

**First Witness Statement**  
**Her Majesty's Prison Service**  
**John Attard**  
**3<sup>rd</sup> April 2007**  
**Exhibits JA1- JA9**

Prisons and Probation Ombudsman

Investigation no 01/2007

INVESTIGATION INTO THE NEAR DEATH IN CUSTODY OF 'D' ON 27  
DECEMBER 2001

---

**EXHIBIT JA5**

---

## Basic Prison Trauma and Life Support

### 1. Approaching a casualty

- ❖ Check for hazards
- ❖ Check for verbal response
- ❖ Summon help
- ❖ Shake shoulders for a response
- ❖ Check airway
- ❖ Open airway
- ❖ Check breathing (10 seconds)
- ❖ Summon ambulance (if no breathing)
- ❖ Administer two breaths
- ❖ Check pulse (10 seconds)
- ❖ Give 15 compressions (if no pulse)

Continue CPR until:

- ❖ Signs of recovery
- ❖ A more qualified person attends and says stop
- ❖ Complete exhaustion

## Surveys

### 1. Primary 2. Secondary 3. Reassessment

#### Primary Survey (Two minutes)

- A Airway & C Spine Control
- B Breathing
- C Circulation & Control of major haemorrhaging
- D Disability/dysfunction
- E Expose

Identify life threatening injuries

- 1 Difficulty breathing
- 2 Decreased level of consciousness

- 3 Shock
- 4 Tender abdomen
- 5 Unstable pelvis
- 6 Bi-lateral femur fractures

### Secondary Survey

◆ Get Vital Signs

◆ History

- S Symptoms
- A Allergies
- M Medication
- P Past medical history
- L Last oral intake
- E Events

◆ Head to toe examination

◆ Dress wounds/splint fractures

### Vital signs:

Pulse

Respirations

Blood pressure

Pupil reaction

Capillary refill

### Upper Airway Obstruction

Tongue Foreign bodies Oedema

## Trauma

- Jaw thrust

## Non-Trauma

- Head tilt, chin lift

## Airways

### Oropharyngeal

- Used if no gag reflex

### Nasopharyngeal

- Used if there is gag reflex

## Clearing excess fluid

### Suction

- 15 seconds at a time
- Suction on way out

## Breathing

Tidal volume                      450 - 500mls                      (dead space = 250mls)

Tidal vol. X breaths per min. = Minute volume

e.g 500mls X 14 per min. = 7litrs

## In trauma cases everyone gets oxygen (100%)

### Oxygen

100%                      -                      10 to 15 litres per min.                      -                      Use Hudson  
Rebreather mask

A pulse oxymeter can be used to measure O<sup>2</sup> levels in blood.

Hypoxia - shortage of O<sup>2</sup> in the blood.



adequate for tissue perfusion.

Causes:

- ◆ Acute M.I.
- ◆ Dysrhythmias
- ◆ Cardiac tamponade

### Neurogenic Shock (Also known as Spinal Cord Shock)

Causes:

Results from vasomotor paralysis below the level of the cord injury.

Characteristics:

- ◆ Normal or low pulse rate
- ◆ Warm pink skin
- ◆ Low blood pressure

### Anaphylactic Shock

Body exposed to a substance that causes a severe allergic reaction.

Causes:

- ◆ Drugs
- ◆ Some foods
- ◆ Insect stings

### Stages of shock

Compensated  
Decompensated  
Irreversible

Levels of shock Table

|                | Compensated<br>Class I | Compensated<br>Class II       | Decompensated<br>Class III      | Irreversible<br>Class IV |
|----------------|------------------------|-------------------------------|---------------------------------|--------------------------|
| Blood loss     | 15%<br>750mls          | 15% - 30%<br>750mls - 1500mls | 30% - 40%<br>1500mls - 2000mls  | 40% +<br>2000mls +       |
| Pulse          | <100                   | 100>                          | 120+                            | 140+                     |
| Respirations   | 14 - 20                | 20 - 30                       | 30 - 40                         | 35+                      |
| Blood Pressure | Normal                 | Normal                        | Falls                           | Falls                    |
| L.O.C          | Anxious                | Anxious                       | Confused/Aggressive/Obstructive | Lethargic                |

### Shock Management

- ✦ Maintain open airway
- ✦ Administer 100% O<sup>2</sup>
- ✦ If possible control major haemorrhage
- ✦ Intravenous access
- ✦ Rapid transport

### Thoracic Trauma

Life threatening thoracic injury

- ✦ Open pneumothorax
- ✦ Tension pneumothorax
- ✦ Massive haemothorax
- ✦ Flail chest
- ✦ Cardiac tamponade

### Head Injuries

Primary

Secondary

vasodilation

Hypoxia

- lack of O<sup>2</sup> resulting in

Hypovolaemia

Cerebral oedema - collection of fluid on brain

Haematoma - collection of blood

Concussion

Cerebral contusion

Intracranial haemorrhage

**Cushing's Response**

Increased BP

Decreased pulse rate

Decreased respiratory rate

- Leading to fitting - use more O<sup>2</sup>

## Primary Survey

### Airway - C Spine Control

Verbal response - Don't move head

Look in mouth

Jaw thrust manoeuvre

Size and fit airway

### Breathing

Listen

Oxygen

10 - 15 litres per minute

### Circulation - Control of major haemorrhaging

Check pulse

trachial deviation

J.V.D

Deal with haemorrhaging

### Disability/Dysfunction

Immobilise neck

Check pupils

Pain response

Capillary refill

8

Chest examination

Abdominal examination

Pelvis examination

Long bones examination

SPINE BOARD

Recheck airway

Check oxygen

Check intervention

Vital signs

First Witness Statement  
Her Majesty's Prison Service  
John Attard  
3<sup>rd</sup> April 2007  
Exhibits JA1- JA9

Prisons and Probation Ombudsman

Investigation no 01/2007

INVESTIGATION INTO THE NEAR DEATH IN CUSTODY OF 'D' ON 27  
DECEMBER 2001

---

EXHIBIT JA6

---

**HM Prison Pentonville  
Health Care Centre**



**Protocols for Mobilising the  
Emergency Medical Response Team**



## Table of Contents

|     |  |   |
|-----|--|---|
| 1.  | INTRODUCTION .....   | 3 |
| 2.  | LEVELS OF MEDICAL INCIDENTS .....                                  | 3 |
| 2.1 | Level 1 .....  | 3 |
| 2.2 | Level 2 .....  | 3 |
| 3.  | DECIDING THE LEVEL OF THE MEDICAL INCIDENT .....                   | 3 |
| 4.  | METHODS OF MOBILISING THE EMRT .....                               | 4 |
| 5.  | INFORMATION REQUIRED BY THE COMMUNICATIONS CENTRE .....            | 4 |
| 6.  | PRISON STATE - CLEARING THE ROUTE .....                            | 4 |
| 7.  | ROLE OF THE PERSON FIRST ON SCENE .....                            | 5 |
| 8.  | ROLE OF THE ORDERLY OFFICER (OR SENIOR OFFICER AT THE SCENE) ..... | 5 |
| 9.  | ROLE OF THE DUTY GOVERNOR .....                                    | 5 |
| 10. | ROLE OF THE EMRT .....   | 5 |
| 11. | ROLE OF THE DUTY DOCTOR .....                                      | 6 |
| 12. | EMRT - UNIFORM AND EQUIPMENT .....                                 | 6 |
| 13. | TRANSFERRING THE CASUALTY TO THE AMBULANCE SERVICE PERSONNEL ..... | 6 |
| 14. | ACCOUNTING FOR AND RETURNING PRISON EQUIPMENT .....                | 6 |

DRAFT

2

## 1. Introduction

Some medical incidents will require the immediate attendance of specially trained staff in order to ensure the best possible chance of the incident being dealt with appropriately. Specially trained staff are staff that have attended and successfully completed the Basic Prison Trauma and Life Support course. These specially trained staff will form what is to be known as the 'Emergency Medical Response Team' (EMRT).

Medical incidents that occur in the prison require different responses dependant upon the nature of that incident. The vast majority of these incidents do not require the immediate attendance of the EMRT in order to preserve life or to prevent the condition deteriorating. The matter can usually be dealt with by taking that person to Central Treatments or to the Healthcare Centre.

If a medical incident is deemed serious enough to require the immediate attendance of specially trained staff, then the alarm should be raised and the EMRT must be mobilised.

## 2. Levels of Medical Incidents

Medical incidents will be classified as being either 'Level 1' or 'Level 2'.

### 2.1 Level 1

If a medical incident does require the **immediate** attendance of the EMRT it will be classified a 'Level 1'.

### 2.2 Level 2

If a medical incident does not require the *immediate* attendance of the EMRT it will be classified as 'Level 2'. Medical input is, however, still required.

## 3. Deciding the Level of the Medical Incident

Deciding what level the medical incident is will be the responsibility of the first person on the scene. (This can only be overruled by the EMRT or a doctor.) Guidance on what level a particular medical incident is can be found in Annex A. The guide provides a broad list of medical conditions with their classifications – Level 1 or Level 2. The list is neither prescriptive nor exhaustive. If the first person on the scene is unsure what level the medical incident is then they must err on the side of caution and classify it as the most serious – Level 1.

#### 4. Methods of Mobilising the EMRT

If the first person on the scene of the medical incident has decided that it is a level 2 medical incident there is no need to mobilise the EMRT. The casualty should be escorted, if possible, to the Central Treatment room or to the Healthcare Centre if the Central Treatment room is not staffed. If the casualty cannot move medical assistance should be sought using conventional methods.

If, however, the medical incident has been classified as level 1 then the EMRT must be mobilised immediately by raising the alarm. This can be achieved in several ways:

- (i) Using the radio net
- (ii) Three short whistle blasts
- (iii) Dialling 222 on the telephone
- (iv) Pressing the alarm bell
- (v) Shouting for assistance
- (vi) Or by any other means

In the vast majority of cases the EMRT will be mobilised by the Communications Centre. It is therefore important for the Communications Centre to be given the relevant facts as soon as possible.

#### 5. Information Required by the Communications Centre

- (i) Level of Medical Incident, i.e. Level 1.
- (ii) Location
- (iii) Number of casualties
- (iv) Any other relevant information e.g. if there is a suspected heart attack.

#### 6. Prison State - Clearing the Route

Once the alarm has been raised the prison should respond as it does for any other prison alarm. The radio net should, as is the current procedure, be switched to 'talk through' so that all staff are aware that there is a medical emergency and where the emergency is. Further to that the route from the Healthcare Centre, which is where the EMRT is based, to the scene of the medical emergency should be cleared and gates and doors opened in order to facilitate the speediest possible arrival of the EMRT. If the medical emergency is located beyond the C wing education block/gymnasium access to the scene will be via C1 landing. The Centre Senior Officer will ensure that the relevant gates at the Centre end of the wings are open (and closed when the incident is resolved). Staff not directly involved with the incident should also ensure that relevant gates and doors are opened if the incident is in their area.

## 7. Role of the Person First On Scene

The role of the person first on the scene is to preserve life and to prevent any further injury. First aid should be carried out if that person is trained. It is important that the casualty is not moved unnecessarily. If the casualty has to be moved (as in an attempted suicide by hanging) then every effort must be made to keep movement of the head to a minimum. They should then stay with the casualty and monitor the situation until the EMRT arrives. The EMRT will assume responsibility for the casualty on their arrival and the first person on scene should brief them fully on the incident. They should remain at the scene in the event that the EMRT requires their assistance.

## 8. Role of the Orderly Officer (Or Senior Officer at the Scene)

The Orderly Officer will take charge of the incident. They must ensure that obstacles and hazards (taking into consideration dangers to others) are removed so as to enable easy access to the casualty. The casualty's name and prison number (if applicable) must be ascertained as soon as possible. Any other relevant information should also be gathered such as eye witness accounts and any medical history if known, e.g. the casualty may be a known asthma sufferer, a diabetic or have a heart condition. All non-essential persons must be cleared from the scene. The Orderly Officer must give consideration to the need to preserve evidence in the event of assault or suspected assault. In the process of completing the incident report forms (Forms A and B), witness statements should be gathered.

The Orderly Officer may find it helpful to allocate a member of staff to act as a communications officer to pass information between himself and the EMRT.

## 9. Role of the Duty Governor

The Duty Governor will be responsible for the overall management of the incident. Their role is all encompassing and decisions will need to be made if/as an incident develops. The Duty Governor should consider the following when managing the incident: the collection and collation of incident forms and statements, risk assessments, preservation of evidence, prison regime implications, security implications, segregation of inmates, informing relevant personnel, staffing requirements, and post incident debrief.

## 10. Role of the EMRT

The EMRT's role is to ensure that the casualty is treated as soon as possible to preserve life and to prevent the condition deteriorating. They must ascertain how best this can be achieved within their level of competence and with the support and advice of a doctor if available.

All information and interventions must be recorded on the appropriate *Medical Incident Report Form* (Annexes B and C) which must be completed as soon after the incident as been resolved as is practicable. It may be advisable to ask a third person to record observations.

#### 11. Role of the Duty Doctor

Once the EMRT has been deployed the Duty Doctor should be contacted and asked to report to the incident location. The Doctor should then attend the scene as a matter of urgency. Most of the EMRT staff will be trained in basic trauma & cardiac care, therefore it is imperative that a Doctor attend the scene in the event that advanced interventions are required i.e. intubation and or cannulation and to administer relevant drugs.

#### 12. EMRT - Uniform and Equipment

Whenever the EMRT is mobilised they will don high-visibility 'Medic' waist jackets and collect the 'Resus' bag and the portable oxygen cylinder. If information has been received which suggests a heart attack the defibrillator will also be collected. Additional equipment needed can be requested from the scene of the incident.

#### 13. Transferring the Casualty to the Ambulance Service Personnel

If Paramedics have been called the casualty will be handed over to them, together with a copy of the Medical Incident report form. The EMRT Leader will decide if it is necessary for one of his team to accompany the casualty in addition to the Officer escort that should be provided. In all cases where advanced interventions have been performed, such as endotracheal intubation or in some cases cannulation, the member of the team who performed those interventions should accompany the casualty as a matter of course. This is because the team member will ultimately have to take responsibility for the interventions performed. Also in rare cases the ambulance personnel who attend may not be qualified to take responsibility for advanced interventions, or indeed give the relevant drugs.

#### 14. Medical Incident Report Form

A Medical Incident Report Form will be completed during and after the incident. In the event that the casualty is transferred to an Accident and Emergency department a copy of the form will be handed over to the paramedic. At the end of the incident

#### 15. Accounting for and Returning Prison Equipment

In the event that the casualty has to be escorted to an Accident and Emergency department it is essential that all prison equipment logged and returned. This will be the responsibility of the Officer in charge of the escort. If the equipment cannot be released at the change of the escort responsibility will pass to the new Officer in charge who will record it on the bed watch log sheet.

DRAFT



# Emergency Bag Kit Check List

*All items to be physically checked and signed for.*

## Main Bag

- 1 x Ambu bag & mask with O2 reservoir \_\_\_\_\_
- 1 x Sharps box \_\_\_\_\_
- 1 x Stif Neck collar \_\_\_\_\_
- 1 x Laerdal Resus mask \_\_\_\_\_
- 1 x Ligature cutter \_\_\_\_\_
- 1 x Bag of gloves \_\_\_\_\_
- 1 x Gauze \_\_\_\_\_
- 1 x BM kit \_\_\_\_\_

## Yellow Pouch

- 1 x Vitalograph & catheter \_\_\_\_\_

## Blue Pouch

- 1 x B/P machine \_\_\_\_\_

## Green Pouch

- 1 x Stethoscope \_\_\_\_\_
- 1 x Pen torch \_\_\_\_\_
- 1 x Pulse Oximeter \_\_\_\_\_

## Oropharyngeal Airways

- 3 x Size 2 \_\_\_\_\_
- 4 x Size 3 \_\_\_\_\_
- 2 x Size 4 \_\_\_\_\_

## Inside Flap

- 1 x GTN spray \_\_\_\_\_
- 6 x Green Venflon \_\_\_\_\_
- 3 x Brown Venflon \_\_\_\_\_
- 1 x 20ml Syringe \_\_\_\_\_
- 4 x 10ml Syringe \_\_\_\_\_
- 2 x 5ml Syringe \_\_\_\_\_
- 2 x 2ml Syringe \_\_\_\_\_
- 1 x Sterets \_\_\_\_\_

## Drugs

- 2 x 1mg in 1ml 1:1000 Epinephrine (Vials) \_\_\_\_\_
- 2 x 1mg in 1ml 1:1000 Epinephrine (Minijet) \_\_\_\_\_
- 3 x 1mg in 10ml 1:10,000 Epinephrine (Minijet) \_\_\_\_\_
- 3 x 1mg in 10ml Atropine \_\_\_\_\_
- 4 x 400mcgm in 1ml Naloxone \_\_\_\_\_
- 2 x 1mg Glucagon \_\_\_\_\_
- 5 x 2.5ml rectal Diazepam \_\_\_\_\_
- 1 x 100mg in 10ml Lignocaine \_\_\_\_\_
- 4 x 10ml Sodium Chloride \_\_\_\_\_
- 1 x 100mg Hydrocortisone \_\_\_\_\_

# Emergency Bag Kit Check List

## Inner Pocket

### Nasopharyngeal Airways

1 x Size 6 \_\_\_\_\_

1 x Size 7 \_\_\_\_\_

1 x Size 8 \_\_\_\_\_

## Top Front Pouch

2 x 500ml Sodium Chloride \_\_\_\_\_

3 x Giving sets \_\_\_\_\_

## Bottom Front Pouch

1 x 500ml Haemacel \_\_\_\_\_

## Top left Pouch

4 x No.15 Dressings \_\_\_\_\_

## Bottom Left Pouch

3 x rolls Micropore \_\_\_\_\_

## Side Pouch

1 x 7.5mm Endotracheal Tube \_\_\_\_\_

1 x 8.5mm Endotracheal Tube \_\_\_\_\_

1 x 9.0mm Endotracheal Tube \_\_\_\_\_

1 x Magills Forceps \_\_\_\_\_

1 x Ribbon gauze \_\_\_\_\_

1 x Laryngoscope & batteries \_\_\_\_\_

1 x KY jelly \_\_\_\_\_

2 x Spare batteries \_\_\_\_\_

## Defibrillator & Batteries

Daily Check

Signed \_\_\_\_\_

## Oxygen Cylinders

Daily Check

Signed \_\_\_\_\_

All items have been checked and the following items have been found to be deficient and have been ordered:

Signature \_\_\_\_\_

Name \_\_\_\_\_ Rank \_\_\_\_\_

Countersignature \_\_\_\_\_

Name \_\_\_\_\_ Rank \_\_\_\_\_

Time \_\_\_\_\_ Date \_\_\_\_\_

9



HMP PENTONVILLE HEALTH CARE CENTRE  
 MEDICAL INCIDENT REPORTING FORM - PRISONER



(Prisoner)

Medical in confidence

*This form must be completed during and immediately after the incident by members of the Emergency Medical Response Team*

Nature of Medical Emergency: \_\_\_\_\_

Date:  Time:  Place:

Team in Attendance

| Grade | First Name | Surname |
|-------|------------|---------|
|       |            |         |
|       |            |         |

Doctor in Attendance

| First Name | Surname |
|------------|---------|
|            |         |

Patient's Details

| First Name | Surname | Number | Age |
|------------|---------|--------|-----|
|            |         |        |     |

Injuries/Condition

Observations

| Time | Resps | Pulse | A.V.P.U | B/P | SaO <sub>2</sub> | BM |
|------|-------|-------|---------|-----|------------------|----|
|      |       |       |         |     |                  |    |
|      |       |       |         |     |                  |    |
|      |       |       |         |     |                  |    |
|      |       |       |         |     |                  |    |
|      |       |       |         |     |                  |    |
|      |       |       |         |     |                  |    |
|      |       |       |         |     |                  |    |

Report completed by (EMRT)

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

Pass to Health Care Manager

Name \_\_\_\_\_ Sign \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

Copy to: Duty Governor  SMO  IMR  HCC Admin (Log and file)

A copy of the Form A must be attached to this form.

Log Number:



How was the Incident Managed?

[Empty space for incident management details]

Admitted to Healthcare  Transferred to A+E  \_\_\_\_\_  
 (Hospital)

**Drugs Administered**

| Description | Qty | Administered by | Time |
|-------------|-----|-----------------|------|
|             |     |                 |      |
|             |     |                 |      |
|             |     |                 |      |
|             |     |                 |      |
|             |     |                 |      |
|             |     |                 |      |
|             |     |                 |      |

**Transfer of Casualty**

*If it is necessary to transfer the casualty to the Paramedics this form must be completed and copied to the Paramedics.*

Date of Transfer: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of Transfer: \_\_\_\_ : \_\_\_\_  
 Destination A & E Dept: \_\_\_\_\_

# Medical Incidents



*Medical Incidents will be classified as either level 1 or level 2. Classification will be made by the first person on scene. If, in your opinion and using the guidelines below, the medical incident is level 1 an immediate response will be required from the Emergency Medical Response Team as an alarm situation. Level 2 medical incidents should be dealt with using routine methods - in these cases the prisoner should be escorted to a Treatment Room or the Health Care Centre out of hours.*

## Level 1

No Pulse  
No Breathing  
Heart Attack  
Hanging  
Head Injury  
Unconsciousness  
Fractures  
Serious Assaults  
Fainting  
Fitting  
Asthma Attack  
Severe Chest Pain  
Severe Bleeding

## Level 2

Headache  
Nausea  
Stomach upset  
Minor Bleeding  
Superficial cuts  
Minor Assault  
Diarrhoea

The Emergency Medical Response Team can be mobilised by radio, whistle, telephone ( ), shouting, or by any other effective means. When raising the alarm it is important to state that it is a level 1 medical incident, the location, the number of casualties and any other pertinent information e.g. suspected heart attack.

If you are unsure what level the medical incident is you must err on the side of caution and classify it as the most serious – level 1