Dear Ms. Lapointe:

Re: Coroner's Report into the death of Scott, Steven Joseph,
    BCCS Case File #2012-5003-0070

Thank you for your letter of May 28, 2015, regarding Recommendation number fourteen made in the Coroner’s Judgment of Inquiry into the death of Mr. Stephen Joseph Scott.

Recommendation #14: That the provincial government study the feasibility of establishing an alcohol detoxification center in the South Okanagan or fund a partner agency to operate such a facility.

The Ministry of Health (the Ministry) has reviewed the recommendation; please be assured that work is underway to ensure there is access to withdrawal management services in the South Okanagan.

In May 2013, the BC Government made a public commitment that recognizes additional substance use services are required in the province and is working with health authorities to plan and implement 500 additional substance use spaces by 2017. For Phase 1 of this project, the health authorities committed to creating approximately 100 new substance use beds and Phase 2 and 3 plans were submitted to the Ministry in March, 2015. Planning for the project was informed by the results of an extensive needs based planning process and community consultations.

Through this Provincial commitment, the Interior Health Authority (IHA) plans to create more withdrawal management services and capacity in a number of areas across their geographic region. Withdrawal management occurs on a continuum that is based on the severity of the withdrawal process. This depends on the substance, the amount of use, conflicting medical or medicine reactions, social stability and a number of other factors. Currently, IHA has withdrawal management services available at all hospitals, based on the needs of the patient.
Ministry staff has been in contact with IHA and, I can assure you, IHA recognizes the need for increased withdrawal management in their region and will include this recommendation as part of their planning for the 500 substance use spaces project. Ministry staff will monitor their progress and IHA has committed to reporting back to the Ministry on this recommendation.

Thank you for bringing these matters to my attention. It is my expectation that through our collaborative work with our Ministry partners, our health authority colleagues and the police, we can promote health and safety, and help to prevent deaths of a similar nature from occurring.

Sincerely,

Terry Lake
Minister

pc: Mr. Doug Hughes, Assistant Deputy Minister, Health Services Policy and Quality Assurance Division, Ministry of Health
July 6, 2015

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

Dear Ms. Lapointe:

Re: Coroners Inquest Into the Death of SCOTT, Steven Joseph
BCCS Case File No. 2012-5003-0070

We write as a follow-up to the jury’s recommendations given November 5th, 2014, and in particular those recommendations to the Commanding Officer of the RCMP (E Division) and Chiefs of all Municipal Police Departments in British Columbia. We will respond to each recommendation as numbered by the jury.

Recommendation #1

Review current practices and policies related to the number of guards, their shift duration and the possibility of overlapping shifts in all cell facilities with the organization’s jurisdiction.

Coroner’s Comments:
The Jury heard testimony that the detachment cellblock guards worked twelve hour shifts alone until a certain number of prisoners were booked into the facility. The Jury believed the duration of the shifts and absence of other guards may cause fatigue and inattention when monitoring the prisoner’s welfare. The Jury believed it may be beneficial for multiple guard shifts, overlapping shifts or shorter shifts to be utilized.

Our current practices and policies with regard to our detention facility and our care and control of prisoners have been reviewed.

The New Westminster Police Department (NWPD) contracts civilian custodial guards. The custodial guards work eight hour shifts. The weekday position is filled by the custodial Supervisor.
Recommendation #2

Review the policy and training standards in relation to the police officers' and cell facility guards' awareness and knowledge of withdrawal symptoms exhibited by persons addicted to alcohol, and other substances, to enhance their ability to assess the need for medical treatment and intervention.

**Coroner's Comments:**
The Jury heard testimony that few RCMP members and none of the cellblock guards are adequately trained in the assessment of alcohol or substance withdrawal symptoms when monitoring prisoners and making decisions on the need for medical care. The Jury believed appropriate training would enhance the cellblock personnel's ability to make the required medical assessments and decisions.

Current minimum requirements for a person to be employed as a New Westminster police officer include a Valid Emergency, Survival, Standard, OFA Level 1 or First Responder 1 or 2 First Aid Certificate. Minimum requirement for custodial guards is OFA Level 1, and the Supervisor position minimum is OFA Level 2.

With regard to police officers' and cell facility guards' awareness and knowledge of withdrawal symptoms exhibited by persons addicted to alcohol, and other substances, NWPD policies "Care and Control of Prisoners" and "Detention Facility" dictate the following as it relates to prisoner health assessments:

Members who reasonably suspect that a person in custody is medically unfit must ensure that the person receives immediate medical attention at the scene, in the custodial facility, or in a hospital, as a supervisor deems appropriate. 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 (including from another facility or police force) 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.

The Watch Commander will ensure that an unconscious person is not lodged in the detention facility, and where doubt exists as to the physical or mental condition of a prisoner, necessary professional or medical assistance is obtained for the prisoner prior to them being lodged in a cell.
The NWPD takes into consideration the potential for prisoner condition, known as “Questionable Consciousness”, which is defined as “a state of reduced awareness in which a person is not readily responsive”.

When a prisoner is not readily responsive, which at some point was the condition of Mr. Scott, members are required to fulfill several obligations, which include the following:

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, attempts to make him or her respond to basic commands, and a basic physical assessment to determine if the person has suffered any injuries.

If the responsiveness of the person in custody is minimal or if they do not reveal sufficient information to reach a conclusion that the prisoner is conscious, and not in jeopardy, a Member must arrange for a medical examination immediately.

Custodial guards are required to immediately report to the Watch Commander any prisoner who is, or appears to be, sick or injured, and they will ensure that a prisoner is spoken to or their well being is visually verified at least once every ten (10) minutes.

Withdrawal symptoms that are physical and visible, therefore capable of being observed by a custodial guard or police officer include tremors, sweating, diarrhea, and/or difficulty breathing. I am satisfied that our policies and practices are sufficient to ensure that medical attention is sought when appropriate, taking into account that any doubt that a member has regarding the need for immediate medical attention must be resolved in favour of obtaining that medical attention.

Recommendation #3

Unless extraneous circumstances dictate, the Watch Commander should remain in the detachment for the duration of his shift.

Coroner’s Comments:
The Jury heard testimony that the Watch Commander had numerous responsibilities which included leaving the detachment to supervise front-line officers. The absence of the Watch Commander at times left the cellblock guard without an officer to immediately attend the cellblock if required. The Jury felt the probable time delays in prisoners being physically attended to during medical emergencies should be minimized by having the Watch Commander on site at all times.
The NWPD Watch Commander is responsible for the care and custody of prisoners detained in the NWPD detention facility and the custodial guard is responsible for supervising and monitoring the prisoners. There is no requirement for the Watch Commander to leave the police department to supervise front-line officers, as the front-line officers are supervised in the field at all times at minimum by a Sergeant, and at maximum a Corporal and a Sergeant.

The NWPD Watch Commander is expected to be stationed at the police department at all times. In the event the Watch Commander is required to leave the police department, he or she is expected, and it is the practice, to assign another police officer to remain within the police department building.

Recommendation #4

If an officer becomes aware of, or suspects, alcohol or substance abuse they should note it in the 'remarks' portion of the Master Index (MNI) on PRIME to ensure that during any subsequent arrests the arresting officers can take the necessary steps should alcohol and drug withdrawal, while in custody, become an issue.

Coroner's Comments:
The Jury heard testimony that it is feasible to document substance abuse observations within the MNI of PRIME and believed this information would be beneficial to police officers in making medical assessments when dealing with the documented person during future incidents.

The documentation of substance abuse observations is available to Members in PRIME. I am advised that police officers do make PRIME entries of substance abuse observations. I am also advised that through conducting a PRIME query of a number of local New Westminster chronic substance abusers it has been verified that this information is being documented in PRIME.

Recommendation #5

When an Officer is booking a prisoner, they should review PRIME and note medical issues, including suspected chronic alcohol and substance abuse (collectively 'Medical Issues'), on the C-13. If Medical Issues are noted on a C-13 it should be printed in a colour or in a manner to distinguish it from other C-13's.

Coroner's Comments:
The Jury heard testimony that there was a section of the cellblock booking document (C-13) for documentation of medical issues. The Jury believed this information was vital enough for that section, or those entries, to be highlighted in some manner to ensure the recognition of medical concerns by the police officers and guards having contact with that person while in custody.
NWPD Prisoner Record reports include a section to be completed by the member for the purpose of identifying any medical concerns of the prisoner. This includes space to provide the details, an indication as to whether or not the prisoner’s medical condition was checked, and if so, by whom, and if by BC Ambulance Service, the presence of their crew report.

In bold type, on one line which spans across the report is this statement:

If the prisoner’s level of consciousness is questionable, complete details on reverse.

On the reverse of the form, is a half page section titled “Questionable Consciousness Log”. Direction includes that a prisoner must be roused every 2 hours to determine his/her level of consciousness, and that there must be details of where and by whom the prisoner was checked, and if transported to/from hospital, by whom and time.

Members involved in bringing a person into custody (including from another facility or police force) 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.

Custodial guards must, on commencing their shift, review all prisoner records, noting conditions for release and care (i.e. medication), confirm accuracy of prisoner records by physically checking cells to ensure prisoners are in the proper location and review all log book entries related to prisoners in custody and report any concerns to the Watch Commander.

Recommendation #6

If a prisoner who is suspected of having a drug or alcohol addiction is detained longer than 12 hours a medical assessment, by a person trained to recognize withdrawal symptoms, shall be conducted.

Coroner’s Comments:
The Jury heard testimony that the alcohol or substance withdrawal symptoms could be displayed well after the person was taken into custody. The Jury believed anyone with these medical concerns held for a long period should at some point receive a medical assessment to ensure they did not require medical attention.

NWPD custodial guards are required to ensure that a prisoner is spoken to or their well being is visually verified at least once every ten (10) minutes and will document the check in the Prisoner Log Book. In cases of questionable consciousness, Members shall attempt to communicate with a person in custody
Office of the Chief Coroner  
July 6, 2015

every two hours to ensure the person in custody is conscious. If the responsiveness of the person in custody is minimal or if they do not reveal sufficient information to reach a conclusion that the prisoner is conscious, and not in jeopardy, a Member must arrange for a medical examination immediately.

We trust this deals with the jury’s recommendations in the SCOTT Inquest.

Yours truly,

[Signature]

David Jones, M.O.M.  
Chief Constable
July 9, 2015

Office of the Chief Coroner
Metrotower II
Suite 800 – 4720 Kingsway
Burnaby, B.C.V5H 4N2

Dear Chief Coroner Lapointe:

Re: Request for Response, Coroner’s Inquest into the Death of:
SCOTT, Steven Joseph
BCCS Case File #2012-5003-0070

I have reviewed the recommendations coming from the Scott inquest. We restrict prisoner keep from the Saanich Police Department and I have considered their response to your request during my review.

1. Review current policies and practices in relation to the number of guards, shift durations and the possibility of overlapping shifts.

I am satisfied with the Saanich response to this recommendation.

2. Review policy and training standards for both police officers and cell guards in relation to awareness and knowledge of withdrawal symptoms exhibited by persons addicted to alcohol and other substances.

I am satisfied with the Saanich plan for enhanced guard training. The Oak Bay Police Department is currently assessing the possibility of adding addictions training and awareness to our in-service training component in 2016.

3. Unless extraneous circumstances dictate, the Watch Commander should remain in the detachment for the duration of the shift.

I am satisfied with the Saanich response to this recommendation.

4. An officer aware of or suspecting of alcohol or substance abuse should note their concerns in the remarks portion of the MNI on PRIME to ensure that subsequent officers are aware and take the necessary steps should alcohol and drug withdrawal become an issue.

The use of the remarks field in the MNI is regulated by Provincial PRIME-BC policy and is currently restricted to officer safety concerns. The Oak Bay Police Department will respond to any changes made to PRIME-BC policy in this regard.
5. When booking a prisoner, officers should review PRIME and note any medical issues on the booking sheet and print these issues in color or in a manner to distinguish the concerns from other booking sheets.

I am satisfied with the response to this recommendation including the restructuring of their Prisoner Report. Once completed the Oak Bay Police Department members will receive a briefing on the changes.

6. A prisoner suspected of having a drug or alcohol addiction, detained longer than 12 hours, have a medical assessment performed by a person trained to recognize withdrawal symptoms.

I am satisfied with the Saanich response to this recommendation.

Yours truly,

[Signature]

Andy Brinton
Chief Constable
Oak Bay Police Department
July 10, 2015

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

Dear Ms. Lapointe:

I write to reply to your letter dated May 28, 2015, regarding the Coroner’s Inquest into the death of Steven Joseph Scott (BCCS File 2012-5003-0070). I reviewed the six recommendations provided by the jury and the following is our response.

Recommendations:

The first recommendation was that police departments “review current practices and policies related to the number of guards, their shift duration, and the possibility of overlapping shifts in all cell facilities with the organization’s jurisdiction.” The jail guards/matrons for our police department work only an eight (8) hour shift. Because we are a relatively small department, with a small cell block, we only require one guard on at a time.

The second recommendation was that police departments “review the policy and training standards in relation to the police officers’ and cell facility guards’ awareness and knowledge of withdrawal symptoms exhibited by persons addicted to alcohol, and other substances, to enhance their ability to assess the need for medical treatment and intervention.” Our police department policy, titled, Jail Care and Control of Prisoners is thorough and includes procedures/training for injuries, unconsciousness and questionable consciousness, hospitalization, and medication/first aid, but it does not include specific procedures/training on the assessment of alcohol withdrawal symptoms. After speaking with our departmental training officer regarding these recommendations, she will seek out training in this area for our staff.

The third recommendation stated that “unless extraneous circumstances dictate, the Watch Commander should remain in the detachment for the duration of his shift.” Again, we are a smaller department and do not have the staffing levels to allow our Watch Commander to stay in our office until the end of his/her shift. Our policy states that the Watch Commander will stay in the office until the jail guard arrives to monitor the prisoner.

"A safer community through real partnerships."
The fourth recommendation was that “If an officer becomes aware of, or suspects, alcohol or substance abuse they should note it in the ‘remarks’ portion of the Master Index (MNI) on PRIME.” I spoke with PRIME Corp. regarding this recommendation and they will need to examine this option because the current set up of the ‘remarks’ portion may not be practical due to overwriting problems. After examination, and if appropriate, they will write policy to all departments clarifying the most effective way to implement this recommendation. PRIME Corp. also asked if the coroner could consider notifying them of the recommendations.

The fifth recommendation was that “When an officer is booking a prisoner, they should review PRIME and note medical issues, including suspected chronic alcohol and substance abuse on the C-13. [If] noted on a C-13 it should be printed in a colour or in a manner to distinguish it from other C-13’s.” Our department is in the process of transitioning to a new IntelliBook booking system. I discussed this recommendation with our Forensic Identification Section and we will be examine noting any medical issues in the ‘remarks’ field of the new form.

The sixth recommendation was that “If a prisoner who is suspected of having a drug or alcohol addiction is detained longer than 12 hours, a medical assessment, by a person trained to recognize withdrawal symptoms, shall be conducted.” Our departmental training officer will explore who we would contact to provide this medical assessment.

I hope that my responses have properly addressed the concerns raised by the jury. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

[Signature]

Chris Rattenbury
Chief Constable
Officer in Charge  
Penticton, South Okanagan, Similkameen  
Regional Detachment,  
1168 Main Street,  
Penticton, BC  
V2A 5E8

July 20th, 2015

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

Your File  
Votre référence  
2012-5003-0070

Our File  
Notre référence  
2012-10685

RECEIVED

JUL 29 2015

MINISTRY OF JUSTICE
OFFICE OF THE CHIEF CORONER

Re: Coroner’s Inquest into the death of: SCOTT, Steven Joseph  
BCCS Case File #2012-5003-0070

Dear Madam,

A Coroner’s Inquest into Mr. Scott’s death was held November 3-5, 2014 in the City of Penticton. This inquest resulted in 14 recommendations, 7 of which were directed to the Officer in Charge of the Penticton RCMP Detachment. Subsequent to these recommendations being tabled, discussions were held with City of Penticton representatives, including the Municipal Manager who oversees our cell block operations. As well, the Detachment Management team discussed these recommendations and their resolve with all guard staff, both full time and casual as well as Detachment members. The 7 recommendations and our response to each follow.

To: The Officer in Charge of the Penticton Royal Canadian Mounted Police and the City of Penticton.

7. Consider the feasibility of establishing a mandatory two guard shift, overlapping shifts or reduced shift durations for the cell facilities within the Penticton Detachment.

Resolve: This recommendation would require a significant shift and change in how guards are currently scheduled and would not be feasible or applicable within the 12 hour shifts. It would require the hiring of additional guards or relying heavily on relief guards. This incident was not as a result of fatigue or alertness, as the guard who located the victim had only been on shift for a few hours. The Detachment has policy in place for additional resources being called in when warranted. With the new directive of the Watch Commander providing an opportunity for guards to take breaks intermittently throughout their shift should provide the necessary "rest" or "downtime" for them.
8. Consider the feasibility of updating the cell surveillance cameras to those that have the capability to zoom in on a subject.

Resolve: The system currently being used in the Penticton cell area does have the ability to digitally zoom in without modifying the recording; however, it degrades the quality of the video being seen. The cells have a fixed lens to eliminate the possibility of not recording an activity in the cell. If a guard was to zoom in on a prisoner and then leave it that way while he does his checks there is the opportunity for the prisoner to move and his activities are not recorded.

9. The person in charge of providing the training for all guards should have his or her own training updated quarterly. The trainer should also ensure the training manual is continuously updated and any changes conveyed to the guards.

Resolve: There would be very little benefit for the trainer to be recertified quarterly due to the reality that policy rarely changes in prisoner handling. Any changes that come in to affect the trainer immediately is notified and updated. Prior to undertaking any training the instructor ensures they review policies. Prior to the six (6) month training session the supervisor reviews all policy to ensure that the guards have the most current version of the policy in their manuals.

10. Current jail guards should not provide the training for newly hired jail guards.

Resolve: The trainer used to provide the current training is the “Subject Matter Expert” in this area and has the knowledge, skills and abilities to provide the training to the other guards. There is not a Regional or Provincial coordinator or trainer and therefore until such an entity is created the training has been down loaded to the respective detachments.

11. Study the feasibility of replacing municipal jail guards with prison guards trained to work in Provincial Correctional Institutions.

Resolve: At present the job function of guard is a Municipality function that is protected by way of the CUPE union. This option would have to be tabled and supported by the local government in order to proceed and should not fall to the responsibility of the local Detachment. Should the governing body overseeing the “Keepers of the Prisoners Act” mandate this change then this change will come into effect. It is worth noting that even if the City of Penticton employed guards who were trained to work in Provincial Correctional Institutions it would not supersede the fact that RCMP policy does not allow guards to open a cell door without a member present.

12. Random/intermittent audits of cell surveillance video should be conducted to ensure that the physical checks recorded in the log books coincide with the surveillance on the video.

Resolve: This will form part of the “Unit Level Quality Assurance” process which is done on an annual basis. Should there be an identified need, additional audits will be conducted.

13. The lighting in the cell hallways should be upgraded to ensure the surveillance video can clearly show physical prisoner checks.

Resolve: The local Detachment policy that has been developed and put into place is that the lights will remain on at all times. All guards and employees have been advised of this policy.
change and have complied. Should the cell block be upgraded or refurbished the light switches will be changed out so that they are no longer adjustable.

The Officer in Charge and Detachment Management place the utmost importance on the issue of cell block security and safety, recognizing that the keep of prisoners is one of the highest risks undertaken by the organization. This philosophy is shared and communicated to every employee in the building on a regular basis. The above noted resolves have also been shared with the City of Penticton Management.

Yours truly,

(K.J.P. HEWCO), Superintendent.
Officer in Charge,
Penticton, South Okanagan, Similkameen Regional Detachment.

/kh
July 9, 2015

Office of the Chief Coroner
Metrotower II
Suite 800 – 4720 Kingsway
Burnaby, B.C.
V5H 4N2

Dear Chief Coroner Lapointe,

Re: Request for Response, Coroner’s Inquest into the Death of:
SCOTT, Steven Joseph
BCCS Case File #2012-5003-0070

The Saanich Police Department has reviewed the Jury’s recommendations and can provide the following detail on what changes will be made and or considered in response to the recommendations.

1. Review current policies and practices in relation to the number of guards, shift durations and the possibility of overlapping shifts.

The Saanich Police guard shifting model currently has guards working Monday to Friday on three individual shifts: dayshift 05:30 to 13:30, afternoon shift 13:30 to 21:30 and nightshift 21:30 to 05:30. On Saturday and Sunday guards work on two shifts: dayshift 05:30 to 17:30 and nightshift 17:30 to 05:30. Although there is currently no scheduled overlap between the shifts guards are able to obtain assistance from our front desk officer who has cell block video surveillance monitoring capabilities or the Watch Commander. Both the front desk officer and Watch Commander are located in close proximity to the cell block area. Current policy directs prisoners to be physically checked every 15 minutes. Saanich Police will conduct an assessment on the need to change the current shifting model in consideration of overlapping shifts to allow for breaks and reduce the likelihood of fatigue and inattention.

2. Review policy and training standards for both police officers and cell guards in relation to awareness and knowledge of withdrawal symptoms exhibited by persons addicted to alcohol and other substances.

Staff Development is currently assessing the possibility of adding addictions training and awareness as an increment training component in 2016. Addictions training and awareness will form part of a Cell Guard Training program that is being structured for implementation in the fall of 2015.
3. Unless extraneous circumstances dictate, the Watch Commander should remain in the detachment for the duration of the shift.

The current business practice of the Saanich Police is to staff the front desk with a sworn police officer and the Watch Commander’s Office with a Staff Sergeant or Acting Staff Sergeant. Both these positions are within close proximity to the cell block and available to assist gaol staff. When either position is required to leave the front desk area for meal breaks or other matters, relief is arranged as both positions work independent of one another. The Watch Commander is ultimately responsible for superintendence of the cell block and does not leave the building without arranging for relief. Due to the Scott Inquest, this policy will be reviewed to ensure consistency of practice.

4. An officer aware of or suspecting of alcohol or substance abuse should note their concerns in the remarks portion of the MNI on PRIME to ensure that subsequent officers are aware and take the necessary steps should alcohol and drug withdrawal become an issue.

The use of the remarks field in the MNI is regulated by Provincial PRIME-BC policy and is currently restricted to officer safety concerns. The Saanich Police will respond to any changes made to PRIME-BC policy in this regard.

5. When booking a prisoner, officers should review PRIME and note any medical issues on the booking sheet and print these issues in color or in a manner to distinguish the concerns from other booking sheets.

Prisoner reports are in the process of being restructured and will include focused areas to note medical issues and concerns. The Saanich Police will also consider adopting an additional prisoner check sheet that is used during each 15 minute physical check. This check sheet would be specific to each prisoner and include medical concerns and addiction issues (if any) specific to that individual.

6. A prisoner suspected of having a drug or alcohol addiction, detained longer than 12 hours, have a medical assessment performed by a person trained to recognize withdrawal symptoms.

Current policy directs prisoners to be physically checked every 15 minutes. It is an organizational practice to have prisoners checked by BC Ambulance if there are significant medical concerns and transport that prisoner to hospital if the prisoner requests or there is a perceived need for medical treatment.

Sincerely,

Robert A. Downie, O.O.M.
Chief Constable
July 6, 2015

Ms. Lisa Lapointe
Chief Coroner
Province of British Columbia
Coroners Service – Ministry of Justice
Suite 800 – 4720 Kingsway
Burnaby, BC V5H 4N2

RE: Steven Joseph Scott – Inquest Recommendations

Dear Ms. Lapointe,

I am writing in regard to the verdict in the inquest into the death of Steven Joseph Scott. I have reviewed the jury recommendations and offer the following comments:

1. Review the current practices and polices related to the number of guards, their shift duration and the possibility of overlapping shifts in all cell facilities with the organization’s jurisdiction.

   Response: The Metro Vancouver Transit Police do not operate a jail facility and rely on the jurisdictional police department facilities when an arrest is made.

2. Review the policy and training standards in relation to the police officers and cell facility guards’ awareness and knowledge of withdrawal symptoms exhibited by persons addicted to alcohol, and other substances, to enhance their ability to assess the need for medical treatment and intervention.

   Response: The Metro Vancouver Transit Police do not operate a jail facility and rely on the jurisdictional police department facilities when an arrest is made. The Transit Police also use the services of sobering facilities where available. In cases of
extreme intoxication or medical distress, Emergency Health Services is called for an assessment. Transit Police are not typically involved in the withdrawal process. The Transit Police assess the current standards as sufficient.

3. Unless extraneous circumstances dictate, the Watch Commander should remain in the detachment for the duration of his/her shift.

   Response: Due to the fact that there is no detention facilities within Transit Police buildings this is not applicable.

4. If an officer becomes aware of, or suspects, alcohol or substance abuse they should note it in the ‘remarks’ portion of the Master Index (MNI) on PRIME to ensure that during any subsequent arrests the arresting officers can take the necessary steps should alcohol and drug withdrawal, while in custody, becomes an issue.

   Response: Transit Police officers are not able to edit the MNI on PRIME. This is to ensure the integrity of the MNI.

5. When an officer is booking a prisoner, they review PRIME and note medical issues, including suspected chronic alcohol and substance abuse (collectively ‘Medical Issues’), on the C-13. If Medical Issues are noted on a C-13 it should be printed in a colour or in a manner to distinguish it from other C-13’s.

   Response: Transit Police follow the booking policies of the jurisdictional police departments in which they are booking their prisoners.

6. If a prisoner who is suspected of having a drug or alcohol addiction is detained longer than 12 hours, a medical assessment, by a person trained to recognize withdrawal symptoms, shall be conducted.

   Response: Transit Police do not have any further dealings with prisoners once they are booked in the jurisdictional police department cells.

If you have any questions regarding the Transit Police and prisoner handling, please contact Inspector Brian MacDonald at 604-516-7433.

Thank you.

Barry Kross
Interim Chief Officer
Metro Vancouver Transit Police
July 22, 2015

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

Dear Lisa:  

RE:  
Coroner's Inquest into the death of: SCOTT, Steven Joseph (BCCS Case File #2012-5003-0070)  
Consideration of Jury Recommendations

On May 28, 2015, the Victoria Police Department received correspondence from your office relating to recommendations made to the BC RCMP and all municipal police departments in British Columbia by the jury at the inquest into the death of Steven Joseph SCOTT in Penticton BC.

The Victoria Police Department operates a jail facility with full-time jail employees who are responsible for the care and custody of prisoners. At all times, there are a minimum of two staff, supervised by a police supervisor working in the cell area. All personnel are first-aid responders with training in recognizing signs and symptoms of medical distress. All prisoners are checked medically before admission and any previous or current health issues are documented and included in a prisoner intake record, which is readily available to all staff.

After reviewing the jury’s recommendations against the practices and policies currently in place by the department, our jail facility already operates within the scope and spirit of the recommendations.

Sincerely,

[Signature]
Inspector Grant Hamilton  
OIC Executive Services and Professional Standards