



# Home Office Prisoners Recommendations for Healthcare Professionals

Jul 2024 Review date Jul 2027 - check [www.fflm.ac.uk](http://www.fflm.ac.uk) for latest update

The medico-legal guidelines and recommendations published by the Faculty are for general information only. Appropriate specific advice should be sought from your medical defence organisation or professional association. The Faculty has one or more senior representatives of the MDOs on its Board, but for the avoidance of doubt, endorsement of the medico-legal guidelines or recommendations published by the Faculty has not been sought from any of the medical defence organisations.

## Introduction

Management of Home Office prisoners in police cells presents greater challenges for their custodians and for Health Care Professionals (HCPs) responsible for their care. The conditions of their detention and medical care require special consideration and provisions and raised levels of vigilance and staffing.<sup>1</sup>

Under the current proposed protocols for Operation Safeguard those detained in police custody will not have previously been received into prison custody. Therefore, these prisoners will not have been registered by prison health care service providers as patients and there will not be any clinical information to transfer from prisons to police settings.

The HCP working in police custody should access, where possible, information regarding a patient on the Summary Care Record and/or SystmOne or equivalent electronic clinical record systems.

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 substance use disorder, including alcohol, should be guided by Detainees with Substance Use Disorders in Police Custody.<sup>2</sup>

HCPs should ensure that clinical records are kept and that copies of the (police) clinical reports are sent with the prisoner when they are next transferred. It is essential that HCPs share relevant information with prison colleagues.

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

If the HCP believes that the basic human rights of a detainee are being ignored or abused or has any concerns about an individual's welfare they have 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 (of Police of the Metropolis)'s representative.

## Legislation

The provisions of the Police and Criminal Evidence Act 1984 (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 Human 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 prisoners. Prison Rules covering detention and welfare will not apply to these prisoners.

## Role of the HCP in the care of Home Office prisoners in police detention

### 1. Frequency of visits to individual prisoners

- On arrival at a police station, the HCP 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 HCP in the absence of any prison clinical records.
- An appropriate management plan (including frequency of observation, medication needs, the need for nicotine replacement where necessary (remembering there is an effect on plasma levels of a number of prescribed drugs if smoking is stopped) and the frequency of review) should be established.
- The HCP should attend a prisoner at the request of the custodians or the prisoner, on advice from another HCP colleague, other appropriate HCP or at their own discretion. Concerns expressed by relatives, friends or other services may initiate attendance.
- The HCP must record their assessment and inform the custody sergeant of the nature and frequency of required observations and when concern should be escalated to the HCP.

### 2. Management of medication<sup>3</sup>

- The administration of medication is the responsibility of the prescribing HCP; therefore the HCP 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 community pharmacist, this medication is to be regarded as the patient's property. The HCP 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. HCPs are advised to provide emergency or one off medication from the HCPs' locked medicines cabinet 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 HCP should enter each prisoner's medication regime in the appropriate electronic records. This should be updated with subsequent changes.
- The HCP 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 HCP should state if the detainee is not fit to detain and express the degree of urgency for transfer to general hospital, mental health care, prison/dentist.
- Prisoners should not be detained beyond the stated period advised by the HCP as delay may not be safe for the prisoner, other prisoners or their custodians.

### 4. Welfare of prisoners

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

#### i. Food and drinks

#### ii. Personal hygiene

(regular access to a shower or bath with provision of soap, toothbrush and paste, safety razors, sanitary wear with appropriate disposal of same, adequate toilet paper)

#### iii. Personal laundry

(provision especially for underclothes and replacement clothing).

#### iv. Bed clothing

(clean mattress, freshly laundered blankets and bed linen (or new paper ones)).

#### v. Cells

(kept clean, temperature maintained at reasonable levels with adequate ventilation and lighting).

#### vi. Police custodians

There should be some continuity of care by the police custodians.

### 5. Exercise

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

### References

1. Authorised Professional Practice  
*Detention and Custody*
2. FFLM and Royal College of Psychiatrists (2020)  
*Detainees with Substance Use Disorders in Police Custody. Guidelines for Clinical Management (Fifth Edition) aka 'The Blue Guidelines'*
3. FFLM and Royal Pharmaceutical Society (2023)  
*Safe and Secure Administration of Medication in Police Custody*