. Richardson was brought into cells. The guard testified that when a prisoner is brought into cells, the police officer completes a form called a "C-13" which includes such things as name, date of birth along with details of the prisoner. In this case, the jury heard that the C-13 form stated that Mr. Richardson was "located intox via drugs/alcohol". The guard testified that he

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doesn't always read the form and in this case, he did not nor was he aware that Mr. Richardson may have been under the influence of alcohol or drugs.

The jury heard that a "physical check" of an individual in a cell consists of looking through the window of the cell door. The guard testified that when doing this, he would look for signs that the individual was breathing (i.e. his chest moving up and down). He testified that the guard may bang on the cell door to get the individual's attention as a way of conducting a physical check. The jury heard that a guard must complete a check of a prisoner every 15 minutes as per policy though in this instance, he did not for the time Mr. Richardson was in custody. Furthermore, the guard testified that in addition to the required 15 minute physical checks, his role is to continually monitor the prisoners through the use of two closed circuit televisions (CCTV) located at the guard's desk in cells. Cameras are placed in the cells of each prisoner. On this date, the guard testified that there were four individuals (including Mr. Richardson) in cells. Furthermore, the guard testified that only a police officer is allowed to enter the cell to check a prisoner.

The jury heard evidence about the RCMP's national, provincial and detachment policies as it relates to medical assistance for prisoners and "Assessing Responsiveness" and that police officers must be familiar with all policies. The jury heard that these policies are used to guide police officers along the continuum of assessing individuals before taking them into custody, to regular monitoring, documentation as well as when to call for immediate medical assistance. The jury heard that the policy entitled "Assessing Prisoner Responsiveness" which is a flowchart used to help a police officer assess a prisoner's need for medical attention or not, is placed in the cell block at the Duncan/Cowichan RCMP detachment. The jury heard that if a prisoner does not spontaneously awake, does not respond to verbal or painful stimulus, then immediate medical assistance should be called.

The jury heard from the Duncan/Cowichan Detachment Commander who testified that police officers now conduct assessments on individuals at the roadside.

The police officer who arrested Mr. Richardson testified that she was unaware of the "Assessing Responsiveness" policy at the time and that when she entered the cell on the first occasion, she did not complete a full responsiveness check. The police officer testified that based on her previous experience with Mr. Richardson, she thought he was under the influence of alcohol and/or drugs and would likely recover after a period of sleep.

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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: A/Commander, Norm Lipinski
Criminal Operations Officer
E Division Core Policing - RCMP

1. That the RCMP reviews the existing policy in relation to allowing medical assessments by ambulance attendants where there is any indication of drug and alcohol intoxication.

Coroner's Comments: The jury heard evidence that the police officer refused the medical assessment of Mr. Richardson offered by the BCAS attendants while he was in the police car.

2. That policy be amended to require that on the third physical check, if the prisoner has not moved or shown signs of life, a rousability assessment should be done and if the prisoner is unresponsive, the Watch Commander should be called to enter the cell to do a complete assessment.

Coroner's Comments: The jury heard that a rousability assessment was not completed on Mr. Richardson until several hours after being in cells at which point emergency services were contacted and he was transported to hospital for treatment.

To: S/Sgt. Jack McNeil
OIC North Cowichan RCMP

3. That the RCMP develop a short series of pertinent questions to ascertain upon booking a prisoner, if the subject in custody has any medical conditions or is under the influence of any drugs and/or alcohol.

Coroner's Comments: The jury heard that there are no requirements for a guard or police officer to ask if a prisoner has any medical conditions or is under the influence of alcohol or drugs and that having this information, may better inform the assessment of the prisoner before being placed in cells.

4. To send a detachment-wide broadcast to remind all members and guards that appropriate first aid including CPR be rendered immediately to a prisoner in a state of questionable counsciousness prior to the attendance of the BC Ambulance Service paramedics.

Coroner's Comments: The jury heard and viewed on the video footage that first aid was not provided to Mr. Richardson until BCAS arrived at the detachment.

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To: Ms. Suzanne Solven
Deputy Registrar
BC College of Pharmacists

To: Dr. Galt Wilson
Deputy Registrar
College of Physicians and Surgeons of British Columbia

5. To review the controls of the methadone distribution in the Cowichan Valley.

Coroner's Comments: The jury heard that Mr. Richardson was not on the Methadone Maintenance Program and that he likely obtained the methadone through illicit means in the community.

To: Rob Hutchins
Chair,
Cowichan Valley Regional District

6. That the CVRD (Cowichan Valley Regional Distrist), the Mayors and Island Health Authority set up a joint review committee to determine the viability of a sobering center and detox services for the Duncan-Cowichan district and the share of information between the agencies. This review committee should include a cross-section of service providers including health, police, addictions and mental health clinicians, Cowichan Tribes Council and city council to determine the extent of substance use and mental health issues and the need for such a facility.

Coroner's Comments: The jury heard that a study conducted by the Duncan Cowichan RCMP detachment found that 80% of individuals taken into police custody and cells are under the influence of alcohol and/or drugs and that most these people are involved with police on a frequent basis for this. The jury heard that there are few resources such as detox or treatment centres in the community to assist individuals.