

The Authority's Findings

Issue 1: Was it appropriate for Police to take Mr Z directly to the custody unit rather than to hospital?

We are satisfied that it was appropriate for Mr Z to be taken to the custody unit, rather than directly to hospital.

Issue 2: Was the force used on Mr Z in the custody unit reasonable and justified?

It was unnecessary for Officers A and B, and Custody Officers D and E to take Mr Z to the ground.

It was unnecessary for Custody Officer D to maintain a hold on Mr Z's hair.

We accept that Officer C's decision to use the restraint chair was justified.

It was unreasonable for Mr Z to have been handcuffed while in the restraint chair.

Issue 3: Did officers appropriately assess and address Mr Z's health condition?

The way the evaluation was completed indicates it was primarily treated as a procedural step rather than as a considered assessment of risks and welfare concerns in order to assist with providing the most appropriate care.

Officer C appropriately sought advice from a Police doctor and arranged for an ambulance to attend when Mr Z's condition appeared to deteriorate.

Mr Z was constantly monitored while in the restraint chair, as required. However, despite Mr Z's continued struggle against the handcuffs, there appears to have been no reassessment of their necessity or consideration of the distress they may have caused.

Once Custody Officer E noticed a change to Mr Z's condition, officers responded quickly and appropriately, ensuring the ambulance call-taker was told of the need for the job to be treated as a priority, and ensuring a defibrillator was immediately available should it be needed.

Issue 4: Did officers provide Mr Z with an appropriate level of care upon his return to the custody unit?

We consider it appropriate for Mr Z to have been placed on 'frequent monitoring'.

We do not believe it was an unreasonable decision to provide Mr Z with the overalls.

We consider that some of the checks undertaken by Custody Officers D, F and J were inconsistent with policy and were recorded in the ECM despite appearing non-compliant.

It is concerning that these practices appear to be commonplace within the ACU.

We are satisfied officers promptly commenced chest compressions.

Analysis of the Issues

POLICE DUTY OF CARE TO PEOPLE IN CUSTODY

6. For the duration of a person's time in Police custody, Police have a legal duty to take all reasonable steps to ensure their care, safety and wellbeing as set out in section 151 of the Crimes Act 1961.⁴
7. According to the 'People in Police Custody' policy ('the policy'):

"Where a Police employee has care or charge of a person in detention... the Police employee is under a legal duty of care to provide that person with necessities and to take reasonable steps to protect that person from injury (including self-harm or harm from others)."
8. Police responsibility for care, safety, and security starts from the time a person is arrested and does not end until they are released or transferred into the care of another agency.
9. In this report we address whether Police complied with their statutory obligations, and those created by their own policy, in their care of Mr Z.
10. In reporting our findings, we have been careful to adhere to the rules on publicly reporting suspected suicides.

ISSUE 1: WAS IT APPROPRIATE FOR POLICE TO TAKE MR Z DIRECTLY TO THE CUSTODY UNIT RATHER THAN TO HOSPITAL?

11. Here we consider whether Mr Z had physical injuries that required him be taken to the hospital rather than directly to the custody unit.
12. Arresting officers are required to carry out an initial assessment of the risks regarding a person they detain. Policy says officers must call a health professional for advice if the detainee has been injured or the officers think it necessary, and that detainees who are only partially responsive or unresponsive should be taken to hospital. Additional guidance provided to officers says: *"Any suspected head injury must be assessed by a Health Practitioner."*⁵

What were the circumstances leading up to Mr Z being brought into the ACU?

13. At about 10.30am on 5 October 2023, Police officers responded to reports of a stabbing at a store on New Windsor Road, Auckland. Officers found Mr Z inside the store, being held down by two members of the public. According to the members of the public, they overpowered Mr Z by

⁴ In accordance with section 151 of the Crimes Act 1961, *"Everyone who has actual care or charge of a person who is a vulnerable adult and who is unable to provide himself or herself with necessities is under a legal duty... to provide that person with necessities; and... to take reasonable steps to protect that person from injury."*

⁵ Police 'Arrest and detention' policy, 'People in Police custody' policy, and 'Head injuries – incidents and recovery' guidance.

striking him in the head with their fists and elbows after he stabbed the store owner (Mr Y) and injured his wife (Mrs Y). Mr Z's clothing was covered in blood, which the officers assumed to be that of Mr and Mrs Y.

14. Police officers provided first aid to Mr Y and an ambulance was called to attend to him and Mrs Y.
15. Meanwhile, Officer A and another officer handcuffed Mr Z using metal handcuffs. Mr Z told Officer A he was trying to reach heaven and the only way he could do so was to do what he did.
16. Officers A and B took Mr Z outside to a patrol car. Officer A leaned Mr Z against the rear passenger side of the patrol car and gave him a pat down search. They remained by the car, with Officer A holding Mr Z's arm, while they waited for the Police transport van to arrive. Officer A also wanted ambulance staff to conduct a medical assessment of Mr Z to determine whether he had sustained any injuries.
17. Without warning, Mr Z attempted to flee. Officer B says Mr Z ran towards the front of the patrol car and "*stumbled on the raised concrete footpath where he fell to the ground into the prone position, still with his hands cuffed behind his back.*" Although neither Officer A nor Officer B mentioned in their statements that Mr Z had hit his head, it is evident from later medical records that they were aware that he had done so. The officers assisted Mr Z to his feet.
18. Officer A says, as Mr Z was agitated and aggressive, he considered it necessary for them to take Mr Z to the ACU in the patrol car, rather than waiting for the transport van.
19. Mr Z refused to get into the back of the patrol car and used his body weight to push away from the car. He was not saying anything, breathing heavily, and sweating profusely. Officers A and B overcame Mr Z's resistance by holding his arms and moving him into the back of the patrol car. The front passenger seat was reclined against his legs to limit his movement.
20. Officer B drove the patrol car at speed to the ACU, approximately eight kilometres away, with its flashing lights and siren activated. Officer A sat beside Mr Z in the back of the patrol car. Officer A says Mr Z was tensing up and trying to pull his handcuffed wrists apart. He was concerned that Mr Z might break bones in his hands, so he pushed against Mr Z to prevent him from injuring himself. Mr Z attempted to bite Officer A on a number of occasions.

Should Mr Z have been taken directly to hospital?

21. Officers A and B determined they could no longer wait safely for the transport van or a medical assessment. They deemed it necessary to take Mr Z in their patrol car directly to the ACU, where they knew he could be assessed by a Police doctor if required.
22. That morning, Officer C was the sergeant overseeing the ACU. The officer heard over the Police radio that Mr Z had "*eaten pavement*" and was covered in blood. They were concerned that Mr Z may have a head injury and that the blood on his clothing could be his own. Contact was made with the Police sergeant who had overseen Mr Z's arrest. According to Officer C, the sergeant informed that Mr Z was aggressive, and he considered it unsafe for Mr Z to be taken directly to

hospital. Based on the sergeant's assessment of the situation, Officer C accepted it was appropriate for officers to bring Mr Z directly to the custody unit.

Conclusion

23. Mr Z was acting aggressively and erratically. He had stabbed two people and tried to flee from Police while handcuffed. Due to Mr Z's behaviour, Officers A and B were unable to determine his injuries. We are satisfied that there was no indication he needed urgent hospital attention and that it was appropriate to take him to the ACU where he could then be medically assessed.

FINDING ON ISSUE 1

We are satisfied that it was appropriate for Mr Z to be taken to the custody unit, rather than directly to hospital.

ISSUE 2: WAS THE FORCE USED ON MR Z IN THE CUSTODY UNIT REASONABLE AND JUSTIFIED?

24. Here we consider whether it was reasonable for officers to take Mr Z to ground soon after he arrived in the custody unit, and whether it was appropriate for them to then place him into a restraint chair.

Was it reasonable for officers to take Mr Z to ground?

What happened?

25. Upon arrival at the ACU, Officer B drove inside the sallyport.⁶ The roller grille closed, securing them inside. Custody Officers D and E waited in the sallyport near the patrol car's back passenger door. Officers A and B got out of the patrol car. The custody officers noticed a cut to Mr Z's mouth.
26. The custody unit CCTV shows that, at 10.59am,⁷ Mr Z got out of the patrol car unassisted. He immediately charged along the side of the patrol car toward the closed roller grille. Officer B and Custody Officer D grabbed hold of Mr Z by his arms and shoulders. Mr Z, using his body weight, pulled the officers toward the roller grille. Officer A and Custody Officer E came to their assistance, also taking hold of his arms and shoulders. Within 10 seconds of getting out of the car, they had Mr Z under control.
27. The four officers held Mr Z by his arms and shoulders and escorted him toward the designated search area. Officer B says one of the custody officers called for Mr Z to be taken to the ground, while Custody Officer D believed it came from either an arresting officer or Custody Officer E. Regardless, Officer A tripped Mr Z, causing him to fall to his knees, though not heavily. Given that Mr Z was controlled and moving toward the search area we consider the trip to have been unnecessary.

⁶ A sallyport is a secured, garage-type area, used for transferring detainees from a patrol car to a holding cell.

⁷ The CCTV footage from the custody unit does not have audio capability.

28. Mr Z took a few steps on his knees before he regained his feet. The four officers then positioned Mr Z in front of a wall in the search area. Officer A released his grip on Mr Z's left arm and moved away to a nearby workbench to get a disposable glove. Meanwhile, Officer B stood to Mr Z's left holding him by the t-shirt collar and Custody Officer E stood behind Mr Z, holding his arms. Custody Officer D stood to the right of Mr Z, one hand holding Mr Z's right arm and the other holding him by the hair.
29. Custody Officers D and E say they were trying to reason with Mr Z, trying to calm him down so he could be searched and placed into a holding cell. They say he continued to resist.
30. The footage shows Mr Z standing in front of the wall for 10 – 12 seconds, without apparently offering any resistance. Mr Z was being held by the officers, with Custody Officer D maintaining a grip of his hair.
31. The footage shows Custody Officer D started tugging at Mr Z's right arm, trying to pull him off balance. Officer A grabbed hold of Mr Z's right leg and pulled it behind Mr Z. Mr Z was pulled off balance and Custody Officers D and E supported his upper body as they lowered him to a prone position on the floor. Officer A folded Mr Z's legs so his feet were against his buttocks. Custody Officers D and E knelt beside Mr Z, holding him down by his shoulders. Custody Officer D let go of Mr Z's hair, and had his right hand placed on Mr Z's head without any apparent pressure.
32. Within 50 seconds of Mr Z getting out of the patrol car, he was being held down on the floor.

Conclusion

33. Custody Officer D explained he held Mr Z by the hair to ensure he had control of Mr Z's head. In our view, it was unnecessary for him to hold Mr Z's hair while he was standing by the wall offering no resistance. When Mr Z was taken to the ground, we would have expected his head to have been supported rather than for his hair to be held.
34. While we accept that Mr Z was behaving erratically, it is not evident from the footage that Mr Z was providing any resistance while he was standing in front of the wall. In our assessment, it was unnecessary for the officers to have taken Mr Z to the ground. Alternatively, they could have moved Mr Z into a holding cell a few metres away. We would have preferred for the officers to have slowed things down and reassessed their options.

Was it appropriate to place Mr Z in the restraint chair?

What happened?

35. The footage shows Officer C came into the sallyport and observed Mr Z being held down in a prone position on the ground. Mr Z twice pushed out with his lower legs, breaking free of the hold Officer A had of his legs.
36. Custody Officer D described Mr Z as being heightened and very strong. Both he and Officer C thought that Mr Z was under the influence of drugs.

37. At 11.01am, just over two minutes after Mr Z had gotten out of the patrol car, Officer C left the sallyport area. Around one and a half minutes later, the officer returned to the sallyport area pushing a restraint chair.

What does Police policy say about when a restraint chair may be used?

38. The Police Mechanical Restraints policy states that restraint chairs “are one of the most intrusive of approved mechanical restraints” and “a supervisor’s authority must be obtained before using the restraint chair.”
39. The policy outlines that a restraint chair may be used to control a detainee who is:
- “violent and intent on harming themselves and/or others: and
 - where serious injury or death is a likely result: and
 - where other available mechanical restraints would be ineffective.”

Why did Officer C decide to use the restraint chair?

40. Officer C says: “... we got [Mr Z] onto the ground and he wasn’t calming down... it looked like he was suffering some kind of psychosis. He wasn’t responding to voice commands.” Mr Z was believed to be under the influence of methamphetamine and Officer C was concerned he could suffer positional asphyxia if he were held down on the ground for too long.⁸
41. Officer C believed Mr Z was experiencing excited delirium and told us: “He’d already stabbed two people from what I was aware of and he said that Jesus told him to kill someone. So as far as I was concerned he was still heightened and still a risk.” They considered the restraint chair to be the safest option in the circumstances.
42. When we asked Officer C about alternatives to using a restraint it was stated that they could have potentially placed Mr Z into a padded cell. However, this was not considered a viable option:

“We would’ve had to have carried him through a cell into the padded area, put him down face down on the ground, we would’ve then had to remove the cuffs safely and done a safe extraction from the cell. Each stage would’ve put the staff at risk because he was obviously heightened, he was very aggressive....”

“Once he’s in the cell with his handcuffs off, if he starts doing anything like hitting his head against the wall or anything, we need to go in. We’ve got an aggressive male who’s a large build, already shown he’s gonna be violent. I’ve got to send staff into that and re-handcuff him and put him at risk again and put my staff at risk again.”

⁸ Positional asphyxia arises when a restrained person is unable to obtain sufficient oxygen to meet physiological requirements. This is likely to occur because of a number of risk factors, including, pressure on the abdomen and chest wall.

43. Custody Officer D says: “[Mr Z] was extremely heightened, and we struggled, the four of us struggled to restrain him when he was handcuffed... if he’s got no cuffs on... and he’s unrestrained, then that could do some damage.”

Conclusion

44. We acknowledge that the use of the restraint chair is an intrusive measure, and, as a general rule, should be treated as a last resort. In our view, having regard to the circumstances, we accept that the use here was justified.

Did officers comply with policy when placing Mr Z in the restraint chair?

45. Policy says: “One Police employee who is trained and currently certified in the use of the restraint chair must take charge...”. Officer C, and Custody Officers D, E and G, were all trained and certified in the use of the restraint chair. Custody Officer D took charge and instructed other staff on their roles and how Mr Z would be moved into the restraint chair.
46. Around four minutes after Mr Z had been taken to the ground, Custody Officers D, E and G lifted him up and placed him into the restraint chair. Officer B held Mr Z’s head against the padded head rest while the other officers secured Mr Z into the restraint chair. The process of placing Mr Z in the restraint chair took a few minutes.
47. Officer C says: “We couldn’t get the handcuffs off him, he was struggling too much, and I made the decision that taking the handcuffs off was more of a risk to the staff and to him, than leaving them on.”

Conclusion

48. Policy says: “All mechanical restraints must be removed from a person as soon as it is believed that the need for using them ceases”. We do not accept Officer C’s assertion that that Mr Z was ‘struggling too much’ for the handcuffs to be removed.
49. In our assessment, there were sufficient trained staff on hand to have controlled Mr Z’s arms and removed one arm at a time and secured it to the chair. It is unreasonable for Mr Z to have remained handcuffed while in the restraint chair.

FINDINGS ON ISSUE 2

It was unnecessary for Officers A and B, and Custody Officers D and E to have taken Mr Z to the ground.

It was unnecessary for Custody Officer D to maintain a hold on Mr Z’s hair.

We accept Officer C’s decision to use the restraint chair was justified.

It is unreasonable for Mr Z to have been handcuffed while in the restraint chair.

ISSUE 3: DID OFFICERS APPROPRIATELY ASSESS AND ADDRESS MR Z'S HEALTH CONDITION?

50. In this section we consider whether officers appropriately assessed Mr Z's condition upon his arrival in the custody unit, and whether they appropriately recognised and responded to his deterioration while he was in the restraint chair.

Did the custody staff appropriately assess Mr Z when he first arrived at the ACU?

What does policy say about evaluating detainees?

51. Soon after a detainee arrives in custody, staff are required to conduct a full evaluation of their physical and mental health using the Electronic Custody Module (ECM).⁹ The evaluation requires staff to record information concerning relevant risks and any special care instructions. The information provided in the evaluation helps to identify any immediate health or welfare needs and to determine how often the detainee will be monitored. The evaluation should be updated, as required, during the detainee's time in custody.

52. Monitoring regimes that can be proposed from the ECM evaluation are:

- a) 'no specific care' - meaning the detainee must be checked at least every two hours;
- b) 'frequent monitoring' - the detainee must be checked at least five times per hour at irregular intervals; and
- c) 'constant monitoring' - the detainee must be directly observed without interruption.

53. The purpose of the check is to ensure the health, safety and wellbeing of people in Police care. Policy outlines that monitoring should include monitoring activity on CCTV displays, but recorded checks (in ECM) must be one or more of the three types as follows:

- Observation check: observe through a cell port to check the detainee's wellbeing. If unable to confirm this, complete a verbal check.
- Verbal check: verbally rouse the detainee to establish wellbeing and if there is no response complete a physical check.
- Physical check: enter the cell and establish wellbeing.

54. When completing a custody evaluation, officers are required to ask the detainee a range of set questions. The officer enters information into different sections, selecting the best option from a drop-down menu. Each section also has a space to write comments.

⁹ The Electronic Custody Module (ECM) is a computer-based system where staff record risk information, any special care instruction, and everything that happened in relation to a detainee, from their processing to their release.

What did Mr Z's evaluation consist of?

55. Officer C told us:

"We skipped through that (custody evaluation) for him because he was being constantly monitored. We were unable to ask him any questions 'cos he wasn't responding to us, so you can put "enter later", and if you put "enter later" then they need to be constantly monitored..."

56. Custody Officer F was working as 'control'.¹⁰ He says he entered some details (including Mr Z's name, and the time and location of his arrest) into ECM but did not complete the evaluation. Records show that an evaluation was created under Custody Officer F's QID at 11.40am.¹¹

57. It appears to us that the evaluation was either completed by Custody Officer F, who does not recall doing so, or was entered by someone else using his computer. Regardless, the evaluation was entered while Mr Z was already on the highest monitoring level and waiting to be taken to hospital.

58. The first two questions in the custody evaluation are for the arresting officers to answer:

- *"Are you aware of any medical or psychological reasons that indicate the person in custody may require special care or may be at risk while in custody?"* The answer entered was 'yes' and the reason provided was 'excited delirium'.
- *"Concern for staff safety?"* The answer entered was 'yes' and the reason provided was 'stabbed victim in the neck'.
- In this section, there was no mention of Mr Z having told Officer A that he was trying to reach heaven and the only way that he could was to do what he did, nor was there any mention that he had hit his head when trying to run away. There is no record of this information being communicated to custody staff. It is unclear whether Officers A and B advised them, although they should have. Officer C became aware of Mr Z hitting his head over the Police radio, and given that knowledge, should have ensured that the information was included in the evaluation.

59. In the process of finalising this report, some Officers and Police provided their submissions to us in response to our interim findings. Police accepted that additional information could have been included (such as Mr Z hitting his head) in the evaluation and added that it would not have changed the monitoring level, as Mr Z was already under the highest level of monitoring.

60. Officer A says that Mr Z's comments about trying to reach heaven were initially made to him at the scene (refer paragraph 15) and were later repeated (refer paragraph 80) in the presence of custody officers.

¹⁰ The custody officer in the 'control' role has responsibilities including making sure checks are completed and logged, monitoring cameras, controlling the cell doors, controlling access for people and vehicles, and managing intercom communication with detainees. They have a designated workstation within the custody unit.

¹¹ QID – a unique identifier given to all New Zealand Police employees.

61. The following information was recorded on Mr Z's evaluation:

Sections	Drop down option selected	Free text comments
Under influence of Level of intoxication	<i>Drugs</i> <i>Extreme</i>	<i>"Meth highly suspected – grinding teeth – excited delirium – in restraint chair"</i>
Behavioural signs	<i>None</i>	<i>"grinding teeth excited delirium in restraint chair"</i>
Signs or history of	<i>Aggressive behaviour to self or others</i>	<i>"grinding teeth excited delirium in restraint chair"</i>
Physical health conditions present	<i>None</i>	<i>"grinding teeth excited delirium in restraint chair"</i>
Mental health risks	<i>Adverse life events (death, divorce, employment loss, death related incident)</i>	<i>"grinding teeth excited delirium in restraint chair"</i>
Level of consciousness	<i>Pain / Partially Responsive – responds to pain only (e.g. nail-bed pressure)</i>	<i>"grinding teeth excited delirium in restraint chair"</i>
Any other signs or indicators that care needs to be taken with this person		<i>"grinding teeth excited delirium in restraint chair"</i>
Health conditions		<i>"grinding teeth excited delirium in restraint chair"</i>

62. Further to the evaluation, it is noted that Officer C provided additional contextual information through entries recorded in the ECM's 'Decision Log'.

Conclusion

63. It appears to us that the evaluation was completed primarily as a procedural step as evidenced by the repeated comments in the table above, and seemingly, without appreciation of its potential use in future decision making.

64. The evaluation should have noted that they were unable to ask Mr Z the evaluation questions because he was not verbally responsive.

65. Policy also requires officers check the detainee’s Police records at the earliest opportunity, being “*vigilant for any flags relevant to the detainee’s safe custody or risk including previous alerts...*”. There is no indication that the officer who completed the evaluation saw, or took into consideration, that Mr Z’s Police record contained an alert saying he had threatened to self-harm before being taken into custody in 2018. We note that Mr Z had been in custody several times since, and, other than the 2018 incident, there had been no further reference to self-harming.

Did officers sufficiently monitor and respond to Mr Z’s deteriorating condition while he was in the restraint chair?

What happened?

66. At about 11.10am, Officer C left the sallyport and spoke to the Police doctor on the phone shortly after. Officer C told the doctor: “*I think we’re dealing with excited delirium*” (Officer C learned about excited delirium at first aid training and had previously seen one case). The doctor advised that if it was excited delirium, Mr Z would need to be taken to hospital. Officer C called for an ambulance to attend the custody unit.
67. Mr Z was kept in the restraint chair in the sallyport while waiting for the ambulance.¹² He was constantly monitored by staff – mostly by Custody Officers D and E.
68. Custody Officers D and E say Mr Z remained silent, was breathing heavily, and continued to struggle against the handcuffs. For the next 30 minutes, the footage shows Mr Z writhing in the restraint chair and struggling against the handcuffs, with pauses between efforts. He was visibly grimacing. On several occasions, Custody Officer E reassured Mr Z by patting him on the shoulder. The hand cuffs should have been removed.
69. At 11.42am, another detainee arrived at the custody unit. Custody Officer E wheeled Mr Z into an adjoining holding cell.¹³ At this point, Mr Z had been in the restraint chair for around 38 minutes.
70. Once inside the holding cell, Custody Officer E pulled the door closed for privacy. They were joined by Officer A who stood behind the restraint chair. Custody Officer E stood slightly behind and to the side of Mr Z’s left shoulder, positioned so that he could see the left side of his face. The footage shows Mr Z moved about in the restraint chair with a strained look on his face.
71. At 11.44am, the footage shows Custody Officer E leaned forward looking closely at Mr Z’s face. He says Mr Z’s face was pale and his breathing had quickened. He brought this to the attention of Officer A, who promptly left the room to raise the alarm. The footage then shows Custody Officer E looking in the direction of the custody desk and using a finger to trace a circle on his face, seemingly as a gesture to communicate Mr Z’s physical state. Moments later, Custody Officer E held the dial on top of his radio and nodded – presumably in agreement with a radio transmission.

¹² Staff said there was a breeze flowing through the sallyport.

¹³ There are four holding cells next to the sallyport. Each holding cell has doors at both ends.

72. Officer C says: *"I was concerned that he was crashing, so I said this over the radio. I said, 'Comms we need the ambo here, P1, he's crashing'."*¹⁴
73. Custody Officer E was joined in the cell by Custody Officer D, who appeared to be talking to someone outside the cell. Mr Z continued to shift around in the chair, appearing to be in discomfort. Custody Officer D left the cell.
74. At 11.47am, the sallyport became available, allowing Custody Officer E to move Mr Z back in there, where it was larger, cooler, and nearer to the ambulance entry point. Custody Officer D followed, carrying a defibrillator.¹⁵ Custody Officer D says he wanted the defibrillator close by: *"Cos if somethings happened, it's better to have it right there where we can just whip him out of the restraint chair, chuck it on, than have to go find it"*.
75. According to Custody Officers D and E, Mr Z's facial colour returned to normal soon after he returned to the sallyport.
76. We appreciate of course that the custody staff are not medically trained. However, we believe that closer observation might have brought certain risk factors – such as intoxication, obesity and fatigue – to their attention, potentially signalling cause for concern.
77. At 11.50am, an ambulance staffed by two paramedics arrived at the custody unit. Their initial observations of Mr Z were that he was:
- clearly agitated with acute behavioural disturbance;
 - hyperventilating with deep heavy breaths;
 - staring at the ceiling;
 - not obeying commands and not answering any of their questions; and
 - was very tense in his body, trying to pull himself free from restraint.
78. The paramedics decided to sedate Mr Z so they could safely transport him to hospital. They administered two sedatives, neither having the desired effect of sedating Mr Z. An intensive care paramedic was called for further sedation options.
79. While waiting for the specialist paramedic, Mr Z began talking and asked for the handcuffs to be removed. The officers were reluctant to do so because they believed it unsafe for them to remove them until the sedatives had taken effect.

¹⁴ Priority 1 (P1) is a Police code whereby Police will endeavour to be at the scene within 10 minutes of receiving a Priority 1 event for dispatch.

¹⁵ Automated External Defibrillators (AED) are portable devices that apply an electric charge or current to the heart to restore a normal heartbeat. If an AED detects an irregular heart rhythm it uses voice prompts to tell the operator that a shock is needed. If a defibrillator cannot find a fibrillating heart rhythm, it will not shock a patient.

80. Officer A asked Mr Z if he remembered what had happened and he replied: *“Yeah, I was trying to save the man and meet my saviour... They needed to die so that I could go to heaven, the Bible said pick your weapon and kill.”*
81. At 12.34pm, a third sedative was administered and around five minutes later, it had taken effect. The handcuffs were taken off, and Mr Z was removed from the restraint chair. He was lifted onto a stretcher and placed inside the ambulance. Officers A and B accompanied Mr Z in the ambulance to the hospital.

Conclusion

82. Policy outlines that a detainee must not be held in a restraint chair for longer than two hours, unless they have been assessed by a Police Medical Officer or registered health professional before the two-hour time limit expires. In total, Mr Z was detained in the restraint chair for one hour and 38 minutes, in accordance with policy.
83. While in the restraint chair, Mr Z was constantly monitored by staff, as required by policy.
84. Despite Mr Z’s continued struggle against the handcuffs, there appears to have been no reassessment of their necessity or consideration of the distress they may have caused. An alternative would have been to strap his arms to the restraint chair.
85. We are satisfied the officers acted appropriately as soon as Custody Officer E noticed Mr Z’s condition had changed. Custody Officer E raised the alert without delay and Officer C immediately radioed for an ambulance, while Custody Officer D had a defibrillator at the ready in case Mr Z’s condition deteriorated to a medical emergency.

FINDINGS ON ISSUE 3

The way the evaluation was completed indicates it was primarily treated as a procedural step rather than as a considered assessment of risks and welfare concerns in order to assist with providing the most appropriate care.

Officer C appropriately sought advice from a Police doctor and arranged for an ambulance to attend when Mr Z’s condition appeared to deteriorate.

Mr Z was constantly monitored while in the restraint chair, as required. However, despite Mr Z’s continued struggle against the handcuffs, there appears to have been no reassessment of their necessity or consideration of the distress they may have caused.

Once Custody Officer E noticed a change to Mr Z’s condition, officers responded quickly and appropriately, ensuring the ambulance call-taker was told of the need for the job to be treated as a priority, and ensuring a defibrillator was immediately available should it be needed.

ISSUE 4: DID OFFICERS PROVIDE MR Z WITH AN APPROPRIATE LEVEL OF CARE UPON HIS RETURN TO THE CUSTODY UNIT?

86. Here we consider whether officers responded appropriately to concerns about Mr Z's health, whether the monitoring regime was appropriate, and whether staff adhered to the monitoring regime and conducted checks in accordance with policy. We then consider whether officers provided appropriate medical assistance upon finding Mr Z to be unresponsive.

What happened to Mr Z at the hospital?

87. Mr Z arrived at hospital at approximately 1pm and was discharged into the care of Police at around 5pm. Police were provided with Mr Z's discharge papers, which noted:
- the primary diagnosis was altered mental state/confusion;
 - he was currently presenting well and did not appear to be at increased risk of harm to self/others;
 - contusion of mouth; and
 - that the Psychiatric Liaison Forensic team would review him in the Police cells.
88. Mr Z underwent a Computed Tomography (CT) scan of his head and face which showed no abnormality.
89. According to an officer who was with Mr Z at hospital, Mr Z was lethargic and complained his arms were sore and that he could not dress himself.¹⁶ Officers helped Mr Z into a hospital gown and tied the strings at the back. They escorted him out of the hospital in a wheelchair and assisted him into a Police van.

Did custody staff care for Mr Z appropriately upon his return to the custody unit?

What happened when Mr Z returned to the custody unit?

90. While gone, there had been a shift change. Officer H was now the custody sergeant in charge of the late shift, with three custody officers, including Custody Officer I. Officer H had received a briefing from Officer C about Mr Z.
91. Mr Z arrived at the ACU at 5.35pm. The footage shows him being assisted from the rear of the Police van and into the custody unit.
92. Officer H was surprised to see Mr Z, who he says was not talking, unsteady on his feet, and needed assistance to walk. Officer H was aware that Mr Z had been sedated, and he assessed him as being extremely intoxicated. He read the discharge papers which did not provide any significant concerns about Mr Z's health.

¹⁶ Officers A and B had been relieved by other officers.

93. Officers held Mr Z by the arms and Custody Officer I removed the handcuffs. Mr Z stood motionless with his eyes closed while he was fingerprinted and photographed by Custody Officer I.
94. Mr Z was moved into an observation cell adjacent to the custody desk. Each cell has a camera mounted to the wall. At the front of the custody desk area is a bank of television screens with live CCTV feeds, showing detainees in the cells, enabling officers to 'keep an eye on them' outside of the required checks.
95. It is standard practice to remove any items a detainee could potentially use to harm themselves. Given the hospital gown had strings attached to it, Custody Officer I removed the gown from Mr Z and gave him a blanket. Mr Z laid down on the mattress, under the blanket.
96. Even though Mr Z had been discharged from hospital, Officer H was not satisfied due to his drowsy and intoxicated state. He contacted a Police doctor to assess his condition. While waiting for the doctor, Mr Z was constantly monitored by a Police officer watching him through a window from directly outside the cell.
97. At 6:05pm, Officer H made an entry into the ECM:
- “Discharged from hospital. However extreme drowsiness due to medications. He was heavily sedated when he exhibited symptoms of excited delirium. Required assistance to walk. Not talking at all but he had an understanding of what has been said to him. Due to his ‘intoxication level’ constantly monitor until we get an opinion from a doctor who will be here on an unrelated matter. MH (Mental Health) also contacted to see if they are interested in coming to see whether excited delirium is related to MH issues. Constantly monitored.”*
98. The Police doctor arrived at the custody unit, spoke to Officer H, and read Mr Z’s discharge notes. At 6.50pm, the doctor examined Mr Z in his cell. The doctor assessed Mr Z as being well, alert, not in any discomfort, able to speak in full sentences, and not in respiratory distress. The doctor called the Emergency Department Consultant at Auckland Hospital who did not believe Mr Z needed to be further observed in hospital. The Police doctor was satisfied that frequent monitoring by Police would be appropriate.
99. Policy says: *“A detainee’s monitoring level can be increased at any time but cannot be reduced except on advice of a health professional.”* Based on the doctor’s advice, Officer H downgraded Mr Z’s monitoring regime from ‘constant’ to ‘frequent’.
100. When Officer H was asked about his decision to downgrade the monitoring regime, he says the doctors are qualified to make their assessments and *“we shouldn’t go against what the doctor’s advice is.”* The Authority’s view is that whilst expert opinions are valuable, they are simply one, albeit important, source of information and should not be relied on exclusively. Ultimately, custody sergeants are responsible for evaluating all relevant factors and determining the most appropriate monitoring regime.

- 101. As Mr Z was on frequent monitoring, he was required to be checked at least five times per hour at irregular intervals. An orange alert appears on the ECM screen to remind officers that a check is required.
- 102. Shortly after the doctor left Mr Z’s cell, Custody Officer I provided Mr Z with a meal inside a cardboard container, and a pair of lightweight disposable overalls. Mr Z put on the overalls.
- 103. The overalls are generally provided to detainees who are inadequately clothed. An alternative clothing option would be a tear-resistant gown which are generally provided to detainees at risk of self-harming. According to Officer I, there was only one tear-resistant gown available at the time. Officer H says Mr Z was provided with the overalls as there was no information to suggest that Mr Z was at risk of self-harming.
- 104. As outlined in paragraph 58, the earlier evaluation did not include any reference to Mr Z’s comments about doing what he did to reach heaven. In the context in which it was made by Mr Z, that declaration was an obvious signal of extreme views, and it should have been noted on Mr Z’s earlier evaluation.
- 105. Police records show that Officer I updated the custody evaluation at 7.20pm. The evaluation was largely the same as the earlier one laid out in paragraph 61, except for information being added in the following sections:¹⁷

Sections	Drop down option selected	Free text comments
Physical health conditions present	<i>Recently Discharged from Hospital</i>	<i>“grinding teeth excited delirium in restraint chair”</i> <i>“UPDATE: has been cleared from hospital, does have some facial injuries and sore hands.”</i>
Mental health risks	<i>Adverse life events (death, divorce, employment loss, death related incident)</i>	<i>“MH (Mental Health) have been called to come and will come and see him.”</i>
Level of consciousness	<i>Voice/Drowsy or Confused – Responds to voice, able to reply. May need help to walk.</i>	<i>“Has returned from hospital and is still very drowsy and needs assistance walking. Doctor has come and spoken to him and is satisfied that he no longer requires constant monitoring.”</i>

¹⁷ In bold for the purposes of this report.

106. At 8.10pm, a mental health doctor and a Duly Authorised Officer conducted a mental health assessment of Mr Z.¹⁸ Prior to the assessment, they read Mr Z's clinical notes and consulted the attending Emergency Department doctor at Auckland Hospital.

107. Upon completion of the examination, the mental health doctor recorded notes of their assessment of Mr Z into the ECM:

"Generally dismissive in assessment but engaged eventually in conversation

Mr Z reported that he could not recall going to hospital earlier in the day

Mr Z reported wanting to go to heaven, but denied any suicidal thoughts or that he was at risk

Mr Z reported that his mood was fine and denied experiencing hallucinations or other associated symptoms of psychosis when asked directly

He knew he was in Mount Eden and that it was 2023

He stated that he did not want to talk about what happened today when we briefly asked about it

He reported that he had not taken any psychiatric medications recently

Mr Z reported that he was not mentally unwell

Mr Z reported smoking methamphetamine earlier today

No clear evidence of acute mental illness that requires commencement of Mental Health Act tonight

Recommendations for tonight:

- 1. To continue cell arrangement*
- 2. If Mr Z becomes increasingly confused, should be reviewed by the Police doctor as was delirious earlier today*
- 3. We have offered Mr Z some medication to help calm him down, but he has declined it."*

108. Officer H briefed the incoming night shift Police custody sergeant about Mr Z. The night shift custody sergeant says the night shift was uneventful and: *"Mr Z was observed sleeping for most of the night. He was observed to wake up a number of times during the shift to use the toilet before returning to his bed and going back to sleep."*

¹⁸ Duly Authorised Officer are health professionals with powers to act under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

What did our review of the checks conducted show?

109. The monitoring regime required that Mr Z be observed through the cell port at least five times per hour.
110. The ECM record indicates that the late and night shift staff recorded 80 checks on Mr Z. Of these, 33 were conducted by a custody officer either looking into Mr Z's cell from directly outside or from behind the counter, a few metres away. Of the remaining checks, there is no CCTV evidence of the check having been completed – either because they occurred out of the camera range or were only conducted by looking at the CCTV monitor.
111. Additionally, completed checks were not always accurately recorded and there were instances of incorrect staff attribution.
112. Across all records, the comment relating to the check regularly lacked detail. From Police's own records it is hard to avoid the conclusion that the monitoring regime descended into a box ticking exercise, rather than a serious process.

Conclusion

113. Although Mr Z had been discharged from hospital, it was a good decision by Officer H to have Mr Z assessed by a doctor and by mental health, rather than relying solely on the hospital discharge notes.
114. Given the advice of health professionals, it would not be fair to criticise Officer H's decision to downgrade Mr Z's monitoring level from 'constant' to 'frequent', although, as noted earlier, medical opinions should not be treated as definitive.
115. We do not believe it was an unreasonable decision to provide Mr Z with the overalls. While only one tear resistant gown was available, the key factor was that he was not exhibiting any immediate concerns that would require him to be placed in one.
116. It is evident that checks were not conducted in line with policy. It appears officers relied on screen monitoring. Based on our review of the footage and speaking with officers, it appears that this is this common practice in the custody unit.

Did custody staff appropriately monitor Mr Z in the hours prior?

What occurred in the hours leading up to Mr Z being found unresponsive?

117. At around 7am on 6 October 2023, Officer C, along with Custody Officers D, F and J, started the early shift in the ACU. Mr Z had been at the ACU for over 13 hours, without issue.
118. Custody Officer D was working at the 'control' workstation. Officer C was next to him at the sergeant's workstation. Officer C says the night shift custody sergeant explained that Mr Z had been "all good" overnight. The officer read the ECM entries and medical notes relating to Mr Z and was satisfied there was nothing to suggest that Mr Z's monitoring regime needed to be

changed. Instructions were given to Custody Officer D to ensure that Mr Z was checked and that the checks were recorded in the ECM.

119. Officer C says:

“I was at my desk, and we had [Mr Z] on the big screen right above me. So, we had the whole television screen dedicated to him. So, in the cell I can see the entire cell except for the toilet area cos that’s blocked out... I could see him on the screen, and I could see him also by turning my head and looking behind me over my right shoulder, I could see him when he was walking around and standing at the window.”

120. Custody Officers F and J were carrying out duties within the custody unit, which included checking on detainees.

121. At about 7.30am, Mr Z removed the overalls. While he was naked, for the most part he had a blanket wrapped around him.

122. Officer C says it is not uncommon for detainees to take their clothes off and was comfortable with Mr Z being naked inside his cell: *“If they don’t want to wear clothes, I can’t make them wear clothes.”* They would have ensured Mr Z was suitably dressed before he attended his Court hearing via video link.

123. Officer C says that it would not be usual to enter the cell of a naked person, unless there was reason to, such as if they were self-harming.

Conclusion

124. We accept that occasionally detainees will choose not to wear clothing while in the cells. Mr Z had been wearing the overalls for 12 hours. In our view, the fact that he removed them should have prompted some concern about the reason for this. We consider this to be a missed opportunity to engage with Mr Z and assess his state of mind.

Did officers conduct appropriate checks from 7am until Mr Z was found to be unresponsive?

125. A breakdown of ECM recorded entries and CCTV recorded cell visits regarding Mr Z from 7am until 10.55am on 6 October 2023 is set out below.

126. Police records show Mr Z also used the intercom inside his cell eight times between 6.46am and 10.17am. These calls were recorded. Mr Z made requests concerning the lighting in his cell, his sleeping tablet, and his impending Court time. He was concerned about when his lawyer was arriving, then declined to speak to them. Custody Officer D offered to organise this, though Mr Z remained undecided. Notes regarding the intercom conversations are included in the table below, alongside the information regarding the checks.

Time	ECM entry	CCTV detail	Intercom
6.46am			Mr Z told he would go to Court around 10am that day.
6.50am			Mr Z's cell light turned off at his request.
7.05am	Custody Officer J recorded " <i>visual – eating breakfast</i> ".	There is insufficient evidence to confirm that Officer J completed the check. Mr Z is lying on his back with his eyes closed. A food box is on the floor.	
7.05am	Custody Officer D recorded " <i>check</i> " on behalf of Custody Officer F.	At 7.05am, Custody Officer F came to the cell and looked inside.	
7.15am	Custody Officer F recorded " <i>Check all good</i> ".	There is no evidence of a check at 7:15am. The check completed by Custody Officer F at 7.05am appears to have been recorded twice.	
7.16am			Mr Z asked Custody Officer D the time and for his sleeping tablet. Officer D said he would investigate.
7.28am	Custody Officer D recorded " <i>Check – seen via CCTV moving around the cell</i> ".	Check via CCTV. Mr Z was sitting. He stood up and moved to the toilet.	
7.36am	Custody Officer D recorded " <i>check done – movement seen</i> ".	Custody Officer D was at the control workstation and appears to glance toward Mr Z's cell. Mr Z was sitting on the mattress.	
7.44am	Custody Officer F recorded " <i>check he all good</i> ".	Custody Officer F was at a workstation in the custody desk area. He briefly looked in the direction of Mr Z's cell. Mr Z was sitting on the mattress.	
7.49am	Check not recorded in ECM.	A plain clothed Police officer came to the cell door and spoke to Mr Z through the hatch.	
8.00am	Custody Officer D recorded " <i>Check</i> ".	There is insufficient evidence to confirm that Officer D completed the check. Custody Officer D was at the control workstation. Mr Z was sitting on the mattress with a blanket covering his lower half.	
8.00am	Custody Officer F recorded " <i>Check</i> ".	There is insufficient evidence to confirm that Officer F completed the check. Custody Officer F was at a workstation and seen answering a phone.	
8.06am	Custody Officer F recorded " <i>check all good</i> ".	Custody Officer F was standing at a workstation in the custody desk area. Mr Z's cell was directly to his right. Custody Officer F turned and took a couple of steps toward Mr Z's cell before returning to his workstation.	

8.14am	Custody Officer D recorded “ <i>check</i> ” on behalf of Custody Officer F.	At 8:12am, Custody Officer F was pushing the food trolley. He stopped outside Mr Z’s cell, opened the hatch, and spoke to Mr Z. The entry created by Custody Officer F at 8.25am is a double up of the entry created by Custody Officer D at 8.14am.	(8.19am) Mr Z asked Custody Officer J about further dimming the cell light and about the sleeping tablet. He was told the light would not be dimmed and he was not able to have a sleeping tablet because he had Court soon. (8.22am) Custody Officer D confirmed Court occurring that day.
8.25am	Custody Officer F recorded “ <i>Breakfast Declined + Checks No Issues</i> ”.		
8.34am	Custody Officer F recorded “ <i>check all is well no issues</i> ”.	There is insufficient evidence to confirm that Officer F completed the check. Constable F is watching a game of rugby on a monitor at his workstation. Mr Z was sitting on the mattress.	
8.39am			Custody Officer D explained Mr Z’s lawyer would be speaking to him soon.
8.49am	Custody Officer J recorded “ <i>sleeping</i> ”.	Custody Officer J was sitting behind the counter looking directly toward Mr Z’s cell. Mr Z was sitting on the bed. At 08.49:08am he stood and moved toward the toilet where he remained.	
8.51am	Check not recorded in ECM.	Mr Z was standing in front of the toilet. Custody Officer F was standing outside the cell and shone his torch at Mr Z who moved away from the toilet and sat on the mattress.	
8.53am	Check not recorded in ECM.	Custody Officers F, K and L went to Mr Z’s cell and opened the door. Mr Z told the officers he did not want to speak to a lawyer because he was tired.	
8.54am	Check not recorded in ECM.	Custody Officer F opened the hatch in the cell door and spoke to Mr Z.	
9.02am	Custody Officer J recorded “ <i>Check – visual, sitting up</i> ”.	There is insufficient evidence to confirm that Officer J completed the check. Custody Officer J was sitting at a workstation. Mr Z was sitting on the mattress.	
9.09am	Custody Officer J recorded “ <i>check ok</i> ”.	There is insufficient evidence to confirm that Officer J completed the check. Custody Officer J was sitting at a workstation. Mr Z was sitting on the mattress.	

9.17am	Custody Officer J recorded "check".	There is insufficient evidence to confirm that Officer J completed the check. Custody Officer J was sitting at a workstation. Mr Z was sitting on the mattress.	
9.23am	Custody Officer F recorded "check".	There is insufficient evidence to confirm that Officers F and J completed checks. Custody Officer F was watching the rugby. Custody Officer J was seated at a workstation. Mr Z was sitting on the mattress.	
9.23am	Custody Officer J recorded "check visual, sitting up".		
9.34am	Custody Officer D recorded "Check done – looked at me when doing check".	Custody Officer D was at the control workstation. He looked toward Mr Z's cell.	
9.37am	Custody Officer D recorded "check done – called through the intercom".	Custody Officer D talking to Mr Z over the intercom.	(9.34am for 2.52 mins) Custody Officer D re Mr Z declining to see his lawyer and that Court decided if he was to be remanded in custody. When asked if he wanted a lawyer to be organised, Mr Z said, "No, don't worry about it."
9.43am	A Court custody officer recorded "told prisoner needed by duty lawyer refused stated was tired we will get him 1100hrs all good".	It would appear that this entry relates to the check completed at 8.53am.	
9.52am	Custody Officer J recorded a check.	Custody Officer K looked into Mr Z's cell. Mr Z was sitting down.	
10.00am	Custody Officer J recorded "check visual, sitting up".	At 9.58am, Custody Officer K approached Mr Z's cell and looked through the window. Mr Z was lying on his front, under the blanket.	
10.07am	Custody Officer D recorded "check done – seen legs moving".	Custody Officer D checked from behind counter in control area. Mr Z was lying on his front, under the blanket.	
10.16am			Custody Officer D re organising a lawyer for Mr Z to speak to. Mr Z was undecided.
10.29am	Custody Officer D recorded "check" on behalf of Custody Officer K.	At 10.28am, Custody Officer K approached Mr Z's cell and looked inside. Mr Z was standing in front of the toilet.	
10.41am	Custody Officer D recorded "check done – spoke to him through hatch and he has stated he was drinking water".	Mr Z was standing and leaning forward over the toilet. He had the blanket draped around him.	

10.45am	Custody Officer D entered “check” on behalf of Custody Officer L.	At 10.44am, Custody Officer L approached Mr Z’s cell and looked toward Mr Z. Mr Z was sitting on the mattress and turned his head in the direction of Custody Officer L.	
10.47:20am	Check not recorded in ECM.	Custody Officer L walked past Mr Z’s cell. Custody Officer L says Mr Z was sitting on the toilet. The footage shows Custody Officer L looking over his left shoulder as he walked past the cell. Mr Z was in front of the toilet.	
10.48:48am		Mr Z stopped moving.	
10.54am		Custody Officer K conducted a check. Mr Z was unresponsive.	

127. Custody Officers D, F and J conducted some checks from within the custody desk area. Mr Z’s cell had three windows – two in the door and one large window to its right. From their position, custody staff could see into the right side of the room, where the bed was located, but visibility was limited due to the cell light being off. Although, strictly speaking, these checks were in accordance with policy, our preference would be for officers to physically go to the cell when conducting their checks.
128. The ECM record indicates that Custody Officer J checked Mr Z on eight occasions between 7.05am and 10am.
129. Custody Officer J says: “When you do a check, you start with visual. Visual means that you look at them from outside the cell.” Although Custody Officer J could not specifically remember any of the checks conducted, we were told that on every occasion the officer went to Mr Z’s cell and checked on him from the outside.
130. Regarding the eight checks recorded as being completed by Custody Officer J:
- Two were entered on behalf of another officer who checked on Mr Z from outside the cell.
 - One was completed by Custody Officer J while behind the counter in the control area and looking in the direction of Mr Z’s cell.
 - On five occasions, Custody Officer J was seated at a workstation and was not visible on camera.

Consequently, it cannot be concluded that the officer did not look in the direction of Mr Z’s cell or at the CCTV monitor.

131. The ECM record indicates that Custody Officer F checked Mr Z on seven occasions between 7.05am and 9.23am. It is evident in the footage that Custody Officer F checked Mr Z on four occasions. On three of those occasions, Custody Officer F went to Mr Z's cell, and on the fourth, Custody Officer F looked toward Mr Z's cell from within the control area. On three occasions, Custody Officer F was at his workstation. The footage shows that he did not look toward Mr Z's cell; however, it cannot be ruled out that he glanced at the CCTV monitor.
132. Our review of the footage showed a rugby game playing on a computer monitor at Custody Officer F's workstation which he spent some time watching. On two occasions, Custody Officer F appeared to be watching the rugby at the time he recorded in ECM that he was checking Mr Z.
133. The footage also indicates that Custody Officer D did not check Mr Z as he recorded in two of the ECM entries. Custody Officer D says that some of the checks he recorded in ECM involved him talking to Mr Z over the intercom and that he could see Mr Z on the CCTV monitor while having a conversation with him.
134. In relation to talking to Mr Z over the intercom, Custody Officer D says: "... *he just appeared like he was coming down off something, and he was just very slow worded.*" We consider this a reasonable assessment, given Mr Z's heavy sedation the day before.
135. We have listened to the intercom recordings. There was nothing in what Mr Z said, nor in his manner of speaking, that we would expect to have signalled that something was wrong.
136. Custody Officer D explained that sometimes the CCTV monitor is used instead of going to the cell to check on a detainee. He told us the footage on the monitor is a "*live feed.*" He further told us a check where the officer goes to the cell: "... *should be at least every once and a while....*".
137. The last recorded check on Mr Z was conducted at 10:45am. The footage at the time of the check showed Mr Z sitting on the mattress with his feet on the floor. Mr Z turned his head in the direction of Custody Officer L as he approached the cell. Custody Officer L turned and walked away.

Conclusion

138. In our assessment, some of the checks undertaken by Custody Officers D, F and J were inconsistent with policy and were recorded in the ECM despite appearing non-compliant.
139. Police policy clearly states: "*CCTV is NOT an authorised means of monitoring or carrying out checks on detainees.*" We acknowledge Custody Officer D could see Mr Z while he was speaking to him over the intercom. However, it is not appropriate to rely on CCTV instead of checks as outlined in paragraph 53.
140. Police policy states that, when being frequently monitored: "... *the detainee must be checked at least 5 times per hour at irregular intervals*". The Authority interprets this as requiring Police to go to the cell. It is concerning that this is not happening on every occasion.

141. In our review of the footage, it was evident that Mr Z was listening for, and observing, staff movements. While we cannot say this tragic incident could have been prevented, proper checks would certainly have reduced the opportunity for it to occur.

Did officers provide Mr Z with immediate and appropriate medical care?

What did officers do upon finding Mr Z unresponsive?

142. Custody Officer D says: *“I radioed the team for someone to do a check on [Mr Z] as it (ECM system) had flashed up orange... meaning he needed another check. I looked up and saw [Mr Z] in an odd position.”*

143. At 10.54am, within 30 seconds of Custody Officer D’s request, Custody Officer K arrived outside Mr Z’s cell. He saw Mr Z on the floor. He opened the hatch in the cell door and saw that Mr Z appeared motionless under the blanket. After getting no response from Mr Z, Custody Officer K yelled out and radioed for assistance. Around 30 seconds later, additional custody officers arrived outside Mr Z’s cell.

144. The cell door was opened. The officers entered the cell, and Custody Officer F determined Mr Z was not breathing. They moved Mr Z toward the centre of the cell and rolled him on to his back. Custody Officer F commenced chest compressions on Mr Z while another officer checked for Mr Z’s pulse.

145. At 10.55am, Custody Officer D entered the cell with a defibrillator. Custody Officer D took the defibrillator out of its case and placed it on the floor beside Mr Z. The footage shows him point toward the open cell door as if requesting something. He then left the cell.

146. At 10.56am, an ambulance was called for.

147. At 10.57am, Custody Officer D returned to the cell with a resuscitator bag and face mask. He connected the mask to the resuscitator and placed the face mask over Mr Z’s mouth and nose. Custody Officer D provided rescue breaths through the resuscitator, and chest compressions continued.

148. At 10.58am, the defibrillator pads were placed onto Mr Z’s chest and side. At no point did the defibrillator’s voice prompt advise to administer a shock.

149. Ambulance officers arrived about seven minutes after chest compressions started.

150. From the time Custody Officer K called for assistance, it took approximately:

- 35 seconds for officers to enter the cell;
- 55 seconds for officers to begin chest compressions;
- 1 minute and 15 seconds for the defibrillator to be brought in;
- 2 minutes for an ambulance to be called;

- 2 minutes and 45 seconds for the face mask and resuscitator to be placed on Mr Z and rescues breaths started; and
- 3 minutes and 50 seconds for the defibrillator pads to be placed onto Mr Z.

Conclusion

151. The officers responded promptly to Mr Z when he was found to be unresponsive. Within 20 seconds of entering the cell, Custody Officer F started chest compressions.

FINDINGS ON ISSUE 4

We consider it appropriate for Mr Z to have been placed on 'frequent monitoring'.

We do not believe it was an unreasonable decision to provide Mr Z with the overalls.

We consider that some of the checks undertaken by Custody Officers D, F and J were inconsistent with policy and were recorded in the ECM despite appearing non-compliant.

It is concerning that these practices appear to be commonplace within the ACU.

We are satisfied officers promptly commenced chest compressions.



Judge Kenneth Johnston KC

Chair
Independent Police Conduct Authority

26 February 2026

IPCA: 23-19901

About the Authority

WHO IS THE INDEPENDENT POLICE CONDUCT AUTHORITY?

The Independent Police Conduct Authority is an independent body set up by Parliament to provide civilian oversight of Police conduct.

We are not part of the Police – the law requires us to be fully independent. The Authority is overseen by a Board, which is chaired by Judge Kenneth Johnston KC.

Being independent means that the Authority makes its own findings based on the facts and the law. We do not answer to the Police, the Government or anyone else over those findings. In this way, our independence is similar to that of a Court.

The Authority employs highly experienced staff who have worked in a range of law enforcement and related roles in New Zealand and overseas.

WHAT ARE THE AUTHORITY'S FUNCTIONS?

Under the Independent Police Conduct Authority Act 1988, the Authority receives and may choose to investigate:

- complaints alleging misconduct or neglect of duty by Police;
- complaints about Police practices, policies and procedures affecting the complainant in a personal capacity;
- notifications of incidents in which Police actions have caused or appear to have caused death or serious bodily harm; and
- referrals by Police under a Memorandum of Understanding between the Authority and Police, which covers instances of potential reputational risk to Police (including serious offending by a Police officer or Police actions that may have an element of corruption).

The Authority's investigation may include visiting the scene of the incident, interviewing the officers involved and any witnesses, and reviewing evidence from the Police's investigation.

On completion of an investigation, the Authority must form an opinion about the Police conduct, policy, practice or procedure which was the subject of the complaint. The Authority may make recommendations to the Commissioner.

THIS REPORT

This report is the result of the work of a multi-disciplinary team. At significant points in the investigation itself and in the preparation of the report, the Authority conducted audits of both process and content.



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