SHERIFFDOM OF SOUTH STRATHCLYDE, DUMFRIES & GALLOWAY
AT HAMILTON

[2019] FAI 39

HAM-B605-18

DETERMINATION

BY

SHERIFF DANIEL KELLY QC

UNDER THE INQUIRIES INTO FATAL ACCIDENTS AND SUDDEN DEATHS ETC (SCOTLAND) ACT 2016

into the death of

GARY SHEARON

For the Crown: Fauré, Procurator Fiscal Depute
For the Family: Mullen, Livingstone Brown
For the Scottish Ministers on behalf of the Scottish Prison Service: Chalmers, Anderson Strathern
For the Prison Officers' Association (Scotland): Gillies, BTO Solicitors
For NHS Lanarkshire: Brown, Advocate; NHS Central Legal Office

4 September 2019

The Sheriff, having considered the evidence, determines in terms of the Inquiries into Fatal Accidents and Sudden Deaths Inquiry (Scotland) Act 2016 section 26 that:

(a) Gary Shearon died on 16 May 2017 at Wishaw General Hospital,

(b) the cause of the death was hypoxic brain damage, due to cardiac arrest, suspected due to drug intoxication, and

(c) there are no further findings or recommendations which require to be to made either relevant to the circumstances of the death or which might realistically prevent other deaths in similar circumstances.

Findings

Remand in custody

[1] Gary Shearon, born on 20 June 1970, was a 46 year old prisoner at HMP Shotts at the time of this death.

[2] On 12 January 2015 at Glasgow High Court Mr Shearon had pled guilty to a charge of assault and robbery. He was sentenced to be imprisoned for a period of 5 years and 6 months from 13 October 2014, 6 months of which were attributable to the bail aggravation. The sentence was discounted in terms of section 196 of the Criminal Procedure (Scotland) Act 1995 and would otherwise have been one of 8 years imprisonment, 6 months attributable to bail. He was an inmate housed in cell 3/42 of Lamont Hall at HMP Shotts, Canthill Road, Shotts.

Circumstances of the death

[3] At 17.00 hours on Saturday 13 May 2017 Mr Shearon was in Lamont Hall, having been placed in his cell for the evening. There had been no significant events observed foreshadowing what was to occur. During lock-up, prison officers noted that Mr Shearon appeared intoxicated, as if under the influence of some unknown substance. They contacted medical staff in order to request a review.

[4] Mr Shearon was consequently examined by two staff practitioner nurses within his cell. The nurses had difficulty in obtaining accurate readings for his blood pressure due to problems with compliance but did obtain three: 168/140, 113/102 and 89/67. They also ascertained oxygen saturation levels (95%), pulse (113bpm) and temperature (36.9C). They noted that his pupils were sluggish but reactive to light. They observed that he was orientated and able to recognise both of them and other members of staff. Mr Shearon disclosed that he had inhaled a psychoactive substance.

[5] As a result of this initial examination and following discussions between nursing staff and prison officers, Mr Shearon was moved to an observation cell within Lamont 1, walking there, and observations were commenced. He entered the observation cell at 1724 hours. This was in accordance with set procedures (Management of an Offender at Risk due to any Substance GMA 79A/14).

[6] At 1835 hours four prison officers entered the observation cell and found Mr Shearon unresponsive. Prison staff commenced cardio pulmonary resuscitation using a defibrillator and contacted emergency services.

[7] Paramedics attended and continued CPR, moving Mr Shearon from the observation cell into the main hall area.

Hospital treatment

[8] At 1910 hours Mr Shearon was conveyed by ambulance to the Accident and Emergency department at Wishaw General Hospital. He was transferred to the Adult Critical Care Unit. Medical tests carried out revealed that he was suffering from swelling

to the brain due to oxygen starvation during cardiac arrest. Mr Shearon was unable to resume spontaneous breathing. He did not respond to medical treatment and in due course life support was withdrawn.

[9] Life was pronounced extinct at 12:31 hours on 16 May 2017.

Post Mortem Examination

[10] A post mortem examination was carried out on the 30 May 2017 at Queen Elizabeth II University Hospital, Glasgow, by two forensic pathologists. The cause of death was recorded as:

1a: hypoxic brain damage due to

1b: cardiac arrest due to

1c: suspected drug intoxication.

Tests revealed that drugs were present in his blood which potentially could have accounted for the cardiac arrest and secondary hypoxic brain damage.

Note

Reviews

[11] Reviews were carried out shortly after Mr Shearon's death by the Scottish Prison Service and by NHS Lanarkshire. As a result of these reviews a number of measures have been effected.

Expert Evidence

[12] Mr Shearon's family were naturally concerned to ascertain whether anything could have been done or whether anything further could be done which would avoid a similar death. Time was afforded during the proceedings in order to enable further investigation to be carried out.

[13] There have been detailed studies carried out by medical experts. Opinions were instructed on behalf of the Prison Officers' Association (Scotland) and NHS Lanarkshire respectively from Dr Ian Anderson, Consultant in Accident and Emergency Medicine, and Dr Stephen Waring, Consultant in Acute Medicine and Clinical Toxicology. Traces of a synthetic cannabinoid receptor agonist (SCRA), colloquially known as spice, had been found during forensic analysis. The literature referred to indicated that the adverse effects of SCRA exposure were typically mild but that a small number of fatalities have been related to it. It was noted that cardiac arrest and sudden cardiac deaths were recognised as hazardous effects of recreational use of 5F-ADB, a type of SCRA detected. Traces of unprescribed Amitriptyline, an antidepressant, were also noted, which had a well-recognised effect on the electrical conduction system of the heart and which was known to cause dysrhythmias that could be fatal, irrespective of the amount ingested. Both experts deemed it appropriate for Mr Shearon to have been placed under observation due to his signs of intoxication. They were of the opinion that there was no way of predicting a sudden collapse or cardiac arrest. Earlier admission to hospital would not in their opinion on the balance of probabilities have altered the outcome.

[14] The result was that parties reached the conclusion that all reasonable precautions were in place. Sadly, despite all efforts, drugs made their way to Mr Shearon which on this occasion had an atypical but recognised effect.

Condolences

[15] The separation entailed for the family of Mr Shearon as a result of him being incarcerated rendered his death all the more painful. It exhibited understanding of the measures which had been undertaken to examine whether anything could usefully be changed as a result of it. All involved in the Hearing extended their earnest condolences to his family.