



Use of Force – DCF 2

DC RULE 41

The date on which force was used 25/04/2017

Log Number 10517

Time Use of Force Commenced 19:09 hrs Time Use of Force Completed 19:10 hrs

Detainees' details

| | |
|-------------|--------------------|
| Surname | D1527 |
| Forename(s) | D1527 |
| Nationality | <u>EGY</u> |
| Port Ref | <u>ASC/4742212</u> |
| CID Ref | <u>10549090</u> |

| | | |
|------------------------------|-----|-------------------------------------|
| Were ratchet handcuffs used? | Yes | <input checked="" type="radio"/> No |
|------------------------------|-----|-------------------------------------|

| | |
|---|------------|
| The time that ratchet handcuffs were applied? | <u>N/A</u> |
| The time that ratchet handcuffs were removed? | |

| | | | |
|---------------------|-------|-----|-------------------------------------|
| Hand held camcorder | used? | Yes | <input checked="" type="radio"/> No |
| Body worn camera | used? | Yes | <input checked="" type="radio"/> No |

Reason for force being used

Tick

| | | | | | |
|----|------------------------------------|-------------------------------------|--|-----------------------------|---|
| PS | Prevent Self Harm | <input checked="" type="checkbox"/> | Force used, was it? | Planned | <input checked="" type="radio"/> Unplanned |
| MG | Maintain Good Order and Discipline | <input type="checkbox"/> | Did a member of healthcare attend to the detainee | During incident | <input checked="" type="radio"/> After incident |
| PY | Protect Yourself | <input type="checkbox"/> | Is the detainee on ACDT / PEEP/Raised Concerns / other? Specify (<u>✓</u>) | <u>Constant Supervision</u> | |
| PA | Protect a Third Party | <input type="checkbox"/> | Room Clearance and certification completed? | Yes | <input checked="" type="radio"/> No |
| PD | Prevent Damage to Center Property | <input type="checkbox"/> | Location of incident? | <u>E/007</u> | |
| PE | Prevent Escape | <input type="checkbox"/> | Detainee relocated too? | <u>E/007</u> | |

| | Time Informed | Your Name / Position | Name of Person that you Contacted? |
|------------------------|---------------|-----------------------|------------------------------------|
| Duty Director Informed | <u>19:40</u> | <u>Steve Leighton</u> | <u>Sara Edwards</u> |
| Home Office informed | <u>19:50</u> | <u>Steve Leighton</u> | <u>Heena Patel</u> |
| Healthcare Informed | <u>19:20</u> | <u>Steve Leighton</u> | <u>Jo Buss</u> |
| IMB Informed | <u>19:45</u> | <u>Steve Leighton</u> | <u>Elisabeth Markwick</u> |
| Care Team Informed | <u>19:40</u> | <u>Steve Leighton</u> | <u>Zeeshan Qayon</u> |

Search Conducted on arrival to unit by: (Name / Position) N/A

New Location of the detainees PROPERTY?

N/A



USE OF FORCE REPORT FORM – DCF 02

TO BE COMPLETED BY THE SUPERVISING OFFICER IN CHARGE AT THE SCENE OF THE INCIDENT

LOCAL REFERENCE NUMBER:

ESTABLISHMENT: Brook House

INCIDENT DETAILS

Date: 25/04/2017

Time: 19.09

DETAINEE DETAILS

| | | |
|--|---|--|
| CID Number: 10549090 | Surname: D1527 | Forename(s): D1527 |
| Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Nationality: EGY | The Use of Force was: Planned <input type="checkbox"/> Unplanned <input checked="" type="checkbox"/> | Age group (please circle): Adult (age 20) Minor (age) |

STAFF INVOLVED

List below the grade / work area (i.e. Care & Separation Unit) and names of all the officers involved in the use of force incident

| Grade: | Surname: | Forename(s): | Work Area: |
|--------|----------|--------------|------------|
| DCM | Loughton | Steve | Oscar 1 |
| | | | |
| | | | |
| | | | |

LOCATION OF INCIDENT

| | | | |
|---|---|---|--|
| Wing | | Education/Multi-Faith Area | |
| Own Room | X | Visits | |
| Care & Separation Unit | | Association Area (please specify below) | |
| Other (please specify) | | | |



| EVENTS LEADING UP TO THE INCIDENT | | THE CIRCUMSTANCES WHY FORCE WAS USED | |
|--------------------------------------|--|--------------------------------------|---|
| None known | | Preventing injury to oneself | X |
| Searches (Room/A/B/Full) | | Preventing self-harm | X |
| IEP down grade | | Preventing injury to a third party | |
| Failure to comply with removal | | Preventing damage to property | |
| Fight with another detainee | | Preventing an escape / abscond | |
| Serving of removal directions (RDs) | | Other (please specify below) | |
| Assault on a member of staff | | | |
| Assault on another detainee | | | |
| Non-compliance | | | |
| Home Office interview | | | |
| Court appearance | | | |
| Video-link hearing | | | |
| Moving to another centre/unit/prison | | | |
| Others (please specify below) | | | |
| | | | |
| | | | |
| | | | |
| | | | |

TYPE OF FORCE USED

Verbal reasoning used to de-escalate the situation initially and/or during the incident?
 Yes ☐ No ☒ X

(Please expand with details in Annex A)

| Were Personal Safety Techniques Used? | <input type="checkbox"/> | Were C&R Techniques Used? | <input checked="" type="checkbox"/> X | Were MMRP Techniques Used? | |
|---------------------------------------|--------------------------|---------------------------|---------------------------------------|----------------------------|--------------------------|
| Defensive Options | <input type="checkbox"/> | Guiding Hold | <input checked="" type="checkbox"/> X | Figure Four Arm Hold | <input type="checkbox"/> |
| Push | <input type="checkbox"/> | Isolating the Arm | <input type="checkbox"/> | Head Support | <input type="checkbox"/> |
| Knee Strike | <input type="checkbox"/> | Arm Hold/Lock | <input type="checkbox"/> | Mandibular Angle | <input type="checkbox"/> |
| Kick | <input type="checkbox"/> | Wrist Flexion/Lock | <input type="checkbox"/> | Detainee – Prone | <input type="checkbox"/> |
| Punch | <input type="checkbox"/> | Thumb Flexion/Lock | <input type="checkbox"/> | Detainee – Supine | <input type="checkbox"/> |
| | | Inverted Wrist Hold | <input type="checkbox"/> | Detainee – Seated | <input type="checkbox"/> |
| | | | | Restraint Recovery | <input type="checkbox"/> |

Were handcuffs applied? Yes ☐ No ☒ X

The time applied:.....

The time removed:.....

The duration applied:.....

Name of the person(s) checking the application and that the handcuffs were double locked:

Name of the Supervising Officer: Steve Loughton
 (Provide reasoning in the Annex A)

Was a Baton drawn? Yes ☐ No ☒ X

If so, was it used? Yes ☐ No ☐



The Use of Force was authorised by (Supervising Officer):

Name: Steve Loughton

Grade: Detainee Custody Manager.

Reason(s) To prevent self harm as he was self strangulating with a ligature.

| RELOCATION | | | |
|--|-------------------------------------|----------------------------------|-------------------------------------|
| The detainee was relocated to: | | Type of relocation required: | |
| Own Room | <input checked="" type="checkbox"/> | Compliant | |
| Care & Separation Unit | <input type="checkbox"/> | Passively Resistant | <input checked="" type="checkbox"/> |
| Special Accommodation | <input type="checkbox"/> | Actively Resistant | |
| Other (please specify below) | <input type="checkbox"/> | Other (please specify below) | |
| | | | |
| If relocated to Special Accommodation, complete the relevant form. | | | |
| Authorised by:..... | | | |
| Grade:..... | | | |

**INJURIES SUSTAINED & HEALTHCARE INVOLVEMENT**

Was a member of Healthcare present throughout the incident (Doctor, Registered Nurse or Healthcare)? Yes ☐ No ☒

Name: Jo Buss

Grade: Senior Nurse

An F213 or equivalent form (private sector) was completed by:

Name: Jo Buss

Grade: Senior Nurse

Did the detainee sustain any injuries at the time? (If so, please provide details on the F213 or equivalent form) Yes ☒ No ☐

Did the detainee require outside hospitalisation at the time? Yes ☐ No ☒

Name of Healthcare member:

Grade:

Did a member of staff require medical attention at the time? Yes ☐ No ☒

Name.....

Grade.....

Treatment was provided:

By the centres healthcare staff (internally) ☐ By an outside hospital (externally) ☐

NOTE:
AN F213 (or equivalent form) MUST BE COMPLETED ON ALL DETAINEES, EVEN IF THEY APPEAR NOT TO HAVE SUSTAINED ANY INJURIES. A COPY OF THE F213 MUST BE ATTACHED TO THIS FORM. THIS FORM SHOULD THEN BE PLACED IN THE USE OF FORCE INCIDENT FILE. ANY INJURIES SUSTAINED BY STAFF MUST BE ENTERED IN THE ACCIDENT BOOK.

**EVIDENCE**

| | Yes | No |
|-------------------------------------|--------------------------|----|
| Was the clothing bagged and tagged? | <input type="checkbox"/> | X |
| Were any photographs taken? | <input type="checkbox"/> | X |
| Was the incident video recorded? | <input type="checkbox"/> | X |
| Was a Body Worn Camera Used? | <input type="checkbox"/> | X |

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct and that I have completed Annex A "Use of Force – Officer's Statement."

Signed...

Signature

Name: Steve Loughton

(BLOCK CAPITALS)

Date: 25/04/2017

*This form must now be passed to the Duty Operations Manager on duty.

ORDERLY OFFICER / DUTY OPERATIONS MANAGER (to complete):

I confirm that I have:

Contacted security to log the incident in the Use Of Force log,
Passed the reports to security to store the original copy securely,

Informed the Duty Director. Name: Sara Edwards

Informed the Home Office Manager. Name: Heena Patel

Informed the IMB. Name : Elisabeth Markwick

Informed the Care Team. Name : Zeeshan Qayan

I also confirm that all officers involved in the Use of Force have completed Annex A "Use of Force – Officer's Statement."

Signed....

Signature

Name: Steve Loughton

(BLOCK CAPITALS)

Grade: DCM

Date: 25/04/2017



ANNEX A USE OF FORCE

Local
Reference No.

STAFF STATEMENT

ESTABLISHMENT: Brook House IRC

DATE: 25/04/2017

DETAINEE

NAME: **D1527**

CID NUMBER: 10549090

OFFICER

NAME: Steve Loughton

GRADE: Detainee Custody Manager

The use of force must only be used when it is:

Reasonable in the circumstance**An absolute necessity****No more force than necessary****Proportionate to the seriousness of the situation**

Your statement must set out what happened; give details of your part in the use of force, any restraints/locks you applied and how the incident was finally resolved. It must give details of who authorised the use of force, as well as attempts made to de-escalate throughout the incident.

Your statement must be completed independently of other staff involved in the incident.

If C&R or MPR was used, please tick your primary role:

Supervising Officer ☒Head / Number 1 ☒Right arm ☐Left arm ☐Leg Officer ☐

Have you been C&R basic refreshed in the last 12 months?

Yes ☒ No ☐

Have you attended a MPR refresher in the last 6 months?

Yes ☐ No ☐



The Type of Force Used:

| Were Personal Safety Techniques Used? | <input type="checkbox"/> | Were C&R Techniques Used? | X | Were MMPR Techniques Used? | <input type="checkbox"/> |
|---------------------------------------|--------------------------|---------------------------|---------------------------|----------------------------|--------------------------|
| Defensive Options | <input type="checkbox"/> | Guiding Hold | X | Figure Four Arm Hold | <input type="checkbox"/> |
| Push | <input type="checkbox"/> | Isolating the Arm | <input type="checkbox"/> | Head Support | <input type="checkbox"/> |
| Knee Strike | <input type="checkbox"/> | Arm Hold/Lock | <input type="checkbox"/> | Mandibular Angle | <input type="checkbox"/> |
| Kick | <input type="checkbox"/> | Wrist Flexion/Lock | <input type="checkbox"/> | Detainee – Prone | <input type="checkbox"/> |
| Punch | <input type="checkbox"/> | Thumb Flexion/Lock | <input type="checkbox"/> | Detainee – Supine | <input type="checkbox"/> |
| | | Inverted Wrist Hold | | Detainee – Seated | <input type="checkbox"/> |
| | | | | Restraint Recovery | <input type="checkbox"/> |
| Were any additional restraints used? | | <input type="checkbox"/> | Who authorised their use? | | |
| Hand Cuffs | | <input type="checkbox"/> | | | |
| Baton | | <input type="checkbox"/> | | | |

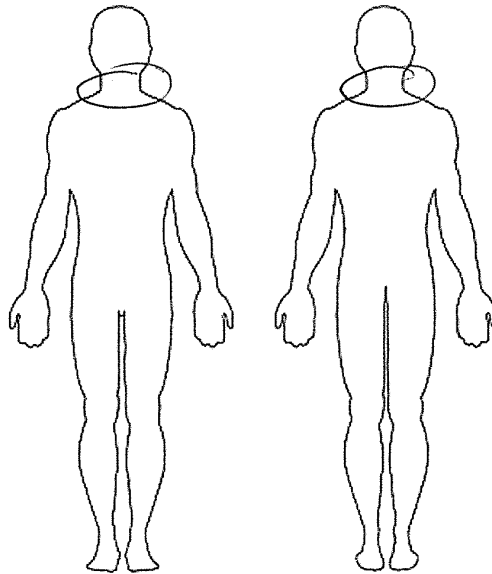
Please provide as much detail as possible below, including:

Before the incident (i.e. what led to the incident, any de-escalation techniques used), during the incident (i.e. what types of force were employed and why), and after the incident (i.e. where the detainee(s) were relocated to and any injuries sustained).

At approximately 19.08 I was checking the daily food refusals and I was on Eden wing, I was just about to check a detainee by the name of D1527 CID: 10549090 who was currently on a Constant Supervision and Rule 40 and was residing in room E/007, I was told by the officer who was watching him DCO Fraser that he had just gone into the toilet area and he couldn't see him properly, I entered the room and called his name but had no answer, I then went into the toilet area which is where I saw D1527 curled up around the toilet area with what looked like a ripped t-shirt around his neck which he was holding onto. I attempted to loose the ligature but D1527 was holding onto it so I asked DCO Fraser to pass me his fish knife and I managed to cut the ligature off, I then pulled D1527 out of the toilet area and asked him to sit on the bed which he did and I called for medical assistance on my radio.



Please draw a circle around the part of the body that you held, supported, controlled or applied pressure to during the incident.



Front of body

Back of body

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct

Signed:

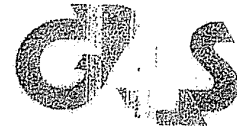
Signature

Name: Steve Loughton

(BLOCK CAPITALS)

Date: 25/04/2017

*This form must now be passed to the Supervising Officer.



REPORT OF INJURY TO DETAINEE

BROOK

..IRC

Section 1 - Detail of Detainee (To be completed by the Incident Reporting Officer)

| | |
|--------------------------|---------------------------|
| Surname: D1527 | First Names: D1527 |
| CID Ref: 10549090 | Date of Birth: DPA |

Section 2 (a) Details of incident (To be completed by the Incident Reporting Officer)

| |
|--|
| Time and date of incident: 25/04/17 19.00 |
| Place of incident: |
| Incident reported by: |
| Incident Witnessed by: |
| Nature of injury: |

Section 2 (b) Brief report of circumstances in which injury was sustained
(To be completed by the Incident Reporting Officer)

| |
|-------|
| |
| |
| |
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| |
| |
| |
| |
| |
| |

Name (Block capitals):

Signature:

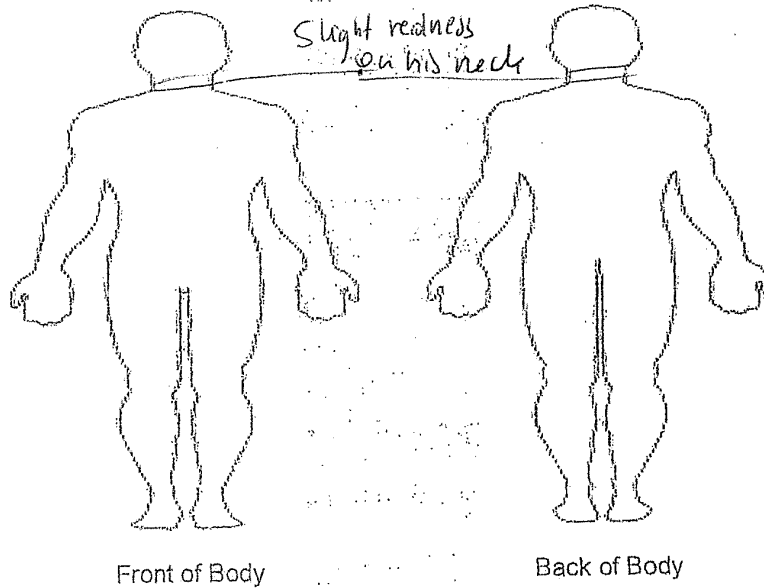
Date:

OFFICIAL - SENSITIVE

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

Time and date of examination: 25/04/17 19:00

Report: Seen on E mg room by RGN Ys. Detainee had place a ligature around his neck removed by staff. After this he went to toilet and attempt to self strangle - hands removed from his neck. Slightly redness noted on his neck.



Healthcare:

Medical Staff - Name: M. MALIKUM
(Block capitals)

Signature: [Signature Box]

Date: 25/04/17