

Mrs L Harris
Assistant Coroner
Coroner's Office,
Doncaster Crown Court,
College Road,
Doncaster,
South Yorkshire.
DN1 3HS

28 June 2021

Dear Mrs Harris,

Response of Resuscitation Council UK Re: Regulation 28 Report to Prevent Future Deaths

1. This concerns the death of Darren Adams (date of birth 30 March 1962). He died following hanging in his prison cell. The specific concern was that cardiopulmonary resuscitation (CPR) was mistakenly not started by the prison nursing staff as they misdiagnosed the presence of hypostasis and rigor mortis.
2. The decision not to start CPR was based on the guidance from the National Offender Management Service, Royal College of Nursing, and Royal College of General Practitioners – *Guidance to support the decision making process of when not to perform Cardiopulmonary Resuscitation in prisons and immigration removal centre (IRC)* [March 2016].
3. The Coroner identified the following matters of concern at the Inquest:
 1. *The Nursing Staff misdiagnosed hypostasis. It was apparent in evidence that they did not have a sufficient understanding of the process and how to identify it.*
 2. *The Nursing Staff misdiagnosed rigor mortis. It was apparent in evidence that they did not have a sufficient understanding of the process and how to identify it.*
 3. *Management of the nurses accepted in evidence that more focus on the identification of those conditions should have been covered in better depth during the nurse's life support training.*
 4. *It was seen during the evidence that definitions in Annex A of the document "Guidance to support the decision-making process of when not to perform Cardiopulmonary Resuscitation in prisons and immigration removal centre (IRC)" could be confusing, for*

example the word "mottling" was interpreted by different people in different ways (both lay and medical).

4. The Resuscitation Council UK (RCUK) sets out its response below. Specifically, it has been reviewed by Dr [REDACTED], Professor [REDACTED], Professor [REDACTED] and Professor [REDACTED]. All have expertise in the matters of concern.
5. The RCUK was not involved in the guidance document about CPR in prisons and immigration removal centres and was not involved in implementing the guidance and training in its use.
6. Training and clinical experience are required to be able to reliably diagnose irreversible death based on the presence of rigor mortis and hypostasis. Detailed training in the recognition of rigor mortis and hypostasis is outside the scope of RCUK training courses.
7. The RCUK encourages rescuers to start CPR and await more experienced help (e.g. a paramedic) to arrive to make decisions about stopping CPR when the diagnosis of irreversible death is uncertain.
8. The guidance for prisons explicitly states in section 2.7 – *Staff who are not able to recognise rigor mortis should start resuscitation until advised otherwise by a competent member of staff*. In our opinion, prison nursing staff are unlikely to have the experience to reliably diagnose rigor mortis and hypostasis.
9. The prison guidance is based on the Ambulance Service guidelines for ambulance staff to guide decision-making on when to start CPR. Ambulance paramedics routinely use this guidance in the UK and have training and, importantly, experience in its use.
10. Rigor mortis and hypostasis are mentioned but not addressed in detail in RCUK adult Immediate and Advanced Life Support courses. The default position in the RCUK life support courses is to start CPR when the diagnosis of irreversible death is not certain. Further assessments based on heart rhythm (presence of asystole – 'flat line') and a lack of response to CPR (persistent asystole despite 20 minutes of CPR) can help confirm the diagnosis of irreversible death.
11. Finally, RCUK has shared this response with:



- a. National Offender Management Service, Royal College of Nursing, and Royal College of General Practitioners who prepared the original guidance and has offered to liaise on any future update on their guidance.
- b. RCUK Community and Ambulance Resuscitation (CARE) committee.

Yours sincerely



Dr 

On behalf of Resuscitation Council UK

