Release Date: October 12th, 2007

IN THE PROVINCIAL COURT OF MANITOBA

IN THE MATTER OF: *THE FATALITY INQUIRIES ACT*

AND IN THE MATTER OF: MITCHELL ADAM AUDY

(Deceased)

(DOD: November 22, 2003)

Report on Inquest and Recommendations of
The Honourable Judge Christine Harapiak
Issued this 9th day of October, 2007

APPEARANCES:

Counsel to the Inquest:	**Mr. Ronald Toews**
For the PRHA:	**Mr. Michael Green**
For Dr. Singh:	**Mr. Tyler Kochanski**
For the RCMP:	**Mr. Scott Farlinger**
For the Family	**Mr. Terry Rozell**

The Fatality Inquiries Act

Report by Provincial Judge on Inquest
Respecting the death of: MITCHELL ADAM AUDY

In the early morning hours of November 22nd, 2003 Mitchell Adam Audy was assaulted outside a house party he had been at in Minitonas, Manitoba. He was taken by ambulance to the Swan River Valley Hospital and admitted for overnight observation. At about 9 o'clock in the morning he was released into police custody as he was thought to be intoxicated and disruptive, and he had been discharged. He was lodged in cells where he was found, about an hour and a half after his arrival, collapsed, with no discernible pulse. He was pronounced dead at the Swan Valley Hospital at 11:08 a.m.

As charges were laid as a result of Mr. Audy's death the Chief Medical Examiner of the Province of Manitoba deferred calling an inquest pending disposition of the criminal charges. Once this happened he directed, by letter dated June 30th, 2005, that an inquiry into Mr. Audy's death be held for the following reasons:

1) to fulfill the requirement for a mandatory inquest as defined in section 19(3) of the legislation;

2) to determine the circumstances relating to Mr. Audy's death; and

3) to determine what, if anything, can be done to prevent similar deaths from occurring in the future.

After notice was given to interested parties a hearing to determine standing was held in December, 2005, and the following were granted standing to participate in the inquest proceedings:

a) the Parkland Regional Health Authority;

b) the Royal Canadian Mounted Police;

c) Dr. Mohinder Singh; and

d) Mr. Terry Rozell, common-law partner of Mr. Audy's sister, for the family.

Evidence was heard from twenty-two witnesses over a period of 5 days, being November 20th, 21st, 22nd, 23rd, 2006, and June 21st, 2007. Final written submissions were received on July 20th, 2007. My recommendations are attached as a schedule to this report.

I would like to express my appreciation to all counsel for their able assistance during the hearing. Particular thanks to Inquest Counsel Ronald Toews for marshalling witnesses and advising the court throughout the inquest process. Finally, I must thank Terry Rozell for his many relevant and helpful questions at the inquest.

Attached and forming part of my report is a schedule of all exhibits required to be filed by me.

"Original signed by"

Judge Christine V. Harapiak
Provincial Court of Manitoba

Inquest Report
Mitchell Adam Audy
Date of Death: November 22nd, 2003

INTRODUCTION:

[1] Delivering emergency medical care is a complex task involving large numbers of people. In this milieu information is critical. Medical staff must piece together what happened to the patient. The first responders gather information, and pass the details on to nurses and doctors who ultimately examine and care for the patient.

[2] The gathering of information in a medical setting is incremental. Every little bit helps. The recommendations in this report should be viewed cumulatively, with that premise in mind. Without accurate information it is more difficult to deliver effective care. In this inquest report I will examine some of the information gaps and miscommunications which made it more difficult for the various professionals who had contact with Mitchell Adam Audy the morning of Saturday, November 22nd, 2003, to deliver effective and appropriate medical care. This requires a thorough understanding of the facts.

THE FACTS:

The Party

[3] On Friday, November 21st, 2003, Mitchell Audy spent most of the day at the home he shared with his girlfriend, visiting with friends, playing video games and just "sitting around". He visited a friend who lived nearby. At some point he began to have a few drinks, and smoked some marijuana. Later that night he settled in at a drinking party that was being hosted at

292 3rd Avenue in Minitonas, Manitoba, by father and son Gilbert Chartrand, Sr. and Gilbert Chartrand, Jr. (Gilbert, Sr. and Gilbert, Jr.).

[4] Mr. Audy was a quiet guest at the party. He sat there in good humour, talking, visiting, and having a few drinks. The night threatened to turn ugly when two guests – Michael Chartrand and Dale Chartrand, seemed eager to start a fight with Gilbert, Sr. A fight erupted between Gilbert, Jr. and one or both of the visiting Chartrands. The Chartrands then left, or were thrown out of the residence. Mr. Audy had nothing to do with this altercation.

[5] Throughout the evening Mr. Audy had left at regular intervals to go to his nearby home and check on his girlfriend. She had been struggling with some health issues and witnesses indicated Mr. Audy appeared to be concerned about her well-being. At some point after the Chartrands left, he set out once again to check on her.

The Assault

[6] It seems he never reached his destination. He was found crumpled on the driveway by Ms Pamela Gott when she returned to the party after a short absence, presumably around 3 a.m. on November 22nd. The court heard no evidence about the assault that left Mr. Audy injured but counsel noted Michael Shaun Chartrand later pleaded guilty to manslaughter with respect to Mr. Audy's death.

The 911 Call

[7] Pamela Gott went into the home to get help. Gilbert Sr. and Gilbert Jr. ran out and carried Mr. Audy into the house. They both saw a shovel near his body. It was clear, from his bloody and battered face, that Mr. Audy required immediate medical attention. Lawrence Church, another

party guest, thought Mr. Audy was unconscious when he saw him in the driveway. He said the "way he was laying. He wouldn't lay like that, nobody would lay like that [if they were conscious]." He remembered Mr. Audy's eyes kept rolling back in his head, and he was holding his nose as if it might be broken. When Mr. Audy was asked who had done this to him he replied that Dale and Mike had beaten him up. The transcript of Gilbert Sr.'s 3:11:13 a.m. 911 call was introduced into evidence and is reproduced, in its entirety, here. It captures the confusion and the urgency of the moment and marks the moment the emergency care system was first notified of Mr. Audy's condition.

911:	911, do you need Police, Fire or Ambulance?
C:	I need emergency right away.
911:	Sir, do you need Police, Fire or Ambulance?
C:	I need uh…emergency…that's what it is. Emergency.
911:	What's going on there?
C:	Someone got…(yelling in background)…hold on.
	(shouts and yelling in background)
C:	Hello?
911:	Hello
C:	Is this 911?
911:	Yes, do you need police, fire or ambulance?
C:	Pardon?
911:	Do you need police, fire or ambulance?
C:	Uh, there's…somebody got beat up, eh.
911:	One moment, I'll let you speak to the police.
C:	Pardon?
	(phone dialing and ringing for RCMP)
911:	Do you need an ambulance there?

C: Yes, we...please, can you please send an ambulance here?

911: Okay.

C: Cause the guy is beat up pretty bad, he had (background noise masked caller)

911: Is it a male?

C: Pardon?

911: Is it a male or a female?

C: It's a male.

911: Okay, is he conscious and able to speak with you?

RCMP: **RCMP dispatch.**

C: No, he's unconscious right now. What do we ....

911: Hi RCMP. It's 911.

C: We just brought him in the house

911: Please stay on the line a moment.

RCMP: Hello

C: Hello

911: RCMP

RCMP: Yes

C: Yes

911: Can you stay on the line a moment?

C: Yes I could

911: Hi sir

C: Yes

911: How old is this male?

C: Pardon?

911: How old is he?

C: He's just a young kid, about 24 years.

911: 24?

C: Yeah?

911: And he's not able to speak with you?

C: NO, he's still unconscious!

911: Is he breathing?

C: He, we just brought him in the house.

911: My partner is speaking to the ambulance, they're gonna be there as soon as they can.

C: (to crowd in background) You guys keep quiet.

911: Is he breathing normally?

C: Pardon

911: Is he breathing normally?

C: He's breathing, but he's in pretty rough shape.

911: Okay, the ambulance is on their way. Is he bleeding anywhere?

C: He's bleeding all over the face.

911: Okay, I'm gonna let you speak to the RCMP okay.

C: Okay.

911: The ambulance is on the way.

RCMP: Hello sir.

C: Yeah.

RCMP: Is there some kind of problem?

C: I was just talking to somebody else and they sent ambulance here and they said...

RCMP: What happened there?

C: I don't even know.

The call to the RCMP continues in a separate transcript. Gilbert Sr. repeats during this conversation, at two further junctures, that Mr. Audy is "still unconscious."

Dispatch of RCMP and EMS

[8] The 911 system for Minitonas works in this way; the call comes in to a central 911 office in Brandon and the 911 operator dispatches the appropriate emergency service. For Mr. Audy, with the report of an assault and an unconscious person, both the RCMP and the ambulance were notified. Both happened to be at the local hospital, just completing another matter. Constable Nesbitt testified that the call came in to attend to an "unconscious male." Marsden Leblanc, the ambulance attendant, did not recall receiving this information. He testified that, if he had been told Mr. Audy was unconscious, he would have noted that on his report, which was not done. Attendant Lori Stephansson testified that calls come in, as a voicemail type message, over pagers that the attendants wear. A transcript of the ambulance dispatch message was tendered in evidence. It read:

> "Swan Valley ambulance, this is 911, we have a code red medical call, that's a code red. 292 – 3rd Avenue, Minitonas. 25 year old male, assaulted, unconscious. Time of this page 3:14. Please respond via Fleetnet."

Police Role at the Scene

[9] The Telecoms Operator told the RCMP there was an unconscious man at a residence in Minitonas. Three officers responded to the scene – Constables Kauk, Nesbitt and Laforce. The Constables arrived nearly contemporaneously with the ambulance and began to investigate. It was a bit of a chaotic scene. There was broken glass, blood on the floor and wall and much yelling and confusion. Lawrence Church, who appeared to be the most sober person there, told Constable Nesbitt that Mitchell Audy had been hit with a shovel. This information was taken seriously enough that the shovel was seized prior to the ambulance leaving the residence. Constable Kauk later interviewed Mr. Audy at the hospital, and found him

to be coherent. Mr. Audy said that he knew who had assaulted him, but didn't want to lay a complaint.

EMT Role at the Initial Scene

[10] The ambulance crew also had 3 staff responding to the 911 call – Stan Anderson, Lori Stephansson and Marsden (Denny) LeBlanc. Of the 3 only Marsden Leblanc and Lori Stephansson provided direct care to Mr. Audy. When they entered the house Mr. Audy was sitting up in a chair. He had cuts and bruises to his face and was bloody and complaining of pain. Both Leblanc and Stephansson asked him some of their usual assessment questions. "Why was the ambulance called? Do you feel sick? Do you have a headache? Do you have pain anywhere? What is your name, address, next of kin?"

[11] The crew is trained to gather information from both the patient and bystanders at the scene. Leblanc overheard someone say Mr. Audy was hit with a shovel. He asked Mr. Audy if he'd been punched or hit with an object – and was told, more than once, that he'd been punched. At Michael Shaun Chartrand's November, 2004 preliminary inquiry Leblanc testified that Mr. Audy complained of pain to his stomach. He no longer recalled this detail in 2006 and had not noted it on the ambulance patient care report. He had noted Mr. Audy complained of pain to his face, arm and chest.

[12] In light of the reported assault Leblanc was concerned about Mr. Audy's continued lethargy and sluggish pupils and decided to transport him to hospital. Vital signs were recorded. Stephansson testified that protocols require vital statistics to be taken on stable calls every 15 minutes. Mr. Audy was with the ambulance crew for 28 minutes and his vital statistics

were taken only once, at 3:36 a.m. His respiration rate was 26, pulse was 88 and systolic blood pressure was 142. None of these numbers caused the ambulance crew concern. Leblanc noted on the Ambulance Patient Care Report from this call that Mr. Audy "answered all questions directly and without hesitation."

[13] At 3:58 a.m. on Saturday, November 22, 2003 Mr. Audy arrived at Swan Valley Regional Hospital and was handed over to the nursing staff.

The Nursing Staff at Admission

[14] The emergency room was busy the night that Mr. Audy was brought in. There had been more than one motor vehicle accident and every bed was full. People were in the hallway and in exam rooms as well. The on-call doctor, Dr. Mohinder Singh, was in the building at the time. Nurse Michael Sinclair was responsible for the care and monitoring of Mr. Audy. Nurse Sinclair did a physical examination when Mr. Audy arrived and found that his blood pressure was 135/73, pulse was 97 and temperature was 37 degrees Celsius. Nurse Sinclair found Mr. Audy to be alert and appropriate, but remembered him smelling strongly of alcohol and being of the opinion that he had had a lot to drink. The only reference to intoxication Sinclair made on his chart was Mr. Audy stated he had been drinking alcohol and smoking marijuana. Mr. Audy's vital statistics were found to be unremarkable. Dr. Mohinder Singh attended to Mr. Audy within 5 minutes of Mr. Audy's arrival at hospital.

Dr. Singh's care at Admission

[15] Dr. Singh proceeded to conduct a full physical exam. He explained that both the ambulance crew and the assigned nurse told him, either verbally or through written reports, that vitals had been taken and were okay. In

the case of a trauma patient the doctor's practice, which he followed here, is to divide the body up into several parts to ensure nothing is missed on initial examination. He examined the head/neck, the thoracic region, abdominal region, and periphery. He looked for abnormalities such as bruising, swelling, grimacing, bleeding, and other signs of discomfort. He checked for abnormal sounds and absence of normal sounds. He also asked the patient and the nursing staff, along with the ambulance attendants, questions to assist in gathering information. Dr. Singh asked Mr. Audy if he had been hit with an object. He was told he hadn't.

[16] It was easy to gather information from Mr. Audy. In fact, Dr. Singh found Mr. Audy "exceptionally coherent," despite the fact that he appeared to be intoxicated. Dr. Singh noted that Mr. Audy smelled of alcohol, had slightly slurred speech and responded slowly to questions. The only notation Dr. Singh made on the chart respecting intoxication was that Mr. Audy said he had been drinking and smoking hash.

[17] Mr. Audy complained of pain in his epigastric area; pain which the doctor attributed to an irritated stomach caused by alcohol consumption. He recalled that Mr. Audy had been "beaten up pretty good" and arranged for a morning x-ray to rule out facial fractures. Dr. Singh left Mr. Audy under observation for the night at approximately 4 a.m.

The Night Shift

[18] After the doctor left the hospital the night shift settled into its necessary routines. The other nurse on shift that night, Luella Hohne, remembers it as one of the busiest nights the Swan River emergency room had every seen. Every bed was full. A nurse from another area of the hospital had to be called in to assist, which was an unusual measure.

[19] Mr. Audy could not get comfortable. He climbed over the side of his stretcher a couple of times and then wandered over into the waiting room and sat in a recliner. Even that was uncomfortable after awhile and he tried to lie on the floor. Both nurses Hohne and Sinclair told him he could not lay on the floor in the emergency room. He moved back to the recliner. Although Nurse Sinclair noted that Mr. Audy seemed to have trouble getting comfortable, he did not consider him an uncooperative patient.

[20] Just prior to 6 a.m. Mr. Audy vomited, and then proceeded to attempt to clean up the vomit. His blood pressure, taken within minutes, was significantly lower than it had been on admission – 90/50 to the original 135/73. Nurse Sinclair attributed this to the "Vagal Effect", a stimulation of the vagal nerve that can temporarily decrease blood pressure just after vomiting, and did not see it as cause for concern. At 7:30 Mr. Audy vomited again and appeared very pale, according to Nurse Hohne. He vomited yet again at 8:30 when he was in the x-ray department. After the recorded 6 a.m. blood pressure drop his blood pressure was not taken again prior to discharge.

The Return of Dr. Singh

[21] Dr. Singh was on-call from 8 a.m. November 21st to 8 a.m. November 22nd. Although he was obligated to attend the hospital if needed, he was not required, or expected, to stay overnight. After assessing Mr. Audy in the early morning Dr. Singh went home for a few hours. He returned just before 8 a.m. to "clean up" the overnight patients prior to the end of his shift. Nurse Sinclair was at the nurses' desk when Dr. Singh walked in. Dr. Singh asked Nurse Sinclair how Mr. Audy had been – "Ha(ve) his vitals been okay? Did you have any concerns?" Nurse Sinclair told him there were no problems. The repeated episodes of vomiting and the blood

pressure drop of 6 a.m. were not brought to Dr. Singh's attention and he did not review the chart. He was not aware of any disruptive behavior or Mr. Audy's repeated attempts to lie on the floor.

[22] Dr. Singh testified that, if he had known about the drop in blood pressure that he would want to know why it had dropped. He considered the drop, from 135/73 to 90/50, to be significant.

[23] Dr. Singh physically examined Mr. Audy for 5 – 10 minutes that morning. He did a head to toe examination and found no change from his 4 a.m. assessment, although Mr. Audy was now complaining of some nausea. Dr. Singh attributed this to alcohol and substance abuse. When asked if he was concerned whether Mr. Audy was still a little intoxicated at discharge, he testified that he felt he was safe to be discharged. He testified that Mr. Audy did not appear to be weaker or disoriented. The x-rays apparently showed no cause for concern. This examination was not noted on Mr. Audy's chart. Dr. Singh authorized discharge sometime between 8:00 a.m. and 8:30 a.m. to a family member with recommendations that Mr. Audy drink lots of fluids and get some sleep.

The Day Shift

[24] The nursing staff changed at 8 a.m. Michael Sinclair and Luella Hohne went home, and Registered Nurses Cheryl Brischuk and Katherine Hay took over. The oncoming nurses started their 12 hour shift at 7:45 a.m. and began their duties at 8:15 a.m. The intervening time gave them an opportunity for a shift change report. It was an extra-long report according to Nurse Brischuk, as the night shift had been busy. She remembered Mitchell Audy described as being stable and likely going home once he saw the doctor.

[25] Mr. Audy, upon discharge, appears to have no longer been considered a patient, but a problem for the nursing staff. It is customary to try to find a ride for discharged patients. Nurse Brischuk left a message at a number she found on the chart. Mr. Audy kept trying to lie on the floor, in the middle of the emergency room. He said the chair was uncomfortable, and that he wanted to go back to the stretcher. It was now filled by a new patient, and he was told he couldn't lie on the floor, and had to remain in the chair. He was, according to Nurse Brischuk, quiet and cooperative at this time. Mr. Audy then fashioned a pillow out of a blanket and went into the public emergency room washroom where he curled up on the floor to sleep. Nurse Brischuk testified that "he'd nested, basically." Nurse Brischuk asked him why he was laying on the floor in the bathroom. He said "cause you won't let me lay on the floor over there." Nurse Brischuk told him he couldn't stay there, and he swore at her in response. He wasn't shouting, she said, but he was annoyed. Nurse Brischuk told him she had no time to deal with this, and that they were doing the best they could, having called for a ride for him. Still he refused to get off the floor. When he remained on the floor she called for the RCMP. The transcript of this call is in evidence. In it, Ms Brischuk says she had a patient that was brought in during the night who was "quite inebriated." When asked if Mr. Audy was causing a disturbance she seemed to hesitate:

Brischuk: No, well yeah he's kind of like he's been seen by the doctor and everything but uh

RCMP: He refuses to leave.

Brischuk: Well, he's drunk.

Constable Harding attends the Hospital

[26] Constable Harding responded to this call. He was told there was "an IPDA at the Emergency Department causing a disturbance." Nurse Brischuk told him Mr. Audy had been cleared for release and was causing a disturbance in the emergency room. The officer had a chat with Mr. Audy. He asked a few questions to which Mr. Audy repeatedly replied "I just want to lie here. I just want to lay down." Constable Harding noted that Mr. Audy smelled of liquor and had slurred, slow speech. Mr. Audy was advised he was under arrest under the *Intoxicated Persons Detention Act,* and handcuffed behind his back. When Constable Harding asked if Mr. Audy was prepared to walk, or would have to be dragged he got up and walked to the police car. Constable Harding was not convinced that Mr. Audy understood everything that was being said to him at this time. He attributed this to extreme intoxication.

Audy travels to Police Station

[27] The Swan River RCMP detachment is across the street from the hospital. When the officer arrived at the detachment with Mr. Audy in the car he noted him to be lying on his back in the rear seat. When Constable Harding told him they had arrived Mr. Audy again responded "I just want to lay down." He sat up, got out of the car and followed Harding into the detachment.

Admission into RCMP detachment

[28] When Constable Harding arrived at the Guard's desk he heard Mr. Audy, still handcuffed, fall to the ground behind him. He tried to get him to stand to be searched but Audy replied, predictably by now, that he just wanted to lie down. The handcuffs were removed, and the search done with Mr. Audy lying prone on the floor of the RCMP detachment.

Constable Harding then gave Mr. Audy the same choice he'd given him at the hospital – was he going to get up and walk to the cell or would he have to be dragged? His answer, in retrospect, knowing how serious his medical condition had become; is poignant: "Could you drag me?" So he was dragged to cell number 1. This was captured by videotape. He was given a blanket, locked into a cell, and left alone.

The Time in Cells

[29] Inquest participants attended the Swan River RCMP Detachment to view the cell area. There is a bank of videotape monitors at the guard's station, showing images which flip from cell to cell, giving the guard alternating views of each prisoner. The portions captured by videotape showing Mr. Audy were pulled together into a jumpy, jerky review of his final hours which were viewed and filed as an exhibit at the hearing.

[30] The 12 minute 17 second videotape represents about 105 minutes of time. This translates into a new image approximately every 8 or 9 seconds. In the video we saw that Mr. Audy could not get comfortable. He clutched at his abdomen, curled into a fetal position and shed most of his clothing. At some points during the morning Constable Harding could hear Mr. Audy yelling. The cell window is opened three times – immediately after Mr. Audy is locked in the cell, from minute 3:23 to minute 3:28 and immediately before the door is opened by Constable Harding. We saw in the video that Mr. Audy was on the cot, off the cot and under the cot, at different times. His chest appears to be heaving and he looks to be struggling for breath. The images are halting and jumpy until Mr. Audy ceases to move.

Guard Victor How's Recollection

[31] The Inquest heard from Victor How, the civilian guard on duty that day. There were 5 prisoners to watch over, including Mr. Audy, during the relevant time. The civilian guard has limited responsibility and authority. He is not permitted to open a cell door personally unless there is a fire. The guard must make note of the prisoner's activities every 20 minutes, or more often if something remarkable is happening. How made notes of Mr. Audy's restless behavior and testified that he did a window check at 10:40 a.m., when he became concerned by Mr. Audy's image on the video monitor, just prior to calling for assistance. There are two openings in the cell door – a window covered by a moveable metal blind and a small slot which opens, to pass through food, presumably. Guard How's 10:40 window check is noted on the prisoner log sheet. The middle window check, referenced above, is unexplained by the guard's evidence, and not noted in the prisoner log. When asked by counsel if he remembered how often he may have gone over to do a window check Guard How replied "Not right offhand, I don't, no."

[32] Victor How remembered Mr. Audy as being "a normal drunk." He testified that "we get drunks in there that don't even know what their name is....(a)nd they sober up and walk out after a few hours."

[33] Mr. Audy was under How's supervision from 8:55 a.m., when he was lodged by Constable Harding, until approximately 10:40 a.m. when How raised an alarm, calling for Constable Harding.

Laureen Ferland's Testimony

[34] One of the other prisoners in cells in the early morning hours of November 22nd, 2003, was Laureen Ferland. She had been involved in a motor vehicle accident earlier that morning, and was being held after her release

from hospital. She apparently suffered a concussion that night, and could not recall a 2 – 3 hour block of time until much later. Her memory subsequently cleared.

[35] Ms Ferland testified that she heard Mr. Audy being brought into cells. From the court party's tour of cells we know that she and Mr. Audy were at the opposite ends of the cell block, on opposite sides of the hall. She said that she was under the impression they were the only 2 prisoners in custody that morning, as she didn't hear them bringing anyone else in. She also thought his cell would have been closer to hers than it was. She remembers hearing a sound she thought was Mr. Audy slapping the floor of his cell with his hands and banging the bed, with quiet intervals for only 10 – 15 seconds, for about two and a half hours. She also says she heard him cry out, more than 10 times, that he was sick and needed help. She said she pushed open the flap in the door which helped her hear more clearly. Ms Ferland testified she did not hear cell doors opening during this time, although the prisoner log and Constable Harding's testimony both indicate other prisoners were released at 9:30 and 9:35 a.m.

[36] Ms Ferland says that Victor How did 3 window checks on Mr. Audy. At one point she says she heard How say, in response to a cry for help, that "You had your chance for help and you were acting like an arsehole over there so now you're here for the night. Shut up and go to sleep."

Harding Returns to Cell

[37] Constable Harding remembers being in the cell area to release another prisoner when Victor How came up to him and said "Justin, I think this fellow might be dead." Constable Harding went running to the cell and saw Mr. Audy lying flat on his back "like he was dead." Harding found no pulse, no heartbeat, and no respiration. He directed Victor How to call

911, called for assistance from other members, and began CPR. Constables Hamilton and McDonald arrived to assist.

Ambulance Called Again

[38] Emergency Medical Technician (EMT) Susan Peel was the first on scene, prior to the arrival of the ambulance. She had been out in the community and arrived in her personal vehicle, without equipment. She took over manual CPR compressions from the officers and began her initial assessment. The ambulance, staffed by EMTs Marsden Leblanc and Lori Stephansson, was on scene shortly afterwards, with a defibrillator. Susan Peel explained that "when you apply the defibrillator, what that does is it senses the electrical activity in the heart that's still generated…(a)nd what essentially it does is it delivers a shock to stop that…in hopes that it'll start again on its own in the proper order." Leblanc tried 3 times, as per EMS guidelines, to use the defibrillator on Mr. Audy but, as no electrical current was sensed in the heart, he was unable to make use of it.

Transport to Hospital

[39] Cardio-pulmonary resuscitation attempts continued as Mr. Audy was transported back across the street to Swan River Valley Hospital. The ambulance left the scene carrying Mr. Audy at 10:55 on November 22nd, and arrived at the hospital 2 minutes later, at 10:57 p.m.

Mitchell Audy declared dead 11:08 a.m. November 22, 2003, aged 24

[40] Dr. Duplessis was the on-call doctor that morning. He noted in a statement that Mr. Audy had no heartbeat when he arrived at the hospital. Resuscitation attempts were made for 10 minutes, and then he declared Mitchell Adam Audy dead at 11:08 a.m. November 22nd, 2003, aged 24.

THE AUTOPSY:

[41] Forensic Pathologist Dr. Charles Littman performed an autopsy on Mr. Audy. During autopsy he discovered that Mr. Audy had suffered blunt trauma to his chest which resulted in a laceration of his liver. Blunt trauma, he advised, could be caused by a fist or a foot as well as an implement of some kind. At autopsy Dr. Littman found 1.5 litres of blood in Mr. Audy's abdominal cavity. Dr. Littman testified that the blood held by the numerous bruises on Mr. Audy's body would have to be considered lost to his circulation system as well. In total, the amount of blood loss, he thought, "could be in excess of two litres." Dr. Littman noted the official cause of death on his Autopsy Report Form as hemoperitoneum as a consequence of blunt trauma to the chest. Mr. Audy had bled to death internally after suffering a blow to the chest. No external evidence of this trauma was found.

[42] Dr. Littman explained the basic anatomy of the liver. There is a thin lining, called the liver capsule, which surrounds the liver; a kind of surface membrane. At times, Dr. Littman noted, liver lacerations bleed into the liver capsule, and do not burst and bleed into the abdominal cavity. He was unable to say whether Mr. Audy's liver bled firstly behind the capsule prior to bursting, but could not rule it out. He testified that subcapsular hematomas such as this can act as a tourniquet, stopping the laceration from bleeding excessively. Once the pressure is released it is possible for the wound to bleed freely. This is all conjecture as Dr. Littman found no evidence to either support or refute the possibility of a slow subcapsular bleed and a sudden, subsequent life-threatening rupture.

DR. IRA RIPSTEIN:

[43] Dr. Ira Ripstein, Emergency Physician at St. Boniface Hospital in Winnipeg, and Associate Dean of Post-Graduate Medical Education at the University of Manitoba, prepared a report and gave expert evidence at the request of the court.

[44] Working at night presents challenges to the medical profession, according to Dr. Ripstein. He has taken a particular interest in this area, and wondered what impact the time of treatment had in this case. He wrote that the "cognitive deficit occurring following being up all night is equivalent to that of 4 alcoholic drinks." The material and discussion about sleep needs and effects of deprivation was interesting, but there was no evidence linking fatigue to any action taken by medical staff in this case, and no related recommendations will be made.

[45] Dr. Ripstein wrote that, when errors occur in health care facilities that "it is frequently not the fault of one single person, but a systemic problem related frequently to communication and failure of safety processes." His opinion was that there were 3 separate breakdowns in communication that resulted in Mr. Audy being in custody when he died, rather than in hospital:

1. *Between the collaterals at the scene and first responders;*
2. *Between the nurse and the doctor; and*
3. *Between the nurse and the RCMP.*

[46] It is important to note that Dr. Ripstein expressed no opinion on whether addressing these communication breakdowns could have saved Mr. Audy's life. We heard that a liver laceration is a serious injury which can be difficult, if not impossible to detect, particularly in intoxicated individuals. My duty, pursuant to s. 33(1) of ***The Fatality Inquiries Act***, is to consider recommending changes that "would reduce the likelihood of

deaths in circumstances similar to" Mr. Audy's. In my opinion, enhanced communication practices would accomplish this goal.

ANALYSIS:

A. Information Flow From Ambulance Staff

- unconscious patient

[47] Dr. Ripstein stressed the importance of determining an accurate patient history. Seventy-six percent of diagnoses, he wrote, "are made by history." In a trauma situation, this history can be obtained from a variety of sources. The first information into the system comes from the 911 call. Ambulance was dispatched on this occasion to deal with a "25 year old male, assaulted, unconscious." This information was passed on in a voicemail message, but it seems clear that the ambulance staff did not receive and understand the entire message. The possibility of an "unconscious patient" is the kind of information which would normally be recorded, Marsden Leblanc testified, but it was not. Leblanc also testified that "had a person lost consciousness, we would tend to, to look for other reasons why. Usually loss of consciousness indicates a stronger, a stronger trauma, be it blunt force...or it could indicate a medical condition as well that we may not otherwise be looking for." The fact that Mr. Audy was initially unconscious was a fact which simply seems to have escaped the attention of the emergency medical staff.

[48] The EMTs are required to follow strict protocols and guidelines and go through a recertification process annually to ensure they are current. There are detailed and comprehensive guidelines developed, according to the Manitoba Health website, by the Manitoba Emergency Services Medical Advisory Committee, which includes physicians, EMS personnel and other emergency care workers. The guidelines are easily available to

emergency personnel and the public on the Manitoba Health website. A handful of the Emergency Treatment Guidelines were tendered in evidence.

[49] The guidelines cover, exhaustively, what an EMT might expect to run across in the usual course of their day. An important function, noted in the Primary Survey guideline, is to "record all pertinent information on the patient care report." EMT Leblanc candidly acknowledged that the fact a patient was unconscious is pertinent information and should be recorded. The Emergency Treatment Guideline on Unconscious Patients, which post-dates these events, notes that syncope (or passing out) may be due to many conditions, some of which are life-threatening.

[50] Will a change to the way in which dispatch calls are received and acted upon by emergency personnel prevent similar deaths in the future? It might. Mr. Audy's earlier lack of consciousness was another pertinent factor to consider. Any enhanced procedure which lessens the chance of such pertinent information being missed is worth pursuing.

RECOMMENDATION # 1: *That the Manitoba Emergency Services Medical Advisory Committee consider an amendment to the Emergency Treatment Guidelines to standardize the manner in which dispatch calls are received and charted.*

- *hit with a shovel*

[51] There was no evidence before me that Mr. Audy was hit with a shovel. Apparently nobody but Mr. Audy and his assailants were out in the driveway when he was attacked. The suspicion that the shovel had been used to beat Mr. Audy was there that night, however. The shovel, as

noted earlier, was seized, and the EMTs were told this may have happened.

[52] Dr. Singh testified that if he had known, or suspected, that Mr. Audy had been hit with a blunt object he would have treated him somewhat differently. He testified that, if "any blunt object had been used, [he] would have almost certainly added an x-ray of his skull as well as an x-ray of his chest." With an x-ray of his chest, internal bleeding could have been evident, according to Dr. Singh, "if there had been any...amount." Part of the problem in this case is that Mr. Audy, himself, repeatedly assured medical staff that he had been hit only with fists. Marsden Leblanc heard someone comment about a shovel, but dismissed the possibility when Mr. Audy told him he'd only been hit with fists. He made no note of this on his report. Of course, if the professionals had been aware Mr. Audy had lost consciousness for a period of time, his version of events might have been treated as less definitive.

RECOMMENDATION # 2: *That the Manitoba Emergency Services Medical Advisory Committee consider an amendment to the Emergency Treatment Guidelines to require, particularly in situations dealing with intoxicated patients and bystanders, written notation of all theories of the mechanism of injury.*

From RCMP at the Scene

- Jurisdiction

[53] Under s. 33(1) of ***The Fatality Inquiries Act*** this court may:

> Recommend changes in the programs, policies or practices of the government and the relevant public agencies or institutions or in the laws of the province where the presiding provincial judge is of the opinion that such changes would serve to reduce the likelihood of deaths in circumstances similar to those that resulted in the death that is the subject of the inquest.

My brother Judge Lerner dealt with the jurisdictional scope of such recommendations in his September 12th, 2005 Inquest Report into the death of Glenn Fiddler. He found that "a Provincial Judge presiding at a provincial Inquest is without jurisdiction to make recommendations to the Federal Government specifically directed to the policies, procedures, and management of Federal departments and agencies."

[54] Judge Lerner was of the view, and I agree, that such "jurisdictional limitation doesn't prevent the inquiry from identifying, without recommendation, the problems or deficiencies within Federal departments and agencies that may have formed a part of the material circumstances of death." My comments respecting the policies and procedures of the Royal Canadian Mounted Police are advisory only and made with this jurisdictional limitation in mind.

- unconscious male hit with a shovel

[55] The 3 RCMP Constables who attended the scene in Minitonas all knew there had been a reported assault and an unconscious male. Constable Nesbitt testified that when "a victim has gone unconscious we would certainly pass it on. Any kind of pertinent information that could help the ambulance attendants we do pass it on." Similarly, Constable Nesbitt said that "If they got hit with an object, then usually we do pass it on." In this instance assumptions were made that there was no need to pass on the shovel information because the ambulance attendants were in the same small space and should have been able to hear the information. They did, in fact, hear and disregard the information about the shovel because Mr. Audy said he had been hit with fists.

[56] The court had the benefit of hearing evidence from Sargeant William Tewnion, the RCMP's Division Policy Analyst for Manitoba. Sargeant

Tewnion, after tendering a package of National and Divisional policies, advised that there is no policy respecting the sharing of information with other emergency services at scene. He testified that "there isn't any written policy that says myself as a member would have to walk over to the paramedic and explain what we learned about the medical information."

[57] Sargeant Tewnion saw sharing information at the scene as an occasional requirement for officers on scene; more of an ethical or moral obligation than something that would require written policy. He spoke about the importance of officers simply exercising common sense, depending on what the incident required.

[58] Routine sharing of information can serve a valuable oversight function. If there was a policy that required a specific officer to liaise with ambulance staff, when necessary, and ensure that information gathered about the condition of the individual and possible mechanisms of injury, was passed on, the EMTs would have been told (again) that Mr. Audy had lost consciousness, and the resulting care might have been refocused accordingly. Directing that this be done *only when necessary* ensures the officer's discretion is unimpaired, and mandates that a specific person be aware that they must set their mind to this issue.

RECOMMENDATION # 3: *That the RCMP consider implementation of a policy requiring designation of an officer at any ambulance-attended scene to be the medical-liaison officer, responsible for passing on any pertinent information, where necessary, to the EMTs.*

From Nursing staff

-unexplained blood pressure drop

[59] Although Mitchell Audy had some contact with at least 4 nurses during his brief stay at the Swan River Valley Hospital Nurse Michael Sinclair was primarily responsible for his care. Part of Sinclair's duties were to make observations, record vital signs and ensure information was recorded in the patient's chart.

[60] Sinclair told the inquest that nurses often use "cheat sheets" to manage their paperwork during a shift. Information gets written on a scrap paper or a sheet, and is then transferred onto the patient chart, usually doing the changeover report meeting. Sinclair observed Mr. Audy vomiting at 6:00 a.m. and subsequently took his blood pressure. The vomiting episode did not make it onto the "ongoing assessment and record of care" and the cheat sheet, where it was presumably noted, was not retained.

[61] The 6:00 a.m. low blood pressure reading, which was discounted by Nurse Sinclair as Mr. Audy's colour and demeanor quickly returned to its earlier state, was charted. It is the only noted blood pressure on the form as the blood pressure at intake is located on a separate page. Nurse Sinclair didn't recall precisely what he told Dr. Singh. He believed he "would've told him everything that was relevant to the patient's condition." Dr. Singh's memory was clear. He asked Nurse Sinclair how Mr. Audy had been overnight, and whether his vitals had been okay. He was told everything was fine. The 3 episodes of vomiting and the "significant" blood pressure drop were not brought to his attention. Dr. Ripstein, who considers Dr. Singh to be "a skilled and experienced physician", was certain that, if Dr. Singh had been told of the blood pressure drop, he would have taken action.

[62] Dr. Singh did consider the blood pressure drop to be significant and testified that, if he had known, he would have wanted to know why it had dropped. Dr. Ripstein was quick to point out it was only conjecture that Mr. Audy left the hospital with a low blood pressure that morning. Both doctors felt the blood pressure should have been taken again. The failure to do so results in another piece of uncertain information that may or may not have led to a different result for Mr. Audy.

[63] Some concerns were raised about the necessity of doctors personally reviewing information on charts instead of simply receiving the information verbally from nursing staff. Dr. Ripstein testified that "it's very usual that a physician will take the word of a nurse who is also a professional as to the state of the patient, be it good or bad." This seems to be a reasonable and efficacious practice, considering the volume of patients being seen in our medical system daily.

[64] Dr. Ripstein suggested safety systems could be put into place to ensure abnormal blood pressure readings are followed up on. He proposed that discharges could be prevented "when there is an abnormal vital sign that has not been addressed" and that "all patients, unless they are of a truly minor nature, should have a set of vital signs prior to discharge from hospital."

[65] Dr. Singh testified about the development of Treatment Protocols at the Swan River Valley Hospital. It is a collaborative process. Most central hospitals have similar protocols, apparently. Information is gathered from central hospitals, and a draft protocol is developed by the nursing supervisors. The draft protocol then goes to the therapeutics committee, comprised of doctors in Swan River, and recommendations are then made to the head of the department. For example, Dr. Singh is the head of the

surgical department, and he would have the final approval of surgical protocols. A binder is kept with all of the protocols for the hospital.

RECOMMENDATION # 4: *That the Parkland Regional Health Authority direct development of Treatment Protocols respecting blood pressure readings which would ensure*

a) *repeat of readings within a set period of time anytime there is an unexpected and unexplained drop in blood pressure, regardless of the patient's other indicia of low blood pressure, and*

b) *mandatory blood pressure readings of trauma patients immediately prior to final discharge from hospital.*

B. Substance Abuse

- Patient Care for Substance Abusers

[66] Dr. Ripstein wrote and testified about the challenges the substance abusing patient presents to medical professionals. At first contact, the process is compromised as the substance abuser is often unable to speak out as well for him or herself than others. Intoxication can also mask signs of pain. Substance abusers are often in situations where bystanders are abusing as well, and are unable to assist with an accurate history. "It is unfortunate to say", he wrote, "but almost all frontline workers who work at night with substance abusers develop negative feelings towards these groups of people. Substance abusers are not infrequently rude, abusive and uncooperative with the police and/or the health care workers." Dr. Singh testified that every shift there are at least one or two intoxicated patients to deal with. It is important to reiterate that Mr. Audy, at admission, was not considered rude, abusive or uncooperative by anyone who had contact with him.

[67] There is a challenge to health care professionals in managing substance abusers; and a grave risk, as well - an intoxicated trauma patient unable to communicate a complete and accurate history.

- Mitchell Audy's Signs of Intoxication

[68] It is accepted that Mr. Audy was drinking, and had smoked marijuana, during the hours prior to his injury. Just how intoxicated he was is difficult to say. Rather than sobering up, he appeared to get more intoxicated and disoriented during the hours that followed his early morning run-in with Michael Shaun Chartrand.

[69] At the scene EMT Leblanc found him to be "speaking coherently." Constable Kauk, at the hospital, thought he was "coherent". Dr. Singh, although recognizing that Mr. Audy had been drinking and admitted to smoking marijuana, testified he was "exceptionally coherent" and cooperative. Nurse Sinclair, who also acknowledged Mr. Audy smelled strongly of alcohol, nonetheless found him to be "alert and appropriate". He said his speech was not slurred.

[70] This coherence disintegrated later in the morning. Nurse Brischuk characterized him as "uncooperative" in testimony and "drunk" on the 911 call. When Constable Harding attended Mr. Audy was no longer able to answer questions coherently. All he could do was repeat, with minor exceptions, "I want to lie down." Constable Harding noted that Mr. Audy's motor skills were slow, his speech was slurred and he had an odour of alcohol on his breath.

[71] Mr. Audy's condition seemed to worsen rapidly. The Constable read him his Charter caution and police warning during the short ride to the police station, and his repeated "Yeah, yeah, yeah, yeah," reply to the questions

was quite slurred and very slow. The officer wasn't "convinced at that time that [Mr. Audy] understood everything that was being said to him."

[72] When Mr. Audy entered the police station and "crumpled" to the ground he was presenting to Constable Harding as an extremely intoxicated individual – much more intoxicated than he had appeared to be earlier that day. The collapse was not inconsistent with the usual way intoxicated people behave and, given his recent medical clearance, no action was taken.

- Blood Alcohol Content

[73] RCMP Forensic Alcohol Specialist Patricia Lehmann interpreted tests run on biological specimens taken from Mr. Audy at autopsy. Ms Lehmann estimates that, based upon the blood alcohol content at the time of death (41mg%) and considering the usual elimination rates, at the time of the assault Mr. Audy's blood alcohol content could have been anywhere from 98 to 194mg%.

[74] Ms Lehmann offers this estimate with a strong warning, which I repeat in its entirety:

> "**The above estimate must be examined with extreme caution.** (emphasis in original) I am advised that Mr. AUDY was found to have a lacerated liver at the time of autopsy. The liver is the major detoxifying organ of the body and is responsible for the elimination of alcohol from the body. When the liver is lacerated, blood perfusion of the liver in (sic) no longer expected to be normal, and therefore the elimination of alcohol from Mr. AUDY'S blood is expected to be compromised. It is clear that Mr. AUDY's BAC would have been higher earlier in time. Exactly how much higher can not be reliably estimated. It is unlikely that Mr. Audy's BAC at the time of the incident would have exceeded 194mg%, but it is possible that it may have been less than 98mg%. It is unclear as to what degree the elimination of alcohol from Mr. AUDY'S body was affected by the injury to his liver.

- Medical View on Intoxication

[75] Dr. Littman had viewed the videotape of Mr. Audy's time in cells. He was asked whether Mr. Audy's restless behavior in cells was more consistent with injury or intoxication. He answered:

> **A:** Well, I think the two things can be very, can be very similar in appearance. The the – as I recall the appearances – the appearance of Mr. Audy in the cell was someone who was quite restless, who appeared to be uncomfortable, couldn't find a comfortable position. Someone who's intoxicated could behave that way. Someone who's intoxicated can pass out and, and not move at all. I think the significant thing – the significance was that, that the length of time between being found and ending in the cells, obviously Mr. Audy's alcohol would be falling at that point, certainly not rising, unless – I mean, I didn't see anything in the video that he had accessed any alcohol. And the hours that had transpired between being found – and in the, the video I would estimate his alcohol level would have been fairly low. So, I, I think – and this is all very easy now, in retrospect, to look at. I think that it's quite clear that his discomfort and his restlessness in the cell was due to his falling blood pressure.

[76] It is interesting to note that the RCMP'S "D" Division Operational Manual policy on assessment of responsiveness of prisoners offers a caution about diabetics, stating that "a diabetic with uncontrolled diabetes can display symptoms of alcohol impairment, including a liquor-like breath odour." A similar caution about internal bleeding, and accompanying falling blood pressure mimicking the effects of alcohol impairment, may flag this issue for RCMP guards.

RECOMMENDATION # 5: *That the Royal Canadian Mounted Police consider revising their Policy on assessment of prisoners to caution about the similarities between the signs of falling blood pressure and the symptoms of alcohol impairment.*

RECOMMENDATION # 6: *That the Parkland Regional Health Authority direct development of Treatment Protocols respecting treatment of substance abusers which would ensure*

a) baseline observation about the noted signs and indicia of intoxication or impairment be clearly noted on patient charts and be specifically reviewed prior to discharge;

b) nursing staff, prior to discharging an intoxicated or impaired patient into police custody, brief the receiving peace officer about the signs of impairment shown by the patient since admission to hospital.

C. THE GUARD'S ROLE

- The Rules

[77] Portions of the Swan River RCMP Detachment's Operational Manual were filed. Chapter III.3 deals with the "protection, safety, and security of prisoners and mentally disturbed persons by members, guards and matrons." There are 2 different levels of monitoring noted, depending on the situation:

a) Continual monitoring means to watch, observe or check frequently and intermittently, and includes the use of closed circuit television (where available); and

b) Constant monitoring means to physically watch and observe without interruption.

[78] Medical treatment is considered in the Chapter. If there is any indication that a person in custody is ill they are to be examined by a medical doctor. Staff are cautioned that if "in doubt, err on the side of considering the matter a medical emergency."

[79] A segment of the material relates solely to the guard's duties. The guards are directed to "constantly monitor prisoners known to have, or suspected

of having suicidal tendencies, as well as the prisoners who have been examined by a physician, as in HQ Policy E.3.a, and certified fit to be incarcerated." They are also obligated to "record conversations with prisoners and record adverse behavior."

[80] The guards have limited authority and ability to interact with the prisoners. One of their critical functions is to alert Regular Members when there appears to be a problem. This includes indications of illness. The Manual directs that, "should a prisoner complain of illness, become ill or act in an abnormal or irrational way, a Member is to be advised immediately."

- The Realities

[81] Constable Harding was told Mr. Audy was "good to go." He had been examined by a doctor and he was fit for release. Even when Mr. Audy collapsed to the ground at the RCMP detachment and was dragged to cells Constable Harding and Guard How had no reason to suspect, at that point, that they were not dealing with an extremely intoxicated individual. Dr. Littman testified that falling blood pressure and extreme intoxication "can be very similar in appearance." With the recent medical clearance given to Mr. Audy Constable Harding responded in an understandable way. He would have required better information about Mr. Audy's behavior through the night to appreciate the unlikely increase in his apparent state of intoxication.

- A Cry for Help

[82] Both Victor How and Laureen Ferland presented problems for the Court. Victor How remembered only one window check being made, at 10:40. There was a window check done much earlier which is not documented in the log. The window was open for 5 seconds in the cell video. Considering the intermittent nature of the images, this translates to

approximately 40 seconds of real time. This window check is not noted. According to the RCMP National Operational Manual "all checks of a prisoner will be recorded in the prisoner log book." Laureen Ferland, who candidly admits her memory of that morning has been intermittent due to concussion, remembers hearing noises Mr. Audy could not have made. It is clear from the video that he was not slapping his hands on the cell floor or banging his bed. Ms Ferland didn't hear the 2 prisoners being released mid-morning. She does say that she heard Mr. Audy cry out that he was sick and needed help. We do know, from Constable Harding's evidence, that Mr. Audy was crying out, off and on, through the morning. We do know that the window to his cell was opened much earlier than Victor How remembered. Mr. Audy sits up and looks toward the door at this time, like he's listening, or talking to someone. The evidence about a cry for help is troubling in light of all we do know.

- Is Change Required?

[83] The current RCMP operational manual already highlights the need to be vigilant with prisoners who have been medically cleared by a doctor, and to monitor them "without interruption." This is a nod to the fact that, despite medical clearance, things can change. The direction to guards to immediately bring illness or requests for medical assistance to the attention of a Regular Member is similarly crafted to ensure ongoing assessment of medical needs. Review by civilian guards of policies is covered in the detachment level manual as well. It notes that:

> *Procedures/policies on cell supervision to be reviewed with each new guard/matron on a semi-annual basis with long-term guards/matrons including instructions in case of fire or attempted suicide.*

[84] The National Policy on guarding prisoners requires that a specific Regular Member be "responsible for the orientation, initial training and re-

certification of guards (and) to ensure the guard training is equivalent to the RCMP course training standard."

[85] It appears that ensuring that guards are up-to-date on procedures and policies is left to the other guards/matrons at the detachment level. Considering the vital importance of the guarding function, the National Policy, and the expertise of Regular Members who have regular direct contact with prisoners at risk, this is a task that is better left, as a non-delegable duty, to Regular Members.

RECOMMENDATION # 7*: That the RCMP consider amending the Detachment Policy to ensure Regular Members take responsibility for procedure/policy review with guards, and that the appropriate frequency of that review, along with related testing, be considered.*

CONCLUSION

[86] Emergency personnel are teams of people charged with responding to a vast array of crises, for the public good. Perhaps the connections between the various players need to be somewhat stronger to ensure information of value is readily accessible to all.

[87] The recommendations made in this report may or may not have changed the results for Mitchell Audy on November 22nd, 2003, but a commitment to effective and clear communication will, in my opinion, reduce the likelihood of similar deaths in the future.

FINAL WORDS

[88] Although Mitchell Adam Audy's death was declared at the Swan River Valley Hospital at 11:08 a.m. on November 22nd, 2003, it is clear he died earlier, on the floor of cell no. 1 of the Swan River RCMP detachment. He

died alone, clothed in just his underwear and socks. If nothing else, I hope this Inquest Report will change, for the people who knew Mitchell Adam Audy in life, what is known about his death. He didn't die drunk in cells, held because he was causing a disturbance running around the local emergency room. He was not an intoxicated person who needed to be warehoused for the night, for his or others' protection. He was a man in medical crisis who failed to get the care he required. Whether he could have survived his injuries with proper care is impossible to know. He certainly could have died a death of greater dignity if each piece of information gathered about him had subsequently been completely and accurately passed to the next individual in the emergency care line.

SUMMARY OF RECOMMENDATIONS

RECOMMENDATION # 1: *That the Manitoba Emergency Services Medical Advisory Committee consider an amendment to the Emergency Treatment Guidelines to standardize the manner in which dispatch calls are received and charted.*

RECOMMENDATION # 2: *That the Manitoba Emergency Services Medical Advisory Committee consider an amendment to the Emergency Treatment Guidelines to require, particularly in situations dealing with intoxicated patients and bystanders, written notation of all theories of the mechanism of injury.*

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a) repeat of readings within a set period of time anytime there is an unexpected and unexplained drop in blood pressure, regardless of the patient's other indicia of low blood pressure, and

b) mandatory blood pressure readings of trauma patients immediately prior to final discharge from hospital.

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about the signs of impairment shown by the patient since admission to hospital.

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EXHIBIT LIST

Exhibit No.	Description
1	Binder of Documents
2	Emergency Room Floorplan
3	Cell Video
4	Prisoner Log
5	RCMP Detachment Manual
6	Blood Alcohol Analysis
7	Dr. Ira Ripstein's Report
8	911 Transcript
9	RCMP Policies
10	Emergency Treatment Guidelines