



CARE OF AT RISK DETAINEES

ACDT PLAN

(Assessment, Care in Detention and Teamwork)

D/212

Forename(s):

D865

Surname:

DOB:

DPA

Centre: Brook House IRC CID/PORT REF 8725718 / 61295977

Turn to inside front cover to see triggers/warning signs that should prompt immediate review

Required frequency (day and night) of conversations and observations, plus the required frequency of recording these in pages 21-22. (see pages 19-20 for guidance)

1. ~~CONSTANT SUPERVISION~~
2. ~~Hourly observations~~
3. ~~Every 2 hours~~
4. One observation every 3 hours.
5. OBS EVERY 4 HOURS DURING DAY + 3 OBS DURING NIGHT-TIME.
6. 1X OBSERVATION EVERY 4 HOURS WITH 1X QUALITY CONVERSATION DURING CORE DAY.

Date of next Case Review:

1 05-07-17	2 06-07-17	3 09-07-17	4 11-07-17
5 13-07-17	6 15-07-17	7 17-07-17	8 21-07-17
9 24-07-17	10 26-07-17	11 28-07-17	12 01-08-17
13 2/8/17	14	15	16

Date opened: 04/07/2017

Date closed: 02/08/17

Date of Post Closure Interview:

(see inside back cover for guidance)

9/8/17

Signed (chair of closing Case Review):

Signature

Image of D865

Triggers/warning signs to prompt immediate review and person/department to be called:
(To be considered as part of each Case Review)

1	BEING IN DETENTION FOR TWO YEARS.
2	POSSIBLY SUFFERING FROM DEPRESSION.
3	
4	
5	

AGREEMENT TO SHARING OF INFORMATION

(Note: This form is to be completed by the Assessor and detainee at the beginning of the Assessment Interview.)

I understand that the Immigration Service has a duty of care to me while I am in detention. I agree that information about my needs and situation may be passed on to all relevant staff involved in my care. I understand that only information relevant to my ACDT Plan will be shared, and that detailed information contained within my health records or any other information about me will not normally be disclosed without my consent.

If there is a concern that I may be at risk of significant harm, information about me *may* be shared between staff within the centre and others concerned with my care and welfare in order to think about how best I may be supported.

Person at risk's signature:

Signature

PRINT NAME:

D865

Date:

04-07-2017

Member of staff's signature:

Signature

PRINT NAME:

ANGELA O'CONNOR

Date:

04-07-2017

Where permission is withheld, share only information that relates to the risk and how to reduce the risk.



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ACDT Open Notification Form

Name of Detainee	D865		
CID Ref:	8725718	Log Number	BH 230/17

The ACDT plan was opened at Brook House:	Yes
The above has arrived on an open ACDT plan from :	

To be completed by the DCM:

Tasks	Completed	Comments
Has the detainee self harmed If yes, please state the method of self harm	yes	Tried to kill himself by hanging from the TV cables in his room.
Has an Incident Report been completed and passed to the DD	Yes	Awaiting completion by DCM
Is the detainee on a food refusal? An ACDT must be opened after 2 days of refusing food	no	
Has the detainee been assessed by healthcare? The RMN should also be contact for a mental health assessment.	yes	
Has the Central ACDT log been Updated? Incidents of Self Harm should be high lighted in Red Ink	yes	
Has the relevant information been entered on to DAT? All information should be entered under the Safer Custody tab on DAT	yes	
Has the IS91 Part C been completed and sent to DEPMU? A copy should be sent to Safer Community and Home Office	yes	

Completed By

Print Name	R Giraldo
Time and Date	13.00 pm 04/07/2017

This form should be completed when the ACDT opened and distributed without delay to the following

- Duty Director
- Safer Community Manager
- Healthcare
- Chaplain
- Security Intelligence
- Home Office
- IMB

The original should be placed in to the detainee ACDT plan

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