Office of the Chief Coroner
Bureau du coroner en chef

Verdict of Coroner's Jury
Verdict du jury du coroner

The *Coroners Act* – Province of Ontario
Loi sur les coroners – Province de l'Ontario

We the undersigned / Nous soussignés,

Jeremy Hope	of / de	Alcona
Teresa Heslip	of / de	Barrie
Gregory Bowen	of / de	Barrie
Barbara Ogar	of / de	Barrie
Irene Buckley	of / de	Cookstown

the jury serving on the inquest into the death(s) of / membres dûment assermentés du jury à l'enquête sur le décès de :

Surname / Nom de famile	Given Names / Prénoms
Firman	Aron James

aged / à l'âge de 27 held at / tenue à Midhurst, Ontario

from the / du 29th April to the / au 23rd July, 20 13

By / Par Dr. / Dr William Lucas Coroner for Ontario / coroner pour l'Ontario

having been duly sworn/affirmed, have inquired into and determined the following:
avons fait enquête dans l'affaire et avons conclu ce qui suit :

Name of Deceased / Nom du défunt
Aron James Firman

Date and Time of Death / Date et heure du décès
June 24, 2010, at 1831 hours

Place of Death / Lieu du décès
Collingwood General Hospital, Collingwood

Cause of Death / Cause du décès
Cardiac Arrhythmia, due to Excited Delirium and Schizophrenia
Contributing factors of cardiomegaly, CEW deployment, and SCN5A polymorphism

By what means / Circonstances du décès
Accidental

Original signed by: Foreman / Original signé par : Président du jury

Original signed by jurors / Original signé par les jurés

The verdict was received on the / Ce verdict a été reçu le 23rd (Day / Jour) day of / July (Month / Mois) 20 13

Coroner's Name (Please print) / Nom du coroner (en lettres moulées)	Date Signed (yyyy/mm/dd) / Date de la signature (aaaa/mm/dd)
William J. Lucas	2013/07/23

Coroner's Signature / Signature du coroner

We, the jury, wish to make the following recommendations: (see page 2)
Nous, membres du jury, formulons les recommandations suivantes : (voir page 2)

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Inquest into the death of:
Enquête sur le décès de :

Aron James Firman

JURY RECOMMENDATIONS
RECOMMANDATIONS DU JURY

Recommendations to the Ministry of Municipal Affairs and Housing and Ministry of Community and Social Services

1. Background checks should be received and reviewed prior to employment for any new employee beginning employment in a Domicilliary Hostel or similar facility funded under the Community Homelessness Prevention Initiative (CHPI) programs.

2. A standard set of Operating Procedures should be developed for all Domicilliary Hostels funded under CHPI, with ongoing monitoring by the Ministry for compliance.

3. Individual residents' needs and nature of their illness should be contemplated to ensure a suitable placement within the CHPI program and to avoid internal volatility and possible abuse.

4. Automated external defibrillator (AED) units should be installed at the expense of the owner / operator, and accessible for use in all Domicilliary Hostels and similar facilities funded under CHPI.

5. Standards should be developed to ensure that qualified / accredited personnel should be on site 24/7 at all Domicilliary Hostels and similar facilities funded by the Ministry under CHPI.

6. Domicilliary Hostels and similar facilities should have a reasonable security response plan of their own rather than relying on local law enforcement agencies. Security personnel would be contracted / hired at the owner/operator's expense.

7. Closed circuit TV (CCTV) cameras should be considered for installation around the perimeter of the premises of Domicilliary Hostels and similar facilities funded under CHPI, at the expense of the owner/operator.

8. Residents of Domicilliary Hostels and similar facilities facing the prospect of incarceration should have their medication records accompany them so required medications can be administered throughout the course of their incarceration.

9. Potential conflicts of interest on the part of owners / operators of Domicilliary Hostels and similar facilities should be dealt with by Consolidated Municipal Service Managers (CMSMs) accountable under CHPI to the responsible funding Ministry.

Recommendations to the Ministry of Community Safety and Correctional Services, Policing Services Division

10. Revision of the provincially mandated Use of Force Report to include more comprehensive conducted energy weapon (CEW) deployment information, including degree of injury, location of probes (if so deployed) to allow for continued research as to whether or not any particular dart placement presents an increased risk for serious injury or death.

11. Consider collection and analysis of CEW deployment statistics from all police services in the province to be used to enhance or improve training, where indicated.

12. Liaise with other provinces and the RCMP to create a national data base for all in-custody deaths, including those where a CEW was deployed, to enable further research into understanding the factors contributing to these sudden deaths.

Recommendations to the Ontario Provincial Police

13. Provide additional and meaningful awareness training for officers dealing with persons affected by mental illness, with particular attention to the concept and features of Excited Delirium Syndrome (ExDS), as part of annual Block Training. Providing mandatory e-learning opportunities, webinars and podcasts would assure consistency of messaging and mitigate the need for time away from front line duties as electronic availability does not require multiple officers to be in the same place at the same time.

14. Any suspicion by officers that a subject may be experiencing ExDS should be treated as a medical emergency and Emergency Medical Services (EMS) requested immediately.

15. Develop a standardized mental health screening form that includes the features of ExDS to assist officers in accurately reporting their observations, and give consideration to when that form should be completed.

16. Encourage liaison between OPP Detachments and local area mental health professionals, to inform and educate both police and mental health workers about available resources in their area, including mental health facilities and homes/hostels housing clients with mental health issues, to ensure that optimum mental health services are provided to meet the needs of those clients.

17. Develop a central data base for collecting data for CEW and other police use-of-force options with the intention of gathering statistics such as injuries/fatalities.

18. In circumstances where a subject becomes unresponsive after CEW deployment, officers need to contact EMS for assistance immediately.

19. Language in "Policing Standards Manual", specifically Section 17 (o) be changed to read: "probes embedded in the chest area should be removed immediately by the member in order to begin Cardiopulmonary Resuscitation (CPR)." Members need to receive training in removal of probes, with the understanding that it is a relatively minor procedure, without significant risk of further injury to the subject.

20. Procedures should be updated, in keeping with current guidelines, to instruct officers to begin CPR immediately on an unresponsive subject, without attempting to check for a pulse.

21. Analyze the Crisis Outreach Assessment and Support Team (COAST) program and other pilot projects currently underway, with a view to expanding those programs to communities where they would enhance response and support to individuals with mental health challenges.

