For Information
on 23 January 2003

Legislative Council
Panel on Security

Report of the Special Task Group set up in relation to the Death of Inmate Mr. CHEUNG Chi-kin in Siu Lam Psychiatric Centre on 19 November 2001

Purpose

This paper provides information requested by Members at the special meeting on 5 November 2002 in relation to the above subject.

The Special Task Group

2. The special task group appointed by the Commissioner of Correctional Services has met and conducted a detailed study into the circumstances surrounding the death of Mr. CHEUNG Chi-kin. A report is at **Annex A**. It contains 34 recommendations with a view to enhancing the quality of service of Siu Lam Psychiatric Centre (SLPC), which have been agreed by the Commissioner of Correctional Services.

3. 19 of the 34 recommendations have already been implemented by the Correctional Services Department (CSD). For the remainder, appropriate follow-up action is being taken. It is envisaged that the following positive outcome will be achieved following full implementation of all the recommendations by April 2004 -

(a) the overall management of SLPC will be enhanced through regular reviews and improvements in future;

(b) the administration and monitoring of the use of medical drugs with independent external auditing will be further strengthened;

(c) a comprehensive Prescription and Medicine Issue Record will be available for use in all institutions;

(d) a more advanced and reliable CCTV system will be installed in SLPC to enable close monitoring of activities in penal setting and to preserve a continuous and high resolution record of such activities for evidential purposes; and

(e) improvements in other aspects relating to enhancement of quality of service in SLPC will be made.

Implementation of Recommendations

4. The recommendations are summarised in Chapter Ten of the Report and the progress of their implementation is set out below -

Recommendations	Implementation Progress
The Medical, Psychiatric and Nursing Staff Arrangements at SLPC	
10.1 To rotate where possible the medical officers' postings regularly to allay concerns that they might be staying in a particular institution for too long (para. 3.34 – 3.35).	The posting policy of the medical officers will be included as an agenda item at the forthcoming meeting of the Medical Services Committee jointly set up by CSD and the Department of Health to be held in late Jan. 2003.
10.2 To formulate the work methods, procedures and evaluative service benchmarks specific to a psychiatric hospital for SLPC where appropriate (para. 3.36 – 3.37)	Will consult the Hospital Authority (HA) on the formulation of service benchmarks specific to a psychiatric hospital for SLPC.

Recommendations		Implementation Progress
10.3	To pursue regular reviews of the nursing manpower in the SLPC and its overall service quality by external authorities such as the HA or other competent bodies (para. 3.38).	HA will be invited to carry out regular reviews of the nursing manpower and overall service quality of SLPC.
10.4	To seek external accreditation of the SLPC services by local or overseas professional associations such as eminent scholars and the Royal College of Psychiatry (para. 3.39).	The Royal College of Psychiatry will first be approached to explore the possibility of accreditating the SLPC services, to be followed by other professional associations identified.
Nursing Practices and Procedures in Relation to Medical Drugs and Monitoring System		
10.5	To use the proper terminology whenever injectable tranquilizers is being used and referred to (para. 4.16).	Action taken. Although the staff members are aware that prisoners are to be discouraged from uttering jargon vide previous instruction, all staff members have been reminded again on the issue with emphasis on the need to avoid misconception and misnomer brought about by inappropriate and casual use of jargon such as “Doping Injection”.
10.6	To strengthen the recording system in the use of injectable tranquilizers as in the case of Dangerous Drugs (para. 4.17)	Action taken. Instruction has been given to implement this recommendation vide the Quarterly Oi/c Hospital Meeting held on 10.12.2002. Periodic thematic checks will be conducted by Superintendent (Nursing and Health Services) to ensure that this is fully complied with.

	Recommendations	Implementation Progress
10.7	To adopt the practice of having two nursing staff sign on the patient's medical record to corroborate the dosage and condition of use whenever injectable tranquilizers is prescribed (para. 4.17).	Action taken. Instruction has been given to implement this recommendation and periodic thematic checks will be conducted.
10.8	To reinforce the practice adopted in the HA such that if a verbal order is given, the nursing staff has to record the details into the patient's medical record and recite the same instantly to the medical officer for verification before implementation. The relevant entry has to be signed by the medical officer on his subsequent return to the hospital as proper authority (para. 4.20)	Action taken. Instruction has been given to implement this recommendation and periodic thematic checks will be conducted.
10.9	Nursing staff will ensure full and proper maintenance of all relevant, correctly signed and dated records such as the prisoner's medical records, medicine issue records and injection records (para. 4.20)	Action taken. Instruction has been given to implement this recommendation and periodic thematic checks will be conducted.
10.10	Medical officers should refrain from giving verbal orders if they have not attended to the patients before, in particular in the use of injectable tranquilizers (para. 4.21)	Action taken. All MOs in penal institutions have been instructed to comply with the requirement vide Headquarters Instruction.
10.11	To make more general use of mechanical restraints under rule 67 of the Prison Rules in dealing with prisoner's violent and agitated behaviour when the medical officer is not available (para. 4.25).	Instruction has been given to implement this recommendation, and close monitoring of the actual practice in institutions will be carried out.

Recommendations		Implementation Progress
10.12	In the event the use of mechanical restraint is ordered by the Superintendent, immediate notice, preferable within 15 minutes, has to be given to the medical officer who is away from the institution (para. 4.25)	Action taken. Instruction has been given to implement this recommendation.
10.13	To pursue external accreditation such as ISO certification as a means of external auditing and control of procedures and documentation (para. 4.26)	External accreditation such as ISO certification will be actively pursued to ensure compliance of procedures and documentation in SLPC.

Dispensary Sheet in Use in SLPC

10.14	To adopt the newly formatted "Prescription and Medicine Issue Record" for use in SLPC and other penal institutions (para. 5.8).	Action taken. The new format has been put in use in all penal institutions, including SLPC. (Copy of the Prescription and Medicine Issue Record is attached at **Annex B** for reference.)
10.15	The used up record sheet be filed into the respective inmate's medical record for future reference (para. 5.9).	Action taken. All penal institutions have been instructed to implement this recommendation.
10.16	To maintain a list of sample initial/signatures of all nursing staff and the list be reviewed regularly, say, every six months (para. 5.10).	Action taken. Sr. Supt., SLPC has been instructed to maintain a list of sample initial/signatures to be reviewed every six months.

Recommendations		Implementation Progress
CCTV Monitoring System and Related Guidelines		
10.17	The analogue system be progressively replaced by digital system (para. 6.18 – 6.19 and para. 6.26).	Replacement of the existing analogue CCTV system with a digital CCTV system in SLPC will be completed within 2003/04. Provision of a similar system covering the major accommodation areas of four other institutions, namely, Cape Collinson Correctional Institution, Lo Wu Correctional Institution, Sha Tsui Detention Centre and Tai Tam Gap Correctional Institution will be completed by the end of 2003. For the remaining institutions, feasibility study is being conducted subject to availability of resources.
10.18	In anticipating the full implementation of an enhanced digital system, spare VCRs and DVRs will be provided for use in the penal institutions to serve as back-up data storage (para. 6.20). .	Action taken. VCR has been procured and delivered to SLPC to provide back-up data storage. Subject to availability of funds, action will be taken to provide spare VCR/DVR for use in other institutions' CCTV systems.
10.19	To consolidate the current operational guidelines into Action Cards for easy reference by responsible staff (para. 6.21).	Action Cards consolidating the current operational guidelines are being prepared and will be issued for compliance shortly.
10.20	To adopt the 14-day data retention/storage period as the standard for both the existing analogue CCTV system and the future digital CCTV system (para. 6.22).	Action taken. Headquarters Instruction has been issued to adopt a 14-day data retention/storage period as a standard for existing and future CCTV systems.
10.21	To adopt a 14-time re-usable limit for videotapes to achieve better replay effects (para. 6.23).	Action taken. Headquarters Instruction has been issued to adopt the 14-time re-usable limit for videotapes. Additional videotapes will be made available for this purpose.

	Recommendations	Implementation Progress
10.22	To provide comprehensive, continuous and well-thought-out training for selected staff before the full implementation of the digital CCTV system (para. 6.24).	Noted for implementation. The equipment supplier of the future digital CCTV system will provide training for the staff. Similar training will also be included in future staff in-service training programme.
10.23	To work out comprehensive procedural guidelines relating to the operation, monitoring and recording of digital CCTV system (para. 6.25).	Comprehensive procedural guidelines relating to the operation, monitoring and recording of the digital CCTV system will be promulgated for observance by all staff before the system is operational.
10.24	To give priority in the provision of a local digital CCTV monitoring system to back up the central system in specific locations where vulnerable prisoners requiring constant and close surveillance are accommodated (para. 6.27 – 6.28).	Action will be taken to ensure that all protected rooms for accommodating vulnerable prisoners will be provided with a local digital CCTV system by the end of this financial year.
10.25	To preserve at least 48 hours' recording prior to any particular incident which might be needed for subsequent inquiries (para. 6.29).	Noted for implementation by all penal institutions installed with CCTV systems.
10.26	To work out necessary provisions in the Service Level Agreement with EMSD prior to the operation of the new system for regular testing and check, standard response time and contingency arrangements, etc (para. 6.30).	Noted for implementation in all new systems to be installed.
10.27	To draw up detailed operational guidelines in relation to operation and security control of the digital CCTV system (para. 6.31).	Noted for implementation in all new systems to be installed.

Recommendations		Implementation Progress
Other Findings and Recommendations		
10.28	To ensure that prisoners are medically examined by the medical officers prior to transfer to the SLPC in accordance with laid down procedures (para. 8.1).	Action taken. All penal institutions have been instructed to strictly comply with the new requirement.
10.29	To ensure that the transfer of prisoners to the SLPC for assessment and management be effected at appropriate times taking into consideration of the duty pattern of the visiting psychiatrists and the residential medical officer at the SLPC unless under very special circumstances (para. 8.2).	Action taken. All penal institutions have been instructed to stop the transfer of prisoners/inmates from penal institutions to SLPC for assessment on Public Holidays and Sundays and after office hours.
10.30	Medication and treatments prescribed by medical officers prior to transfers had to be re-examined and endorsed by the medical officers of the receiving institution before continuation with such medication and treatments. Following the same logic, any somatic complaints and vital signs of the patient have to be viewed seriously and promptly attended to each time, even though medical investigations may have been conducted on him shortly before (para. 8.3).	Action taken. The matter was brought up for discussion at the last quarterly Senior Medical Officers' Meeting held on 20.12.2002. All attendees agreed to observe the new requirement.
10.31	To provide discussion venues for the psychiatrists, medical officers and nursing staff with a view to sharing knowledge and practical experience in the psychiatric, medical and nursing spheres (para. 8.4).	Action taken. Psychiatrists will be enlisted as members of the Medical Services Committee which will hold its next meeting in late January 2003.

Recommendations	Implementation Progress
10.32 To conduct refresher and regular in-service training on selected topics to nursing staff so as to update their nursing knowledge from time to time (para. 8.5).	Selected topics will be included in the refresher and regular in-service training programmes currently run for the nursing staff of all penal institutions.
10.33 To relocate the CCTV monitor of the AOU to a suitable position e.g. at eye level and near the duty desk to enhance supervision (para. 8.6).	The relocation of two CCTV monitors of AOU onto the wall opposite to the duty desk of the staff will be completed by the end of January 2003.
10.34 To ensure the air-conditioners inside the single rooms of AOU are tuned to a suitable temperature to ensure adequate warmth of the prisoners kept therein (para. 8.7).	Action taken. The management of SLPC has been instructed to ensure that the room temperature of the single rooms of AOU is maintained at a suitable level when occupied.

5. Information on the cases of death of inmates in SLPC from 1982 to 2002[*] is provided at **Annex C**.

Information Booklet for Prisoners

6. A sample information booklet on inmates' rights given to inmates upon admission is at **Annex D**.

Follow-up Actions taken by the Police

7. Since the conclusion of the Death Inquest in October 2002, the following follow-up actions have been taken by the Police –

(a) A comprehensive review of the investigation was completed reconfirming all possible leads had been thoroughly looked into;

(b) A thorough examination of the transcript of proceeding of the Death

[*] No complete record was kept prior to the establishment of the Statistical Unit in 1982.

Inquest was conducted reaffirming the consistency of the witnesses during both the investigation and the court hearing; and

(c) No fresh evidence has been surfaced during the said period.

Way Forward

8. CSD re-confirms its commitment to the secure, safe and humane custody of prisoners and the best efforts for their effective rehabilitation. The Administration will ensure full implementation of all the recommendations of the Special Task Group by CSD in fulfilment of its policy objective.

Security Bureau,
Correctional Services Department and
Hong Kong Police Force

January 2003

Annex A

Report of the Special Task Group

set up in relation to the

Death of DAR 21341-01 CHEUNG Chi-kin

in Siu Lam Psychiatric Centre

on 19.11.2001

December 2002

REPORT OF THE SPECIAL TASK GROUP SET UP IN RELATION TO THE
DEATH OF DAR 21341-01 CHEUNG CHI-KIN
IN SIU LAM PSYCHIATRIC CENTRE ON 19.11.2001

On 22.10.2002, we were appointed by the Commissioner of Correctional Services to conduct a detailed study into the circumstances surrounding the death of a remand prisoner namely DAR 21341-01 CHEUNG Chi-kin at Siu Lam Psychiatric Centre (SLPC) on 19.11.2001 with a view to enhancing the quality of service at SLPC. Our terms of reference were: -

(a) to study the overall management of SLPC and to consider if the existing medical/psychiatric and nursing staff arrangements would meet the best interest of the service at SLPC;

(b) to study the existing nursing practices and procedures in the requisition, receipt, storage, control, prescription, issue and disposal of medical drugs institutions and the overall monitoring mechanism;

(c) to refine the existing dispensary sheet in use in SLPC;

(d) to review the existing Closed Circuit Television monitoring system and related procedural guidelines;

(e) to examine and identify any inadequacy in nursing/supervisory procedures in relation to the death of the deceased inmate; and

(f) to make recommendations where necessary.

We have now completed our study and have the honour to present our report.

At the outset of this study, we have emphasized that our task was to critically re-examine the existing systems with a view to identifying measures to safeguard the personal safety of those committed to CSD's care and to follow up the recommendations made by the jury of the Coroner's enquiry.

The Department invited two non-official Justices of Peace viz. Messrs. Sammy POONE and YUNG Hin-kwong, Raymond to join the study as members. Mr. POONE currently serves as a member on the Hong Kong Special Administrative Region Passports Appeal Board and as an adjudicator separately in the Immigration Tribunal and the Registration of Persons Tribunal. Since 1998, he has been, and still is, a member of the Hospital Governing Committee of Tai Po Hospital inside which there is an infirmary for elderly patients and a psychiatric observation unit gazetted as a mental hospital in Hong Kong. Mr. POONE also served as the chairman and member of the Social Security Appeal Board between 1991 and 1998. Over the past twenty years, he undertook projects' chairmanship in Hong Kong Government and government-sponsored organizations including hospital management, district board affairs, elderly and health care services, crime prevention activities and social welfare services. Mr. YUNG, on the other hand, was a member of the Society for the Rehabilitation and Crime Prevention, Hong Kong and had served on the Mental Health Review Tribunal for some time. Meanwhile, Messrs. POONE and YUNG are both members on the Post-Release Supervision Board. Throughout the study, they have tendered ample constructive advice towards the improvement of service. We are very grateful to them.

We are also pleased to have Dr. YUEN Cheung-hang, the Chief of Service in the Department of Forensic Psychiatry, Castle Peak Hospital and Ms. Ida LEE, the Assistant Secretary for Security participating in the task group. Dr. YUEN has been a Visiting Consultant Psychiatrist to SLPC since inception of the centre in 1972. In 1994 when the Department undertook an overall review of the nursing manpower in SLPC, Dr. YUEN had assisted in giving his professional views on the level of psychiatric service thereat. This paved the way for the Department to ask for an additional visiting Senior Medical Officer (Psychiatry) to cater for the tremendous demand for psychiatric service. Dr. YUEN has visited many psychiatric establishments overseas and in all these years he has led a team of visiting forensic psychiatrists to provide psychiatric service at SLPC.

He was thus in a position to comment on the quality of service at SLPC in comparison with overseas jurisdictions. In the current study, he has also given his professional advice on the matters we had to consider. We wish to record our thanks to him. Finally, we would also express gratitude to Ms. LEE who, in representing the Security Bureau in the study, has given us plenty of food for thought. Her assistance was indeed invaluable.

LIST OF MEMBERS

Mr. PANG Sung-yuen, CSDSM, JP (Chairman)
Deputy Commissioner of Correctional Services

Mr. Sammy POONE, JP

Mr. YUNG Hin-kwong, Raymond, JP

Dr. YUEN Cheung-hang
Chief of Service in the Department of Forensic Psychiatry of Castle Peak Hospital and a Visiting Consultant Psychiatrist to SLPC

Mr. CHAN Kong-sang, CSDSM
Assistant Commissioner of Correctional Services

Mr. Samson CHAN, CSMSM
Senior Superintendent of Correctional Services

Ms. Ida LEE
Assistant Secretary for Security

Mr. WONG Man-chiu
Superintendent of Correctional Services

Mr. LAI Wai-keung
Chief Officer of Correctional Services (Secretary)

CONTENT

Appendices

Glossary

ADU	- Acute Disturbed Unit
AED	- Accident and Emergency Department
AOU	- Admission and Observation Unit
Arch SD	- Architectural Services Department
CCCI	- Cape Collinson Correctional Institution
CCTV	- Closed Circuit Television (System)
CMWCI	- Chimawan Correctional Institution
CSD	- Correctional Services Department
CTC	- Chimawan Drug Addiction Treatment Centre
DD	- Dangerous Drugs
DAR	- Drug Addiction Treatment Centre Remand
DH	- Department of Health
DVR	- Digital Video Recorder
EN	- Enrolled Nurse
GSD	- Government Supplies Department
HA	- Hospital Authority
HLCI	- Hei Ling Correctional Institution
HLTC	- Hei Ling Chau Addiction Treatment Centre
LCKRC	- Lai Chi Kok Reception Centre
LKTC	- Lai King Training Centre
LSCI	- Lai Sun Correctional Institution
LWCI	- Lo Wu Correctional Institution
MHP	- Ma Hang Prison
MPP&TFC	- Ma Po Ping Prison and Tong Fuk Centre
POU	- Psychiatric Observation Unit
P.R.N.	- Pro Re Nata (whenever necessary)
PUCI	- Pik Uk Correctional Institution
PUP	- Pik Uk Prison
PSWCI	- Pak Sha Wan Correctional Institution
RN	- Registered Nurse
STAT	- Statim (at once)
QEH	- Queen Elizabeth Hospital
S	- Stanley Prison
SLPC	- Siu Lam Psychiatric Centre
SPP	- Shek Pik Prison
STDC	- Sha Tsui Detention Centre
TGCI	- Tai Tam Gap Correctional Institution
TLCI	- Tai Lam Correctional Institution
TLCW	- Tai Lam Centre for Women
TTCI	- Tung Tau Correctional Institution
VCR	- Video-cassette Recorder
VP	- Victoria Prison

Executive Summary

This is a report from the special task group appointed by the Commissioner of Correctional Services to study the circumstances surrounding the death of DAR 21341-01 CHEUNG Chi-kin at SLPC on 19.11.2001 with a view to enhancing the management and service quality of SLPC. The report gives a detailed account of the incident, the background and functions of SLPC, its management mode and features, specific measures to follow up the recommendations of the Coroner's Court and other recommendations to improve the overall service quality of SLPC.

In accordance with the terms of reference of the task group, this report is divided mainly into ten chapters. Chapter One is a general introduction of the incident and the methodology adopted by the task group in the current study. Chapter Two depicts the position of psychiatric services within the prison in the sixties, the establishment of SLPC and the background of the deceased prisoner.

In Chapter Three, more descriptions have been focussed on the psychiatric and other services provided at SLPC, the required staffing establishment thereat, the 1994 and 1995 nursing manpower reviews to ascertain the adequacy of nursing care at SLPC, including the dual responsibilities of nursing staff. The task group was satisfied that the present staffing arrangements could practically achieve a reasonably high standard of psychiatric services for patients in SLPC. Notwithstanding, regular reviews of nursing manpower and overall service quality, with professional input from HA, should be conducted to SLPC with a view to identifying areas for continuous improvements. Along this line of thinking, it was also recommended that external accreditation from local and/or overseas professional organizations such as eminent scholars or the Royal College of Psychiatry also be sought for benchmarking purposes and for endorsement of the SLPC services provided to psychiatric inmates in Hong Kong.

Chapter Four gives an overview of the control and monitoring mechanism of medical drugs in the penal setting. Despite the absence of any major shortcoming that could be identified in the current system, the task group

endorsed the need to strengthen the recording system on the use of tranquilizers through injections and the more general use of mechanical restraints under the respective legal provisions to manage the violent behaviour of prisoners arising from time to time. As far as the general administration and monitoring of medical drugs was concerned, the task group further proposed external accreditation such as ISO certification be pursued as an independent auditing control on procedures and documentation as proof of compliance with the existing guidelines.

Chapter Five deals with one of the recommendations made by the Coroner's Court to improve the existing medicine issue record to contain information as to the consumption and refusal of the prescribed medicine by the patients. Having regard to HA practices, the task group endorsed the use of a revised format entitled "Prescription and Medicine Issue Record" in place of the existing dispensary sheet. The task group further proposed the extended use of such new record in all penal institutions, in addition to SLPC, as improvement and for maintaining consistency.

In Chapter Six, another recommendation made by the Coroner's Court was followed up. The task group noted that a detailed research had been conducted on the existing CCTV monitoring and recording systems in use in SLPC and other institutions. With the advent of IT technology, a new digital system will be introduced to all penal institutions which require installation of CCTV systems. The task group agreed that the digital system would have the following advantages over the existing analogue system: -

(a) recording the images captured by all CCTV surveillance cameras simultaneously into the built-in hard-disks with storage capacity of 14 days (the current analogue recording system can only record sequential images and the recording is by normal video tapes);
(b) the stored images can be easily retrieved for replay and downloaded separately into the CD-ROM for preservation as evidence when need arises. In addition, authentication soft-ware for downloading / copying stored images is available;
(c) there are backup storage facilities in the new system to avoid loss of data in case of hard disks failure;

(d) with proper authorization, any data stored in the hard disk within the 14-day time frame can be downloaded and copied to a CD-ROM and be verified;
(e) digital security measures can be implemented to prevent unauthorized access to the system;
(f) inputting the users' identities into the system to keep track of their activities is possible; and
(g) the resolution of digital data hard copy is higher than that of the analogue system.

While acknowledging the above-mentioned features of the new system, the task group noted that detailed operational guidelines would be worked out to include the security controls of storage and preservation of data, regular testing to ensure normal functioning, internal and external auditing of operational procedures and compliance, contingency plan, etc. Prior to operation of the new system, comprehensive training would also be provided to staff concerned. In addition, routine check-up and servicing of the system, emergency repair and standard response time, etc will be entered into the service level agreement with EMSD for enforcement.

The task group noted the first phase of improvement projects in SLPC would be completed by the end of January 2003.

In Chapter Seven, the task group, with the benefit of sight of the Coroner's Court summing-up, critically re-examined the previous investigation into the incident by the Board of Enquiry to see if there were any outstanding issues for concern. The task group was satisfied that evidence adduced in court did not appear to reveal any inadequacy in supervisory and nursing procedures which might be attributable to the death.

In Chapter Eight, the task group made a number of observations in other aspects and recommendations were made accordingly with a view to improving service quality. In Chapter Nine, a concluding statement is given to highlight the expected outcome upon implementation of the recommendations made by the task group and an estimated time-frame for these to be done whereas Chapter Ten is a summary of all individual recommendations.

CHAPTER ONE

INTRODUCTION

The Incident

1.1 On the morning of 19.11.2001, at about 0525 hours, a remand prisoner namely DAR 21341-01 CHEUNG Chi-kin of SLPC was found unconscious inside his cell. He was immediately referred to the AED of Tuen Mun Hospital for emergency treatment where he was certified dead at about 0645 hours. The provisional cause was "Death in Official Custody".

1.2 A death inquest with a five-member jury concerning the deceased was held from 3-11 October 2002. In conclusion, the Coroner's Court returned an open verdict with two recommendations namely (1) to improve its medicine prescription form and (2) to improve the closed circuit television (CCTV) and recording systems. The Department acknowledged the recommendations and undertook to review the relevant procedures for improvements.

1.3 On 22.10.2002, the Commissioner of Correctional Services specifically appointed the present task group to conduct a detailed study into the circumstances surrounding the case with a view to enhancing the quality of service at SLPC.

Methodology and Working Procedure

1.4 The task group, at the outset, decided to delegate the examination of some individual aspects to sub-groups formed by designated members of the task group who should report their findings to the main group for deliberations thereafter whilst the main group would focus on reviewing the overall management system of SLPC to identify areas for improvements.

1.5 The task group met on 30.10.2002, 26.11.2002 and 12.12.2002. At its first meeting at SLPC, the Chairman gave a precise description on the objectives of the study and the general expectation of the task group. The task group then went through each term of reference to clearly define the scope of study. Discussion began with an introduction to the history of SLPC, its functions, previous reviews on staffing support and the services provided thereat. The task group re-examined the circumstances surrounding the incident with the benefit of hindsight and having due regard to the outcome of the death inquest. In the meeting, members also deliberated on the present operational mode of SLPC to cater for the needs of mental patients. Before closing, members took the opportunity to inspect the existing CCTV monitoring system of SLPC and associated recording facilities. The task group also visited the place of incident i.e. Single Room No. 4 of the AOU.

1.6 At the task group's second meeting, different expert sub-groups presented their findings to the main committee for discussion and endorsement. Enquiries had also been made with relevant authorities in USA, Canada, UK and Australia concerning their mode of operation in mental hospitals and psychiatric centres under the care of prison authorities. The task group noted that Hong Kong is unique in deploying correctional officers with psychiatric nursing qualifications to work in the Correctional Services Department Psychiatric Centre i.e. SLPC whereas in other jurisdictions, civil nurses or specially trained nurses were employed to discharge the function. In the last meeting, all discussions were rounded up for the report.

CHAPTER TWO

BACKGROUND

The History of SLPC

2.1 To trace back, the overall penal population increased in post-war years and the incidence of mental illness also increased proportionally. In earlier years, prisoners showing signs of mental derangement were placed under observation in a special section of the prison hospital and those certified as criminally insane were transferred to the Castle Peak Hospital. In those days, all official reference to mental illness was listed under the crude and old fashioned heading of 'Lunatics', and this existed until it was substituted in 1966 by the present more modern term 'Mental Heath".

2.2 The need to make special and secure arrangements for the criminally insane prisoners was a matter of concern for a number of years. This led to the setting up in 1961 of a Psychiatric Observation Unit (POU) in one of the halls at the Victoria Prison. The POU, with accommodation for about 30 patients, received its first intake on 10.7.1961. Initially, two qualified psychiatric nurses were recruited from the United Kingdom as prison officers to manage the POU while a number of prison officers were given six months' intensive training on attachment to the Castle Peak Hospital. Subsequently, a three-year course on basic psychiatric training was conducted at that hospital for selected prison officers.

2.3 Due to the limited space in the Victoria Prison, prisoners certified as criminally insane continued to be transferred to the general mental hospital, and the POU only functioned to provide accommodation for prisoners in need of psychiatric examination, observation or court reports. Regular consultant service was rendered to the Unit by a visiting psychiatrist.

2.4 At that stage, planning for a new psychiatric centre[1] with full facilities started simultaneously. On 27.11.1972, the SLPC was put into operations and the POU was closed. Initially, the SLPC housed 120 inmates.

Legal Status

2.5 Prior to its operation, there was a doubt as to whether SLPC should be considered as a prison or a mental hospital. The matter was discussed and resolved at a meeting with personnel[2] concerned on 31.5.1972. The relevant notes of meeting are reproduced as below:

"The Commissioner of Prisons opened the meeting by referring to a memorandum which he had sent to the Attorney General. In this memorandum, advice had been sought on the problem which had arisen in that, whereas the Commissioner would be responsible for the management of the psychiatric centre, thus necessitating it being gazetted as a prison under the Prisons Ordinance, the Director of Medical and Health Services had expressed the view that, for the purpose of the Mental Health Ordinance, the centre should be gazetted as a mental hospital. The aim of the meeting was to examine ways and means of reconciling these two requirements. The Commissioner emphasized, however, that there was no doubt as to the Prisons Department's responsibility to admit etc. into the centre all patients of the type referred to in Part V of the Mental Health Ordinance, including the transfer of certain patients presently undergoing treatment at Castle Peak Hospital (of whom there are about 65 males), his point being that, in order for him to be able to exercise this responsibility, gazetting as a prison was required.

[1] Modelled on UK Broadmoor Hospital - originally named Broadmoor Criminal Lunatic Asylum, which had its first intake in 1863. The Asylum had been built following the Criminal Lunatics Act of 1860. The Mental Health Act of 1959 changed its name to Broadmoor Hospital, making it a special hospital for psychiatric patients "of dangerous, violent or criminal propensities" and its role was to treat these patients. The patients included persons sent by the courts either because they were too ill to defend themselves in court or not to be held responsible for their actions. Others were sent there because it was thought that for their own sake and that of others they should be treated in a secure hospital where they were unable to leave the treatment situation.

[2] The Deputy Director of then Medical and Health Department (Medical), the Medical Superintendent of Castle Peak Hospital, the Specialist (Psychiatrist) and the Crown Counsel

Dr. Singer (the Specialist (Psychiatrist)) stated that the spirit of current Mental Health legislation should be borne in mind; that the law tended not to convict mentally ill people and yet, if the psychiatric centre were gazetted as a prison, such people would, in fact, be sent to prison as opposed to a mental hospital as specified in the Mental Health Ordinance. He suggested that patients could, perhaps, be admitted to the psychiatric centre under either the Prisons Ordinance or the Mental Health Ordinance as appropriate. The Commissioner could not, however, agree with this: staff and patients in the psychiatric centre must be subject to Prison Rules and this could not be so unless gazetted as a prison. In addition it was necessary to have freedom of movement to transfer prisoners from other institutions for observation and treatment when necessary.

The Commissioner stated that, in his view, it was important that, first of all, the psychiatric centre be gazetted as a prison under the Prisons Ordinance but that, secondly, the scope of the latter should be widened so as to enable the type of patient referred to in Part IV of the Mental Health Ordinance to come within its ambit.

The meeting generally agreed that, officially, the institution should be designated as a psychiatric centre, not a mental hospital, and Mr. Haldane (the Crown Counsel) suggested that, if the Prisons Ordinance were amended so as to embrace psychiatric centres, as would be defined therein, patients would, in effect, be admitted not to a prison but to such a centre.

It was agreed that Mr. Haldane, bearing in mind that the psychiatric centre was forecast to be completed in August 1972 (although it could be later), should now arrange for the drafting of legislation which would enable the psychiatric centre to fall within the ambits of the Prisons Ordinance but at the same time enable the type of patient referred to in Part V of the Mental Health Ordinance to be admitted thereto and treated etc. The draft would be submitted to departments for comment and would, of course, deal with the various detailed consequentials which would arise from the major changes under consideration…"

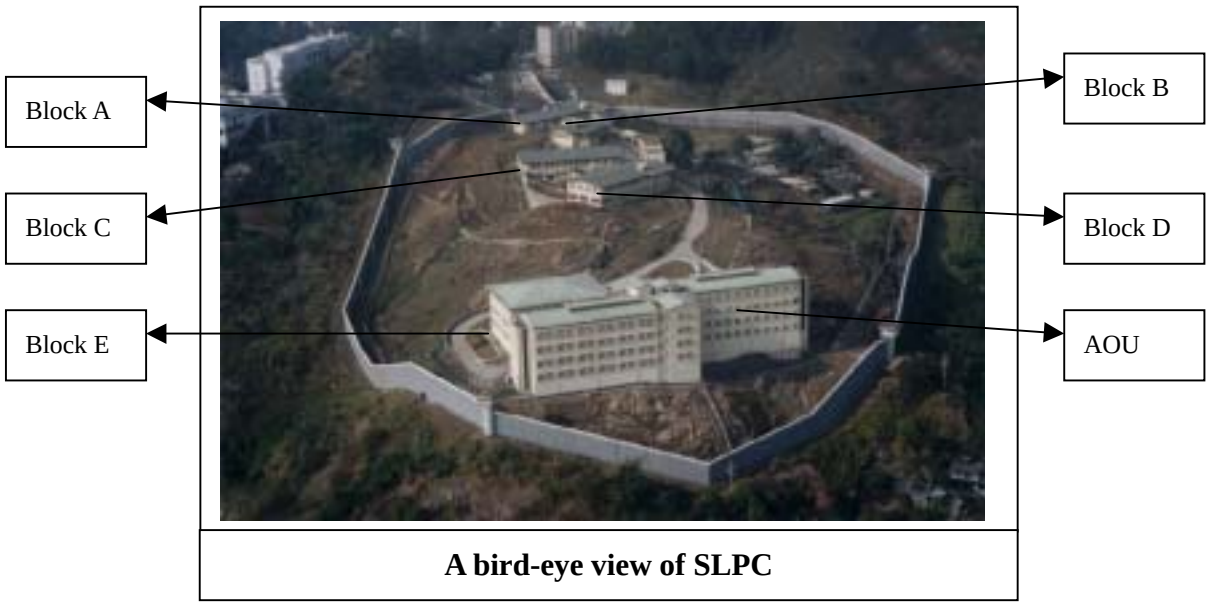
2.6 In August 1972, the then Colonial Secretary granted an approval to amend the Mental Health Ordinance such that those referred to in Part IV of the

Ordinance would be admitted to the new psychiatric centre rather than Castle Peak Hospital.

2.7 On 12.11.1972, the SLPC was gazetted as a prison under section 3 of the Prisons Ordinance (Cap. 234) and subsequent amendments were made to the Mental Health Ordinance (Cap. 136) in 1973[3] to enable persons serving hospital orders to be admitted into the SLPC. Since then, the SLPC has operated uniquely as a prison and a psychiatric centre.

Location and Structure

2.8 The SLPC occupies an area of approximately eight acres situated on a hillside overlooking the Tai Lam Chung Valley in the New Territories near the 16½ Milestones, Castle Peak Road. It is a purpose-built maximum-security institution enclosed by security wall and fences. It originally consisted of four blocks including an administration complex, occupational therapy workshops, a kitchen, dining/recreation rooms, a covered exercise area and a combination of single-room and dormitory accommodations for prisoners. With the completion of a new Block E in 1990, its certified accommodation was raised from 120 to 270.



A bird-eye view of SLPC

[3] Corresponding amendments were also made to the Criminal Procedure Ordinance (Cap. 221) to reflect the change.

The Place of Incident

2.9 The incident occurred inside Single Room No.4 of the AOU, formerly known as the ADU, at East Wing of the Admission Ward, 2nd floor of Block E. There are twenty single rooms inside the AOU with ten on each side of the corridor. Rooms No. 1-16 are shuttered rooms[4] whereas Rooms No. 17-20 are protected rooms[5]. All rooms of the AOU are air-conditioned.

Single Room No.4

2.10 CCTV surveillance cameras are installed in Rooms No. 1-4 and 17-20 for close monitoring of inmates located thereat.

2.11 According to the relevant internal order of SLPC, Rooms No. 1-4 are designated to locate comparatively unstable and unpredictable inmates who display emotional fluctuation, overt signs of depression, suicidal ideation and self-harm tendency. Rooms No. 5-16 are for newly admitted inmates who require close observation to assess their mental state and behaviour, and Protected rooms No. 17-20 are for inmates who are extremely refractory, violent, dangerous and unpredictable.

[4] The windows are screened to prevent them being used as anchor points for hanging.
[5] There is no window and the interior of the room is padded with foam for protective purpose.

Corridor of AOU

The Deceased Prisoner

2.12 The deceased, aged 26 and single, was 160 cm tall and weighed 84 kg. He was born in the Mainland in 1975 and came to Hong Kong when he was seven.

2.13 On 14.11.2001, the deceased was convicted of 'Possession of Dangerous Drugs' and remanded at the LCKRC pending a suitability report for treatment in a drug addiction treatment centre. On admission, he gave an addiction history on heroin by injection since 1991, and claimed to have been on methadone treatment since 1998.

2.14 The deceased had 10 previous convictions among which four resulted in custodial terms. The particulars are as below: -

Date	Major Offence	Sentence
20.7.1992	Robbery	Training Centre Programme

11.8.1995	Theft from vehicle	Drug Addiction Treatment Centre Programme
28.10.1996	Robbery	Imprisonment for 21 months
12.10.1998	Managing a Vice Establishment	Drug Addiction Treatment Centre Programme

2.15 On 16.11.2001, while in the LCKRC, the deceased claimed to have ingested about 100 ml of shampoo and was sent to Queen Elizabeth Hospital where he was treated. He was subsequently discharged back to the LCKRC on 17.11.2001. Later on the same day, he was transferred to the SLPC for mental assessment and management as recommended by the medical officer.

2.16 Upon his transfer to the SLPC, he was located singly in Room No. 4 of the AOU to receive prescribed medication and treatment. The only physical complaint that he had made was one of epigastric pain.

2.17 At about 0525 hours on 19.11.2001, he was observed by the night patrol staff as having no respiratory movement inside the room. First aid treatment was applied to him by staff responding to the scene. At 0600 hours, he was sent to the Tuen Mun Hospital where he was certified dead at about 0645 hours.

Board of Enquiry

2.18 Immediately following the incident, the Commissioner of Correctional Services appointed a Board of Enquiry to look into the case. The Board's terms of reference were reproduced below:

(a) to examine the circumstances surrounding the incident;
(b) to examine the procedures on the transfers and treatment since the admission of the deceased and see if there are improprieties;
(c) to examine how the staff handled the event and to see if the laid down procedures had been adhered to;
(d) to identify if there was any negligence on the part of the staff and/or any inadequacy on the part of the management;

(e) to recommend measures to prevent similar incidents from happening again; and

(f) to make recommendations as deemed appropriate.

2.19 The Board concluded its investigation in February 2002 and made a number of recommendations to the Commissioner for consideration. These recommendations would be further looked at in Chapter Seven.

CHAPTER THREE

MEDICAL, PSYCHIATRIC AND NURSING STAFF ARRANGEMENTS AT SLPC

The Function of SLPC

3.1 The SLPC houses:

(a) convicted prisoners and prisoners on remand in any category who are authorized by the Commissioner of Correctional Services to be accommodated in the Siu Lam Security Unit, and

(b) for observation, treatment or assessment of the following, male or female:

(i) persons remanded in custody for psychiatric report(s);
(ii) prisoners/inmates/detainees who are suspected to be mentally ill;
(iii) prisoners/inmates for whom a psychiatric report is required by various prison sentences review/assessment boards; and
(iv) inmates serving Hospital Orders.

3.2 There are seven psychiatric wards purposely assigned to accommodate offenders with mental problems:

(a) Female Unit (Ward AIII) - a self-contained unit for 20 females;
(b) Sick Bay (Ward BII) - a ward for the physically ill psychiatric patients. The maximum accommodation is 10;
(c) Cat “A” Ward (Ward C) - to accommodate long-stay psychiatric patients. Majority of them are detained for an unspecified period. It’s capacity is 40;
(d) Non-Cat “A” Ward (Ward D) - for psychiatric patients with determinate sentence. Their mental states are less acutely disturbed

but they still require intensive observation and psychiatric care. The maximum accommodation is 40;

(e) Rehabilitation Ward (Ward EG) - where prisoners undergo rehabilitation treatment programme aiming for their discharge. Their mental states are more stable and most of them are free from active psychotic features. It's capacity is 20;

(f) General Ward (Ward EI) - for psychiatric patients who are serving a comparatively short-term Hospital Order. The maximum accommodation is 40.

(g) Admission Ward (Ward EII) -consists of three sub-units: the AOU with accommodation of 20 is for the detention and observation of newly admitted inmates/remands or person who needs intensive psychiatric intervention. Remand Section is for newly admitted remand awaiting psychiatric reports whereas the Prisoner Section is for induction programme of newly admitted prisoners.

Treatment Programme

3.3 All prisoners who are fit engage in occupational therapy activities in workshops managed by specialized industrial and occupational therapy staff. Activities include work assessment and gardening activities, rattan-work, tailoring, rug-making, laundry, pottery, sewing, carpentry, gardening and domestic services.

3.4 Prisoners are normally required to work and participate in Occupational Therapy classes six days a week, but domestic work is continued on Sundays and Public Holidays. Education classes on a voluntary basis conducted by qualified school masters are organised. A recreational programme operates in the evenings after the cessation of work and on Sundays and Public Holidays. Facilities include basketball, volleyball, table-tennis, Chinese billiards/chess, a library, television and video programmes.

3.5 Physical education sessions are held daily (except Sundays and Public Holidays) for those who are physically fit to participate. Classes are normally of one-hour duration and are conducted by staff having completed training in physical education.

3.6 Newly admitted inmates undergo a short induction period during which their conduct are closely monitored. At the end of the induction period, they are assigned with work according to their fitness, aptitude and resources available.

Discharge

3.7 In the case of an ordinary local prisoner, a "Pre-release Re-integration Orientation Course" is arranged for him one month before discharge to prepare for his reintegration to the society. In the case of a psychiatric inmate, a more intensive and flexible "Individual Discharge Plan" is adopted to suit his individual needs. Where necessary, arrangements will be made with the Case Psychiatrist for follow-up treatment at specialist out-patient clinics, or for transfer to a civil mental hospital of those who are eligible for discharge but are still mentally unstable and require continuous psychiatric treatment.

Medical and Psychiatric Services

3.8 A full-time residential Medical Officer (General) seconded from the Department of Health provides daily medical services to the inmates at the SLPC. A team of six visiting forensic psychiatrists from the Hospital Authority, assisted by officers with nursing qualifications, provide psychiatric services to inmates.

3.9 Inmates who are convalescing or with minor aliments are treated by the Medical Officer (General) in the sick bay of the centre whereas those requiring specialist consultation and treatment or operation are sent to outside clinic or hospital.

3.10 The Multi-disciplinary Case Conference Committee comprising the Visiting Consultant Psychiatrist, Medical Officer (Psychiatry), a Senior Officer, Welfare Officer and Ward-in-charge meets at regular intervals to review individual cases of all long term inmates so as to assess their mental state and response to the treatment programme.

3.11 The SLPC adopts a team approach in the treatment and rehabilitation of mentally ill inmates. Recognised methods of modern psychiatric treatment are used in each of the psychiatric wards. The methods include chemotherapy, psychotherapy, behavioural therapy, electroconvulsive therapy and occupational activities.

Staffing Requirements

3.12 According to the 1970/71 staff estimates which was approved by the Establishment Sub-committee of Financial Committee of the then Colonial Secretariat, the staffing requirements for SLPC were -

> "Ideally, the Centre should be staffed entirely by persons who are qualified and experienced in looking after the mentally-ill and all officers should be qualified psychiatric nurses. At present this is not possible and, until sufficient numbers of trained officers are available, it will be necessary for unqualified persons to work under the guidance of those who are qualified in mental nursing. These officers and other ranks will attend lectures and receive in-service training in the handling of mentally ill prisoners…."

3.13 In the beginning, the SLPC was to intake some 80 prisoners from the POU and those in custody at the Castle Peak Hospital and an establishment of 78 permanent posts was created. A Superintendent was put in charge of the centre and assisted by other supporting staff.

3.14 To cope with the increasing demand for psychiatric services, an extension block of the SLPC was completed in September 1990. In light of the increased responsibilities of the management, the head of the centre was upgraded to Senior Superintendent at the same time and the staff establishment increased to 209. In 1993, 40 additional posts were further created following a manpower review. The breakdown of establishment was provided as follows: -

Rank	Establishment
Senior Superintendent	1
Superintendent	1
Chief Officer	2
Principal Officer	21
Officer	27
Assistant Officer I	113
Assistant Officer II	84
Total	249

Reviews of Nursing Manpower

3.15 The adequacy of nursing care provided to inmates in the SLPC was first raised in the LegCo Health Panel in December 1993 and the matter was discussed in subsequent meetings on 14.3.1994, 11.4.1994 and 9.5.1994. Members of the Panel expressed concern over the training and qualifications of staff at the SLPC in regard to the provision of adequate care to inmates with psychiatric problems. To address Members' concern, the Department undertook to conduct a review of the staffing support at the SLPC.

3.16 In June 1994, a working group was appointed by the Commissioner of Correctional Services to conduct the review. As part of the review process, the working group examined the job content of all posts in the SLPC with a view to identifying those posts that should be filled by qualified nursing personnel. The working group also exchanged views with staff working in the SLPC and other staff in the Department who possessed nursing qualifications. In identifying these posts, the working group based their conclusions on the need for nursing staff in specific posts on a predetermined set of criteria. The Hospital Authority (HA) was consulted on these criteria and endorsed them as proper nursing duties.

3.17 The review report was submitted to the Steering Group comprising representative from the then Security Branch, Health and Welfare Branch and

CSD. For an optimal staffing establishment, the working group recommended 97 front line staff out of the 249 posts proposed by the Manpower Review in the SLPC be manned by personnel with psychiatric nursing training, with the breakdown as follows:

Rank	Nos. Recommended
Chief Officer	1
Principal Officer	15
Officer	18
Assistant Officer I	63
Total	97

The said working group also recommended the creation of a dispenser post and the re-creation of the post of Occupational Therapist I. It further identified the need for an additional visiting Senior Medical Officer (Psychiatric).

3.18 The Steering Group accepted in principle the recommendations made in the report and endorsed the working group's view that while there was room for improvement, the current level of nursing care provided to inmates in the SLPC was acceptable within practical constraints.

3.19 At the LegCo Health Panel meeting of 13.3.1995, the HA agreed to conduct an independent review of the nursing support provided at the SLPC, as the CSD working group had only identified the number of nursing posts required but not the ratio of Registered Nurse (RN) to Enrolled Nurse (EN) in the SLPC.

3.20 In November 1995, the HA completed a report on Review of Nursing Manpower in the SLPC, recommending -

(a) an overall staff mix of 44% RNs and 56% ENs be used as a reference for nursing staff performing daytime ward duties at the SLPC;
(b) the existing night nursing staff were adequate provided that an emergency backup was maintained;
(c) consideration be given to the use of support workers to relieve some of the simple patient care activities currently performed by nurses;

and

(d) if possible, a dispenser be employed to take up the dispensing duty currently performed by a nursing staff.

3.21 The HA's recommendations were accepted by the Government. On (a), it was intended to fill the 97 posts identified which involved significant nursing care by 34 RNs, 44 ENs and 19 support workers who had undergone in-house training. This would satisfy the recommendations of the HA such that the RN to EN ratio for staff performing daytime ward duties would be 43.6% to 56.4%. On the other hand, the Department would gradually improve the number of ENs at the SLPC from 44 to 63, so that eventually all 97 frontline posts would be filled by staff with formal nursing qualifications.

3.22 On (b), the on-call pattern of senior officers and orderly officers with RN qualifications was considered adequate to provide emergency back-up for the night duty nursing staff. On (c), the Department had readily available in-service trained support workers to perform some of the simple patient care activities until these could be fully taken up by staff with EN qualifications. Finally on (d), funds was approved for the creation of a dispenser post in October 1996.

3.23 The matter was further brought up for discussion at the LegCo Health Panel meeting of 18.6.1996. It was subsequently agreed that the improvement measures formulated based on the CSD and HA's reviews should be implemented and the Government would assess again the nursing manpower situation of the SLPC and where appropriate sought professional advice of HA after the improvement measures were fully implemented.

Existing Manning Level

3.24 The SLPC currently has a strength of 255 staff, among them 41 are RNs, 67 ENs and 34 in-house trained staff. In other words, the requirements of 97 nursing posts and 44% to 56% RN to EN ratio have been fulfilled.

3.25 The task group critically re-examined the existing nursing manpower of SLPC. Having regard to the present deployment of nursing staff in the SLPC

and the average number of around 200 inmates in its hospital section, the task group was satisfied that the present manning level of qualified nursing staff was healthy when compared with outside hospitals in providing sufficient nursing care to patients.

Dual Responsibilities of Nursing Staff

3.26 The CSD recruits candidates with nursing qualifications to perform duties in prison hospitals for providing health care to sick inmates. These recruits would undergo the same type of basic training as other custodial colleagues do. However, this does not always work due to the lack of suitable candidates. Under such circumstances, the Department would have to identify suitable officers and send them to the HA for training and acquisition of nursing qualifications. In either case, CSD officers would be performing dual roles in the prison hospital, as nurses and custodial staff and such arrangements have all along been endorsed by the Government.

3.27 In accordance with rules 162 to 166 of the Prison Rules, correctional officers appointed to prison hospital are required to perform duties including the charge and control of drugs, surgery stock, instruments and appliances, to compound and administer prescription of medical officers and to give general assistance to medical officers in the examination and treatment of prisoners. These officers however are still subject to job rotations for career development. However, such rotations will only take place if the situation so warrants and must take into account any impact it might have on nursing services.

3.28 As to the dual role of qualified nursing staff posted at the SLPC (also a prison hospital), it was noteworthy that there had not been any reservations over the propriety of such arrangements in the previous manpower reviews. When the matter of nursing care in the SLPC was discussed in the LegCo Health Panel in 1994 and 1995, deliberations had focussed only on the adequacy of nursing staff in that SLPC but not their dual responsibilities and since then, the Department had taken improvement measures to increase the number of qualified nursing staff in the SLPC. In short, the Panel was aware that CSD officers who were also nurses performed dual roles in the SLPC and they generally accepted the arrangements.

3.29 Reference was also made to the joint report published by the Human Rights Watch/Asia and the Hong Kong Human Rights Monitor in 1997 concerning the Prison Condition in Hong Kong. In March 1997, they sent a delegation to visit the SLPC and the only deficiency they spotted in relation to staffing was the shortage of qualified nurses but not their dual responsibilities. Furthermore, representatives of the Royal College of Psychiatrists visited SLPC in March 2000 as part of an accreditation exercise. They commented that the standard of professionalism thereat was high.

3.30 In the course of study, the task group approached the relevant authorities in USA, Canada, UK and Australia for enquiries about the mode of operations in their penal establishments with psychiatric facilities. Realizing that different countries would have different practices and legislation in regard to mental hospitals and psychiatric centres, the general feedback has been that nurses are commonly used in their regimes in the provision of nursing care to the psychiatric patients.

3.31 As an expert in the field, Dr. YUEN noted that in the UK model there were special hospitals under the jurisdiction of the National Health Services to manage convicted mental patients and civil patients with personality disorder. By virtue of special needs, some nurses thereat were multi-skilled to perform custodial duties as well. In comparison between the UK and Hong Kong on the readiness of psychiatric services to patients, Dr. YUEN maintained that prompt assessment and management could be offered to people with mental health problems in Hong Kong whereas patients in UK were often subjected to delay.

3.32 Concerning the dual role of nursing staff, Dr. YUEN's experience with the SLPC was that the deployment of correctional officers with psychiatric nursing qualifications to the SLPC had worked very effectively in that the correctional officers could simultaneously take care of the psychiatric needs and custodial needs of the mental patients.

3.33 In view of the forgoing, the task group concluded that the present arrangements of nursing staff in performing nursing and custodial role in the SLPC had been effective and hence acceptable.

Medical Officers' Postings

3.34 The task group understood that medical officers seconded from the DH to the Department would be subjected to routine changes of posting between institutions or departments. This should alleviate some concerns over the dual role of nursing staff in absence of a check and balance mechanism.

3.35 The task group on the other hand noted that familiarization with the institution concerned and continuity of posts should be a matter for consideration of medical officers' posting and therefore proposed that the subject be further deliberated in the half-yearly departmental Medical Services Committee held with the DH.

Benchmarks, Reviews and Accreditation

3.36 Under Section 45 of the Mental Health Ordinance, a court or magistrate may make a hospital order to detain a mentally disordered person in the SLPC or in a mental hospital[6]. The main difference between the SLPC and the mental hospital is that the former is also a prison and can only accept persons whose detention were so ordered by the court whereas the latter may admit voluntary patients.

3.37 Pursuant to Sections 52A and 52B of the Mental Health Ordinance, the Chief Executive may order the removal of a person originally detained in a mental hospital to the SLPC or vice versa. Sections 52 and 53 of the same Ordinance further allow the Chief Executive, on the report from a medical officer, to direct a mentally disordered prisoner or remand to be transferred from prisons to mental hospitals. The mental hospitals in Hong Kong are therefore comparable establishments of the SLPC and the Department can therefore study into their practices, procedures and service standard as benchmarks for the SLPC where

[6]There are four mental hospitals in the territory, under HA management for the detention, custody, treatment and care of mentally disordered persons, namely Castle Peak Hospital, Kwai Chung Psychiatric Observation Unit, Pamela Youde Nethersole Eastern Psychiatric Observation Unit and New Territories East Psychiatric Observation Unit.

appropriate.

3.38 As part of the study process, the task group considered that external reviews of nursing manpower and its overall service quality should be conducted on the SLPC on a regular basis with a view to identifying areas for improvement. It is understood that the HA is a statutory body managing all public hospitals in Hong Kong and advises the government on general health care policies and should be in a position to give opinion and advise improvements on the service quality and standard of the SLPC in future reviews. The task group recommended that the Department should consider pursuing such reviews by the HA and other competent bodies as appropriate. The Security Bureau may help with coordination with the HA to explore related arrangements.

3.39 The task group would also recommend the SLPC to seek external accreditation from local and/or overseas professional organizations such as eminent scholars and the Royal College of Psychiatry as endorsement of its service for the psychiatric inmates in Hong Kong.

CHAPTER FOUR

NURSING PRACTICES AND PROCEDURES IN RELATION TO MEDICAL DRUGS AND MONITORING SYSTEM

Requisition, Storage and Control of Medical Drugs

4.1 All medical drugs for use in penal institutions are supplied by the Pharmaceutical Headquarters of the DH. Requests for the supply of drugs are within the DH's Out-patient Clinic formulary list and are made by requisition vouchers namely GF 210A/GF 277, in accordance with the provisions of Stores and Procurement Regulations. These drugs will be delivered to the institutional hospitals direct from the GSD or through contracted suppliers.

4.2 On receipt of medical drugs, the responsible hospital officer of the institution would sign on the delivery note/GF 277 after checking their correctness, a copy of the such document would be attached to the corresponding voucher book for reference and checking.

4.3 All drugs will be handled in accordance with DH Standing Circular No. 37/99 namely the "Procedures on the issue, accounting and control of pharmaceutical stores". A copy of the said DH Circular is attached in Appendix 1 for ease of reference.

4.4 The received medical drugs will be stored inside the dispensary of each institutional hospital but in order to facilitate the dispensing of drugs to patients, certain reasonable amount of drugs will be taken out and stored in the out-patient clinic and hospital wards under lock and key.

4.5 In 1999, the CSD invited the ICAC to conduct an assignment study on the "Control and Issue of Medical Drugs at Places of Detention in CSD". Following the recommendation of the report, a computerized medical drug issue recording system was adopted in all institutions with effect from April 2000. As the system was able to record the drug flow between among the dispensary,

out-patient clinic and hospital wards and the daily amount of drug issue to patients, a desirable control on the drugs has been maintained.

4.6 The requisition, receipt, storage and control of medical drugs in all institutions are constantly under the monitoring of various bodies including the Chief Dispenser of the DH, Supplies Officers of the GSD, the Internal Audit Team, the Superintendent of Nursing and Health Services at CSD Headquarters and the regional Chief Officer on hospital duties. They conduct regular visits to each institution for auditing and monitoring the control of drugs and ensure all relevant rules and regulations are being complied with. The frequency of inspection to CSD institutional dispensary by these monitoring bodies are stipulated as below:-

(a) Chief Dispenser from the DH at quarterly intervals;
(b) The Supplies Surveys & Stock Verification Section of the GSD at least once in a year;
(c) The Internal Audit Team at CSD Headquarters at 5-year intervals;
(d) The Inspection Team of Quality Assurance Division at CSD Headquarters at 5-year intervals;
(e) The Superintendent of Nursing and Health Services, CSD at quarterly intervals;
(f) The Regional Chief Officer (Hospital) not less than one visit fortnightly to the prison hospitals in his region.

4.7 To look into the propriety of SLPC Dispensary, the task group specifically invited the Chief Dispenser of the DH to conduct a stock inspection check in November 2002. The check was completed on 8.11.2002 and the result was described as “all correct”.

4.8 Internally, the Department also promulgates a Hospital Manual on the overall management of institutional hospital. Relevant part concerning the control of DD in prison hospitals is produced at Appendix 2. In short, the storage and use of DD is very tightly controlled in prisons. They will be securely placed in a wall-mounted double locked cabinet inside the dispensary where only a minimum stock will be maintained. The medical officer will endorse in the patent’s medical record the reason for use on each occasion and the Hong Kong Identification Number of the patient will be recorded in the DD ledger

as well for cross-reference. A copy of the DD ledger is enclosed in Appendix 3.

Administration of Drugs and Overall Monitoring System

4.9 Medical drugs will be administered by hospital staff only under the prescription of the medical officer/psychiatrist. The administration of prescribed drugs consists of three phases:

(A) Preparatory Phase

By using the computerized drugs recording system, the prescription of all patients will be entered into the system accordingly. A daily patients' treatment list will then be generated from the computer at every shift to facilitate the issue of medical drugs to patients. A medicine trolley/box will be used for dispensing the medicine.

(B) Implementation Phase

The hospital staff will firstly ascertain the identity of the patients and then explain to them the prescription and anticipated effects. If necessary, the staff will further give instructions on the manner of consumption to each patient in order to optimize therapeutic effect. The "three checks[7] and five rights[8]" well known nursing principle would follow. Should the hospital staff have any doubt, he will withhold the drugs pending verification of the prescription authority. All oral medicine must be consumed on the spot.

(C) Evaluation

The hospital staff will ensure the medicine issue be conducted as smoothly and efficiently as possible. He will record and report if there is any discrepancy. After issuing the medicine, he will closely observe

[7] Check before taking the medicine, after preparation of medicine and prior to administration
[8] Right person, right drug, right dose, right time and right route of administration

if there is any therapeutic and non-therapeutic side effects of the drugs on the patients. If there should be any allergic or untoward side effects, the prescription authority will be informed immediately.

4.10 In medical emergencies and exceptional circumstances, the medical officer may give a verbal order over the phone if he cannot return to the institution immediately. The instruction received from the medical officer will then be recorded in the patient's medical record by the responsible hospital officer with a remark of "verbal order".

4.11 The officers placed in charge of the out-patient clinic and hospital wards will be responsible to maintain a drug store under their charge properly, including its safe custody and the physical state of the drugs. Their superiors will regularly inspect the store and the way the drugs are being administered. As said before in Para. 4.6, there are various monitoring bodies who will visit each institution to monitor the drug administration and control in accordance with relevant rules and regulations.

4.12 The stock of injection ampoules is handled in the same manner as oral medicine. The administration of prescribed injections to inmates will be with regard to the aseptic technique to prevent cross infection of the inmates. Nursing staff administering the prescribed PRN (if necessary)/STAT (give once immediately) injections will sign the injection chart for the inmates to indicate they have administered the injections. Meanwhile the balance of stock will be recorded in the Injection Register.

Comparison between CSD and HA/DH Practices

4.13 The method of requisition, receipt, storage and control of medical drugs between the CSD and HA/DH are principally similar as they follow the same regulations and guidelines.

4.14 The administration of medical drugs to in-patients is by and large the same. In the case of out-patients, however, DH/HA clinics will issue the total amount of prescribed drugs to patients in one go whereas in CSD, a dose by dose

principle will follow such that any over-dosage by the accumulation of drugs can be minimized and the therapeutic and side effects of drugs can be monitored more effectively.

Tranquilizers

4.15 Tranquilizers act on the central nervous system to relieve anxiety and induce calmness. Similar to other medical drugs, they are prescribed by medical practitioners and can be taken orally or through injection. Where they are prescribed in injection form, the injections are administered by qualified nursing officers. In each case, the "three checks and five rights" principle and normal procedures for evaluation and monitoring will follow. It is worth mentioning that depending on individual cases tranquilizers are also prescribed by medical officers to patients in civil hospitals.

4.16 The use of injectable tranquilizers in the prison setting may be misconceived by prisoners, and sometimes by the public, as measures in dealing with misbehaved and problematic prisoners and whereby abused in some circumstances. That is why the misconceived term of "Doping Injection" was used. The task group considered that such description was not only unfair to the patients concerned but also to the medical practitioners and nursing staff. This being so, any misconception and misnomer regarding the use of injectable tranquilizers should be corrected.

4.17 In light of the sensitive nature of the use of injectable tranquilizers, it was recommended that the recording system of these injections should be strengthened similar to the practices adopted in the case of DD. In addition, whenever such injection is prescribed, two nursing staff should sign in the patient's medical record to corroborate the dosage and condition of use.

Verbal Order

4.18 Medical officers do not work around the clock. After normal office hours, and during Sundays and Public Holidays, they share on-call duties with

fellow medical officers in the region and will attend to cases whenever necessary. Visiting Psychiatrists on the other hand are only available from Monday to Friday in the SLPC and they will not perform SLPC related on-call duties. Nonetheless, the case psychiatrist may be contacted during emergency situations if appropriate.

4.19 In emergency situations occurring outside normal office hours, the on-call medical officers will be alerted who may, after listening to the nursing observations and having regard to the patient's medical history prescribe medications over the phone. The instruction/prescription made under such circumstances is known as "Verbal Order".

4.20 In general hospital practice, whenever a verbal order is given, the nurse will record the details into the patient's medical record and recite the same to the medical officer/psychiatrist instantly for verification before implementation. The medical officer or psychiatrist concerned will sign the relevant entry in the patient's record on their subsequent return to the hospitals as proper authority. The task group considered such practice should be reinforced in the penal setting provided all concerned records e.g. prisoner's medical records, medicine issue records and injection charts are maintained up-to-date, properly signed and dated by the medical practitioners and nursing staff concerned for reference and evidential purpose.

4.21 The task group viewed that as far as professional ethics are concerned, doctors should refrain from giving verbal orders if they have not attended to the patients before, in particular in the case of injectable tranquilizers. They should instead return to see the patients and prescribe treatments accordingly. For known cases, however, they might exercise discretion in giving verbal orders in accordance with the reported nursing observations and the patients' medical history and the procedures as enumerated in para. 4.20 shall be observed.

Mechanical Restraints

4.22 Rule 67 of the Prison Rules provides that mechanical restraints may be used under the following circumstances:

(a) to prevent a prisoner from injuring himself or others, damaging property or creating a disturbance; or
(b) to ensure the safe custody of prisoners during removal or while outside any prison and in legal custody, when handcuffs may be used; or
(c) under the instruction of medical officers.

4.23 The rule further provides that after the Superintendent has ordered the use of mechanical restraints notices shall be given to one of the visiting justices of the period and to the medical officer. If the medical officer does not concur with such use, the Superintendent shall comply with any recommendation made by the medical officer. No prisoner shall be kept under mechanical restraint longer than is necessary, and for a longer period than 24 hours unless upon the written order of one of the visiting justices of the period and the Commissioner. A copy of the said rule is enclosed in Appendix 4.

4.24 In the deliberations, the task group took the view of Dr. YUEN that the use of strait-jacket was safe, beneficial and adequately protective to both nursing staff and patients concerned in dealing with the latter's violent or agitated behaviour. Moreover, the use of such restraint in mental hospital was provided in the hospital guidelines.

4.25 In light of the above, the task group recommended more general use of mechanical restraints under rule 67 of Prison Rules instead of injectable tranquilizers in subduing violent prisoners where the medical officer is not available unless considered otherwise by the medical officer. The task group also recommended that whenever mechanical restraint is used, the medical officer is to be contacted as early as possible and the reasonable time frame should be set at 15 minutes.

External Accreditation

4.26 The task group has had very thorough deliberations on the general administration and control of medical drugs and took the view that despite the existence of well-defined guidelines, compliance problems might occur in actual

practices. For continuous improvement, the task group proposed that external accreditation such as ISO certification should be pursued as a means of external auditing and control of procedures and documentation. This would boost public confidence in the general control over the administration of drugs in the penal setting.

CHAPTER FIVE

DISPENSARY SHEET IN USE IN SIU LAM PSYCHIATRIC CENTRE

Dispensary Sheet

5.1 In the death inquest, the jury has recommended the CSD medicine issue record be improved, listing all consumed and yet to be consumed medicine.

5.2 The medicine issue record currently used in the SLPC and other penal institutions is called the "Dispensary Sheet". The design of the Dispensary Sheet is such that the personal particulars e.g. name, sex, age and diagnosis of the patient are stated on its top. On the left hand side is the prescription column whereas on the right are boxes for the date and time of medicine issue. A copy of the dispensary sheet is at Appendix 5.

5.3 The procedure for nursing staff to issue drugs is that they would issue the prescribed medicine to inmates and then initial on the medicine issue column of the dispensary sheet to indicate they have administered the drugs to inmates. There is however no indication that doctors also have to sign on this dispensary sheet. Whenever inmates refuse to consume the whole or part of the medicine, the nursing staff would still sign in the dispensary sheet but will make relevant entries onto the inmates respective medical progress sheets and the nursing reports for the reference of the case medical officer/psychiatrist.

5.4 Having examined the format of the dispensary sheet thoroughly, the task group concurred that the existing record was not comprehensive because there was no instant information as to whether any inmate had refused medicine and if so, what the reason was. The task group therefore viewed that the record should be re-designed and renamed to reflect more accurately its functions.

Prescription and Medicine Issue Record

5.5 The task group looked into the current practice adopted by the HA in the prescription and issue of drugs. Their practice was that each of the prescribed drugs was enumerated item by item on the prescription column in their medicine issue record and each entry would be signed by the case medical officer. On the medicine issue column, the nurses issuing the drugs would initial in each box to indicate they have administered the prescribed drugs to the patient. If patients refuse any drug, the nurses will record such refusal in the related box in the medicine issue column. A copy of the "Medicine Administration Record" in QEH of HA is at Appendix 6.

5.6 Having regard to the HA practice, the task group endorsed a new format of the dispensary sheet modelled on the "Medicine Administration Record" of QEH and renamed as the "Prescription and Medicine Issue Record". The proposed record is shown at Appendix 7. Following the use of the new record, the prison medical officers and nursing staff issuing drugs to inmates will have to adopt the procedures as described in para. 5.5.

5.7 To elaborate more on the proposed "Prescription and Medicine Issue Records", the following distinctions from the existing dispensary sheets were noted:

(a) in the prescription column, there are specific boxes to indicate the names of the drugs prescribed, the dose, frequency, date on and off and each of these data are to be entered and signed by the respective doctors; and

(b) in the medicine issue column, the design has enabled the record to be used for 4 weeks. In each day, there are four boxes for the dispensing of drugs at AM, NOON, PM and NOCTE, in place of the previously OM, NOON, P and NOCTE. Besides, the reasons for not taking the medicine by the patient can be clearly indicated in these boxes, e.g. R=Refused, W=Withheld, N-Medicine not available, V=Vomit and O=Outside centre for court or clinic, etc.

For illustration, a list of Latin abbreviations commonly used in prescriptions and corresponding meanings in English are in Appendix 8.

5.8 The task group further endorsed that the “Prescription and Medicine Issue Records” be also used in other penal institutions as improvement and for maintaining consistency.

Safekeeping of Records

5.9 The task group considered that used prescription and medicine issue record should be filed in the respective inmate’s medical record for future reference before another new sheet was to be used.

5.10 The task group also noted that staff responsible for issuing the prescribed medicine to inmates would have to sign every box in the medicine issue column. As such, the institutional management should maintain a list of the sample initials/signatures of all nursing staff for counterchecking and the list be reviewed regularly, say, six months.

CHAPTER SIX

CLOSE CIRCUIT TELEVISION MONITORING SYSTEM AND PROCEDURAL GUIDELINES

Functions of CCTV System

6.1 The general functions of the CCTV system in penal setting are: -

(a) for enhancing supervision of prisoners for health and safety reasons;
(b) for detecting, investigating or prosecuting breaches of crime;
(c) for maintaining institutional security; and
(d) for preserving good order and discipline among prisoners.

6.2 To achieve these functions, surveillance cameras are strategically installed in the following locations: -

(a) prisoners' night accommodation such as dormitories, protected rooms, single rooms, hospital wards, isolation and observation cells, etc.;
(b) prisoners' day accommodation such as dining halls, workshops, classrooms, association rooms, dayrooms, visit rooms;
(c) communal areas in prisons such as exercise yards and compounds, recreational areas, corridors, lifts, and prisoners' waiting areas; and
(d) perimeter fence and wall, sterile areas, rooftops and gates.

Some photographs showing the general distribution of CCTV cameras in the above locations are in Appendix 9.

Current CCTV Coverage in the SLPC

6.3 Consistent with the aforesaid functions, 120 surveillance cameras are installed in the SLPC where they are linked to two consoles in the Control Room as the CCTV Central Monitoring System. The two consoles (one for 57 cameras in Blocks A-D and the other console for 63 cameras in Block E) function independently of each other. A description of the locations in the SLPC that are installed with CCTV cameras is at Appendix 10.

6.4 For each console, there are two 20" monitors (large monitors), six 9" monitors (small monitors), one video-cassette recorder (VCR) and one keyboard control panel. At present, only one large monitor in each console is connected to the VCR and this large monitor is set to capture the image of one camera at each time. For surveillance, the other large monitor is set to display the images of 16 cameras at any one time i.e. the 16-screen mode. Photographs showing the CCTV Central Monitoring System in the SLPC and the 16-screen mode are in Appendix 11 and 12.

6.5 All images captured on the large monitor are displayed in "Time-Lapse Mode" for every four seconds i.e. it switches from one camera to another camera according to a pre-set programme and each screen would last for four seconds. For certain locations, for instance, the occupied cells of the AOU, six small monitors are preset to continuously monitor the activities of prisoners located thereat who because of their background or behaviour would require constant and close supervision of staff.

6.6 In each console, only the images displayed on the large monitor connected to the VCR will be automatically recorded.

6.7 In addition to the functions of displaying the date and time, the monitoring system allows an on-screen three digit numerical identification of each camera, i.e. the serial no. of each camera and up to 16 digits of user-selected alphanumerical identification of the location covered by each camera, i.e. the code symbol for a specific location.

6.8 At the keyboard control panel, the duty staff in the Control Room can perform various programme functions such as the selection of a group of cameras for automatic display on any monitor and the “calling up” of any camera to any monitor if necessary. This function is particularly important. When an untoward incident takes place at a location, the appropriate camera of that area can be instantly “called up” to the large monitor connected to the VCR so that the events could be continuously monitored and recorded. In the meantime, the “Time-Lapse Mode” will be temporarily suspended.

6.9 Apart from the Central Monitoring System, there is a Local Monitoring System at the AOU to facilitate staff supervision on the prisoners located in Single Rooms 1-4 and Rooms 17-20 (currently only these eight rooms were equipped with CCTV surveillance cameras). In such Local Monitoring System, a single 9” monitor is linked to a stand alone VCR. The monitor displays images of those eight rooms captured by the cameras thereat, again, in “Time-Lapse Mode” of four seconds. While the monitor and VCR is placed at the AOU, its recording control panel is set up at the General Ward (Meter Room) of Block E. A designated staff, e.g. the Day Orderly Officer or a staff on duty of the General Ward can gain access to this Meter Room and pre-set the monitor and recording system to switch the images from one occupied cell to the other in cycles. This pre-set function is however not available to the duty staff of the AOU as in the event of untoward incident his primary duty is to respond to the emergency. Photographs showing the physical features of the Local Monitoring System at the AOU and the recording control panel at the General Ward are respectively in Appendices 13 and 14.

6.10 The two VCRs in the Control Room and the single VCR in the AOU are operated around the clock and they are secured under lock and key.

6.11 A block diagram showing the overall monitoring and recording system of the CCTV system in the SLPC is at Appendix 15.

6.12 The above-mentioned CCTV system in the SLPC is a typical analogue typed CCTV system. While it had been used for more than 10 years and already close to its designed operating life, funds were secured in 2000 to replace the whole system with a digital one and with surveillance cameras increased from 120

to 164 to enhance supervision. The improvement works have commenced in July 2000.

Situations in Other Institutions

6.13 Apart from the difference in number of surveillance cameras, monitoring consoles and general lack of local monitoring system, the CCTV systems in other institutions are similar to that in the SLPC.

Current Procedural Guidelines

6.14 There are detailed procedural guidelines as stipulated in the Headquarters Instruction i.e. HQ Instruction No. 2/2002 governing the control of videotapes in use in the CCTV system in penal institutions, a copy of the instructions is enclosed at Appendix 16. If nothing special was reported, the videotapes used would be retained for 14 days before re-use or disposal. This predetermined 14-day retention period is reasonable and in conformity with the spirit of Section 2 of Data Protection Principle 2 of the Personal Data (Privacy) Ordinance (Cap. 486). In addition, it is also consistent with clause 2.3.7 of the consultation Paper on the Draft Code of Practice on Monitoring and Personal Data Privacy at work (more information is provided at Appendix 17 about the rationale in adopting the 14-day retention period of videotapes in use in CCTV system).

6.15 If an untoward incident or special occurrence has taken place, the videotape concerned will be retrieved and retained by a designated officer for evidential purposes in subsequent inquiries until conclusion of the case or expiration of six months from the date of incident, whichever is the later. If the case is referred to the police for investigation, the tape will be handed over to them accordingly.

6.16 The aforesaid untoward incidents and special occurrences would include the following: -

(a) death (prisoner and staff);

(b) escape or attempted escape;
(c) serious injuries as a result of self-harm and assault in respect of prisoners and other persons;
(d) urgent referrals to outside hospital of prisoners and other persons;
(e) the use of force and firearms;
(f) major fire;
(g) prisoners on strike, riot, dispute or concerted indiscipline;
(h) suicidal attempts of prisoners;
(i) hostage taking situation; and
(j) serious incidents of sabotage.

Improvements to the CCTV System in Penal Institutions

6.17 There is a shortcoming in the existing CCTV system in penal institutions. It is an analogue system in which images captured by cameras are displayed and recorded in "Time-Lapse Mode". In other words, though the CCTV cameras can offer 24-hour coverage on all designated locations, the captured images for each and every location cannot be recorded continuously around the clock in normal circumstances.

6.18 The Department has formulated improvement plans to provide a digital CCTV system, replacing the existing analogue one in all penal institutions. Details of the improvement plans are as follows: -

(a) Replacement of the existing analogue CCTV system[9] with digital CCTV system for the SLPC[10] within 2003/04: -

[9] A primary digital CCTV system has been in operation in SPP since September 2001. The system however still uses video tapes to record the captured images of all CCTV surveillance cameras. Meanwhile a plan is in hand to upgrade such system to incorporate more digital functions including to use the hard disks for storing images.

[10] The project for SLPC commenced in July 2000. By two phases, the 1st phase will provide 38 additional cameras for Block E, including 12 for the remaining cells in the AOU where no CCTV cameras have ever been installed. The project is expected to complete before 30.1.2003. The 2nd phase involves mainly the replacement of CCTV camera at Blocks A to D. It is expected to complete before 31.3.2004.

(b) Provision of digital CCTV system for the following penal institutions by the end of 2003: -

CCCI, LWCI, STDC and TGCI

- the new system will cover various locations including dormitories, hospital wards, etc. except STDC where only hospital wards will be covered.
- these institutions are at present not equipped with any CCTV system.

(c) Under feasibility study on the provision of digital CCTV system for the following institutions: -

CMWCI, CTC, HLCI, HLTC, LKTC, LCKRC, LSCI, MHP, MPP&TFC, PSWCI, PUCI, PUP, S, TLCI, TLCW, TTCI and VP

- the new system will cover various locations including dormitories, hospital wards, etc.
- CMWCI, CTC, HLTC, LKTC, LSCI, MHP and VP are at present not equipped with any CCTV system

Features and Advantages of Digital CCTV System

6.19 With the advent of IT technology, the digital CCTV system can achieve the following operational efficiencies and security objectives: -

(a) The images captured by all surveillance cameras as data can be recorded continuously though the monitors continue to operate in "Time-Lapse Mode".
(b) All data will be recorded into the built-in hard-disks of the Digital Video Recorders (DVR) and stored up to 14 days[11]. When the hard

[11] Technically, the digital data storage period in the hard disk of a DVR is determined by several

disks are full, the earliest captured data would be replaced automatically by incoming captured data. In short, at any one time, a 14-day storage of digital data is available and retrievable in the system.

(c) There are back-up hard disks, normally three in numbers, installed inside the DVR. This will forestall accidental loss of recorded data if there is a corruption (failure) of any hard disk. (This enhanced function i.e. the "RAID[12] 5" model will not be available for the improvement plan within 2002/03 but will be pursued at a later stage. In the interim and to serve as back-up, spare DVR may be provided for the system.)

(d) Through the built-in CD-writer and with proper authorization, any data e.g. those for the untoward incidents/special occurrences, recorded (captured) in the hard disk within the 14-day time frame could be downloaded and copied to a CD-ROM. With reliable software, the authenticity of the copied CD-ROM could be verified.

(e) Digital security measures can be implemented to prevent unauthorized access to the system.

(f) Instead of using paper-based register to record the name of the CCTV operator as for the analogue system, the digital system allows operator's identities to be superimposed on the CCTV video image as caption and recorded into the system. In other words, each and every image frame recorded in the system is stamped with the operator's name. The digital CCTV system will therefore provide for a more reliable means to keep track of the identities of the operators of the system.

(g) The resolution[13] of digital data hard copy is higher than that of the analogue system.

Observations and Recommendations

parameters such as the hard disk capacity, the number of cameras for a designated group, the frame rate (number of images captures by a camera per second) and the resolution of images.

[12] Redundancy Arrays of Independent Drives (RAID)

[13] The resolution of the pictures captured will be 384 x 288 pixels.

6.20 The task group noted that none of the institutions currently equipped with CCTV system has any spare VCR or DVR in stock to act as backup in the event of faulty VCR/DVR. In this connection, the task group considered that whilst awaiting the full implementation of an enhanced digital CCTV system, spare VCR and DVR should be provided for the penal institutions in accordance with the estimated requirements set out in Appendix 18.

6.21 Concerning HQ Instruction No. 2/2002, the task group noted that individual institutional management had by and large followed the guidelines. To maximize the operational efficiency of the current analogue CCTV system, the task group has consolidated and streamlined the guidelines in the form of Action Cards for compliance and reference by responsible staff. Samples of the Action Cards[14] are at Appendix 19. The task group considered that with such user-friendly referential information at the fingertips of the responsible staff, they could carry out their related duties more competently, effectively and efficiently.

6.22 Also in accordance with the said HQ Instruction, if no untoward incidents or special occurrences have taken place, the video tapes concerned would be retained for 14 days before re-use or disposal. The task group has critically reviewed this predetermined retention period and considers that it is reasonable and practicable (para. 6.14 is relevant). Coincidentally, the period of storage of digital data in the hard disk of the DVR in a digital CCTV System has also been predetermined for 14 days. In sum, the task group considered that it would be appropriate to adopt the 14-day data retention/storage period as the standard for both the existing analogue CCTV System or the future digital CCTV System.

6.23 Videotapes will normally be disposed of after use for 30 times. The task group however had caused experiments to be conducted in this regard and noted that new video tapes after used for 17 times would have snowy pictures appearing on screen during play-back. As such, the reasonable re-usable limit should be reduced. This being so, the task group endorsed that the re-usable limit should be reasonably set at 14 times. Based on this consumption rate, the institutions should revise their requirements for videotapes and ensure sufficient stock to meet

[14] It was proposed that the Action Cards would be kept by responsible staff and posted up at the CCTV console panel, desktops or other conspicuous places.

the new demands.

6.24 As the operation and monitoring of a digital CCTV system is different from that of an analogue CCTV system, comprehensive, continuous and well-thought-out training should be provided for selected staff before the full implementation of the Digital CCTV system.

6.25 As revealed from para. 6.19, the copying process in digital CCTV system will be much more secure. And as stored recordings may be required for evidential purposes in internal disciplinary or court proceedings, the task group considered that it was imperative to work out comprehensive procedural guidelines relating to the operation, monitoring and recording of digital CCTV system.

6.26 Given the reported reliability, efficiency and effectiveness of a digital CCTV system in penal institutions, the task group considered that despite financial constraint, it would be worthwhile to adopt digital CCTV system as a standard provision in mapping out future improvement plans on CCTV system in penal institutions.

6.27 As learnt from the incident, when the videotape recording in the control room had an unsatisfactory replay effect, the local monitoring system could still function. Along this line, the task group considered that the provision of a local digital CCTV monitoring system to back up the central system was desirable and should be adopted as a standard provision in mapping out future improvement plan for the CCTV system in all penal institutions. In the light that locations such as Hospital Wards (dormitory or cellular type), Isolation Cells, Protected Rooms or Observation Cells where vulnerable prisoners requiring constant and close surveillance are usually accommodated, it was recommended that priority should be given to these places in the provision of local monitoring system. Besides, the frame rate[15] adopted for these locations should be set to a higher level (e.g. “4”) than for other places (e.g. “2”) to provide more continual replay of

[15] The higher the frame rate, the clearer of the replay image there will be but the costs will raise substantially. For example, the frame rate of “25” will be 10 times higher than that of “2”. After experimental results, the task group concluded that “4” would be reasonable and cost-effective. The frame rate however would not affect the resolution of captured images.

captured images.

6.28 Given the desirability of setting up a digital CCTV local monitoring system at the aforesaid locations, the improvement plans of the CCTV system for the SLPC and for those institutions outlined in paragraph 6.18 should tie in with this proposal. Details of the improvement works required are at Appendix 20.

6.29 The task group had also discussed the need to preserve any recording prior to the happening of an incident. The task group considered that with the present mechanism for 14-day storage of data it would be necessary to preserve at least 48 hours' recording of any events prior to the incident which might be needed for subsequent inquiries. Such recording should be kept for six months or upon completion of the case, whichever is the later.

Integrity of the New CCTV System

6.30 As the construction and maintenance of the digital CCTV system would be a matter for EMSD, the Department would work out necessary provisions in the Service Level Agreement with EMSD prior to the operation of the new system. The Agreement shall include regular testing and check[16], standard response time[17] and contingency arrangements, etc.

6.31 Detailed operational guidelines will be drawn up to encompass the following procedures and controls: -

(a) to define the level of authority to operate the system on day-to-day basis;
(b) to define the level of authority (with security code or computer software) to change the setting of the system or to re-set the system after maintenance or breakdown;
(c) to designate specific officers to examine (but not download) the data already stored for checking purpose;

[16] Preventive maintenance testing by EMSD will be conducted once every year
[17] The response time to fault call will be (i) for urgent fault – less than 3 hours and (ii) for non-urgent fault – less than 3 days.

(d) to designate specific officers to download (with security code or compute soft ware) and preserve the stored data for inquiry or assisting inquiry purpose if untoward incident has happened;

(e) to draw up contingency plans to cater for situations when the whole or part of the CCTV system breaks down and it is unlikely that the system will resume normal functioning in the near future; and

(f) to devise internal and external auditing procedures to detect if there are deviations practices.

CHAPTER SEVEN

INADEQUACY IN NURSING AND SUPERVISORY PROCEDURES IN THE INCIDENT

The Board of Enquiry

7.1 Following the reported death of the deceased prisoner on 19.11.2001, a Board of Enquiry was appointed to look into the circumstances surrounding the incident. The Board concluded its investigation in February 2002 and made a number of recommendations to the Commissioner for consideration. The recommendations as accepted were summarized as follows: -

(a) The Management of SLPC should monitor the outcome of the death inquest of the late remand prisoner DAR 21341 CHEUNG Chi-kin;

(b) The Principal officer (Hospital) of LCKRC be reminded to check all the documents such as medical history, dispensary sheet etc. to ensure that they are properly recorded with necessary information before arranging inmates to be transferred to other institution;

(c) An Officer of SLPC be reminded to make proper records in official documents such as to append his signature with date when he crosses out any entry as well as not to over-write on the documents;

(d) An Officer of SLPC be reminded to report any irregularity of inmates such as refusal of taking drugs to the Medical Officer by phone as soon as possible;

(e) Two Control Room staff of SLPC be warned for their failure in paying attention on the CCTV monitors during recording to ensure that any defects/irregularities would be detected and recorded at once without delay;

(f) The on-duty staff of the Security Section of SLPC be reminded to check the videotape recorder thoroughly to ensure that it

functioned well with in-put of time and date before inserting videotape to record. Consideration be given by the SLPC management to incorporate the requirement of inputting time and date into the CCTV recorder by respective staff into their Superintendent's Order;

(g) Consideration be made by the SLPC management to incorporate the requirement of checking the correctness of the CCTV recording system of the Control Room at the beginning of each shift into their Head of Institution Order. Besides, the staff should be re-educated at regular intervals the importance of video-recording the whole incident including the full course of any staff entering a cell or dormitory from the beginning of unlocking the location during lock-up hours, as stipulated in their Superintendent's Order; and

(h) Consideration be made by the SLPC Management to amend their Head of Institution Order to authorize the on-duty Officer-in-charge of ADU or other appropriate person to assign the location of newly admitted prisoners in the Unit.

7.2 In light of the outcome of the death inquest, the task group revisited the Board's findings to identify any issues for concern which had not been addressed in the previous Board of Enquiry. More importantly, this was also to reconsider if there were inadequacies in supervisory and nursing procedures in relation to the death of the deceased prisoner.

Observations

7.3 In short, the Coroner's Court had given very careful consideration to the testimonies of 57 witnesses and evidence surrounding the 25 exhibits. There were detailed descriptions of the events from when the deceased was admitted into CSD custody to the time he was urgently sent out to Tuen Mun Hospital and certified dead thereat.

7.4 With reference to the Coroner's Court proceedings, the task group was able to recapture the following sequence of events:

(a) on a drug-related offence the deceased was remanded in LCKRC on 14.11.2001 pending a suitability report for DATC Treatment. As he had given a heroin addiction history, he was admitted into the centre hospital of LCKRC between 14-16.11.2001 for observations before returning to normal association;

(b) on the evening of 16.11.2001 and after he resumed normal association, he claimed to have ingested some shampoo in his cell due to drug withdrawal symptom. He was thereafter transferred to AED of QEH for treatment. The medical officer thereat had seen the deceased and recommended gastro-endoscopy for diagnosis but the deceased declined. He was then relocated from the AED to the open ward for observation. Upon receiving him to the open ward, the medical officer thereat had examined him and prescribed a dose of "Physeptone" injection to relieve the pain of drug withdrawal as complained by the deceased;

(c) according to the CSD bed-side escort staff, the deceased had in the open ward demanded to relieve his pains arising from drug withdrawal and thereby caused some nuisance to other in-patients in the open ward. The medical officer had, in light of the latter's repeated complaints of drug withdrawal, prescribed another dose of "Physeptone" injection to him;

(d) on the next morning, the deceased was examined by the medical officer who after recommending subsequent follow-ups discharged the deceased to the custodial ward pending transportation back to the LCKRC;

(e) as soon as the deceased returned to the LCKRC, the medical officer of the LCKRC referred him to the clinical psychologist for assessment, having regard to his psychological state as displayed in the incident the night before. The assistant of the clinical psychologist after seeing him recommended that he be transferred to the SLPC for assessment. The medical officer concurred;

(f) on arrival at the SLPC on the afternoon of 17.11.2001, the deceased had complained of epigastric pain and vomited some coffee-ground fluid. Meanwhile, he was observed to be quite exhausted and had a high pulse rate of 120 per minute. The on-call medical officer was immediately informed of the situation who then prescribed

medications to the deceased over the phone;

(g) after admission, the deceased was accommodated in single room No. 4 of the AOU for observation. As the deceased's high pulse rate remained, the on-call medical officer was further informed of the deceased's vital sign who then prescribed "Inderal" for the deceased;

(h) on 18.11.2001 morning, when the nursing staff issued medicine to the deceased, the latter refused without any apparent reason. When the on-call medical officer attended to him, there was no special findings;

(i) at about 0545 hours of 19.11.2001, the deceased was observed by the night patrol staff as having no respiratory movement inside the room. The patrol quickly unlocked the room to ascertain the situation. After confirming the emergency, he further raised the alarm to summon assistance. First aid was given on the sport but to no avail; and

(j) the deceased was subsequently referred to the AED of Tuen Mun Hospital for emergency treatment where he was certified dead at about 0645 hours.

7.5 After examining the evidence adduced in the Coroner's Court, the task group noted that:

(a) the deceased was a known intra-venous drug addict and had history of diabetes mellitus since childhood;

(b) when the deceased was admitted into QEH on the late evening of 16.11.2001, the centre hospital of the LCKRC could not inform the deceased's mother instantly because of a wrongly typed telephone number in the removal order. As it was already very late on the evening, the responsible officer therefore decided to call up his mother again the next day. On the following morning, however, a message was received from QEH that the deceased would be discharged on the same day;

(c) the first and last time Madam SO visited her son in CSD custody was on 15.11.2001 when there was nothing abnormal. Between 16-18.11.2001, she was unable to see her son in LCKRC or SLPC for one reason or the other despite she went for visits every day. On 19.11.2001, she was informed of her son's death;

(d) the forensic pathologist acknowledged a report from the Government Laboratory that the blood sugar level of the deceased was as high as 45.7 millimole per 100 (in normal case it should not be higher than eight) and there were different level of chlorpromazine, methadone and ethyl alcohol found in his blood. The forensic pathologist therefore included both as factors for consideration of the cause of death. In the proceedings, the forensic pathologist said the presence of methadone in the deceased's body could be explained by previous injections of "physeptone" at QEH but the high level of chlorpromazine and the presence of ethyl alcohol found in the blood of the deceased remained unanswered. Likewise, the reason why there were fresh needle marks on the shoulder of the deceased was also unknown. The jury eventually accepted that the death of the deceased was due to the adverse effects of chlorpromazine, methadone and ethyl alcohol;

(e) a police expert gave evidence that the tape recording of the AOU on the material day was only of some 17 hours whereas the other tape of the control room was blurred. He however affirmed that the tape recording of the AOU was a true copy of recording not having been edited or dubbed from another tape or otherwise tampered with by somebody; and

(f) in the court proceedings, there were comments that with an incident occurring on 19.11.2001, the tapes recording events on 17-18.11.2001 were either not available due to mechanical failure of the recorder concerned or that the tape had been re-used.

7.6 On (d) above, the task group had caused a check on the ward ledger documenting the balance of chlorpromazine ampoules maintained in ADU and found that such medications had not administered to any inmate in ADU from 4.2.2001 to 5.5.2002. On (e), the Board of Enquiry was previously unaware of the shortening of the tape probably because there was no date or time indicated in such tape recording. In this connection, the task group believed that the tape recording maintained in the Control Room over the whole E Block, though also operated in time-lapse mode, could have supplemented what had happened during the missing 7 hours on a procedural basis had it not been blurred. The task group

therefore saw the need for high technology recording devices to be installed in future while in the meantime videotapes of higher quality be used and the frequency of re-use be reduced. This had been adequately addressed in the previous chapter.

7.7 On (f), the task group considered general improvements to the CCTV system and revision of the management guidelines for retention of certain videotapes should be made (also covered in the previous chapter).

7.8 The task group understood the police had recently reopened their file to conduct further investigation. But so far, the Department had not been notified of any fresh substance.

7.9 In sum, evidence adduced in court did not appear to reveal any inadequacy in supervisory and nursing procedures which might be directly attributable to the death of the deceased.

CHAPTER EIGHT

OTHER OBSERVATIONS AND RECOMMENATIONS

Prisoners on Transfer to the SLPC

8.1 In the first meeting, Dr. YUEN noted that in some cases the referral of prisoners to the SLPC were only activated by the clinical psychologists without having the prisoners examined by the medical officers to screen out the medical problems prior to transfer. The task group noted that this would have violated the standing procedures for transfer to the SLPC. As such, the task group saw the need to remind all institutions to comply with the laid down procedures.

8.2 Dr. YUEN also viewed that as the visiting psychiatrists to the SLPC were only available from Monday to Friday there seemed little purpose in transferring prisoners to the SLPC on Saturday, Sunday and Public Holiday for assessment and management. The task group concurred with Dr. YUEN's views and noted that any inter-institutional transfer on such occasions had already been kept to the absolutely necessary. There would however still be cases whereby some prisoners having undisclosed psychiatric problems might suddenly burst out and become violent. Under such circumstances, immediate referrals to the SLPC would be necessary in light of its setting and the presence of qualified psychiatric nurse thereat which no doubt would be of assistance. In addition, not all institutions had protected rooms to cater for these cases which further restricted alternatives. The task group finally endorsed that cases for transfer to SLPC for assessment and management should be effected at appropriate times taking into consideration of the duty pattern of the visiting psychiatrists and the residential medical officer at the SLPC.

Medications and Treatments on Transfer

8.3 Dr. YUEN also brought to discussion that medications and treatments

prescribed by medical officers prior to transfers had to be re-examined and endorsed by the medical officers of the receiving institution before continuation with such medications and treatments. Following the same logic, any somatic complaints and vital signs of the patient had to be viewed seriously and promptly attended to each time albeit that medical investigations might have been conducted on him shortly before.

Sharing of Experience

8.4 The task group noted that the SLPC worked jointly with other institutions in providing psychiatric, medical and nursing care to prisoners and concurred with Dr. YUEN's suggestion for the psychiatrists to hold informal discussions regularly with the Medical Officers (General) and nursing staff in other institutions to share knowledge and practical experience in the psychiatric, medical and nursing spheres.

Refresher and In-service Training for Nursing Staff

8.5 In light of the increased expectation on nursing staff in the discharge of their professional duties, the task group endorsed the recommendations to conduct refresher and regular in-service training on selected topics to nursing staff so as to update their nursing knowledge from time to time.

Other Recommendations

8.6 To enhance staff supervision on inmates' activities inside the single rooms of the AOU, the task group endorsed the suggestion to relocate the current Local CCTV Monitor to suitable positions e.g. at eye level and near the duty desk.

8.7 The task group had also accepted the need to tune the air-conditioners inside the single rooms of the AOU to a suitable temperature to ensure adequate warmth of the prisoners kept therein.

CHAPTER NINE

CONCLUDING STATEMENT

Expected Outcome

9.1 It is expected that upon implementation of all the recommendations (para.10.1-10.34) made by the task group, the following outcome can be seen: -

(a) the overall management of the SLPC will be enhanced through regular reviews and improvements in future;
(b) the administration and monitoring of medical drugs can be further controlled and an independent auditing by outside body is in place;
(c) a comprehensive Prescription and Medicine Issue Record is available for use in all institutions;
(d) a more advanced and reliable CCTV system is adopted to enable close monitoring of activities in penal setting and to preserve a continuous and high resolution record of such activities for evidence purposes; and
(e) some improvements in other aspects relating to enhancement of quality of service in the SLPC will be made.

Estimated Time-frame

9.2 Apart from regular reviews and external accreditation which is an on-going process, the first phase of CCTV improvement project in SLPC will be completed by the end of January 2003 and the second phase before 31.3.2004. Similar improvement works in other four institutions will be completed by 2002/03. For those CCTV improvement plans of the remaining seventeen institutions under feasibility study, the Department will closely monitor the situation with a view to speeding up the progress.

9.3 Other recommendations including the tightened control and monitoring of medical drugs, the use of a new Prescription and Medicine Issue Record and

the provision of spare video recorders to institutions as emergency backup can be implemented immediately.

9.4 It is estimated that by April 2004, all major recommendations would have been implemented.

CHAPTER TEN

SUMMARY OF RECOMMENDATIONS

Chapter Three: The Medical, Psychiatric and Nursing Staff Arrangements at SLPC

10.1 To rotate where possible the medical officers' postings regularly to allay concerns that they might be staying in a particular institution for too long (para.3.34-3.35).

10.2 To benchmark the practices, procedures and service standard of mental hospitals for the SLPC where appropriate (para.3.36-3.37).

10.3 To pursue regular reviews of the nursing manpower in the SLPC and its overall service quality by external authorities such as the HA or other competent bodies (para.3.38).

10.4 To seek external accreditation of the SLPC services by local or overseas professional associations such as eminent scholars and the Royal College of Psychiatry (para.3.39).

Chapter Four: Nursing Practices and Procedures in Relation to Medical Drugs and Monitoring System

10.5 To use the proper terminology whenever injectable tranquilizers is being used and referred to (para.4.16).

10.6 To strengthen the recording system in the use of injectable tranquilizers as in the case of DD (para.4.17).

10.7 To adopt a practice that two nursing staff should sign on the patient's medical record to corroborate the dosage and condition of use whenever injectable tranquilizers is prescribed (para.4.17).

10.8 To reinforce the practice adopted in the HA such that if a verbal order is given, the nursing staff has to record the details into the patient's medical record and recite the same instantly to the medical officer for verification before implementation. The relevant entry has to be signed by the medical officer on his subsequent return to the hospital as proper authority (para.4.20).

10.9 Nursing staff will ensure full and proper maintenance of all relevant, correctly signed and dated records such as the prisoner's medical records, medicine issue records and injection records (para.4.20).

10.10 Medical officers should refrain from giving verbal orders if they have not attended to the patients before, in particular in the use of injectable tranquilizers (para.4.21).

10.11 To make more general use of mechanical restraints under rule 67 of the Prison Rules in dealing with prisoner's violent and agitated behaviour when the medical officer is not available (para.4.25).

10.12 In the event the use of mechanical restraint is ordered by the Superintendent, immediate notice, preferable within 15 minutes, has to be given to the medical officer who is away from the institution (para.4.25).

10.13 To pursue external accreditation such as ISO certification as a means of external auditing and control of procedures and documentation (para.4.26).

Chapter Five: Dispensary Sheet in Use in SLPC

10.14 To adopt the newly formatted "Prescription and Medicine Issue Record" for use in SLPC and other penal institutions (para.5.8).

10.15 The used up record sheet be filed into the respective inmate's medical record for future reference (para.5.9).

10.16 To maintain a list of sample initial/signatures of all nursing staff and the list be reviewed regularly, say, every six months (para.5.10).

Chapter Six: CCTV Monitoring System and Related Guidelines

10.17 The analogue system be progressively replaced by digital system (para.6.18-6.19 and para.6.26).

10.18 In anticipating the full implementation of an enhanced digital system, spare VCRs and DVRs will be provided for use in the penal institutions to serve as back-up data storage (para.6.20).

10.19 To consolidate the current operational guidelines into Action Cards for easy reference of responsible staff (para.6.21).

10.20 To adopt the 14-day data retention/storage period as the standard for both the existing analogue CCTV system and the future digital CCTV system (para.6.22).

10.21 To adopt a 14-time re-usable limit for videotapes to achieve better replay effects (para.6.23).

10.22 To provide comprehensive, continuous and well-thought-out training for selected staff before the full implementation of the digital CCTV system (para.6.24).

10.23 To work out comprehensive procedural guidelines relating to the operation, monitoring and recording of digital CCTV system (para.6.25).

10.24 To give priority in the provision of a local digital CCTV monitoring system to back up the central system in specific locations where vulnerable prisoners requiring constant and close surveillance are accommodated (para.6.27-6.28).

10.25 To preserve at least 48 hours' recording of any events prior to the

incident which might be needed for subsequent inquiries (para.6.29).

10.26 To work out necessary provisions in the Service Level Agreement with EMSD prior to the operation of the new system for regular testing and check, standard response time and contingency arrangements, etc. (para.6.30).

10.27 To draw up detailed operational guidelines in relation to operations and security control of the digital CCTV system (para.6.31).

Chapter Eight: Other Findings and Recommendations

10.28 To ensure that prisoners are medically examined by the medical officers prior to transfer to the SLPC in accordance with laid down procedures (para.8.1).

10.29 To ensure that the transfer of prisoners to the SLPC for assessment and management be effected at appropriate times taking into consideration of the duty pattern of the visiting psychiatrists and the residential medical officer at the SLPC unless under very special conditions (para.8.2).

10.30 Medications and treatments prescribed by medical officers prior to transfers had to be re-examined and endorsed by the medical officers of the receiving institution before continuation with such medications and treatments. Following the same logic, any somatic complaints and vital signs of the patient had to be viewed seriously and promptly attended to each time albeit medical investigations might have been conducted on him shortly before (para.8.3).

10.31 To provide discussion venues for the psychiatrists, medical officers and nursing staff with a view to sharing knowledge and practical experience in the psychiatric, medical and nursing spheres (para.8.4).

10.32 To conduct refresher and regular in-service training on selected topics to nursing staff so as to update their nursing knowledge from time to time (para.8.5).

10.33 To relocate the CCTV monitor of the AOU to a suitable position e.g. at eye level and near the duty desk to enhance supervision (para.8.6).

10.34 To ensure the air-conditioners inside the single rooms of AOU are tuned to a suitable temperature to ensure adequate warmth of the prisoners kept therein (para.8.7).

Mr. PANG Sung-yuen, CSDSM, JP
(Chairman)

Mr. Sammy POONE, JP

Mr. Raymond YUNG, JP

Dr. YUEN Cheung-hang

Mr. CHAN Kong-sang, CSDSM

Mr. Samson CHAN, CSMSM

Mr. WONG Man-chiu

Ms. Ida LEE

Mr. LAI Wai-keung
(Secretary)

20 December 2002

Prescription and Medicine Issue Record

Annex B

(Institution :)

Name: ____________________ Sex / Age: ____________

Inmate No.: ____________________ Location: ____________

<u>Remarks for medicine not being taken</u>

R = Refused W = Withheld V = Vomited

N = Medicine not available O = Outside Centre (e.g. Court / Clinic)

Drug Name		Date / Time																												
Dose	Frequency	AM																												
		NOON																												
Date On & Dr Sign	Date Off & Dr Sign	PM																												
		NOCTE																												
Drug Name		Date / Time																												
Dose	Frequency	AM																												
		NOON																												
Date On & Dr Sign	Date Off & Dr Sign	PM																												
		NOCTE																												
Drug Name		Date / Time																												
Dose	Frequency	AM																												
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Date On & Dr Sign	Date Off & Dr Sign	PM																												
		NOCTE																												
Drug Name		Date / Time																												
Dose	Frequency	AM																												
		NOON																												
Date On & Dr Sign	Date Off & Dr Sign	PM																												
		NOCTE																												

Annex C

Causes Established by Death Inquests

Year	Suicide	Natural	Open Verdict	Total
1982	0	2	0	2
1983	0	1	0	1
1984	0	3	0	3
1985	0	0	0	0
1986	1	0	0	1
1987	0	1	0	1
1988	2	2	0	4
1989	1	4	0	5
1990	0	0	0	0
1991	1	3	0	4
1992	0	3	0	3
1993	1	4	0	5
1994	4	1	0	5
1995	0	5	0	5
1996	1	0	0	1
1997	0	2	0	2
1998	2	3	0	5
1999	0	3	0	3
2000	0	3	1[1]	4
2001	0	1	1	2
2002	0	4[2]	0	4
Total	13	45	2	60

Footnote :

[1] The medical cause of this case was concluded as “Unknown” in the death inquest. According to the Forensic Pathologist’s testification, “no identifiable specific pathological changes” was found by the autopsy to which the death could have been attributed.

[2] Including 2 cases pending death inquest with the provisional diagnosis of ‘Cirrhosis of Liver’ and ‘Acute Renal Failure’ respectively.

INFORMATION BOOKLET FOR ADULT PRISONERS

(1998)

INFORMATION BOOKLET FOR ADULT PRISONERS

The booklet is published for your guidance, and is intended to give you a general idea about the institution. However, it is by no means exhaustive and should you require further information, do not hesitate to consult any officer on duty for clarification.

1. INSTITUTION

The name and address of the institution you are now in is : -

2. SENTENCE

If you have been sentenced for more than one offence, you should ascertain how the sentences are to run.

If the sentences are "concurrent" it means that these sentences run from date of sentence, and the one in this sentence group which carries the longest EDD (Earliest Date

of Discharge) will be the only sentence to be served amongst the sentence group.

If the sentence are "consecutive" it means that the second sentence does not begin until the expiry of the first sentence, or as directed by the Court.

If your sentence stipulates a fine or imprisonment, then part of the money in your property will be withdrawn to cover whole or part of the fine, and the equivalent number of days will be deducted from your sentence.

3. COURT APPEAL / REVIEW PROCEEDINGS

For information relating to court appeal/review proceedings, you may consult a Welfare Officer, a senior officer, or refer to booklets on such matters issued by the Judiciary Administration. You may have access to these booklets in prison library, reception office, welfare office or induction

unit, or through arrangement by any on-duty staff.

Some significant information with respect to the statutory time limitations for moving appeal/review proceedings are as follows:-

(a) If you are dissatisfied with the decision of the magistrate, you may apply to the magistrate within 14 days after the determination to review the decision. If you are still dissatisfied after the review, you may appeal to the Court of First Instance of the High Court. Such appeal should be lodged within 14 days after the decision review made by the magistrate. You may also choose to appeal to the Court of First Instance of the High Court directly instead of seeking review of the decision. In this case, the appeal must be lodged within 14

days after the decision of the magistrate.

(b) If you are dissatisfied with the decision of the District Court, you may appeal to the Court of Appeal within 28 days from the date of sentence.

(c) The Court of Final Appeal (CFA) is the final appellate jurisdiction in the Hong Kong Special Administrative Region and you are required to file an application for leave to appeal, if necessary, to the CFA within 28 days from the date of the decision of the Court of Appeal, or the Court of First Instance in an appeal matter.

4. LEGAL AID

For the purpose of your appeal, you may apply for legal aid. Such applications may be made through the Superintendent.

5. PERSONAL DATA (PRIVACY) ORDINANCE

You are required to provide Correctional Services Department with your personal data in accordance with Prison Rule 12. All personal data provided by you during your stay are for the purpose of general management of your correctional activities. The data may be transferred to the relevant staff on a need-to-know basis while carrying out their duties. You may write to the head of institution to request access to and the correction of these data.

6. PETITION

You may petition the Chief Executive during the first year of your sentence and once every year thereafter unless the Superintendent considers that there is sufficient cause to justify additional petitions. All petitions by you must be submitted to the Superintendent in the first instance.

7. (DELETED)

8. DATE OF DISCHARGE

Your date of discharge is dependent on the length of sentence passed by the court, i.e. your Latest Date of Discharge (LDD). However, by your good conduct and special industry, remission of sentence may be granted to you under PR 69 (Cap. 234) up to one third of the sentence of the court, i.e. Earliest Date of Discharge (EDD).

The days you have been committed to custody by an order of a court made in connection with any proceedings relating to the sentence will be deducted from your sentence. Any period spent on bail will not count towards remission and sentence.

If your sentence is reduced to less than 31 days by virtue of remission, you will not be discharged until the expiration of the 31 days.

If you are in doubt regarding your date of discharge, which is written at the back

of your identity tag, you should seek clarification through the Welfare Officer.

9. IDENTITY TAG

You will be issued with an identity tag which will carry information relating to yourself including your photograph.

10. INDUCTION UNIT

On admission to the Institution, you will be located in the induction unit for a period of time authorised by the Superintendent. During this period, you will receive instruction from various officers on the subject concerning the daily routine, and the rules and regulations of the prison, so as to help you to adjust to the new environment more easily.

Your conduct whilst in the unit will be kept under observation. At the end of this induction period ,you will be assigned to one of the work parties commensurate with your ability and work aptitude.

11. PERSONAL AND FAMILY PROBLEMS

Throughout the term of your imprisonment, you will be under the care of the Welfare Officer, who will assist you, where possible, in solving your personal or family problems which may arise from your imprisonment. This includes assistance in applying for comprehensive social security assistance for your family or retrieving of bail money from court, etc., should it be necessary. If you or your family have any problems, you should request to see the Welfare Officer.

Should you need psychological and counselling services, you may put forward your request to the management and your case will be referred to the Clinical Psychologist or Officer of the Psychological Unit for follow-up.

12. CLOTHING

On your admission to the institution, you

will receive a complete outfit of essentials and other personal necessities. All these are provided free of charge and will be exchanged or replenished at regular intervals.

Whilst in your possession, it is your responsibility to ensure that these items are kept clean, and in a good state of repair. Disciplinary action may by taken against you for loss or damage of any of these items. For minor repairs to your uniform, you may obtain repair kits from the officer-in-charge of your hall or dormitory.

13. WORK

You are required to work unless exempted by the Medical Officer. You may be assigned to work in the workshop, where under the guidance of Technical Instructors, you can learn skills which may be useful to you following your discharge.

14. EARNING SCALES

Depending on the type of work you do, and the degree of skill you attain at work, you will be credited with earnings at the rates approved by the Commissioner of Correctional Services.

These earnings may be accumulated and be paid to you on your discharge, or you may use the amount credited to purchase items from the prisoners' canteen.

10% of your earnings will automatically be placed to the credit of an account as savings, which is payable to you on your discharge. However, once your savings have reached the amount of $500, you will be allowed to spend the full amount of your subsequent earnings henceforth.

15. FOOD

You will receive regular meals whilst in the institution. You may apply for vegetarian

diet on grounds of religious beliefs or dietary habit. All meals must be consumed in the Dinning Hall unless otherwise directed and any complaint about food must be made immediately to the officer-in-charge of the Dining Hall.

16. PRIVILEGES

Whilst in the institution, the following privileges may be granted to you:

(a) Canteen Purchase
From earnings credited to you from your daily work, you may purchase items offered for sale by the canteen.

Application forms for purchases are issued at regular intervals.

(b) Leave of Absence
If you have been sentenced to 4 or more years imprisonment, and are within 6 months of your discharge,

and there is no deportation order made against you, you may, at the discretion of the Superintendent and subject to good conduct and behaviour, be granted leave of absence not exceeding 5 clear days.

However, you may be granted leave of absence not exceeding 24 hours for special purpose, for examples, to attend funerals, or to visit seriously ill family members. Whilst on such leave you will be subject to conditions and restrictions as to custody and escort.

(c) Books, Periodicals and Newspapers
You may be allowed to receive books or periodicals from your relatives and friends, under such conditions as the Superintendent may determine. All these books are subject to examination.

You may be allowed to have a copy of a daily newspaper received direct from the publishers or a registered agent. Payment for the newspaper must be made by your relatives or friends on your behalf.

(d) Recreational Activities
By rotation, you will be allowed to attend those recreational activities which include ball games, participation in sports competitions, video shows, etc. arranged by the staff at various times.

17. LIBRARY

You may borrow books and other reading materials from the library subject to such conditions as the Superintendent may determine.

18. EDUCATION

(a) Evening Remedial Education (if available)

(b) Correspondence Courses, External Degree Courses
(c) Self-study Courses

You may enroll in any of the above courses by application to the Superintendent. Advice and guidance regarding studies will be given by the schoolmaster or Welfare Officer.

19. WRITTEN COMMUNICATION

You will be allowed to send to and receive from your relatives or friends any number of letters. Materials and postage sufficient for you to write and send the first letter per week will be provided at public expense whereas postage and materials for any additional letters will be purchased by you from the canteen, with your earnings.

All letters to or from a prisoner in any prison may be opened and searched for the maintenance of security, good order and discipline of the prison. All letters to or from a prisoner in a maximum security prison may

also be read under Prison Rule 47(A).

A prisoner is not allowed to send a letter to a person if that person has informed the Superintendent that he/she does not wish to receive any letter from the prisoner.

20. VISITS

You will be allowed to receive visits from your relatives or friends twice a month. Not more than three visitors are allowed at any visit which will last for thirty minutes. Visits will be allowed daily within the hours laid down by the Superintendent. Special visits will only be permitted with approval of the Superintendent.

21. MEDICAL TREATMENT

If you suffer from any sickness or injury, you should report it immediately to the officer on duty who will make arrangements for you to receive the necessary treatment.

22. RELIGIOUS SERVICES

Religious services are held regularly and you may attend by making application to the officer-in-charge of your hall.

Items of a religious nature recommended by the Chaplain may be retained by you, subject to approval by the Superintendent.

23. PRIVATE ITEMS

You may, subject to the approval of the Superintendent, obtain from your relatives or friends, an electric shaver and batteries, ablution items, soap box, tissue paper, exercise books, ball pens, drawing material and other items as approved from time to time. A transistor radio may also be procured at your own expense. Rules and regulations governing this privilege will be explained to you by the Welfare Officer.

24. REQUESTS FOR INTERVIEWS

If you have any request to make, you may ask to see the Superintendent or a senior officer. It can be arranged through a staff on duty.

25. CHANNELS OF COMPLAINTS

If you have any complaint to lodge or any grievance to air, you may approach the following parties:-

(a) any staff member including a senior officer of the institution;
(b) senior officers of the Headquarters, including the Commissioner, visiting the institution;
(c) visiting Justice of Peace, who will visit the prison once fortnightly;
*(d) Complaints Investigation Unit of the Headquarters;
(e) a member of the Legislative Council; or
**(f) The Ombudsman.

*Complaint Investigation Unit (CIU)

The CIU is an independent office appointed by the Commissioner of Correctional Services to expeditiously, thoroughly and impartially investigate prisoners' complaints about their interest, rights and treatment. The findings of the investigation will be examined and decided by The CSD Complaints Committee (CSDCC), comprising the Civil Secretary as Chairman. If dissatisfied with the findings, you may ask the Chairman for a re-examination. You may also appeal to the CCS against the decision of the CSDCC.

**The Ombudsman-

Upon admission, you will be issued with a copy of information leaflet about "The Ombudsman". Should you have a complaint to raise to The Ombudsman, you can do so using a designated form to communicate with The Ombudsman's office. Blank forms are readily available in all locations inside the prison where prisoners are located.

For your intended approach to parties in (b) to (e) above, you are advised to give prior notice to the management so that appropriate arrangements will be made.

26. TRIAD OR GANG ACTIVITIES

Triad or gang activities within the institution are strictly forbidden. Do not try to gang up with any other prisoners and if you are in any way threatened, report it to any officer at once.

27. REMOVAL FROM ASSOCIATION

Where the Superintendent has reasonable grounds for believing it is desirable, for the maintenance of good order and discipline or in the interests of a prisoner, he may order the removal of such prisoner from association for

a period not more than 72 hours. For the same reason, the Commissioner may order the removal of such prisoner from association thereafter.

28. DISCIPLINE

You will commit an offence against discipline if you:

(a) disobey any order of the Superintendent or of any other officer of the Correctional Services Department, or any prison rules or other regulations or any directive issued from time to time by the Commissioner that are applicable to you;
(b) treat with disrespect any officer of the Correctional Services Department, or any person authorised to visit the prison;
(c) are idle or negligent at work, or refuse to work;
(d) use threatening, abusive or

insulting words or behave in a manner that expresses a threat, abuse or an insult;
(e) commit any assault;
(f) communicate with another prisoner for an improper purpose or when prohibited from doing so in the interests of discipline of the prison;
(g) leave your cell or dormitory or place of work or other appointed place without permission;
(h) without reasonable excuse, disfigure or damage any part of the prison or any property which is not your own;
(i) have in your possession-
  (i) any articles that you are not authorised to have; or
  (ii) a greater quantity of any article than that you are authorised to have;
(j) without authority give to or receive from any person any articles;
(k) in any way offend good order and discipline;

(l) wilfully feign or endeavour to cause illness or wilfully obstruct cure;
(m) make false and malicious allegations against an officer of the Correctional Services Department;
(n) lose or without reasonable excuse, damage or destroy any Government property;
(o) are found to have, without reasonable excuse, traces of a dangerous drug within the meaning of the Dangerous Drugs Ordinance in a sample of your urine;
(p) fight with any person;
(q) obstruct an officer of the Correctional Services Department in the execution of his duty;
(r) with respect to any of the other offences :
  (i) attempt to commit;
  (ii) incite another person to commit; or
  (iii) assist another person in committing or attempting to commit such an offence.

29. PUNISHMENT

If you commit any offence against discipline, you will be placed on report. A copy of the Notice of Report in respect of the charge(s) against you and the Explanation of the Procedure at Disciplinary Hearings will be given to you prior to adjudication so that you can prepare your defence. The case will be heard by the Superintendent or other officer appointed for the purpose. If you are found guilty of the offence, the Superintendent or the officer hearing the case may award one or more of the followings:-

(a) issuing a caution;
(b) separate confinement not exceeding 28 days;
(c) forfeiture of remission not exceeding 1 month but the forfeiture of remission may be up to 3 months under Commissioner's power of punishment;

(d) loss of privileges not exceeding 3 months;
(e) deprivation of earnings or part thereof; and
(f) deduction of earnings of the cost of any Government property lost, or wilfully damaged or destroyed by you.

30. APPEALS IN DISCIPLINARY CASES

If you feel aggrieved by any order made in the disciplinary hearing by the Superintendent, you may, within 48 hours, appeal to the Commissioner of Correctional Services against such an order in respect of the finding of guilt and/or of the awards. The Commissioner upon hearing the appeal may cancel, vary or confirm the order. Where a case is referred to the Commissioner for an order for forfeiture of remission exceeding

1 month (paragraph 29(c) refers) and the Commissioner, after considering the case, makes such an order, you may appeal in respect of the order to the Secretary for Security.

31. CONDUCT

You must be clean in appearance and conduct yourself in an orderly and disciplined manner at all times. The following are examples of misconduct which may result in disciplinary action being taken against you : -

(a) shouting;
(b) spitting;
(c) littering;
(d) lending to or borrowing from other prisoners any article;
(e) throwing food or leftovers;
(f) giving your food to another prisoner;
(g) playing any game of chance;
(h) damaging any government property; and

(i) using tools or materials issued to you for any purpose other than for the purpose for which it is originally intended.

32. EMERGENCY ALARM

On hearing this alarm, you will stop whatever you are doing and comply with the instructions of the officer-in-charge of your working party or hall.

33. DISCHARGE

You may within reason receive money or clothing from relatives or friends prior to your discharge.

34. THE SOCIETY FOR THE REHABILITATION OF OFFENDERS, HONG KONG

If you anticipate problems after discharge you may wish to approach the Society for the Rehabilitation of Offenders,

Hong Kong for assistance. You may ask the Welfare Officer for details.

35. NEVER AGAIN ASSOCIATION

You may be arranged to attend rehabilitative group discussion sessions with your family members so as to promote a better understanding of the problems involved as a result of your imprisonment.

36. RELEASE UNDER SUPERVISION

If your sentence is 2 years or more (other than life imprisonment and you are not subject to deportation upon release), you will be eligible to apply for release under supervision under the provisions of the Prisoners (Release Under Supervision) Ordinance. You can ask the Welfare Officer for details and the relevant information booklets about this Ordinance.

37. POST RELEASE SUPERVISION OF PRISONERS SCHEME

The Scheme applies to every adult

prisoner who is either sentenced to (i) imprisonment of six years or more or (ii) imprisonment of two years or more but less than six years of any of the offences specified in Schedule 1 of the Post-Release Supervision of Prisoner Regulations. If you fall into the Category, you are subject to supervision upon your release until the end of your sentence. You may ask the Welfare Officer for details and the relevant information booklet on the scheme.

38. BOARD OF REVIEW, LONG TERM PRISON SENTENCE

If your sentence is 10 years or more (including life imprisonment), your case will be submitted to the Board of Review, Long Term Prison Sentence at the expiration of 5 years from your date of conviction and every 2 years thereafter.

The paramount function of the Board is to examine the circumstances pertaining to a prisoner at the time of review to determine whether any change to his sentence would be justified.