

Care and Separation- DCF 1 DC RULE 40

Log Number BH/...\S1./.17

Surname D1527			Other Information
Forename. D1527		a second section section as	
Nationality EGY			
Day Das No ASC/47422	Port Ref No. ASC/4742212		
CID Ref No. 1054-9090	>		
CID Ret No1931			
Date Located into IR40	14/17		oved from R40 26/4/17
Date Located into IR40	7 . 7	Date rem	loved from R40 4.7.7.7.
Time Located into R40\.	1.10	Time ren	noved from R40 10.35
Search Conducted on Arriva	I to Unit b	y	
Initial Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	17·00	1. Macours	SEDEMONIES.
Duty Home Office Informed	12 45	1. MACOUNANO	H PATEL , NO AMEGICI.
Duty IMB Informed	1750	i. Macriano.	E MARRINGE.
Medical Informed	1740	Stere Laglia	J. Buss
Religious Affairs Informed	17:30	Stere Loughlon	VOICEMAIL.
Has Detainee Packed his ow	n Property	Yes / No	
If No Name of Team Leader	Authorisin	g Room Clearance	
New Location of Detainee Pr	operty		
Closing Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	10-35	Dalyky	D Manghken
Duty UKBA Informed	10.3	12 441,84	Scevet
Duty IMB Informed	1650	D. Kalley	t Manhwill ressy
Medical Informed	1035	2 Kills	D'Ilaun
Religious Affairs Informed	10:30	1) Veffey	B GAbriel
Location of Detainee After Lo	eaving CS	u thing	

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

REMOVAL CENTRE: DETAINEE DETAILS

Full Name	Date of Birth	Nationality	Port & CID Ref
D1527	DPA	Egypt	ASC/4742212 10549090

REASONS FOR REMOVAL FROM ASSOCIATION (RFA)*

(To be completed by person authorising RFA, should be Immigration Service during working hours)

D1527 has been moved to DC Rule 40 for refusing to return to Eden Wing under constant supervision, not complying to any lawful orders given to him from officers.

AUTHORITY FOR INITIAL 24 HOURS RFA**(Cases of Urgency) Immigration Department or Out of Hours Contractor

Person authorising RFA (Name/Grade)	Signature of person authorising RFA	Date RFA authorised	Time RFA authorised
I Macdonald	Signature	25/04/2017	17:00hrs

AUTHORITY FOR RFA BEYOND 24 HOURS****(Authority of S of S)

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

RECORD OF ACTIONS AND OBSERVATIONS *****

(All visitors, all suggestions, requests, meals etc to be noted)

Date	Time	Comments	Name/Position	Signature
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RESUMPTION OF ASSOCIATION******

(Manager's discretion/Medical grounds)

Reasons for Resumption (To include medical practitioner's comments/ signature where appropriate)	D1527 hus been 12 her off Nede 60 he says he wants to 50 back 10 anny
Time/Date Resumed	26/4/17
Authorised By	W. Qeffen
Signature	Signature

DOCUMENTATION

Copy to:	Received By	Time/Date
S of S		
Contractor		
IMB		
Medical Practitioner		
Religious Affairs Minister		
Detainee		

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



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

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Full Name	Date of Birth	Nationality	Port & CID Ref
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		Web States		The state of the s

AUTHORITY FOR INITIAL 24 HOURS RFA**(Cases of Urgency) Immigration Department or Out of Hours Contractor

Person authorising RFA (Name/Grade)	Signature of person authorising RFA	Date RFA authorised	Time RFA authorised
I Macdonald	Signature	25/0 4/2017	17:00hrs

Removal from Association Initial Health Assessment

Detainee Details

Name D1527	Cid Reference	10541090
Time of assessment	Date of Birth	DPA

Initial screening

To be completed within two hours of a detainee being removed from association (DC rules 40 & 42). If no Registered nurse or Duty doctor available to complete within two hours of a detainee being removed from association, then the detainee is to be observed by wing staff four times per hour or inline with ACDT observations if greater. Clinical records and ACDT plans should also be considered.

Is the Detainee currently being assessed or sectioned under section 48 of the Mental Health ACT?

Yes (No

Is the detainee currently on an Open ACDT plan, are there any recent acts of self harm OR is the detainee currently taking any anti-psychotic medication?

Does the detainee show signs of being acutely unwell (e.g. Psychotic/ withdrawal from drugs/ significant injury) at the present time?

Yes/No

Do you think the detainee will be able to cope with a period of removal from association?

Do you think the detainee's mental health will deteriorate from being removed from association?

Health Assessment

	above screening are the separation at this time?		reasons to advise against	
YES	(NO	Delete as appropriate		
Signature	Signature	Name	JOBUM	
Grade	ev	Time	Date 274/A	
Where neces	sary this form should be	e part of a multi-	disciplinary review	

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Notes for Healthcare

This assessment must be completed for all detainees being removed from association (DC Rule 40 & 42). The purpose of this assessment is to determine if there are any healthcare reasons against removing a detainee from association, and to provide a snapshot of the detainee's mental health at the time of the assessment. However if there are any immediate physical health concerns these should also be considered. It is not intended to be a comprehensive mental or physical health assessment. It is not intended to predict or anticipate a change in the detainee's condition over time. If you have any concerns about the detainee you are screening seek further guidance from healthcare colleagues or from the on call healthcare manager. A multi-disciplinary case review maybe required.

The assessment should be completed after:

- · A discussion with the detainee
- Reference to his clinical record and any other relevant documentation, e.g. incident reports, ACDT if appropriate.
- Gathering information from other members of staff in contact with the detainee.
- · Reviewing the nature of the incident which led to removal from association.

The Duty Director will make the final decision on where to locate the detainee.

Duty Director / Duty Operations Manager

(Sign at the bottom on all occasions)

The Duty Director (or Operations Manager in their absence) uses this section to acknowledge the healthcare assessment overleaf.

If a doctor or a registered nurse indicates that there are healthcare reasons to advise against removal from association and the Duty Director considers that removal from association necessary for safety or security reasons a case review must be held immediately to discuss the best location for the detainee and any actions that could be taken to mitigate healthcare issues raised recorded on a Care map.

Continue to be re- from association	moved	Yes		NO	Delete	as approp	oriate
Duty Director Con De healthcar Supervision.	2 Cen	00//5	raise	od, e	Charra	an des	or constant
Signature	Signa	ature			Name	A. HAYER	4 7 —
					Time		Date 26/4

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Care Map

To be completed in all cases where initial assessment by Healthcare has indicated that there are medical considerations to be made after removing a detainee from association.

Actions to be considered should include;

- · Action to lessen effects of isolation
- · Increased observation from wing staff or Healthcare staff
- · Review of prescribed medications
- · Transfer to a Medical bed at another IRC
- · Talking Therapy with an RMN

ıe	sue	Goals	Action Required	By whom and when	Status of Action

Name	Role	Signature	Date	Time
	Duty Director			
	Duty Operations Manager			
	Health Care			
	Wing Staff			

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		,
Detainee's	Name	D1527

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

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Sty 10 30 Care for Disples Sty 10 30 D1527 Calor disposed Studing Such hims TO be form off Risp. he tobased in his Seen	Name Signature Position : Signature Signature Signature
- mingration was not eating as not happy.	Sukudi