An External Review into the Overdose Death of a Student in Residence in January of 2024 for the University of Victoria

Keeping Students Safe

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Acknowledgements

I wish to thank the many people at the University of Victoria who provided their frank views on the issues that this unfortunate incident and the subsequent response raised. I also wish to thank the many students who spoke with me, allowing me to see this incident through their eyes. I have also benefited from the input of two medical experts, Dr. Erik Vu and JIBC paramedic trainer, Ollie Oxbury. Finally, I wish to acknowledge Sidney's parents: Dr. Caroline McIntyre and Kenton Starko. They have dedicated this past year to learning what happened that resulted in them losing their daughter and then advocating to prevent a similar tragedy from occurring in the future. The information and feedback they have provided has been instrumental in understanding what went wrong on January 23rd, 2024, and what needs to change.

Introduction

On January 23rd, 2024, three first year students living in residence at the University of Victoria (UVic) took drugs they had obtained. They knew the drugs came from the unregulated drug supply in BC. The students inhaled the drugs in the third-floor washroom of the Sir Arthur Currie residence on the UVic campus. The powder was later determined to be cocaine laced with fentanyl.[1] Two of the three students became unconscious and fell to the floor. Other students on the same floor responded and called Campus Security and tried to help the two unconscious students. The third student, who did not become unconscious, called 911.

Two Campus Security officers responded quickly to the scene. The first security officer arrived just under four minutes after the Campus Security Dispatch was called. They made inquiries to determine why the two students were unconscious. Nine minutes later, the security officers obtained information that it was likely that both students were suffering from a drug overdose. They then immediately administered nasal naloxone to both students. They did not provide respiratory support. One of the students became conscious and began to breath normally. The other student went into cardiac arrest and ceased to have a pulse. At that point a security officer started CPR. Fire first responders arrived just after CPR was initiated and took over the life saving efforts. Ambulance Service responders arrived shortly thereafter. Unfortunately, although her pulse was restored, that student did not recover and on January 26th, was declared dead.

Sidney (Cailin) McIntyre-Starko lost her life after inhaling a powder that contained fentanyl. Sidney was the daughter of Dr. Caroline McIntyre and Kenton Starko. She grew up in Vancouver. Her older brother was also a student at UVic and was living near the campus on January 23rd.

The parents believe that if the campus security officers had provided Sidney with respiratory support, she would not have died. They also believe that if the security officers had recognized more quickly that the two students could be suffering from an opioid overdose and had administered naloxone sooner, Sidney would not have died.

The parents have diligently worked to acquire the records of each responding agency that night. The records provide an accurate timeline for when Sidney received naloxone and was administered CPR. The records also set out the delay that occurred with the 911 call to the BC Ambulance Service before ambulances and fire firsts responders were dispatched to attend the scene.

The parents held meetings with the university and did not feel that they were getting through about what had happened that night, and about the things that they believed needed to change to keep other students safe going forward.

In early May a reporter the family had contacted sent questions to the university. On May 8th, the university provided answers to those questions that reflected an incomplete understanding on the timeline and events of that night. The reporter's story was published in the Vancouver Sun on May 16th, with follow-up in the days that followed. There was considerable media uptake to this reporting.

The parents were in contact with the Provincial Government including the Ministry of Post-Secondary Education and Future Skills. Lisa Beare, who was then the Minister of Post-Secondary Education,

[1] Interview Detective Scoones, Saanich PD, 24-08-29

established a Steering Committee to create guidelines for post-secondary institutions. The guidelines were published in August 2024.

The university committed to taking 10 concrete actions prior to the commencement of the next school year (September 2024) to address the safety concerns raised by Sidney's family. One of the commitments was to hire an independent third party to conduct an external review and make further recommendations if warranted. This review is the outcome of that commitment.[2]

The primary purpose of the review is to make recommendations to prevent similar incidents in the future. The goal is to improve systems and processes and is not an investigation of any individual or group.[3]

[2] Bob Rich was retained in August of 2024 to conduct this review. Attachment A is a brief bio.
[3] Attachment B: Terms of Reference and Overview of the Steps Taken to Conduct the Review

Part I: What Was in Place at the University Prior to January 23rd, 2024

To provide context for what occurred on January 23rd, this section speaks to the status of various programs at UVic, as well as previous events and interactions between staff that were in place or occurred before January 23rd, 2024.

The Overdose Crisis, and the Status of Harm Reduction and First Aid at UVic

In 2016 the Province of British Columbia declared a public health emergency in response to a significant increase in drug overdose deaths. In that year, the coroner's service announced 985 people had died from a drug overdose. Over 15,000 people in BC have now lost their lives to this crisis. In 2023 alone, 2,511 people died of drug overdoses in BC. Over seven people a day died in November and December of 2023. There were three locations in BC that were the hardest hit: Vancouver, Surrey, and the Greater Victoria area.[4] The current primary driver of these overdose deaths is the synthetic opioid, fentanyl, which is present in 80% of the current unregulated drug supply.[5] Opioids cause the brain to slow or stop giving signals to the body to breath. Fentanyl is far more powerful than most other opioids and very small amount can lead to a fatal overdose.

Naloxone

Fortunately, there is a medication called naloxone, also referred to by the brand name, Narcan. Naloxone temporarily blocks the effect of an opioid and allows the brain to continue to direct the body to breath. Naloxone is usually administered by either an intramuscular (IM) injection or a nasal spray. In 2016, when the health emergency was declared, the UVic Pride student advocacy group requested that naloxone be made available on campus. The Executive Director, Student Development and Success (EDSDS) recognized the need to have naloxone on campus and in the hands of first aid attendants. The EDSDS worked with several people at UVic to overcome various obstacles and make this a reality. Campus Security officers began to carry both nasal naloxone on their persons and have IM naloxone kits in their first aid kits starting in April of 2017.

First Aid on Campus

WorkSafeBC sets the minimum requirements for providing first aid for employers in BC, including post-secondary institutions. The regulations only require that first aid be provided to employees. All universities in BC, including UVic, choose to provide first aid to staff, students and anyone else needing help on campus. The Occupational First Aid Level 2 course (OFA2) was the required training for first aid attendants at UVic in January of 2024. UVic has campus security officers on site 24/7 and they are the first aid attendants for the campus. Training on how and when to use naloxone was and is **not** part of the required training that WorkSafeBC has in place for first aid attendants who take the Occupational First Aid Level 2 course (OFA2). The university has provided this training for the security officers from other sources and currently relies on the staff in its own Student Wellness program to train the security officers.

[4] https://news.gov.bc.ca/releases/2024PSSG0001-000069#
[5] Overdose Prevent and Response: Guidelines for B.C.'s Post-Secondary Sector, p.3

First Aid Attendant Regulations

The primary legal requirements for providing first aid on campus are found in WorkSafeBC Regulations. In *Part 3: Rights and Responsibilities of the Regulations, Division 2 – Minimum Requirements* sets out that, on a worksite with 500 or more staff, if the facility is considered a low hazard rating, there must be three attendants certified with Occupational First Aid Level 2 (OFA2) on site. OFA2 is now called Intermediate First Aid. If the facility is a moderate hazard rating, there must be one OFA3 trained attendant (now called Advanced First Aid) and two intermediate trained attendants on site.

Up to this year, UVic has used the rating system WorkSafeBC provides and determined the University was in the Low Hazard Category. This year UVic has reviewed this rating and is moving itself to the Moderate Hazard Category. As mentioned, all post-secondary institutions in BC currently choose to provide a first aid response to all persons on their campus.

WorkSafeBC's role is worker safety. The province does not have specific first aid regulations for post-secondary institutions. UVic is one of several post-secondary campuses in BC that has a large number of students living in residence. The first aid training for staff on a construction site or a mining facility is not the same as what is needed at a university campus, especially where there are students in residence. As outlined later in Recommendations, although a university will have to maintain the certifications required, the WorkSafeBC requirements should not be relied upon as the appropriate level of training for responding to medical calls on campus. WorkSafeBC Regulations are designed to respond to the needs of employees in a workplace environment quite different than that of a university.

Harm Reduction on Campus

Leading up to January 23rd, the university had taken several significant steps to provide harm reduction supplies to its students.[6] In addition, Student Wellness were providing free training for the use of naloxone to students who chose to sign up for the one-hour course. Other student-based groups were also providing free training. At the conclusion of the training, each student is provided a free IM naloxone kit. The province also offers online training at the website "Toward the Heart" and free IM naloxone kits are available at most pharmacies in BC.

Along with naloxone, as part of its harm reduction program, UVic Student Wellness Centre provides free needles and other drug use supplies. This includes test strips for determining if fentanyl is present in a drug sample. The work being done on campus to provide harm reduction supplies and to increase the number of people who can administer naloxone is significant. However, despite the easy availability of harm reduction supplies on campus, the uptake on accessing these free supplies is reported to be quite low.

Harm Reduction and First Aid at Other BC Campuses

Most other institutions in BC are similar to UVic in how they were providing harm reduction supplies and naloxone training to students. Like UVic, all the campus security teams that were contacted advise that their security people carry naloxone with them and are trained in its use.

There were two initiatives of note in other campuses that were in place in January 2024. The Point Grey UBC campus has had naloxone kits and instructions at the front desks of each of their 11 residences since

[6] Attachment C: Summary of Harm Reduction Initiatives

2017. That desk was staffed by someone who is aware of the kits, but administering naloxone is not part of their duties.

The UBC Emergency First Response Team (EFRT) at UBC Okanagan is a student organization that provides training and opportunities to respond to emergencies. These students volunteer their time and provide first aid as an additional resource to the security guards that UBC Okanagan deploys.

Student Residence and Staffing – Community Leaders

There are about 3,000 students living in residence during the school year at UVic. A first-year student coming out of high school is guaranteed a place in residence if they request it. This means the resident student population is skewed towards the youngest students on campus.

To support and care for these students, UVic employs a Director of Residence Services who has a full team of staff who are dedicated to meeting the needs of students in residence. As part of the staff complement there are full-time Neighbour Managers (NMs) and community leaders (CLs). These CLs are student employment positions. Each floor or designated community in a residence building is assigned a CL. The residences are organized into neighbourhoods and each neighbourhood has a neighbourhood manager who the CLs report to. The CLs work includes being on duty for daily on-call shifts where they tour and monitor the residences in their neighbourhood. CLs are unionized employees (CUPE). Their compensation is room and board at the university. In January of 2024, being a first aid attendant was not part of their role.

1. In the two-week training program for CLs prior to the start of the school year in August of 2023, there was no training on naloxone or first aid. The CLs were told not to provide first aid to a student in their role as a CL, as it was not part of their job description.
2. One CL pointed out that at Queens University, CLs were issued a first aid kit and naloxone, and were trained in the use of AEDs. There was also two days training on mental health and suicide intervention.
3. Some CLs said that what they were taught around mental health and suicide prevention at UVic was not in-depth enough and was too scripted.
4. One CL said that when they advocated for changes within Residence Services, that they did not feel that they were listened to.

Safety of the Unregulated Drug Supply at UVic in January 2024

Starting in mid-December 2023, the Director of Campus Security (the CS Director) noted from various sources that there was an increase in the number of suspected overdose cases on or in the surrounding neighbourhoods of the campus. There were four incident reports on campus that, although it was not definitive, the CS Director believed were in fact drug overdoses. In days leading up to January 23rd, 2024, the CS Director asked her Safety Manager to work with staff from Residence Services to see if a message could go out to students in residence about the noted increase in overdoses in and around campus. At the time, the University did not have a clear process for approving an urgent safety message of this nature and it had not been done before. The wording in a draft email was not specific and did not say that the drugs in and around UVic were currently extra toxic and dangerous.[7] After the overdoses on January 23rd, an email did go out to students in residence on January 24th, and to all students on January 26th (noted in Part II).

[7] Attachment D: Draft email to UVic students on January 23, 2024

Previous Critical Incidents

At any large post-secondary institution, critical incidents are going to occur. The primary business of a university is research and education. However, providing a safe environment for students and a comprehensive response to critical incidents, is an essential part of a university's effective functioning. On September 13th, 2019, a UVic field trip ended in a tragic bus accident when the bus transporting the students from Port Alberni to Bamfield went off the road. Two UVic students died, and many others were injured. An external/independent review was completed on the incident. Attachment E is an excerpt from that public report that summarizes the university's response.[8]

Learning lessons from one critical incident and applying those principles to a new and different critical incident is not a simple exercise. An institution may require a functional change in how, when, and by whom, decisions get made. The recommendations in Part IV of the Report will propose functional changes to how critical incidents are triaged and responded to.

Summary

A university's primary focus is understandably on student academics and research. At UVic, there was a sense that there were safeguards in place to address the risks that students faced. Campus Security had naloxone and had been trained in how to use it. Student Wellness provided harm reduction supplies and free training on naloxone. Community leaders were trained and in place to provide peer support. There were policies and processes in place for handling a critical incident involving a student. Unfortunately, what happened on January 23rd showed that these risk management processes were not robust and did not meet the moment.

[8] Attachment E: Excerpt from the Bamfield Review (p. 46 – 48, UVic's Response)

Part II – The Events of January 23rd, 2024: The Student's Drug Overdose

On Tuesday, January 23rd, at around 6:15 pm, three students decided to try using a vial of powder they had obtained. It is not clear what drug they believed was in the powder. Later analysis determined the powder contained cocaine and fentanyl.[9] The three students took the drugs in the washroom on the third floor of the Sir Arthur Currie residence located on the UVic Campus.

Sir Arthur Currie is an older and smaller residence on the northwest corner of the campus. It has four floors – the ground floor is labelled zero. Entrance from the west side is on the first floor. Entrance from the east side is on the zero floor. There is no elevator. Photos of the residence and a map showing its location on campus are in Attachment F.[10] The three students are identified in the following narrative as Sidney and Affected Persons one and two (AP1 and AP2). AP1 is the student who became unconscious along with Sidney. AP2 is the student who called 911. All three were first year students. On January 23rd, Sidney was 18 years old. AP1 and AP2 were living in Sir Arthur Currie. Sidney resided in the Ring Road Residence and on January 23rd was in Sir Arthur Currie as an invited guest of AP1 and AP2.

Narrative and Timeline of Events

The following is a detailed chronology of events.

Note: This narrative details how Sidney died of a drug overdose. Ensure you have supports in place if reading this could be triggering.

There are inconsistencies in the accounts of how the three students came into possession of the drugs they used on January 23rd. In the description of events to the Saanich police officer who interviewed them by phone**,** AP1 and AP2 advised that a fourth friend of these three students told them that she was leaving a dance studio on January 22nd in downtown Victoria when she found a cardboard container on the sidewalk that had alcohol coolers in it. She brought that container to Sir Arthur Currie to be put in the fridge. After she left, the three students found a vial in the container with a powder in it. Apparently two of them rubbed some on the powder on their gums. AP1 advises they did not have any reaction to the powder. The three decided they would try the drugs the next day and then watch a movie together. When one of the security officers questioned AP2 after responding to the overdoses, he advises she said she thought the powder contained a mix of heroin and MDMA. That answer appears to be inconsistent with the vial of powder being something a student found on the street. Investigating the source of the drugs was not a focus of this review. Even when drugs are purchased from a dealer, the actual contents cannot be known without extensive testing.

The next day on January 23rd, Sidney came to the Sir Arthur Currie residence shortly after 6 pm, after picking up a straw at a campus food site. The three students went into the washroom on the 3rd floor of the residence and made three lines with the powder from the vial. It appears they cut the paper straw into three sections and they each inhaled a line of the powder. AP1 recalls that she looked at Sidney's eyes before they left the washroom and noted that her pupils were now tiny.

[9] Interview Detective Scoones, Saanich PD, 24-08-29
[10] Attachment F: Sir Arthur Currie residence photos and map

Timeline

The following timeline is drawn from several verifiable sources, including the campus security phone and radio records, the BC Ambulance Services records and transcript of the 911 call, and Saanich Fire Department Records. It also includes information obtained from witnesses at the scene and the security officers.

Legend:

AP – Affected Persons
Sidney, AP1, and AP2 are the students who consumed drugs

W – Student Witnesses

SO – Security Officers

CSecD – Campus Security Dispatch

E911 – BC Ambulance Service Call Taker

Amb– Ambulances

BCAS – BC Ambulance Service
Amb1 is a basic life support ambulance Amb2 is an advanced life support ambulance

Fire – Fire Service Responders
Fire1 is SAM03 – a two-person medical emergency truck, Fire2 is SAE03 – a four-person fire truck. 03 refers to Saanich firehall 3

CM – Caroline McIntyre, mother of Sidney

"A" after a time means the time is approximate

Records utilized:[11]

1. 911 transcript, with timestamps provided by BCAS
2. BCAS patient records
3. Saanich Fire Dept. records
4. Transcript of Campus Security phone and radio logs (Attachment G)
5. Campus Security Incident Report (Attachment H)

[11] Documents 1 – 3 are not in the public domain and have not been included in the attachments to this report.

Detailed Timeline

Ref. #	Time	Event	Source
1	January 22nd	Sidney and AP1 and AP2 had found or obtained a vial of white/grayish powder. Two of them tested it by rubbing some on their gums, likely to try to determine if it was cocaine.	AP1 Interview
2	January 23rd 18:10A	Sidney and AP1 and AP2 were all on the 3rd floor of the Sir Arthur Currie student residence. They advised W5 they are going to watch a movie. The three of them went into the bathroom and set up three lines of the powder and each inhaled one line. Shortly thereafter, AP1 observed that Sidney's pupils were tiny.	AP1 Interview
3	18:30A	Sidney walks into AP2's room (Room 308) and collapses and AP2 catches her and lays her on the ground between the two beds. AP1 collapses in the hall just outside the room falling hard to the ground with an audible thud.	CM interview of AP2
4		W1 was in the stairwell making a phone call and heard a commotion and a thud and came out to find AP2 trying to drag AP1 into her room saying she was sleeping. W1 said, she is not sleeping. W2, 3 and 4 come out of room 306 (306 is two doors down from 308) and observed AP1 collapsed in the hall and Sidney collapsed inside room 308.	W1-4 interviews
5		W1 said she thought AP1 was seizing. Her eyes were rolling back into her head, and she was shaking and jerking forward at the waist.	W1 interview
6		W2 and W3 went to help AP1, W4 went to Sidney, who was inside the room on the floor between the two beds.	W2,3,4 interviews
7	18:32:12	W1 phoned CSecD and advised that 2 girls were seizing at Sir Arthur Currie, 3rd floor.	CSec ph. logs
8		W2 said that W1 was sitting on one of the two beds in room 308 and AP2 (who called 911) was initially standing in the doorway of 308 and then sat and then lay down on the other bed. This was a very confined space and all involved were physically very close to each other. There were a number of other students who gathered in the hallway as well.	W2 interview
9		When interviewed, W2 they did not suspect an overdose and thought it looked like an epileptic seizure.	W2 interview
10	18:32A	W2 and W3 kneel beside AP1, W4 goes to help Sidney and kneels and holds her. W1,2,3 & 4 all think that the two girls look like they are having seizures.	W1-4 interviews
11		W2 said that AP1 was jerking. She had foam on her mouth.	W2 interview

12		W4 said Sidney was twitching but not jerking like AP1. She was turning blue. W4 found her on her back and moved her to her side and held her. W4 said, "I don't know if she was breathing. If she was it was shallow. She got bluer as time went on." After a few minutes, W4 says Sidney stopped twitching.	W4 interview
13	18:32:17	AP2 calls 911, the call went first to E-Comm and is down-streamed to E911 (BC Ambulance Call taker)	E-Comm Records
14	18:32:29	E911 begins call with AP2. AP2 has the phone on speaker and the four witnesses can hear the call. AP2 clearly states the location of the residence and that is near parking lot 5. E911 takes 3 minutes and 10 seconds to confirm the location.	BCAS transcript
15	18:32:44	CSecD dispatches the call to campus security officers	Csec radio logs
16	18:32:59	W1 tells CSecD that someone is calling 911 (in response to CSecD telling W1 he would be calling 911)	Csec ph logs
17	18:33A	W5 emerges from their room when W5 hears someone say, "Call 911". W5 observes AP1 and Sidney both collapsed on the floor and noted they were both very pale and blue.	W5 statement
18	18:33:42	SO3 advises he is headed to Sir Arthur Currie. He deploys to parking lot 5, which is muster point Delta, to guide in first responders to the location of the call.	CSec radio logs, SO3 interview
19	18:34:49	W1 tells CSec that, "They're both turning blue." This is not relayed to the security officers attending.	CSec ph logs.
20	18:35:56	E911 determines the location of the call and moves on to a series of questions to determine whether to dispatch an ambulance. From the questions asked by E911 it appears she is using a protocol designed for a patient having a seizure.	BCAS transcript
21	18:36:04	AP2 tells E911 that the two students started seizing and she thinks they are turning **** (last word is not audible). E911 speaks over her to confirm there are two patients, and likely does not hear the last word in the sentence.	BCAS transcript and audio recording
22	18:36:09	The first SO (SO1) arrives on scene and goes to AP1 and then Sidney. SO1 notes that Sidney has shallow but regular breaths. SO1 asks AP2 what happened. AP2 said that Sidney and AP1 had been running around playing and then collapsed and started seizing. SO1 says AP2 insists they had not taken drugs. SO1 did not realize that AP2 was impaired by drugs until he interacted with her after providing first aid to AP1 and Sidney.	CSec ph logs, witness statements, SO1 statement
23		SO1 later records in his report that Sidney and AP1 were both in respiratory distress.	Incident Report #2024-32152

24		All witnesses interviewed stated that the girls were turning blue. W2, who attended AP1, only noted that she saw AP1 turning blue. The SOs did not observe that Sidney and AP1 were turning blue. SO1 noted that he is familiar with cyanosis and had observed it in while working in a previous position before becoming an SO. SO1 also noted that the light in room 308 was very dim.	W's statements and SOs statements
25		W5 advises that when the SOs arrived, the SOs put the two girls into recovery positions and began to ask if they took something or had a history of seizures. AP2 did not advise them that the three of them had taken drugs. (Note: The witnesses do not describe that the SOs arrived separately, however, SO2 believes he arrived at approximately 18:38.)	W5 interview
26	18:36:40	E911 asks AP2 if the girls are awake and she says no. E911 asks if they are breathing and at first, she is not sure and then she says they are. E911 asks if anyone else was with them before, can they tell me what happened. AP2 says she thinks they just got here. E911 goes through a series of questions related to seizures. Have they had more than one seizure in a row, or a seizure that lasted longer than 10 minutes? E911 asks AP2 what does she is seeing. AP2 says they are both just lying on their sides.	BCAS transcript
27	18:37:41	E911 continues: Are they pregnant? Are they diabetic? Are they epileptic? Do they have a history of stroke or brain tumour?	BCAS transcript
28	18:38:02	E911 asks if the jerking has stopped yet. AP2 tells E911 that it has. E911 begins to try to do a breathing diagnostic and tries to get AP2 to tell her every time "she" breathes (presumably Sidney). This assessment was not completed.	BCAS transcript
29	18:38A	SO2 estimates that this is when he arrived on scene. He went to care for Sidney as SO1 had returned to care for AP1, who SO1 thought was in greater respiratory distress. SO2 performed an assessment of Sidney, placing her on her back and trying for a response both by speaking to her and pain stimuli. There was no response. He was able to detect shallow breaths. He had a hard time detecting a pulse. The scene was chaotic with students in the hallway pressing in and making noise. SO2 asked AP2 if they had taken drugs, and she said no.	SO2 Statement
30	18:39:04	AP1 is heard gasping in the background. E911 asks "what's that sound?" AP2 says that one of the girls is frothing at the mouth. E911 asks if she is seizing again,	BCAS transcript and recording

		and when AP2 says she is. E911 asks if she was awake during the seizures and AP2 says no.	
31	18:39:46	E911 advises that she is sending paramedics. E911 says, if they are still seizing, don't do CPR. E911 begins to try to do a breathing assessment on Sidney with AP2, but interrupts the assessment to determine what muster point the ambulance should go to.	BCAS transcript
32	18:40:09	E911 directs AP2 to do a breathing diagnostic on the patient that is not seizing and includes instructions to put a hand on her back to tell if she takes a breath. E911 interrupts to ask about the muster point for ambulance to meet.	BCAS transcript
33	18:39:57	Amb1 was dispatched 7 and ½ minutes after the call began.	EHS Records
34	18:40:07	BCAS down-streams to Fire – Saanich Firehall 3 receives the call.	Fire Records
35	18:40:38	Amb2 is dispatched.	BCAS transcript
36	18:41:05	W4 advises at this point she took the phone away from AP2 and gave it to SO2. SO2 tells E911 to send the ambulance to Muster Point Delta.	W4 interview BCAS transcript
37	18:41:18	Security takes over the phone call from AP2: Hi, this is security, could you go to Muster Point Delta please.	BCAS transcript
38	18:41:24	Fire1 indicated they are on route.	Fire Records
39	18:41:35	SO2 begins to work with E911 to do a breath assessment on Sidney. He does detect some 2 or 3 faint breaths but is not able to do the breath assessment as requested due to the noise from students and AP1's agonal breathing. SO2 tells E911 that Sidney's breathing is "very faint and pretty shallow". He says you will have to hold on, ok. (gasping heard in the background) SO1 advises he is going to switch up, ok When asked if he is ready, SO1 asks E911 to hang tight.	SO2 statement and BCAS transcript
40	18:42A	W5 goes out to the parking lot to let the first responders through the locked door and guide them to the correct location.	W5 interview
41	18:42:54	SO1 begins the breath assessment with E911.	BCAS transcript
42	18:43:15	After getting SO1 to say every time Sidney breathes, E911 says, "She's breathing effectively". SO1 advises that he assessed Sidney's breathing by placing his hand in front of her mouth and observing her chest rising with each breath. He detected a breath approximately every 4 seconds. E911 says she is breathing effectively. SO1 notes that AP1 is still unconscious and may still be seizing a bit.	BCAS transcript

43	18:43:32	E911 asks SO1 if it is possible the girls have taken something and SO1 says it is unknown and unknown if they have any seizure conditions either.	BCAS transcript
44	18:43:58	E911 asks if the other one has stopped seizing now. SO1 says, no, she is periodically seizing still and says it has been about 15 minutes at this point.	BCAS transcript
45	18:44A	Fire1 arrives on scene on the west side of the residence. SO3, parked in parking lot 5 on the east side of the residence (Muster Point Delta) flashes his vehicles yellow light bar and Fire1 drives around to SO3s location.	Estimated based on likely travel time
46	18:44:35	E911 asks if anyone has Narcan and SO1 says yes	BCAS interview
47	18:44:51	SO2 (in the background) asks AP2, are you sure you didn't do ***, you are not in trouble, we just need to know if you did any kind of *** E911 asks SO1 to try to track down their friends to try to get more information.	BCAS interview
48	18:45A	The roommate of W2 thought they had taken something after they saw residue in the bathroom and advised the SOs and witnesses of that. SO2 questioned AP2 again and AP2 changed what she had been saying and said, "there is a high probability they took something".	W2 interview
49	18:45:11	The two SOs begin to administer nasal naloxone. E911 also tells the SOs to administer 1 dose to each student.	BCAS transcripts
50	18:45:20	SO1 tells E911, "there's a high probability that they have taken something according to one of the residents".	BCAS transcripts
51	18:45:36	SO1 says the first patient has received a dose.	BCAS transcripts
52	18:45:58	SO3 at muster point Delta advises that W5 is taking fire into the residence.	CSec Radio Logs
53	18:45:59	SO2 says second patient has received a dose.	BCAS transcripts
54	18:46:38	E911 confirms with SO1 that both girls are on their sides and then says, "let them rest in the most comfortable position, wait for help to arrive, and I'll just stay on the line here as long as I can. So please watch them very closely. Look for any changes. And if they become less awake or start getting worse, just tell me immediately."	BCAS transcripts
55	18:47	Note: There is audible gasping in the background – witnesses advise this is coming from AP1 whose breathing is laboured.	W1 Interview BCAS transcripts
56	18:47:32	SO1 says, "I don't think I am getting a pulse on this one." E911 asks if she is breathing. SO1 says to someone, "Can you get this one, I don't think she's breathing right now." It is unclear, but possible that Fire has arrived and that is who the SO is speaking to	BCAS transcripts

57	18:47:53	E911 says "Okay, we're going to start CPR, ok?"	BCAS transcripts
58	18:47:59	E911 starts asking if there is a defibrillator available. Someone in the background says, "Sidney, wake up"	BCAS transcripts
59	18:48:21	An SO says, "We've got fire here." (E911 then disconnects).	BCAS transcripts
60	18:50A	W1 advises that AP1 became conscious within a short time after Fire1 arrived.	W1 interview
61	18:50:26	CSec radio transmission sounds like, "Amb1 on scene" "chest compressions on one." (the sound is muffled)	CSec radio logs
62	18:52	EHS report advises Sidney has no pulse in their written records at 18:52. Sidney has suffered a cardiac arrest. When exactly that occurred is not clear. Ambulance paramedics take over primary response and work to stabilize her.	EHS unit report
63	18:57:24	An SO advises that AP2 is being interviewed by EHS, one student is still out and receiving CPR (Sidney), and one has come up (AP1).	CSec radio logs
64	19:18	Sidney is transferred to Royal Jubilee Hospital.	CSec radio logs
65	20:10	Once at the hospital, Sidney is placed on life support. The emergency staff at the hospital staff do not know her name.	Interview of Sidney's brother

Initial Communication by University Staff

The Associate Director of Campus Security (ADCS) arrived at Muster Point Delta after the first units from Fire and Ambulance were on scene. That evening, he made several phone calls to other UVic staff including, the Director of Student Life (DSL), the Director, Residence Services, the Associate Director, Communications & Public Affairs, and the Director of Campus Security.

The following were messages and calls that followed:

1. Director, Residence Services sent an MS Teams message to the Executive Director, Student Development and Success (EDSDS) at 20:00.
2. EDSDS sent an MS Teams message advising Associate Vice President, Student Affairs (AVPSA) of the overdose incident at 22:00.
3. The following day the AVPSA received a report that Sidney's condition was very serious. He met with the Provost, who then informed the President of the university.

Although key staff members were made aware of the critical overdose to a student, no one took charge of directing a coordinated and complete response that evening.

Communication with Sidney's Family

The ADCS and DSL discussed the need for Residence Services to call the family. The ADCS assumed that staff in Student Affairs would work out who should call the emergency contact number, since that was their responsibility in January of 2024. The DSL thought the ADCS was going to contact the Director of

Residence Services to call the emergency contact. What is clear is that no one attempted to call the emergency contact that evening. This meant that for most of the evening on January 23rd, Sidney's parents, Caroline McIntyre and Kenton Starko, were not aware their daughter was in hospital in critical condition.

Sidney's brother was a student at UVic. W5 knew Sidney's brother and had his contact information. W5 called him twice and on the second call, at about 19:50 hours, Sidney's brother answered the call, W5 told him that Sidney had gone to Royal Jubilee Hospital in an ambulance.

Sidney's brother arrived at the hospital at about 20:10 hours. It took several hours for him to locate his sister because she arrived with no name or identification. The hospital staff kept advising him she was not there. When staff at Royal Jubilee Hospital did bring him to see his sister, they told him that she was in very serious condition. When he got to her side, he found that Sidney had been put on a ventilator.

Sidney's brother was with his sister by about 22:30 hours. He texted his parents and then called his mother. His father, Kenton Starko, was out of the country on a work trip. By that time of night, the mother, Caroline McIntyre had no ability to get from Vancouver to Victoria. She took the first ferry in the morning of January 24th.

Back at the University that Evening

AP1 and AP2 decided not to be transported to hospital at the same time as Sidney and stayed behind in the residence on the third floor. When interviewed, AP1 is not able to recall making that decision and was not physically well after Sidney was transported to hospital. AP1 and AP2 were both nauseous and throwing up and feeling very unwell. The residents from that floor were left to watch over them. The other students were unsure what to do and called the 811 24/7 nurses' hotline. They eventually received the advice to call 911 and one of them called campus security. Both SOs returned to Sir Arthur Currie. EHS was called and took both students to Royal Jubilee Hospital. The two students returned home later that night after being checked by medical staff and each given naloxone kits. It was students who brought them back to the campus.

Summary of Notable Timeline Events

1. From the time that W1 called Campus Security to the first security officer arriving on the 3rd floor of Sir Arthur Currie was just under four minutes.

2. From the time that the first security officer arrived on scene until they administered naloxone was nine minutes. CPR was begun on Sidney approximately 12 minutes after the first security officer arrived.

3. From the time that the EHS Dispatcher picked up the 911 call to when the Dispatcher was satisfied, she had the location correct was three minutes and 10 seconds. AP2 gave the correct location in the first few seconds of the call but was somehow not heard.

4. From the time the EHS Dispatcher began to ask what was wrong medically with the two students, to when she decided to dispatch an ambulance was three minutes and 54 seconds. In total, it took seven minutes and four seconds to decide to dispatch an ambulance.

5. From when the first Saanich fire vehicle arrived at the westside of Sir Arthur Currie residence (believed to be at approximately 18:44 hours) and when they arrived on the 3rd floor was approximately four minutes.

6. W5 noted that the fire truck (Fire1) arrived on scene on the west side of Sir Arthur Currie, close to the first-floor door to Sir Arthur Currie. SO3, who was parked at Muster Point Delta (parking lot 5), flashed his truck's yellow lights and Fire1 then drove around to that location, adding time to the response. Approaching the building from parking lot 5 put Fire1 further away from the building and added one more flight of stairs to climb to get to the 3rd floor. Attachment F includes a portion of the campus map showing both the location of fire hydrants (FH) and muster points. FH6 on the map is the location Fire1 first attended.

Relevant Information About Opioid Overdoses

1. Opioids cause death by respiratory depression. Fentanyl affects the brain's systems for telling the body to breath. It does not directly affect the heart. It is the subsequent lack of oxygen in the blood that leads to cardiac arrest.[12]
2. There are three key symptoms to watch for to detect an opioid overdose – reduced consciousness, depressed breathing, and pinpoint pupils.[13]
3. Another symptom that can occur when there is a reduction in oxygen in the blood is the patient may start to look blue[14] (cyanosis). The patient may present with bluish and/or greyish skin discolouration particularly in the lips and the nails beds but also in the gums and the tongue.
4. Naloxone works in the body to counteract the effects of an opioid and is dose dependant. Higher doses of naloxone may be needed based on the type and amount of opioid that has been consumed. It is possible for an opioid in someone's system to continue to affect respiration after naloxone wears off.[15]
5. In one extensive study, it was noted that, during overdoses, two seizure-like symptoms have been observed. Muscular rigidity was present in 15% of the cases and dyskinesia (uncontrolled muscle movement) in 9% of them.[16]

Seizures or Seizure-Like Symptoms

Starting with the first observation by witnesses, the call to Campus Security, the two security officers who attended the residence, the 911 call taker, ambulance and fire responders, everyone believed they were responding to a medical call of two students having seizures. The two students initially exhibited seizure-like symptoms that led to this belief. The problem is that fentanyl can cause seizure-like symptoms, and hypoxia, the lack of oxygen in the body's tissues if there is suppressed breathing, can cause a seizure.[17]

1. A seizure is caused by an irritated brain and has multiple causes. A seizure is not a diagnosis, it is a symptom.[18]

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[12] Dr. Erik Vu, Trauma specialist and Clinical Assistant Professor at UBC, 24-10-11
[13] Ibid
[14] Oliver Oxbury, Program Manager & Advanced Care Program Paramedic at Justice Institute of British Columbia
[15] NIDA. 2022, January 11. Naloxone Drug Facts. Retrieved from https://nida.nih.gov/publications/drugfacts/naloxone on 2024, October 19
[16] Rigidity, dyskinesia and other atypical overdose presentations observed at a supervised injection site, Vancouver, Canada (2018)
[17] Supra, Dr. Erik Vu
[18] Supra, Dr. Erik Vu

2. In addition to a seizure, a person may exhibit seizure-like symptoms, such as stiffness and dyskinesia, which can appear to be seizure, but is a symptom of the brain reacting to the opioid.
3. The belief that the students were both experiencing a seizure appears to have influenced both SO1 and the BCAS call taker to think that CPR was not appropriate or necessary.
4. The belief during the call to 911 that the problem was seizures led the call taker to follow a prescribed seizure protocol and ask questions such as whether the students were pregnant. It was only the belief that one of the students was having another seizure that led the call taker to dispatch an ambulance.
5. Fire responded to the call believing they were coming to a seizure. They sent a two-person fire truck. They advise they would have sent the four-person truck if they had known they were attending for a drug overdose.[19]

Respiratory Support and Seizures

Attached is a one-page Red Cross Poster about when and how to provide CPR to an unconscious patient. The instruction is to begin CPR if a patient is not breathing normally.[20] Also attached is Red Cross blog post for responding to a drug overdose, which again directs a responder to start CPR if the patient is not breathing normally.[21] However, the Red Cross's first aid manual's section on seizures does not advise that CPR may be needed to respond to a seizure.[22] The OFA2 manual used in the training of the UVic security officers similarly does not suggest that CPR may be needed when someone is having a seizure.[23] This illustrates the need to provide more in-depth training on the **when,** and not just the how, to provide respiratory support or CPR, especially if the patient has seizure like symptoms.

Medical Evidence

1. **Turning blue**: Several witnesses said both unconscious students were blue or turning blue. Sidney and AP1 were both fair skinned that would allow any blue colouration to show. The security officers, who were in close contact with both students, did not observe the blue colouration.

   Oxygen is carried in the blood in two ways: attached to hemoglobin and as a dissolved gas. Blood that is fully oxygenated, carries hemoglobin that is saturated with oxygen, and it appears bright red. The tissues take up oxygen from the blood. Blood leaving the tissues contains hemoglobin that is no longer saturated with oxygen, and it appears blue or purple. In normal circumstances, the de-oxygenated blood is primarily in the veins and is carried back to the lungs where it picks up more oxygen. In normal circumstances, the bright red oxygenated blood leaving the lungs is then circulated through the body. When a person stops breathing, or stops breathing adequately, the lungs soon run out of oxygen and the returning blood cannot pick up more oxygen. If the heart continues to beat, as it does initially in an opioid overdose, deoxygenated blood is circulated, and this can give a person a blue or purple tinge.

   If a healthy person who had been breathing room air stops breathing, the oxygen level remains adequate to keep most of the hemoglobin saturated with oxygen for about 45-60 seconds. After this, the oxygen levels drop precipitously and will reach critically low levels within moments.[24] If the heart

[19] Deputy Fire Chief Henson Interview
[20] Attachment I: Red Cross, CPR for an Adult Poster
[21] Attachment J: Red Cross, How to respond to opioid poisoning (2022)
[22] Comprehensive Guide for First Aid & CPR (2017), p. 121-123
[23] Occupational First Aid, A Reference and Training Manual, Level 2 (2018), p. 104, 105
[24] https://www.annemergmed.com/article/S0196-0644(11)01667-2/fulltext

continues to beat, it will circulate blood that is deoxygenated, and the person may take on a blue colour.

2. **CO2 levels**. When paramedics first arrived, they attached Sidney to an AED device that also has a monitor that measures the CO2 level in her expired air (ETCO2).[25] The level of CO2 in a person's blood closely correlates with the CO2 level in expired air. The CO2 level was recorded when the paramedics first intubated Sidney to ensure the tube was placed correctly.[26] A normal CO2 reading in a healthy breathing person is 35 to 45 mmHg. When the paramedics placed the endotracheal tube in Sidney, the ETCO2 measurement was 99. This is as high a number as that model of monitor can read. When a person stops breathing, CO2 increases about 8-16 mm in the first minute, and then at a rate of about 3 per min.[27] Although it varies between people, as an estimate, a normal patient will develop a CO2 of 100 after about 17 minutes of not breathing.

Dr. McIntyre advises that, when Sidney was in hospital, doctors performed an apnea test as part of a determination of brain death. To perform the test, Sidney's ventilator was turned off. It took ten minutes of no breathing for her CO2 to rise to 74 mmHg.

What the Security Officers Faced

1. The hallway on the third floor of Sir Arthur Currie is narrow and the rooms are small. SO1 said the lighting in room 308 was dim. SO1 arrived to find two students in need of aid, a third person on the phone to 911, five people who came to assist and numerous other students crowded into the hallway. He estimated there were a total of 20 to 30 people in the hallway, which he had to push through to get to the two students. These onlookers continued to be mill around, press in, and make noise.

2. SO2 arrived a few minutes later. He went into room 308 to assist Sidney and worked to assess her, putting her on her back, working to see if she was conscious or not, and going through the ABC steps to determine if she was breathing and had a pulse. AP1 was gasping loudly in what SO2 described as agonal breathing. The students in the hallway were not quiet. That interference and noise made it more difficult to hear if Sidney was breathing.

3. Although the SOs had both attended a number of calls where the person was described as having a seizure, this was the first time either SO had responded to what turned out to be an opioid overdose.

4. The call was for two students having a seizure. When SO1 arrived, neither student appeared to still be having a seizure, but the five witnesses who had been assisting the two students, told the SOs that they had been seizing. When SO1 returned to AP1, after assessing Sidney, he did note that AP1 arms were spasming consistent with AP1 having a seizure.

5. The third student who had consumed drugs, AP2, advised SO2 that the two students did not take drugs. Considering that they had been told the students had had seizures and were told they did not take drugs, they focused on other potential causes. For example, since the witnesses heard running

[25] LIFEPAK® 15 monitor/defibrillator
[26] Sidney's BCEHS report E240054865, p.3
[27] https://emcrit.org/pulmcrit/high-flow-nasal-cannula-for-apneic-oxyventilation/

and then thuds when the students fell, SO2 considered whether they had struck their heads or fainted.

6. As SO2 noted, two students having a medical emergency at the dinner hour at a student residence, who were believed to be running around moments before they collapsed, did not make him think that the problem was a drug overdose.

7. Neither SO observed the two students to have bluish skin tone (cyanosis). The SOs did not observe the students' pupils. They advise that the two students had their eyes closed.

8. Until advised that the two students had likely taken drugs, SO1 believed that they had both had seizures. As he attended AP1, he believed she was in a post seizure state and would recover.

9. Neither SO was aware that AP2 was impaired until after the first responders arrived on scene.

10. The SOs advise that their understanding is that CPR should not be provided if the person is breathing and has a pulse. SO1 also believed, after he did the breath assessment on Sidney, that she was breathing adequately. SO1 provided a reference from WorkSafeBC's Advanced First Aid Training Manual flowchart (page 29) which indicates that CPR is started when the patient has no pulse and is not breathing.[28]

    Comment: In a medical emergency, where there are first aid attendants on scene and a BCAS call taker on the phone asking questions to assess the situation and give instructions, it is unclear who is in charge. In this scenario, the call taker provided direction and made decisions, such as not to provide CPR if the students were still seizing, and made the determination that Sidney was breathing adequately after having SO1 do a respiration assessment. The lack of clarity of who is in charge of the response in these circumstances is problematic and needs to be resolved.

Analysis of the Events of January 23rd, 2024

1. If the security officers had been told when they arrived that the two students had taken drugs, they would have immediately administered naloxone.

2. When the security officers arrived on scene all three primary symptoms of an overdose were present in Sidney. The Security Officers did not observe that both Sidney and/or AP1 were taking on a blue colouration due to cyanosis.

3. To help determine if a person is overdosing on an opioid, it is important to check the person's pupils to determine if they were small or pinpoint.[29] AP1 noted that Sidney's pupils were very small within seconds of her consuming drugs.

4. Sidney went into cardiac arrest. She did so when her heart did not have enough oxygen to continue beating because she was either not breathing or not breathing effectively. At 18:32 or shortly thereafter, W4 was by Sidney's side. In W4's interview, she said, "I don't know if she was breathing. If she was, it was shallow. She got bluer as time went on." SO2 said that her breathing was shallow and faint at 18:41:40. It was 18:47:37 when SO1 determined Sidney was no longer breathing or had a

[28] Attachment K: WorkSafe Advanced First Aid: A Reference and Training Manual, p. 29
[29] UVic Naloxone Standard Operating Procedure, 7.1(e)

pulse and began CPR. The assessment of the effectiveness of Sidney's breathing appears to have been problematic. There are a few possible reasons for this:

a. It is necessary to see if the chest is moving to know if someone is breathing effectively. Sidney was wearing a baggy sweatshirt.
b. Sidney was in the recovery position, making observations more difficult.
c. The EHS Dispatcher did not explain to the SO what to look for to determine if she was breathing. The right way would have been with Sidney on her back and the sweatshirt cut open so her chest could be closely observed.[30] SO1 did say he could see her chest moving and feel breath from her mouth while he assessed her breathing.

5. Although the first responders were able to get Sidney's heart beating and her circulation stable, she did not recover. January 23rd was a Tuesday. On Friday January 26th, she was declared dead. The family kept Sidney on life support, and she became an organ donor on Monday January 29th.

6. No one from the university attended the hospital on January 23rd. No staff member was tasked with caring for AP1 and AP2 to ensure that that they did not relapse. No one other than Campus Security Officers and the 2nd floor Community Leader spoke with the other students present on the 3rd floor.

Summary

Like many tragic events, there were several points where, had the response been different, Sidney likely would not have died. Once Sidney had overdosed on an opioid, the outcome of these factors led to Sidney not getting the respiratory support and/or naloxone she needed soon enough to save her life. Section IV of this review includes recommendations to help prevent a similar tragedy from occurring in the future.

[30] Ibid, Dr. Vu Interview

Part III- January 24th and the Days that Followed

On January 24th, at approximately 9 am, the Executive Director, Student Development & Success[31] (EDSDS) received emails from the Director of Residence Services (DRS) that included the Campus Security Incident Report and an e-mail with information on what the Residence Life & Education team had provided Residence Services.

The Associate Vice-President Student Affairs (AVPSA) directed the EDSDS to hold a Response Coordination Team (RCT) meeting regarding the overdoses of the night before. During that meeting, contacting Sidney's family was discussed. At that meeting, there were two views as to whether it was now too late to call the emergency contact for Sidney (Sidney's parents). The decision was to have the Director, Student Life (DSL) write a letter to the family to be given to the hospital who were to give the letter to the family to set up communication with the university. This letter was faxed to the hospital later in the week by staff in Student Wellness (likely January 27th). There was persistent thinking by some in Student Affairs that the hospital had the responsibility to contact the family and not the university.

With support from UCAM, the EDSDS and the AVPSA worked on an email to go to students in residence. It went out in the afternoon of the 24th. It provided a warning to the students with this wording: "*As you are aware, there is a concerning trend of unsafe drugs in BC.*"[32] It did not advise that there had just been overdoses on campus or that the CS Director had noted that there were a number of recent overdoses in and around the campus. The AVPSA emailed the Provost and the President with an update and steps taken so far. He included the email that went out to students in residence and advised that an email would be going out to all students warning of the toxic drug supply.

The next day, an email was sent to all students and unit leads were advised that the notice would be going out. The email was sent out to all students on January 26th. It used the same sentence to explain the risk to the students. Both emails contained useful information about resources available for harm reduction and for safer use of drugs, however, neither of these emails warned students that the unregulated drug supply in the UVic area was currently exceptionally toxic and unsafe, which was the primary purpose the emails.

And on January 26th, Campus Security provided information for follow-up to Saanich PD who had assigned an investigator. Saanich PD took custody of the drug exhibit. The CS Director set up a critical incident support session for her staff as soon as practical (January 29th). It is worth noting, that in January of 2024, the CS Director was new to her position. When she learned that emergency calls to Campus Security Dispatch were not always being put through to 911, she put in place a revised protocol to ensure that the Campus Security Dispatcher always forwarded emergency calls to 911.
And on January 31st there was a final RCT, and this incident was concluded and an RCT to comply with the death of a student policy was activated.

February

On February 1st a communications planning meeting was held between EDSDS and members of the university communications and marketing team (UCAM) to discuss the institutional communication needs in relation to the death of a student policy and the potential for media arising from Sidney's

[31] All the people referenced in this section were interviewed and some provided written narratives. The information presented is drawn from those sources.
[32] Attachment L: Jan. 24 & 26 2024 emails to UVic students

family. Communications staff drafted possible proactive media releases. The draft releases advised that a student in residence had died. What the draft releases did not say was that the student had died from a drug overdose that occurred in a residence on campus. These drafts were not utilized.

February 1st was also the first meeting between Sidney's parents and university staff. The university had AVPSA, DSL, ADRLE and the CS Director at the meeting. The parents made it very clear during that meeting that they believed that the failure of the two SOs to provide the right medical care on January 23rd had led to the death of their daughter, Sidney. Dr. McIntyre laid out how an opioid overdose causes a death and what intervention is needed. The family also pointed out the need for an investigation by the university.

There was a conversation on what could be said to staff and students at the University about the death of Sidney. The parents did not want her name used in any written campus communications, but they gave permission for her friends and students that knew her to be told about what occurred. Dr. McIntyre said that if there are people that need to know, please feel free to let them know. The DSL also noted that the family provided consent to share the news of Sidney's passing. As discussed below, the message many community leaders received from their Neighbourhood Managers was that the family did not want what happened to Sidney discussed. It is not clear how or why a change in message occurred.

AVPSA mentioned that the President would be interested in meeting with them. The family's perspective at that moment was that they didn't know "who was who" at the university, or who they needed to meet with. Also, during this meeting, the CS Director provided the family with a timeline of the January 23rd call prepared from Campus Security phone and radio log records. The parents explained what the mistakes they believe were made in the medical response by the security officers. The parents advise that the CS Director told them that UVic had sent messages out about harm reduction and had set up naloxone around the campus.

At the meeting it was agreed that Student Affairs would look after Sidney's affairs and assist her brother who was still attending UVic, and that the CS Director would answer their questions about how Campus Security responded to the overdoses. The next day, a RCT dealing with the Death of Student Policy was held. A follow-up to this RCT was held on February 15th.

On February 3rd, Campus Security introduced a new report writing procedure that required each security officer responding to a call to provide their own individual report. The rollout of the policy was completed in April 2024. (The January 23rd incident report was written by one of the two attending security officers, so there is no statement on file from the second security officer.)

Communication between the Family and the CS Director

Over next days and weeks, there were numerous email and phone exchanges between the CS Director and Sidney's parents. During these exchanges, Dr. McIntyre asked whether the first aid response on the university's webpage had been changed since January 23rd, 2024 (it had not).

The website provided appropriate information about who to contact first in an emergency, it also included messaging in other locations at UVic to contact Campus Security first, based on the concept that Campus Security could ensure emergency services got to the right location. Messaging on campus was, at that point, not consistent.

Another concern was the overstatement of the security officers first aid training on the website. For example, the statement that security officers had the equipment to provide oxygen support. Although previously correct, this was no longer accurate in January of 2024. This equipment had been part of their equipment up to February 2023. This first aid equipment, and training for its use, has subsequently been restored by the CS Director.

In the back and forth with the family, the CS Director attempted to answer the questions and requests for information from the family, both by email and then by phone. The exchanges are lengthy. This did not go well and would have gone better if the CS Director had more accurate information and was aware of what was not yet determined, such as an accurate timeline. During the weeks that followed, once Dr. McIntyre obtained the BC Ambulance Service transcripts and recording of the 911 call to the BC Ambulance call taker, the timeline she put together for what occurred on January 23rd, was accurate. The CS Director was directed to stop answering questions and providing information to the family. The family was directed to obtain information through the FOI process. There was a concern that the family was requesting information which needed to be vetted under privacy legislation. This change in access may have increased the tension leading up to the April 2nd meeting with the President**.**

April

On April 2nd, Sidney's parents and brother met with the President and with his Executive Director. The meeting lasted 2 and ½ hours. It was a difficult meeting. Dr. McIntyre gave a narrative of what transpired on January 23rd and provided medical information about opioid overdoses and how an opioid death occurs. She then asked many questions. The President's Executive Director made note of 37 questions. Many of the questions were about what the University needed to change (*What is the plan for upgrading the training of security officers?*). Some were more loaded and not going to be answerable in such a setting (*What do you think of the failure of Campus Security?).* The President was not in the place to be able to answer the very specific questions that were asked. The meeting ended poorly.

Later that day, the President and AVP Student Affairs met. The President passed on the topics of the questions asked and asked AVPSA to provide his office with the same answers that the University provided to the family. On April 5th, the President and his ED met with the Provost and the VP Finance to debrief the meeting and determine what steps the university should take.

May

On May 2nd, 2024, Lori Culbert from the Vancouver Sun made a request for an interview with the President. The interview was declined, but the university invited her to provide questions in writing. The family gave the university permission to speak to Lori Culbert about what happened. The provincial government communications office contacted the university after also getting requests for information from Lori Culbert.

Over the next several days leading up to May 8th there were in-house discussions over whether to provide a global response versus a response to each question. There were several staff involved in drafting the response. The final version that was sent had answers to each question she had posed (Attachment M).[33]

[33] Attachment M: UVic's response to Lori Culbert's Questions (May 8th, 2024)

The article by Lori Culbert ran on May 16th in the Vancouver Sun (Attachment N).[34] The article pointed out factual errors in the university's response. The story garnered significant attention and interest which led to a flood of media inquiries from multiple outlets to the university. UVic tried to respond to all inquiries but was struggling to address all the questions.

On May 22nd, the Provincial government announced the Post-Secondary Overdose Prevention and Response Steering Committee. The Executive Council determined that the Vice-President Academic and Provost would lead the internal response, and the VP Finance and Operations would represent UVic on the Provincial Steering Committee. Over the next few months, the university worked to respond to the provincial government initiatives, address concerns raised by the family, and work on enhancing its own harm reduction strategies.

Community Leaders

The CLs interviewed about the tragedy of losing Sidney had concerns about how it was handled. Several CLs were told by neighbourhood managers that they could not talk about what happened if they were asked by other students. One still did not know what had happened and had significant misinformation from the rumour mill. Some CLs were concerned with the lack of naloxone in student residences or first aid training for CLs. Some CLs stated that they felt that their concerns were not being listened to. One request for a debrief was declined.

In August, the CLs were given naloxone training for the first time. However, they were advised that providing naloxone to someone they suspected someone was overdosing was not part of their duties.

Changes Made by the University

The university has taken significant steps to address many of the issues that this tragedy has highlighted. Some were implemented quite soon after January 23rd. Many were put in place prior to the beginning of the school year (September 2024). Some of the university's commitments included:

1. Install 89 opioid overdose emergency kits with nasal naloxone on each floor of every residence.
2. Provide training for all student residence-life staff on the use of the emergency kits and naloxone.
3. Updated the emergency contact protocol and clarify who is responsible for making contact.
4. Implement a building location system working in partnership with UVic and first responders.
5. Provide orientation and education on the emergency overdose kits for all students in residence.
6. Provide information on harm reduction supplies and safety supports in the Community Living Handbook.
7. Appoint a Special Advisor to convene a panel of experts to provide further evidence-based recommendations.

More specifically within Campus Security, they have done the following:

1. Changed the 911 protocol to ensure emergency calls are put through to 911.
2. Required statement from every security officer after attending a critical call.
3. Provided a one-day Basic Life Support course to security officers and acquired the bag/valve/mask and oxygen equipment so security officers can provide respiratory support.
4. Hired a training officer who is experienced in providing first aid, has a high level of first aid training and is an experienced trainer.

[34] Attachment N: Lori Culbert's article in the Vancouver Sun (May 16th, 2024)

In Student Affairs, they have also:

1. Hired a trauma counselor to provide support to community leaders and others in Residence Services as of December 2024.
2. Added a scribe to every RCT responding to a serious incident and is providing briefing notes to the Executive Council to keep them apprised. (This is also being done in RCTs held in other departments at UVic.)

Summary

Key leaders in the university continue to look at this issue, considering where the gaps remain, and taking the initiative to make changes. This is excellent and must be encouraged. This issue is not solved, nor is it static. The problem will evolve, drug use patterns will change, new risks will emerge. The university must be vigilant and responsive to meet the challenges that will arise in the future.
The response that took place on the evening of January 23rd, 2024, and in the days and months that followed was not adequate. Responding to a crisis requires a constant evaluation if the right steps are being taken and course correction if they are not. It is important to point out that the many changes the university has now put in place are significant. The recommendations in Part IV that follow are meant to complement the changes the university has made.

Part IV – Recommendations

The following recommendations are written taking into consideration that many 18-year-old students in residence and at the university are away from home for the first time. Safeguards need to be in place to help keep them safe.

A review is written knowing the outcome of decisions made responding to a critical event. The focus on such a review is necessarily on the issues that arose. Rarely will the response to a difficult event take place without some problems arising. However, both the response on January 23rd, and the crisis management process employed thereafter, need to be addressed and some changes made.

The recommendations are as follows,

Organization and Culture

In several interviews with senior leaders at the university there were two themes about UVic culture that people talked about. The first was a tendency for some teams to operate in silos. The teams themselves were working well, but they were not working as well with other teams in the university. The culture that the university needs to foster is one where a person in one division sees and works with someone from another division as a member of the same team. The mission of the university must be the top priority.

The second theme was that the university struggles with its ability to adapt and change. Change is a constant in today's academic environment and an increase in that rate of change is the new normal. What students want and need in their university experience is not static. The engagement they want and the risks they face are not the same as a decade ago. Along with the potential for positive change in how students can engage in their education, there are also increasing risks to their well-being that must be considered. The drug crisis is one example of a significant negative change. In the last decade, BC has had its unregulated drug supply poisoned by fentanyl, leading to the death of many young people. The impact of social media on this first generation to grow up under its constant influence appears to be significantly impacting their mental health. Unfortunately, there is also the potential for violent acts on campus that need to be monitored. For the university to proactively address risks that emerge over time, staff must cohesively embrace the constant need to implement change, so its stays on top of managing student safety.

The President and the Executive Council are responsible for the culture at the university. Changing culture is a difficult task. The Executive Council will need to intentionally drive the cultural norm that the university is one team and that new initiatives are expected and encouraged.

It will be the role of the President and Executive Council to determine which of the following recommendations will be implemented and in what form. Once that decision has been made, implementation requires an oversight process to put in place whatever has been agreed upon. This cannot be a tick box exercise. It will require a change in culture, policy amendments, training and, most importantly, a feedback mechanism to ensure the changes have taken hold. Where the new processes are complex, such as new RCT protocol for critical incidents, training and simulated tabletop exercises will be needed to iron out all the issues that will arise and allow staff to become competent employing the new process.

Recommendation 1: A Change in Culture

The Executive Council engage in a deliberate change management strategy to address the culture and develop new ways to address the changing needs of students.

Recommendation 2: Executive Oversight of the Change Management Process

Along with taking on the cultural change management process, the UVic Executive takes direct responsibility for implementation, employing a comprehensive project and change management process to determine who does what by when, manage the implementation of accepted recommendations and provide audits to ensure the new processes are solidly in place.

Issues and Risk Assessment for Students

UVic does have a risk register to predict what risks and challenges are emerging. The Risk Register is largely focused on enterprise risks. Student Affairs has a more specific risk assessment process for students. What is needed in addition to these risk registers is a specific process for identifying issues or risks being presented by new circumstances that arise or from a specific student or group of students. This process will assist the university to be aware of issues that need to be managed before a critical incident occurs. It is a tool that will help create a focus-forward approach to helping students as new trends and issues emerge. Rather than an annual process for identifying risks and issues for students, senior staff need to meet on a regular basis to provide a coordinated and timely response.

To address this risk management issue, it is recommended that a cross-divisional table be established where key members from each relevant department discuss issues and/or students whose behaviour is of concern. One key part of the strategy is to ensure that all sources of information available from all departments in the university and any outside sources are collated and considered. The team then determines the level of risk and whether additional action, such as further investigation, is warranted.

The team will need to be given training, including threat assessment training. UBC Okanagan brought in threat assessment experts and were all trained on the use of the HCR20-v3, a risk assessment tool used around the world. One advantage of being trained together is the cross-divisional team works with a common understanding of what behaviours present risks.

Recommendation 3: A Process or Processes for Issue Recognition and Risk Management

Establish a cross divisional team and process for issue and risk management for students. Provide training for all participants on threat assessment and other necessary skills.

Responding to Critical Incidents

An observation about the response to the overdose on January 23rd is that multiple senior staff were contacted, but the person who had the responsibility for making decisions that night was not clear. Everyone thought in terms of their role, but no one had the overall responsibility to determine what should take place. Currently, UVic has an Emergency Operation Policy for responding to large scale events and uses a Response Coordination Team (RCT) to respond to urgent or complex events. An RCT was called to respond to the January 23rd overdose the next day. As this was a critical event, the next day was too late to take the steps needed. The following two recommendations are designed to ensure when a critical event occurs, the response is immediate and complete.

For first responders, coordinating a response to a serious event or issue is solved by placing one person in charge. In policing, this person is known as an incident commander. Senior members are selected and trained for this role. They are called out as needed to take command of an ongoing incident and have the authority to access any resource in the organization and give directions to any staff from any division.

Recommendation 4: A Person in Charge

Put in place a process where there is one person in charge (a PIC) of the response to a critical incident. When a critical incident occurs, the PIC is immediately contacted and briefed. The PIC then determines what actions will be taken. A PIC is a senior member of the university who has this additional role in addition to their regular duties. A PIC does not represent their department, they act on behalf of the university. Training will need to be developed and provided for persons taking on this role. A PIC must be given the authority to make decisions and direct staff from any division in the university, including student affairs, campus security and communications. The university will need to have a PIC available on standby. Ideally five or six people would be selected for this role to ensure a PIC is available to provide 24/7 coverage. The criteria for when a PIC is to be contacted by staff will need to be developed. If the PIC determines that the criteria is met, the PIC will generally attend in person to determine what immediate steps will be taken to respond to the incident. The PIC can then initiate an EOC callout, call out members to take on assigned tasks, or determine that no immediate action is needed.

Recommendation 5: Develop a Crisis Response Coordination Team Policy

As referenced above, UVic has a RCT process it uses to handle the response to many situations. Many RCTs are used to handle important and/or urgent issues. Critical incidents, that have the potential for serious harm to a staff member or a student, or significant damage to the reputation of the university, require a higher level of response, i.e. Crisis Response Coordination Team (a CRCT).

Key Components:

1. A clear definition of when a CRCT is to be employed
2. A CRCT is run by a PIC.
3. The PIC has the authority and responsibility to make decisions and direct staff and resources.

One option is to put in place one policy that deals with the PIC position, EOC activation, running a CRCT or a RCT and defines the criteria when each process is to be utilized.

Investigations

For some of the incidents that occur on campus, another agency will undertake an investigation. Police will investigate a criminal allegation. WorkSafe will investigate an accident involving a staff member. However, an outside agency will not always take on an investigation. After the overdose on January 23rd, the Director of Campus Security (the CS Director) saw the need for an investigation but was unable to find the appropriate agency or person to undertake it. This was a new issue for the CS Director who had recently taken on this role.

The CS Director had two concerns about using Campus Security staff to do this work. One, they would be investigating their own team's conduct and two, the current staff did not have the skill set (apart from the CS Director). The CS Director made inquiries with other UVic staff to see what had been done in the

past and was advised that the coroner's service would do an investigation. This was accurate, but not an adequate answer. The university needed to obtain accurate facts about what occurred in a timely way to respond to the family and media and to take appropriate steps going forward. To do that, Campus Security needed to undertake an investigation.

In this case, the investigation would have included interviewing the two security officers, the two affected persons, and the witnesses that were involved that night, as well as obtaining any records available from the responding agencies.

Recommendation 6: A Campus Security Investigator

It is recommended that an investigator position be added to the management team of Campus Security. This person's role would be operational. They would conduct investigations, assist with threat assessment work, and would represent Campus Security at CRCTs and other RCTs, freeing up the CS Director to focus on the change management issues that exist for this team. Note that, in the interim, hiring a private investigator from an accredited agency, on an ad hoc basis, to investigate an event is a workable option.

A Family Liaison Member

As set out in Part III, Student Affairs and the CS Director met with Sidney's parents on February 1st. The decision was made at the meeting for Student Affairs to take steps to look after Sidney's brother and to return Sidney's belongings and close out any accounts. The CS Director was to try to answer the family's questions. Putting the CS Director in the position to directly answer questions for the family led to misunderstandings, particularly as no investigation had been undertaken.

Statements about how the staff responded to a critical event should, wherever possible, not be made to family, stakeholders or the media, until the investigation is complete, and the facts known. Comments must be restricted to an acknowledgement that something bad has occurred, an honest expression of regret for the loss someone is facing, and that the answers will be forthcoming.

Recommendation 7: Assign a Trained Family Liaison Members When Needed

This decision whether to assign a family liaison member should be made by the PIC or later at a CRCT or RCT. A group of appropriate and trained persons should be available to take on this role.

Recommendation 8: Release of Information

The CRCT process will be utilized to consider what can be released, by whom and how. The family liaison member will bring requests from the family to the CRCT where what can be provided will be determined, in keeping with provincial privacy legislation. Families need answers to process their loss. However, accurate information is more important than a quick response.

UVic Crisis Communications

Throughout the response to this critical incident, the person or group who had the responsibility for communicating with family, students, university staff, other stakeholders, and the community at large, was never clear. Different staff members took on responsibilities at various points. A person in charge of crisis communications is essential to determine what strategy will be used to respond to an event that may be newsworthy or may reflect badly on the reputation of the university. Crisis communications wait

for no one. Often the right strategy will be to do a proactive media release. In other cases, communication must be responsive to what is happening in social media or traditional media.

Recommendation 9: A Person in Charge of Crisis Communications

This person would have the clear responsibility for determining what would be released to key stakeholders and to the media. In the current world of social media, communications with any stakeholder group should be assumed to be communication with media and the greater community. An email to students in residence will be picked up by media if it is newsworthy. Social media means anyone can put a story out into the media, and that story might be posted within minutes of the incident. The university needs a senior leader with responsibility for communications who can decide on a strategy and craft the right message without relying on a committee to smith and edit the words. *Note: As of January 2025, the university has put in place a person in charge of crisis communications.*

Recommendation 10: A Media Spokesperson

The university would benefit from someone who is able to provide on camera clips and media quotes that can be attributed to the university as the UVic spokesperson. This would allow for someone to provide comments within an active news cycle.

First Aid on Campus

A UVic campus security officer has a number of responsibilities. They respond to everything from building alarms, demonstrations/occupations, hazmat calls, potential threats of violence, mental health crises, and medical emergencies. Leading up to January 2024, there had been little analysis of what training should be provided to support the security officers to perform these various roles.

To understand more specifically what first aid training is needed, the review has had the benefit of input from Dr. Erik Vu, Specialist in Emergency and Intensive Care Medicine Specialist and Clinical Assistant Professor at UBC, and Oliver Oxbury, Program Manager & Advanced Care Program Paramedic at Justice Institute of British Columbia. UVic is also fortunate to have recently hired a retired and highly trained firefighter, who is the new trainer for UVic Campus Security, and his input is included. As discussed in Part I, neither OFA2, nor the new course, Intermediate First Aid, provides an adequate level of training for a campus security officer.

Naloxone training was added when security officers started carrying Naloxone in 2017. Refreshers on its use are being provided this year and will now be regularly updated. Currently the training is provided through a CKPN online course that takes about 30 minutes and includes a short quiz. Some security officers also received one-on-one training from a staff member from UVic's Student Wellness team.

More frequent simulation training: Both security officers responding on January 23rd had never responded to a drug overdose before. In training staff for critical incidents, a key principle is the need for frequent refreshers in how to respond to low occurrence/high risk events. A high-risk event requires an immediate response. When staff have rarely or never had to respond to the crisis, recent training updates are essential. In addition, the training needs to be more than an online course. It needs to be hands-on. Members need to be able to physically practice essential first aid skills so they become second nature.

The response to the medical crisis on January 23rd was complicated by the seizure-like symptoms that both students exhibited. It made determining that the students were experiencing an overdose more difficult and appears to have affected what first aid was initially provided. There needs to be training on how an overdose can appear to be a seizure, and there needs to be training that focuses more on the **when,** and not just the how, to provide both respiration support and naloxone.

Prior to 2023, Campus Security Officers were trained in the use of a bag/valve/mask (a BVM) and oxygen support. In February 2023, this equipment was removed once it was determined that there was no longer training on its use in the OFA2 course. Since the overdoses in January, Campus Security has added a one-day Basic Life Support Course which teaches the use of the BVM with oxygen support. and has added this equipment to their first aid kits. Several staff have stated that the campus is like a small city. The largest group are young students, but the "city" also includes faculty and staff, many of whom are seniors. OFA2 training does not address many of the likely medical emergencies that can occur on campus.

Recommendation 11: First Aid Training in Addition to OFA2 (Intermediate First Aid)

It is recommended that the basic training from campus security be the First Responder (FR) Course.[35] It is a 40-hour course providing first aid and CPR skills for professional first responders. It is taught by various agencies, including Red Cross. The First Responder Course certification is valid for three years and recertification is a 20-hour course. Members will still be required to have the Intermediate First Aid course certification to meet WorkSafe guidelines.

There are several other courses that the CS Director has identified that security officers need to have in addition to the FR course. These could include additional naloxone training, rescue breathing and In-Service training. The CS Director has also advised that security officers need training for other kinds of calls that they attend. This training initiative needs to be supported. As noted, security officers respond to a wide variety of calls. For example, they will often be first on scene to a mental health crisis or a person who has become violent. De-escalation and intervention skills are needed, as well as training to stay physically safe when someone poses a threat.

Other Sources of First Aid

The university has placed naloxone kits on each floor of each residence. They are clearly labelled and include signage for calling 911 and directing first responders to the correct location. Attachment O[36] has a photo of one of these kits and the signage inside and outside of the residence. In August of 2024, community leaders (CLs), who are assigned to each floor of the residences to look after the needs of students, were provided training in administering naloxone. However, they were advised that administering naloxone is not part of their duties.

There needs to be staff within student services who have the responsibility to respond and administer it as part of their duties. Leadership within Student Affairs is committed to addressing the issue and is undertaking a review of universities across Canada in search of the best model to supplement first aid in the residences.

[35] https://www.redcross.ca/training-and-certification/course-descriptions/workplace-first-aid-courses/first-responder
[36] Attachment O: Photos of installed naloxone kits and building numbers at UVic

In addition to placing naloxone in residences, the Provincial Guidelines published in August 2024 had the following recommendations:

- Consider including naloxone in first aid kits for campus emergency responders and in first aid kits for fields trips, ensuring compliance with border regulations, if applicable.
- All special events held at PSI-owned or run sites should have naloxone available, particularly events where alcohol may be served.

Recommendation 12: First Aid in Residences, Special Events and Field Trips

That, by September 2025, the university have in place staff who can provide a basic first aid response within residences, including using the naloxone kits as needed, and that during special events and defined field trips that take students to remote locations, naloxone and persons trained in its use, be readily available.

Campus Security Staffing Levels

The CS Director believes that the staffing levels do not match the current student population, and the number of security officers is not sufficient to meet the needs of students and staff. It is noted that students in residence create a much higher demand for service than students that only utilize the campus during the day. Determining the right level of staffing for UVic (or any campus) is complex and depends on several variables.

Recommendation 13: An independent staffing review in Campus Security

Before the January 23rd event occurred, the university had already started working with a reputable firm to conduct a managerial review and determine the appropriate staffing level. This should now be proceeded with, and the staffing review recommendations acted upon.

Campus Security Managers

Campus Security management should be trained to the same level as their staff and be able to back up the security officers at first aid calls, step in when there are multiple calls, or help respond to a large event. In addition, it assists a manager to be able to assess if security officers are responding correctly to a first aid call if they have the same training as the officers do.

UBC Okanagan management staff wear a golf shirt style uniform or identifiable jacket that identifies them as campus security, so they are recognized by the students when they step into this role. There is also a cultural advantage for management to be identified as being part of the security officer team and be able to team up and respond when needed.

Recommendation 14: Campus Security Manager Identification and Training

All Campus Security managers should have the same training as their security officers and be provided professional clothing identifying them as campus security that they wear when appropriate.

Community Leaders and Security Officers

CLs are young students themselves. For many, this will be their first job where they have the responsibility to care for people. The CL is the most direct contact with staff for students in residence, and what they reflect to the students they care for will form a major part of the perception students in

residence have of the university. The CLs are part of the staff of the university. They needed to know what happened on January 23rd.

Recently, the Executive Director in Student Development and Success initiated a pilot project hired a therapist experienced in trauma to provide support to this group of staff. This contract is in place until April 2025. The need for this support to be ongoing support is evident. This support is also needed for members of Campus Security.

Recommendation 15: Mental Health Support for Staff in Student Services and Campus Security

In addition to what is available to all staff through EFAP, provide ongoing confidential expert trauma therapy for all members of Campus Security and Student Services, including neighbourhood managers and CLs. Include counselor led debriefs for teams where appropriate. Prioritize the feedback provided by the CLs. CLs need to be heard and, when valid feedback is provided, it must be acted on.

Overdose Prevention and Harm Reduction

Two significant initiatives arose from the attention this matter garnered both in the provincial government and within the university. First, In August 2024, the Province produced the *Overdose Prevention and Response: Guidelines for B.C.'s Post-Secondary Sector.*[37] In brief, the Guideline requires each campus to develop:

1. An Overdose Prevention and Response Safety Plan (OPRP)
2. An Overdoes Awareness Initiative.
3. To provide toxic drug alerts, including notifications of specific instances where this has occurred.
4. Outline the training and response expectations for campus staff and community members.
5. An Emergency Response Protocol for what to do when a suspected drug overdose occurs.
6. Effective distribution of naloxone kits.

In June, UVic committed to the ten actions referenced in Part III.[38] There has been substantial work to reduce the risk to students of an overdose occurring in the first instance. If there is an overdose on campus, there have been changes made to ensure that first responders are able to arrive on scene quickly. In addition, if the overdose is in a residence, there is the additional ability to access and provide naloxone quickly. Campus security officers had now had additional training and are equipped to provide rescue breathing where needed.

The work of the UVic Campus Overdose Prevention and Response Committee co-chaired by Dr. Jennifer White is ongoing.[39]

Harm Reduction Supplies

It was noted, that although the university has made accessing harm reduction materials easier including the ability to access supplies as anonymously as possible, the initiative still has limited uptake. The facility in the SUB building is small and out of the way and requires a staff person to be on site. The Student Wellness facility, which also has supplies, is not centrally located.

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[37] https://www2.gov.bc.ca/assets/gov/education/post-secondary-education/institution-resources-administration/emergency-support/overdose_prevention_and_response_guidelines.pdf
[38] Attachment P: UVic's 10 Commitments
[39] Attachment Q: Campus Overdose Prevention and Response Committee Terms of Reference

Recommendation 16: Increase the Distribution of Harm Reduction Supplies

The UVic Campus Overdose Prevention and Response Committee include in its work an assessment of the current UVic harm reduction supplies program and options to increase its outreach and to put in place metrics to ensure the strategies are having the desired outcomes.

Prevention

The evidence is that January 23rd was the first time Sidney tried using unregulated street drugs.[40] It was an experiment that the three students hoped would be an enjoyable new experience as they set out to enjoy an evening together watching a movie. Although Sidney and the others were aware of the dangers of fentanyl, they likely thought by using together, they would be ok. It may have helped if the messages about overdose prevention provided by UVic included the message that 80% of the unregulated supply of street drugs is currently contaminated with fentanyl that may cause you to overdose. Students like Sidney can make the choice to be safe and avoid these toxic drugs. The message must be delivered thoughtfully and with accurate information about fentanyl and its toxicity, but this message should be included as one of the strategies to prevent a student overdose from occurring.

Recommendation 17: Messaging the Choice to Not Use Toxic Street Drugs

The UVic Campus Overdose Prevention and Response Committee include in its educational work that students are well informed on the fentanyl drug crisis through a variety of means, including their orientation when they first come to UVic. What the drug is, what other drugs it is being added to, how it works and why it is so lethal. This should include the problem of how unevenly mixed street drugs are, and how even the drug dealer does not know how much fentanyl in the product they are selling. The message to students should include the reality that there is no risk-free way to consume toxic street drugs currently being sold in BC.

Ensuring People Ask for Help When Help is Needed

An ongoing issue during the overdose crisis has been the reluctance of people to call for help because of the fear that someone will get into trouble. This has been a significant enough concern that the Federal Government has passed the Good Samaritan Drug Overdose Act,[41] which specifically provides protection from prosecution for possession of drugs for either the person overdosing or the person calling for help. In the university's case, when it comes to drug use, the person may fear that they themselves, or the person in need of medical aid will be get in trouble with university administration under the university's conduct policy. The current UVic non-academic misconduct policy lists the use or possession of illicit drugs as one of basis for a student to be sanctioned.[42]

Some universities have already put in place amnesty policies to address this issue. There is a movement underway in BC to put in place a Good Samaritan Act policy that protects students at post-secondary schools from getting into trouble with the university in the same way the federal act protects people from criminal prosecution. Attachment R sets out this student-led proposal.[43]

[40] AP1 Interview
[41] https://laws.justice.gc.ca/eng/AnnualStatutes/2017_4/page-1.html
[42] UVic Resolution of Non-Academic Misconduct Allegations Policy: https://www.uvic.ca/services/studentlife/student-conduct/index.php#:~:text=Non%2Dacademic%20misconduct%20includes%2C%20but,fraud%20or%20impersonation
[43] Attachment R: Good Samaritan Drug Overdose Policy proposal

The following recommendations were included in the Provincial Guidelines published in August 2024:

> *Promote awareness of the provincial Good Samaritan Act, and the federal Good Samaritan Drug Overdose Act, namely the protections that are in place with respect to civil liability and criminal prosecution. Good Samaritan principles should also be applied to internal policies within an institution and broadly communicated throughout the campus community.*
> *PSIs should review and revise internal policies concerning student personal drug use to reduce the fear of academic or other institutional repercussions (e.g., suspension, expulsion, removal from student housing) that may prevent a student from immediately responding to, or reporting, a safety incident where drug use is potentially involved.*

As stated earlier, Sidney likely died when a series of things occurred that led to her not getting naloxone or respiratory support in a timely way. It is possible that having such a policy in place would have encouraged more candor to the questions asked by the security officers who tried to ascertain why the two students were unconscious.

Recommendation 18: An Amnesty Policy at the University

The policy needs to be clear, unequivocal and protect both the person who needs aid and anyone who calls or assists from being in trouble for using or possessing drugs or alcohol. The policy also needs to be well advertised, including posters that can be mounted in residences to ensure it is front of mind when help is needed.

Conclusion

On January 23rd, 2024, an 18-year-old student in residence at the University of Victoria overdosed on fentanyl and subsequently died. That student was Sidney McIntyre-Starko. Sidney's life was full of hope, promise, potential and love. Nothing in this review can take away the pain of that loss.

There were choices and mistakes made throughout the evening that ultimately led to Sidney's death. No one wanted what happened to occur, but it did. The only way forward is to look hard at what happened and learn by putting in place more training, rigorous processes, and safeguards so this tragedy is not repeated.

The response by the university to this medical crisis that night was not well coordinated or thought out. Sidney, her family, the other students who overdosed, and the students who tried to help, were not properly cared for that night.

Senior staff at the university initially believed that there were no significant delays in providing appropriate first aid to the students. However, once the meeting with the family occurred on February 1st, it was clear that the university needed to know exactly what happened. The only way to do that in a timely way was to do an investigation.

It is only when the university knows all that took place during a critical event that it can provide information to stakeholders, the media and especially the family. This information is essential so the university can understand what may need to be fixed.

This review is recommending changes in culture and function to create a focus on the safety needs of students and on the needs of residence staff, including community leaders, that support the students in residence. It is also recommending functional changes in how critical incidents are responded to and how media is handled.

The university, recognizing that the response to the incident was not the response that should have occurred, decided to commission an external review and make that review public. This choice represents the commitment of the President, the Executive Council, and the staff at the University of Victoria to make substantial change in how it cares for students when a critical incident occurs.

Schedule of Attachments

Attachment A: Short Bio for Bob Rich

- Law Degree (UBC), called to the Bar in 1980

- Vancouver Police Department: 1980 to 2008
  Some positions held:
  - Legal Advisor – Chief's Office
  - Vice Detective
  - Sergeant in Patrol in District 2
  - Union President
  - Director of HR
  - Commander of District 2, which includes the Downtown Eastside
  - Deputy Chief of Operations

- Abbotsford Police Department: 2008 to 2018
  - Chief Constable
  - Known for work done to suppress gang violence and on member wellness

- Run workshops on leadership, mental wellness and PTSD prevention for law enforcement

- Re-articled and reinstated to the Law Society – 2021

- Associate counsel at the law firm Wilson Butcher – 2021 to 2024

- Officer of the Order of Merit for the Police Forces in Canada (O.O.M.)

Attachment B: Terms of Reference and an Overview of the Steps Taken to Conduct the Review

1. Terms of Reference

On January 23, 2024, while on the grounds of the University, student Sidney McIntyre-Starko is believed to have suffered a drug overdose. She subsequently passed away. These terms of reference are for an external review of the incident by independent counsel that will include recommendations in relation to both the prevention of and the response to similar medical emergencies at the University.

Key Components:

1. Prepare a chronology of the events of January 23, 2024.
2. Determine what policies and practices were utilized and decisions were made to respond to this medical emergency.
3. Review the University's policies and practices and make recommendations in relation to:
    a. Prevention and harm reduction programs at the University; and
    b. Crisis response and communication.

Objectives:

- Identify any factors that may have contributed to or influenced the incident.
- Assess and review systems, processes, and facts for the purposes of making independent recommendations to improve the response to medical emergencies in the future.
- Conduct inquiries specifically for the purpose of making independent findings and recommendations with respect to the University's policies and procedures leading up to, and including the response to, the event.

Methodology:

- Review relevant documentation, including university policies and procedures, incident reports, and any other pertinent records.
- Conduct interviews with key stakeholders, including university staff, residence personnel, students, members of the deceased's family and any others as determined to be relevant.
- Employ a thorough and impartial approach, ensuring confidentiality and sensitivity to those involved. The university will ensure there are supports to place for staff and students participating in the review.
- Engage with relevant experts or consultants as necessary to ensure a comprehensive assessment.

Deliverables

- Produce a detailed report outlining findings, conclusions, and recommendations.
- Provide a summary of key learnings and potential areas for improvement.
- Present the report to the President of the University of Victoria and Special Advisor on Overdose Response and Prevention, ensuring transparency and accountability.

Timeline:
- Complete the review within a reasonable timeframe, balancing thoroughness with expediency.
- Provide regular updates on progress to the University President and stakeholders as necessary.

Independence and Impartiality:
- Ensure the review is conducted independently of any university department or individual involved in the incident.

2. Overview of the Steps Taken to Conduct the Review

Interviews:
- 33 staff interviewed
- 2 medical experts consulted
- Meetings with Saanich Police and Fire Departments
- 3 BC university site visits
- 3 Meetings with Caroline McIntyre and Kenton Starko (Sidney McIntyre-Starko's parents)
- 7 witnesses - students from January 23rd
- 6 community leaders

Reviewed:
- Statements provided by the two attending security officers
- Incident records from Campus Security, BC Ambulance transcript and timestamps, Fire and EHS records
- Relevant university policies
- Occupational First Aid and Red Cross First Aid manuals
- Medical articles regarding opioids and overdoses

Attachment C: Harm Reduction Activities at UVic Student Wellness Centre (2016-Present)

1. Overview

Since January 2016, the UVic Student Wellness Centre (SWC) has actively provided harm reduction supplies and services to students, focusing on minimizing the negative impacts of substance use and promoting safer practices. Many of these initiatives are student-led through work-study, co-op roles, and volunteer positions.

2. Harm Reduction Centre (HRC)

The HRC, which opened in 2016, located in the Student Union Building (SUB), is a student volunteer-run initiative, supported by SWC.

Materials & Supplies Available via HRC:

- **Safer Sex Supplies**: Internal and external condoms, lubricant, and pregnancy test kits.
- **Safer Injection Supplies**: Needles, syringes, alcohol swabs, and safe needle disposal containers.
- **Safer Smoking Supplies**
- **Safer Snorting Supplies**
- **Naloxone Kits**
- **Fentanyl Test Strips**
- **Educational Materials**: Safer Use Guides, mental health and substance use support resources, overdose prevention, and anti-stigma information.

Anonymous pick-up of supplies and information available. Students can use our online form to order supplies and/or request information.

3. Naloxone Training & Distribution

Training & Kit Availability: Naloxone training has been available on campus since 2016 and is open to all students. Participants receive a naloxone kit upon completion of the training. Trainings are facilitated by SWC registered nurses in partnership with UVSS (Safer Use Campaign). Individual training sessions can also be scheduled via appointment with a SWC RN in clinic time.

Training Timeline:

- **2016-2020**: Students were required to complete either the Toward the Heart online training or attend in-person sessions to receive a naloxone kit. Requests through the Harm Reduction Centre (HRC) necessitated proof of training.
- **2020-Present**: During the pandemic, trainings transitioned to online formats via Zoom, attracting 20-70 students per session.
- New campus security staff are also trained to administer naloxone via intramuscular injection.

4. Fentanyl Test Strips

Availability: Fentanyl test strips have been offered since 2020, but initial interest was low, with only six strips requested in the first year and no requests for the following two years. An order for 200 test strips was placed in 2022-2023 to replace expired stock, but only four have been requested since then.

Usage Instructions: Each test strip comes with clear instructions, eliminating the need for formal training.

5. Harm Reduction Tabling & Events

Various student clubs, including HARDLaw, have conducted harm reduction tabling on campus with SWC staff. HRC volunteers have participated in events such as the Harm Reduction Fair at the Graduate Students' Society (GSS) in Spring 2023, as well as informational presentations like "Fentanyl: Fact or Fiction?" organized by CISUR and UVic Health Services.

Additional initiatives include:

- SWC Tabling at campus events (e.g., SEXPO, orientation).
- Educational presentations on cannabis legalization and harm reduction strategies.
- SWC Support for community engagement events organized by HARDLaw and participation in GEM and AVP panels and webinars.

6. Changes since January 2024

Since January 2024, there has been a notable increase in demand for naloxone training and supplies. Monthly trainings for students have been established, with SWC and UVSS offering in-person naloxone sessions. The GSS has also initiated monthly trainings, open to all.

To accommodate ongoing demand, weekly naloxone trainings were scheduled through September 2024, with plans to continue monthly sessions into the fall/winter.

Provided by Nicole Greengoe, SA on 24-09-24 (BR)

Attachment D: DRAFT Email Intended to Go to Students in Residence on January 23.

Note: This 23rd draft was similar to the email sent on January 24th to residents and the one to all students on January 26th

From: Personal Safety Manager [redacted]
Sent: Wednesday, January 24, 2024 9:49 AM
To: Director, Campus Security [redacted]
Subject: FW: Message for residents

Please have a look and let me know if you have any concerns.
[redacted]

From: [redacted] Manager, Conduct Team [redacted]
Sent: January 24, 2024 9:44 AM
To: Personal Safety Manager [redacted]
Subject: RE: Message for residents

Hi [redacted],

Thank you so much for this! Please see attached. We are hoping to send out this afternoon, let me know your thoughts.

[redacted]

Below is the attached draft email:

Hello Residence community!

The following is an important safety memo from Residence Services and Campus Security.

We are receiving reports that the unregulated drug supply in B.C. is unsafe right now. Residence Services and Campus Security Services want to share information with you to help prevent overdose and how to recognize an overdose.

If you choose to use drugs or alcohol we encourage you to not use alone. If you or someone around you begins showing any signs of over-intoxication or overdose, call Campus Security or 911. If you are unsure, call Campus Security and we will come to help.

Campus Security officers are highly trained medical responders and will provide a supportive and judgement free response. Campus Security also carry Naloxone, which is an effective treatment for drug overdose. Campus Security is available 24/7 at 250 721-7599. Please program this number into your phones.

If you have substances you intend to use, we advise connecting with a confidential drug testing organization. You can find more information here. There are also multiple safe injection

resources and overdose support groups you can connect with confidentially, more information can be found here.

We care about your safety and well-being. Please contact Campus Security or 911 at any time if you or anyone around you may be, or actively is, in distress.

If you have any questions, please feel free to contact Residence Services at 250-721-8395.

Residence Life

On behalf of Residence Services and Campus Security

From: Personal Safety Manager
Sent: Tuesday, January 23, 2024 4:02 PM
To: Manager, Conduct Team
Subject: Message for residents

Here are my thoughts, I ran it by who checked in with and they both support the following;

The unregulated drug supply in B.C. is unsafe right now. Residence Services and Campus Security Services would like to share information to help prevent overdose, how to recognize it and steps you can take to prevent an overdose.

If you are choosing to use drugs or alcohol we want to encourage you to consider not doing so alone, and to know the signs of a overdose or medical emergency. If you are unsure, call Campus Security and we will come to help.

Campus Security officers are highly trained medical responders and will provide a supportive and judgement free response. Campus Security who carry Naloxone, which is an effective treatment for drug overdose.

Anyone needing assistance can call, knowing that help is close by.
The 24/7 phone number for Campus Security is 250 721-7599 which is noted on the back of all UVic student cards.

https://www.uvic.ca/student-wellness/wellness-resources/harm-reduction/index.php
https://towardtheheart.com/site-finder

Thanks and feel free to edit/suggest changes!

Personal Safety Manager

Campus Security Services
University of Victoria
T [redacted]
F [redacted]
www.uvic.ca/security

Attachment E: Excerpt from the Bamfield Review (p. 46 – 48, UVic's Response)

B. University of Victoria Response

i. Notification

At approximately 9:30 p.m. on Friday, September 13, 2019, Campus Security were notified via telephone from the IERCC that the IERCC had received an emergency transmission from the Department of Biology's inReach satellite communicator. The IERCC had already called the primary University phone number that was provided in the inReach registration information, but this was the Department's administration office number which was not attended after hours.

Campus Security contacted the Department of Biology administrator at home to find out what Department of Biology trip was using the inReach device, and to get a class list of student and staff participants. The administrator went to the University to produce the list, which took until 11:20 p.m.

Campus Security also contacted the Port Alberni RCMP Detachment. The original calls went to a general RCMP dispatch number, which caused delays for Campus Security. At this point the RCMP were not able to provide detailed information about the event.

ii. Initial Response

Various University planning documents describe the callout and management structure for critical incidents. Notification of most incidents will come to the Campus Security Dispatch. If the call is a critical issue, Dispatch will notify the on-call Campus Security Management staff. A manager will normally make a preliminary assessment of the facts and, if necessary, invoke the assembly of a Critical Incident Response Team (CIRT). The CIRT is initially comprised of the Campus Security, a University Executive, University communications staff, and a Senior Leader from the affected Department. If it is deemed necessary, a Site Response Team (SRT) or an Emergency Operations Centre (EOC) could be activated.

- An SRT's role is to travel to the scene of an incident and gather information; maintain communications with the CIRT; provide first-hand information about the incident to the CIRT/EOC; consult and coordinate with on-site external response agencies; request and coordinate subject matter experts, as required, to assist in the local response; coordinate on-scene care and services, as required, for staff and students involved in the incident.
- A CIRT can evolve into an EOC when an incident warrants it. The EOC is a central command group, and facility, responsible for carrying out the principles of emergency response and management. It does this through some form of Incident Command structure. An EOC is responsible for strategic direction and operational decision-making during an emergency and ensures appropriate incident response, resources, and coordination. The common functions of

an EOC are to gather and analyze information, make decisions, maintain continuity of the response, and communicate decisions made to management and operational staff. Its intent is to organize and "professionalize" the response.

University criteria for activating a Site Response Team (SRT) or Emergency Operations Centre (EOC) state: *"Emergency events that may threaten the health, safety or environment of the campus community and/or potentially disrupt its programs and activities meet the threshold for either a Site Response Team or Emergency Operations Centre activation."* [3]

Campus Security spent the period between notification at 9:30 p.m. Friday night and approximately 2:00 a.m. Saturday trying to gather information about the event. At 10:49 p.m. they were informed there were injuries. At about 2:00 a.m. they were notified that there were fatalities and that the group participants were being transported to Port Alberni and Duncan. Details about the incident were sketchy and vague.

By 2:00-3:00 a.m. on Saturday, September 14, parents living in Canada and abroad started receiving phone calls from their children, relatives, and friends about the accident. This would have been about the time that students started arriving at hospitals and got into cell phone range. Numerous students lost cell phones at the accident site and borrowed phones from other students and hospital staff. By 5:00 a.m. some parents were already waiting at Vancouver ferry terminals to make their way to Port Alberni and Victoria.

At 7:00 a.m. on Saturday, the University's Critical Incident Response Team (CIRT) met and were briefed on the situation status. Roles and needs were discussed but neither an SRT nor an EOC was initiated.

At 11:25 a.m. on Saturday, students who had been routed to the Cowichan District Hospital in Duncan arrived on campus, followed a few hours later, at 3:00 p.m., by students who had been routed to the West Coast General Hospital in Port Alberni. University staff who were in attendance state that when they saw the students arrive back on campus, they began to realize the emotional impact of the event and the extent of trauma students were experiencing. Students arrived without shoes or jackets; some were dressed in hospital scrubs; many had lost their packs, computers, and cell phones; many had not slept; most had no toiletry or personal care supplies; and many were in shock and traumatized. Not all students came back to campus via the transportation provided because some families, relatives, or friends had picked students up in Port Alberni and taken them home or to relatives' houses; there was no record of where these students were at the time. It is at this point that the University's student care began.

Observations

1. The severity of this incident became evident to University staff as students arrived back on campus.

2. A focus of Campus Security in the early stages of the callout was trying to determine who was on the trip, the location of each student, and the extent of their injuries. Making this difficult were at least three compounding factors:

    - The class list produced from University student registration software did not contain family emergency contact information for many of the students. This was not a mandatory field in the

[3] *Critical Issue Response Coordination Protocol for Executive*. August 17, 2016, version.

registration software (this software is called "Banner"), and this field was not filled out for many students.

- Matching names as they were recorded in Banner with who the students were in the field was difficult because some international students used colloquial, North American names rather than the officially registered names produced by Banner.
- Some names were spelled incorrectly in Banner, which made it difficult to match Banner information with the class list.

3. The necessary initial response was immobilized while waiting to compile class list information (which went on until at least late Saturday morning) and to receive more detailed information about the accident. The lack of good decision-making information contributed to the delay in activating initial response, but the delay was also due to being too conservative before acting and completely underestimating the significance of the event. Emergency response requires quick and definitive decision-making, often with little and incomplete information. While taking forward action, additional information is gathered, and knowledge develops to enable making accurate adjustments to the response.

4. It is clear from institutional criteria that an SRT or EOC, or both, would have been in scope. At 9:30 p.m. on Friday, September 13, Campus Security were notified about the accident and at 10:49 p.m., they were notified that there were injuries, extent unknown. At no time did the University send anyone to Port Alberni. In this case, the University relied on other agencies to carry out the initial response and care for students.

5. It was an oversight that an SRT was not sent to Port Alberni to gather information and assist the response. Reports at the time of the accident and immediately following it were all secondhand and poorly communicated to Campus Security. The University relied on information from the RCMP which was neither forthcoming nor clearly represented.

6. It is approximately a two-and-a-half-hour drive from the University to Port Alberni. Had an SRT been sent to Port Alberni early on, it would have arrived in Port Alberni before the students from the accident site did. This would have been true even if the SRT had left Victoria as late as 11:20 p.m. when Campus Security found out there were injuries. Parents and friends went to Port Alberni, but University personnel did not.

7. An EOC could have better organized and offered an appropriate and more professional response. This is widely acknowledged by different levels of University staff. Higher-level planning formalizes response protocols based on an accurate risk assessment of the incident, forecasts demands and challenge areas, puts concrete staff support systems in place, encourages interdisciplinary case management, identifies a parent management strategy, estimates resources that would be required, identifies the need for a central contact point for parents and students, and predicts the need for inter-departmental debriefings. These are all functions that a CIRT or EOC should address.

8. Numerous parents phoned Campus Security during Friday night, September 13 and on Saturday, September 14. Comments by these parents express how unhelpful Dispatch personnel were, and that although they were told they would receive a return phone call, they did not. Students expressed the same sentiment. A designated phone line with staff for addressing parent inquiries was necessary early on, but the need for this was not recognized.

9. That the University did not immediately contact families or return inquiry phone calls is an acknowledged weakness. Although University staff thought that the RCMP's role was to contact families and emergency contact information was not readily available in the University's registration system, neither is an adequate reason for the University's neglecting to carry out compassionate communications.

    - At the scene of an accident the police officer's duty is to manage logistics such as directing traffic movement and automobile removal, being sure everyone is safe, arranging for Emergency Social Service (ESS) services, and documenting the accident. In this case the RCMP also arranged school bus transportation to Port Alberni and attended the Reception Centre during the night. After the accident, traffic investigators may analyze the accident site. If there are fatalities, they may represent the local coroner, identify the victims, and communicate with those families.

10. Higher-level planning formalizes response protocols based on an accurate risk assessment of the incident, forecasts demands and challenge areas, puts concrete staff support systems in place, encourages interdisciplinary case management, identifies a parent management strategy, estimates resources that would be required, identifies the need for a central contact point for parents and students, and predicts the need for inter-departmental debriefings. These are all functions that a CIRT or EOC should address.

Attachment F: Sir Arthur Currie, photos and maps

Images of UVic Residence, Sir Authur Currie

Looking towards Sir Arthur Currie from Parking Lot 5 which is east of the residence.

Sir Arthur Currie is on the right behind the trees, approximately 60 meters from Parking Lot 5.

Parking Lot 5 is Muster Point Delta.

Approaching Sir Arthur Currie from the East Side (Parking Lot 5 – Muster Point Delta)

Entrance to Sir Arthur Currie onto the Zero Floor

Approaching Sir Arthur Currie from the West Side

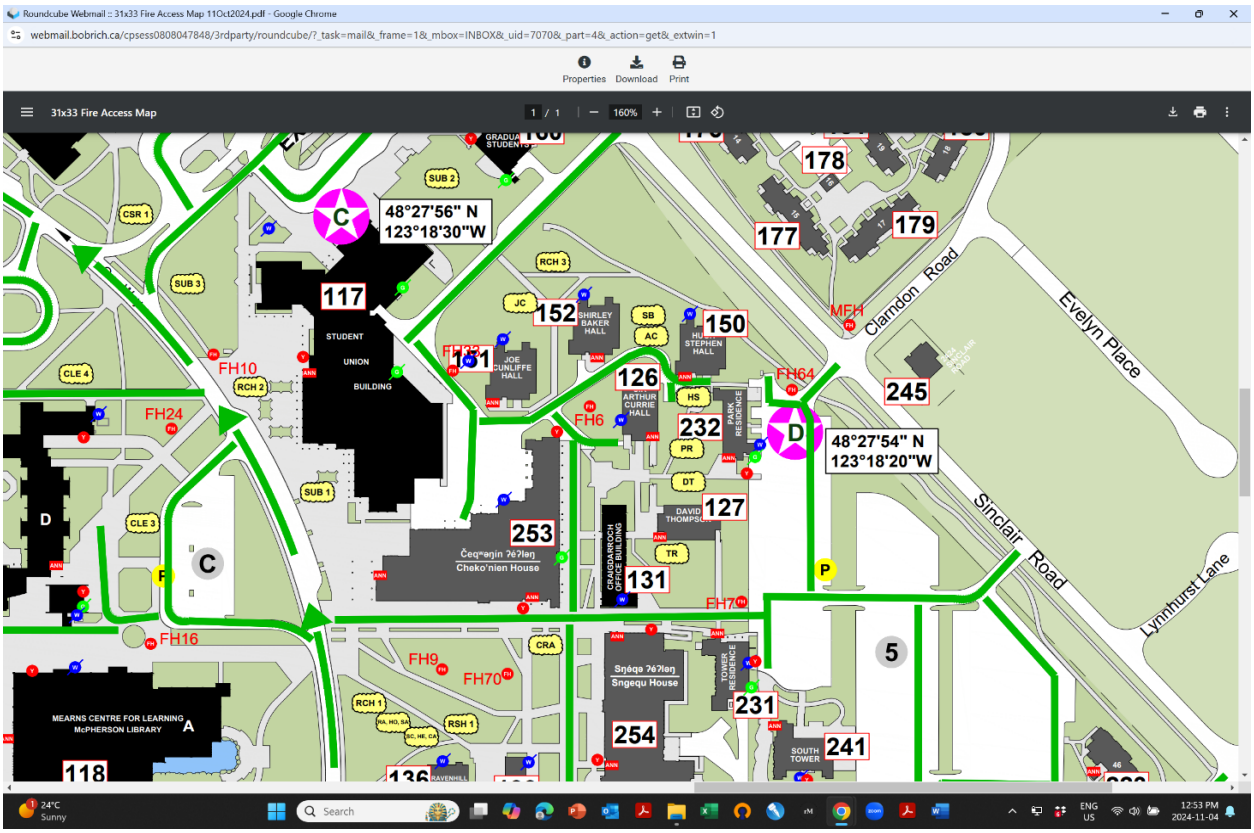
Approaching from the west, the entrance to Sir Arthur Currie is on the first floor

Third Floor Hallway of Sir Arthur Currie.

Room 308 is the doorway on the left of the photo.

Room 308

The staircase leading to the 3rd floor.



Campus Map showing Location of Sir Arthur Currie, Parking lot 5 – Muster Point Delta

Attachment G: Transcript of Campus Security Phone and Radio Logs From January 23, 2024

Phone Calls are Between Campus Security Dispatch (D) and Witness 1 (W1)

Radio Transmissions are on the Campus Security Radio Channel of the CREST Radio System

SOs are Security Officers.

All times are from the start of the call or transmission

*** is used when words are unclear or muffled.

is used to remove a name or personal information

Phone:

18:32:12

W1: Yah,

D: Campus Security

W1: Um, hi, I live in Sir Arthur Currie on the 3rd floor. There's two girls in my hallway seizing right now. Can you send somebody over?

D: They're seizing right now?

W1: Yup, there's two of them.

D: Two, what building's this?

W1: Sir Arthur Currie, 3rd floor.

D: Currie, 3rd floor. Ok I will send somebody over, Um, I'm also just going to transfer you through to 911. Just stay on the line

W1: Um, one of the friends are on 911 already.

D: Ok, you already have someone on 911. Ok, ahh, just give me a second here. Stay on the line, I'm going to send somebody over.

Radio:

18:32:54

D: ***Vic Medical, Sir Arthur Currie, 3rd floor, two females are currently seizing SO: 10-4 ***

18:32:59

D: and 911 is currently being phoned by ah, another witness

SO: 4

Phone:

18:33:11

D: Hi there thanks for holding, so yah we got some people heading over there now, do you know who these people are?

W1 Yes

D: ok do you have their names

W1: Um yeah, one of them is ### (AP1)

D: yup

W1: And the other one is Sidney, right? And the other one is Sidney

D: Ok do they live in that building, on that floor?

W1: One of them does, the other one doesn't.

D: Ok can I grab your name?

W1: ###

D: How do you spell that?

W1: ###

: Yup

W1: ###,

D: ###, ok and your V number?

W1: My V Number

D: Yup

W1: ###

D: Yup

W1: ###

D: Yup

W1: ###

D: ###, ok sounds good, yeah just stay there, I can stay on line here for ya until ahh, I can stay on the line here with ya

W1: Yup

D: until either security gets there or the paramedics.

W1: ok

D: Umm, ya just let me know if anything changes….If they

W1: Will they take,

(Talking in the background sounds like a radio transmission) : "sorry did we get a room number, a room number. I think its just in the hallway…"

D: Just confirming it's just the hallway, 3rd floor

W1: Ah, ya

(Talking in the background, likely D on the radio to Sos): "Just a hallway ya"

(Background voice, likely radio transmission): *** four are you bringing in equipment or do you need ne to bring anything in, ya (Background voice, likely someone with W1) They're both turning blue.

W1: They're are both turning blue.

W1: "Her head up"

Voices in the background ***

W1: Hers *** are go to the back of her head ***. Sidney? … Guys get out of the way, like um..ya…Ummm they just got here.

D: They did, security did?

W1: campus sec.. um yup

D: ok sounds good, ya If you need anything else

W1: Ok thank you

D: gives us a call back.

W1: I will

Radio:

18:33:42

D background: ok, ya your V number

Radio: *** 4 I have *** 5 en route to join you there.

Radio: 4

18:34:02

Radio: 23 (may mean the first unit is 10-23 (on scene) at the building)

Unit 5: UVic from 5, what is the location

D: Sir Arthur Currie, Sir Arthur Currie

Radio: we get a room number

D: Should be 3rd floor hallway, 3rd floor hallway

18:34:40

Radio: 4, are you bringing any equipment or do you need to bring anything in?

18:45:58

3rd SO at Muster Point: 5 & 4, a resident will be taking Saanich Fire in, and I will be back at the muster point here.

18:48:43

Saanich FD: Hey dispatch, Saanich Engine 3 and we are responding to mustered point D, as in delta.

D: 10-4

18:50:26

Radio: Ya, ***** on scene

D: 10-4

SO?: We have chest compressions on one and one is faint breathing still, still at level pulse on it.

18:51:23

SO5: 1 from 5, we have several students if you want to come do some damage control on the witnesses, that might be good as well.

18:52:01

Radio (likely SO1): 5 just confirming 3rd floor

18:57:24

Dispatch: Charles from UVic, I know you guys are busy, but is there a third person involved?

Radio: Yeah 10-4 there is a third student as well she has been alert the whole time but is under the influence of the same thing, she is being interviewed right now by paramedics, trying to get to the bottom of it. We have one still completely out, doing CPR, and another one who has come up after being Naloxoned.

D: 10-4, thank you.

19:04:17

Radio: 5, you guys still up on the 3rd around the corner there?

19:04:44

Radio: Echo 3 and Echo 2 are in 23 as well (likely meaning "10-23" – code for on location)

Radio (Dispatch?): 10-4

19:18:30

Radio: ### to 5

SO5: go ahead

Radio: Ah, just to let you know the one person in critical condition has been transferred to the hospital, we still have one, ahh, paramedic on scene.

19:18:50

Radio: Make sure nothing else happens, and we will update you in a little bit.

D: 10-4

19:22:37

D: Uhh portable 1 go ahead

SO5: An update on this individual is unknown at this time, their info, however one is being transferred by ALS to hospital.

Radio: Portable 5 did you bring up an AED as well?

SO5: 10-4 I brought up the, uhh, smaller unit.

Attachment H: Campus Security Incident Report

IM - Incident Detail Report

INC-32152 **2024 - 32152 - AJ50p - Overdose**

Primary Incident Type
AJ50p - Overdose

Incident Severity
High

Department
RESS - Residence Services

Additional Incident Types

Description
Report of two female students actively seizing. - 3 students transported to RJH: 1 in critical condition for potential drug overdose.

Observed Date/Time

Incident Reported DateTime
2024-01-23 19:54

Incident Start DateTime
2024-01-23 18:37

Incident End DateTime

Security Officer
Sec. 19

Responding Person(s)

Reported By

Additional Responses
EMS, Fire Service, Police Contacted

Police File Number
SA 2024-1672

Incident Flags

Location Details
3rd foor hallway.

Involved Location Name	Location Details	Location Reason
Dispatched To: ARTHUR CURRIE HALL		Reported Location

Location Name	Location
ARTHUR CURRIE HALL	3800 Finnerty Road, Victoria, British Columbia V8P 5C2, CAN

V Number	Date of Birth	Phone Number 1
Sec. 22		

Gender

Other

Involved Person Name	Person Involvement Type	Involvement Flags	Added to Incident
Other: Terry Forst Sec. 22	Other		2024-01-24

First Name	Last Name	Email 1
Terry	Forst	

V Number	Date of Birth	Phone Number 1
Sec. 22		

Gender

Reported By

Involved Person Name	Person Involvement Type	Involvement Flags	Added to Incident
Sec. 22	Reported By		2024-01-24

First Name	Last Name	Email 1
Sec. 22		

V Number	Date of Birth	Phone Number 1
Sec. 22		

Gender

Witness

Involved Person Name	Person Involvement Type	Involvement Flags	Added to Incident
Sec. 22	Witness		2024-01-24

First Name	Last Name	Email 1
Sec. 22		

V Number	Date of Birth	Phone Number 1
Sec. 22		

Gender

Witness

Involved Person Name	Person Involvement Type	Involvement Flags	Added to Incident
Sec. 22	Witness		2024-01-24

First Name	Last Name	Email 1
Sec. 22		

V Number	Date of Birth	Phone Number 1
Sec. 22		

Gender

Witness

Involved Person Name	Person Involvement Type	Involvement Flags	Added to Incident
Sec. 22	Witness		2024-01-24

First Name	Last Name	Email 1
Sec. 22		

V Number	Date of Birth	Phone Number 1
Sec. 22		

Gender

INVOLVED VEHICLES

FOI2024-012 CSEC - Sec. 19 0323

INVOLVED ITEMS

FOI2024-012 CSEC - Sec. 19 0324

NARRATIVES

Original Narrative

Person	Date & Time	Narrative Owner	Type
Sec. 19 Sec. 22	2024-01-23 18:37	Sec. 19	Original Narrative

Narrative

On 01/23/2024 at approximately 1837 hrs, dispatch received a call from reporting party (REP) Sec. 22 advising that two students were seizing in the Sir Arthur Currie Residence.

Security officers (S/O) Sec. 19 arrived on scene first and made contact with injured 1 (INJ1) MCINTYRE-STARKO, Cailin. Sec. 22

Sec. 22 MCINTYRE-STARKO was inside of room 308 on the floor in the recovery position, Sec. 22 Sec. 22

Sec. 22 MCINTYRE-STARKO presented as unconscious and Sec. 22 in respiratory distress. Sec. 22

Sec. 19 attended to MCINTYRE-STARKO and was able to detect a weak carotid pulse but no respirations and called to Sec. 19 for a second assessment Sec. 19 switched out with Sec. 19 and was able to detect weak, shallow, and irregular respirations which were relayed to Ambulance dispatch who were on speaker phone from one of the students on scene who had first contacted 911.

While Sec. 19 continued to monitor Sec. 22 it came to light from several witnesses at the scene Sec. 22 Sec. 22 that they may have consumed some opiates prior to this incident occurring. This was relayed to Ambulance dispatch and Sec. 19 advised that he and Sec. 19 would be administering a single dose each of nasal naloxone to Sec. 22 MCINTYRE-STARKO.

After approximately 3 minutes, Sec. 22 Sec. 22 MCINTYRE-STARKO did not and it was at this point that Sec. 19 could no longer detect respirations coming from MCINTYRE-STARKO and began performing chest compressions after relaying this information to ambulance dispatch.

Immediately after Sec. 19 began performing chest compressions on MCINTYRE-STARKO, Saanich Fire (SFD) arrived on scene and began deploying a bag-valve mask and automatic external defibrillator (AED) while Sec. 19 continued chest compressions. After the AED was primed, Sec. 19 switched out with a member of SFD who began performing chest compressions while Sec. 19 trauma sheared MCINTYRE-STARKO's clothing off and applied the AED leads.

After analyzing, the AED advised that no shock was advised and chest compressions continued with rescue breaths. It was at this point that provincial ambulance service (PAS) arrived on scene and directed SFD to drag MCINTYRE-STARKO out of room 308 into the hallway where there was more space. PAS and SFD continued to work on MCINTYRE-STARKO by continuing CPR and applying a further dose of intravenous (IV) naloxone and adrenaline.

Sec. 19 were directed to monitor Sec. 22
Sec. 22

Approximately 15 minutes after initially arriving on scene, PAS made the decision to transport MCINTYRE-STARKO who remained in critical condition. MCINTYRE-STARKO was transported to the Royal Jubilee Hospital (RJH) with PAS and SFD clearing Sec. 22 Sec. 19
Sec. 19 spoke with REP Sec. and witnesses: WIT1 Sec. 22 WIT2 Sec. 22 and WIT3
Sec. 22 and advised them to keep a close eye on Sec. 22 and contact 911 and Campus Security in that order should their conditions deteriorate further. Sec. 19 provided support connect counselling services to involved parties and advised them to reach out should they require further assistance after which both Sec. 19 cleared the scene to respond to other high priority calls in residence.

At approximately 2006 hrs, ambulance dispatch contacted campus security dispatch to advise that they would be re-attending Sir Arthur Currie for another overdose.

Sec. 19 and patrol manager (P/M) Sec. 19 attended and made contact with both
Sec. 22

Attending S/O's departed the scene.

Concluded, Sec. 19

01/23/2024

Follow-up

Person	Date & Time	Narrative Owner	Type
Sec. 19	2024-01-23 23:22	Sec. 19	Follow-up

Narrative
2024-01-23

PM Sec. 19 contacted OTH FORST, Terry at 2018hrs updating him on the overdose INJ MCINTYRE-STARKO, Cailin and that she was taken to hospital in critical condition. Sec. 22
Sec. 22 FORST was made aware we would be reattending.

At 2056 PM Sec. 19 contacted the Neighbourhood manager on duty to inform them that Sec. 22
Sec. 22

ADSO BELL, Keith was in contact with Communications and Marketing as well as the Office of Student life apprising them of the developing situation.

Concluded
PM Sec. 19

Follow-up

Person	Date & Time	Narrative Owner	Type
Sec. 19 Sec. 22	2024-01-25 10:11	Sec. 19	Follow-up

Narrative

On 2024-01-25 0956hours Patrol Manager (PM) Sec. 19 spoke with a Social Worker Sec. 19 from Royal Jubilee Hospital ICU inregards to how to obtain information about what happened on the night of 2024-01-23.

The Social Worker was trying to gather information on whom to reach out to for details on what transpired for the mother (Caroline McIntyre from Banner) of MCINTYRE-STARKO. The mother has been given many stories from friends.

PM Sec. 19

Follow-up

Person	Date & Time	Narrative Owner	Type
Sec. 19 Sec. 22	2024-01-26 17:25	Sec. 19	Follow-up

Narrative

Update 2024-01-26:

Sec. 22

MCINTYRE-STARKO, Cailin (Sidney) (RGC342) – currently in ICU with her family, OSL will be the point of contact for the family and will assist with anything they may need at this time.

Sec. 22

All medical updates will be sent to DIR MACLEAN, who will keep CSEC updated.

Any calls to the 3rd floor SAC please be mind full of many witnesses and injured parties, the floor has been very impacted, as have everyone involved. We have encouraged them to contact RESS or CSEC over the weekend for anything that we can support with.

Resources that can be shared to anyone that contacts CSEC this weekend in relation to this file have been added to Muster.

PM Sec. 19

Follow-up

Person	Date & Time	Narrative Owner	Type
Sec. 19	2024-01-30 18:11	Sec. 19	Follow-up

Narrative

SPD attended CSEC Sec. 15

PM Sec. 19

Follow-up

Person	Date & Time	Narrative Owner	Type
Sec. 19 Sec. 22	2024-01-30 21:13	Sec. 19	Follow-up

Narrative

On 2024-01-23 at approximately 1845 hours while SFD and PAS had taken over the scene and performing medical care on the the injured persons. Sec. 15,Sec. 22 Sec. 15, Sec. 22

Sec. 15, Sec. 22

Sec. 15, Sec. 22 small glass vile of some greyish powder and three short straws Sec. 15, Sec. 19

Sec. 19 was still wearing medical safety gloves at this time and secured these items into a soap container that had been used to safely store the naloxone nasal spray that he had used on Sec. 22 earlier.

Sec. 19 attempted to give the drugs to SFD and PAS members on scene who said that they do not need the drugs and suggested that S/O's safely store the substance in the event that Police want the drugs in the future.

After clearing from the scene Sec. 19 gave the drugs to P/M Sec. 19 who safely labeled, bagged and stored the drugs in a yellow hazard waste pin that is locked up and located in the outside rear of the Campus Security building.

CONCLUDED

Sec. 19

ATTACHMENTS

Attachment 14061 - Picture

Picture

Incident Summary

Outcome Overview

Closed Date/Time	Investigation Start Date	Investigation Close Date	Expiry Date
2024-01-30 23:19			
Reported to Police	**Reported to Supervisor**	**Requires Investigation**	**Investigator**
		No	
		Investigation Cost	**Investigation Time Spent (Hours)**
		$0.00	0

Created On	Created By	Modified On	Modified By
2024-01-23	Sec. 19	2024-01-30	Sec. 19

Attachment I: Red Cross CPR Poster

CPR for an Adult

1 Check the person and the person's ABCs (Airway, Breathing, Circulation).

If the person is unresponsive and not breathing normally, call EMS/9-1-1 and get an AED or have someone else do this.

2 Place both of your hands on the centre of the person's chest.

Do 30 chest compressions: Push deeply and steadily.

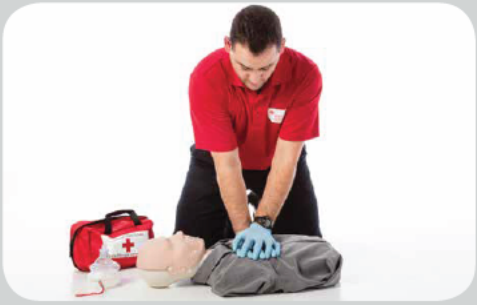
3 Open the airway by tilting the head back and lifting the chin.

Place your barrier device over the person's mouth and nose.

Give 2 breaths.

4 Repeat cycles of 30 chest compressions and 2 breaths.

Continue CPR until an AED arrives or more advanced care takes over.



The information in this poster does not replace formal First Aid & CPR training.

Contact us to find a Red Cross First Aid course in your area and download our free First Aid app:
myrc.redcross.ca | 1.877.356.3226 | redcross.ca/apps

CANADIAN RED CROSS
CROIX-ROUGE CANADIENNE

Attachment J: Red Cross – How to respond to an opioid poisoning

Canadian Red Cross **Blog** Français

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How to recognize the signs of opioid poisoning and how you can help

Posted June 16, 2022 by Global Administrator -

By: Jennifer Barnable, senior digital writer

The opioid crisis has become a public health emergency, devastating families and communities across Canada. One in 10 Canadians currently experience substance use problems, according to the Canadian Centre on Substance Use and Addiction.

Credit: Drew Hayes / Unsplash

Between January 2016 and September 2021 alone, the Public Health Agency of Canada reported a total of 26,690 apparent opioid-related deaths - the vast majority being accidental. Tragically, this situation has only worsened during the COVID-19 pandemic.

Opioid poisoning can happen any time and to anyone: a loved one, friend, colleague or neighbour. If you found someone in need of help, would you know what to do to help?

We asked Canadian Red Cross Prevention and Safety Coordinator Jeannene Crosby and Opioid Harm Reduction Advisory Council volunteer Jessica Farmer to break down how to recognize and respond to a suspected opioid poisoning.

What are opioids and why can they be deadly?

Opioids are medications prescribed by a doctor to help relieve pain during recovery from an injury or in treatments for chronic illness. It is also used during surgery, when a person is under anesthesia.

"The first experience a person may have with an opioid might be through medical prescription," Jessica says. "Under the close attention of a physician, opioids can be given safely, however there is a risk that this use could easily spiral into a long-term substance disorder."

Jeannene notes, "Currently, we're seeing an increase in the use of both prescription and non-prescription opioids across Canada, combined with an illegal opioid supply of inconsistent quality and strength, often containing fentanyl and carfentanyl, which are significantly stronger than heroin."

"Opioid poisoning is a medical emergency. Immediate response is needed to save a person's life," she adds. "If untreated, opioid poisoning will eventually cause respiratory and cardiac arrest, leading to death. This is why it's so important for people to know how to spot the signs of opioid poisoning and help the person who is in distress, without hesitation or judgment."

Jessica personally experienced an opioid-related tragedy when her 23-year-old nephew, Dylan, died from an unintentional carfentanil poisoning in 2017. Since this family loss, she has fully committed herself to bringing public awareness and education about opioids, opioid poisoning and substance use disorder. She believes it's important to be aware of how to help someone in opioid-related distress.

"A bystander could be the person who makes the difference between life, permanent brain damage, or death. By saving someone from an opioid poisoning, you're keeping them alive and giving them an opportunity to get the help they need to recover from substance use disorder. In our communities, every life should matter. Everyone is important to someone, and you could be the one to save a life."

Opioid Harm Reduction: A Red Cross priority

"Opioid poisoning and its often-tragic consequences have rapidly become one of Canada's most pressing health issues. The Canadian Red Cross is proud to bring our strength and resources to respond to this serious challenge," explains Jeannene.

"We're currently developing a program to reduce opioid-related death through opioid poisoning response training and increasing access to naloxone – a life-saving medication that temporarily reverses the effects of opioids."

Through this program, the Red Cross expects to deliver this specific response training to about 1.5 million Canadians, while helping millions more gain an increased understanding of the risks, stigmas, and misconceptions of opioid use.

"Our program will focus on reaching people at risk for opioid poisoning in under-served, remote and rural communities in all provinces and territories, except Quebec, where a similar program is already in place," says Jeannene.

How to recognize signs of opioid poisoning

Jeannene explains some of the clearest signs and symptoms of opioid poisoning:

- slowed breathing (or no breathing)
- choking or snoring sounds
- chest tightness
- extreme drowsiness or unresponsiveness
- pale or blue/grey skin or lips
- small pupils (the black parts of the eyes)

"You can also look for clues around you and the person, including needles or pill bottles, which may cause you to suspect opioid poisoning," she adds.

How to respond to a possible opioid poisoning

If you see a person in distress and suspect opioid poisoning, take the following steps:

1. Get help by calling 9-1-1 or your local emergency number, and get an AED and a naloxone kit if available. Naloxone is commonly available as either an easy-to-use nasal spray or an injection. It reverses the effects of opioid poisoning until the person can receive professional medical care.

2. Check the person and proceed based on what you see. Naloxone can cause rapid changes in the person's condition, so re-check them often. More naloxone may be needed. Don't worry, you will not hurt a person by giving them naloxone, even if they are not actually suffering from opioid poisoning, and naloxone can easily save someone's life. You can give it to any person who might need it, even if they are not able to ask for your help.

3. If the person is unresponsive and NOT breathing normally, start CPR. Once naloxone is ready, pause CPR briefly to give the naloxone, then continue CPR until emergency personnel arrive.

4. If the person is unresponsive, but breathing normally, give naloxone and monitor them closely until emergency personnel arrive. Naloxone should be provided to any person who is not breathing normally or who is unresponsive if you suspect opioid poisoning.

Here's how to give nasal naloxone:

- Open your naloxone kit and remove the nasal spray device from the packaging
- Place your thumb on the plunger and hold the nasal spray tip between your middle and index fingers
- Gently tilt the person's head back slightly and support it in this position
- Insert the tip of the device into one of the person's nostrils until your fingers touch the bottom of their nose
- Give the entire dose of medication by pressing firmly on the plunger, then immediately remove the device from the person's nostril.

In some parts of Canada, naloxone may come in the form of an injectable medication. When you pick up a naloxone kit, ask for medical directions about how to give the naloxone found in your kit, whether it is a nasal spray or an injection.

Find first aid training and resources in your community

The Canadian Red Cross has a goal that no one in Canada will experience an opioid poisoning without someone being there who has a naloxone kit and knows how to use it.

To help save lives, the Red Cross Opioid Harm Reduction project is designed to increase awareness, training, and access to naloxone to reduce the devasting impacts of opioid poisoning.

Anyone 13 years of age and older can make a difference in their community by taking the Red Cross' Becoming an Opioid Harm Reduction Champion course. Through this training, they'll learn how to respond to an opioid poisoning, build life-saving skills, access resources, help raise awareness, and end social stigma.

"It's a good idea to check you community for additional resources. Naloxone kits are easy-to-use and available in many communities across the country," Jeannene recommends. "Depending on where you live in Canada, naloxone kits are available at pharmacies, typically free of charge. They may also be available through organizations like social services, public health units, registered nurse or pharmacist associations. You can pick one up to have on hand in case you encounter an opioid-related first aid emergency."

Jessica agrees and emphasizes the importance of having naloxone kits readily available to the public: "These kits will not only save lives, but also send a message to people struggling with substance use disorder that others in their community care about them, and are able to help them in an emergency," she says.

The Canadian Red Cross is committed to helping communities reduce opioid-related deaths and helping Canadians better understand the risks, stigmas, and misconceptions, of opioid poisoning. Find helpful resources on opioid poisoning awareness, education and training here.

This initiative was funded by a contribution from Health Canada's Substance Use and Addictions Program (SUAP). The views expressed herein do not necessarily represent the views of Health Canada.

Attachment K: WorkSafe BC Advanced First Aid Manual, p.29

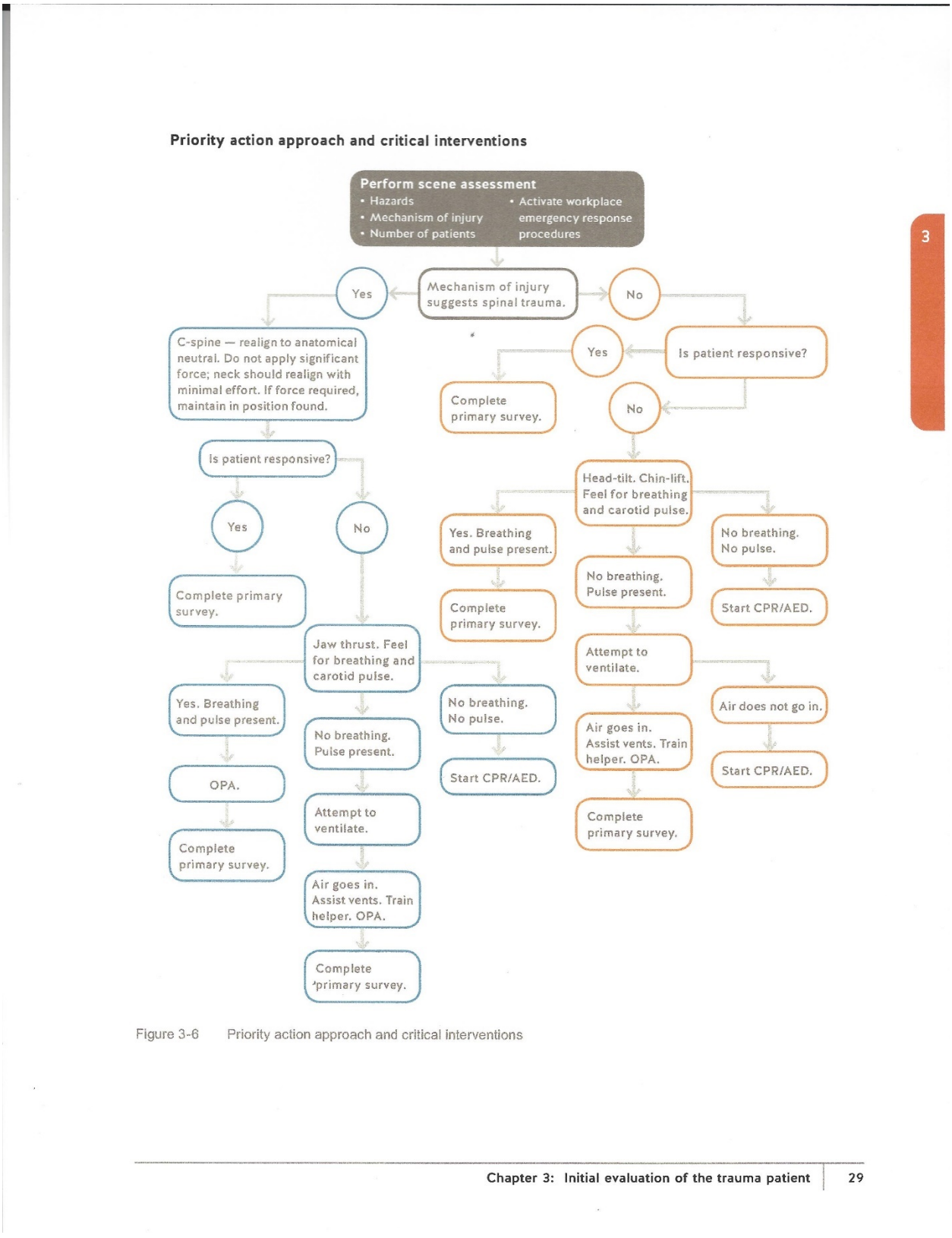


Figure 3-6 Priority action approach and critical interventions

Attachment L: Email to Students in Residence – January 24

(Bolding added for emphasis by Bob Rich, author of this external review)

Hello Residence community,

The following is an important safety memo from Residence Services and Campus Security.

We are receiving reports that the unregulated drug supply in B.C. is unsafe right now. (*emphasis added by reviewer).* Residence Services and Campus Security Services want to share information with you to help prevent overdose and how to recognize an overdose.

If you choose to use drugs or alcohol we encourage you to not use alone. If you or someone around you begins showing any signs of over-intoxication or overdose, call Campus Security or 911. If you are unsure, call Campus Security and we will come to help.

Campus Security officers are highly trained medical responders and will provide a supportive and judgement free response. Campus Security also carry Naloxone, which is an effective treatment for opioid drug overdose. Campus Security is available 24/7 at 250 721-7599. Please program this number into your phones.

If you have substances you intend to use, we advise connecting with a confidential drug testing organization. You can find more information here. There are also multiple safe injection resources and overdose support groups you can connect with confidentially, more information can be found here. Student Wellness distributes safer substance use and safer sex supplies.
You can order supplies anonymously here. If you have information about drug supply in the residence community you would like to anonymously report, we encourage you to do so here.

We care about your safety and well-being. Please contact Campus Security or 911 at any time if you or anyone around you may be, or actively is, in distress.

If you have any questions, please feel free to contact Residence Services at 250-721-8395.
Residence Life
On behalf of Residence Services and Campus Security

Jan 26 email to all UVic students:

Dear students,
As many of you are aware, there is a **concerning trend of unsafe drugs in BC**. At a press conference on Jan. 24, BC's Chief Coroner stated that nearly seven people a day died from toxic drugs in 2023 in BC. At UVic, The Student Wellness Centre, Office of Student Life, Residence Services and Campus Security want to share information with you to help prevent, recognize and respond to an overdose or over-intoxication.

We understand that some of you may use drugs and want to ensure that you are aware of the increased risks at this time. If you use drugs, we encourage you to not use alone. We also encourage you to seek training on the use of Naloxone, which is an effective treatment for opioid drug overdose, and to have Naloxone readily available and highly visible when using drugs. You can receive training on the use of Naloxone through UVSS and Toward the Heart.

If you or someone around you begins showing any signs of overdose or over-intoxication on campus, please call Campus Security right away. If you're off-campus, call 911.

Here on campus, our security officers are highly trained medical responders and will provide a supportive and judgement-free response. Campus Security officers carry Naloxone and are available 24/7 at 250 721-7599. Please program this number into your phones.

If you have substances you intend to use, we advise connecting with a confidential drug testing organization. There are also multiple safe injection resources and overdose support groups you can connect with confidentially. In addition, the Student Wellness Centre distributes safer substance use and safer sex supplies.

If you have information about drug supply at UVic you would like to anonymously report, we encourage you to report it to the Office of Student Life. You can also report your concerns to Campus Security 24/7.

We care about your safety and well-being. Please contact Campus Security or 911 at any time if you or anyone around you may be, or actively is, in distress.

Stay safe and, if you use substances, please do so with great care for yourself and one another. More resources and supports are available below.

Yours sincerely,

- Student Wellness Centre
- Office of Student Life
- Residence Services
- Campus Security

Resources & supports

- Student Wellness provides some helpful considerations to help inform your choices around substance use
- UVic Harm Reduction Centre aims to help UVic students to make more informed and safer choices around sex and substance use
- Naloxone training is offered through the UVSS and Toward the Heart
- Substance drug checking is available to help you check for toxic elements in your substances
- Toward the Heart provides links to safe injection resources, overdose support groups, naloxone training, toxic drug alerts and more
- HereToHelp has activities to help you think about your own substance use
- Substance Use Blood Alcohol Calculator is a tool to help you anticipate your blood alcohol content over the time you expect to drink
- Check Your Drinking helps users get a full picture of their alcohol consumption

Attachment M: Response to Lori Culbert's Questions, May 8th, 2024

[CONFIDENTIAL] Media Response

Vancouver Sun: Sidney McIntyre-Starko

*please note that we have provided factual corrections in red throughout

Attributable Quotes:

"We were devastated to learn that one of our students, Sidney McInytre-Starko, had passed away following a drug overdose. Our campus community is mourning the loss. The death of a student is one of the hardest moments on a campus, and the impact of this will be felt by our community for a long time. In meeting with Sidney's parents and brother, they had many questions. The university has shared information with them over many meetings regarding this incident. Our hearts go out to them, her friends and other loved ones.

We are acutely aware that the opioid crisis and the presence of a toxic drug supply are significant challenges within our province and across our country, and unfortunately UVic is not immune. Matthew Carwana, a pediatrician and UBC researcher, shared his recent research findings that drug overdoses are now the leading cause of death among youth in BC. The fact that we have lost a member of our campus community is tragic. Ensuring the safety of our community remains our top priority, especially amidst the pervasive threat of toxic drugs that are claiming the lives of youth at an alarming rate in our province." **Kevin Hall, University of Victoria President and Vice-Chancellor**

"At UVic, we use a harm-reduction approach, providing guidance throughout the student journey. This includes educating our students, staff and faculty about available resources, emergency protocols, and the inherent risks involved with substance use. Training and supports are widely available through Wellness Services, the University of Victoria Students' Society (UVSS) and throughout the community.

Following this tragic event , we issued a campus-wide notice to help prevent future harm to members of our campus community. This notice was in development prior to this tragic event and validated by the BC Coroners report that happened around the same time. We did not share specifics in our statements out of privacy for the student and respect for the family." **Jim Dunsdon, Associate Vice-President, Student Affairs**

"Our security officers are trained in first aid, with most officers—including those who attended to Sidney—trained in OFA level 2. They are not trained as emergency first responders or emergency medical professionals. Our officers responded immediately, and provided lifesaving first aid while

waiting for emergency first responders to arrive. Our security officers met emergency first responders and got them to the location as quickly as possible. Although that day ended tragically, their efforts are commendable, and I am proud to work with such a caring team who show up every day to serve the campus community.

We will use what we've learned from this incident to guide us as we continue working to build policies and processes to help reduce the risk of further harm on our campus. Since this tragic event, we have developed a new 911 standard operating procedure and we have reached out to experts in this area to discuss reviewing our other standard operating procedures—as an extension of the work already underway. We are also sharing our lessons learned with other universities and campuses across BC in hopes that Sidney's death can help prevent harm to other students, not only here at UVic but elsewhere.

We think of Sidney, her family, friends, my security officers, other first responders, and everyone else who has been affected by her tragic death every day." **Jessica Maclean, Director, Campus Security**

Questions Responses

Has the university investigated its response to this incident and, if so, what types of reviews have been done, when did they do them, and what did they conclude? On April 2, 10 weeks after the overdoses, Sidney's family met with President Hall. At that time, he knew very few details about the incident until he was informed by the family. Is there not a standard investigation by UVic when a student ~~dies on campus*~~ to try to understand what happened and to potentially avoid another death in the future?

**correction – Sidney did not die on campus. She was transported to the hospital and we were notified when she passed away.*

The university does a thorough internal debrief following all major events on campus. This process began within 24 hours of the tragic incident and remains ongoing and will inform our procedures and protocols going forward.

We also provide information to the coroner's office who will advise us of any outcome and if there are any recommendations as a result. This arms length approach is important to ensure an unbiased and expert analysis. These recommendations will also inform our procedures and protocols going forward.

Does the university agree that mistakes were made in the response to this call?

The university made every effort, within our staff's areas of expertise and training, to save Sidney's life. These efforts didn't save Sidney's life, but they did save the life of another student that night.

What policy changes have been made in response to this incident?

Policies and procedures follow a continuous cycle for improvements. We have already implemented a new standard operating procedure for 911 as a direct outcome of the review of this event.

I believe one policy change that has been made is that campus security is now required to contact 911 directly during a medical emergency (and not leave that call up to students). Can you please confirm.

Yes, the Director of Campus Security has updated the procedure so that campus security will also connect with 911.

Was it a mistake that campus security dispatch didn't patch the initial caller through to 911 on Jan. 23?

The campus security team followed their normal procedure to remain on the line if 911 has been called. This procedure allows security to continue to monitor and work with the initial caller throughout the event, as noted in the timeline.

Should officers in the room have allowed an impaired student to be the only contact with 911 for 8.5 minutes, with two unconscious students who were blue and struggling to breathe?

The security officers on the scene, while providing care, worked with the 911 caller to ensure that messages were being communicated back and forth; this enabled the officers on the scene to remain focused on providing first aid. This is an area where we have already updated our procedures to improve our process going forward.

Does UVic believe the two guards who responded to this call used their first aid training properly? The head of UVic's security, Jessica McLean, told Sidney McIntyre-Starko's parents that the security officers "did what their training taught them to do" that night. Does the university administration agree with that statement?

The security officers, as noted in the timeline, followed the protocols of their first aid training, starting with a scene assessment, triaging and then into emergency first aid, such as vital checks, administering naloxone and then CPR.

Did they follow proper first aid training if they waited ~~9 minutes~~ to administer naloxone and waited ~~12 minutes~~ to start chest compressions on two unconscious students who were blue and struggling to breathe?

Naloxone was administered within 7 minutes of the start of the call to security dispatch, and chest compressions were started within the following 3 minutes (according to the verified timestamps available in the timeline). The timeline shows that no time was wasted, and the first aid response was as quick as possible.

On Jan. 24 and 26 (one and three days after this incident), the university sent emails to students and posted notices on its website to warn students about the unsafe drug supply. The notices reiterated campus security officers are "highly trained medical professionals" who carry naloxone. Why did the university send that message to students one and three days after McIntyre-Starko's fatal overdose, if the officers who responded to her incident waited so

long to provide her with naloxone and first aid? Should they be trained more and paid more? Is OFA level 2 a high enough training standard for your security guards if students are told to call them during an on-campus emergency?

Our security officers are trained in first aid, with most officers—including those who attended to Sidney—trained in OFA level 2. This level of qualification goes beyond what is required by government policies.

Why did the university not warn students and staff in those bulletins that there had been two on-campus overdoses on Jan. 23 and a third, unrelated overdose, on Jan. 20?

The goal of our communications was to inform and provide awareness of the toxic drug supply in our region and to ensure that we shared related resources for those who needed them. We needed to get the harm-reduction messages out as quickly as possible. Out of respect for privacy for the students, families and others affected by the incident, we did not disclose the specifics of the overdoses at that time.

The parents were told that part of the reason security should be contacted for emergencies is that the campus is large and confusing, so it's the best way to get a timely 911 response. In this case, it took 15 minutes for firefighters to arrive from across the street. So did campus security help to ensure a quick 911 response?

Firefighters were on scene within 11 minutes of the initial call to security dispatch. 911 was called almost simultaneously to campus security. Security officers arrived on the scene in 3 minutes ahead of first responders. The simultaneous call to security ensured that first aid could begin before first responders arrived. A security officer met one of the trucks and ensured they made their way to the correct location. We cannot speak to any potential delays in the fire department getting the call from the 911 dispatch, as we have not received that information.

Does UVic have dedicated security dispatchers (ie officers that only work dispatch and don't rotate through other roles) who should be communicating with 911? Are they trained to always contact 911 during medical emergencies to ensure a quick response?

Our security officers rotate through this role as part of their shared duties. They all receive training in dispatch.

We have changed our standard operating procedures since Sidney's death after this question was raised by her parents. They have now been directed to put medical calls through to 911 and to ensure a connection is made.

The new director of campus security acknowledges that dispatching is a unique and specific skill and intends to review this approach, along with other procedures, as part of the upcoming external policy review.

Part 35, Section 7 of Security's "Standard Operating Procedures" says naloxone is "recommended" during an overdose. Given the overdose crisis and the overwhelming success of naloxone, shouldn't it be mandatory if security responds to unconscious students who are blue or are in respiratory distress, even if nobody has admitted to drug use? (Note: there is no medical harm to giving naloxone to someone, even if they are not overdosing)

Naloxone was administered within 7 minutes of the initial call to security dispatch, and within 4 minutes of arriving on the scene..

Campus Security has identified the importance of bring training in-house to ensure greater availability of customized training and will be hiring a training coordinator who will provide oversight on this topic and others.

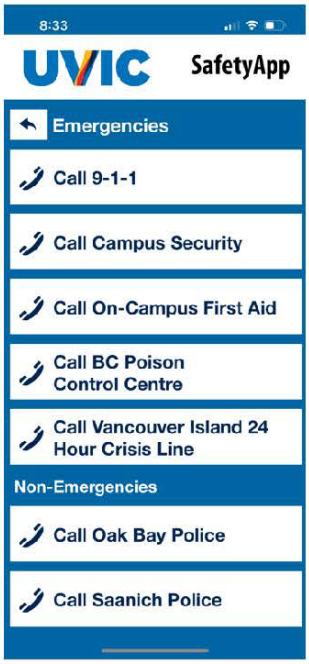
Has any UVic employee been reprimanded over the university's response to this case?

Due to the right to privacy of our staff, this is not information we are able to share.

Have the two security officers who responded to McIntyre-Starko received any new training? How often is training in CPR and overdose treatment updated / refreshed for UVic security guards?

First aid training requires regular and ongoing re-certification set by the training bodies, and our officers are required to maintain their certifications.

Given the fatal results of the response to McIntrye-Starko, should a different message be sent to students on campus about what number to call in an emergency: 911 or campus security?



Our recommendations are to call 911 and Campus Security. Our security team is not a replacement for 911 and we continue to promote the importance of 911 even when on our campus. Within our UVic SafetyApp 911 is the top button above Campus Security (see image). https://www.uvic.ca/faculty-staff/campus-services/safety-and-security/index.php).

No one from the university notified the family on Jan. 23 that their 18-year-old daughter was taken from a residence to the hospital in critical condition. The family only found out because a student called Sidney's brother to alert him. I understand university president Kevin Hall was notified that night of the incident. Is it not university policy to alert a family if their student is critically injured on campus?

In situations where there is a student in critical condition, timely communication occurs with the emergency contacts by the professional medical team providing care. This is to ensure that family members are receiving the most accurate and up to date information on the student's condition. The university liaises with hospital staff to provide emergency contact information to enable timely communication. In light of this tragedy, we are reviewing our protocols for emergency contact notifications to ensure that emergency contacts receive timely and accurate information.

Young opioid naive individuals are at high risk of harm if they experiment with drugs. Given they are a population at risk of experimenting with drugs, has UVic considered changing policies about opioid response and naloxone availability in dorms and around campus to better keep students safe? Have you or are you considering any of the possible

solutions: Mandatory Naloxone kits/boxes on Campus, easily available where youth hang out and widely distributed so students can save lives. An example of this is at Carleton and the University of Wisconsin. Include in first-year orientation: warnings about the toxic drug supply, how to recognize and treat an overdose, and where to find naloxone on campus? Ensure every floor of each residence building has a supply of naloxone. (Following Sidney's death, one Arthur Currie community leader took it upon herself to find free naloxone and hang it on every floor — but she did that on her own and was not directed to do so by the university). Train your community leaders in residence how to use naloxone. (I understand this change has been proposed for next year, in response to a petition from community leaders demanding this change following Sidney's death).

The university will continue to have naloxone available to students through the Wellness Centre, where students can access overdose-prevention and safer-use supplies and drug testing strips anonymously and for free. Updates to our pre-arrival and in-person orientation programming, as well as communication to students throughout the school year, will include information on where students can access naloxone. Additionally, naloxone remains available through Campus Security, the Harm Reduction Centre in the Student Union Building and through Heart Pharmacy on campus. An update to the Community Living Handbook is underway, which will include a new section on harm reduction and safety supports.

The university provides free naloxone training regularly each term as well as by request for particular clubs/student groups in Wellness Services. Naloxone kits are available at Wellness Services, the Heart Pharmacy on campus, as well as in the Harm Reduction Centre in the Student Union Building. A full list of supplies available for students can be found here: https://www.uvic.ca/student-wellness/wellness-resources/harm-reduction/index.php

The university has not received a petition from Community Leaders regarding naloxone training; however, we do intend to provide increased education, awareness and training options for the student community, including student staff working in residences.

UVic's online pre-arrival program for new students includes harm reduction as one of the main components. Information is provided as part of the orientation program for new students living in residence.

How many overdoses have there been on the UVic campus, on average, in recent years?

We can confirm that we have administered naloxone or provided other related interventions on our campus 4 times in the last year. Confirmation of the total number is not possible because members of our community are not required to report medical incidents to the university.

How many have been fatal?

We are not aware of other student fatalities due to overdose, however, as noted in our previous answer, there is no requirement for loved ones and guardians to share this information with the institution if it were to occur.

Timeline

Trigger warning: contains details of students in overdose and emergency medical response in detail.

*yellow highlights help clarify specifics that correct or provide further accuracy to the timeline that you provided.

Timestamps from Komlog and description of related actions:

Initial CSEC Dispatch Call:

- **6:32:11PM** Initial call to Campus Security (CSEC) By Student 1.
- 6:32:14PM Student 1 can be heard telling someone in background to call 911.
- 6:32:28PM Student 1 completes advising dispatch that two people are seizing in Sir Arthur Currie Building 3rd floor.
- 6:32:32PM CSEC Dispatcher confirms they will send Security Officers (SOs) to the scene.
- 6:32:34PM CSEC Dispatcher states they will also transfer the student through to 911, and to stay on the line.
- 6:32:37PM Student 1 confirms with CSEC Dispatch that someone was already on the phone with 911.
- 6:32:43PM CSEC Dispatcher requests Student stays on the line and re-confirms he will send SOs to the scene.
- 6:32:44PM Initial CSEC Dispatch call is put on hold.

Second CSEC Dispatch Call:

- **6:32:44PM CSEC** Dispatcher alerts SOs to the scene and shares location/concern.
    - 6:33:48PM SO 3 confirms they are enroute to join SO 1 and SO 2 at the scene.
- 6:33:00PM CSEC Dispatcher informs Responding SOs that 911 has already been called.
- 6:33:16PM Call to Student 1 reconnects - CSEC Dispatcher informs Student 1 that SO response team is enroute.
- 6:33:20PM CSEC Dispatcher requests victims' details and student 1 identification.
- 6:34:13PM CSEC Dispatcher informs Student 1 to stay on the line until either CSEC Officers arrive and/or Emergency Services attend the scene.
- 6:34:21PM CSEC Dispatcher confirms the victims are just in a hallway and not a room. This is confirmed by Student 1.
- 6:34:25PM SO response team re-confirm location with CSEC Dispatch.

- **6:36:00PM Student 1 can be heard saying, ".. get out of the way, let them(security)...."**
    - This would indicate that SO 1 and SO 2 team took **3 mins 10 secs** to arrive on scene.
- **6:36:08PM Student 1 confirms CSEC Officers have arrived on scene.**
- 6:38:45PM SO 3 confirms he is at Muster Point for emergency response teams [To guide them to the scene].

Campus Security Officers On Scene:

- 6:36:08PM SO 1 and SO 2 arrived on scene and located a group of students trying to assist students experiencing a medical emergency.
- SO 1 and SO 2 triaged the scene and attended to injured one and injured two, checking for signs of respiration and a pulse.
- During this triage, SO 1 and SO 2 also asked the witnesses if the victims had taken anything.
    - Witnesses alluded that the victims may have, "Taken something," prior to the emergency call.
- SO 1 relayed these assessments to Ambulance Dispatch who were on the phone with the individual who had called 911.
- Upon hearing that the injured parties may have, "Taken something," SO 1 and SO 2 administered naloxone to both injured one and injured two.
    - Witness statement reports that after administering naloxone, SO 1 communicated with the 911 Operator who requested to know every time injured one took a breath.
    - After 3 mins:
        - Injured two showed positive signs of recovery and began to regain consciousness.
        - Injured one did not show any signs of recovery. SO 1 triaged again and could no longer detect respirations.
- SO 1 began performing chest compressions on injured one and relayed this to Ambulance dispatcher.
    - Witness statement reports that the Ambulance Dispatcher, "said yes."

NOTE: (CSEC Members arrived on scene at 6:36:00PM and SO 1 reported that he began chest compressions approx. 3 minutes after initiating Naloxone).

NOTE: According to SFD Incident Report, two SFD Teams arrived at the scene. Team one is called SAM03 (M3, reportedly arrived at 7:04:33PM according to their incident report and team two is called SAE03 (E3, reportedly arrived at 6:49:40PM). After reading the SFD incident Report, the M3 team's arrival time were not accurately reflected in their report.

SFD was contacted regarding the time discrepancy and stated that both M3 and E3 responded to this call and were on scene in less than three minutes. The discrepancy happened because M3 did not activate their *'12 on scene key.'* This information indicates that SFD arrived at the scene within the 6:39:00PM – 6:43:00PM timeframe.

Saanich Fire Department Incident Report SAM03 (M3):

- 6:40:07PM SFD Dispatched to scene.
- 6:41:24PM SFD Enroute.
- ***6:43:00PM* SFD M3 arrived at approximately this time.**
    - When M3 arrived on the scene they reported seeing that UVic Security Officers had already started FR Protocol (First Responder Protocol). M3 triaged the scene and began working with the most seriously injured.
    - Campus security transitioned from performing chest compressions to assisting SFD with the application and use of the AED.AED advised that no shock was advised, and chest compressions continued with rescue breaths. It was at this point that provincial ambulance service (PAS) arrived on scene to assist SFD members.
    - M3 also contacted their Dispatch and requested that E3 attend also.

Campus Security SO 3:

- 6:43:24PM SO 2 confirms that Ambulance is also on the way to Muster Point Delta.
- 6:45:58PM [Once the first emergency Service Vehicle had been guided to the scene from Muster Point Delta] SO 3 confirms that a Resident will be taking SFD to Sir Arthur Currie [hallway] and that SO 3 will be returning to Muster Point [to show other emergency services into the scene].

Saanich Fire Department Incident Report SAE03 (E3):

- 6:48:43PM Saanich Fire Engine three (E3) contact CSEC Dispatch to inform they are attending the scene.

- 6:49:40PM SFD Incident Report states E3 is on scene.
  PAS were on scene and made the decision to transport injured one to hospital.

Media Request:

Lori Culbert
Vancouver Sun

I have amassed a lot of information/documentation about Sidney's death and have spoken to multiple students who were in attendance when it happened. I would now like to speak with administration at the university for your perspective on the story. I understand that public institutions generally won't speak about specific incidents due to privacy concerns. But Sidney's parents have waived those privacy concerns and plan to send an email to President Hall's office to confirm that.

On Tues, Jan 23, two 18-year-old female students overdosed on the third floor of the Arthur Currie residence. The collapses were witnessed by other students, who immediately phoned campus security and 911. Campus Security arrived 3.5 minutes after being dispatched and found two students who were unconscious, non-responsive, blue and struggling to breathe. The officers were carrying naloxone and were trained in CPR, and yet they waited nine minutes to administer naloxone and 12 minutes to begin chest compressions. Firefighters did not arrive for 15 minutes because the security guards left an impaired student on the phone with 911, rather than contacting 911 directly. One of the students died, after suffering severe brain damage due to lack of oxygen.

Has the university investigated its response to this incident and, if so, what types of reviews have been done, when did they do them, and what did they conclude?

The parents of the student who died, Sidney McInytre-Starko, strongly believe mistakes were made by the security guards, and that those mistakes contributed to the death of their daughter. They believe their daughter would be alive if security officers had administered Naloxone and initiated CPR when they arrived on scene

Does the university agree that mistakes were made in the response to this call?

What policy changes have been made in response to this incident?

I believe one policy change that has been made is that campus security is now required to contact 911 directly during a medical emergency (and not leave that call up to students). Can you please confirm.

Was it a mistake that campus security dispatch didn't patch the initial caller through to 911 on Jan. 23?

Should officers in the room have allowed an impaired student to be the only contact with 911 for 8.5 minutes, with two unconscious students who were blue and struggling to breathe?

Does UVic believe the two guards who responded to this call used their first aid training properly?

Did they follow proper first aid training if they waited 9 minutes to administer naloxone and waited 12 minutes to start chest compressions on two unconscious students who were blue and struggling to breathe?

On Jan. 24 and 26 (one and three days after this incident), the university sent emails to students and posted notices on its website to warn students about the unsafe drug supply. The notices reiterated campus security officers are "highly trained medical professionals" who carry naloxone.

Why did the university send that message to students one and three days after McIntyre-Starko's fatal overdose, if the officers who responded to her incident waited so long to provide her with naloxone and first aid?

Why did the university not warn students and staff in those bulletins that there had been two on-campus overdoses on Jan. 23 and a third, unrelated overdose, on Jan. 20?

The head of UVic's security, Jessica McLean, told Sidney McIntyre-Starko's parents that the security officers "did what their training taught them to do" that night. Does the university administration agree with that statement?

The parents were told that part of the reason security should be contacted for emergencies is that the campus is large and confusing, so it's the best way to get a timely 911 response.

In this case, it took 15 minutes for firefighters to arrive from across the street. So did campus security help to ensure a quick 911 response?

Does UVic have dedicated security dispatchers (ie officers that only work dispatch and don't rotate through other roles) who should be communicating with 911? Are they trained to always contact 911 during medical emergencies to ensure a quick response?

Part 35, Section 7 of Security's "Standard Operating Procedures" says naloxone is "recommended" during an overdose. Given the overdose crisis and the overwhelming success of naloxone, shouldn't it be mandatory if security responds to unconscious students who are blue or are in respiratory distress, even if nobody has admitted to drug use?

(Note: there is no medical harm to giving naloxone to someone, even if they are not overdosing)

Has any UVic employee been reprimanded over the university's response to this case?

Have the two security officers who responded to McIntyre-Starko received any new training?

Is OFA level 2 a high enough training standard for your security guards if students are told to call them during an on-campus emergency?

Should they be trained more and paid more?

How often is training in CPR and overdose treatment updated / refreshed for UVic security guards?

Given the fatal results of the response to McIntrye-Starko, should a different message be sent to students on campus about what number to call in an emergency: 911 or campus security?

No one from the university notified the family on Jan. 23 that their 18-year-old daughter was taken from a residence to the hospital in critical condition. The family only found out because a student called Sidney's brother to alert him. I understand university president Kevin Hall was notified that night of the incident. Is it not university policy to alert a family if their student is critically injured on campus?

On April 2, 10 weeks after the overdoses, Sidney's family met with President Hall. At that time, he knew very few details about the incident until he was informed by the family. Is there not a standard investigation by UVic when a student dies on campus to try to understand what happened and to potentially avoid another death in the future?

Young opioid naive individuals are at high risk of harm if they experiment with drugs. Given they are a population at risk of experimenting with drugs, has UVic considered changing policies about opioid response and naloxone availability in dorms and around campus to better keep students safe?

Have you or are you considering any of the possible solutions:

- Mandatory Naloxone kits/boxes on Campus, easily available where youth hang out and widely distributed so students can save lives. An example of this is at Carleton and the University of Wisconsin.

- Include in first-year orientation: warnings about the toxic drug supply, how to recognize and treat an overdose, and where to find naloxone on campus?

- Ensure every floor of each residence building has a supply of naloxone. (Following Sidney's death, one Arthur Currie community leader took it upon herself to find free naloxone and hang it on every floor — but she did that on her own and was not directed to do so by the university).

- Train your community leaders in residence how to use naloxone. (I understand this change has been proposed for next year, in response to a petition from community leaders demanding this

How many overdoses have there been on the UVic campus, on average, in recent years?

How many have been fatal?

Attachment N: Vancouver Sun Article by Lori Culbert, May 16th, 2024

Exclusive: How a B.C. student died after overdosing in a Victoria dorm — and the major mistakes her parents say were made that night

A 911 call reveals how University of Victoria student Sidney McIntyre-Starko, 18, overdosed in a dorm filled with people but did not survive. How her case was handled has national implications

One Tuesday in January, after attending her first-year chemistry class, Sidney McIntyre-Starko texted her father looking for help with a physics question.

“Are you able to solve this? I’ve gotten all the other questions on this assignment, but I’m stuck here,” the University of Victoria science student messaged Ken Starko, an engineer.

It was 4:51 p.m.

Sidney, 18, then FaceTimed her mother, Vancouver emergency room physician Dr. Caroline McIntyre, at 5:07 p.m. She wanted her mom to pack a grey sweater for a family wedding they were to attend that weekend in Toronto.

“She was looking forward to the wedding, but was nervous to miss school on the Friday,” McIntyre recalled.

“She mentioned that she would not stay up late that night because she had an early lab or class in the morning.”

It would be their last conversation.

Five hours later, at 10:30 p.m., McIntyre and Starko received a frantic text from their son Oliver, a fourth-year UVic student, who had heard from his sister’s friend that Sidney had been rushed by ambulance to Royal Jubilee Hospital in critical condition.

“The doctor is saying that she took something with friends, some of them are here too,” Oliver wrote.

“She is on a ventilator, but the doctor says she is stable. They are about to move her to the ICU. I will be here with her.”

At 6:32 that evening, while dressed in her fuzzy grey pyjamas, Sidney had collapsed in a dorm room from fentanyl poisoning, and suffered a cardiac arrest soon after.

Starko and McIntyre struggled to absorb the news. To their knowledge, their daughter, who loved music, dance and Greek mythology, had never used illicit drugs before.

Too late to catch a ferry or plane from her Vancouver home, McIntyre stayed up all night on Jan. 23, making panicked phone calls to the hospital and Sidney's friends to try to piece together what happened.

When we realized she was going to die, we knew something had gone horribly wrong.

Caroline McIntryre, Sidney's mother

As a doctor at a large hospital, she was familiar with the toxic drug crisis, which the province declared a public health emergency in 2016. "I know that it is easy to reverse and treat an opioid overdose, but it has to be treated quickly before the brain suffers damage from lack of oxygen," she said.

Sidney's friend told the worried mother that 911 had been called quickly and first responders had provided first aid. That gave some hope to McIntyre and Starko, who was in France on business.

Opioid overdoses cause victims to stop breathing, but survival rates are high if there are people nearby to help. They can perform CPR until first responders arrive to take over, or administer the overdose-reversing medication naloxone, said Dr. Andrew Campbell, a Vancouver General Hospital emergency physician not involved in Sidney's treatment.

"If you can get to someone within those first … six or seven minutes and give them the (naloxone) drug, they can have 100 per cent survival almost. It's a very high success rate," Campbell said.

"But time is really important."

When Sidney's mother arrived at the hospital in Victoria the next morning, she became skeptical whether her daughter had received prompt first aid: Sidney had severe brain damage due to a lack of oxygen.

She never regained consciousness.

"When we realized she was going to die we knew something had gone horribly wrong," McIntyre said.

Sidney was pronounced brain-dead two days later. The life of the witty, artistic, and kind-hearted teen ended on Jan. 29, when her organs were harvested for donation.

"The loss of our sweet child is utterly overwhelming and the depth of our grief is indescribable," said McIntyre.

"My daughter's death was entirely preventable."

Parents fought for 911 and campus security calls

Sidney's parents pushed for answers. They filed freedom-of-information requests and obtained recordings of phone calls to 911 and campus security; collected reports from first responders who were on the scene; and spoke with university officials and the students who witnessed Sidney's collapse.

While students did the right thing by calling for help right away, the parents allege — and the documents strongly suggest — major mistakes were made in the medical response to their daughter's overdose:

A student's death was inevitable. It was only a matter of time.

Ken Starko, Sidney's father

• Sidney and a friend who had also collapsed in the same dorm room were unconscious, struggling to breathe, and turning blue — a sign that the body is deprived of oxygen — when campus security officers arrived 3.5 minutes after being called. The officers carry naloxone and are trained in first aid, but they did not administer the medication for nearly 9½ minutes and did not start chest compressions for almost 12 minutes.

• Campus security never contacted 911 to explain the seriousness of the situation. Instead, a student who was high on drugs was the only person speaking with 911 for the first 8½ minutes of the call, despite the fact she had difficulty relaying information about what was happening.

• The 911 call-taker waited seven minutes before dispatching an ambulance to help the two students, even though she was told 3½ minutes into the call that they were unconscious after seizing.

• The call-taker, who eventually spoke directly with the security officers, did not ask about drugs until 11 minutes into the call and did not advise the officers to administer naloxone for 13 minutes. Fifteen minutes passed before she told them to do chest compressions, despite the second victim making loud gasps for air that were clearly audible during the 911 call.

"Our investigation has revealed systematic failures in the systems implemented by UVic and the province of B.C. A student's death was inevitable. It was only a matter of time," Starko said.

Campbell was hesitant to comment specifically on Sidney's case, but said in this type of situation help needs to be delivered quickly.

"Potentially, if they had been more aggressive upfront in the communication and the instructions in the administration of (naloxone), both these students could have survived," Campbell said.

Four hours after this story was posted online Thursday, B.C. Premier David Eby announced in the legislature that Sidney's death would be examined by a coroner's inquest, which makes recommendations for change.

"This is an absolutely horrific situation for Sidney's family, for her friends. The timeline of events is profoundly disturbing," Eby said in response to heated questions from B.C. United.

"Part of the tragedy of Sidney's death, as I understand it, is that there were security from UVic that were in the room as she died that had naloxone, that had naloxone training and did not deploy that naloxone immediately. There are serious questions that need to be answered about this horrific death."

'Very frightened for other students'

Within days of Sidney's overdose, UVic sent two notices to students and posted one on its website, warning them of the unsafe drug supply in B.C. and informing them where to find naloxone on campus. The emails, though, did not tell students that two people had just overdosed in a dorm, a decision the university said it made for privacy reasons.

The emails continued to encourage students on campus to phone security officers, described as "highly trained medical responders" who carry naloxone, if they need help. "If you or someone around you begins showing any signs of overdose or over-intoxication on campus, please call Campus Security right away. If you're off-campus, call 911," the Jan. 26 email says.

Sidney's death and how her case was handled has national implications. There are more than two million post-secondary students in Canada, and many universities and colleges say on their websites that students on campus should call security during emergencies.

And on many campuses, access to naloxone is not yet widespread or easy.

"That leaves us very frightened for other students who may have a medical emergency on campus," Starko said.

No time was wasted, and the first aid response was as quick as possible.

University of Victoria statement

In response to questions from Postmedia, UVic president Kevin Hall said Sidney's death was tragic and that "ensuring the safety of our community remains our top priority."

Several policy changes have been made following her death, such as requiring campus security to now contact 911 directly and improvements to officer training.

But the university defended the actions of its security officers and insisted Postmedia's timeline of events was wrong, despite the fact the newspaper's information was based on a transcript and audio recording of the 911 call.

"Although that day ended tragically, (the security officers') efforts are commendable, and I am proud to work with such a caring team," said Jessica Maclean, director of campus security.

A statement from the university added: "No time was wasted, and the first aid response was as quick as possible."

UVic insisted "naloxone was administered within seven minutes" of student witnesses calling for help, even though the 911 recording clearly shows it was 13 minutes. UVic said chest compressions were started three minutes after the naloxone, or about 10 minutes after students called for help, when the 911 call shows it was more than 15 minutes.

The university said it based its timeline on campus security tapes and information from the Saanich fire department, which arrived on school grounds at 6:43 p.m.

Campus security started chest compressions just as firefighters walked into the room, so UVic calculated the time of CPR starting at 6:43 p.m., roughly 10 minutes after the students called for help. UVic then deducted three minutes to determine that naloxone would have been administered about seven minutes after the phone call.

UVic's chronology, though, didn't account for the delay between fire trucks pulling into campus at 6:43 and arriving in the dorm room: A student who waited for the firefighters in the parking lot told Postmedia it took them several minutes to remove their gear from the truck and then they had to walk up three flights of stairs to reach the dorm room.

The 911 call indicates firefighters arrived in the room at 6:48 p.m. and that time was confirmed by an ambulance service spokesman.

When Postmedia pointed out that UVic's medical response times were off by five minutes, the university did not respond.

Sidney's death was 'inconceivable'

Sidney's parents are angered by the lack of accountability from the university. They agreed to share their story with Postmedia to push for improvements at UVic and other post-secondary institutions, including enhanced training of medical responders on campuses and better communication with students about overdoses on school grounds.

"It is inconceivable that eight years into the opioid public health emergency, a student can die from an overdose on a campus when witnesses called for help immediately," McIntyre said.

The family is also upset about how the 911 call was handled, alleging delays that contributed to their daughter's death. They've filed a complaint with the provincial patient care quality office**.**

B.C. Ambulance insisted the call-taker followed protocols correctly. When pressed on whether the call was handled properly, an official noted the call is under review as a result of the family's complaint.

"We can't answer that right now because we need to do that review and ensure that it was," said Bowen Osoko, B.C. Emergency Health Services spokesperson.

Since 2016, more than 14,000 people have had fatal overdoses in B.C.; in recent months, an average of six to seven people have died every day. Overdose is now the leading cause of death for people between the ages of 10 and 59 — more than accidents, suicides, homicides and natural diseases combined.

Despite those alarming statistics, most people who overdose survive: Over the last eight years, paramedics have responded to more than 230,000 overdose calls and kept most patients alive.

Sidney was a great friend. We loved her so much.

Sidney's friend Reneé

Because young people are developmentally at higher risk of making poor choices, McIntyre believes the B.C. government should take steps to better ensure the safety of the 300,000 post-secondary students in the province. Those include making easy-to-use nasal naloxone readily available on post-secondary campuses, giving students simple instructions on how to use it during first-year orientation, and reviewing the emergency medical response rules on university and college campuses.

The Ministry of Post-Secondary Education did not answer Postmedia's questions about those proposals. The minister, Lisa Beare, declined to be interviewed. Instead, the ministry issued a short statement that said, in part: "The ministry will work with all post-secondary institutions to review, build, and strengthen policies and processes where necessary to help reduce the risk of harm on campuses."

All parents should care about expanding harm reduction supplies and training on campuses, McIntyre said, even if they don't think their children will experiment with illicit drugs.

Two of Sidney's closest friends at UVic, Reneé and Lucie (who asked that their last names not be used), say the tragedy left them traumatized.

"I had this dream about her being killed by someone, and I couldn't save her because she was inside a car. I wanted to save her, I was trying to get into the car, but I couldn't do it," Reneé said, adding the grief also affected her and Lucie academically.

"I had a hard time focusing. I failed a couple of midterms. I was not studying for a little bit. And then we started going to counselling, so that helped.

"Sidney was a great friend. We loved her so much."

For Sidney's parents, the loss is all-consuming.

They've spent more than three months piecing together the final minutes of her life.

"We survive by channelling our anger into documenting what happened to Sidney, and trying to figure out how we can prevent this from happening to another young person," McIntyre said.

Chronology: How Sidney's life ended

The following chronology is based on recordings of students' calls to 911 and campus security, documents from various first responders, and interviews with student witnesses (whose real names have been changed because they remain at UVic).

At 6:15 that Tuesday night in January, roughly one hour after Sidney had FaceTimed with her mother, the young student dropped by her friend Leah's dorm room on the third floor of a UVic residence building.

Leah told her roommate, Ethan, that she was going to watch a movie in the student lounge with Sidney, who was clad in PJs and a cozy hoodie from her father's aviation simulation company.

A short time later, several students heard odd noises and a bang in the residence hallway. They found Leah lying in the doorway of a dorm room and Sidney inside on the floor.

Both were unconscious.

"Leah was gasping for air and really jerking," recalled Emma, a student who rushed to help.

"Sidney, when we got there, was pretty stiff (and) her hand was out and twitching for a bit. And then it stopped."

Students turned Sidney and Leah on their sides to aid their breathing. Ethan came out of his room, horrified to see the "pale blue bodies" of his friends.

"Everyone was in complete shock trying to figure out what happened, or whether they took something," he said.

Emma said she would phone campus security, which she was told during first-year orientation to do in an emergency. She yelled for someone else to call 911.

Gwen, who lived in the room where the teens had collapsed, volunteered to dial 911. Unfortunately, none of the other students realized she had consumed drugs and was high.

6:32-6:34 p.m.

The 911 call-taker did not immediately ask Gwen to describe the emergency. For the first three-and-a-half minutes, the operator focused on determining what residence the students were in and where it was located.

Emma, who was sober, called campus security and said two students were "seizing." She didn't mention drugs because she, along with the other students who rushed to Gwen's room to help, had not been with Sidney and Leah immediately before they collapsed, so had no information about what happened to them.

The campus security dispatcher radioed officers to respond and told Emma he would patch her through to 911, but chose not to do so after being told another student had already made the call. The dispatcher kept Emma on the line, telling her to let him know if the victims' conditions changed.

6:35 p.m.

"They are both turning blue," Emma said about 30 seconds later. The dispatcher didn't respond.

After another minute, Emma reported that the victims' eyes were rolling back in their heads. Still no response.

Emma and the other students in the room said they urged Gwen to tell 911 that the situation was becoming more dire: the teens were both blue from a lack of oxygen, Sidney was motionless and Leah was struggling to breathe.

Gwen, though, had trouble communicating with the operator, who was still focused on determining the building's location.

6:36 p.m.

The 911 call-taker asked Gwen for the first time why she was calling.

"I'm not 100 per cent sure. I just — they walked in and then they started — just like — they passed out on the floor, and I think they started seizing," Gwen responded.

"Are they awake?" the 911 operator asked.

"No."

"Are they breathing?" 911 asked.

Gwen said she wasn't sure, but others in the room said they were.

At the same time, on a different phone, Emma told the campus security dispatcher that the two officers had just arrived. The dispatcher, who had been silent for nearly two minutes, then responded: “OK sounds good. If you need anything else, just give us a call back.”

Their first assessment of the students, the security officers noted in their incident report, was that they were “unconscious and both were in respiratory distress.”

The officers asked if the victims had taken drugs, but the students in the room said they didn’t know.

The officers did not pull out the naloxone they were carrying, nor did they start CPR to help the victims breathe.

This was roughly four minutes after the students collapsed, and Sidney’s family believes she would have survived if the officers had made a different decision at this point.

Experts say CPR can greatly increase survival, and there is no risk in giving naloxone even if it’s not clear that someone is overdosing — but time is of the essence. “Somewhere within the four- to five-minute range, people can suffer irreversible brain damage from a lack of oxygen,” said Vancouver emergency physician Dr. Erik Vu, speaking in general and not about this particular case.

6:37-6:39 p.m.

Rather than sending an ambulance, the 911 call-taker asked Gwen a series of questions: Was anyone with them before they passed out? Are they pregnant, diabetic or epileptic? Do they have a history of stroke or brain tumours?

There was no question about drugs.

For the following two minutes, the 911 call-taker tried to establish with Gwen whether the victims were breathing.

Then Leah made a desperate gasp for air.

“What’s that sound?” the operator asked.

“It’s one of the girls,” Gwen said. “I think she’s gulping at the mouth.”

“Is she seizing again,” 911 asked.

“Yes she is.”

Shortly after this exchange, the 911 operator dispatched paramedics. It was seven minutes into the call.

6:40-6:42 p.m.

When Gwen was too confused to explain where the ambulance crews should meet campus security, the 911 operator asked to speak with the officers. It was 8.5 minutes into the call.

Campus security, though, didn't immediately convey the seriousness of the situation to 911. Despite the alarming background sound of Leah's intermittent wheezes for air, the operator spent a minute repeatedly asking the guards to count how many times the unconscious students were breathing.

One officer struggled to do this with Sidney, describing her breathing as faint and shallow. After being unable to detect a breath for 40 seconds, he asked his co-worker for his opinion.

The second officer told 911 that Sidney was taking a breath every four seconds, although he later described her respirations as weak and irregular in his incident report. But that description was not provided to the operator, who concluded that Sidney was "breathing effectively."

Chloe, another student in the room, remembered being frustrated that no one had explained to 911 that Sidney had been blue for several minutes.

"She was just limp and very clearly blue. Like, I don't think I've seen somebody that colour before. It was very obvious," she recalled.

6:43-6:44 p.m.

For the first time — 11 minutes into the call — the 911 call-taker asked whether the girls had taken drugs and if the officers had Narcan, the brand name for naloxone.

"I think so," one officer said.

"Yeah, we have Narcan," the second responded.

Instead of giving the life-saving medication right away, though, the security officers questioned Gwen about drug use. And the 911 call-taker told officers to leave the phone "with the patients" and track down their friends to ask what had happened.

Campbell, the emergency physician, said in the midst of a toxic drug crisis, there should be no hesitation to administer naloxone. "Narcan should almost be part of our primary response, especially in that population of young, healthy students," he said.

6:45-6:47 p.m.

Gwen admitted for the first time that they'd taken drugs. The security officers passed that information along to the 911 operator, who then instructed them to administer naloxone.

That was more than nine minutes after they arrived on scene, and 13 minutes after students called for help.

Leah regained consciousness after a few minutes, perhaps because her repeated gasps for breath provided just enough oxygen to keep her brain functioning.

Sidney did not respond to the naloxone. “I don’t think I am getting a pulse on this one,” one security officer said.

The 911 operator instructed him to start chest compressions. That was 12 minutes after they arrived in the room.

6:48 p.m.

Just as campus security started chest compressions, firefighters rushed in. They determined Sidney was in cardiac arrest, administered oxygen and took over the CPR.

Paramedics gave Sidney a shot of adrenalin and did CPR for six more minutes, which restarted her heart. She was taken to hospital in critical condition.

Sidney’s last days

But Sidney would never wake up. Her brain had been starved of oxygen for too long.

While she was kept alive in hospital before her organs were donated on Jan. 29, her parents and brother stayed by her bedside and her devastated friends came to visit.

Molly Kingsley, Sidney’s childhood best friend who shared her love for Harry Potter and later the fictional mythology hero Percy Jackson, came to the hospital to say goodbye. She leaned in and whispered in Sidney’s ear.

“I described the plot of the newest episode of the Percy Jackson series that had just come out. And I tried to remind her of various things that we did when we were little, or goofy memories that I have of the two of us,” she said, crying softly.

“I’m glad that I got to see her one more time, but obviously I wish it wasn’t the last time.”

Molly is angry that UVic didn’t alert other students on campus about her friend’s overdose.

Her mother, Mallory Flynn, who works in opioid overdose statistical modelling, added it’s important to share stories like Sidney’s so society understands that every young person, no matter their background, is at risk during this crisis.

“If you could pick a kid that you think this would never happen to, it would be Sidney. She’s the most unlikely. It’s just unbelievable,” Flynn said.

"When in reality, of course, this is happening to so many kids like Sidney."

After Sidney died, her mother packed up her dorm room. She found a bottle of cider, but no drugs or drug paraphernalia.

"My daughter is no longer here to tell me how she was exposed to fentanyl," McIntyre said.

"But we believe catastrophic failures by both the University of Victoria and the 911 operator contributed to Sidney's preventable death."

UVic has made changes

UVic has not admitted to making any mistakes, but promised the following changes, according to its statement:

• **Contacting 911:** "We have changed our standard operating procedures since Sidney's death after this question was raised by her parents. They (campus security dispatch) have now been directed to put medical calls through to 911 and to ensure a connection is made."

• **Security dispatch:** UVic maintains the campus security dispatcher monitored the situation and worked with the student who called until the officers arrived in the dorm room, even though he did not speak with the caller for nearly two minutes. It promises, though, to review its current system of rotating security officers through dispatching shifts, and whether it would be better to have dedicated dispatchers.

• **Communicating with 911:** Despite the impaired student being the only person on the line with 911 for the first 8.5 minutes, UVic said security officers believed "messages were being communicated back and forth." It added, though, that "this is an area where we have already updated our procedures to improve our process going forward," but didn't elaborate on these changes.

• **Training:** Teaching medical responses to security officers will now be done in-house, rather than continuing to rely on an external contractor. UVic will also hire a training coordinator to provide oversight.

• **Naloxone:** The university does not plan to expand the areas where students can access the overdose-reversing medication on campus.

911 says operator followed protocols

B.C. Ambulance spokesperson Osoko defended the responses of the 911 call-taker, and provided the following explanations:

• She had to take the time necessary to determine the location of the emergency, even if it took 3.5 minutes. “Sometimes it takes longer than one would hope to find out where paramedics need to be, but it’s the first step.”

• She dispatched first responders seven minutes into the call “as soon as” she learned the students were having seizures and were unconscious, Osoko insisted. (Postmedia pointed out that Gwen provided this information earlier in the call — as soon as the building’s location had been established.)

• Because Gwen described the students as having seizures, the call-taker followed protocols to address that medical emergency, rather than possible overdoses.

• When asked why 911 wouldn’t consider an overdose earlier than 11 minutes into the call — when two students have collapsed in a dorm in the midst of a toxic drug crisis — Osoko said B.C. Ambulance follows its protocols to handle the 1,600 diverse medical-emergency calls it receives a day, and that fewer than eight per cent are about overdoses.

Because Sidney’s parents have filed a complaint over the 911 call, Osoko said he was limited in the details he could discuss and whether any policies will change.

“We’re going to look at everything that occurs in this call, of course, to try to see what can be learned and be able to derive the best, most caring and comprehensive responses to the family that we can,” he said.

Experts not involved in this story say that, in general, there should be no hesitation to use naloxone on an unconscious person in respiratory distress: If they are overdosing, it could save their life; if they are not overdosing, the medication will not harm them.

“Narcan has no addictive properties. And in the sense of someone who is unresponsive and not breathing normally, there is no reason not to give it. Only potential benefit,” said ER physician Vu, who also has specialty training in prehospital care.

In addition, studies show there is a “big impact” on survival if bystanders perform CPR on someone who isn’t breathing normally until first responders arrive. “Just by providing basic life support — so chest compressions and/or artificial respiration — you can keep someone alive from an opiate overdose,” said Vu.

Sidney’s family has penned an open letter to Premier David Eby and other government officials to press for changes they believe the province must make to keep young people safe.

McIntyre and Starko have also created a website to document what happened to Sidney and outline several key demands, which include improvements to overdose prevention on

campuses, free easy-to-use nasal naloxone in B.C., and mandatory CPR training in the high school curriculum.

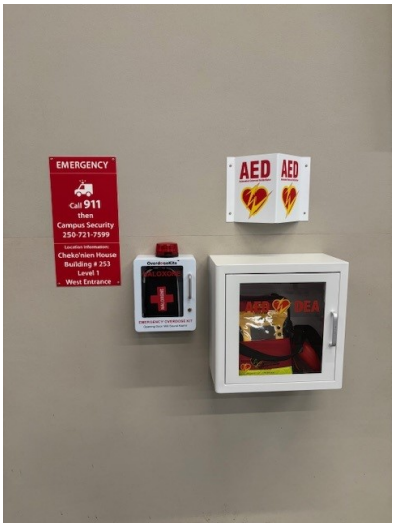
“How can B.C. possibly be so far behind other provinces in protecting young people when we have the highest death rate from toxic drugs in the country?” McIntyre asked.

“We are determined to fight for change so a death like this never happens again.”

lculbert@postmedia.com

Editor’s note: Sidney McIntyre-Starko is the first cousin, once removed, of reporter Lori Culbert’s husband.

Attachment O: Photos of Naloxone Kits and Building Numbers



Attachment P: UVic's Commitment to Take 10 Steps

OUR COMMITMENTS

1. We will install opioid overdose emergency kits, which include nasal naloxone, in all residence common areas by mid-August 2024. These emergency kits will be easily accessible in visible public areas, and on every floor or lounge depending on building layouts.
2. We will provide training for all student residence-life staff on the use of overdose emergency kits.
3. We will implement a new Campus Security standard-operating procedure for contacting 9-1-1.
4. Campus Security Officers are trained in first aid. We will supplement this training with appropriate in-house programming to ensure best practices in responding to drug overdoses on campus.
5. We will review our protocols for emergency contact notifications.
6. We will work with emergency services providers and our municipal partners to develop a plan to assist emergency services in locating individuals in distress. This may include the use of a unique address for each building.
7. We will provide education and awareness materials on the emergency-response boxes for all 3,000 students arriving in residence this September.
8. We will ensure all communications with incoming residence students (online, pre-arrival, and in-person orientation) and the Community Living Handbook are updated to include a new section on harm reduction and safety supports.
9. At the president's direction, we will conduct an external independent review to ensure that Sidney McIntyre-Starko's tragic death catalyzes real change that will make campuses safer for students, staff and faculty, here at the University of Victoria and across our province.
   Independent Reviewer appointed to assess events surrounding tragic overdose death
10. We will appoint a Special Advisor to convene a panel of experts to provide evidence-based recommendations that will improve institutional systems, processes, communications, training and education with respect to overdose prevention and response. The full report from the Special Advisor will also include the report and recommendations of the independent reviewer and will be provided to the president in writing.

Attachment Q: UVic's Terms of Reference for the Overdose Prevention and Response Committee

Campus Overdose Prevention and Response Committee

Terms of Reference | August 20, 2024 (Editorial changes: Nov. 14, 2024)

Background

The toxic drug crisis was declared a provincial public health emergency in 2016. It has had a devastating impact on individuals, families, and communities throughout the province and claims the lives of approximately 2,000 British Columbians annually. The university community is not immune to this crisis, and in January 2024, UVic student Sidney Starko-McIntyre died following exposure to the toxic drug supply. President Hall pledged to learn from this tragedy and made several public commitments to ensure UVic is better positioned to reduce the risks of toxic drug overdoses and deaths.

Purpose

Reporting to the Vice-President Academic and Provost (VPAC) and Vice-President Finance and Operations (VPFO), the Committee coordinates the implementation of a campus-wide, evidence-informed approach to harm reduction and overdose prevention at UVic, ensuring efforts are coordinated and effective. The Committee must ensure alignment with the Provincial Steering Committee's provincial guidelines once they are released.

Guiding principles

The Committee will work towards promoting health and preventing toxic drug deaths across the campus community by adopting an overall wellbeing framework for addressing substance use, providing clear guidelines for reducing harm, increasing health literacy among faculty, staff and students, eliminating the stigma associated with substance use, enhancing accessibility to support and resources, and advocating for policies that are in keeping with a health promotion and harm reduction approach. Current planning values and principles include:

- Prioritize the safety and well-being of the whole campus community, including students, faculty and staff
- Take a holistic view of health and wellness across campus
- Follow guidance from government, research experts, and public health officials
- Promote campus harm reduction practices in a compassionate, non-judgmental and de-stigmatizing way
- Take a person-centred approach that is trauma-informed
- Draw on multiple sources of evidence and knowledge
- Promote equity, diversity and inclusion in campus services, efforts and activities
- Be flexible, collaborative and participatory

Roles and responsibilities

The Committee meets regularly to lead operational issues across the university related to overdose prevention and response and generally ensures university planning and response efforts are coordinated. In addition to supporting the 10 public actions related to UVic's overdose prevention and response, the Committee is responsible for medium and longer-term harm reduction and overdose response and prevention work, including:

- Develop clear protocols for information-sharing
- Collaborate on the development of a campus-wide framework for overdose prevention and harm reduction that is aligned with the values and principles outlined above

- Document cross-campus actions in a systematic way to ensure coordination
- Develop and support implementation of new projects and ideas
- Action provincial recommendations and guidelines, including as they relate to health and safety, education and training, universities policies and guidelines, emergency response and communications
- Identify and establish time-limited working groups as required, ensuring coordination
- Advise and seek advice from the Faculty Research Panel as required, ensuring coordination
- Communicate actions, progress and best practices to the campus community and other stakeholders as required

Communications and government relations aspects are expected to evolve over time as UVic transitions from crisis management to operations (e.g., web updates, public awareness campaign, internal messaging, etc.).

Regular updates are provided to the VPAC and VPFO via the Chair and Project Manager. Recommendations are provided to the VPAC and VPFO who will determine if the recommendation should proceed to Executive Council, Senate and/or the Board of Governors for review and/or approval.

Committee members

Committee members represent the various portfolios and working groups aligned across campus on overdose prevention and response:

- , Special Advisor to the Provost (Chair)
- , Director, Labour Relations & HR Consulting Services
- , Graduate Student, CYC
- , Director, Academic Communications & Projects, VPAC (Project Manager)
- , Executive Director, Wellness, Recreation & Athletics
- , Communications & Projects Officer, VPFO
- , Sr. Public Affairs and Media Specialist, UCAM
- , Executive Director, Student Development & Success
- , Director, Campus Security
- , Associate Director, IACE
- , Executive Director, GSS
- , Director of Outreach and University Relations, UVSS
- , Executive Director, Community & Government Relations

The Chair, with support from the Project Manager, is responsible for setting agendas and approving meeting minutes, which will be posted on the Teams channel. All Committee members may bring forward agenda items.

Members unable to attend may invite a delegate and are asked to review meeting minutes. The Chair may invite additional attendees as guests as needed based on agenda items.

Related committees and working groups

Executive Council

UVic's Executive Council is responsible for leading and approving time-sensitive crisis management issues, including with respect to media and government relations, the publicly stated commitments, engagement with Sidney's family, and the external review. Once key deliverables are met, remaining

duties and responsibilities will transition to the Campus Overdose Prevention and Response Committee, likely in fall 2024.

Faculty Research Panel on Overdose Prevention and Harm Reduction at UVic

The Faculty Research Panel will advise on best practices and evidence-informed approaches. In fall 2024, the Panel will develop a set of recommendations, which will be shared with the Campus Overdose Prevention and Response Committee and then Executive Council. The Provost has appointed Jennifer White as chair.

Provincial Steering Committee

The Provincial Steering Committee developed guidelines for post-secondary institutions to support the prevention of drug overdoses and the development of emergency response protocols in the event of a suspected drug overdose on campus. UVic's representative is Kristi Simpson, Vice-President Finance and Operations.

Working Groups

It will occasionally be necessary for the Campus Overdose Prevention and Response Committee to establish time-limited working groups to advance topic-specific initiatives (e.g., training and education; post-incident support; communications; emergency notifications, etc.).

Attachment R: Good Samaritan Overdose Policy Proposal

UVic HARD Law

UBC Decrim

Good Samaritan Drug Overdose Policy Proposal

In response to the rising concerns surrounding student safety due to the toxic drug supply and its accompanying overdose risks, this letter recommends the adoption of a "Good Samaritan Drug Overdose Policy" within our university's non-academic misconduct policy. This recommendation is modelled after the federal *Good Samaritan Drug Overdose Act,* which incorporated certain legal protections into the *Controlled Drugs and Substances Act* for individuals who seek emergency assistance during a drug overdose incident.

The goal of this policy is to prioritize student safety by encouraging individuals to seek timely medical intervention during overdose incidents without fear of university disciplinary actions, which is currently framed as substance-related "misconduct". The proposed policy is intended to reduce barriers to seeking aid, thereby preventing brain injuries, saving lives, and promoting a culture of safety and care on campus. When the difference between a student suffering a brain injury and making a full recovery can be measured in seconds, hesitation leads to life-altering consequences.

Background

Synthetic opioids and tranquilizers in the drug supply, like benzodiazepines, have reduced the effectiveness of Naloxone in reversing overdoses. As a result, while wide availability of naloxone and training in its use remains a priority initiative in saving lives and preventing harm, it is ever-more important to support students in seeking timely professional medical support. The *Good Samaritan Drug Overdose Act* was enacted to prevent hesitation in contacting emergency services during an overdose by offering protection from certain drug-related charges. Studies have shown that the risk of punitive repercussions deters bystanders from calling emergency services. By integrating a similar policy, our university can demonstrate a commitment to student health and safety, encouraging proactive intervention in life-threatening situations.

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Policy Proposal

The recommended policy would be integrated into the university's Student Code of Conduct and Misconduct Policies through the following key provisions:

1. Protection for Students Seeking Emergency Assistance:

   Students who seek emergency assistance for themselves or another individual during a suspected drug overdose will not face disciplinary action for possession or use of substances, including sanctions under housing or other related policies.

   Additionally, the person experiencing the suspected drug overdose will always be covered by this protection.

2. Scope of Immunity:

   Immunity will be limited to substance use, possession and misconduct offences directly related to the overdose situation.

   This immunity prioritizes encouraging people to access medical aid. As such, medical interventions for overdose will not be treated as opportunities to investigate or pursue disciplinary infractions. Where there are immediate public safety concerns (i.e. violence), those issues can be addressed through appropriate channels.

3. Bystander Involvement:

   If a student seeks emergency assistance, other students present at the scene of a suspected overdose will be eligible for the same protection, whether they are involved in the incident or not, fostering a safer environment where students feel empowered to take responsible action.

4. Educational and Preventive Support:

   As a complementary measure, the policy will be paired with preventive education on substance use, harm reduction, and health resources. This will include workshops, informational campaigns, and readily available support services for substance-related concerns.

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Benefits of the Good Samaritan Drug Overdose Policy

Implementing this policy would offer multiple advantages:

Increased Emergency Responses: By reducing students' fear of disciplinary consequences, this policy aims to improve the likelihood that bystanders will call for help during overdose situations, potentially saving lives by minimizing the period of time before emergency aid is provided.

Promoting a Culture of Care: This policy would align with our university's commitment to fostering a healthy, culturally safe, supportive, and inclusive environment, prioritizing student health and well-being.

Alignment with National Standards and Provincial Guidelines: This policy would bring BC universities in alignment with the guidelines put forth by the Ministry of Post-Secondary Education and Future Skills in their publication *Overdose Prevention and Response: Guidelines for B.C.'s Post-Secondary Sector*, and enacted legislation, demonstrating a proactive stance on student safety.

Conclusion

In adopting a Good Samaritan Drug Overdose Policy, our university will make a clear commitment to student safety and responsible intervention in life-threatening overdose situations. This policy will serve as a critical step in supporting students' well-being, ensuring they can access emergency help without fear of repercussions. We respectfully recommend that the University leadership endorse this proposal, thereby solidifying their commitment to a safer campus community.

Respectfully,

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