



Use of Force – DCF 2

DC RULE 41

The date on which force was used 27/4/2017

Log Number 109117

Time Use of Force Commenced 18:10 hrs Time Use of Force Completed 18:25 hrs

Detainees' details

Surname	D191
Forename(s)	D191
Nationality	<u>SOMALIA</u>
Port Ref	<u>A499726/005</u>
CID Ref	<u>2142951</u>

Were ratchet handcuffs used?	Yes	<u>No</u>
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The time that ratchet handcuffs were applied?	
The time that ratchet handcuffs were removed?	

Hand held camcorder used?	Yes	<u>No</u>
Body worn camera used?	Yes	<u>No</u>

Reason for force being used

Tick

PS	Prevent Self Harm		Force used, was it?	Planned	<u>Unplanned</u>
MG	Maintain Good Order and Discipline	<input checked="" type="checkbox"/>	Did a member of healthcare attend to the detainee	During incident	After incident
PY	Protect Yourself		Is the detainee on ACDT / PEEP/Raised Concerns / other? Specify ()		
PA	Protect a Third Party	<input checked="" type="checkbox"/>	Room Clearance and certification completed?	Yes	<u>No</u>
PD	Prevent Damage to Center Property		Location of incident?		<u>A WING</u>
PE	Prevent Escape		Detainee relocated too?		<u>CSU 006</u>

	Time Informed	Your Name / Position	Name of Person that you Contacted?
Duty Director Informed	<u>20:00</u>	<u>S. WEBB</u>	<u>SARA EDWARDS</u>
Home Office informed	<u>20:00</u>	<u>S. WEBB</u>	<u>H. RATEL</u>
Healthcare Informed	<u>19:30</u>	<u>S. WEBB</u>	<u>D. BATCHELOR</u>
IMB Informed	<u>20:00</u>	<u>S. WEBB</u>	<u>E. MARKWICK</u>
Care Team Informed	<u>20:00</u>	<u>S. WEBB</u>	<u>Z. OAYUN</u>

Search Conducted on arrival to unit by: (Name / Position) See BRYANT

New Location of the detainees PROPERTY?



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: 108/17

ESTABLISHMENT: Brook House

INCIDENT DETAILS

Date: 27/04/2017

Time: 18:10

DETAINEE DETAILS

CID Number:
2142951

Surname: D191

Forename(s): D191

Gender:

Male ☒Female ☐Transgender ☐

Nationality: Somalia

The Use of Force was:

Planned ☐Unplanned ☒

Age group (please circle):

Adult (age ...40....)

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	Webb	Steve	A & E wing
DCO	Slim	Basood	A Wing
DCO	Jack	Lainchbury	A Wing

LOCATION OF INCIDENT

Wing	<input checked="" type="checkbox"/>	Education/Multi-Faith Area	
Own Room		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	
Searches (Room/A/B/Full)		Preventing self-harm	
IEP down grade		Preventing injury to a third party	X
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	X	
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 X	No <input type="checkbox"/>
(Please expand with details in Annex A)	

Were Personal Safety Techniques Used?	<input type="checkbox"/>	Were C&R Techniques Used?	<input type="checkbox"/>	Were MMPR Techniques Used?	<input type="checkbox"/>
Defensive Options	<input type="checkbox"/>	Guiding Hold	<input type="checkbox"/>	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	X	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 <input type="checkbox"/>	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:			
(Provide reasoning in the Annex A)			
Was a Baton drawn?		Yes <input type="checkbox"/>	No X
If so, was it used?		Yes <input type="checkbox"/>	No X

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

Name..... S Webb.....

Grade.....DCM.....

Reason(s).....Incident on the wing with another detainee. To keep good order of the establishment

RELOCATION			
The detainee was relocated to:		Type of relocation required:	
Own Room		Compliant	
Care & Separation Unit	X	Passively Resistant	
Special Accommodation		Actively Resistant	
Other (please specify below)		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.....

Grade.....

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

Name...D Bachelor

Grade.....RGN.....

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"/>	<input type="checkbox"/>
Were any photographs taken?	<input type="checkbox"/>	X
Was the incident video recorded?	<input type="checkbox"/>	<input type="checkbox"/>
Was a Body Worn Camera Used?	<input type="checkbox"/>	<input type="checkbox"/>

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.....

Name..... Steve Webb.....

(BLOCK CAPITALS)

Date...27/04/2017.....

*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:

Logged this Use of Force in the log book,

Put a copy in the detainee's core record,

Stored the original copy securely,

Informed the Duty Governor / Duty Director and/or Home Office Manager

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

Signed.....

Name.....

(BLOCK CAPITALS)

Grade.....

Date.....



ANNEX A USE OF FORCE

Local
Reference No.109
~~108~~/17.

STAFF STATEMENT

ESTABLISHMENT:.....Brook House.....IRC

DATE.....27/04/2017.....

DETAINEE

NAME.. **D191**

CID NUMBER...2142951

OFFICER

NAME.....Steve Webb.....

GRADE.....DCM.....

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 MMPR 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 X 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	<input type="checkbox"/>	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	X	Detainee – Supine	<input type="checkbox"/>
		Inverted Wrist Hold	<input type="checkbox"/>	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:

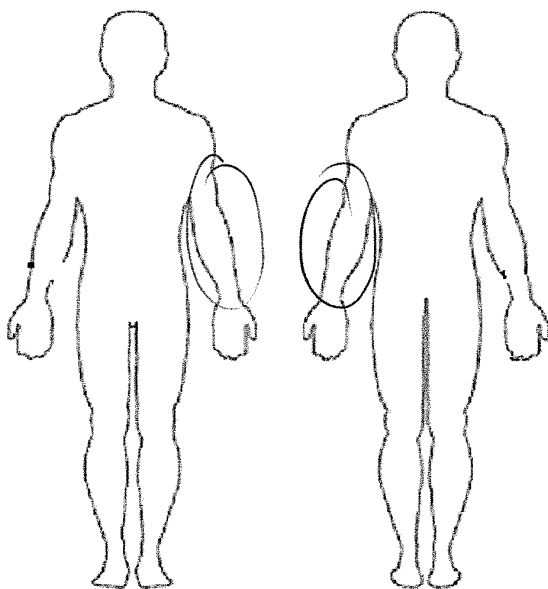
Before the incident (i.e. what led to the incident, any de-escalation techniques used), during the incident (i.e. what types of force were employed and why), and after the incident (i.e. where the detainee(s) were relocated to and any injuries sustained).

I Steve Webb Have been a DCO for 6 years and have been a DCM for 9 months. I have been working at Brook House for 8 months as a Residential Manager in charge of Arun and Eden wings. At around 18:10 I was on Arun wing monitoring the queue for the servery when there was someone on the first floor shouting and screaming and making sounds of spitting. I made my way up to the first floor where I saw **D191** behaving very strangely and. Myself and officer slim Basood approached **D191** and asked him if he had taken anything, **D191** then made his way back into his room and started to throw himself around the room onto his bed and then on to the floor, a second detainee, **D356** **D356** I was also in the room trying to communicate with **D191**. Repeated occasions I asked that **D356** to leave the room and let myself and officers Slim Basood and Officer Jack Lainchbury who had arrived at this point, to deal with **D191** when **D356** turned around to leave the room **D191** how at this point was standing on his bed with a remote control for the television in the room in his had shouting say Ali Akbar say Ali Akbar. Moved forward and struck **D356** on the top of his head with the remote control at this point I moved forward and took hold of **D191** and stopped him from striking **D356** again **D191** dropped onto his bed and at the same time Officer Slim took hold of **D191**'s right arm, I took hold of his left arm and put **D191**'s wrists into the small of his back, I then located the finger and thumb and moved the arm to the final lock position, this aloud me to gain control of **D191**. I then instructed Slim to do the same, which he did, I then told **D191** to not resist and listen to what I am telling him to do. As **D191** had just used a remote control to assault another detainee I wanted **D191** off, of the wing as quickly as possible, I instructed Jack who had take a head support postion to come off of the head and walk in front of us and open the doors, which he did. Officer slim and myself walk **D191** off of the wing out of the first floor door and down the stairs to Eden wing **D191** was taken through to the Care and Separation unit (CSU) where officer Joe Bryant search **D191** nothing was found and **D191** was asked if he would walk into the room **D191** replied that he would and I instructed **D191** to walk into the room and sit on the bed, which **D191** did, Healthcare was called to look at **D191** as I serspected he gad been smoking Spice. Healthcare arrived and had no concerns, the nurse then looked at **D356** **D356** and there were no marks. this end my report S Webb

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... *S. WCB*

(BLOCK CAPITALS)

Date.....

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



Home Office

OFFICIAL – SENSITIVE

ANNEX A USE OF FORCE

Local
Reference No.

109/17.

STAFF STATEMENT

ESTABLISHMENT

Brook House IRC

DATE: 27/04/17

DETAINEE: D191

CID NUMBER : 2142951

OFFICER

NAME: Jack Lainchbury

GRADE: Detainee custody officer (DCO)

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 ☒

Right arm ☐

Left arm ☐

Leg Officer ☐

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

Yes ☒ No ☐

Have you been attended an MPR refresher in the last 6

Yes ☐ No ☒

The Type of Force Used:

Were Personal
Safety Techniques
Used? ☐

Were C&R
Techniques Used? ☒

Were MPR
Techniques Used? ☐

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Defensive Options	<input type="checkbox"/>	Guiding Hold	<input type="checkbox"/>	Figure Four Arm Hold	<input type="checkbox"/>
Push	<input type="checkbox"/>	Isolating the Arm	<input type="checkbox"/>	Head Support	<input checked="" 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 any additional restraints used?		Who authorised their use?			
Hand Cuffs					
Baton					

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).

I, DCO Jack Lainchbury, have been working at Brook House IRC since January 2017.

On 27/04/2017 I was working on A wing at Brook House at approximately 18:30 I noticed detainee **D191** shouting on the first floor. I, DCO Bessaoud and DCM Webb went to speak with him.

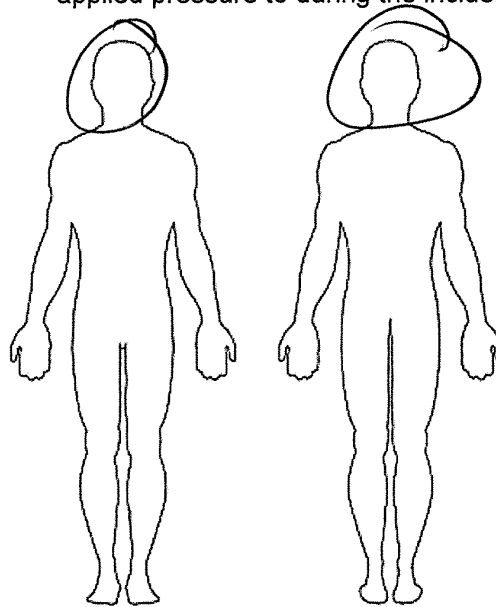
When we arrived to **D191**'s room (A105) it was clear he had taken an illegal substance as he was acting aggressively towards other detainees and shouting. Other detainees were asked to leave the room, all except detainee **D356** left. **D356** tried to speak with **D151** to calm him down, however this did not work and **D151** then proceeded to strike **D356** to the head. This is when force was used on **D151** in order to maintain everyone's safety and welfare. I initially supported **D356**'s head while in his room. Before proceeding to CSU **D191** had calmed down enough that supporting the head was no longer necessary. **D191** was then taken to CSU.

D191 remained uncompliant throughout the incident.

This concludes my report.



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 (BLOCK CAPITALS):

JACK LAINCHBURY

Date

27/04/17

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



Home Office

OFFICIAL – SENSITIVE

ANNEX A USE OF FORCE

Local
Reference No.

109/17.

STAFF STATEMENT

ESTABLISHMENT Brook House IRC

/

DATE 27/04/2017

DETAINEE : **D191**

CID NUMBER : 214295

OFFICER

NAME: Slim Bessaoud

GRADE: DCO

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

Right arm X

Left arm

Leg Officer

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

Yes X No ☐

Have you been attended an MPR refresher in the last 6

Yes ☐ No X

The Type of Force Used:

Were Personal
Safety Techniques

☐

Were C&R
Techniques Used?

Y

Were MPR
Techniques Used?

☐

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Used?			
Defensive Options		Guiding Hold	Figure Four Arm Hold
Push		Isolating the Arm	X Head Support
Knee Strike		Arm Hold/Lock	Mandibular Angle
Kick		Wrist Flexion/Lock	X Detainee – Prone
Punch		Thumb Flexion/Lock	Detainee – Supine
		Inverted Wrist Hold	Detainee – Seated
			Restraint Recovery
Were any additional restraints used?	NO	Who authorised their use?	
Hand Cuffs	YES		
Baton	NO		

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).

I detainee Custody Officer Slim Bessaoud am employed by G4S and have been working at brook house Immigration removal centre since February 2011. Today on Thursday 27th April 2017 at approximately 18:25, I was covering Arun wing staff for their dinner breaks when I heard a lot of shouting in the middle landing. I went up there to check, followed closely by Detainee custody manger (DCM) Steve Webb. I found the Detainee **D191** was shouting and screaming loudly. He was trying to attack one of the other detainees **D356** n. **D356** **D356** then grabbed hold of **D191** and took him to his room; I followed to keep an eye on what was happening as **D191** was very aggressive and still fighting. When I got to the room **D191** fell down on the floor, he then got up and jumped on the bed still screaming and shouting and acting in a bizarre manner. I was trying to calm him down but as I was talking to him, **D191** got the remote control and hit the detainee **D356** on the back of his head with enough force to make a loud crack when it made contact. DCM Steve Webb and I decided to get him in locks after witnessing him assaulting the other detainee. I took control of his right arm and put it into a straight arm lock and from there to a final lock. We

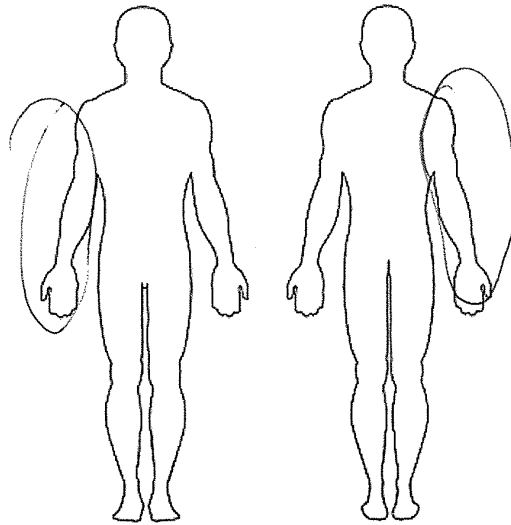


then took him from Arum wing down the stair case to the care and separation unit (CSU), whilst on the way down [D191] was still shouting and screaming. When we arrived at CSU he was then searched and placed into CSU room 006. DCM Steve Webb then called the on duty Healthcare team to check on him as it appeared that [D191] in my opinion was under the influence of some form of drug. He also is known in the centre with other detainees and officers for smoking the synthetic drug known as spice. This concludes my report.



Home Office

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Front of body

Back of body

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct

Signed.....

Signature

Name (BLOCK CAPITALS).... SLIM BESSAOUD

Date... 27/04/2017

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

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REPORT OF INJURY TO DETAINEE

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

Surname: D191	First Names: D191
CID Ref: 21. (295)	Date of Birth: DPA

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

Time and date of incident:
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:

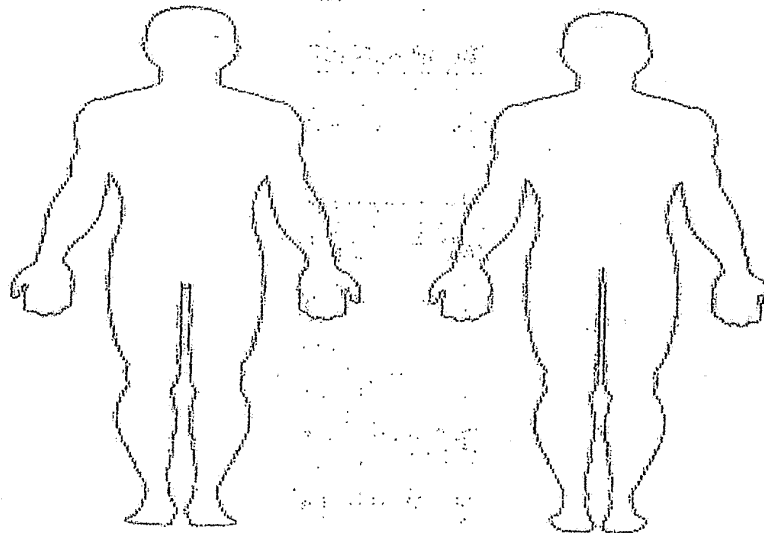
Date:

OFFICIAL - SENSITIVE

Section 13 Healthcare's report (To be completed by medical staff)

Time and date of examination... 18⁴⁰ 27/4/17

Report: Called to CSU - detainee placed on
Rm 40 - Attacked another detainee, however
he apparently knocked face on table in
Room - Swelling, approx. to right eye
noted - NO open wounds.



Front of Body

Back of Body

Healthcare:

Medical Staff - Name: Donna Batchelor
(Block capitals)

Signature: Signature

Date: 27/4/17



Use of Force: De Brief

A detainee who has been placed in the Care and Separation Unit under rule 40 must be visited by Oscar1 within 24 hours.

On (date) 29/4 at (time) 1830 hrs, you (detainee name) A Mueh

Were relocated to the Care and Separation unit, under rule 40. The reason for your relocation was:

You were under the influence of a substance + became agitated
assaulting a fellow detainee

Is there anything we can do to support you in future, to prevent a reoccurrence?
(Detainees response, below)

NO
N/A

Detainee (name) D191 do you understand the reason for your relocation? Yes/No

"We aim to promote a safe and secure environment which identifies and meets the needs of all those in the care of either of the Gatwick Immigration Removal Centre's. Gatwick IRCs operates a zero tolerance policy when dealing with all incidents of anti social behaviour or bullying"

Oscar 1: Name SOX Signature [Signature]

Detainee: Name RYS Signature [Signature]

If the detainee refuses to sign this document, then it must be counter signed by an Officer

Name /Grade Macdonald DCU Signature [Signature]