



Care and Separation- DCF 1

DC RULE 40

Log Number BH/181/17

Surname:	D1527
Forename:	
Nationality:	ECV
Port Ref No.	ASC/4742212
CID Ref No.	10549090

Other Information
.....
.....
.....

Date Located into IR40... 25/4/17
 Time Located into IR40... 17:10

Date removed from R40... 26/4/17
 Time removed from R40... 10:35

Search Conducted on Arrival to Unit by.....

Initial Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	17:00	I. Macdonald	S. Edwards
Duty Home Office Informed	17:45	I. Macdonald	H. Patel NO ANSWER
Duty IMB Informed	17:50	I. Macdonald	E. Markwick
Medical Informed	17:40	Steve Loughlin	S. Buss
Religious Affairs Informed	17:30	Steve Loughlin	VOICEMAIL

Has Detainee Packed his own Property ☒ Yes / No

If No Name of Team Leader Authorising Room Clearance

New Location of Detainee Property

Closing Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	10:35	D. Kelly	D. Haughton
Duty UKBA Informed	10:35	D. Kelly	S. Levee
Duty IMB Informed	10:50	D. Kelly	E. Markwick message
Medical Informed	10:35	D. Kelly	D. Dawn
Religious Affairs Informed	10:35	D. Kelly	T. Gabriel

Location of Detainee After Leaving CSU E. Luning

OFFICIAL - SENSITIVE

CJS000958_0001



Immigration Enforcement

MAINTENANCE OF SECURITY AND SAFETY NOTICE FORM DCF1: REMOVAL FROM ASSOCIATION (DC Rule 40)

REMOVAL CENTRE: DETAINEE DETAILS

Full Name	Date of Birth	Nationality	Port & CID Ref
D1527	DPA	Egypt	ASC/4742212 10549090

REASONS FOR REMOVAL FROM ASSOCIATION (RFA)*

(To be completed by person authorising RFA, should be Immigration Service during working hours)

D1527 has been moved to DC Rule 40 for refusing to return to Eden Wing under constant supervision, not complying to any lawful orders given to him from officers.

AUTHORITY FOR INITIAL 24 HOURS RFA***(Cases of Urgency)*

Immigration Department or Out of Hours Contractor

Person authorising RFA (Name/Grade)	Signature of person authorising	Date RFA authorised	Time RFA authorised
I Macdonald	signature	25/04/2017	17:00hrs

Person authorising continued RFA (Name/Grade)	Signature of person authorising continued RFA	Date authorised	Time authorised

(All visitors, all suggestions, requests, meals etc to be noted)

3

RESUMPTION OF ASSOCIATION*****

(Manager's discretion / Medical grounds)

Reasons for Resumption <i>(To include medical practitioner's comments/ signature where appropriate)</i>	<div style="border: 1px dashed black; padding: 5px; display: inline-block;"> D1527 </div> has been taken off Rule 40 he says he wants to go back to working
Time/Date Resumed	26/6/17
Authorised By	W. Dettmer
Signature	<div style="border: 1px dashed black; padding: 5px; display: inline-block;"> signature </div>

DOCUMENTATION

Copy to:	Received By	Time/Date
S of S		
Contractor		
IMB		
Medical Practitioner		
Religious Affairs Minister		
Detainee		

- * DC Rule 40(1)
- ** DC Rule 40(2)
- *** DC Rule 40(4)
- **** DC Rule 40(3)
- ***** DC Rule 40(9)
- ***** DC Rule 40(7)



REMOVAL CENTRE:
DETAINEE DETAILS

Full Name	Date of Birth	Nationality	Port & CID Ref
D1527	DPA	Egypt	ASC/4742212 10549090

(To be completed by person authorising RFA, should be Immigration Service during working hours)

D1527 has been moved to DC Rule 40 for refusing to return to Eden Wing under constant supervision, not complying to any lawful orders given to him from officers.

AUTHORITY FOR INITIAL 24 HOURS RFA** *(Cases of Urgency)*
Immigration Department or Out of Hours Contractor

Person authorising RFA (Name/Grade)	Signature of person authorising RFA	Date RFA authorised	Time RFA authorised
I Macdonald	signature	25/04/2017	17:00hrs

Removal from Association Initial Health Assessment

Detainee Details

Name	D1527	Cid Reference	10541090
Time of assessment		Date of Birth	DPA

Initial screening

To be completed within two hours of a detainee being removed from association (DC rules 40 & 42). If no Registered nurse or Duty doctor available to complete within two hours of a detainee being removed from association, then the detainee is to be observed by wing staff four times per hour or inline with ACDT observations if greater. Clinical records and ACDT plans should also be considered.

Is the Detainee currently being assessed or sectioned under section 48 of the Mental Health ACT?

Yes/No **No**

Is the detainee currently on an Open ACDT plan, are there any recent acts of self harm OR is the detainee currently taking any anti-psychotic medication?

Yes/No **No**

Does the detainee show signs of being acutely unwell (e.g. Psychotic/ withdrawal from drugs/ significant injury) at the present time?

Yes/No **No**

Do you think the detainee will be able to cope with a period of removal from association?

Yes/No **No**

Do you think the detainee's mental health will deteriorate from being removed from association?

Yes/No **No**

Health Assessment

Following the above screening are there any clinical reasons to advise against removal from separation at this time?			
YES	NO	Delete as appropriate	
Signature	signature	Name	SD Ben M
Grade	GP	Time	Date 21/4/11
Where necessary this form should be part of a multi-disciplinary review			

OFFICIAL - SENSITIVE

Notes for Healthcare

This assessment must be completed for all detainees being removed from association (DC Rule 40 & 42). The purpose of this assessment is to determine if there are any healthcare reasons against removing a detainee from association, and to provide a snapshot of the detainee's mental health at the time of the assessment. However if there are any immediate physical health concerns these should also be considered. It is not intended to be a comprehensive mental or physical health assessment. It is not intended to predict or anticipate a change in the detainee's condition over time. If you have any concerns about the detainee you are screening seek further guidance from healthcare colleagues or from the on call healthcare manager. A multi-disciplinary case review maybe required.

The assessment should be completed after:

- A discussion with the detainee
- Reference to his clinical record and any other relevant documentation, e.g. incident reports, ACDT if appropriate.
- Gathering information from other members of staff in contact with the detainee.
- Reviewing the nature of the incident which led to removal from association.

The Duty Director will make the final decision on where to locate the detainee.

Duty Director / Duty Operations Manager

(Sign at the bottom on all occasions)

The Duty Director (or Operations Manager in their absence) uses this section to acknowledge the healthcare assessment overleaf.

If a doctor or a registered nurse indicates that there are healthcare reasons to advise against removal from association and the Duty Director considers that removal from association necessary for safety or security reasons a case review must be held immediately to discuss the best location for the detainee and any actions that could be taken to mitigate healthcare issues raised recorded on a Care map.

Following the Healthcare assessment the Duty Director/ Operations Manager have decided that the detainee will				
Continue to be removed from association	Yes	<input checked="" type="checkbox"/>	NO	Delete as appropriate
Duty Director Comments no health-care concerns raised, currently on ACDT constant supervision.				
Signature	signature		Name	Dr. Alex Jones
Grade	DET		Time	10:05
Date 26/11/11				
Is a Care Map needed to mitigate Issues raised by Healthcare assessment				
Yes	<input checked="" type="checkbox"/>	NO	Delete as appropriate	

OFFICIAL - SENSITIVE

OFFICIAL - SENSITIVE

Care Map

To be completed in all cases where initial assessment by Healthcare has indicated that there are medical considerations to be made after removing a detainee from association.

Actions to be considered should include;

- Action to lessen effects of isolation
- Increased observation from wing staff or Healthcare staff
- Review of prescribed medications
- Transfer to a Medical bed at another IRC
- Talking Therapy with an RMN

Issue Number	Issue	Goals	Action Required	By whom and when	Status of Action
1.					
2.					
3.					
4.					
5.					
6.					

Name	Role	Signature	Date	Time
	Duty Director			
	Duty Operations Manager			
	Health Care			
	Wing Staff			

OFFICIAL - SENSITIVE

D1527

Page ____ of ____

(Visits of SufS / Manager / Medical Practitioner)

[illegible]