



INFORMATION REPORT

TO: The Halifax Board of Police Commissioners

FROM: Chief Dan Kinsella

DATE: July 5, 2023

SUBJECT: **Response to NS Police Review Board decision regarding Halifax Regional Police's Prisoner Care Facility procedures**

Background:

At its July 12, 2023, Board of Police Commissioner's meeting, the following motion will be before the Board of Police Commissioners:

That the Chair of the Board of the Police Commissioners direct the chief officer of the Halifax Regional Police (HRP) to prepare a staff report responding to the recommendations of the Nova Scotia Police Review Board and outlining:

- 1. If Halifax Regional Police will be implementing the suggestions put forward by the Review Board;*
- 2. What training and education is in place for officers for the three topics outlined in the Nova Scotia Police Review Board decision;*
- 3. Highlighting improvement opportunities in education or training related to the outlined topics; and*
- 4. A plan to address the necessary improvements.*

Halifax Regional Police has been asked to provide an update.

Issue summary:

On June 15, 2016, Mr. Corey Rogers, 41, was arrested for public intoxication on the grounds of the IWK Health Centre in Halifax. The arresting officers transported Mr. Rogers to HRP's Prisoner Care Facility (PCF), where he died from asphyxiation. The booking officers who were working in the PCF that night were subsequently charged and convicted of criminal negligence. The arresting officers were disciplined internally. Subsequently, a ruling by the Nova Scotia Police Review Board in May 2022, into an appeal brought by Ms. Jeannette Rogers, the mother of Mr. Corey Rogers, outlined the punishments for two police officers involved, and additionally noted the following:

[45] Although HRP are not before the Board, charged with anything, the Board feels after hearing all the evidence obligated to suggest HRP should implement for its officers (if it has not begun to do so already) education in:

- 1. Recognizing the signs of extreme intoxication.*
- 2. Addiction informed approaches to interacting with intoxicated people, and any other form of crisis intervention training that will assist in preparing the Officers for interacting with members of the public living with addiction in the course of their police duties; and*
- 3. De-escalation and conflict management when dealing with civilians, but particularly those who are under the influence of alcohol or drugs.*

HRP Response to the NSPRB recommendations:

Recently, HRP conducted a jurisdictional scan from our Training Branch to seek information on emerging police practices and training geared towards the handling and care of extremely intoxicated persons. Our research so far related to other agencies has not yielded any new ideas that would enhance the current training already offered to HRP members in the area of “extreme intoxication”. However, most recently, we have initiated dialogue with local experts to assist us with potentially enhancing our training and organizational practices related to this area.

HRP notes that as policing evolves and efforts are made to de-emphasize police involvement in those aspects that are better suited to be handled by experts from other fields, non-police interventions may also have a role to play in the future. While this report doesn’t delve into those interventions, we recognize that we do have an opportunity to bolster our ongoing training and policies that pertain specifically to those situations where the level of intoxication may not be immediately identifiable or when there is expected to be a time lag before medical or an alternative intervention can become available.

Below is an overview of the current practices as well as a summary of other actions that may be undertaken in the future:

a. Recognizing the signs of extreme intoxication:

Below is an overview of the current practices related to this area:

During cadet training, police cadets receive 46 hours of training relating to impaired driving and intoxicated persons, where they learn to recognize the signs and symptoms of intoxication.

Additionally, HRP has existing policies relating to intoxicated persons and extremely intoxicated persons that members must adhere to. These policies provide information and guidance to HRP personnel on recognizing the signs and symptoms of a person who requires medical attention due to their state of intoxication.

As per our EXTREMELY INTOXICATED PERSONS policy, HRP recognizes when dealing with someone who is extremely intoxicated, the most effective experts lie within the medical community. This is highlighted in the following excerpt:

1. Intoxicated persons who appear to be extremely inebriated may warrant medical attention. In these cases, a significant proportion of intoxicated persons may have other drugs in their bodies - both licit and illicit.

2. The QE II suggests that the following persons should receive medical evaluation:

a. Any person who is:

- not alert and oriented, and cannot be easily roused to be such;*
- intoxicated and has received head injuries (or potential head injuries) and complains of a headache, has a decreased level of consciousness, is vomiting; or*
- any combination of side effects listed above.*

b. Young persons up to but not including 16 years of age who appear intoxicated or as a result of breathalyzer testing (for an impaired driving offence) who have levels of alcohol exceeding eighty milligrams per one hundred milliliters of blood should be transported to the IWK-Grace Hospital to be examined. The hazard is low blood sugar due to alcohol.

c. The likelihood of persons sixteen years of age and older becoming victims of low blood sugar due to alcohol decreases with age.

3. Any intoxicated person, no matter what age, that is unable to carry on a conversation, is not alert or is disoriented requires medical examination.

4. The amount of alcohol that can be consumed and the blood levels that are tolerated are highly variable. No matter what the level, as long as the person is alert or can be easily roused to this state, medical evaluation is not an immediate necessity.

HRP officers are also required to be certified in Standard First Aid & cardiopulmonary resuscitation (CPR). This certification must be presented as part of a person's application to HRP. Officers then receive re-certification training every two years. This comprehensive two-day course offers first aid and CPR training, as well as recognizing and addressing sudden medical emergencies. Alcohol poisoning can have several signs and symptoms, including confusion, vomiting, seizures, unconsciousness. As part of their certification, officers are taught the skills to respond to these incidents. In the field, officers work closely with Emergency Health Services (EHS) and they attend calls at officers' request on a daily basis.

HRP Officers also receive two days of in-service training annually. This in-service training provides re-certification in use-of-force, first aid, and a variety of other topics. Some of the topics covered in years past are:

- Recognizing and interacting with emotionally disturbed persons
- In custody death / autonomic hyperarousal state recognition and response
- Impaired driving issues
- Mental health & mobile mental health
- Verbal judo
- Use of Force and communication

Many of our officers are also trained as Drug Recognition Experts, a 128-hour course that teaches them to recognize impairment in drivers under the influence of drugs other than, or in addition to alcohol. Another contingent of officers are trained as breath technicians, a 40-hour course that certifies officers to become alcohol testing technicians. In this course, officers learn alcohol knowledge, such as the effects it has on the body, the signs of alcohol use and abuse and the effect alcohol has on the human body.

Our Drug Recognition Experts and Breath Technicians are regularly utilized and consulted for their knowledge and expertise when it comes to these topics.

b. Addiction informed approaches to interacting with intoxicated people, and any other form of crisis intervention training that will assist in preparing the Officers for interacting with members of the public living with addiction in the course of their police duties

As of June 2023, HRP has trained 297 members in Crisis Intervention Training (CIT) to date, facilitated by the Nova Scotia Health Authority. The CIT Program is part of the collaborative partnership between Halifax Regional Police and the Mental Health Mobile Crisis Team (MHMCT) and provides learning for a more informed and skilled approach to mental health issues. This also increases capacity building for families, communities, mental health services and law enforcement officers. The goal is to set a standard of excellence for CIT trained police officers with respect to interventions with individuals with mental illness.

CIT is a model of response for law enforcement officers to provide the most effective police response possible to individuals who are experiencing mental illness. Officers gain increased understanding and skills through an intensive 40-hour training program. This training supports skill building in responding to mental health calls and enhances the safety for individuals, community, and officers. The course is now included in our Police Science Program, with the goal to eventually have all our members trained in crisis intervention.

c. De-escalation and conflict management when dealing with civilians, but particularly those who are under the influence of alcohol or drugs.

Cadets receive 72 hours of use of force training, where they learn how to control the actions of an aggressive or uncooperative individual. Throughout this training, cadets are taught to use the least

amount of force necessary and are guided with the overarching principal of safety for all persons involved. HRP's use of force training teaches cadets to make the right choices when use of force is being considered.

Part of this training involves the 'Use of Force Continuum', mandated by the Nova Scotia Department of Justice. The first approach in the continuum is always officer presence and communication, which encompasses de-escalation. Regardless of how a situation evolves, cadets are taught to continue to communicate throughout. Cadets learn 'verbal judo'; a tactical communication strategy used to calm confrontational interactions and direct them to a peaceful outcome. Verbal judo includes speaking in a certain way, facial expressions and body language designed to diffuse potentially volatile situations. Our officers employ these tactics multiple times a day to bring potentially hostile and violent situations to a peaceful and safe resolution for all parties involved.

Other PCF related improvements since 2019:

1. The addition of a fulltime Sergeant in Prisoner Care Facility for improved supervision and accountability. The full-time presence of a supervisor in our cells ensures policies and protocols are properly followed. The supervisor also screens every prisoner as they come in to determine whether they require medical attention, have special needs and proper procedures are followed.
2. Policies and protocols have been updated and developed in a few specific and high risk areas related to PCF.
3. Better technology has been implemented within the PCF to manage risks in the physical environment as well better identify issues in real time.

Next steps:

1. HRP's PCF policy is currently being reviewed and refreshed in full. This is a major undertaking that will ensure we are following the best and latest practices in this area.
2. HRP will continue its dialogue with experts to enhance its understanding of this issue and identify potential new opportunities for adoption. Recently, at the recommendation of a BoPC Commissioner, HRP has consulted with Dr Dave Martell, a renowned expert in addictions medicine and associated practice to consider additional training options as well as to seek input on the current policies and training materials.