



Recommendations

Home Office prisoners Recommendations for forensic physicians

Introduction

Management of Home Office prisoners in police cells presents greater challenges for their custodians and for forensic physicians responsible for their care. The conditions of their detention and medical care require special consideration and provisions and raised levels of vigilance and staffing.

It is of paramount importance that the prison ensures that forensic physicians (FP, forensic medical examiner, police surgeon) have clinical records available for any Home Office prisoner in police custody, and that these records are stored securely. FPs must have access to these records prior to an assessment.

As part of the assessment procedure, the FP should review any prisoner suicide and self-harm risk management documentation that has accompanied the prisoner. (These would either be a 'care map' under the ACCT (Assessment, Care in Custody and Teamwork) system or a 'support plan' within the F2052SH process. These are A4 orange forms.)¹

Where clinical information is not available, the FP should contact the healthcare department of the prison from which the prisoner has arrived. As in all areas of clinical practice it is not appropriate to instigate treatment or repeat prescriptions without having a full understanding of that individual's health needs. The clinical management of drug and alcohol problems should be guided by 'Substance Misuse Detainees in Police Custody'.²

Forensic physicians should ensure that the prisoner's clinical records are kept up to date either by entering their assessment and actions in the records or ensuring that copies of the (police) medical reports are sent with the prisoner when he/she is next transferred.

These prisoners have the same rights and expectations of medical care, including the right of privacy and confidentiality as anyone else.

If the forensic physician believes that the basic human rights of a detainee are being ignored or abused or has any concerns about an individual's welfare he/she has a duty to report their concerns to the appropriate person in authority. This may be the custody officer but in more serious cases, the duty inspector or Chief Constable or the Commissioner's representative.

Legislation

The provisions of PACE do not apply to people in custody who 'are convicted or remanded prisoners held in police cells on behalf of the Prison Service under Imprisonment (Temporary Provisions) Act 1980... the provisions on conditions of detention and treatment in section 8 and 9 must be considered as the minimum standards of treatment for such detainees' (PACE Code c 1.12).

The Humans Rights Act 1998 and other local protocols and procedures should also be taken into consideration when making decisions regarding the detention and welfare of such prisoner. Prison Rules covering detention and welfare will not apply to these prisoners.

Role of the forensic physician in the care of Home Office prisoners in police detention

1. Frequency of visits to individual prisoners

- On arrival at a police station, a forensic physician should be called to undertake an assessment of the prisoner soon after their arrival by review of prison clinical records, history-taking and appropriate examination.
- If a prisoner has been remanded by the courts into police custody it is essential that a full assessment should be performed by the FP in the absence of any prison clinical records.
- An appropriate management plan (including frequency of observation, medication needs, and review frequency) should be established.
- The forensic physician should attend a prisoner at the request of the custodians or the prisoner, on advice from a forensic physician colleague, other appropriate healthcare professional or at their own discretion. Concerns expressed by relatives, friends or other services may initiate attendance.

2. Management of medication³

- The administration of medication is the responsibility of the prescribing doctor; therefore the forensic physician must be satisfied that it is safe for the police to perform this role.
- Where the prisoner has arrived with medication that is sealed and clearly labelled by the dispensing prison pharmacist, this medication is to be regarded as the patient's property. The forensic physician should check this medication and authorise its continued administration by the custody staff at the appropriate time and date.



- Due to the length of time medication may be required tablet bags recommended for use with police detainees are unsuitable for such prisoners. FPs are advised to provide emergency or one off medication from their doctor's bag when possible. Further medication, if needed, should be supplied via a private prescription (using a FP10PCD prescription for certain controlled drugs) given to the custody officer with advice on the urgency of collection. This will ensure that medicines are supplied in properly labelled containers to avoid confusion. Provision must be made for safe custody of prisoner medication
- Private prescriptions should be given to cover the expected time of detention in that facility or for a maximum of one week.
- The FP should enter each prisoner's medication regime in the medication form to be kept in the custody record. This should be updated with subsequent changes.
- The FP should check that medication has been given to the correct prisoner at the correct time and dose to ensure safe ongoing care.

3. Transfer of unfit prisoners

- Prisoners may not be suitable to be detained in police cells due to physical illness, acute psychiatric conditions or even behavioural problems.
- The FP should state if the detainee is not fit to detain and express the degree of urgency for transfer to general hospital, prison/dentist.
- Prisoners should not be detained beyond the stated period advised by the FP as delay may not be safe for the prisoner, other prisoners or their custodians.

4. Welfare of prisoners

FPs have responsibilities for the health and well being of their patients. They should be satisfied that the conditions of detention are acceptable. Including:

- **Food and drinks**
- **Personal hygiene** regular access to a shower or bath with provision of soap, toothbrush and paste, nailbrush, safety razors
- **Personal laundry** provision especially for underclothes and replacement clothing
- **Bed clothing** clean mattress, freshly laundered blankets and bed linen (or new paper ones)
- **Cells** not overcrowded, kept clean, temperature maintained at reasonable levels with adequate ventilation and lighting
- **Police custodians** some continuity of care should be provided by the police custodians

5. Exercise

- The FP should ensure that the prisoners have daily access to fresh air and exercise for a reasonable time period.

¹ ACPO & HO. (2006) Guidance on the Safer Detention & Handling of Persons in Police Custody. Appendix 10, p176-178.

² Association of Forensic Physicians and Royal College of Psychiatrists (2006). Substance Misuse Detainees in Police Custody. Guidelines for Clinical Management. (www.fflm.ac.uk)

³ See also guidance: The Safety and Security of Administration of Medication in Police Custody (www.fflm.ac.uk)