

VERDICT OF CORONER'S JURY

We, Peter Mellen
Tracy Kulack
Barry Barnard
Brian Brennan
Harriet Rykse

the jury serving on the inquest into the death of

SURNAME: LAMONDAY
GIVEN NAMES: PETER

Aged 33 held at Stoneridge Inn, 6675 Burtwistle Lane, London, Ontario on 2-6, 9-13 days of May 2005 by Dr. TN Wilson, Coroner for Ontario, having been duly sworn, having inquired into and determined the following:

1. Name of Deceased: Peter LAMONDAY
2. Date & Time of Death: May 14, 2004 @ 12:19 a.m.
3. Place of Death: London Health Sciences Centre,
South Street Campus,
375 South Street,
London, On.
4. Cause of Death: Cocaine induced excited delirium
5. By What Means: Accident

This verdict was received by me this 20th day of May 2005.
TN Wilson, Coroner

PROPOSED RECOMMENDATION IN THE PETER LAMONDAY INQUEST

1. The Ministry of Community Safety and Correctional Services should take whatever steps are necessary to ensure all front line police officers are authorized to carry a Taser.

Reasoning:

This will improve Taser response time to situations where Taser use is required. Taser use by front line officers will facilitate rapid resolution of violent situations without the use of lethal force. It provides non-lethal option in situations where the only other alternative may be lethal force.

Taser will allow police to subdue non-compliant individuals without requiring a long physically exhausting struggle for police officers and without adding to the potentially dangerous level of agitation in the subject.

Front line officers who use the Taser are highly accountable due to the design features which allow investigators to determine when the Taser was fired (date and time), the duration of deployment, the frequency of deployment, and identification of the Taser used.

Tasers have no known residual effects on the person who has been tasered.

2. Upon changes in legislation which would allow front line officers to use Tasers, the London Police Services should consider increasing the number of Tasers available to front line officers.

Reasoning:

To increase the availability of Tasers in London so that its presence at a scene will occur more quickly when required. This will facilitate rapid resolution of violent situations without the use of lethal force.

3. The Ministry of Community Safety and Correctional Services and Municipal and Regional Police Services in the province of Ontario who have adopted Taser use, must ensure that all police officers under their supervision receive training with respect to Taser use including the possible collateral risks to them by the use of a Taser during the course of attempts to effect control over a subject.

Reasoning:

Officers not involved in deploying the Taser need to be educated regarding the complete functionality of the Taser used by the police service.

4. The Ministry of Community Safety and Correctional Services and all Municipal and Regional Police Services in the province of Ontario should ensure all officers authorized to use a Taser will continue to receive current information and training with respect to any new tactical uses of the device. (e.g. through development of an intranet site where police services can view Taser use information from other municipalities.)

Reasoning:

To ensure that all police services that have adopted use of Tasers are up to date and knowledgeable regarding the latest developments in Taser technology.

5. The Ministry of Community Safety and Correctional Services should develop a set of best practice guidelines for the use of Tasers in Ontario municipalities that have adopted this use of force option.

Reasoning:

To ensure that Taser use and education is consistent across the province of Ontario. This will also facilitate adoption of Taser use in municipalities that may be considering use of this tool.

6. The Ministry of Community Safety and Correctional Services, the Ontario Police College, and all Municipal and Regional Police Services in the province of Ontario should continue to ensure that all police officers under their supervision receive up to date training with respect to restraint techniques and the risks associated with the restraint of individuals in various positions.

Reasoning:

To ensure that the level of knowledge and understanding of the risks associated with positional restraint are current and to ensure that any new developments relating to positional restraint are incorporated into the training.

7. The Ministry of community Safety and Correctional Services and the Ontario Police College and all Municipal and Regional Police Services in the province of Ontario should continue to ensure that all police officers under their supervision receive up to date training with respect to the signs and risks of excited delirium.

Reasoning:

To ensure that the level of knowledge and understanding of the risks associated with excited delirium are current and to ensure that any new developments relating to excited delirium are incorporated into the training. In conjunction with recommendation #12 and #13,language between police and hospital staff when patients are being transferred.

8. The Ministry of Health and Long Term Care and the Ministry of Community Safety and Correctional Services should conduct a study of municipalities where chemical restraints are administered at the scene for early intervention in situations involving suspected cases of excited delirium in order to determine if there is a benefit.

Reasoning:

Early intervention with a chemical restraint in suspected cases of excited delirium potentially increases the chance for a positive outcome. Early intervention with chemical restraints is already used in Toronto.

9. Based on the results of the study outlined in recommendation #8, police services, the ambulance services and emergency room clinical staff in London should collaborate to explore the possibility of using chemical restraint for the early intervention in situations involving suspected cases of excited delirium.

Reasoning:

In light of the successful training of tactical paramedics who administer chemical restraint in other Ontario cities (e.g. Toronto) this technique should be explored in London as a method of ensuring that the subject is brought under control and can be given medical assistance as quickly as possible.

10. The Ministry of Colleges and Universities ensure that all institutions responsible for the education of health care professionals and security personnel in the province of Ontario provide up to date education and training with respect to the risks associated with restraint positions.

Reasoning:

To ensure that graduates from health care courses including nursing schools and medical schools as well as police foundation and security courses have received education regarding restraint positions. Also to ensure that the level of knowledge and understanding of the risks associated with positional restraint are current and that any new developments relating to positional restraint are incorporated into the training.

11. The Ministry of Community Safety and Correctional Services should ensure that standardized training is developed for security personnel and this training should include up to date education regarding the risks of positional restraint.

Reasoning:

To ensure that all new and existing security personnel have received standardized training regarding restraint positions. Also to ensure that the level of knowledge and understanding of the risks associated with positional restraint

are current and that any new developments relating to positional restraint are incorporated into the standardized training.

12. The Ministry of Colleges and Universities ensure that all institutions responsible for the education of health care professionals in the province of Ontario provide education and training with respect to excited delirium.

Reasoning:

To ensure that graduates from health care courses including nursing schools and medical schools have received education regarding excited delirium. In conjunction with recommendation #7, this will also ensure that there is standardized language between police and hospital staff.

13. London Health Sciences Centre should educate appropriate medical staff with respect to current information regarding excited delirium and positional restraints.

Reasoning:

To ensure that emergency room clinical staff recognize and know how to deal with cases of possible excited delirium and positional restraint. In conjunction with recommendation #7, this will also ensure that there is standardized language between London police and hospital staff.

14. The National Research Council and the Ontario Provincial Government should consider funding for continued research into sudden, unexpected death during police custody.

Reasoning:

Excited delirium is linked to sudden, unexpected death that may occur in police custody. This is a public trust issue and the public needs better information to provide them with answers when a sudden, unexpected death occurs.

15. The Ministry of Health and Long Term Care and the Ministry of Community Safety and Correctional Services should develop a protocol for ensuring effective and relevant communication between the hospital and the police when an in-custody patient is being transported to the hospital. This communication should provide as much information as possible regarding the incoming patient for the hospital emergency staff.....
between police and hospital emergency staff may ensure that appropriate treatment can be started immediately on arrival at the emergency room.

16. London Health Sciences Centre should develop a check list of questions for the police dispatch operator and the emergency room

operator to use in order to provide as much information as possible regarding the incoming patient for the hospital emergency staff. This check list can include information such as what intervention has taken place (e.g. pepper spray, Tasers), activities of patient (e.g. hallucinating, violent) and physical condition of patient. This list should be passed to the triage nurse.

Reasoning:

More effective communication between police and hospital emergency staff may ensure that appropriate treatment can be started immediately on arrival at the emergency room.

17. The Coroner's Office should update and reissue its memorandum #630 dated February 20, 1995 to police services, correctional services, ambulance services, security services, hospitals, psychiatric facilities and group homes, outlining the signs and symptoms of excited delirium and issues surrounding restraints. In addition, the Coroner's Office should consider developing or directing the development of guidelines or best practices for the management of individuals who are apparently experiencing excited delirium. Finally, the memorandum should direct individuals to available resources and information on excited delirium and restraint.

Reasoning:

To provide an additional method of disseminating information regarding excited delirium positional restraints. This memorandum will ensure more rapid dissemination of updated information regarding excited delirium and restraint while the curriculum and training programs are revised as suggested by recommendations number 6, 7, 10, 11, 12 and 13.