

Care and Separation- DCF 1 DC RULE 40

Log Number BH/BH 249/17

| <u></u> | | | | | | | |
|----------------------------------|--|---------------------|--------------------------|--|--|--|--|
| Surname D1538 | 3 | | Other Information | | | | |
| Forenam | VIII | | | | | | |
| NationalityMOROCCO | | | | | | | |
| Part Pof No DEU/50420 | Port Ref No. 0 = U/S042049 | | | | | | |
| CID Ref No10.59.633.4 | | | | | | | |
| CID Rei No | · · · · | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Date Located into I R40.03. | 102/17 | Date rem | oved from R40 4/6/15 | | | | |
| Time Located into R40 | 01 | | noved from R40J.Q;QQ. | | | | |
| | The state of the s | | | | | | |
| Search Conducted on Arriva | l to Unit b | y T. McMillian | | | | | |
| | | , | | | | | |
| Initial Notifications | Time | Oscar 1 or DCM Name | Name of Person Contacted | | | | |
| Duty Director Informed | 1200 | A hyder | J. Williams | | | | |
| Duty Home Office Informed | 1400 | A hyder | H. PATEL | | | | |
| Duty IMB Informed | 1400 | Aludes | LHYI | | | | |
| Medical Informed | | 4 huden | Toddy n | | | | |
| Religious Affairs Informed | 14.20 | Alydlee | 2 QUYUM/MESSAGE) | | | | |
| Is Detainee on an ACDT | res/No | | | | | | |
| Has Detainee Packed his ow | n Property | Yes No | - C | | | | |
| If No Name of Team Leader | | | 175 | | | | |
| | | | | | | | |
| New Location of Detainee Pr | | | | | | | |
| Closing Notifications | Time | Oscar 1 or DCM Name | Name of Person Contacted | | | | |
| Duty Director Informed | 0930 | Ahad | 2 Williams | | | | |
| Duty UKBA Informed | 0936 | Myd | FI. PATEL | | | | |
| Duty IMB Informed | 1030 | Blydy | [HV] (M688A(6) | | | | |
| Medical Informed | 16 60 | Alydy | H Deninis | | | | |
| Religious Affairs Informed | 1030 | Hi hejal. | 2 Quyum/1068SAG | | | | |

Location of Detainee After Leaving CSU



MAINTENANCE OF SECURITY AND SAFETY NOTICE

FORM DCF1: REMOVAL FROM ASSOCIATION (DC Rule 40)

CENTRE: Brook House DETAINEE DETAILS

| Full Name | Date of Birth | Nationality | Port Reference |
|-----------|---------------|-------------|----------------|
| D1538 | DPA | MOROCCO | DEU/5042049 |
| | | | |

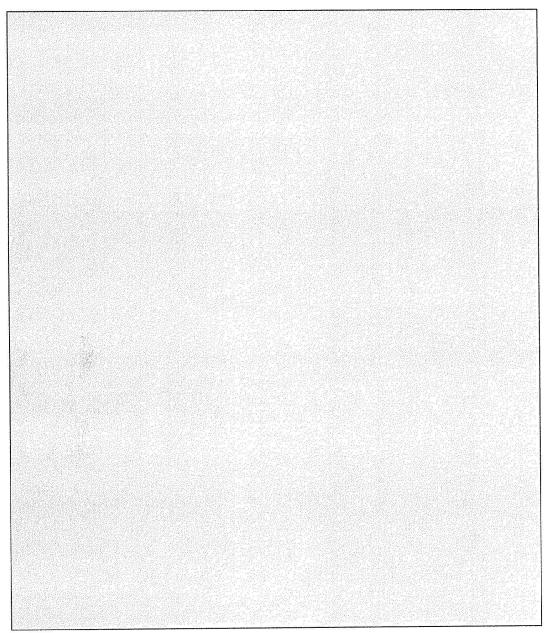
REASONS FOR REMOVAL FROM ASSOCIATION (RFA)*

| Detainee | D1538 | has been placed onto rule 40 after invading a |
|-----------------|--------------------|---|
| officers person | al space, the offi | cer had to push D1538 away from him before |
| | | again and tried to grab him around the neck. |
| | | |
| Duty Director | consulted and at | this present time the use of rule 40 is required to |
| | afety and securit | |
| manicani tire 3 | arcty and occurre | |
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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 |
|---|-------------------------------------|------------------------|---------------------|
| A Lyden Detainee Custody Manager | Signature | 03/06/2017 | 14:00 |

REASONS FOR CONTINUED RFA (>24 HOURS/NOT TO EXCEED 14 DAYS)*** (To be completed by person authorising)



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

| continued RFA | Signature of person authorising continued RFA | Date authorised | Time authorised |
|--|---|-----------------|-----------------|
| Continues of the Contin | | | |

| Resumption (To include medical practitioner's comments/ signature where appropriate) | Barel from 1 & Suite by I Williams for 1 week |
|--|---|
| Time/Date Resumed | 1000 4-6-17 |
| Authorised By | A Misd |
| Signature | Signature |

DOCUMENTATION

| Copy to: | Received By | Time/Date |
|-------------------------------|---------------|------------------|
| S of S | Copy sent | 14:50 03/06/2017 |
| Contractor | Copy sent | 14:50 03/06/2017 |
| Visiting Committee | Copy sent | 14:50 03/06/2017 |
| Medical Practitioner | Copy sent | 14:50 03/06/2017 |
| Religious Affairs Minister | Copy sent | 14:50 03/06/2017 |
| Detainee | Given by hand | 14:50 03/06/2017 |

* DC Rule 40(1)

** DC Rule 40(2)

*** DC Rule 40(4)

**** DC Rule 40(3)

***** DC Rule 40(9)

***** DC Rule 40(7)

Removal from Association Initial Health Assessment

Detainee Details

| Name D1538 | Cid Reference | 10596334 |
|--------------------|---------------|----------|
| 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?

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?

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

| Following the | e above screen n separation at | ing are the | ere any clinical | reasons to ac | dvise against | |
|---------------|---------------------------------------|-------------|------------------|------------------|---------------|-------|
| YES | · · · · · · · · · · · · · · · · · · · | NO | Delete as | appropriate | and bud | DAICA |
| Signature | Signature | / | Name | EDWA | | |
| Grade | Kn | ιN | Time | 14.47 | Date J/ O/ | 17 |
| Where nece | ssarv this form | should be | part of a multi- | -disciplinary re | eview ` | |

| culminating | in | a | care | map | for | the | individual |
|-------------|----|---|------|-----|-----|-----|------------|
|-------------|----|---|------|-----|-----|-----|------------|

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.

| Following the Healthcare assessment I the Duty Director/ Operations Manager | | | | | | | | |
|---|----------|---|------|-----------|--|--|--|--|
| have decided that the detainee will | | | | | | | | |
| Continue to be removed Yes NO Delete as appropriate | | | | | | | | |
| from association | | | | | | | | |
| Duty Director Comments | | 2.0.0.000000000000000000000000000000000 | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| Signature | | | Name | | | | | |
| Grade | | | Time | Date | | | | |
| Is a Care Map needed to mitigate Issues raised by Healthcare assessment | | | | | | | | |
| | - | | * | | | | | |
| Yes NO Dele | te as ap | propriate | | 200 20000 | | | | |

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

| Issue Number | Issue | Goals | Action Required | By whom and when | Status of Action |
|-----------------|-------|-------|--------------------|------------------|---------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| | | | | | |

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

RECORD OF ACTIONS AND OBSERVATIONS

(Visits of SofS/Manager/Medical Practitioner)

| Date | Time | Comments | Name | Signature |
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| Deto | ITTEP'S | Name |

D1538

| Page | • of |
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RECORD OF ACTIONS AND OBSERVATIONS

(Visits of SofS/Manager/Medical Practitioner)

| Date Time Comments | Name Position | Signature |
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