



“E” DIVISION CRIMINAL OPERATIONS CORE POLICING

June 7, 2022

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

RE: James MCINTYRE
Coroner’s Inquest into the Death of
BCCS Case File: 2015:0666:0050

Dear Ms. Lapointe:

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

Recommendation 1

“At the Depot in Basic training, and for all Frontline officers, include “Stop the Bleed Training” and Upgrade First Aid to Level 2.”

Response:

Currently, the twenty-six-week sojourn of RCMP cadets at the Depot academy allows no time for additional or enhanced first aid training. However, the first aid component of the Force’s current three-year Operational Skills Training *in the field* does incorporate the Basic Trauma Equipment Course (BTEC), introducing the members to tourniquets and hemostatic gauze, among other equipment and interventions. The RCMP is in the initial stages of evolving from that current BTEC to a more advanced mandatory training that will teach all members how to deal with a tactical casualty during police operations. The updated BTEC will include the application of Critical Incident Care and Post Intervention Care for life threatening, trauma-related critical injuries suffered by anyone during a police operation. Full implementation of this enhanced training and its integration with current scenario-based training is not expected until 2024.

Recommendation 2

“First Aid kits are to be carried in all RCMP cars. Kits should include tourniquets and hemostatic gauze.”

Response:

During the Inquest, the Jury heard testimony from Cpl. McDougall (a medic with enhanced first aid training for his position on an RCMP containment team) and the Dawson Creek detachment commander S/Sgt. Werrell that in *remote areas or smaller communities where EHS may be absent or distant*, police might nevertheless be able to stop the bleeding in serious wounds (of members of the public or themselves) if they had enhanced equipment (specifically tourniquets and hemostatic gauze) and training. Their testimony and this recommendation would therefore be less applicable in the much larger constituencies in which many RCMP members work, where both EHS and comprehensive emergency medical care is readily available.

Nevertheless, according to RCMP National HQ Operational Manual 5.1.3.5.5., based on Schedule II of Part XVI of the Canada Occupational Health and Safety Regulations, whether they are attached to a detachment large or small, urban or remote, “each operational police vehicle must contain a first aid kit”. And while neither that policy nor that statute compel the RCMP to stock those kits with tourniquets or hemostatic gauze, nor is there any other official RCMP directive to compel members themselves (apart from ERT members) to carry that equipment, a majority of detachments, including Dawson Creek, supply at least one tourniquet to each of their front line members and many have procured hemostatic gauze for those members as well. At the very least, detachments have made the carrying of tourniquets a *constructive* imperative, based on their members’ positive experiences with BTEC training.

Unfortunately, as articulated on the stand firstly by Mr. Lake, the on-scene primary care paramedic, and secondly by the emergency room physician, Dr. Burger, there was nothing even the medical professionals themselves could have done to treat Mr. McIntyre’s catastrophic injuries. Indeed, based on his extensive experience working in trauma centres in South Africa, Dr. Burger testified that only a fully-resourced operating theatre could have saved Mr. McIntyre’s life, and only if Mr. McIntyre had been stabilized beforehand—and only if he had suffered his injuries just outside the hospital.

Recommendation 3

“Training scenarios to be run in “live action” until the completion of the officer’s duties at the scene.”

Response:

This recommendation is based on the subject officer’s testimony that after the shooting, he did not administer first aid, but simply ceased his interaction with Mr. McIntyre and “stopped”. This he attributed to “muscle memory” from his use of force training, whose live scenarios, he recalled, never continued through the full spectrum of follow-up police action (including the application of first aid).

but always came to an abrupt end once he had applied force.

This training-related “stopping” is something the RCMP in E Division has not seen in a previous police involved shooting. The RCMP currently requires all operational members to have a Standard First Aid (SFA) Certificate. The related training includes scenarios with individuals injured by police or others and involves the police application of life saving interventions while the officers await the arrival of emergency medical services. The police *must* act to save someone’s life, whether the individual is in their custody or not, and indeed have a common law duty to do so.

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. John Brewer, Deputy Criminal Operations Officer (Core Policing)
C/Supt. Warren Brown, North District Commander
S/Sgt. Damon Werrell, Dawson Creek Detachment Commander