



City of Vancouver  
Police Department

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ADAM PALMER  
Chief Constable

CHIEF CORONER  
**OFFICE OF THE CHIEF CONSTABLE**

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July 5<sup>th</sup>, 2018

Lisa Lapointe, Chief Coroner  
Province of British Columbia  
Office of the Chief Coroner  
PO Box 9259, St Prov Govt  
Victoria, B.C.  
V8W 9J4

Dear Chief Coroner Lapointe:

Thank you for your letter dated April 30<sup>th</sup>, 2018 enclosing the verdict at the Coroner's Inquest into the death of Mr. Phuong Na (Tony) Du. Please accept this letter as the Vancouver Police Department's (VPD) response to the Jurors' Recommendations.

**Response to Recommendation #3**

In the three and a half years since Mr. Du's tragic death, the VPD has taken steps to improve its officer medical response training. Most of the changes made by the VPD were implemented many months and even years prior to the start of this inquest.

All VPD patrol vehicles are equipped with basic first-aid kits. In 2017, the Vancouver Police Department trained its patrol officers in Tactical Emergency Casualty Care (TECC) and issued each officer with an individual first-aid kit (IFAK) fitted with compression bandages and tourniquets. The IFAK can be carried on the officer's duty belt or in a duty bag, which makes it more accessible.

TECC training and issuing of IFAKs are predicated on an initiative to maximize officer safety and align with WorkSafeBC regulations. These kits can also be used to assist civilians, which is in keeping with the current framework for Emergency Health Services (EHS) in British Columbia and this inquest's articulation of providing "*meaningful assistance...until such time that emergency responders with a higher scope of practice arrive...*".

In 2018, the VPD equipped patrol supervisor and school liaison officer vehicles with enhanced first aid-kits with multiple compression bandages and tourniquets to provide mass casualty trauma supplies until the arrival of EHS or other medical support services. This is consistent with current TECC best practices, reflecting that uncontrolled hemorrhage is the leading cause of preventable death in traumas similar to that of this inquest.

Vented chest seals, such as the Asherman chest seal, were not part of the 2017 TECC training; however, there are discussions to include them in future training. Some of the VPD's Emergency Response Team officers carry chest seals because they have advanced training through the specialized Tactical Emergency Medical Services (TEMS) program.

#### **Response to Recommendation #4**

VPD policy requires officers to facilitate the provision of medical aid to subjects by contacting EHS or Vancouver Fire and Rescue Service (VFRS). This policy is in keeping with the current framework for the provision of out-of-hospital care in British Columbia under the *Emergency Health Service's Act*, *Workers Compensation Act*, and *Police Act*.

VPD policy does not require officers to apply medical aid directly to subjects; however, there are many examples where officers have provided aid to subjects in medical need while waiting for the arrival of EHS/VFRS.

Recently the VPD has made a significant investment to provide advanced medical aid response training to all patrol offers. As part of the 2017 TECC training, 630 VPD officers received medical aid training, which included training in CPR, Automated External Defibrillators, pressure bandaging and the use of a tourniquet. Additionally, the VPD Emergency Response Team currently have 13 members trained in the TEMS program.

As stated in the VPD's response to Recommendation #3, training in the use of vented chest seals (such as the Asherman chest seal) is being considered. Given that medical aid training has been greatly expanded across the VPD, along with the corresponding tools to provide such medical aid, the VPD is confident that its members will apply meaningful assistance to the public while more skilled practitioners (EHS and VFRS) are enroute. In fact, there are recent examples where VPD officers applied life-saving medical aid to the public.

#### **Response to Recommendation #5**

Although the ride-along participant in this instance was never in any physical danger, it would have been prudent for the participant to have remained in the police patrol vehicle. Moving forward, all "ride-along request" forms will include a copy of the ride-along policy. The current long-standing policy (RPM 1.14.1 *Ride-Along*) includes the following:

*Members shall take reasonable steps to avoid exposing Ride-Alongs to hazardous situations. In cases where members must attend an obviously hazardous situation they shall take reasonable steps to ensure the ride-along participant remains in a position of relative safety, as determined by the member.*

*The Ride-Along participant has an observer status only and is not to perform any police function unless otherwise directed by the member. Members shall not allow Ride-Alongs to be present when statements are taken from a suspect.*

This policy has been reviewed in light of the recommendations and adequately addresses the concerns set out in this recommendation. The policy shall be attached to the Ride-along form to ensure awareness and compliance.



## Response to Recommendation #6

Police officers are regularly dispatched to incidents involving persons living with mental illness. VPD officers are not expected to diagnose mental illness, but are expected to recognize persons in a crisis or affected by mental illness, and to contact EHS as soon as possible to facilitate a coordinated police and medical response to assist such individuals.

The VPD has been conducting critical incident de-escalation training since 2000. Since then advances in training, combined with input received from stakeholders, have allowed the VPD to implement scenario-based training programs through its Force Options Training Unit (FOTU) to address situations where there may be communication barriers between the police and a subject who is in a crisis or suffering from mental illness.

FOTU uses real-life scenarios so that officers can practice their de-escalation skills. In keeping with the training offered by FOTU, the *Vancouver Police Mental Health Strategy (2016)* details the training approach endorsed by the VPD:

*The VPD delivers practical scenario-based training to operational members through quarterly cycle training days, administered at the Tactical Training Centre. The scenarios involve a full spectrum of police interactions with the public, with actors filling the role of the involved subjects. Many of these scenarios are designed to incorporate de-escalation techniques, applied in a practical setting. The scenarios are designed to put crisis intervention and de-escalation theory into practice, with realistic scenario-based exercises where the successful resolution of the scenario is based on de-escalation and without any use of force by the police officer.*

The VPD's mental health approach has been recognized by the community through:

- the 2015 Canadian Mental Health Association BC - Dr. Nancy Hall Public Policy Leadership Award of Merit for the VPD's Project Link; and
- the 2015 International Association of Chiefs - Police Webber Seavey Award for the VPD's Assertive Outreach Team.

Both awards recognize the leadership and vision of Vancouver Coastal Health (VCH) and VPD in creating a collaborative model encompassing both police and outreach workers (VCH Newsletter October 7, 2015).

## Response to Recommendation #7

The VPD has training in place through FOTU to address the issues raised in this recommendation. Duty Officers and Patrol Supervisors are trained to employ a system known as C.L.E.A.R. to contain subjects:

- Containment (Scene Containment)
- Less Lethal / Lethal Force (Use of Force Options)
- Evacuation (Ensuring the Safety of Civilians, By-standers, etc.)
- Authority (Broadcast the Police Authority - e.g., criminal offence)
- React Plans (Immediate Action Plan, Break Out Plan, Surrender Plan)

Using the C.L.E.A.R. system, officers are instructed to gather intelligence about the subject (if known) as well as the location and nature of the threat. Training in C.L.E.A.R. includes officer identification of entry routes, egress routes, cover and concealment. FOTU trains officers on how to deal with subjects using non-firearm weapons and tactical repositioning where time and circumstances allow. Tactical repositioning is designed to create an "artificial distance" between the subject and the officer by placing physical barriers between them.

Unfortunately, the incident in question evolved too rapidly for any meaningful intelligence gathering, containment, or significant tactical repositioning to occur.

### **Response to Recommendation #8**

There will be incidents where the Independent Investigations Office (IIO) will assume jurisdiction and the police investigation will occur concurrently. For example, if a citizen was under investigation for a homicide, and force had to be used on that person that required the IIO to investigate the use of force, then the homicide investigation would be still be conducted concurrent to the IIO investigation.

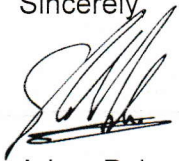
Such concurrent investigations are envisioned by the *Memorandum of Understanding Respecting Investigations* between the IIO and British Columbia municipal police agencies, where the police are required to maintain scene security and preserve evidence until the IIO takes over the scene. The police, pursuant to legislation, have a positive duty and obligation to continue an investigation until the IIO assumes jurisdiction, which includes steps to ensure public safety.

In this case, there was no concurrent investigation; however, because there was a concern for the safety of Mr. Du's family, a patrol officer was sent to the Du family home to check on their well-being.

### **Concluding Remarks**

The VPD continually strives to be a leader in public safety and has given very serious attention and consideration to the recommendations raised by the Inquest Jury in order to prevent similar deaths in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Adam Palmer', with a horizontal line underneath.

Adam Palmer  
Chief Constable