



**Oifig An Chigire Príosún**  
**Office of the Inspector of Prisons**

# **Death in Custody Investigation Report**

Mr. I 2020  
Limerick Prison  
19 July 2020

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# GLOSSARY

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|---------------|--|
| ACO           | Assistant Chief Officer                |
| CCTV          | Closed Circuit Television              |
| Class Officer | Prison Officer in charge of a landing  |
| CO            | Chief Officer                          |
| CSC           | Close Supervision Cell                 |
| DiC           | Death in Custody                       |
| GP            | General Practitioner (Medical Doctor)  |
| IPS           | Irish Prison Service                   |
| NoK           | Next of Kin                            |
| OIP           | Office of the Inspector of Prisons     |
| PHMS          | Prisoner Healthcare Management System  |
| PIMS          | Prisoner Information Management System |
| PO            | Prison Officer                         |
| SOC           | Safety Observation Cell                |

# INTRODUCTION

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## 1. Preface

- 1.1 The Office of the Inspector of Prisons (OIP) was established under the Prisons Act 2007 (the Act). Since 2012, the Chief Inspector of Prisons has been obliged to investigate all deaths in prison custody. This includes the death of any person which occurs within one month of their temporary release from prison custody. The OIP also carries out regular inspections of prisons. The Office is independent of the Irish Prison Service (IPS). The Chief Inspector of Prisons and the staff of the OIP are independent of the Department of Justice in the performance of their statutory functions.
- 1.2 The OIP can make recommendations for improvement where appropriate. Our investigation reports are published by the Minister for Justice, subject to the provisions of the Act, in order that investigation findings and recommendations can be disseminated in the interest of public transparency, to promote best practice in the care of prisoners.

## 2. Objectives

- 2.1 The objectives of investigations of deaths in custody are to:
  - Establish the circumstances and events surrounding the death, including the care provided by the Irish Prison Service (IPS);
  - Examine whether any changes in IPS operational methods, policy, practice or management arrangements could help prevent a similar death in the future;
  - Ensure that the prisoner's family have an opportunity to raise any concerns they may have, and take these into account in the investigation; and
  - Assist the Coroner's investigation and contribute to meeting the State's obligations under Article 2 of the European Convention on Human Rights, by ensuring as far as possible that the full facts are brought to light and any relevant failing is exposed, any commendable practice is identified, and any lessons from the death are learned.

## 3. Methodology

- 3.1 Our standard investigation methodology aims to thoroughly explore and analyse all aspects of each case. It comprises interviews with staff, prisoners, next of kin (NoK); analysis of prison records in relation to the deceased's life while in custody; and examination of evidence, such as CCTV footage and phone calls
- 3.2 This report is structured to detail the events leading up to Mr. I's death in prison on 19 July 2020 and management of the events associated to his death.

## 4. Administration of Investigation

- 4.1 On 19 July 2020, the OIP was notified that Mr. I was discovered deceased in his cell in Limerick Prison.
- 4.2 Prison Management provided the OIP with all relevant information in accordance with the standardised checklist of information required.
- 4.3 The cause of death is a matter for the Coroner.

## 5. Family Liaison

- 5.1 Liaison with the deceased's family is an important aspect of the Inspector of Prisons role when investigating a death in custody.
- 5.2 The investigation team contacted Mr. I's family following his death. An in-person meeting was delayed due to COVID-19 restrictions. The OIP met with the family on 23 August 2021. The role of the OIP in relation to the investigation of Mr. I's death in custody was explained to the family.
- 5.3 Mr. I's partner reported that Mr. I had begun to take tablets which she believed led him to suffer from depression. It was the belief of Mr. I's partner that he was under pressure to bring contraband into prison.
- 5.4 Mr. I's family raised ten questions with the OIP which have been considered during this investigation. The questions are responded to in **section 14** of this report.

# INVESTIGATION

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## 6. Limerick Prison

- 6.1 Limerick Prison is a closed, medium security prison for adult males and females. It is the committal prison for males for counties Clare, Limerick and Tipperary and for females for all six Munster counties. In July 2020 it had an operational capacity of 210 beds for male prisoners and 28 for female prisoners.
- 6.2 Mr. I was the first death of a prisoner in Limerick Prison in 2020 and the ninth death in IPS custody that year.

## 7. Background

- 7.1 Mr. I was 29 years old when he died in Limerick Prison.
- 7.2 Mr. I had breached his bail conditions and presented himself at Roxboro Road Garda Station on 1 July 2020. He spent the night in Garda custody and the following day appeared before Limerick Circuit Court. Mr. I was remanded into the custody of Limerick Prison and his next scheduled court appearance date was set for 7 July 2020.

## 8. Committal and Detention

- 8.1 Following Mr. I's court appearance on 2 July 2020 he was remanded into the custody of Limerick Prison. On arrival at the prison, Mr. I was screened by a Nurse Officer A at the main gate for COVID-19 symptoms, as per COVID-19 IPS algorithm in place at the time. The IPS developed algorithms in response to the COVID-19 pandemic having regard to the Public Health advice in place at the time. The algorithm in place in July 2020 covering the Clinical Criteria for Prisoners(s) To Be Tested stated that committals were to be screened on arrival at the prison and isolated "*in a designated isolation cell.*"
- 8.2 Nurse Officer A met Mr I as a new committal on 2 July 2020. Nurse Officer A recorded on the Prisoner Healthcare Management System (PHMS) that Mr. I was "*pleasant and engaging on questioning.*" It was also recorded that Mr. I informed Nurse Officer A that he was on prescribed medication for post-traumatic stress disorder. Prison healthcare staff contacted Mr. I's General Practitioner (GP) in the community and were informed that no medication had been prescribed for Mr. I since 3 March 2020 but advised the nurse that Mr. I had been referred to psychiatric services for psychological assessment. Mr. I disclosed to Nurse Officer A that he had addiction issues and stated he had "*recently*" been admitted to University Hospital Limerick for a suspected overdose. Mr. I informed the nurse that he wished to detoxify while in custody and it is noted on PHMS that Mr. I was referred to see the prison doctor the following morning. Nurse Officer A also referred Mr. I to psychology and to the addiction nurse.

- 8.3 In accordance with the IPS COVID-19 algorithm Mr. I was placed in quarantine under Rule 103<sup>1</sup> of the Prison Rules 2007 - 2020 and accommodated in Cell 1 on D1 landing which was a Close Supervision Cell<sup>2</sup> (CSC).
- 8.4 In addition to quarantine, the records examined by the OIP found that Mr. I was placed under special supervision by Chief Officer A. An entry in the Special Supervision journal by the Class Officer recorded that the placement of Mr. I on special supervision was on "*suspicion of contraband*" and "*informed medics at 4.10 pm*". Mr. I was issued with refractory clothing<sup>3</sup>. Prison Rule 64(8) provides the authority for a prison Governor to require removal of a prisoner's ordinary clothing if a prisoner is placed in a Special Observation Cell (SOC) where the Governor considers that items of the prisoner's clothing may be used by the prisoner to harm himself. There is no evidence that Mr. I was in an SOC. Mr. I was subject to 15 minute special observation checks in a CSC but there is no specific provision in the Prison Rules covering the placement of a prisoner in refractory clothing in a CSC.
- 8.5 In the Close Supervision Journal, Chief Officer A recorded at 11:00 that Mr. I "*admitted bringing contraband into the prison*" At 11:50 on 5 July 2020 the Class Officer recorded "*Prisoner moved to separation cell 6 and the Special Supervision journal was closed*".
- 8.6 On 6 July 2020 at 11:10 Mr. I had a telephone conversation with his partner which was recorded on the prison telephone monitoring system. Mr. I stated "*they must think I've serious drugs over the last time*" and Mr. I also told her that he "*... got moved out of the pad last night*". Mr. I informed his ex-partner that he "*got no clothes on*" and was wearing "*...a vest thing. It's mad now, like. It's freezing, no tobacco, not a thing*". The conversation lasted six minutes, which is the maximum duration allowed and a number of other matters including his next court appearance were discussed.
- 8.7 Mr. I attended court on 7 July 2020, he was remanded back into custody with a trial date set for 31 July 2020. On return to prison Mr. I was placed back in cell 6 on D1 landing.

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<sup>1</sup> Where a prison doctor believes there is a serious risk to the health of a prisoner and makes a recommendation in writing on medical grounds in relation to that prisoner to the Governor, the Governor shall, subject to paragraph (2), implement the recommendation as soon as may be thereafter. (2) Subject to any direction of the Director General under paragraph (4), the Governor may, for the purpose of maintaining good order and safe and secure custody or on other reasonable grounds, decide not to implement a recommendation under this Rule (other than a recommendation that a prisoner, who is suffering from, or suspected of suffering from, a contagious or infectious disease or condition that threatens the health or well-being of others, be segregated in order to prevent the spread of the disease or condition) after - (a) discussing the matter with the prison doctor, and (b) taking account of the likely impact of not implementing the recommendation on the prisoner

<sup>2</sup> Close Supervision Cells (CSCs) may be used for managing a prisoner who poses an immediate threat of serious harm to self and/or others (i.e. as a security measure). A prisoner must be observed by a prison officer every 15 minutes in a CSC and seen by a nurse during the relocation or as soon as possible thereafter. The Governor and doctor must visit each prisoner accommodated in a close supervision cell on at least a daily basis. After the initial period of 24 hours, the measure may be extended by the Governor for an additional 24 hours. If a prisoner is accommodated in a CSC for longer than five days, the Governor shall submit a report to the Director General of the Irish Prison Service, who thereafter must provide written authorisation to a Governor for the measure to be extended every 24 hours thereafter.

<sup>3</sup> Refractory clothing is anti-ligature clothing

## 9. Medical/Healthcare Review

- 9.1 At 17:52 on 2 July 2020 following committal, Nurse Officer B recorded on PHMS that they were *"Asked to see Mr. I by Assistant Chief Officer A"* and further recorded *"Seen in CSC. Alert and orientated. Does not look or appear under the influence of illicit substances. No medical reason to be in CSC."*
- 9.2 On 3 July 2020, Mr. I was examined as a new committal by Doctor A. Doctor A made the following note on PHMS at 08:57 *"Seen in D1, looks drowsy, unsteady, elated. Under the influence of illicit substance (see nursing notes, was alert a few hours ago)."* Chief Nurse Officer A who accompanied the doctor also made an entry on PHMS that Mr. I was *"very elated, shouting, looking for a cigarette ... denies contraband internally ...no evidence of withdrawals."*
- 9.3 On 3 July 2020, an unsigned entry in the Class Officers report in the Day Journal recorded that Mr. I *"remains 'stoned' from drugs"*. Another recorded that Mr. I *"appeared under the influence."*
- 9.4 Two nurse assessments took place on 3 July 2020 by Nurse Officers A and C. It was noted on PHMS that Mr. I was agitated and unable to pass urine when reviewed by Nurse Officer A. Nurse Officer A made an entry at 18:57 that Mr. I was lucid and engaging, and asked to be let out for a cigarette. When seen by Nurse Officer C, Mr. I denied concealing contraband.
- 9.5 On the morning of 4 July 2020, Mr. I was examined by Doctor A, who recorded that Mr. I was still *"under the influence"*. The doctor also recorded that a urine sample obtained was positive for benzodiazepines and opiates. Mr. I was reviewed by prison medical staff on two further occasions that day.
- 9.6 On 5 July 2020, Doctor A attended the cell of Mr. I and logged on PHMS at 08:51 that Mr. I was *'very drowsy looking'* and had an *"abusive threatening attitude"*. Nurse Officer A separately recorded that she seen Mr. I on a clinical round and recorded his temperature was 36.4°C and he had no signs/symptoms of COVID-19. Nurse Officer A also recorded that she *"spoke with doctor. re: methadone, becoming irate. Complaining he wanted a phone call, cigarettes etc.. Requesting to speak with his solicitor. Appears? under the influence of illicit substances, denies same. Remains in CSC at this time"*. As already mentioned, Mr I was relocated from the CSC to a separation cell at 11:50 on 5 July 2020.
- 9.7 On 6 July 2020, Mr. I was screened for COVID-19 and showed no symptoms. At 14:35, Nurse Officer E recorded on PHMS that Mr. I informed the nurse that he was on medication at night for his mental health. The nurse recorded that she was aware that the community GP had already been contacted but the nurse made contact with the community pharmacy where Mr. I stated that he collected his medication. Nurse Officer E was informed that Mr. I had not collected prescriptions at that pharmacy since 2018.
- 9.8 On 7 July 2020 at 07:19 Nurse Officer B attended cell 6 to screen Mr. I for COVID 19, prior to his attendance at Limerick Circuit Court. Mr. I displayed no COVID symptoms and attended court.
- 9.9 At 23:38 on 8 July 2020 Nurse Officer C recorded on PHMS Mr. I was visited in the "CSC" and he *"Declined review"*. This reference by Nurse Officer C to the "CSC" would appear to be incorrect as Mr. I had in fact been removed from the CSC on 5 July 2020 but he was still accommodated in a separation cell.



- 9.10 On 10 July at 09:21 the Prison Doctor recorded that Mr. I was “*still under the influence of illicit substance. Heroin concealed as per patient in his rectum good discussion regarding same and advice*”. The Doctor did not record the specific advice that he had given to Mr I in this regard. At 14:14, a negative COVID 19 screening was recorded in respect of Mr. I.
- 9.11 The medical records examined by the OIP in relation to the 11, 12, 13 and 14 July 2020 recorded Mr. I’s temperature in the normal range from 36.2°C to 36.5°C. On 12 and 13 July 2020, Nurse Officer F recorded that Mr. I “*Feels fit and well. No complaints verbalised*”.
- 9.12 On 15 July 2020 at 07:00, Nurse Officer D recorded that Mr. I had completed 14 days in quarantine, had screened negative for COVID 19, could “*come out of quarantine today*” and the Class Officer would inform day staff. At 10:35 Nurse Officer C recorded on PHMS that Mr. I “*Remains agitated. Appeared distracted in thought. Up and mobile. Denied drug use, would not provide urine. Denied concealing any substances in or on body*”. At 14:52 Nurse Officer E recorded that the addiction nurse “*spoke with officer, they found foil in his cell this morning. Denies taking illicit drugs. Spoke with him about addiction and he would like to engage with addiction counsellor*”.
- 9.13 On 16 July 2020 at 08:09 the Prison Doctor logged that Mr. I was “*seen in cell. Still under effect. Very drowsy, unsteady, runny nose, again explained the dangers of concealing and consuming illicit substances.*” It was also recorded that Mr. I’s urine sample was positive for the presence of opiates. Chief Nurse Officer A made a similar entry at 10:26 adding that Mr. I was “*advised re hoarding of contraband internally*”. At 10:31 Nurse Officer H recorded “*Seen on D1 - ? under influence of illicit substance. Easy to rouse and conversed with me*”. Chief Nurse Officer A in her statement stated that Mr. I “*was cooperative, and conversed appropriately at this time*”.
- 9.14 On 17 July 2020 at 12:28 Nurse Officer A recorded that Mr. I was “*Seen in D1. Appears to be under the influence of ?? illicit substances. Engaging with staff when spoken to. Lying on bed. Diet and fluid intake encouraged.*” At 18:19 Nurse Officer D made a note that Mr. I was “*Up and about but shaky. Will speak when spoken to. Has not had much to eat/drink – encouraged.*” At 20:59 Nurse Officer I recorded seeing Mr. I on their rounds and Mr. I remained “*... under the influence. Sitting up on bed. Shaky in manner, however engaging with staff. GP to review.*”
- 9.15 On 18 July 2020 at 09:59 the Prison Doctor recorded on the PHMS that Mr. I was “*Seen in D1. Still under the influence of? Alert but mumbling though answers to questions. Advised nursing staff if deteriorates should be transferred to A&E.*” Chief Nurse Officer A confirmed in an email to the National Nurse Manager that the doctor had advised referral to A&E if his condition deteriorated. Chief Nurse Officer A informed the Nurse Manager that Mr. I was seen several times on 18 July 2020 by Nurse Officer D and “*oral fluids pushed*” his vitals were recorded and he appeared to respond to treatment administered.
- 9.16 At 12:40 on 18 July 2020 Nurse Officer D recorded on PHMS that Mr. I “*Remains under the influence. Mumbling to himself. Eating/drinking little to nothing. Will go at unlock to encourage him to at least have some dioralyte.*” At 15:37 Nurse Officer D recorded that they “*have been in/out to [Mr. I] a few times. Skin turgor, poor corresponding with dehydration/dry mouth. In total has now had 2x sachets of dioralyte, 3 glasses of water, 1 glass of milk, small amount of yogurt. Was unable to hold cup due to shakes by the time he was able to drink milk he was able to sit up (follow command) and hold this himself. He was also able to take the yogurt by himself. At first nonsensical talk, did not know where he was, would not obey command to sit up. At present*

*able to tell me who I was 'the nurse' and that he is in Limerick Prison. (His stats were recorded). Has been incontinent of urine, officers have assured me when it is safe to do so he can have a shower, they are going to provide a new set of clothes for him. Glass of water and another milk left with Mr. I. Ongoing r/v<sup>4</sup>. GP will assess again tomorrow. Asked him about illicit drugs usage – denies. Unable to provide urine sample at this time”.*

- 9.17 At 18:07 Nurse Officer D recorded on PHMS that Mr. I *“Managed to sip more water but mostly laying on the bed, appears to have visual hallucinations”*. At 19:00 Nurse Officer D recorded that Mr. I remained . . . *“as previous, laying on bed, talking to self.”* At 21:02 Nurse Officer I recorded that Mr. I was *“Seen notice<sup>5</sup> (night) – nil change to presentation as previous entry. Lying on bed shaky. Appears to be talking to self. Little engagement with staff. For further r/v mane”<sup>6</sup>*.
- 9.18 Officer A who was in charge of D1 landing from 08:00 to 20:00 reported that Mr. I was checked at irregular intervals during the day and he was either lying fully on the bed, lying on the bed with his feet on the floor or standing at the wall. During the afternoon Mr. I advised Officer A that his mouth was dry and the officer contacted the nursing staff who attended the cell. Officer A corroborated the report of Nurse Officer D that Mr. I consumed liquids and he also spoke to them. Officer B who was also on duty on D1 landing reported that she assisted both Nurse Officer D and Officer A in giving three cups of water and some yoghurt to Mr. I.

## 10. Events of the Night of 18 and Morning of 19 July 2020

- 10.1 On 18 July 2020 the Night Guard, Officer C who took up duty at 20:00 on 18 July 2020 reported checking Mr. I regularly throughout his tour of duty. Officer C recounted Mr. I lying across the head of the bed with his feet on the floor and he did not change position until early morning on 19 July 2020 when he observed him lying on the floor beside his bed.
- 10.2 Officer D conducted checks on D1 while Officer C availed of a break between 04:00 and 05:00 and Officer D informed Officer C on his return to the landing that he observed Mr. I sleeping on the floor. Officer D reported checking Mr. I every 15 minutes (which was corroborated by CCTV footage) and *“Mr I did not move from his position, asleep on the floor, during this time.”* Officer D informed Officer C of his observations.
- 10.3 Officer C in his report stated that he did not find it unusual that Mr. I was lying on the floor as he had seen Mr. I on the floor during previous tours of duty. Mr. I's cell was checked by Officer C at 05:56, 06:33 and 06:53 and he reported that Mr. I was lying on the floor *“face up parallel to his bed”*.

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<sup>4</sup> Review

<sup>5</sup> Is a Latin word meaning 'night' which is used by medics.

<sup>6</sup> Is a Latin word meaning 'morning', which is used by medics.

- 10.4 At 07:15 on 19 July 2020 Officer E took charge of D1 landing from Officer C and on checking cell 6 noticed that Mr. I was lying on the cell floor. He continued to check the remaining prisoners on the landing and returned to cell 6 and then went to the circle on D1 landing where he met Officer F who was due to relieve the Night Guard on B wing. Officer F accompanied Officer E to cell 6. On looking through the viewing hatch they observed Mr. I was still lying on the floor. Officer E immediately called ACO A over the radio and requested medical assistance. Officer F retrieved the keys of D1 landing from the Class Office and unlocked the cell to facilitate the immediate entry of Nurse Officer I. Nurse Officer I assessed Mr. I and concluded that he was deceased and resuscitation was not a viable option.
- 10.5 At 07:56 Nurse Officer I recorded on the PHMS that *“I was contacted by radio to D1 at approximately 07:20hrs requesting medic. On entering cell I could see (Mr. I) lying flat on the cell floor. I called (Mr. I) – unresponsive to verbal and physical stimuli. No radial/carotid pulse evidence, body cold to touch. No chest movement/signs of respiration. Pupils fixed and dilated. Froth noted around mouth. Appears rigor mortis has set in, mottled in appearance. My assessment found ([Mr. I) to be incompatible with life. Prison Doctor notified via telephone”*.
- 10.6 The Prison Doctor attended and formally pronounced Mr. I deceased at 08:32. A number of administration entries were made on the PHMS regarding arrangements for removal of Mr. I's remains and informing his NoK.
- 10.7 The Inspectorate was subsequently advised by prison management that a package containing suspected drugs, weighing 20 grammes including wrapping was found concealed in the toilet of Cell 6 by the hygiene company personnel contracted to clean and sterilise the cell following the passing of Mr. I. This suspected contraband was passed on to An Garda Síochána at Roxboro Road, Limerick, who are gathering the evidence on behalf of the Coroner.

## 11. Mr. I's Discipline Record

- 11.1 A Prison Governor may hold an inquiry into the alleged breach of discipline as provided for under Rule 66 of the Prison Rules 2007 – 2020. The alleged breach of discipline is outlined in a form known as a P19.
- 11.2 Between 2 July 2020 and 19 July 2020 Mr. I was subject to four disciplinary hearings involving five separate incidents. The OIP was provided with an overview of these breaches:

### 4 July 2020

It was alleged that Mr. I was found to have *“drug paraphernalia strewn all over his cell.”* Governor A held a disciplinary hearing on 6 July 2020. Mr. I was reported as being non-compliant with the hearing and slurring his speech. Mr. I accepted responsibility and admitted to smuggling tablets into the prison. The sanction imposed was a reduction in activities, family visits, gratuity and his telephone call entitlement was reduced to one call per week until 3 August 2020.

### 9 July 2020

It was alleged that Mr. I was “*found to have on his person a brown substance and two mobile phone chargers.*” Mr. I’s disciplinary hearing took place on 14 July 2020. At the hearing, Mr. I accepted responsibility and stated “*I went mad on the outside.*” The sanction imposed by Assistant Governor B was a reduction in activities, gym use and family visits until 11 August 2020.

### 10 July 2020

It was alleged that during a routine cell check Mr. I was observed sleeping with “*drug paraphernalia with a lighter and tinfoil*” on his chest. During the hearing Mr. I was recorded as stating “*I know I should have brought nothing in.*” Assistant Governor B imposed a sanction of reduction in activities, gym use and family visits until 11 August 2020.

### 15 July 2020

It was alleged that during a routine check Mr. I was discovered in possession of drug paraphernalia and appeared to be in an intoxicated state. Later that day an Officer heard a loud bang coming from Mr. I’s cell. Upon check on Mr. I the Officer observed the in-cell television smashed on the floor. The sanction imposed by Assistant Governor A for both incidents was to extend the previous restrictions awarded to 13 August 2020 and in addition Mr. I was to pay the cost of the damage to the television through a deductions from his weekly gratuity.

## 12. Prisoner Statements

- 12.1 Prisoner 1 was cleaning D1 landing and reported that at approximately 08:45 on 18 July 2020 he saw Mr. I trying to get into the sink. Prisoner 1 reported that Mr. I was shouting that his child was in the vent.
- 12.2 Prisoner 2 reported that at approximately 08:45 he heard Mr. I screaming that he wanted to have a shower. Prisoner 2 stated that he was on the landing, he looked into the cell and saw Mr. I with his leg in the sink and when Mr. I saw Prisoner 2 he told him that his child was in the vent. Prisoner 2 stated that he went back later to check on Mr. I and saw him lying on the bed.

## 13. CCTV

- 13.1 Closed Circuit Television (CCTV) footage covering D1 landing on 19 July 2020 showed that between 00:00 and 07:22 Mr. I was checked on 14 occasions by prison officers which is in excess of the number of checks required as per IPS policy. However, there is no evidence that he was checked by health care staff during this time.

## 14. Family Response

14.1 Mr. I's family asked the Office of Inspector of Prisons 10 questions. These are listed below, with responses as follows:

1. How many times was Mr. I checked during the night and the morning that he was found on 19 July 2020?

**Response.** Mr. I was checked 14 times by prison officers between the hours of 00:00 to 07:22 on 19 July 2020. However, there is no evidence that he was checked by health care staff during these times.

2. What are the protocols for checking a prisoner who is in a CSC?

**Response.** IPS protocols, SOP 11/21 for monitoring a prisoner in a CSC states “*The prisoner must be observed by a prison officer at least once every 15 minutes.*” However, Mr. I was removed from a CSC on 5 July 2020, and had been placed in a supervision cell that did not require regular 15 minute checks.

3. Is there mandatory drug testing before entering prison? If so, were staff aware that Mr. I had an addiction problem?

**Response.** Both the Doctor and Nurse separately conduct a committal examination. There is no drug test on committal to prison. According to the records examined, Mr. I had requested detoxification while in prison custody and the addiction nurse spoke to Mr. I on 15 July 2020 about his drug addiction. Mr. I informed the Addiction Nurse that he wanted to engage with addiction counselling and records showed that he was referred to Merchants Quay Ireland<sup>7</sup>. However, there is no evidence that a meeting with Merchants Quay Ireland ever took place.

4. What is the protocol for a person who is committed to prison while under the influence of drugs?

**Response.** There is no central policy in place. On committal the person is examined by the nurse who assesses the prisoners health needs. In Limerick Prison, following the committal of Mr. I, a decision was made by the Chief Officer to place Mr. I in a CSC for a number of days during which time he was subject to 15 minute checks. When removed from the CSC Mr. I was placed on ‘special observation’ where he was subject to regular checks.

5. The Governor acknowledged he was aware that Mr. I had concealed drugs and had given up some. What is the policy to protect the life of a prisoner from harm of storing drugs internally?

**Response.** There is currently no agreed IPS protocol for dealing with those who have concealed drugs internally. Standard procedures are followed for all new committals, including for those who are at risk of drug use which includes a committal medical interview with a doctor and separately with a nurse. A new committal is also met by

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<sup>7</sup> National voluntary organisation with frontline services, support, pathways towards recovery and responses to the issues of drug use

the Governor. All parties discuss and advise on the dangers associated with drug misuse. Referrals to support services are also made.

The Inspectorate has made detailed recommendations on this subject in other reports on deaths in custody, which have been accepted by the Irish Prison Service, Those recommendations are reiterated in this Report and the Inspectorate requests an update on their implementation.

6. If prison staff had suspicion, what monitoring was conducted and should he have not been admitted to hospital?

**Response.** The recommendation as to whether a patient should be admitted to hospital can be made by prison medical staff or the Governor but this has to be approved by IPS HQ Operations Directorate. Examination of Mr. I's prison medical records showed that the prison doctor recommended that Mr. I be removed to hospital if his condition deteriorated. However, Mr. I was not referred to the Hospital Emergency Department (see section 9.15).

7. When we collected Mr. I's belongings, we were told his prison account had a zero balance. Why?

**Response.** Following committal to prison Mr. I was subject to a number of disciplinary hearings for alleged breaches of discipline. One hearing related to damage to television. IPS policy is to recoup the costs of the damage by taking a portion of a prisoner's gratuity over several weeks. At another hearing, his gratuity was reduced by way of sanction. On examination of the Statement of Cash Account, Mr. I had a closing balance of €25.80 but had an outstanding payment due to the IPS of €166.60 on foot of P.19 disciplinary sanctions. Details of Disciplinary hearings are outlined in Section 11.

8. Following the post-mortem we noted he had marks on his face, cuts and abrasions around his chin. We would like to know where they came from and if the Coroner documented these?

**Response.** The OIP was unable to ascertain how Mr. I sustained the marks on his face. This is a question that could be raised with the pathologist at the Coroner's Inquest.

9. We believe he was subjected to ill-treatment from officers and had also a loss of contact with his family. Why?

**Response.** There was no evidence found by the OIP which suggested ill-treatment by officers towards Mr. I. Reduction in contact with family was attributable to the sanctions imposed at disciplinary hearings – see section 11.

10. Mr. I's mother found out about his death through a third party. This was totally unacceptable and caused significant stress. Why did this happen?

**Response. Inspectors were informed by prison management that repeated efforts were made to contact the NoK on the morning of 19 July 2020. Prison management confirmed contact was made at 10:01. Every effort is made by the Irish Prison Service to contact the family as soon as possible with sad news.**

## 15. Critical Incident Review Meeting

- 15.1 A Critical Incident Review Meeting<sup>8</sup> took place on 21 July 2020 chaired by Assistant Governor A who thanked those involved, particularly the medical and operational staff for their assistance on 19 July 2020. Attendees discussed the parameters for compiling documentation for the OIP and allocated responsibilities for each task. The record of the meeting does not show any discussion on lessons learnt or good practice. IPS procedures state that following a serious incident an evaluation of the response should take place, to include any learning.

## 16. Engagement with Limerick Prison Personnel

- 16.1 Inspectors met with prison staff and management at Limerick Prison on 17 June 2021, 10 and 11 March 2022.
- 16.2 During the meeting with prison management on 17 June 2021 Inspectors enquired if consideration was given to removing Mr. I to hospital and they were advised that the responsibility is with the prison doctor to certify if a prisoner requires removal to hospital, but recognised that a Governor can also advocate for removal to hospital. The removal of a prisoner to hospital requires the formal approval of IPS Headquarters operational staff, but this can be given by telephone in urgent/emergency cases.
- 16.3 During the meetings at Limerick Prison on 10 and 11 of March 2022, Inspectors were advised that there is a practice in Limerick Prison which requires all committals who are suspected of entering the prison concealing contraband to wear refractory clothing and be placed in either a CSC or SOC, depending on availability. However, there is no written procedure to support this practice.
- 16.4 More generally, this case highlights the difficulties experienced by the IPS in effectively monitoring people living in prisons who may have been internally secreting drugs. It seems clear that relying upon the cell mates of such persons (if they are held in shared accommodation, which was not the case of Mr I) to raise an alarm is not an adequate safeguard. Nor is visual observation by prison staff from outside cells always sufficient to detect a risk to life.

The following recommendations emphasise the vital role that should be played by health care staff in such monitoring, including at night. Consideration should also be given to the potential of remote monitoring of vital signs technology to assist them in that task.

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<sup>8</sup> This meeting is between prison management and all prison staff who were involved in the incident of who may have relevant information. These are conducted to identify good practice, potential shortcomings and to address any welfare needs. In this case issues of concern were raised and identified.

## 17. Recommendations

The Office of the Inspectorate of Prisons has made seven recommendations in this case:

- 17.1 In cases where it is suspected that a prisoner may be concealing drugs, a **thorough** search of the cell in which they are accommodated should be conducted without delay. This search should be fully documented and information regarding the nature of any drugs found should be communicated to the prison's healthcare team. This requirement should be set out in an Irish Prison Service Standard Operating Procedure (SOP).
- 17.2 If it is suspected that a prisoner may be concealing drugs internally (for example, if they continue to display signs of intoxication but no drugs have been found during a thorough cell search), health care professionals should take the lead in decision making regarding the supervision and care of that person. All such decisions should include a recorded risk assessment.
- 17.3 If it is deemed necessary to isolate a person from the general prison population, because of a suspicion that that they have internally secreted drugs or other items of contraband they should be subject to health care, not security observation – including at night – irrespective of whether they are held in a Special Observation Cell (SOC), Close Supervision Cell (CSC) or separation cell.

In this regard, the Inspectorate endorses the view of the Council of Europe's European Committee for the Prevention of Torture (CPT) that the most effective approach would be to do away with the current differentiation between a CSC and a SOC and instead focus on the **reasons** for the placement of a prisoner in one of these cells.<sup>9</sup>

- 17.4 In order to enhance the effectiveness of the health care monitoring of such persons, the Inspectorate recommends that the IPS explore the potential of employing remote monitoring of vital signs technology in prisons in Ireland.
- 17.5 The Irish Prison Service should introduce a health care focused policy to respond to the threats and safety risks posed by the internal secretion of drugs and other items of contraband. This policy should clarify the roles and responsibilities of management, prison officers, and healthcare staff.

This new policy should provide for a central role for health care professionals in decision making regarding the supervision and care of a person where there is a suspicion of internal secretion of drugs and other items of contraband. All such decisions should include a recorded risk assessment.<sup>10</sup>

- 17.6 The Irish Prison Service should intensify its efforts to physically prevent contraband from entering prisons and to detect its presence once on the premises, including through technological means.<sup>11</sup>

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<sup>9</sup> See document CPT/Inf (2020) 37, at paragraph 61 - <https://www.coe.int/en/web/cpt/-/council-of-europe-anti-torture-committee-publishes-7th-periodic-visit-report-on-ireland>

<sup>10</sup> It should be noted that this recommendation has already been accepted by the Irish Prison Service in response to the recommendation made by the Inspectorate in its report on the death in custody of Mr C 2021. Consequently, the Inspectorate requests that the Irish Prison Service provide an update on the implementation in practice of this recommendation in its Action Plan in response to this report.

<sup>11</sup> It should be noted that this recommendation has already been accepted by the Irish Prison Service in response to the recommendation made by the Inspectorate in its reports on the deaths in custody of Mr C 2021 and Mr E 2021. Consequently, the Inspectorate requests that the Irish Prison Service provide an update on the implementation in practice of this recommendation in its Action Plan in response to this report.



17.7 The IPS should engage with other relevant stakeholders to develop a multi-agency strategy to counter contraband entering a prison. This strategy should examine the use of technology, architectural disruptions, as well as how to prevent exploitation and coercion being used as a means to traffic drugs and other contraband into a prison.<sup>12</sup>

## 18. Support Organisations

18.1 Those who are affected by a death in custody can obtain assistance or advice from a number of charities and support groups. The Office of the Inspector of Prisons has an information pamphlet for relatives and friends of someone who dies in the custody of a prison. Further information can be found on the OIP website at [www.oip.ie](http://www.oip.ie).

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<sup>12</sup> It should be noted that this recommendation has already been accepted by the Irish Prison Service in response to the recommendation made by the Inspectorate in its reports on the deaths in custody of Mr C 2021 and Mr E 2021. Consequently, the Inspectorate requests that the Irish Prison Service provide an update on the implementation in practice of this recommendation in its Action Plan in response to this report.