



**“E” DIVISION CRIMINAL OPERATIONS  
CORE POLICING**

February 20, 2020

Ms. Lisa Lapointe, Chief Coroner  
Chief Coroner’s Office  
Metrotower II  
Suite 800 - 4720 Kingsway  
Burnaby, BC  
V5H 4N2

**RECEIVED**  
MAR 04 2020  
**CHIEF CORONER**

RE: **Jacobus JONKER**  
Coroner’s Inquest into the Death of  
**BCCS Case File: 2015:0380:0003**

Dear Ms. Lapointe:

As a result of the tragic death of Mr. Jonker, we undertook a review of related RCMP policy and training, and wish to respond to the following Coroner’s Jury RCMP-related recommendations:

*Recommendation 2*

*“Review handcuff removal procedure with respect to prisoner booking.”*

**Response:**

As was articulated by members of the RCMP under oath at the Inquest, whether or not a police officer removes the handcuffs from a prisoner outside a cell or inside—or indeed decides to re-cuff a prisoner at any point during that interaction—will depend on a totality of circumstances, led chiefly by the member’s ongoing risk assessment of the individual while he/she is in police custody. That risk assessment, in turn, will be based on a number of criteria, including verbal and non-verbal communication, the type of offence, the individual’s short and long term historical interaction with police and others, his/her age, sobriety, size, emotional state, perceived strength and abilities (both inherent and relative to the member), whether there are other members present and other tactical considerations.

RCMP handcuff removal training is based on the primary goal of ensuring both police officer and public safety in the midst of a pivotal and sometimes dangerous transition from considerable police physical control of an individual to the individual’s considerable freedom and opportunity.

The RCMP has determined that its current handcuff removal training continues to meet the Force's goal of maximizing police officer and public safety.

*Recommendation 3*

*"Consider implementing a standard Oleoresin Capsicum (OC) Spray decontamination procedure in a secure location."*

**Response:**

As above, outside of the law itself, the National Use of Force Framework and Incident Management Intervention Model (IMIM), each of which could be regarded as "standards" that tell members of the RCMP *when* they may use OC Spray, *how* police officers use OC Spray tactically and how and when they may decontaminate someone who has been sprayed are processes that do not lend themselves well to explicit standards, beyond the brief and general directive in National Headquarters Operational Manual (NHQ OM) 17.5.2.5.:

"A person who has been sprayed should be encouraged to relax and breathe normally. The affected area should be exposed to fresh air, and if possible flushed with cool water. If symptoms persist or if it is believed that the person is asthmatic or in distress, medical attention should be sought."

Each use of OC Spray is unique and each decontamination is unique; both will be based on a totality of circumstances. A list of those circumstances may be found in the response to number 2 above, and added to that is the further complication of the unique biological response that each individual has to OC Spray. Some are unaffected wholly or partially by it and for some individuals the effects wear off more quickly than others. Many individuals prefer to wash their eyes with water after being OC sprayed because it provides a different sensation, even if water does not necessarily wash off the spray; others prefer to wipe their eyes with a towel or use it to fan themselves in an effort to dry the spray. To provide them with only a "standard" decontamination procedure would be to restrict access to alternative forms of care that they find more preferable. Some individuals may be far away from the detachment when they are sprayed and may have to be decontaminated at scene. To wait until they are in a "secure" location may be more stressful for them. Therefore, both restrictions—*standard* and *secure*—may unnecessarily elevate a prisoner's anxiety and thus the safety risk to him/her and to the police.

The Inquest heard testimony from a non-RCMP use of force expert that some detachments have emergency eye wash stations in cells and some do not. In the case of Mr. Jonker, the members offered him a small "Rubbermaid" tub filled with water from a hose and faucet in cells. For one reason or another, Mr. Jonker believed *that* water to be impure and preferred to draw his own water directly from a sink. Per Property Management Manual Fit-Up Standards Section 1

Detachment 23.6.1.2, every detachment must be provided with an emergency eye wash station. Smithers detachment, in particular, has installed a second eye wash station in the vehicle bay, as a result of the Jonker Inquest. Whether or not members use those stations or place an individual in cells and let him/her decontaminate there with water from the sink will depend on the factors enumerated above.

#### *Recommendation 4*

*“Generate a plan for compliance with Section 17.1.2.3 of the "E" Division Operational Manual to ensure recertification occurs within the prescribed time.”*

#### **Response:**

E Division Operational Manual (E Div OM) Section 17.1.2.3. specifically references Crisis Intervention and De-Escalation training and its three-year requalification, but Inquest testimony examined the issue of three-year requalification/refreshing for *all* less than lethal use of force training. For example, Coroner’s Counsel asked a member of the RCMP if his carotid control training had fallen outside the three-year limit mandated by policy. The ensuing testimony digressed into the issue of whether or not the member had even applied the carotid control technique during his interaction with Mr. Jonker but the question remained, and was something with which the Jury was apparently seized: Does the RCMP permit its members to undertake operational policing even after they have superseded the three-year period mandated by BC Provincial Policing Standard 1.2.2.4. Use of Force – Intermediate Weapons – Training, Qualification and Requalification and the RCMP’s own policy and supplements (NHQ OM 17.5.2.3. (pepper spray), 17.5.3.1.2. (baton), 17.5.4.3. (carotid control) and E Div OM 17.1.2.3. (CID))?

The RCMP takes the above three-year period seriously but cannot adhere to it dogmatically in every situation all of the time, so the answer to the question is “yes, with a small number of qualifiers.” For example, a member may be unable to attend training or have to postpone it because of sickness or another form of leave; the member may be required suddenly to attend court or an Inquest; or the member may be *involved* in a high profile police investigation that requires his or her participation. The RCMP, as the provincial police force, services a number of small communities. Subsequently, small detachments, in particular, may find it a challenge to release their members to attend PRTC for recurrent training exactly at the three-year mark when the detachments are already under leave, court, and investigative resource pressures.

And finally, although the RCMP acknowledges that a member’s ability to use a less than lethal use of force option may *diminish* over time, that skill does not immediately vanish at a particular time and make the member incapable of operational policing at a high level. Most members will be able to apply their use of force training according to the law, BC Policing Standards and

RCMP policy, even if they supersede the three-year period by a small amount. It will be up to each member's supervisor and management team to decide when he/she must be removed from operations in anticipation of recurrent training, either after or even **before** that period, based on a close examination of their ongoing use of force in calls for service.

E Division Training continues to closely monitor members' adherence to the provincially prescribed and RCMP mandated time limits for use of force requalification/refreshing.

*Recommendation 5*

*"Consider using this incident as a case study at Crisis Intervention and De-Escalation (CID) training."*

**Response:**

The online portion of the CID training is structured to build, chapter by chapter, upon a single mental illness related event. This chosen, hypothetical event, in turn, is structured to allow police officers to examine as many facets of CID as possible. The RCMP's interaction with Mr. Jonker from initial complaint to struggle in cells, though it involves members using less than lethal force in a potentially lethal situation, would not allow for as broad a training opportunity as the one established in the current CID model.

Thank you for bringing these recommendations to my attention. The RCMP is committed to learning from tragic incidents such as these and to developing policies and procedures that will help prevent their recurrence.

Yours truly,



A/Commr. Eric Stubbs  
Criminal Operations Officer (Core Policing)  
"E" Division RCMP

cc: C/Supt. Dave Attfield, Deputy Criminal Operations Officer  
Supt. Warren Brown, North District Commander  
Supt. Michel Legault, OIC PRTC  
S/Sgt. Terry Gillespie, NCO i/c Smithers Detachment