



HMP BEDFORD LOCAL UNDER THE INFLUENCE PROTOCOL

We have seen a worrying increase in prisoners that are found to be under the influence (UTI) of unknown substances recently. It is important that we all know the correct processes to follow, to keep our prisoners, colleagues and ourselves, safe. Upon identifying a prisoner suspected to be UTI, you should:

- Activate your Body Worn Video Camera immediately and notify your colleagues for assistance
- Call Hotel 2 and or Hotel 1 to attend to the incident.
- The prisoner should be taken back to their cell if safe to do so
- If presenting with severe symptoms, consider if a Code Blue needs to be called and continue with first aid response.

Following assessment of the prisoner from Hotel 1/2, if confirmed as suspected of being UTI:

- Healthcare will advise you on the frequency, and for how long the welfare observations on the prisoner should occur for. This should be documented in the observation book along with the follow-on observations.
- If a prisoner appears to recover quickly, you should continue the observations, and the prisoner should remain as 'resting in cell' for this period. Staff must ensure that meals are taken to the prisoner in the cell during this time.
- When completing observations, you must ensure that the prisoner is alert, responds appropriately to your voice, and if they have deteriorated, assess the need to call Hotel 1/2 or Code Blue.
- If the prisoner appears to recover and wishes to attend their visit/activity or appointment, they should be reassessed to determine if they are fit to attend. This can be done by Hotel1/2, or a defensible decision should be made by Victor 1.
- The prisoner should be placed on report, under the charge "Disobeys or fails to comply with any rule or regulation applying to him" Prison Rule 51, paragraph 23, and basic for a 28-day period, with a 14-day review where this can be lessened, if there is engagement with supporting change. Those on Basic should be managed accordingly and every effort should be made to move the prisoner into a cell with another basic prisoner to allow for removal of TV.
- The UTI form needs to be completed. On the UTI form, the First on Scene Officer should document why they believe the prisoner to be UTI and there is a section for Hotel 1/2 to complete. This paperwork needs to be taken to the CASU as evidence ready for the adjudication.
- A cell search needs to be conducted, with any drug paraphernalia or unauthorized articles removed as evidence and the prisoner should be placed on report for them. A body scan should not be routine however it is to be used on suspicion or related intelligence, and approval must be sought from V1.
- Oscar 1 should be informed, and an incident report needs to be completed, along with the completion of an IR and NOMIS case note.
- All prisoners that have been UTI should be added to the priority key work list and discussed at the following SIM.

Additional information:

Below are some common signs to look out for if you suspect a prisoner is UTI which you can also include on the UTI form description is relevant. Please be mindful that this list is not exhaustive due to the ever-changing illicit substances entering the prison community.

Physical signs of being under the influence:

- Confusion/disorientation
- Aggression
- Sweating
- Red Eyes & Dilated or Constricted Pupils
- Anxiety or Paranoia
- Poor coordination
- Sudden change in mood
- Vomiting

Signs of Overdose:

- Breathing slowly or very shallow
- Unconsciousness
- Lips/nails blue
- Chest pain
- Nausea
- Stroke
- Seizures
- Gurgling or snoring sounds
- Tremors
- Hot/clammy skin
- Vomiting

Other signs to look out for:

- Changes in appetite
- Needle marks
- Loss of interest in hygiene or grooming habits
- Unusual smells
- Finding drug paraphernalia
- Changes in sleep patterns
- Noticeably different energy levels
- Drastic personality change
- Being dishonest or sneaky, hiding things, or needing increased privacy
- Debt
- Loss of memory
- New peer groups
- Missing work with no legitimate excuse