

Surname: **D1020**  
 Forename: **Y**  
 Nationality: **MOROCCO**  
 Port Ref No: **TNI/4569317**  
 CID Ref No: **9184133**

Other Information

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Date Located into IR40: **21/7/17**  
 Time Located into IR40: **1315**

Date removed from R40: **21/7/17**  
 Time removed from R40: **20:15**

Search Conducted on Arrival to Unit by: **DCO A. JENNINGS**

Initial Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	1330	<b>Dbackenridge</b>	<b>J Williams</b>
Duty Home Office Informed	1330	<b>↓</b>	<b>P Gannon</b>
Duty IMB Informed	1400	<b>↓</b>	<b>DWEBER (voicemail)</b>
Medical Informed	1330	<b>↓</b>	<b>DWARD (present)</b>
Religious Affairs Informed	1330	<b>↓</b>	<b>Z. Ouyum (voicemail)</b>

Is Detainee on an ACDT Yes/No **(No)**

Has Detainee Packed his own Property Yes/No **(No)**

If No Name of Team Leader Authorising Room Clearance: **Dbackenridge**

New Location of Detainee Property: **CW1**

Closing Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	1630	<b>Shir</b>	<b>J Williams</b>
Duty UKBA Informed	2030	<b>Shir</b>	<b>P Gannon</b>
Duty IMB Informed	2030	<b>Shir</b>	<b>D WEBER</b>
Medical Informed	2030	<b>Shir</b>	<b>M LLAVER</b>

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

**CENTRE: Brook House IRC**  
**DETAINEE DETAILS**

Full Name	Date of Birth	Nationality	Port Reference
<b>D1020</b>	<b>DPA</b>	<i>Morocco</i>	TN1/4569317

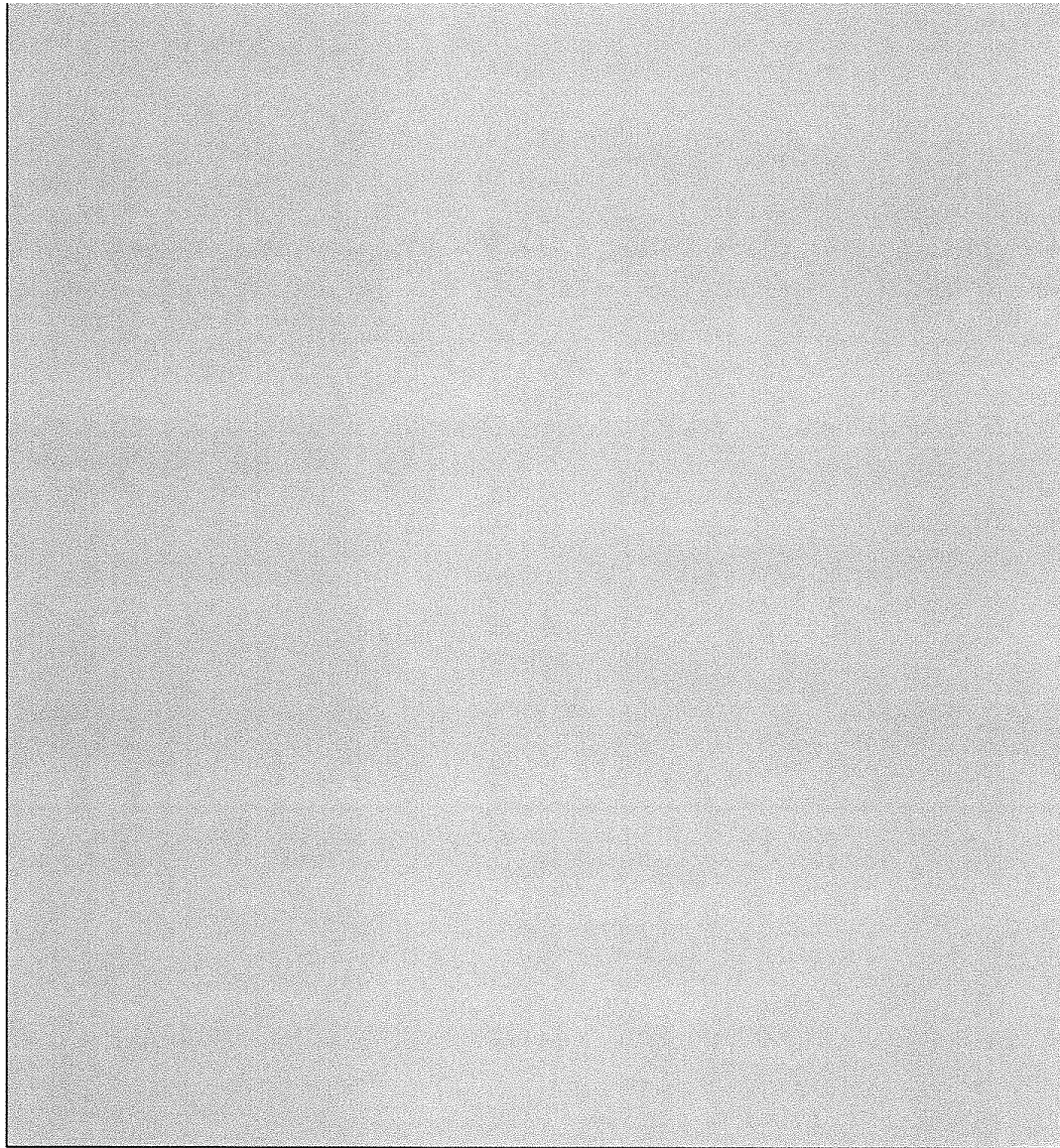
**REASONS FOR REMOVAL FROM ASSOCIATION (RFA)\***

*(To be completed by person authorising RFA)*

<b>D1020</b> has been moved to DC rule 40 due to an unprovoked attack on another detainee causing injury to the involved person at approx 13:15 21/07/17 on Eden wing (Brook House IRC). This move is to maintain good order and for the safety and security of the centre.
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**AUTHORITY FOR INITIAL 24 HOURS RFA\*\****(Cases of Urgency)*

Person authorising RFA <i>(Name/Grade)</i>	Signature of person authorising RFA	Date RFA authorised	Time RFA authorised
<b>SIGNATURE</b>	pp P Gasson	21/07/2017	13:15



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

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



[illegible]

Comments/signature where appropriate)	Return to Residential Unit	
Time/Date Resumed	21/7/17 2015	
Authorised By	SIGNATURE	
Signature		

## DOCUMENTATION

Copy to:	Received By	Time/Date
S of S	Copy issued.	13:45 21/07/17
Contractor	Copy issued.	13:45 21/07/17
Visiting Committee	Copy issued.	13:45 21/07/17
Medical Practitioner	Copy issued.	13:45 21/07/17
Religious Affairs Minister	Copy issued.	13:45 21/07/17
Detainee	Copy issued.	14:00 21/07/17

- \* 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

Detainee details

**D1020**

C.O. Reference  
Date of Birth

9184133  
20/05/1993

13:30

Initial screening

To be completed within two hours of a detainee being removed from association (C rules 44(2)). 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 welfare staff four times per hour or in line 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 assessments or self-harm? OF Is the detainee currently taking any anti-psychotic medication?

Yes/No

ON ACDT PLAN.

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?

Yes/No

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

Yes/No

Health Assessment

Following the above screening are there any clinical reasons to advise against removal from association at this time?

ES

**SIGNATURE**

Delete as appropriate

Name

Donna Batchelor

Time

13:51

Date 21/7/17

Grade

RGN

This form should be part of a multi-disciplinary review