



CANADA  
Province of Alberta

## Report to the Minister of Justice and Attorney General Public Fatality Inquiry

Fatality Inquiries Act

WHEREAS a Public Inquiry was held at the \_\_\_\_\_ Court House  
in the \_\_\_\_\_ Town of \_\_\_\_\_ Peace River \_\_\_\_\_, in the Province of Alberta,  
(City, Town or Village) (Name of City, Town, Village)  
on the \_\_\_\_\_ 4<sup>th</sup> and 5<sup>th</sup> days of \_\_\_\_\_ May \_\_\_\_\_, \_\_\_\_\_ 2010 \_\_\_\_\_, (and by adjournment  
year  
on the \_\_\_\_\_ 16th day of \_\_\_\_\_ June \_\_\_\_\_, \_\_\_\_\_ 2010 \_\_\_\_\_),  
year  
before \_\_\_\_\_ M.B. Golden \_\_\_\_\_, a Provincial Court Judge,  
into the death of \_\_\_\_\_ Jack Ernest AUGER \_\_\_\_\_ 39 yrs  
(Name in Full) (Age)  
of \_\_\_\_\_ Atikameg, Alberta \_\_\_\_\_ and the following findings were made:  
(Residence)

**Date and Time of Death:** \_\_\_\_\_ January 2, 2008 between 3:05 a.m. and 5:10 a.m. \_\_\_\_\_

**Place:** \_\_\_\_\_ Peace River, Alberta – Peace River Correctional Centre \_\_\_\_\_

### Medical Cause of Death:

("cause of death" means the medical cause of death according to the International Statistical Classification of Diseases, Injuries and Causes of Death as last revised by the International Conference assembled for that purpose and published by the World Health Organization – The Fatality Inquiries Act, Section 1(d)).

Streptococcus Progenies (Group A)

### Manner of Death:

("manner of death" means the mode or method of death whether natural, homicidal, suicidal, accidental, unclassifiable or undeterminable – The Fatality Inquiries Act, Section 1(h)).

Natural

**Circumstances under which Death occurred:**

At the time of Mr. Auger's death, he was in custody at the Peace River Correctional Center. Pursuant to section 33 (b) of the Fatality Inquiry Act, the issue to be determined by this court is "was there any meaningful connection between the death of Mr. Auger, and the nature or quality of care or supervision being provided to Mr. Auger by reason of his status".

In order to address the balance of this report it is necessary to provide a detailed background concerning Mr. Auger's detention at the Peace River Correctional Center and his treatment while detained there.

On December 26, 2007 Mr. Auger was arrested at Atikameg, Alberta at approximately 12:50 AM by Constable's Boucher, Lichter and Watt without incident. Mr. Auger was placed under arrest due to an allegation of assault. When arrested Mr. Auger informed the arresting officer he had also been assaulted and wanted action taken. Mr. Auger was told that this could be addressed at a later time. Constable Boucher in his evidence stated that, at the time of Mr. Auger's arrest he could smell alcohol on his breath, and Mr. Auger was described as intoxicated but not drunk. Mr. Auger was transported by the Peace Officer to the High Prairie detachment of the Royal Canadian Mounted Police. Prior to his being taken to the High Prairie detachment Mr. Auger was taken to the High Prairie Health Complex where he was seen by Dr. Du Toit at approximately 3:50 AM. Mr. Auger was noted to have pain in his rib area and a sore face. Mr. Auger had reported that he had been hit and kicked by his in-laws during the assault. After seeing the physician Mr. Auger was deemed fit for incarceration and taken to the High Prairie RCMP detachment.

On December 27, 2007, a judicial interim release hearing was held at approximately 12:32 AM. Mr. Auger was released on \$500 cash bail with several conditions. Mr. Auger's next court appearance was scheduled for High Prairie Provincial Court on January 7, 2008. Mr. Auger was not able to raise the cash bail and was therefore transported to the Peace River Correctional Center and was admitted there at approximately 10:00 AM on December 27, 2007.

Upon arrival at the Peace River Correctional Center Mr. Auger was seen by nurse Sarchuk. Mr. Auger had told her he was in pain as a result of him having been assaulted two days prior. After an initial examination she deemed him fit for incarceration in the infirmary and not general population. Nurse Sarchuk arranged for Mr. Auger to be seen by a doctor Dehaeck. At about 4:00 PM on December 27, 2007 Mr. Auger was examined by Dr. Dehaeck.

Dr. Dehaeck arranged for x-rays to be taken of Mr. Auger and on December 28, 2007 Mr. Auger was taken to the Grimshaw Hospital for x-rays and was again seen by Dr. Dehaeck. Dr. Dehaeck then directed that Mr. Auger be taken to Dr. Sequeira, the radiologist at Peace River. Dr. Sequeira did not observe any abnormalities or fractures on Mr. Auger, and Mr. Auger was again returned to the Peace River Correctional Center at approximately 12:30 PM on December 28, 2007.

On December 28, 29, 30, and 31, 2007 and January 1, 2008 Mr. Auger was seen regularly by Nurse Sarchuk and Nurse Kowalyshen.

Mr. Auger continuously complained of pain and discomfort, he also indicated to the nursing staff that he had not had a bowel movement for some time and was given medication for this. The only abnormalities noted were that Mr. Auger had an elevated blood pressure and his pulse was high. His temperature was normal throughout.

Nurse Kowalyshen had contacted Dr. Dehaeck on December 31, 2007 and relayed her concerns about Mr. Auger's elevated pulse and blood pressure. Dr. Dehaeck ordered that Mr. Auger's temperature be taken and that Mr. Auger be taken to the Peace River Health Center for a further assessment. Mr. Auger was taken to the Peace River Health Center at about 6:04 PM where he was seen by Dr. Lungard. Dr. Lungard observed swelling of the left scrotum and Mr. Auger was prescribed Tylenol 3, as well as ice packs for pain and swelling. When Mr. Auger was returned Nurse Kowalyshen contacted Dr. Dehaeck and informed him of the prescription ordered by Dr. Lungard. Dr. Dehaeck changed the pain medication from Tylenol 3, to codeine because he felt the caffeine in the Tylenol 3 could be responsible for Mr. Auger's elevated pulse rate. Nurse Kowalyshen had also asked Dr. Dehaeck if Mr. Auger should see another doctor because she believed the issues of Mr. Auger's pulse and elevated blood pressure were not addressed by Dr. Lungard. Dr. Dehaeck said no to another doctor being contacted. Dr. Dehaeck also ordered that he be contacted if Mr. Auger did not have a bowel movement within two days. He also ordered that Mr. Auger's vital signs i.e. blood pressure, pulse, temperature, respiration oxygenation be checked three times per day for two days.

After seeing Dr Lungard on December 31, 2007 Mr. Auger did not see any other doctor.

On January 1, 2008 at approximately 1 PM Nurse Burrows observed a rash on Mr. Auger's scrotal area. She telephoned Dr. Dehaeck, and left a message respecting this observation at approximately 2 PM. Dr. Dehaeck returned the call and instructed to treat the rash with lanolin..

Nurse Sarchuk had stated that in her experience pain can cause elevated blood pressure in an individual.

At about 1:00 PM January 1, 2008 Nurse Burrows obtained Mr. Auger's vital signs and observed Mr. Auger's scrotal area as red with a rash. He was given ice and lanolin and a message was left for Dr. Dehaeck regarding what was observed. Dr. Dehaeck called about 2:00 PM and stated he had no concerns about the rash at that time.

Nurse Kowalyshen had stated that due to a problem in her ear she is unable to hear blood pressure in a patient from time to time, and this had occurred with Mr. Auger on January 1, 2008. At about 4:05 pm she attempted to take Mr. Auger's blood pressure and was unable to hear it after several attempts. At about 10:15 PM she attempted again but was unable to hear the blood pressure, she then she attempted to get a reading with the use of a machine and after several attempts was not able to obtain a reading. At about 10:15 on January 1, 2008 Nurse Kowalyshen gave Mr. Auger some ice packs for testicular pain. This was the last time that Mr. Auger was observed by the nursing staff. When Mr. Auger was last observed by the nursing staff there was no blistering or peeling on his skin, there was no fever or nausea observed. His blood pressure was high but there was no fever

On January 1, 2008 at approximately 10:50 PM Correctional Peace Officer Regal, observed Mr. Auger pacing in the unit. At approximately 12:30 AM on January 2, 2008 Correctional Peace Officer Ngong observed Mr. Auger lying on his bed. Mr. Auger was similarly observed at 1:28 AM, by Correctional Peace Officer Burton. At 2:40 AM Acting Shift Manager Campbell observed Mr. Auger was seated on the floor of the unit and appeared to be sleeping comfortably. Acting Shift Manager Campbell was aware that Mr. Auger had swollen testicles and attributed his being seated on the floor was a form of relief due to the coolness of the floor in the unit against his scrotum.

At 3:05 AM Correctional Peace Officer Regal observed Mr. Auger still sleeping seated on the floor. He observed Mr. Auger to be breathing and was now partially covered. This was the last observation of Mr. Auger while he appeared to be alive. At the next inspections by Correctional Peace Officer Ngong at 3:30 AM and by Correctional Peace Officer Burton at 4 AM Mr. Auger showed no bodily movements.

At 4:28 AM a medical distress alarm was activated and Acting Shift Manager Campbell arrived to find Mr. Auger still seated on the floor. He touched Mr. Auger and noted his bodily temperature appear to be cool. He could not locate a pulse on Mr. Auger and observed that Mr. Auger appeared to be going into rigor mortis. There was no attempt to commence cardio pulmonary resuscitation because Acting Shift Manager Campbell felt there was no use, having observed the coolness of Mr. Auger to the touch, the lack of pulse and believing Mr. Auger was into rigor mortis.

At approximately 5:05 AM Peace River Emergency Services arrived at the center. No pulse was located on Mr. Auger and there were signs of levity. An electrocardiogram (EEG) was attempted with no heart rate being indicated, Mr. Auger was then transported to the Peace River Community Health Center at 6:12 AM., where Dr. Eckhart officially declared Mr. Auger deceased.

Mr. Auger was then transported to the office of the Medical Examiner where an autopsy was performed by Dr. Bernard Bannach on January 3, 2008. Dr. Bannach observed no signs of trauma on Mr. Auger's body or organs which could have caused his death. Dr. Bannach had determined that Mr. Auger had died of Streptococcus progenies (Group A) septicemia, more commonly known as flesh eating disease. This was a natural cause of death from an infection. There were no signs of lacerations on Mr. Auger and Dr. Bannach opined that Mr. Auger probably was infected through his lung and from there the infection spread into the blood.

According to Dr. Bannach most individuals, who have septicemia will have a fever, but other individuals may have a normal body temperature. Body blistering may also occur very rapidly, the rash may proceed to blistering in as little as an hour or two prior to death. The individual may or may not have a fever, the person may complain about not feeling well, there would likely be a blood pressure drop which would eventually lead to cardiac arrest and death. Dr. Bannach also provided the opinion that with a blood infection complete rigor mortis could occur within 1 to 2 hours after death. After an individual commenced showing signs of rigor mortis or levity there would be little point in attempting to resuscitate the person.

While at the Peace River Correctional Center Mr. Auger remained in the infirmary ward from his admission until his death. During the night shift the correctional service officers did not have a key into that ward and the key was in another building. The only correctional officer that possessed a key to enter the ward that night was Acting Shift Manager Campbell. If there were any situation that would develop in the ward or if another Correctional Officer wished to confirm their observations of signs of life they would have had to go to a different area, locate the key and return to the infirmary. This was not done despite two occasions when the correctional officers did not see signs of life with respect to Mr. Auger. Subsequent to this incident the correctional officers now have keys to this unit and signs of life may be examined immediately.

As per policy only a medical doctor can determine the absence of life. Acting Shift Manager Campbell took no steps to attempt to resuscitate Mr. Auger because Mr. Auger was cool to the touch, there was no pulse and his belief that rigor mortis had commenced. As was stated by Dr. Bannach rigor mortis is conclusive of the absence of life however Acting Shift Manager Campbell cannot make a determination of rigor mortis. The policy directive of attempting cardio pulmonary resuscitation (CPR) ought to have been followed. It is not up to correctional service personnel to make the determination if the individual is alive or deceased.

Patients in the medical ward were observed for signs of life by the correctional personnel through a window with the lighting decreased during the night hours. The correctional officer personnel were as much as 20 feet away from the bedsides to observe if the individual was breathing or any other movement. As is evident from these circumstances this type of inspection is inadequate since it is clear that Mr. Auger had died between the hours of 3:05 AM and 4:28 AM. This situation has now been rectified by the correctional officer having keys to enter the unit and conducting more thorough examination of the individual for signs of life.

The Evidence of Dr. Dehaeck was that there were no suspicions that Mr. Auger was suffering from Streptococcus progenies (Group A). If it were suspected Mr. Auger would have had to be treated immediately with antibiotics as well as having blood tests to confirm the diagnosis. The blood tests would take up to three days to receive results from, which in Mr. Augers circumstance, would be too late to provide treatment.

**Recommendations for the prevention of similar deaths:**

In this particular circumstance there are no recommendations that may be made with respect to the death of Mr. Auger.

In order to prevent similar situations there have been policy changes within Peace River Correctional Center. One of these changes includes correctional officers carrying keys to the infirmary during night rounds, in order that correctional officers enter the infirmary during the night hours to confirm signs of life of inmates.

Other policy changes ought include:

- 1) When no sign of life is observed by the correctional officer they should enter the infirmary to ensure the inmates status.
- 2) When nursing staff are unable to obtain an inmate patient's vital signs they ought to have another nurse make attempts and if not able, to contact the attending medical doctor for instructions.
- 3) When a patient inmate's medical status continues to deteriorate or show no change with medication the patient ought to be seen personally by a doctor as opposed to a telephone consultation.

DATED August 17, 2010,

at Peace River, Alberta.

---

M. B. Golden  
A Judge of the Provincial Court of Alberta