



**INQUEST**

**TOUCHING THE DEATH OF**

**Otto Vass**

**JURY VERDICT AND RECOMMENDATIONS**

**November 23<sup>rd</sup>, 2006**



Office of  
The Chief  
Coroner

Bureau du  
coroner  
en chef

# Verdict of Coroner's Jury

We the  
undersigned

**D.C.** of **Toronto**

**J.K.** of **Toronto**

**H.N.** of **Toronto**

**I.B.** of **Toronto**

**J.P.** of **Toronto**

the jury serving on the inquest into the death of :

Surname: **Vass** | Given names: **Otto**

Aged: **55** held at **the Coroner's Courts, 15 Grosvenor Street, Toronto, Ontario**

From the **16<sup>th</sup> of October** to the **23<sup>rd</sup> of November** 20 **06**

By Dr. **William Lucas** Coroner for Ontario

having been duly sworn, have inquired into and determined the following:

- 1. Name of deceased **Otto Vass**
- 2. Date and time of death **August 9, 2000 1:45am**
- 3. Place of Death **1269 College St., Toronto, Ontario**
- 4. Cause of death **Sudden Unexpected Cardiac Death  
due to:  
Acute Mania, Excited Delirium,  
in a man with long-standing bi-polar disorder;  
In association with Cardiovascular Stress resulting  
from violent struggle and morbid obesity,**
- 5. By what means **Undetermined**

Original signed by: Foreman \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Original signed by jurors

The verdict was received on the **23<sup>rd</sup>** day of **November** 20 **06**

\_\_\_\_\_ Original signed by Coroner

## **Recommendations**

### **To: The Ministry of Community Safety and Correctional Services**

1. The Ministry of Community Safety and Correctional Services should take the necessary steps to ensure that all “front line” or “primary response” police officers are authorized to carry a Taser.

**Rationale:** Situations where the Taser is required are most often encountered by “front line” or “primary response” personnel. They require the tools to deal with any crisis situations they may encounter.

2. The Ministry of Community Safety and Correctional Services should develop a set of best practice guidelines for the use of Tasers for those Ontario police services that adopt this use of force option.
3. The Ministry of Community Safety and Correctional Services should consider restricting use of the Taser to situations where the subject is assaultive and other intermediate weapons are ineffective, or situations where there is risk of serious injury or bodily harm.

**Rationale:** Had a Taser been available to police officers responding to Otto Vass, the officers would have had an alternative to the use of the Asp in gaining compliance thus ending the confrontation much sooner.

4. The Ministry of Community Safety and Correctional Services should make an effort to educate the public on the statistics of Taser use. Statistics should be made public and accessible.

**Rationale:** The public should be made aware that most Taser use is simply a display of force presence and there have been many successful uses where outcomes may have been far worse if Tasers had not been available.

### **To: The Ministry of Community Safety and Correctional Services and Municipal and Regional Police Services in the Province of Ontario**

5. The Ministry of Community Safety and Correctional Services and Municipal and Regional Police Services in the Province of Ontario, that have adopted Taser use, must ensure that all police officers under their supervision, and authorized to use a Taser, receive training with respect to Taser use. This training should be included as part of the Basic Officer Training course at the Ontario Police College. Training should include education as to the possible collateral risks, to officers and to members of the public, from the use of the Taser during the course of efforts to effect control over a subject.
6. The Ministry of Community Safety and Correctional Services and Municipal and Regional Police Services in the Province of Ontario that have adopted Taser use must ensure that as part of the annual ongoing officer training all officers continue to receive current information and training with respect to any new tactical uses of the device, as well as any new information as to the safety risks arising out of Taser use.
7. The Ministry of Community Safety and Correctional Services and Municipal and Regional Police Services in the Province of Ontario should ensure that when dispatchers respond to 911 calls, the dispatchers make an effort to identify unusual conversation patterns or bizarre statements that could potentially alert police respondents to possible confused mental state on the part of the subject. This information should be passed on to police, both on the radio call and in the onscreen message in the police cruiser.

8. The Ministry of Community Safety and Correctional Services and Municipal and Regional Police Services in the Province of Ontario should ensure that the training police officers receive in mental health issues be improved by including some active participation of members of the psychiatric consumer/survivor community in the training process. This training should be included as part of the Basic Officer Training course at the Ontario Police College. On-going annual training should also include psychiatric consumer/survivor community participation where possible.

**To: The Toronto Police Service and Toronto Police Services Board**

9. Upon the issuance of the necessary authorization by the Ministry of Community Safety and Correctional Services, the Toronto Police Service should provide Tasers to “front line” or “primary response” officers. The Tasers provided should include full accountability features including the video recorder.
10. The Toronto Police Service and Toronto Police Services Board should consider studying the concept of rotating “front-line” police officers through the special Mobile Crisis Teams in order to provide first-hand experience to as many officers as possible.

**To: The Toronto Police Service and Toronto Police Services Board, Empowerment Council, mental health service providers.**

11. The Toronto Police Service should establish an enduring structure for dialogue to address the intersection of policing and issues that arise in the mental health sector. The recommendations developed during these meetings should be given consideration in the context of decision making, including policy-making, setting police priorities and budget considerations. This group would involve representation from senior levels of the Toronto Police Service, representatives of the consumer/survivor community and service providers in the mental health field. This group would address issues of concern and facilitate the services provided to the psychiatric consumer/survivor community. The group would address issues such as:
  - Reviewing analysis and research conducted in the area of policing and mental health
  - Making recommendations regarding policing/mental health issues in order to achieve the best outcomes for psychiatric survivors.
  - Ensuring significant psychiatric consumer/survivor community input and active participation in police initiatives, steering committees and police training in the area of mental health
  - On-going examination and review of alternatives to situations leading to the use of force, particularly lethal force (e.g. mobile crisis teams, Tasers)
  - Education of the public to avoid the stereotyping and demonization of psychiatric consumers/survivors and the police in the media.
  - Education of the psychiatric consumer/survivor community to explain what this community expects the police to do, and what the police require to carry out these duties
  - Ensure that all parties are aware of the services provided by the various mental health service providers

**Rationale:** As “front line” service providers, the police need the best possible understanding of the needs and fears of the psychiatric consumer/survivor community. Conversely, the psychiatric consumer/survivor community needs an understanding of the responsibilities of the police. Dialogue will allow both groups to voice their concerns and better understand each other.

**To: The Ministry of Health and Long Term Care (MOHLTC) and Local Health Integration Networks (LHINs) and mental health service providers**

12. In order to minimize police encounters with individuals in crisis, the MOHLTC, LHINs, and all mental health services should consider enhancing funding to overtaxed alternatives to hospitalization and criminalization, e.g. non-medical crisis services (such as the Gerstein Centre) and pre-charge diversion options.
13. The MOHLTC, LHINs, and all mental health services should meet the self-identified needs of the psychiatric consumer/survivor community, by ensuring appropriate consultation with an advisory group of psychiatric consumers and survivors.
14. The MOHLTC, LHINs, and all mental health services should ensure that there is dialogue between the emergency departments of hospitals and mental health service providers, such as the Gerstein Centre and the Centre for Addiction and Mental Health (CAMH), to ensure that psychiatric consumers/survivors triaged in emergency departments, who cannot be admitted, are made aware of all the alternative mental health support services available to them.

**To: The Ministry of Community Safety and Correctional Services, the Ministry of Health and Long Term Care (MOHLTC) and Local Health Integration Networks (LHINs) and mental health service providers**

15. The Ministry of Health and Local Health Integration Networks, LHINs, should study the concept of regular testing and medication compliance for psychiatric consumers/survivors who have a history of criminal conviction for violent acts while in a manic state.

**Rationale:** The jury recognizes that very few members of the psychiatric consumer/survivor community are violent. The jury is also of the opinion that the state of acute mania which Mr. Vass was experiencing was a major factor in the chain of events that lead to his death. The combination of acute mania and violent tendency in a consumer/survivor is seen as a recipe for future such tragic incidents.

**To: The Ministry of Health and Long Term Care (MOHLTC) and Local Health Integration Networks (LHINs)**

16. The Ministry of Health and Local Health Integration Networks, LHINs, should study the value of putting a mechanism in place to ensure that direct support such as home health care to assist in medication compliance is available for access by psychiatric consumers/survivors on a voluntary basis.

**To: Canadian Police Research Centre, National Research Council, and Ontario Ministry of Community Safety and Correctional Services:**

17. The Canadian Police Research Centre, National Research Council, and Ontario Ministry of Community Safety and Correctional Services should consider funding of continued research into the safety issues arising from the use of the Taser.

**Rationale:** Continued research is required to further define the risks and safety issues of Taser use. Care should be taken that the specific agency chosen to do the research is clearly unbiased so as not to cast doubt on the findings.

18. The Canadian Police Research Centre, National Research Council, and Ontario Ministry of Community Safety and Correctional Services should consider funding of further research into issues relating to sudden, unexpected death during police custody, including excited delirium.

19. The Canadian Police Research Centre, National Research Council, and Ontario Ministry of Community Safety and Correctional Services should consider funding of further research into the potential for death due to soft tissue injury, and the role played by fat embolism in such deaths. Specifically, the research should be focussed on determining how long fat emboli remain in the body after any injury, and how much fat in the organs is required to cause death.

**Rationale:** This jury was unable to precisely determine the role that fat embolism played in this death due to the lack of definitive research in this area.

20. The Canadian Police Research Centre, National Research Council, and Ontario Ministry of Community Safety and Correctional Services should consider funding research into the potential benefits of equipping all police cruisers with defibrillators.

**Rationale:** Police are often first at the scene of a medical crisis. EMS has set the reasonable goal response time for ambulances at eight minutes. Due to the relatively short amount of time required before permanent brain damage occurs, a defibrillator in all police cars could save lives or prevent permanent injury in a medical crisis.

**To: Government of Canada, Department of Justice**

21. The Government of Canada, Department of Justice should consider amending the Criminal Code or the Canada Evidence Act making all information given to paramedics regarding events leading to a patient's condition inadmissible in criminal court proceedings.

**Rationale:** Any witnesses to, or participants in events leading up to paramedic involvement in an acute medical emergency should feel free to share with paramedics all information contributing to the condition of the patient, in order to ensure that paramedics have the information they need to provide the best care possible.

**To: The Empowerment Council**

22. The Empowerment Council should consider the possibility of providing a means of voluntarily sharing information with primary response teams, including police officers, which will enable psychiatric consumers and survivors to identify triggers and de-escalation techniques that are applicable in their own cases.

**Rationale:** Psychiatric consumers and survivors all have different past experiences making it difficult for primary response teams to develop a single response pattern that will work for all subjects. The availability of precise information to primary responders would assist in the potential de-escalation of crisis situations.