



Use of Force-DCF 2

DC RULE 41

Log Number 091/17

②

Surname	D2497
Forename	D2497
Nationality	IRQ
Port Ref No	SCA/5042064
CID Ref No	12178661

Handcuffs used	Yes	<input checked="" type="radio"/> No
Time Handcuffs Applied		
Time Handcuff Removed		
Camera Used	Yes	<input checked="" type="radio"/> No
If Yes Seal No		

Date Use of Force used 14/04/17

Time Use of Force commenced 2215

Time Use of Force completed 2240 2215

Search Conducted on Arrival to Unit by D. Murphy

	Time	DCM Name	Name of Person Contacted
Duty Director Informed	2250	C Donnelly	S Newland
Duty UKBA Informed	2250	C Donnelly	S Levett
Duty IMB Informed	2250	C Donnelly	m molyneux
Healthcare Informed	2250	C Donnelly	m makucka

Reason for Use of Force asult on staff would not walk to CSU compliantly

Location re-located too E wing 007

Type of Relocation

Compliant	Side	Full Prone	Handed to Escorts
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Planned or Unplanned

Planned	<input checked="" type="radio"/> Unplanned
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Is Detainee on a ACDT / RASP?

<input checked="" type="radio"/> Yes	No
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Has Healthcare seen the Detainee after Use of Force?

<input checked="" type="radio"/> Yes	No
--------------------------------------	----

Has Room Clearance been Completed?

<input checked="" type="radio"/> Yes	No
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New Location of Detainee Property

Detainee Reception



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: 091/17

ESTABLISHMENT: Brook House

INCIDENT DETAILS

Date: 14/04/2017

Time: 22:10

DETAINEE DETAILS

CID Number: 12178661	Surname: D2497	Forename(s): D2497
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Nationality:	The Use of Force was: Planned <input type="checkbox"/> Unplanned <input checked="" type="checkbox"/>	Age group (please circle): Adult (age 19 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:
DCO	SAYERS	Sean	Residential
DCO	MURPHY	Derek	Residential
DCO	SHADBOLT	Ben	Residential

LOCATION OF INCIDENT

Wing	Education/Multi-Faith Area	
Own Room	Visits	
Care & Separation Unit	Association Area (please specify below)	X
Other (please specify)		
Ground Corridor by the Library		



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	
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	X		
Assault on another detainee			
Non-compliance	X		
Home Office interview			
Court appearance			
Video-link hearing			
Moving to another centre/unit/prison			
Others (please specify below)			
Concerted Indiscipline on a courtyard			

TYPE OF FORCE USED

Verbal reasoning used to de-escalate the situation initially and/or during the incident?

Yes ☐

No ☐

(Please expand with details in Annex A)

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	X	Head Support	<input type="checkbox"/>
Knee Strike	<input type="checkbox"/>	Arm Hold/Lock	X	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 ☐

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: ...S Dix

Was a Baton drawn?

Yes ☐

No ☐



If so, was it used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The Use of Force was authorised by (Supervising Officer):		
Name.....S Dix		
Grade DCM		
Reason(s) Involved in concerted indiscipline on D Wing Yard also assaulted a staff member		

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..... S Dix.

Grade... DCM

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... M Makucka

Grade..... RGN

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?	X	<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.....**Signature**.....

Name..... S Dix

Date..... 14/04/2017

*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 Governor / Duty Director. Name..... S Newland

Informed the Home Office Manager. Name..... S Levett

Informed the IMB. Name ... M Molyneux

Informed the Care Team. Name ... Z Qayaum

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 S Dix

Grade... DCM

Date..... 14/04/2017





ANNEX A USE OF FORCE

Local
Reference No.

091/17

STAFF STATEMENT

ESTABLISHMENT: BROOKHOUSE IRC

DATE 14/4/2017

DETAINEE

NAME **D2497**

CID NUMBER 12178661

OFFICER

NAME Sean Sayers

GRADE... Detainee Custody Officer

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



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

No

The Type of Force Used:

Were Personal Safety Techniques Used?	<input checked="" type="checkbox"/>	Were C&R Techniques Used?	<input checked="" type="checkbox"/>	Were MPR 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 checked="" type="checkbox"/>	Head Support	<input type="checkbox"/>
Knee Strike	<input type="checkbox"/>	Arm Hold/Lock	<input checked="" 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		NO			
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).

Report.

I (DCO) Detainee custody officer, Sean Sayers employed by G4S care and justice services at Brook House immigration centre, am in ticket and fully trained in C+R and first aid.

I (DCO) Detainee Custody Officer Sean Sayers along with (DCO) Ben Shadbolt and (DCO) Dereck Murphy were involved in a spontaneous C+R on detainee D2497 (12178661) after he was involved in the minor protest that happened on the Delta wing court yard on the 14/04/2017. D2497 (12178661) was told by DCM Steve Dix that he would be going to CSU on Eden wing after it was alleged that he had assaulted a female officer on the Delta wing court yard.

D2497 (12178661) refused to walk to CSU on Eden wing after instruction from DCM Dix and turned himself away from the officers into the corner of the wall and folded his arms, outside Delta wing Court yard entrance.

At this time it was apparent to me that D2497 (12178661) wasn't going to walk compliantly to the required destination, so necessary force was used to move D2497 to CSU Eden wing.

My role in the C+R was arm officer (LEFT) were I took control of the wrist with my right hand and his bicep with my left hand. Initially I placed him into a straight arm lock until DCO Shadbolt had a control of the right arm, once I heard the commandment "lock on" from DCO Shadbolt I knew from the training I received that it was my time to move to the final lock position. I did this by moving my right hand onto the left wrist and moved his arm in-between my body and his so that his arm was now in my full control but D2497 would now be able to walk comfortably.



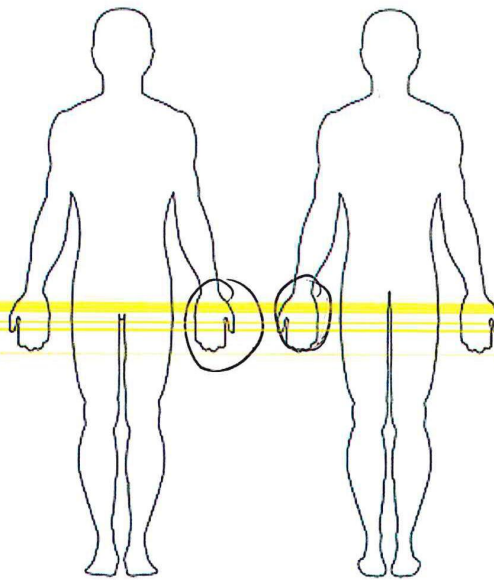
We now made our way along the corridor and entered Eden wing and through to CSU where **D2497**(12178661) was searched by DCO Murphy then entered in to CSU room 007.

I believe that the forced used was proportionate to the seriousness of the situation.

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)

Date.

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



ANNEX A USE OF FORCE

Local
Reference No.

091/17

STAFF STATEMENT

ESTABLISHMENT: Brook House IRC

DATE: 14TH April 2017.....

DETAINEE

NAME **D2497**.....

CID NUMBER 12178661.....

OFFICER

NAME Ben Shadbolt.....

GRADE: Detainee Custody Officer.....

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 MMRP 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 MMRP 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?	<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	<input checked="" 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 checked="" 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 Detainee Custody Officer (Dco) Ben Shadbolt, I am currently employed by G4S Care and Justice Services at Brook House Immigration removal centre a position I have had for 5 years 9 months. On Friday 14th April 2017 there was a protest on the Dove wing courtyard. There was a medical response on the courtyard with a detainee having a seizure. I was informed by DCM Steve Dix that during the attendance of the medical response a detainee that I now know to be **D2497** (CID REF 12178661) had assaulted a member of staff and would be going to the Care and separation unit under Detention Centre Rule 40. DCM Dix spoke with **D2497** outside the barber shop where it was explained to him that his behaviour was unacceptable and that he would be going to the care and separation to which he refused to co-operate it was then explained to him again that if he did not comply then force would be used to facilitate the move. **D2497** still refused so then DCM Steve Dix gave the instruction to gain control of **D2497**. I took control of **D2497**'s right arm I done this by I done this by cocking his right wrist to a 90 degree angle and securing it there with my left hand and bending his arm at the elbow blocking it with the side of my body then placed my right hand onto the top of his right forearm announcing "lock on" we the escorted **D2497** whilst in Inverted wrist locks to the Care and separation unit the route that was taken was through the central corridor that is situated on the ground floor through Eden wing and into the Care and separation unit where he was searched and then compliantly walked into room 005.

No injuries to report at this time.

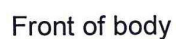
This is accurate to the best of my knowledge and the force that was used was necessary and appropriate for the task at hand.



OFFICIAL – SENSITIVE

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. A vertical line runs down the left side, creating a margin. The paper appears to be from a notebook or a standard sheet of stationery. There are no markings, text, or drawings on the page.

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



Back of body

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct

Signature

Signed _____

Name. DCO Ben Shadbolt..... (BLOCK CAPITALS)

Date... 14th April 2017.....

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



ANNEX A USE OF FORCE

Local
Reference No.

091/17

STAFF STATEMENT

ESTABLISHMENT:...BROOK HOUSE IRC

DATE ... 15/04/2017.....

DETAINEE

NAME: ... **D2497**

CID 1217661

OFFICER ...DCO D. Murphy.....

GRADE ...Detainee Custody Officer.....

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 ☐

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

Yes ☐

No X

The Type of Force Used:



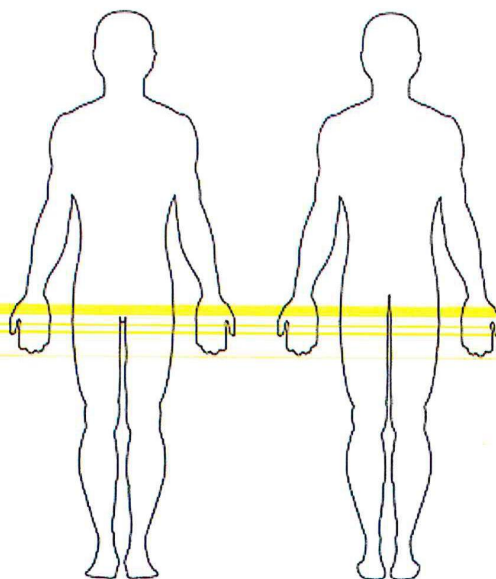
Were Personal Safety Techniques Used?		Were C&R Techniques Used?	X	Were MMPR Techniques Used?	<input type="checkbox"/>
Defensive Options	<input type="checkbox"/>	Guiding Hold		Figure Four Arm Hold	<input type="checkbox"/>
Push		Isolating the Arm	<input type="checkbox"/>	Head Support	X
Knee Strike	<input type="checkbox"/>	Arm Hold/Lock		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					
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 22:10 on the 15/04/2017, I, DCO D. Murphy was on duty on E wing/CSU as a Detainee Custody Officer at Brook House. At approximately 22:10 I was instructed by DCM Steve Dix to help assist detainee **D2497** from C/D wings corridor to CSU under rule 40 for his participation in a protest on D wing courtyard. DCM Dix asked **D2497** several times to walk to CSU voluntarily which he refused. At that point I took control of **D2497**'s head using home office approved techniques and assisted in escorting him towards CSU. On route to CSU I asked **D2497** if he would walk voluntarily which he did. Once outside room 05 on CSU I carried out a level a search where nothing of interest was found. A member of healthcare was present throughout and voiced no concerns. No more force than necessary was used throughout this incident. That concludes my report. **Signature**

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 DCO D. Murphy

(BLOCK CAPITALS)

Date 15/04/2017

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

Block

..IRC

Surname: **D2497** First Names: **D2497**
CID Ref: **12178 661** Date of Birth: **DPA**

Time and date of incident: 22.40 14/04/17 00.30 17/04/17

Place of incident: CTV Room 5 E my room 7

Incident reported by: [Signature]

Incident Witnessed by: [Signature]

Nature of injury: [Signature]

Concave Inducible on N wing, conserved +
assembled stage number

Date: ...14/4/10...

OFFICIAL - SENSITIVE

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

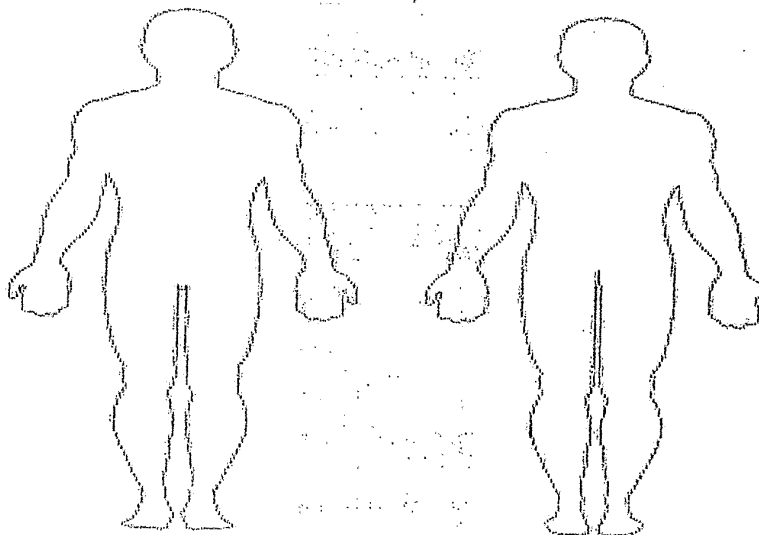
Time and date of examination... 14/04/17 at 2240 and 15/04/17 at 0030

Report:

Place on rule 40 on CSU, threat to remove cord from his trousers and
kill himself. Decline to see HC. No visible injury observed.
No visible bruise observed. Place on constant watch and ACDI
opened.

A approx 0030 15/04/17 detainee bang his head on the window
in room 7E wing. Decline to talk with HC. - No visible
injury or bruise observed.

No visible injury or bruise observed



Front of Body

Back of Body

Healthcare:

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

Signature

Signature:.....

Date:.....



Detainee: De Brief

A detainee who has been subjected to a use of force must be visited by a member of staff within 24 hours.

On (date) 14/4/17 at (time) 22.10 hrs, you (detainee name) D2497

Were subjected to use of force, the reason for this was due to:

Conceded in Dispute on Heavy Cartage / Assault on Staff

What led to this incident?

Conceded in Dispute

What other ways could the detainee have expressed themselves?

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

Refused to talk

Detainee (name) D2497 do you understand the reason for the action which was taken against you? 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 Centres. Gatwick IRC's operates a zero tolerance policy when dealing with all incidents of anti-social behaviour, bullying or violence"

Staff Member: Name SMA Signature Signature

Detainee: Name RTS Signature Signature

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

Name /Grade Det S. Vaughan Signature Signature