



HM Prison & Probation Service

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Mr Peter Nieto
Senior Coroner for Derby and Derbyshire
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1 August 2024

Dear Mr Nieto

Thank you for your Regulation 28 report of 10 May 2024, addressed to the Secretary of State for Justice. I am responding on behalf of His Majesty's Prison and Probation Service (HMPPS) as Director General of Operations.

I know that you will share a copy of this response with Mr Day's family, and I would first like to express my condolences for their loss. Every death in custody is a tragedy and the safety of those in our care is my absolute priority.

You have raised concerns about the guidance provided to staff to support the decision making process about when not to perform cardiopulmonary resuscitation (CPR) in prisons, and in particular the inclusion of rigor mortis in the list of conditions which provide evidence that death has occurred. You are concerned that there is potential for prison officers (who have not been trained to recognise rigor mortis) mistakenly to assess an individual as being in such a state, and to miss the opportunity to undertake CPR and thereby possibly to prevent death. You note that this risk is mitigated by the presence of healthcare staff who attend such incidents and can advise prison officers on the condition of the prisoner. However, in prisons without 24 hour healthcare staffing, and where there is therefore no such mitigation, you believe the guidance to be inappropriate.

I am grateful to you for raising this concern.

In response, we have revisited the guidance, and whilst it does include the line that "staff who are not able to tell if rigor mortis has set in must start resuscitation until advised by a healthcare professional", we acknowledge that this is less prominent than it could be, and that it is not clear that there is no expectation that prison staff should be able to make this judgement.

We have also taken advice from Resuscitation Council UK (RCUK) who have confirmed that training and clinical experience are required reliably to diagnose irreversible death based on the presence of rigor mortis, and that this is outside the scope of first aid training. For this reason RCUK encourages rescuers to start CPR and wait for more experienced help (e.g. a paramedic) to arrive to make decisions about stopping CPR in situations in

which the diagnosis of irreversible death is uncertain. In their view, our guidance is more akin to the guidance provided to ambulance staff, who, unlike prison staff, receive training on it and develop experience in its use.

In the light of your concerns and the advice from RCUK we will move quickly to undertake a review of our guidance to address this point and issue a revised version as soon as possible.

Yours sincerely

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Director General Operations