



Use of Force – DCF 2

DC RULE 41

The date on which force was used 12/7/2017

Log Number 176117

Time Use of Force Commenced 09:45 hrs Time Use of Force Completed 09:55 hrs  
*Approx* *Approx*

Detainees' details

|              |                    |
|--------------|--------------------|
| Surname:     | <b>D2830</b>       |
| Forename(s): | <b>D2830</b>       |
| Nationality  | <u>POLAND</u>      |
| Port Ref     | <u>NEX/5069840</u> |
| CID Ref      | <u>12298989</u>    |

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

|   |           |
|---|-----------|
| The time that ratchet handcuffs were applied? | <u>NA</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

|    |                                    | 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>ACDT</u> ) | <u>CONSTANT</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>Eden 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>Present</u> | <u>D Brackley</u>    | <u>S. POLLEY METROR</u>            |
| Home Office informed   | <u>10:00</u>   |                      | <u>S. LEVETT</u>                   |
| Healthcare Informed    | <u>Present</u> |                      | <u>E. PARR</u>                     |
| IMB Informed           | <u>1030</u>    |                      | <u>IMAM HUSSEIN</u>                |
| Care Team Informed     | <u>1030.</u>   |                      | <u>IMAM HUSSEIN.</u>               |

Search Conducted on arrival to unit by: (Name / Position) D Brackley (FULL)

New Location of the detainees PROPERTY?

CSU office.



## 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: 176117

ESTABLISHMENT: BROOK HOUSE IRC

## INCIDENT DETAILS

|               |            |
|---------------|------------|
| Date: 12/7/17 | Time: 0950 |
|---------------|------------|

## DETAINEE DETAILS

|  |   |  |
|--|---|--|
| CID Number:<br>12298989  | Surname:<br>D2830   | Forename(s):<br>Signature  |
| Gender:<br>Male <input checked="" type="checkbox"/><br>Female <input type="checkbox"/><br>Transgender <input type="checkbox"/><br><br>Nationality: | The Use of Force was:<br><br>Planned <input type="checkbox"/> Unplanned <input checked="" type="checkbox"/> | Age group (please circle):<br><br>Adult (age 39)<br>Minor (age ..... |

## STAFF INVOLVED

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

| Grade: | Surname: | Forename(s): | Work Area: |
|--------|----------|--------------|------------|
| DCO    | Lunn     | Daffer.      | Eder wing  |
| DCO    | O'Connor | Angela       | Eder wing  |
| DCO    | Tait     | Ryan.        | C wing     |
| DCO    | Matchett | Graham.      | Eder wing  |
|        |          |              |            |

## LOCATION OF INCIDENT

|                             |                                     |   |
|-----------------------------|-------------------------------------|---|
| Wing                        | <input checked="" type="checkbox"/> | Education/Multi-Faith Area              |
| Own Room                    | <input checked="" type="checkbox"/> | Visits                                  |
| Care & Separation Unit      | <input type="checkbox"/>            | Association Area (please specify below) |
| Other (please specify) E/11 |                                     |   |



| 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   | <input checked="" type="checkbox"/> |
| 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  | <input checked="" type="checkbox"/> |  |                                     |
| Non-compliance   |                                     |  |                                     |
| Home Office interview  |                                     |  |                                     |
| Court appearance   |                                     |  |                                     |
| Video-link hearing   |                                     |  |                                     |
| Moving to another centre/unit/prison   |                                     |  |                                     |
| Others (please specify below)  |                                     |  |                                     |
| Spoke at another detainee + issue with medication  |                                     |  |                                     |
|  |                                     |  |                                     |
| 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? |                                     | Were MMPR Techniques Used? |                          |
|---------------------------------------|--------------------------|---------------------------|-------------------------------------|----------------------------|--------------------------|
| Defensive Options                     | <input type="checkbox"/> | Guiding Hold              | <input checked="" 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 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 type="checkbox"/>            | Detainee – Seated          | <input type="checkbox"/> |
|                                       |                          |                           |                                     | Restraint Recovery         | <input type="checkbox"/> |

|   |                              |  |
|---|------------------------------|--|
| Were handcuffs applied?   | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 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 <input checked="" type="checkbox"/> |



|   |   |                             |
|---|---|-----------------------------|
| If so, was it used?   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The Use of Force was authorised by (Supervising Officer):   |   |                             |
| Name Darren Lunn  |   |                             |
| Grade Detainee Custody Officer  |   |                             |
| Reason(s) On the 12/07/2017 I DCO Darren Lunn was working a (B) shift on Eden wing at approximately 09:45 hrs detainee <b>D2830</b> was complaining that he wanted his medication for (methadone). He was told that he will be taken up to healthcare to collect his medication at 11:30 hrs. <b>D2830</b> replied that he was not waiting until 11:30 and that he was going to kill himself. He ran into his room the excited and ran into the shower area. He came out of the shower area and ran into a room picked up a razor blade bit into the razor blade breaking and but the razor blade to his neck |   |                             |

| 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: <i>D Badenndge</i>                                  |   |                              |  |
| Grade: <i>DCM</i>  |   |                              |  |





## INJURIES SUSTAINED &amp; HEALTHCARE INVOLVEMENT

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

Name... E. PARR

Grade... S. NURSE RNLD

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

Name... E. PARR

Grade... S. NURSE RNLD

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

Did the detainee require outside hospitalisation at the time? Yes ☐ No ☒ L RING FINGER.

Name of Healthcare member... E. PARR

Grade... S. NURSE RNLD

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

Name... E. PARR

Grade... S. NURSE RNLD

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 checked="" type="checkbox"/> |
| Were any photographs taken?         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Was the incident video recorded?    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Was a Body Worn Camera Used?        | <input type="checkbox"/> | <input checked="" 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.....DLUNN.....  
(BLOCK CAPITALS)

Date.....12/7/17.....

\*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.....**Signature**.....

Name.....Dean BRACKENRIDGE.....  
(BLOCK CAPITALS)

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

Date.....12/7/17.....





## ANNEX A USE OF FORCE

Local  
Reference No.

176/17

## STAFF STATEMENT

ESTABLISHMENT: BROOKHOUSE IRC

DATE

DETAINEE

NAME **D2830**

CID NUMBER 12298989

OFFICER

NAME Darren Lunn

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&amp;R basic refreshed in the last 12 months?

Yes

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

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              | 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             | x                         | 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).

I Detainee Custody Officer (DCO) Darren Lunn employed by G4S Care & Justice as a Detainee Custody Officer at Brook House Immigrations Removal Centre Perimeter Road South Gatwick West Sussex RH6 0PQ. I have held this position for approximately 7 years 5 months. As an Officer and during this period I have completed NOMS approved training course and refresher courses, including the last course on 31<sup>st</sup> October to 4<sup>th</sup> November 2016.

This statement is based on my personal knowledge and experience of this incident, except where I indicate otherwise.

On the 12/07/2017 I was working a (B) shift on Eden wing at approximately 09:45 hrs detainee **D2830** was complaining that he wanted his medication for (methadone). He was told that he will be taken up to healthcare to collect his medication at 11:30 hrs. **D2830** replied that he was not waiting until 11:30 and that he was going to kill himself. He ran into his room the excited and ran into the shower area. He came out of the shower area and ran into a room picked up a razor blade bit into the razor blade breaking and but the razor blade to his neck. I then took control of his left arm telling him to drop the blade DCO Matchett took control of his right arm DCO O'Connor took control of his head DC Brackenridge and Duty Director Stuart Povey were present. I then put detainee **D2830** into final lock so did DCO Matchett. I then told detainee **D2830** to stand, we then escorted him to Care and separation unit. Were he was kicking at officers and trying to bite officers. We then took detainee **D2830** down to the floor he was then explained what was going to happen. I then told detainee **D2830** to put his knees to his chest we then stood him up. As we got to room CSU 6 DCO O'Connor

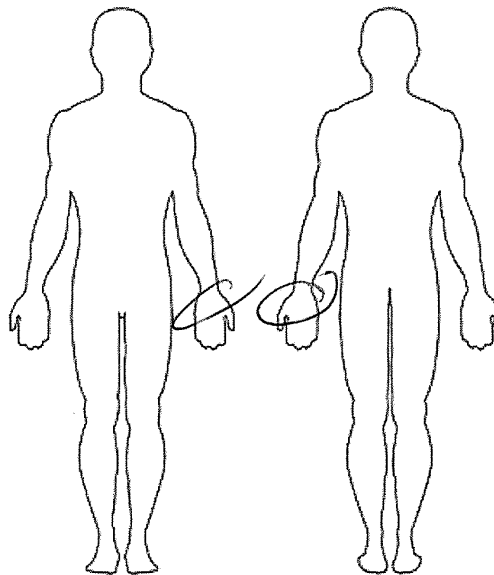


release the head and I then de-escalated to Guiding Hold. He then walked into CSU 06 where a search was completed by me and DCM Brackenridge. Once the search was completed DCM Brackenridge explained what was happening, I then left the room. This ends my report

The content of the above witness statement is true and accurate to the best of my knowledge and belief

---

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 Darren Lunn

(BLOCK CAPITALS)

Date. 12/07/2017

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



## ANNEX A USE OF FORCE

Local  
Reference No.

176117

## STAFF STATEMENT

ESTABLISHMENT Brook House IRC

DATE 12.07.2017  
DETAINEE :

CID NUMBER : 12298989

OFFICER

NAME: ANGELA O'CONNOR

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&amp;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 ☒ No ☐Have you been attended an MMPR refresher in the last 6  
Yes ☐ No ☒

The Type of Force Used:

Were Personal  
Safety Techniques ☐Were C&R  
Techniques Used? YESWere MMPR  
Techniques Used? ☐

OFFICIAL – SENSITIVE



| Used?                                |  |                     |  |
|--------------------------------------|--|---------------------|--|
| Defensive Options                    |  | Guiding Hold        | Figure Four Arm Hold                             |
| Push                                 |  | Isolating the Arm   | Head Support <input checked="" type="checkbox"/> |
| Knee Strike                          |  | Arm Hold/Lock       | Mandibular Angle                                 |
| Kick                                 |  | Wrist Flexion/Lock  | 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                           |  | <del>Yes</del> NO   |  |
| Baton                                |  | NO                  |  |

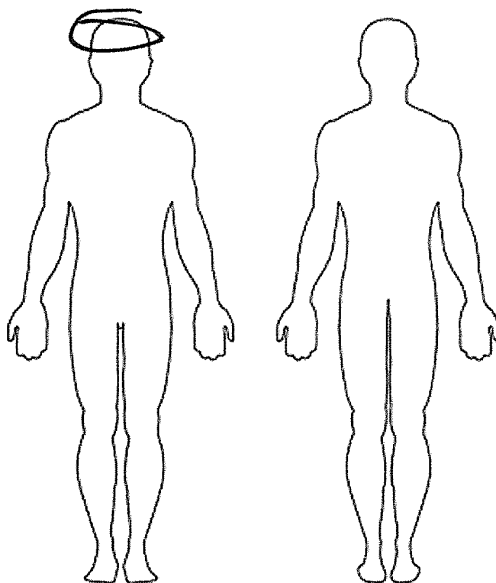
Please provide as much detail as possible below, including:

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 DETAINEE CUSTODY OFFICER (DCO) ANGELA O'CONNOR HAVE BEEN A DCO AT BROOK HOUSE IMMIGRATION REMOVAL CENTRE FOR THE PAST 8½ YEARS. ON THE 12.07.2017 I WAS WORKING A 13½ HOUR SHIFT ON EDEN WING. DETAINEE D2830 WAS DISPLAYING AGGRESSIVE AND VOLATILE BEHAVIOUR WHEN HE CAME OUT OF HIS ROOM DURING THE MORNING. HE WAS DEMANDING THAT HE WANTED HIS METHADONE MEDICATION. I RECEIVED A PHONE CALL FROM HEALTH CARE TO TELL D2830 THAT HE COULD GO FOR HIS MEDICATION AT 11.30. HE BEGAN SHOUTING LOUDLY DEMANDING THAT HE WANTED IT IMMEDIATELY. HE THEN STATED THAT HE WAS GOING TO KILL HIMSELF. HE RAN TO HIS ROOM, PICKED UP A RAZOR BLADE AND BIT THE END OFF AND PLACED IT ON HIS NECK AREA. I TOOK CONTROL OF HIS HEAD AS HE WAS ACTING IN AN AGGRESSIVE MANNER. HE WAS ESCORTED INTO THE CARE AND SEPERATION UNIT (CSU). HE BEGAN RESISTING, KICKING HIS LEGS AND APPEARED TO ATTEMPT TO BITE OFFICERS. HE WAS TAKEN DOWN TO THE FLOOR. IT WAS EXPLAINED TO D2830 WHAT WAS GOING TO HAPPEN. WE THEN HELPED HIM STAND UP AND ESCORTED HIM TO ROOM CSU 04. I THEN RELEASED HIS HEAD BEFORE HE ENTERED THE ROOM. 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):... ~~Logan O'Conor~~ ANGELA O'CONNOR

Date... ~~09/03/2017~~ 12.07.2017

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



## ANNEX A USE OF FORCE

Local  
Reference No.

176117

## STAFF STATEMENT

ESTABLISHMENT: Brook House IRC

DATE : 12/07/2017

DETAINEE : **D2830**

CID NUMBER : 12298989

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                         | Figure Four Arm Hold       |  |
| Push                                  |  | Isolating the Arm         |                           | Head Support               |  |
| Knee Strike                           |  | Arm Hold/Lock             | X                         | 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                            |  | 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).

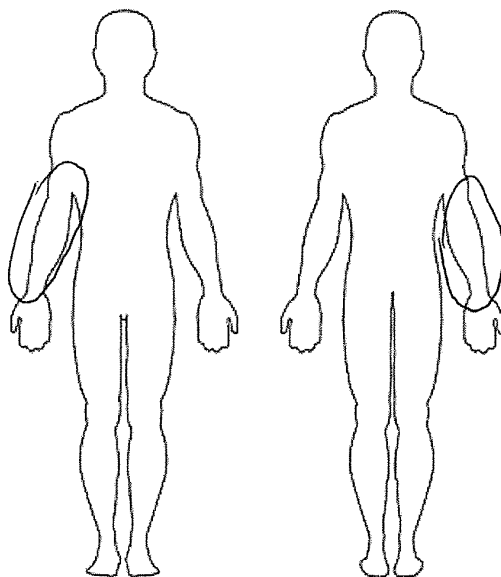
I, DCO Graham MATCHETT am a Detainee Custody Officer at Brook House Immigration Removal Centre, a position I have held since November 2016. On the 12<sup>th</sup> July 2017, I was working at Brook House IRC on Eden Wing.

At approximately 09:39 I observed detainee **D2830** of room E/011 (CID: 12298989) walking very fast into his room. DCO LUNN followed him into the room with me closely behind. When I entered I witnessed **D2830** being restrained by DCO LUNN. In **D2830**'s hand was a razor that he was attempting to place in the vicinity of his throat. At this point he was sitting on the side of his bed so I immediately took hold of **D2830**'s right arm and immediately placed him in to a final lock using Home Office approved techniques. DCO LUNN then placed **D2830** in a final lock and then managed to get him onto his feet. **D2830** demeanour was very aggressive towards us and was resisting the efforts of myself and DCO LUNN to safely control the situation. DCO O'CONNOR took hold of his head for support and to prevent **D2830** from hurting himself further. We walked out of room E/011 and once on the Care and Separation Unit (CSU) **D2830** became even more agitated and aggressive towards the officers involved. At this point, **D2830** stopped and attempted to bite DCO LUNN on the arm. DCO TAIT then took hold of **D2830**'s legs to prevent him from lashing out and kicking officers. **D2830** then calmed down enough for myself and DCO LUNN to walk him to CSU/04. We then de-escalated the situation by using a guiding hold to place **D2830** into his room. This concludes my involvement in this spontaneous Control and Restraint.

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...  .....

Name: GRAHAM MATCHETT.....

Date ... 12/07/2017.....

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





## ANNEX A USE OF FORCE

Local  
Reference No.

176/17

## STAFF STATEMENT

## ESTABLISHMENT

Brook House IRC

DATE:

DETAINEE : **D2830**

CID NUMBER : 12298989

## OFFICER

NAME: DCO Ryan Tait

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&amp;R or MPR was used, please tick your primary role:

Supervising Officer

Head / Number ☐Right arm ☐Left arm ☐Leg Officer ☐

Have you been C&amp;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? | <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        | <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?  |                          | 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 Detention Custody Officer Ryan Tait (DCO) was performing my duties at Brook House IRC on Wednesday 12<sup>th</sup> July 2017 based on Delta Wing. I have been live and in ticket at Brook House since January 2017. At around 09:36 am the first response alarm was called to an incident on E Wing, and as a first responding officer I quickly made my way to E wing.

At approx 09:40 I arrived on Eden wing where I observed Detainee **D2830** being restrained by DCO Lunn, DCO Matchett and DCO O'Connor as they were attempting to move **D2830** to CSU due to an attempt to harm himself with a blade. I had noticed that **D2830** was still being very aggressive and shouting in Polish at all 3 officers and even though his head and arms were safely secured he began to use his legs in an attempt to kick officer Lunn and Officer Matchett. As a result the officers were forced to restrain **D2830** and I was able to secure his legs in a standard leg hold to prevent **D2830** from kicking out at the officers any further.

Once he was restrained safely on the ground **D2830** became more compliant and so I released his legs in order to get **D2830** to his feet. At this point the 3 officers were able to walk **D2830** towards the Care & Separation (CSU) unit and I followed closely behind however due to his volatile behaviour the 3 officers were still forced to keep **D2830** in C&R locks.

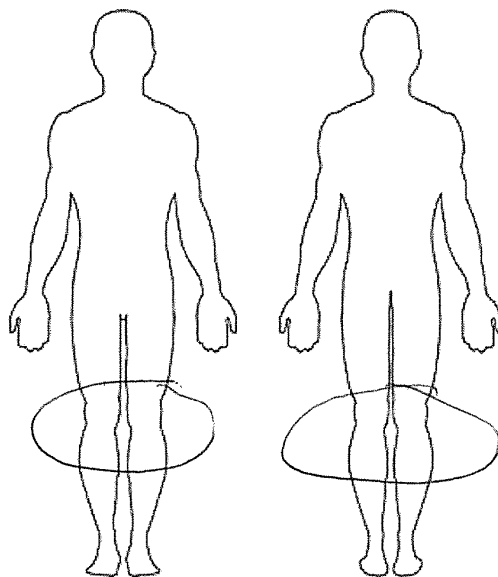
I walked closely behind them into the Care & Separation CSU room 11 and locked the door behind me. At this point a full search was conducted by Officer Lunn and DCM Hackbridge on **D2830** whilst I was outside his room where I was instructed to search his Jacket and his Jeans.

At around 09:48 Mr **D2830** search was complete and his room door was closed without any further issues.

This concludes my report

\_\_\_\_\_ TAIT

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):... RYAN TAIT.....

Date 12/07/2017 .....

\*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: | <b>D2830</b>    | First Names:   | <b>D2830</b> |
| CID Ref: | <b>12298989</b> | Date of Birth: | <b>DPA</b>   |

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

|                            |                        |
|----------------------------|------------------------|
| Time and date of incident: | <b>0950 12/7/17</b>    |
| Place of incident:         | <b>Eden wing / CSU</b> |
| Incident reported by:      | <b>DBrackenridge</b>   |
| Incident Witnessed by:     | <b>S. Porey</b>        |
| Nature of injury:          | <b>None reported</b>   |

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

|   |
|---|
| <b>Force used to prevent harm (spontaneous)</b><br><b>Detainee attempted to break a razor and make</b><br><b>cuts to himself.</b> |
|---|

Name (Block capitals): **DBRACKENRIDGE**Signature: **Signature**Date: **12/7/17**

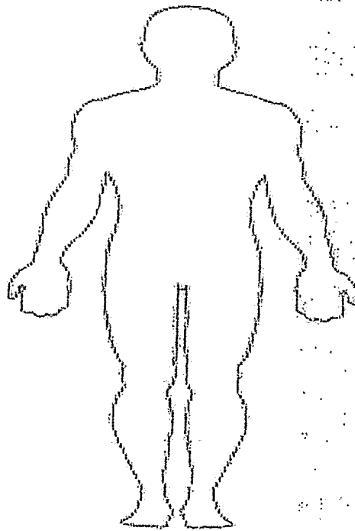
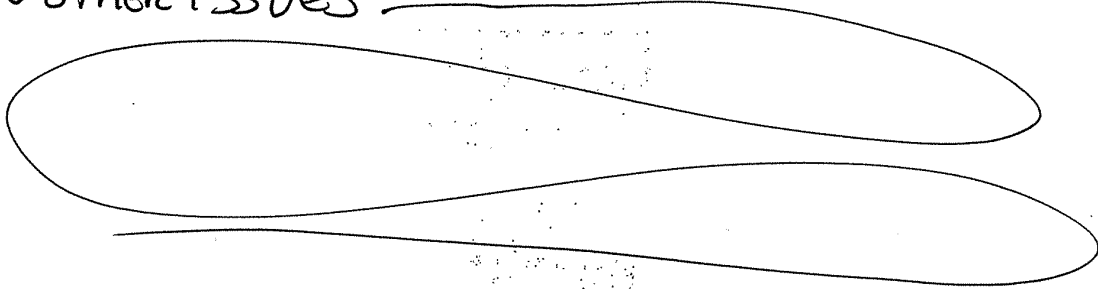


OFFICIAL - SENSITIVE

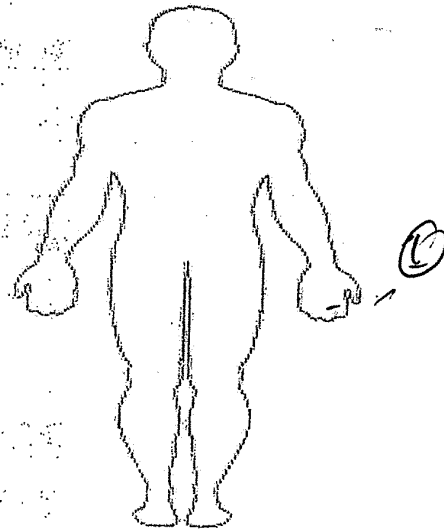
Section 3 Healthcare's report (To be completed by medical staff)

Time and date of examination... 09:58 12/07/17

Report: SEEN IN CSU ROOM 4, SUPERFICIAL CACERATION  
TO MIDDLE FINGER, CLEANED WITH SALINE WIPE,  
NO OTHER ISSUES



Front of Body



Back of Body

Healthcare:

Medical Staff - Name: (Block capitals)

E. PARR

Signature:

Signature

Date: 12/07/17