



Province of British Columbia

VERDICT AT CORONERS INQUEST

FINDINGS AND RECOMMENDATIONS AS A RESULT OF THE CORONER'S INQUEST PURSUANT TO SECTION 38 OF THE CORONERS ACT, [SBC 2007] C 15, INTO THE DEATH OF

Du

SURNAME

Phuong Na (Tony)

GIVEN NAMES

An Inquest was held at The Burnaby Coroners Court, in the municipality of Burnaby

in the Province of British Columbia, on the following dates: February 5, 2018 to February 9, 2018

before: John Knox, Presiding Coroner.

into the death of DU (Last Name) Phuong (First Name) Na (Middle Name) 51 (Age) [X] Male [] Female

The following findings were made:

Date and Time of Death: November 22, 2014 (Date) 19:37 (time)

Place of Death: Vancouver General Hospital (Location) Vancouver BC (Municipality/Province)

Medical Cause of Death:

(1) Immediate Cause of Death: a) Gunshot wounds to torso

Due to or as a consequence of

Antecedent Cause if any: b) N/A

Due to or as a consequence of

Giving rise to the immediate cause (a) above, stating underlying cause last. c)

(2) Other Significant Conditions Contributing to Death:

Classification of Death: [] Accidental [X] Homicide [] Natural [] Suicide [] Undetermined

The above verdict certified by the Jury on the 9th day of February AD, 2018

John Knox

Presiding Coroner's Printed Name

Handwritten signature of John Knox

Presiding Coroner's Signature



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Pursuant to Section 38 of the Coroners Act, the following recommendations are forwarded to the Chief Coroner of the Province of British Columbia for distribution to the appropriate agency:

JURY RECOMMENDATIONS:**To the Independent Investigations Office:**

1. At the conclusion of its investigation and, in circumstances where charges have not been laid, the Independent Investigations Office should automatically release, for training purposes, its investigative files to the involved police service agency so that the police service agency can determine whether any of its existing practices, procedures or policies should be changed or improved.
2. Assess and improve policies around releasing information to affected families, to ensure that information is released to families as soon as possible so that they may understand and heal from the tragic event.

The Vancouver Police Department:

3. Ensure all patrol vehicles are equipped with first aid kits containing supplies that are useful for the interim treatment of serious penetrating injuries, such as gunshot wounds and stab wounds. These supplies should include compression bandages, Asherman chest seals, and tourniquets.
4. Review first aid policy and practice to ensure that police officers who are the first to encounter a medical emergency are the first to intervene, and that meaningful assistance is provided until such time that emergency responders with a higher scope of practice arrive on scene.
5. Review civilian ride-along policy and practice with respect to the attendance of members of the public at calls involving mental health crises, weapons, or foreseeable risk of armed response by police.
6. Develop mental health de-escalation training scenarios which incorporate obstacles that make verbal communication impractical, such as hearing impairment, loud environments or language barriers.
7. Prioritize scene containment strategies when responding to a call that likely includes a person experiencing mental health event that poses a potential threat to the public. Specifically, we recommend that VPD prioritize containment strategies that ensure that all participants emerge safely from the event, including pedestrians, vehicle traffic, the subject of the call, and officers.



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For example, if officers are aware that another car is also responding, and are close by, they could wait for the second car to arrive to block traffic, deal with pedestrians, etc. If officers cannot wait for the second car, they should use their own car to, at the very least, block traffic.

8. Provide further training, and receive further direction from the IIO, to ensure they immediately cease all investigative steps once an officer-involved shooting takes place, regardless of whether the IIO has yet assumed jurisdiction. Specifically, VPD officers must not interview witnesses or family members, or attend the victim's home to gather evidence.

To All Police Agencies In British Columbia:

9. Explore creating an early warning system in their jurisdiction, akin to the already established Vancouver Police Department's Early Warning System ("EWS"), incorporating police and health data which identifies persons living with severe mental illness and/or substance use who may be decompensating in the community and who are at the most risk to themselves or others.
10. Explore creating a mental health unit dedicated to tracking EWS persons identified in the Early Warning System in order to connect those persons with longer-term mental health solutions akin to the already established Vancouver Police Department's Assertive Outreach Team.
11. Explore creating mutual information sharing agreements, akin to the mutual information sharing agreements already established between the Vancouver Police Department and Vancouver Coastal Health, to assist with the sharing of information and collaboration between police services and health authorities in order to improve services for most at-risk persons living with severe mental illness and/or substance use.
12. Officers responsible for causing harm and/or death to community members receive a minimum of three mandatory counselling sessions. These sessions must allow the officer in question to gain insight into these events.

The City Of Vancouver:

13. Prioritize increased funding to expand the scope, availability and training for police-based mental health intervention services presently delivered by Vancouver Police in conjunction with Vancouver Coastal Health.



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The Ministry Of Health:

14. Work with relevant stakeholders to provide guidance to general practitioners with respect to the development, implementation and documentation of mental health care plans as defined under Medical Service Plan billing item 14043.
15. The five regional health authorities (Fraser Health, Interior Health, Island Health, Northern Health, Vancouver Coastal Health) and the First Nations Health Authority should explore the creation of a shared health database for use by all health authorities in the Province to facilitate ease of access and sharing of information and collaboration in order improve services for most at-risk persons living with severe mental illness and/or substance use.
16. Explore the expansion of joint mental health teams in Vancouver (Car 87/88, Assertive Outreach Team, and Assertive Community Treatment) to allow more people to be assisted by those services. Increase funding available to develop these teams.
17. Explore options to ensure that hospital records for patients apprehended under the Mental Health Act are forwarded to their general practitioners on an expedited basis, with special flagging that visually distinguishes the records from others.
18. Explore options to increase public notification and education via media services to increase knowledge/awareness of mental health crisis and how to deal with the situation if they came upon and individual in society such as the Stop The Bleed program.
19. Explore options to educate families on how to deal with family members who are experiencing mental health crisis and/or having recurring incidents with police/emergency services.

The Ministry of Public Safety & Solicitor General, Police Services Division:

20. Liaise with the proprietors of the Police Records Information Management Environment (PRIME) to facilitate the extrapolation of raw information from Subject Behaviour Officer Response (SBOR) reports in such a way that lends itself to efficient analysis for the purpose of future development of police use of force and de-escalation training.
21. Revise the SBOR template to ensure ease of information retrieval for future analysis.



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22. Establish a framework to solicit feedback from front line police officers with respect to use of force training, and provincially mandated Crisis Intervention and De-Escalation training.
23. Urgently prioritize the completion of provincial standards with respect to the use of body worn cameras by police officers.
24. The Province should mandate that all British Columbia municipal police recruits undergo (a) first aid training with a particular emphasis on deadly bleeding; (b) CPR training; and (c) less lethal weapon training and certification as part of the police training program at the Justice Institute of BC.

The Office of the Privacy Commissioner of BC:

25. Provide guidance to health care professionals and police agencies to assist with the development of a framework under which concerns brought forward by police officers about a person's mental health can be relayed by hospitals or health agencies to the person's general practitioner or psychiatrist.
26. Provide guidance to health care professionals and the BC Lottery Corporation to assist with the development of a framework under which general practitioners and psychiatrists can be notified when their patients have been ejected from casinos or other gaming venues following a mental health incident.

To The Legal Services Society:

27. Provide funding for independent legal counsel to represent families at Coroners Inquests.

The BC Lottery Corporation:

28. Liaise with the Ministry of Mental Health and Addictions to provide on-site counselling or support services to persons who have been ejected from casinos or other gaming venues following a mental health incident. Particular consideration should be given to problem gamblers with concurrent mental health diagnosis.
29. Establish standards for gaming venues to ensure that persons banned from one venue includes a ban from all venues.