



Care and Separation- DCF 1

DC RULE 40

Log Number BH/.....200/17

Surname..... **D1527**

Forename.....

Nationality..... *Egypt*

Port Ref No. *ASC/4742212*

CID Ref No. *10549090*

Other Information

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Date Located into IR40..... *4/5/17*

Time Located into IR40..... *1740*

Date removed from R40..... *5/5/17*

Time removed from R40..... *10:50*

Search Conducted on Arrival to Unit by..... *S. Dae*

Initial Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	<i>2000</i>	<i>Shax</i>	<i>D. Huntington</i>
Duty UKBA Informed	<i>2000</i>	<i>Shax</i>	<i>S. Layett</i>
Duty IMB Informed	<i>2000</i>	<i>Shax</i>	<i>L. Gledhill</i>
Medical Informed	<i>1845</i>	<i>Shax</i>	<i>M. Davies</i>

Has Detainee Packed his own Property ☒ Yes / ☐ No

If No Name of Team Leader Authorising Room Clearance *Shax*

New Location of Detainee Property

Closing Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	<i>10:50</i>	<i>D. Repton</i>	<i>D. Huntington</i>
Duty UKBA Informed	<i>16:50</i>	<i>D. Repton</i>	<i>S. Layett</i>
Duty IMB Informed	<i>13:30</i>	<i>D. Repton</i>	<i>L. Gledhill</i>
Medical Informed	<i>13:00</i>	<i>D. Gledhill</i>	<i>M. Wells</i>

Location of Detainee After Leaving CSU *E. Ward*

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Home Office

MAINTENANCE OF SECURITY AND SAFETY NOTICE FORM DCF1: REMOVAL FROM ASSOCIATION (DC Rule 40)

CENTRE: DETAINEE DETAILS

Full Name	Date of Birth	Nationality	Port Reference
D1527	DPA	EGYPT	ASC/4742212

REASONS FOR REMOVAL FROM ASSOCIATION (RFA)*

(To be completed by person authorising RFA)

Detainee D1527 has been relocated to Care and Separation Unit on rule 40 after jumping on Delta Wing netting. Mr D1527 removed himself after approximately 30 minutes, he went to a friends room to calm down. I spoke to Mr D1527 about his behaviour and the consequences of his actions, he refused to comply with the instructions given. Mr D1527 was already on an ACDT and has a previous significant history of self harm and suicide attempts, he started to get irate and started to fiddle with his pockets and refused to empty out his pockets or remove his hands. Fearing he potentially had something he could harm himself with or others force was used to prevent this and relocate him to Eden Wing. He was placed into E 008 and watched constantly for a couple of hours after the use of force, A full search was also conducted and nothing was found

Duty Director, Home Office, IMB and Healthcare are aware

AUTHORITY FOR INITIAL 24 HOURS RFA** (Cases of Urgency)

Person authorising RFA (Name/Grade)	Signature of person authorising RFA	Date RFA authorised	Time RFA authorised
S Dix	Signature	04/05/2017	17:45

Person authorising continued RFA (Name/Grade)	Signature of person authorising continued RFA	Date authorised	Time authorised

Detainee's Name **D1527**

Page 1 of 2

RECORD OF ACTIONS AND OBSERVATIONS
(Visits of SotS/Manager/Medical Practitioner)

Date	Time	Comments	Name Position	Signature
4/5/17	1740	ARRIVED ON EDEN wing 5/00S ON RUC		
		HO. FOR SEARCH CARRIED OUT AND NEW CLOTHING ISSUED	DCO G CROUCHER	Signature
4/5/17	1750	OFFERED DINNER BUT REFUSED	DCO G CROUCHER	Signature
4/5/17	1950	SLEEPING UNDER HIS COVER. MOVEMENT	DCO G CROUCHER	Signature
4/5/17	2100	D1527 IS HAVING A SHOWER	DCO G CROUCHER	Signature
4/5/17	2150	LAYING IN BED ON CONSTANT SUPERVISION	DCO G CROUCHER	Signature
4/5/17	2215	D.C.M Night observation, D1527 has just had ACOT case review conducted, taken off Constant Supervision and placed onto Hourly observation, no thoughts of self harm, said he was sorry for jumping on the netting and understands why he is on role w/o	DCO G CROUCHER	Signature
5/5/17	8:15	Refused Breakfast	hugh crouch	Signature
5/5/17	10:25	D1527 calm, compliant, did not explain why he got on netting. To move to Eden wing	HO FO SLEWELL	Signature
05/5/17	10:25	D1527 was calm, compliant, he stated a number of things contributed		

(Manager's discretion/Medical grounds)

Reasons for Resumption (To include medical practitioner's comments/signature where appropriate)	Mr D1527 has been removed from Rule 40 and placed on Eden wing
Time/Date Resumed	10.50 5/5/17
Authorised By	D. O'Brien
Signature	Signature

DOCUMENTATION

Copy to:	Received By	Time/Date
S of S	Copy Given	04/05/2017 2100
Contractor	Copy Given	04/05/2017 2100
Visiting Committee	Copy Given	04/05/2017 2100
Medical Practitioner	Copy Given	04/05/2017 2100
Religious Affairs Minister	Copy Given	04/05/2017 2100
Detainee	Copy Given	04/05/2017 2100

- * DC Rule 40(1)
- ** DC Rule 40(2)
- *** DC Rule 40(4)
- **** DC Rule 40(3)
- ***** DC Rule 40(9)
- ***** DC Rule 40(7)

IS.91RA Part C: Supplementary Information to IS.91 RA Part A

Details of Port/Unit Responsible For Case					
Port:		Officer:		Grade:	
Fax:		Email:		Tel:	

Details of Individual					
Full Name: D1527					
D.O.B	DPA	Nationality	Egypt	Sex	Male

This form should be completed as soon as either a) further information becomes available or b) the detainee's behaviour and/or statements indicate a possible alteration to this detainee's risk factor.

Detainee **D1527** has been relocated to Care and Separation Unit on rule 40 after jumping on Delta Wing netting. Mr **D1527** removed himself after approximately 30 minutes, he went to a friends room to calm down. I spoke to Mr **D1527** about his behaviour and the consequences of his actions, he refused to comply with the instructions given. Mr **D1527** was already on an ACDT and has a previous significant history of self harm and suicide attempts, he started to get irate and started to fiddle with his pockets and refused to empty out his pockets or remove his hands. Fearing he potentially had something he could harm himself with or others force was used to prevent this and relocate him to Eden Wing. He was placed into E 008 and watched constantly for a couple of hours after the use of force, A full search was also conducted and nothing was found

Will this individual comply with removals directions?
If no please provide additional information.

In the light of this:

- It is considered that the risk factors associated with this detainee may have increased in which case a new IS.91 should be issued.
- You may also wish to consider whether a change of detention location is appropriate.

Signed: SD Print name: S Dix Date: 04/05/2017

For Completion by DEPMU/MODCU

- This detainee's location does/does not need to be changed.

The reasons for any change, for example from one removal centre to another or to prison or vice versa, **MUST** be recorded in the comments section above and be accompanied by the issue of a revised IS91

Detaining Office to issue new IS91: Yes/No

Signed: _____ Print name: _____ Date: _____

Signature to be at EO level.

Distribution: By DEPMU following consideration of changes in risk factors.

- DEPMU
- Detention Location (UKBA and Contractors/Prison Service)
- UKBA Office/Unit dealing with case



Care and Separation- DCF 1

DC RULE 40

Log Number BH/200/17

Surname.... **D1527**

Forename.....

Nationality... Egypt

Port Ref No. ASC/4742212

CID Ref No. 10549090

Other Information

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Date Located into IR40... 4/5/17

Time Located into IR40... 1740

Date removed from R40... 5/5/17

Time removed from R40... 10:50

Search Conducted on Arrival to Unit by... S. Dyer

Initial Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	2000	<u>S. Dyer</u>	<u>D. Houghton</u>
Duty UKBA Informed	2000	<u>S. Dyer</u>	<u>S. Gault</u>
Duty IMB Informed	2000	<u>S. Dyer</u>	<u>L. Gledhill</u>
Medical Informed	1845	<u>S. Dyer</u>	<u>M. Dancy</u>

Has Detainee Packed his own Property Yes / No

If No Name of Team Leader Authorising Room Clearance ... S. Dyer

New Location of Detainee Property

Closing Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	10:50	<u>D. Reffer</u>	<u>D. Houghton</u>
Duty UKBA Informed	10:50	<u>D. Reffer</u>	<u>S. Gault</u>
Duty IMB Informed	1330	<u>D. Reffer</u>	<u>L. Gledhill</u>
Medical Informed	1360	<u>D. Gledhill</u>	<u>M. Wells</u>

Location of Detainee After Leaving CSU ... E. Houghton



Home Office

MAINTENANCE OF SECURITY AND SAFETY NOTICE FORM DCF1: REMOVAL FROM ASSOCIATION (DC Rule 40)

CENTRE: DETAINEE DETAILS

Full Name	Date of Birth	Nationality	Port Reference
D1527	DPA	EGYPT	ASC/4742212

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(To be completed by person authorising RFA)

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Duty Director, Home Office, IMB and Healthcare are aware

AUTHORITY FOR INITIAL 24 HOURS RFA** (Cases of Urgency)

Person authorising RFA (Name/Grade)	Signature of person authorising RFA	Date RFA authorised	Time RFA authorised
S Dix	DPA	04/05/2017	17:45

Person authorising continued RFA (Name/Grade)	Signature of person authorising continued RFA	Date authorised	Time authorised

Detainee's Name **D1527**

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Date	Time	Comments	Name Position	Signature
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4/5/17	1750	OFFERED DINNER BUT REFUSED	DCO G CROUCHER	Signature
4/5/17	1950	SLEEPING UNDER HIS COVER. MOLESTMENT	DCO G CROUCHER	Signature
4/5/17	2100	D1527 IS HAVING A SHOWER	DCO G CROUCHER	Signature
4/5/17	2150	LAYING IN BED ON CONSTANT SUPERVISION	T. EARTH	Signature
4/5/17	2215	O.C.M Night observation, D1527 has just had ACOT case review conducted, taken off Constant Supervision and placed onto Hourly observation, no thoughts of self harm, said he was sorry for jumping on the netting and understands why he is on role n10	Hyde	Signature
5/5/17	8:15	Refused Breakfast	Hyde	Signature
5/5/17	10:25	D1527 calm, compliant, did not explain why he got on netting. Taken to Eden wing	H/O FO SLORETT	Signature
05/5/17	10:25	D1527 was calm, compliant, he stated a number of things contributed		

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(Manager's discretion/ Medical grounds)

Reasons for Resumption (To include medical practitioner's comments/ signature where appropriate)	Mr D1527 has been removed from Rule 40 and placed on Eden wing
Time/Date Resumed	10.50 5/5/17
Authorised By	D. D. D. D.
Signature	DPA

DOCUMENTATION

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Visiting Committee	Copy Given	04/05/2017 2100
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- * DC Rule 40(1)
- ** DC Rule 40(2)
- *** DC Rule 40(4)
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- ***** DC Rule 40(9)
- ***** DC Rule 40(7)

IS.91RA Part C: Supplementary Information to IS.91 RA Part A

Details of Port/Unit Responsible For Case					
Port:		Officer:		Grade:	
Fax:		Email:		Tel:	

Details of Individual					
Full Name: <u>D1527</u>					
D.O.B	<u>DPA</u>	Nationality	Egypt	Sex	Male

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Signed: _____ Print name: _____ Date: _____

Signature to be at EO level.

Distribution: By DEPMU following consideration of changes in risk factors.

- DEPMU
- Detention Location (UKBA and Contractors/Prison Service)
- UKBA Office/Unit dealing with case