



Use of Force – DCF 2

DC RULE 41

The date on which force was used 9/7/17

Log Number 172/17

Time Use of Force Commenced 17:10 hrs Time Use of Force Completed 17:27 hrs

Detainees' details

Surname	D693
Forename(s)	D693
Nationality	<u>SOMALIA</u>
Port Ref	<u>ANG/3789180</u>
CID Ref	<u>7575716</u>

Were ratchet handcuffs used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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The time that ratchet handcuffs were applied?	<u>17 10</u> App
The time that ratchet handcuffs were removed?	<u>17 15</u> App

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

Reason for force being used

Tick

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

	Time Informed	Your Name / Position	Name of Person that you Contacted?
Duty Director Informed	<u>1745 1720</u>	<u>Slaglan</u>	<u>S. NEWLAND</u>
Home Office informed	<u>1845 1720</u>	<u>Slaglan</u>	<u>R GIBSON / P Gasson</u>
Healthcare Informed	<u>1720</u>	<u>Slaglan</u>	<u>E Port</u>
IMB Informed	<u>1720</u>	<u>Slaglan</u>	<u>R. McInnes</u>
Care Team Informed	<u>1720</u>	<u>Slaglan</u>	<u>Z. Owen</u>

Search Conducted on arrival to unit by: (Name / Position) Slaglan (Fuel Saver)

New Location of the detainees 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: 72117

ESTABLISHMENT: BROOK HOUSE IRC

INCIDENT DETAILS

Date: 09/07/2017	Time: 17:10
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DETAINEE DETAILS

CID Number: 7575716	Surname: D693	Forename(s): D693
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Nationality: Turkey	The Use of Force was: Planned <input checked="" type="checkbox"/> Unplanned <input type="checkbox"/>	Age group (please circle): Adult (age ...37....) 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	WEBB	Dave	E Wing
DCO	CARR	Logan	D Wing
DCO	MATCHETT	Graham	C Wing

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	
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		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Assault on another detainee			
Non-compliance	X		
Home Office interview			
Court appearance			
Video-link hearing			
Moving to another centre/unit/prison	X		
Others (please specify below)		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Previous Blades suitable crew move to HMP			
TYPE OF FORCE USED			
Verbal reasoning used to de-escalate the situation initially and/or during the incident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
(Please expand with details in Annex A)			

Were Personal Safety Techniques Used?	Were C&R Techniques Used?	X	Were MMRP Techniques Used?	
Defensive Options	Guiding Hold	X	Figure Four Arm Hold	
Push	Isolating the Arm		Head Support	<input type="checkbox"/>
Knee Strike	Arm Hold/Lock		Mandibular Angle	<input type="checkbox"/>
Kick	Wrist Flexion/Lock		Detainee – Prone	<input type="checkbox"/>
Punch	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 handcuffs applied?	Yes X	No
The time applied:... 17:10 approx		
The time removed: 17:15 approx		
The duration applied:... 5 minutes approx		
Name of the person(s) checking the application and that the handcuffs were double locked:		
S Dix.....		
Name of the Supervising Officer: S Dix		
(Provide reasoning in the Annex A)		



Was a Baton drawn?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If so, was it used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The Use of Force was authorised by (Supervising Officer):		
Name..... Steve Dix		
Grade..... DCM		
Reason(s...		
To facilitate transfer to HMP previous history of blades to disrupt transfer		

RELOCATION	
The detainee was relocated to:	Type of relocation required:
Own Room	Compliant <input checked="" type="checkbox"/>
Care & Separation Unit <input checked="" type="checkbox"/>	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... E Parr

Grade... RGN

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

Name... E Parr

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..... E Parr

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?		X
Was a Body Worn Camera Used?	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."

Signature

Signed.....

Name S Dix

Date... 09/07/2017

*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..P Gasson

Informed the IMB. NameE Markwick

Informed the Care Team. NameZ Qayum

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

Signature

Signed.....

Name..... S Dix

Grade...DCM

Date... 09/07/2017.



ANNEX A USE OF FORCE

Local
Reference No.

172/17.

STAFF STATEMENT

ESTABLISHMENT: Brook House IRC

DATE : 09/07/2017

DETAINEE : D693

CID NUMBER : 7575716

NAME: Graham MATCHETT

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 MMPR 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 MMPR refresher in the last 6

Yes No X



The Type of Force Used:

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

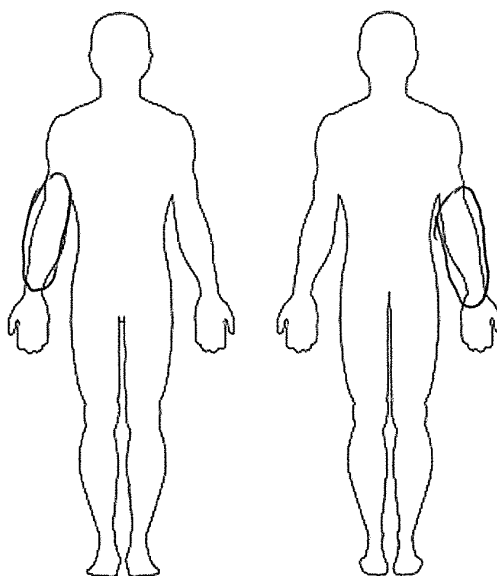
Please provide as much detail as possible below, including:

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).

I, DCO Graham MATCHETT am a Detainee Custody Officer at Brook House Immigration Removal Centre, a position I have held since November 2016. On the 9th July 2017, I was working at Brook House IRC on Beck Wing.

At 16:45 I was briefed by DCM Steve DIX as part of a planned Control and Restraint team consisting of myself, DCO WEBB, DCO LUNN and DCO CARR. We were informed that Detainee **D693** of room D/202 was being recalled to prison and needed to be moved to the Care and Separation Unit (CSU). Due to his history of using razor blades to prevent movement, we were wearing full Control and Restraint kit. At 1710 we moved into room D/202 with DCO LUNN acting as shield officer. **D693** was sitting on his bed and stood up when instructed to by DCO LUNN. DCO CARR applied the handcuffs to **D693** to the rear and exited room D/202 forty seconds later. I used a guiding hold on **D693** right arm to prevent him from falling over when moving down the stairs. At 1714 we arrived into room 04 in CSU on Eden Wing. DCO CARR removed the handcuffs due to **D693** being fully compliant and then DCM DIX conducted a full search to make sure **D693** was not concealing any hidden weapons or razor blades as has happened on his previous failed removal attempts. At 1719 I exited CSU/04 once the full search had been completed. This concludes my involvement in this planned Control and Restraint.

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): GRAHAM MATCHETT.....

Date ... 09/07/2017.....

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



ANNEX A USE OF FORCE

Local
Reference No.

17217

STAFF STATEMENT

ESTABLISHMENT

DATE 27/05/2017

DETAINEE **D693**

CID NUMBER : 7575716

OFFICER

NAME: Dave Webb

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 MMPR 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

Have you been attended an MMPR refresher in the last 6

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		Head Support	<input type="checkbox"/>
Knee Strike	<input type="checkbox"/>	Arm Hold/Lock		Mandibular Angle	<input type="checkbox"/>
Kick	<input type="checkbox"/>	Wrist Flexion/Lock		Detainee – Prone	<input type="checkbox"/>
Punch	<input type="checkbox"/>	Thumb Flexion/Lock		Detainee – Supine	<input type="checkbox"/>
		Inverted Wrist Hold		Detainee – Seated	<input type="checkbox"/>
				Restraint Recovery	<input type="checkbox"/>
Were any additional restraints used?		Who authorised their use?			
Hand Cuffs		Detainee Custody Manager (DCM) Steve Dix			
Baton					

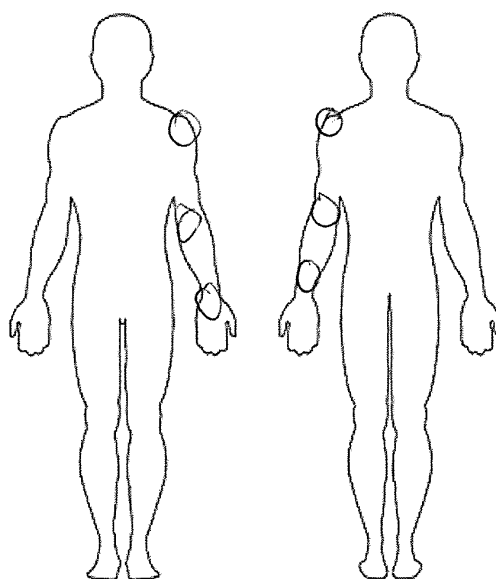
Please provide as much detail as possible below, including:

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).

On the 9th July 2017 whilst working at Brook House IRC I Dco D Webb was contacted by Dcm Steve Dix and informed that I was required to take part in a planned intervention involving detainee **D693**. I collected my PPE and went to the staff room as instructed and met with the rest of the team selected for the intervention also healthcare representative attended and Dcm Dix gave a briefing explaining that Detainee **D693** was located in Delta wing room D202 and that he was to be relocated to the Care and separation unit (Csu) to facilitate his removal from the centre the following day and that he was to have a full search on arrival in Csu room 04 this was due to previous intelligence received of failed movements as he had previously produced blades, we then proceeded to room D202 and the team formed up outside the room and entry to the room was facilitated by Dcm Dix and we entered the room Detainee **D693** was laying in bed he was instructed to stand up which he did and I moved his left arm in to a loose back hammer to allow hand cuffs to be applied and I supported his left shoulder and arm so that we could escort **D693** safely from Delta wing to Csu via the D wing main stair case in a safe and controlled manor for the detainee and the staff involved. on arrival at Csu **D693** was walked into room csu04 and the hand cuffs were removed and I repositioned his left arm into a guiding hold at this point Dam Dix was conversing with **D693** and he appeared calm and compliant so the decision was made to release all holds which we did and then Dcm Dix conducted the full search with me present and no prohibited items were found I then exited the room., It is my honestly held belief that the force used was necessary to safely facilitate the detainee's move to Csu and that the force used was reasonable and proportionate to the circumstance at the time and that no more force than necessary was used. This 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

Signature

Signed

Name (BLOCK CAPITALS):... Dave Webb.....

Date... 09/07/2017.....

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



ANNEX A USE OF FORCE

Local Reference
No.

172117

STAFF STATEMENT

ESTABLISHMENT Brooke House

DATE

DETAINEE: D693

CID NUMBER: 7575716

OFFICER NAME: Logan CARR

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 MMPR was used, please tick your primary role:

Supervising Officer

Head / Number

Right arm

Left arm

Leg Officer

Cuff/supporting Officer X

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

Yes No

Have you been attended an MMPR refresher in the last 6

Yes No

The Type of Force Used:



Were Personal Safety Techniques Used?	Were C&R Techniques Used?	Were MMPR Techniques Used?
Defensive Options	Guiding Hold	Figure Four Arm Hold
Push	Isolating the Arm	Head Support
Knee Strike	Arm Hold/Lock	Mandibular Angle
Kick	Wrist Flexion/Lock	Detainee – Prone
Punch	Thumb Flexion/Lock	Detainee – Supine
	Inverted Wrist Hold	Detainee – Seated
	Cuff officer	X Restraint Recovery
Were any additional restraints used?		Who authorised their use?
Hand Cuffs	Yes	DCM Steve DIX
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 am Detainee Custody Officer Logan CARR, I'm on duty at Brook house on the 09th July 2017 working on delta wing. I have worked for the G4S for 9 months. I am in ticket on my control and restraint.

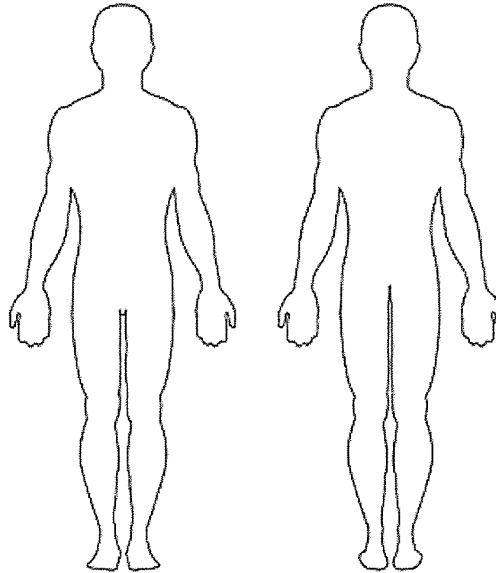
At 15:00 I was asked by Brook house control room to collect personal protection equipment (PPE) and be in the top floor staff room for 16:00 as I would be on a team for a planned removal of **D693** **D693** from delta wing room 202 to Eden wing CSU room 04. At 16:00 I made my way to the staff room and proceeded to get my PPE on, at 16:30 DCM DIX entered the staff room and began to brief us on the situation and rolls we were performing, I was a support and cuff officer. At 17:00 we made our way to delta wing room 202 where DCM DIX opened the door and the team entered the room. I DCO CARR then entered the room to apply the handcuffs to the back of **D693** **D693**. The officers were standing with **D693** in the centre of the room facing the back of the room, I applied the cuffs and locked the cuffs off and they were checked by DCM DIX. Once they were approved we started to relocate **D693** down to the ground floor, we went down four flights of stairs where I provided support to the other officers by being an anchor. Once on the ground floor we made our way to CSU room 4 where **D693** would be residing. Once in CSU 04 **D693** was spoken to by DCM DIX and asked if he would comply with officers to which he replied "yes", I was then asked to remove the cuffs, this I did.

I had no other dealings with **D693**

This Concludes my report, I did not sustain any injuries.



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): LOGAN CARR

Date: 09.07.2017

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



REPORT OF INJURY TO DETAINEE

Brook House IRC

Section 1 – Detail of Detainee (To be completed by the Incident Reporting Officer)Surname: D693First Names: D693

CID Ref: 7575716

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: D WingIncident reported by: SD14Incident Witnessed by: SD14Nature of injury: n/a**Section 2 (b)** Brief report of circumstances in which injury was sustained
(To be completed by the Incident Reporting Officer)Planned intervention to facilitate transferName (Block capitals): SMSignature: SignatureDate: 9/7/17
G4S – F213 – 17/06/15

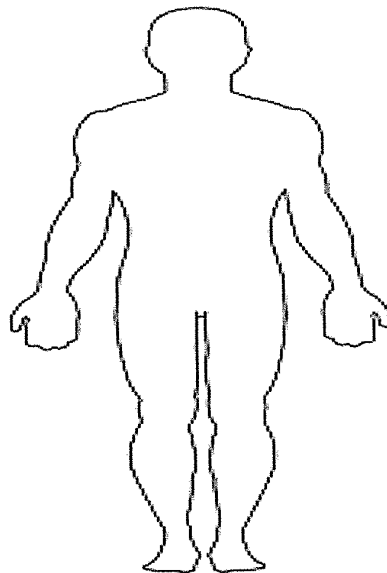
OFFICIAL – SENSITIVE

Version 02

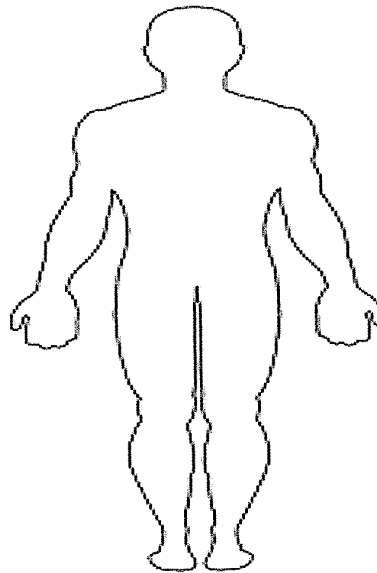
Section 3 Healthcare's report (To be completed by medical staff)

Time and date of examination: 09/07/17 17:20HR

Report: SEEN IN CSU 04 AFTER RELOCATION FROM DWING
NO HEALTH ISSUES UPON OBSERVATION.



Front of Body



Back of Body

Healthcare:

Medical Staff – Name: E. PARR
(Block capitals)

Signature: Signature

Date: 09/07/17