

# Manitoba Ombudsman

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January 20, 2009

The Honourable Raymond E. Wyant  
Chief Judge  
Provincial Court of Manitoba  
5<sup>th</sup> floor – 408 York Avenue  
Winnipeg MB R3C 0P9

Dear Chief Judge Wyant:

**Re: Inquest into the Death of Mitchell Adam AUDY**

I am writing to advise of the results of the inquiries made by my office concerning the inquest report recommendations dated October 9, 2007, issued by the Honourable Judge Christine Harapiak into the death of Mitchell Audy.

Mr. Audy came to his death in Swan River, Manitoba on November 22, 2003 as a result of hemoperitoneum as a consequence of blunt trauma to the chest. This death occurred following initial treatment in the emergency at the Swan River Valley Hospital and subsequent detention under *The Intoxicated Persons Detention Act* at the Swan River RCMP detachment.

The Chief Medical Examiner called for an inquest pursuant to subsection 19(3) of *The Fatality Inquiries Act*. The inquest report was released on October 12, 2007.

As you are aware, it is the practice of my office to follow up on inquest recommendations if they involve a provincial department, agency or municipality. In this case my office made inquiries with Manitoba Justice, Manitoba Health and Healthy Living (MHHL), and a number of municipal police departments. The following are the recommendations and the responses received.

**RECOMMENDATION ONE:**

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.

**MHHL RESPONSE:**

*This particular recommendation is in relation to the Emergency Treatment Guideline on Unconscious Patients and this ETG and will be brought to the next MESMAC meeting by the Chair, Dr. Doug Eyolfson.*

*The recommendation is also directed to dispatching methods. Mitchell Adam Audy died on November 22, 2003. In April 2006 new Legislation and amendments were proclaimed to establish standards for Dispatch Centres. In September 2006, the Medical Transportation and Coordination Centre (MTCC) was established in Brandon, Manitoba. The primary function of the MTCC is to be a central answering/dispatching point for Rural and Northern Manitoba, where requests for land and air ambulance transport are received, processed (triaged) and ambulance units dispatched. Staff of the MTCC have received training to bring them to Accreditation level standards for medical prioritizing and dispatch protocols, and are licensed personnel with the Emergency Medical Services (EMS) Branch of Manitoba Health and Healthy Living. The MTCC receives medical calls from a public safety answering point, determines the urgency and nature of a call, determines the exact location of the call, and assists a crew in navigating to that location while providing pre-arrival instructions to the caller. The establishment of the MTCC has ensured the standardization in the manner in which dispatch calls are received and documented. The MTCC records and stores data on every call for risk management and quality improvement purposes.*

**RECOMMENDATION TWO:**

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.

**MHHL RESPONSE:**

*This recommendation may be in relation to the Emergency Treatment Guideline (ETG) on Secondary Survey and Drug and Alcohol Abuse and these ETG's will be brought to the next MESMAC meeting by the Chair Dr. Doug Eyolfson. The next meeting will be announced in the spring of 2008.*

*The recommendation speaks to the written notation of theories of the mechanism of injury. The Ambulance Patient Care Report is the standardized form the EMS personnel utilize to record their assessment, vital signs and treatments. In the*

*assessment portion of the document there is a section entitled “Mechanism of Injury” with 14 check-off boxes. There is a box for violence and a box for trauma noted in this section. There is also a section to identify and draw the injury location and a section for physical assessment which has a box for blunt trauma. The comments section on the back of the patient care record also has a “mechanism of injury” box to write in descriptive information. Finally, ambulance personnel can record their observations in the Patient Care Record (intoxication) in addition to any other pertinent information they receive from bystanders or police officers at the scene.*

MHHL later provided additional information:

*The Ambulance Patient Care Report (April 2005) is the standard document utilized for all land ambulance patients. The Assessment section has a sub-section entitled “mechanism of injury” listing 14 boxes that can be filled in. These listings include medical, MVA traffic, MVA non-traffic, struck by vehicle, machinery, recreation, fall, fall greater than 3 meters, environment, drowning, fire/smoke, hazardous material, violence or other trauma. There is a large area for comments in the ambulance patient care report that the providers can use if the patient is intoxicated or to provide additional theories of the mechanism of injury.*

*Further to the inquest recommendations, Manitoba Emergency Services Medical Advisory Committee (MESMAC) members have been asked for suggestions as to how the information in this inquest report can contribute to the Emergency Treatment Guidelines or Emergency Medical Services practice in general. This was to be discussed at the May 2008 meeting of MESMAC, which was cancelled due to the lack of a quorum. This is now scheduled to be discussed at the fall 2008 MESMAC meeting.*

The Manitoba Emergency Services Medical Advisory Committee (MESMAC) discussed this matter during a meeting on October 22, 2008. MESMAC concluded that the documentation set out on the call sheets adequately addresses the concerns in this recommendation.

**RECOMMENDATION THREE:**

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.

**MB JUSTICE RESPONSE:**

*Upon receipt of that report, the Department noted seven (7) recommendations, with the below noted three (3) recommendations falling under the specific operational purview of the RCMP. (Recommendations three, five and seven were identified)*

*A thorough review of Judge Harapiak's inquest report including the seven recommendations, three of which were directed toward the RCMP has been conducted. After reviewing various RCMP policies it was determined by the Criminal Operations Officer for "D" Division that current policies support what was intended by Judge Harapiak's recommendations and that no changes were required.*

My office made further inquiries with MB Justice and was advised that:

*I can advise you that the Department did not distribute these recommendations to municipal police services throughout the province as they were specific to the RCMP. The Department does not set operational policies of the RCMP or the municipal police services in the province.*

*In consideration of your enquiry, the Department will distribute Recommendations 3, 5 and 7 to all police services in the province for their information and for direct response to your office as to the applicability of the particular recommendation or any action taken in respect thereof.*

**RCMP RESPONSE:**

*Judge Harapiak summarized the intent of her comments as the "routine sharing of information" in order to ensure that the information gathered about the condition of the individual and possible mechanisms of injury is being passed on to the EMT's.*

*RCMP officers are trained in first responder first aid and know to pass on information to EMT/medical staff when acting in this role. This knowledge is based on formalized first-aid training. The delivery and maintenance of first-aid training is covered in the RCMP Occupational Safety Manual.*

*With regards to the passing of information the following comments are based on the St. John Ambulance First on the Scene – Student Reference Guide (first edition 2006):*

*St. John Ambulance First Aid Training teaches Emergency Scene Management (ESM). ESM is the sequence of actions a first-aid provider should take at the scene of an emergency to ensure that safe and appropriate first aid is given. There are several steps involved including the "initial scene survey", which includes determining the history of the scene and the mechanism of injury. During the step of "ongoing casualty care" the first-aid provider is taught to report on what happened, what kind of injuries are involved and what first aid has been given, to whoever takes over the care of the casualty.*

*The passing of pertinent information to EMT's is covered in National operational policy part 19 – Prisoners as follows:*

### *3. Documenting Medical Observations*

*3.1 At the scene or as soon as practicable, document in your notebook any observations and medical concerns and any other pertinent information from the victim/witnesses at the scene.*

*3.4 Relay this information and the results of the responsiveness assessment to the member or guard responsible for his/her custody until the prisoner is released. The information must also be relayed to any medically trained professional.*

*Note: For the purpose of this Part, a medically trained professional will include a medical practitioner, nurse, paramedic and ambulance attendant.*

### *4. Medical Assistance*

*4.1 If a medically trained professional attends to a person in your custody:*

*4.1.1 Provide all relevant information concerning any injury, the results of your enquiries and any observations regarding the possible substances ingested. Indicate your assessment of the person's responsiveness. Include the nature and degree of any force used to arrest the prisoner.*

*The current policy adequately addresses the passing of information and designation of a member at an ambulance attended scene to be the medical-liaison officer.*

#### **ALTONA POLICE SERVICE RESPONSE:**

*Our police service has just implemented policy in regards to medical conditions and concerns. Please find a copy of our policy, which is attached to this letter. Being a smaller police agency, it is quite possible there is only one member working and this member would be the liaison with EMS and hospital as indicated in our policy. Our members receive regular first aid training.*

#### **BRANDON POLICE SERVICE RESPONSE:**

*Brandon Police Service policy will be amended to include a new section dealing with injured, or persons with special medical needs (ie: suicidal, diabetic or other information relating to the persons medical condition, such as how the injury may have occurred, that needs to be passed on). The policy will place the responsibility on the investigating officer of any incident to ensure relevant information is passed on to EMTs, hospital staff and doctors, Brandon Correctional Centre or any other person or institution the person is turned over to (CAP, other agency escort etc.). The NCO will also have the responsibility to ensure the investigating officer has followed the policy.*

**MORDEN POLICE SERVICE RESPONSE:**

*Our officers are trained to pass on all pertinent information to the EMTs. In a small community (area), we know our EMTs personally and have always had a good working relationship. We frequently call our EMTs to attend to prisoners either on scene or in our cells when the situation arises.*

**RIVERS POLICE DEPARTMENT RESPONSE:**

*Due to the size of our Department (3 members) there is usually just one member in attendance at ambulance calls and therefore that member is responsible for communicating all information learned to the ambulance attendees.*

**R.M. OF CORNWALLIS POLICE SERVICE RESPONSE:**

*Any policy drafted and followed by the RCMP would be the same that the RM of Cornwallis Police would follow.*

**R.M OF WHITEHEAD POLICE SERVICE RESPONSE:**

*This department is a part time employment for myself as the only officer on the department and my job description is basically enforcement officer of by laws and provincial statutes, although I do occasionally become involved in criminal matters, of which are turned over to the RCMP as soon as practicable. I'm a retired member of the RCMP of 32 years.*

*If an incident involves the attendance of an ambulance then it would be safe to say that the RCMP would be in attendance and I would be assisting them on the investigation. Therefore their policies would supersede any policies that my department would have.*

**STE. ANNE POLICE DEPARTMENT RESPONSE:**

*Ste. Anne Police Department, being a smaller department where there may be one member dealing with an incident, has that officer responsible for passing on pertinent information, where necessary to the EMT's. On occasion where there is more than one officer in attendance the senior officer is responsible to ensure this information is passed on.*

**SPRINGFIELD POLICE SERVICE RESPONSE:**

*I would like to inform you that the Springfield Police Service is a small municipal force with 2 full time officers and augments the primary force which is the RCMP (Oakbank Detachment). Therefore, we would only respond to those calls that they are unable to.*

*We follow their procedures and use their cells and guards as we operate in their area.*

*As far as the adoption of the recommendations, I am unaware of where the RCMP is at, at this time. If and when they do implement them, we will gladly conform to their policy.*

**VICTORIA BEACH POLICE RESPONSE:**

*The Victoria Beach Police are presently in the practice of advising attending EMT personnel attending our calls of any pertinent information that would impact the medical care of that individual. We have only 1 full time year round police member with 5 seasonal police members working May to October. There are usually only ever 2 members on at any given time. Having said this, the member writing the report would automatically be responsible for getting the names of the EMT staff for his/her notes and also be responsible for passing on to EMT's any pertinent information relative to the cause of the injury of that individual. We have, therefore already designated the report writing member as the designated medical liaison.*

**WINKLER POLICE SERVICE RESPONSE:**

*In respect to Recommendation #3 which requests designation of an officer to be a medical-liaison at ambulance scenes, I can report that our officers are all taught to pass on all pertinent information to EMT's and ensure that is done.*

**WINNIPEG POLICE SERVICE RESPONSE:**

*The WPS Investigation Guidelines topic (WPS Procedure Manual) contains direction to members at the scene to "Advise any assisting agency (e.g. WFPS) of any pertinent information".*

**RECOMMENDATION FOUR:**

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.

**MHHL RESPONSE:**

*Parkland Regional Health Authority (RHA) has informed Manitoba Health and Healthy Living that to develop the recommended treatment protocols, it prefers to involve those who are responsible for implementing the treatment protocols. As a result, Recommendations #4 and #6 will be taken to Parkland RHA's Regional Acute Care Committee for complete review and development. They also wish to include Mental Health Services and AFM (given the recommendations regarding intoxication). Parkland RHA has stated that it may take between three to six months to review and develop an action plan and begin the implementation process.*

*Manitoba Health and Healthy Living has advised Parkland RHA that the Department will follow up with them, and will report back to the Manitoba Ombudsman.*

MHHL later informed my office that:

*Parkland Regional Health Authority (PRHA) advises of the following actions to date:*

- *The report of the inquest regarding the death of Mitchell Adam Audy was distributed to the clinical services managers, the physicians, as well as the emergency nursing staff at the Swan Valley Health Centre. Recommendation #4 was reviewed and discussed at the Emergency Department Staff meetings. The requirement to triage each patient and document the triage assessment, according to the Regional Emergency Department Triage policy was reinforced. The process of triaging a patient on admission, and how a patient's condition changes, was also reviewed (e.g. entrance complaint, physical assessment, vital signs including blood pressure, pulse rate, respiratory rate and temperature, when appropriate).*
- *A Regional Acute Care Committee working group was established to review the current Regional Emergency Department Triage and Nurse Managed Care policies. These policies have been revised and a draft of Nursing Guidelines for Vital Sign Assessment in the Emergency Department has been developed (appended).*

MHHL advised my office on January 9, 2009 that the Parkland Regional Health Authority (PRHA) has made more revisions to its Regional Emergency Department Triage and Nurse Managed Care policies and both are scheduled for approval at the next Regional Acute Care Committee meeting to be held on January 13, 2009. All Emergency Department staff at the Swan Valley Health Centre received an education session on these policies in December of 2008.



**RECOMMENDATION FIVE:**

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.

**RCMP RESPONSE:**

*Judge Harapiak expanded on recommendation #5 by pointing out that “D” Division Operational 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”.*

*Judge Harapiak recommended a similar caution about internal bleeding, and accompanying falling blood pressure mimicking the effects of alcohol impairment, be added to “D” Division Operational policy. The cautions in existing policy directs members to be aware of a number of indicators that could be symptoms to illness.*

*Relevant policy in National Operational Policy section 19.2 Assessing Responsiveness/Medical Assistance, states:*

*1. General*

*1.1 It is the responsibility of the first member on the scene to complete an assessment of responsiveness. See App. 19-2-1.*

*The referenced Appendix provides a blanket statement raising awareness on other conditions displaying similar indicators to alcohol impairment that the assessing member is to be cognizant of. It states:*

*“remember, drowsiness may be an indicator of serious illness or injury”.*

*and further*

*“alcohol may mask: diabetes, head injury, drug overdose, epilepsy, stroke – if in doubt call for immediate medical assistance.”*

*The following policy quote on assessing responsiveness provides direction to the assessor to seek immediate medical assistance when indicators of illnesses are present. It does not speak exclusively to internal bleeding and falling blood pressure but would include these symptoms when speaking generally in terms of the assessment of the illness.*

*2. Assessing Responsiveness*

*2.1 If there is any indication that a person is ill, suspected of having alcohol poisoning, a drug overdose, or ingested a combination of alcohol and drugs, concealed drugs internally, or sustained an injury, seek immediate medical assistance.*

*It is recognized that there are a large number of medical emergencies where the symptoms can be similar to alcohol impairment. This recognition is adequately addressed in existing policies as set out above.*

**ALTONA POLICE SERVICE RESPONSE:**

*Our police service has just implemented policy in regards to medical conditions and concerns. Please find a copy of our policy, which is attached to this letter. Being a smaller police agency, it is quite possible there is only one member working and this member would be the liaison with EMS and hospital as indicated in our policy. Our members receive regular first aid training.*

**BRANDON POLICE SERVICE RESPONSE:**

*The above noted new section of policy (please refer to Recommendation #3 response) will also include a caution relating to blood pressure. Policy currently provides information indicating persons with diabetes can have similar symptoms as an intoxicated person and training has been provided to members in the past in this area. Additionally, known diabetics who are frequently arrested for being intoxicated, are currently flagged with the provision that they must be taken to the Brandon Regional Health Centre for assessment by a doctor before being lodged at the Correctional Centre. This will also be incorporated in the new policy section dealing with persons with injuries or special medical needs.*

**MORDEN POLICE SERVICE RESPONSE:**

*Our officers are trained in CPR through Red Cross and are familiar with these signs. If our officers see any indication of severe impairment, EMTs are immediately called as a precaution to assess the prisoner and check all vitals to ensure that further medical attention is not necessary.*

**RIVERS POLICE DEPARTMENT RESPONSE:**

*Our policy on intoxicated persons has been amended to include this recommendation.*

**R.M. OF CORNWALLIS POLICE SERVICE RESPONSE:**

*Any policy drafted and followed by the RCMP would be the same that the RM of Cornwallis would follow.*

*Any detainees arrested are transported directly to the Brandon Correctional Centre. Should the subject be in a high state of intoxication, they are checked out at the Brandon Regional Health Complex and cleared by medical doctors prior to admission to BCC. Brandon Correctional Centre has policy of completing 15 minute visual checks on all intoxicated persons within three hour physical checks.*

**R.M. OF WHITEHEAD POLICE SERVICE RESPONSE:**

*I have been a breathalyzer technician for 29 years in the RCMP and have observed many persons under the influence of alcohol, drugs and diabetic symptoms. If I have ever suspected that something other than alcohol, and even if only alcohol has been consumed in great quantities, I take the subject to the hospital for examination and where warranted admit for the night.*

The R.M. of Whitehead Police Service further advised that it adheres to RCMP policy concerning the assessment of prisoners.

**STE. ANNE POLICE DEPARTMENT RESPONSE:**

*Ste. Anne Police Department, transports any person, where there is concern for the person's health, to hospital to be appraised by a physician prior to further action being taken by police. This includes displaying signs of impairment by alcohol.*

**SPRINGFIELD POLICE SERVICE RESPONSE:**

Please refer to the written response that the Springfield Police Service provided to Recommendation #3.

**VICTORIA BEACH POLICE RESPONSE:**

*The Victoria Beach Police do not have a detention area/cells available and any individual(s) requiring detention for any period of time would be taken to either the Grand Marais or Powerview detachment. We would defer to the RCMP and their training/policy regarding the assessment of the similarities between the signs of falling blood pressure and alcohol impairment symptoms.*

**WINKLER POLICE SERVICE RESPONSE:**

*All Winkler Police Service officers receive Canadian Red Cross Emergency First Aid Training and regular refresher training which includes this type of assessment as well as rescue breathing.*

**WINNIPEG POLICE SERVICE RESPONSE:**

*The WPS Intoxication Persons topic (WPS Procedural Manual) contains information for members which brings to their attention that certain medical*

*conditions, including falling blood pressure, may exhibit symptoms similar to signs of intoxication.*

**RECOMMENDATION SIX:**

That the Parkland Regional Health Authority direct development of Treatment Protocols respecting treatment of substance abusers which would ensure

- (a) baseline observations 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.

**MHHL RESPONSE:**

*PRHA advises of the following actions to date:*

- *Management of the Swan Valley Health Centre conducted two education sessions on substance abuse for Emergency Department staff. Presenters at these sessions included Community Health and the Addictions Foundation of Manitoba personnel.*
- *The RCMP and the facility administration met to discuss roles and boundaries.*
- *The Acute Care Committee working group revised the Region's Head Injury Patient Discharge Instruction Handout in response to an earlier inquest recommendation. The new Head Injury Patient Discharge Instruction Handout outlines normal signs and symptoms and which signs and symptoms require immediate medical attention. This instruction handout will be provided to the RCMP when appropriate.*
- *The baseline observations about the noted signs and indicia is related to the triage process and documentation as indicated in Recommendation #4.*

*Next Steps*

- *The Regional Acute Care Committee is reviewing a screening tool which may assist nurses and other professions in identifying alcohol and substance abuse problems. It is intended that these screening questions will become part of the nursing assessment with respect to treatment of substance abusers.*
- *Upon approval of the screening tool and incorporation into the Regional Emergency Triage policy, education sessions will be offered to Emergency Department nurses.*

*Work continues with respect to both MESMAC and PRHA's response to these recommendations. Therefore, the Department will follow-up and report back to the Manitoba Ombudsman once these final pieces have been addressed.*

MHHL advised my office on January 9, 2009 that the Parkland Regional Health Authority (PRHA) has incorporated the screening tool into the Regional Emergency Triage policy and approval of that policy is scheduled for January 13, 2009. All Emergency Department staff at the Swan Valley Health Centre received training on the screening tool in December 2008.

**RECOMMENDATION SEVEN:**

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

**RCMP RESPONSE:**

*It is our view that Judge Harapiak's seventh recommendation is due to a misinterpretation caused by a word omission in Swan River Detachment's unit supplement of the day. The word "and" was missing from between the first "guard/matron" and "on a semi-annual".*

*The actual wording of the supplement was as follows:*

*N. Cellblock Supervisor*

*N.1 b. 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.*

*This particular Unit Supplement has been corrected. National policy clearly enunciates the recommendation of Judge Harapiak. Policy instructs all unit commanders to designate a specific member to ensure compliance as recommended by Judge Harapiak. National policy is as follows:*

*Cell Block Operations*

*9.1 Commander*

*9.1.1 Post guard duties at every operational unit equipped to hold prisoners*

*9.1.2 Ensure all members and personnel under your command who are responsible for prisoner care have read and initialed the applicable national directives, divisional, detachment and unit supplements. Repeat this process every six months and retain initialed records.*

*9.1.3 Ensure a prisoner log record book is kept as outlined in sec. 3*

*9.1.4 Conduct reviews of guard personnel files to ensure copies of certification and all employment requirements are current*

*9.1.5 Appoint one member to be responsible for the orientation, initial training and re-certification of guards. Ensure the guard training is equivalent to the RCMP course training standard (CTS) CL8500*

*9.1.6 Ensure a guard is given his/her orientation tour of the work site when first hired followed by one tour every six months. Review his/her duties, directives, legal responsibilities, and the requirement to be vigilant for medical conditions, abnormal prisoner behaviour and rousability.*

*9.1.7 Ensure that the sign “Assessment Prisoner Responsiveness” is displayed in the cell block and includes the statement: If in doubt, seek medical assistance. See App. 19-2-1.*

*9.1.8 Post, in the guardroom area, a resource list of both medical and non-medical personnel and facilities that can assist in an emergency. Regularly update the list.*

*It is our view that the above policy excerpts clearly address the recommendations of Judge Harapiak as noted in her Inquest Report. The comments provided to you by the Department of Justice (Manitoba) were correct in that the Criminal Operations Officer for “D” Division determined that current policies supported the Judge’s recommendations and no changes were required.*

**ALTONA POLICE SERVICE RESPONSE:**

*When a guard is called in to look after a prisoner, the guard must read our guarding policy at the start of their shift.*

**BRANDON POLICE SERVICE RESPONSE:**

*The Brandon Police Service does not have cells or guards; therefore this recommendation does not apply.*

**MORDEN POLICE SERVICE RESPONSE:**

*We currently have policy in place to review procedures with our guards when first hired, but will consider amending it to have frequent reviews with guards by our officers.*

**RIVERS POLICE DEPARTMENT RESPONSE:**

*Our Department does not have any holding cells. All prisoners are transported to the Brandon Correctional Centre. We therefore do not have any guards.*

**R.M. OF CORNWALLIS POLICE SERVICE RESPONSE:**

*Please be advised that the Rural Municipality of Cornwallis does not have any holding facilities whatsoever. Therefore, no policy is required in this matter.*

**R.M. OF WHITEHEAD POLICE SERVICE RESPONSE:**

*As my Department does not have any holding cells, rooms or secure rooms, if a person is to be detained for an incident, he/she is lodged at the Brandon Correctional Centre.*

**STE. ANNE POLICE DEPARTMENT RESPONSE:**

*Ste. Anne Police Department, on occasion conveys prisoners to be guarded by RCMP civilian guards at the RCMP detachment. With the Audy Inquest in mind the SAPD is waiting for new direction from the RCMP in regards to any change in policy and procedure based on recommendations from the Inquest.*

**SPRINGFIELD POLICE SERVICE RESPONSE:**

Please refer to the written response that the Springfield Police Service provided to Recommendation #3.

**VICTORIA BEACH POLICE RESPONSE:**

*The Victoria Beach Police are a secondary service provider for the community with the primary service provider designation belonging to the RCMP. We have no cells and therefore no guards.*

**WINKLER POLICE SERVICE RESPONSE:**

*The Winkler Police Service intends to write into policy that guards regularly review policy pertaining to them and that all officers ensure it occurs.*

**WINNIPEG POLICE SERVICE:**

The Winnipeg Police Service does not have holding cells and prisoners are lodged at the Winnipeg Remand Centre or Main Street Project.

Based on our review of this matter, it would appear that reasonable consideration has been given to the above noted recommendations. As such, our file concerning the Mitchell Adam Audy Inquest Report has been closed.

Yours truly,

Original signed by

Irene A. Hamilton  
Manitoba Ombudsman

cc Mr. Jeffrey Schnoor Q.C., Deputy Attorney General, Deputy Minister of Justice  
Ms Arlene Wilgosh, Deputy Minister of Health and Healthy Living  
Dr. A. Thambirajah Balachandra, Chief Medical Examiner  
Assistant Commissioner Darrell Madill, Commanding Officer "D" Division  
Chief Keith McCaskill, Winnipeg Police Service  
Chief Glen Robinson, Altona Police Service  
Chief Keith Atkinson, Brandon Police Service  
Chief Brad Neduzak, Morden Police Service  
Chief Rick Hiebert, Winkler Police Service  
Chief Constable Lloyd Collister, Rivers Police Department  
Chief Constable Darwin Drader, RM of Cornwallis Police Service  
Chief Constable Douglas Gormley, RM of Whitehead Police Service  
Chief Constable, Springfield Police Service  
Chief Constable Stewart McPherson, Victoria Beach Police  
Chief Constable Marc Robichaud, Ste. Anne Police Department