



Care and Separation- DCF 1

DC RULE 40

Log Number BH/147/17

Surname...	D523
Forename...	
Nationality...	AFGHANISTAN
Port Ref No...	NEX/4895007
CID Ref No...	5859573

Other Information

Date Located into IR40... 7/4/17
Time Located into IR40... 21:05

Date removed from R40... 8/4/17
Time removed from R40... 20:15

Search Conducted on Arrival to Unit by... ~~Simon~~ A Parryworth

Initial Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	21-30	D. Rafter	J Edwards
Duty UKBA Informed	21-30	D. Rafter	S Levett
Duty IMB Informed	21-55	D. Rafter	J. Brown
Medical Informed	21-00	D. Rafter	J. Watts
Religious Affairs Informed	21-55	D. Rafter	Message left

Has Detainee Packed his own Property Yes ☒ No

If No Name of Team Leader Authorising Room Clearance ... D. Rafter

New Location of Detainee Property

Closing Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	2030	Hyden	Brown
Duty UKBA Informed	2030	Hyden	S. Levett
Duty IMB Informed	2030	Hyden	1 TURNER MESSAGE
Medical Informed	2030	Hyden	Hyden
Religious Affairs Informed	2030	Hyden	2 Quran (message)

Location of Detainee After Leaving CSU ... Dove Wing

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

CENTRE: Brook House
DETAINEE DETAILS

Full Name	Date of Birth	Nationality	Port Reference
D523	DPA	Afghanistan	5859573

REASONS FOR REMOVAL FROM ASSOCIATION (RFA)*

(To be completed by person authorising RFA)

Mr D523 has been placed on rule 40 for refusing to share and lock up on his wing at night time lock up and for saying a member of staff was a dead man. Duty Director, Home Office, IMB, and Healthcare have been informed.

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

Person authorising RFA (Name/Grade)	Signature of person authorising RFA	Date RFA authorised	Time RFA authorised
D Rolley Detainee Custody Manager	Signature	07/04/2017	21.05

REASONS FOR CONTINUED RFA (>24 HOURS/NOT TO EXCEED 14 DAYS)***
(To be completed by person authorising)

1840 MR **D523** is currently refusing
to clean room and discuss where
we will move him to. Spoken to
S. LeVet and extension agreed
if refuses to comply verbally
abusive to officers on unit.
Not required as detainee
compelled and moved

AUTHORITY FOR RFA BEYOND 24 HOURS**** *(Authority of S of S)*

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

(Visits of SofS/ Manager/ Medical Practitioner)

RESUMPTION OF ASSOCIATION*****

(Manager's discretion/ Medical grounds)

Reasons for Resumption (To include medical practitioner's comments/ signature where appropriate)	Moved to Dove wing and will now share
Time/Date Resumed	2015 8-4-17
Authorised By	<i>[Signature]</i>
Signature	<div style="border: 1px dashed black; padding: 2px;">Signature</div>

DOCUMENTATION

Copy to:	Received By	Time/Date
S of S	Copy Given	22.00 07/04/2017
Contractor	Copy Given	22.00 07/04/2017
Visiting Committee	Copy Given	22.00 07/04/2017
Medical Practitioner	Copy Given	22.00 07/04/2017
Religious Affairs Minister	Copy Given	22.00 07/04/2017
Detainee	Copy given by hand	22.00 07/04/2017

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



Immigration
Enforcement

Port Ref: NEX/4895007
H.O Ref:

CID: 5859573

IS 91 RA Part C
(Revised)

IS.91RA Part C: Supplementary Information to IS.91 RA Part A

Details of Port/Unit Responsible For Case					
Port:		Officer:		Grade:	
Fax:		Email:		Tel:	

Details of Individual					
Full Name	D523				
D.O.B	DPA	Nationality	Afghanistan	Sex	Male

This form should be completed as soon as either a) further information becomes available or b) the detainee's behaviour and/or statements indicate a possible alteration to this detainee's risk factor.

Mr. D523 has been placed on rule 40 for refusing to share a room, he refused to go to his room at night time lock up. Mr. D523 also made a threat to a staff member when he got to CSU telling the staff member he was a dead man. Duty Director, Home office, JMB, healthcare are aware.

Will this individual comply with removals directions?
If no please provide additional information.

In the light of this:

- It is considered that the risk factors associated with this detainee may have increased in which case a new IS.91 should be issued.
- You may also wish to consider whether a change of detention location is appropriate.

Signed: DR Signature Print name: D Roffey Date: 07/04/2017

For Completion by DEPMU/MUDCU

- This detainee's location does/does not need to be changed.

The reasons for any change, for example from one removal centre to another or to prison or vice versa, **MUST** be recorded in the comments section above and be accompanied by the issue of a revised IS91

Detaining Office to issue new IS91: Yes/No

Signed: Print name: Date:

Signature to be at EO level.

Distribution: By DEPMU following consideration of changes in risk factors.

- DEPMU
- Detention Location (HO and Contractors/Prison Service)
- Home Office/Unit dealing with case

Removal from Association Initial Health Assessment

Detainee Details

Name	D523	Cid Reference	S859573
Time of Assessment	11:45	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

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~~

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

~~Yes~~ No

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

Yes ~~No~~

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

~~Yes~~ 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	GP/PAK
Grade	RN/LL	Time	13:38
		Date	08/04/17
Where necessary this form should be part of a multi-disciplinary review			

BROOK HOUSE IRC

Surname: **D523** First Names: **D523**
CID Ref: **9859573** Date of Birth: **DPA**

Time and date of incident: 1145 08/04/18

Place of incident: CSU02

Incident reported by:

Incident Witnessed by:

Nature of injury: SELF HARM

To be completed by the Incident Reporting Officer

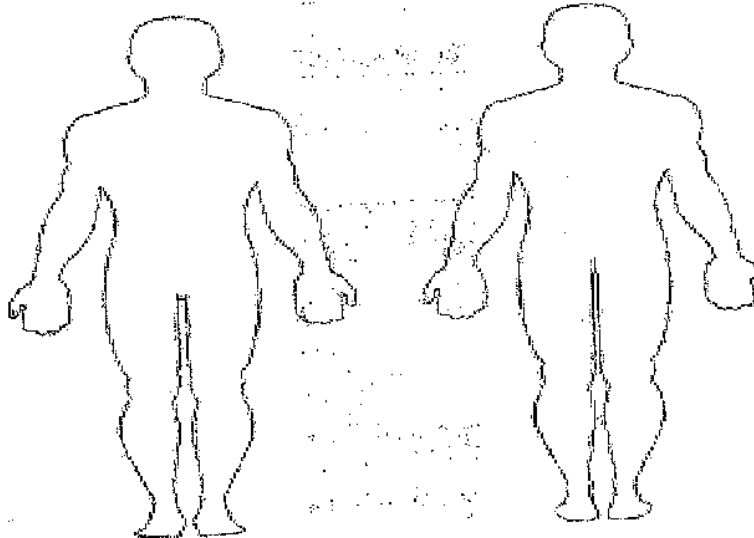
Version 02

OFFICIAL - SENSITIVE

Section 3 - Healthcare's report (To be completed by medical staff)

Time and date of examination: 08/04/17 1145

Report: SEEN BY H/O IN CSU 2, NO PHYSICAL
HEALTH ISSUES UPON OBSERVATION, STATES BREATHING
DIFFICULTIES BUT NOT OBSERVED AT PRESENT
TIMES



Front of Body

Back of Body

Healthcare:

Medical Staff - Name:
(Block capitals)

Signature:

Signature

Date:

Q PARR
08/04/17