



Proposed Recommendation from the Inspector of Prisons investigation report on
Death in Custody of “Mr L” 19/07/18

The Recommendations submitted by the IOP have been review and considered. The table below is a summary of proposed actions based on the investigation of the IOP in respect of the Irish Prison Service. The table also suggest timelines and action owners for completing the necessary actions.

No	IOP Recommendations	Irish Prison Service response	Action Required	Action Owner	Timeline
1.	A person committed to prison should be accommodated in a bed unless otherwise contraindicated in exceptional circumstances. If a bed is available and it is decided not to avail of it, the decision and the associated reason(s) for the decision should be clearly documented.	Accepted	Operations Directorate to issue a circular advising Governors to note on a prisoners file where a bed is available and it is decided not to use it. It must be noted that the Irish Prison Service has no control over the number of prisoners which may be committed to prison on a given day. Further, in circumstances where all of our closed prisons are currently operating at, close to, or above operational bed capacity, it is not possible to provide a bed and on occasions mattresses must be used. To assist in addressing overcrowding, new beds (bunks) have been introduced across the estate over the recent months.	Operations	Complete 11/03/2020



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2.	Consideration should be given to using a Special Observation Cell in circumstances where the IPS Protocol for the Emergency Use of Chlordiazepoxide is initiated.	Not accepted	There is no clinical rationale for the placement of a person in an SOC if/when they are in withdrawals or have been administered Chlordiazepoxide under protocol. Indeed the use of the SOC in such circumstances would be clinically inappropriate and contravene the SOC Policy and all clinical best practice. The criteria for SOC placement are clear, and are solely for the risk to self and/or others, and does not, nor should not, include commencement on protocol meds or undergoing alcohol withdrawals.	N/A	N/A
3.	Significant information relating to handover of nursing care, should be documented in writing in the relevant sections of PHMS and also communicated verbally ensuring appropriate exchange of relevant information at the handover of nursing shifts.	Accepted	All PHMS users reminded of the available functionality on PHMS to support timely communication, record keeping and appropriate medication administration records.	Operational Nurse Manager/PHMS Business Manager	Complete 05/03/2020



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4.	Entry to records should be made contemporaneously. If for a particular reason this is not possible, the reason should be explicitly stated and the entry countersigned by the person's line manager.	Part accepted	It is expected that all clinicians will enter contemporaneous notes. If a note cannot be entered in a timely manner, then it should be entered as soon as possible, with a clearly stated reason for the delayed entry. It is inappropriate that a manager would be expected to countersign an entry for a professionally qualified and accountable person. Individual professional accountability is one of the mainstays of a professionally qualified clinician irrespective of discipline.	N/A	N/A
5.	Chapter 18 and Appendix XIX of The IPS Clinical Drug Treatment & Policies Manual V 01 07 2012 requires updating to clearly address the issues identified at sections 6.6 and 6.7 of this report. The policies and procedures should take into consideration lone working nursing staff at night and provide appropriate guidance in such circumstances, including when transfer to hospital for emergency care is indicated.	Accepted	Work is underway in reviewing the clinical demands and necessity for possible enhanced nursing at night time, however it is important to state that the principles of management of a presenting clinical scenario such as this would not differ from day duty to night duty or lone working to a full team being present.	Enda Kelly, Deirdre O'Reilly and John Devlin	Subject to outcome of review and necessary resources being made available



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6.	The IPS Protocol for the Emergency Use of Chlordiazepoxide provides that <i>“the patient must be seen by a doctor within 24 hrs”</i> . This provision also requires review to incorporate earlier assessment/review by a registered medical practitioner.	Accepted	The Irish Prison Service will review this as part of the Drugs & Therapeutics Committee work, for consideration and clarification to be provided to all clinicians.	Enda Kelly, Deirdre O’Reilly and John Devlin	18/06/2020
7.	The Irish Prison Service Epilepsy Management Protocol is silent in relation to situations where two or more seizures of less than 5 minutes duration occur within a specified period of time. It is recommended that the policy is reviewed to address this issue.	Accepted	Draft revised SOP has been circulated for comment. This will be reviewed at the Drug and Therapeutics Committee.	Enda Kelly, Deirdre O’Reilly and John Devlin	18/06/2020



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8.	Handwritten notes of prisoner's vital signs should be contemporaneously entered into the record in the area of the PHMS designated for this purpose.	Accepted	Instruction issued 20/11/19 via the National CNO Group Meeting that all nursing staff must ensure that written records taken during their rounds must be entered into the respective prisoner notes on PHMS at the earliest opportunity.	Enda Kelly	Complete
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