



# Care and Separation- DCF 1

DC RULE 40

Log Number .... BH/303/17

Surname:	<b>D728</b>
Forename:	
Nationality:	
Port Ref No:	
No:	7765518

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

Date Located into RFA: 5/7/17

Date removed from R40 6/7/17

Time Located into RFA: 2130pm

Time removed from R40 10:30:

Search Conducted on Arrival to Unit by: D. MURPHY

Initial Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	2220	N. LONDON	JULS WILLIAMS
Duty UKBA Informed	2230	N. LONDON	HEENA PATEL
Duty IMB Informed	2230	N. LONDON	ELIZABETH MARKWICK
Medical Informed	2200	N. LONDON	GRACE SIHALI

Is the Detainee on an ACDT ☒ YES ☐ NO

Has Detainee Packed his own Property ☒ YES ☐ NO

If No Name of Team Leader Authorising Room Clearance Remaining in room as single occ.

New Location of Detainee Property ..... Detainee Reception.....

Closing Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	1030	hyde	M. BROWN
Duty UKBA Informed	1030	hyde	S. LEVETT
Duty IMB Informed	1800	hyde	E. MARKWICK
Medical Informed	1035	hyde	D. ROSSO

Location of Detainee After Leaving CSU

Eden Wings



# Home Office

## 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
D728	DPA	SOMAILIA	

### REASONS FOR REMOVAL FROM ASSOCIATION (RFA)\*

(To be completed by person authorising RFA)

Detainee **D728** was placed on rule 40 for jumping onto the second floor netting on ARUN Wing. Whilst on the netting **D728** placed a ligature around his neck. On Constant Supervision.

Maintain good order and discipline of the centre.

Home Office, IMB and Duty Director are all aware.

### 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
DCM Nick London	Signature	05/07/2017	21.30pm

**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:	<b>D728</b>				
D.O.B	<b>DPA</b>	Nationality	SOMALIA	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.

**D728** has now been placed onto constant supervision after he tied a ligature around his neck and jumped onto the netting. Because he jumped onto the netting he has now been placed onto rule 40 to maintain good order and the security of the center.

Will this individual comply with removals directions? Unknown  
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: S F Print name: S Farrell Date: 05/07/17

**For Completion by DEPMU/MODCU**

- 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

[illegible]

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



## RECORD OF ACTIONS AND OBSERVATIONS

*(Visits of SofS/Manager/Medical Practitioner)*

[illegible]

Reasons for Resumption (To include medical practitioner's comments/signature when appropriate)	Taken off of role as and placed onto Eder being awaiting to see Doctor to see if meds will be prescribed
Time/Date Resumed	1030 6-7-17
Authorised By	<i>[Signature]</i>
Signature	<div style="border: 1px dashed black; padding: 5px; display: inline-block;">Signature</div>

#### DOCUMENTATION

Copy to:	Received By	Time/Date
S of S	In Pigeon Hole	05/07/2017 22.30pm
Contractor	In Pigeon Hole	05/07/2017 22.30pm
Visiting Committee	In Pigeon Hole	05/07/2017 22.30pm
Medical Practitioner	In Pigeon Hole	05/07/2017 22.30pm
Religious Affairs Minister	In Pigeon Hole	06/07/2017 22.30pm
Detainee	Given to detainee	06/07/2017 23.00pm

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