



# Care and Separation- DCF 1

DC RULE 40

Log Number .... BH/215/17

Surname..	<b>D114</b>
Forename	
Nationality	Unknown
Port Ref No.	J281570
CID Ref No.	1289335

Other Information
.....
.....
.....

Date Located into IR40... 11/5/17  
 Time Located into IR40... 12:55

Date removed from R40 ... 12/5/17  
 Time removed from R40 ... 14:50

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

Initial Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	12:00	D Rafter	C Danka Jones
Duty UKBA Informed	14:00	D Rafter	M Patel
Duty IMB Informed	14:00	D Rafter	D Weber
Medical Informed	16:00	D Rafter	D Batchelor
Religious Affairs Informed	16:00	D Rafter	Z Gwynn

Has Detainee Packed his own Property Yes/No

If No Name of Team Leader Authorising Room Clearance ... D. Rafter

New Location of Detainee Property .....

Closing Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	1000	ALDCS	HAUGHTON
Duty UKBA Informed	1000		LEVETT
Duty IMB Informed	1030		WEBER
Medical Informed	1030		WILLIAMS
Religious Affairs Informed	1000		ZAKARU YA

Location of Detainee After Leaving CSU ... EDGA WILK



# Home Office

## 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
D114	DPA	Unknown	J281570

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

*(To be completed by person authorising RFA)*

**D114** took a box of coffee from the top of an Aramark cage that was being taken to the shop. He admitted to taking this item which has been found in the centre. He has been placed on rule 40 in CSU room 002. This was done to maintain good order within the centre. Duty Director, Home Office, IMB, and Healthcare have been informed.

### 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
D Roffey Detainee Custody Manager	<b>SIGNATURE</b>	11/05/2017	12.55

**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)*

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




Detainee's Name

**D114**

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**RECORD OF ACTIONS AND OBSERVATIONS**

(Visits of SoS/Manager/Medical Practitioner)

Date	Time	Comments	Name Position	Signature
11/5/17	13:00	Arrived CSU RUC 40 For medical from Shop SEARCH INTO ROOM BY DCO 2 FALBROWN		 SIGNATURE
11/5/17	13:35	Chaplaincy visit. Mr <b>D114</b> is in bed, but not asleep, he had a chest white in the bed. let him know if he needs a prayer mat or anything else from Chaplaincy department, he said he ok for now, but he asked the officer if he may have a shower. B. Cobro		SIGNATURE
11/5/17	15:55	<b>D114</b> was laying in bed when I checked locks, bars and bolts he did say hello at this time no concerns DCO Asanchez		SIGNATURE
11/5/17	17:05	<b>D114</b> has been given Dinner no issue.	DCO Asanchez	
11/5/17	21:32	Asleep in bed, Laying on left hand side.	DCO B. Cobro	
11/5/17	22:29	Laying in bed looking at the door.	DCO B. Cobro	
11/5/17	22:30	Ø1 check no visible concerns breathing noted no visible issues raised	DCM W. London	SIGNATURE
11/5/17	23:28	Sat up when light turned on in bed, no concern	DCO B. Cobro	
12/5/17	00:29	Asleep in bed, movement of head when light turned on, no concerns.	DCO B. Cobro	



Detainee's Name:

**D114**

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

Date	Time	Comments	Name Position	Signature
12/5/11	01:00	Asleep in bed, no visible concerns	Dec P.O.	
12/5/11	02:05	Laying in bed under duvet, breathing movement not observed		
14/5/11	03:01	Appears asleep in bed, no concerns	Sq P.O.	
12/5/11	04:03	Laying in duvet, appears asleep, no concerns	Dec P.O.	
12/5/11	04:46	Laying in duvet, appeared asleep, no visible concerns raised	Dec P.O.	
12/5/11	05:40	Laying under duvet, on left hand side, saw toe movement	Sq P.O.	
12/5/11	06:37	Laying with left hand and leg out of duvet, movement noted, no concerns	Dec P.O.	
14/5/11	07:38	Laying under duvet, movement noted, no rising concerns	Dec P.O.	
07/11	08:01	Breakfast given	Dec P.O.	
11/5/11	08:57	Sitting on his bed, put his thumb up. Said "I am alright"	Rm D.D.	
12/5/11	09:00	Visit found was calm and it was decided he can return to his wing. No concerns about his return.	Dec P.O.	

**SIGNATURE**



Detainee's Name

**D114**

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

**illegible**

SIGNATURE

(Manager's discretion/ Medical grounds)

Reasons for Resumption (To include medical practitioner's comments/signature where appropriate)	Period of reflection + compliance.
Time/Date Resumed	1030 12/5/14
Authorised By	DALDIS
Signature	<div style="border: 1px dashed black; padding: 5px; display: inline-block;">SIGNATURE</div>

#### DOCUMENTATION

Copy to:	Received By	Time/Date
S of S	Copy Given	13.40 11/05/2017
Contractor	Copy Given	13.40 11/05/2017
Visiting Committee	Copy Given	13.40 11/05/2017
Medical Practitioner	Copy Given	13.40 11/05/2017
Religious Affairs Minister	Copy Given	13.40 11/05/2017
Detainee	Copy given by hand	13.40 11/05/2017

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

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

Details of Individual					
Full Name ( family name in capitals)		<b>D114</b>			
D.O.B	<b>DPA</b>	Nationality	Nationality currently Unknown	Sex	M

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.

MU **D114** took a box of coffee from the top of an Aramark cage that was being taken to the shop. He admitted to taking this item which has been found in the centre. He has been placed on rule 40 in CSU room 002. This was done to maintain good order within the centre. Duty Director, Home Office, IMB, and Healthcare have been informed.

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In the light of this:

- It is considered that the risk factors associated with this detainee may have increased/decreased\* in which case a new IS.91 should be issued.
- ☒ Consider whether a change of detention location is appropriate.

Signature	<b>SIGNATURE</b>	Print name:	Date:
		Dave Roffey	11/05/2017

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:
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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



# Removal from Association Initial Health Assessment

## Detainee Details

Name	<b>D114</b>	Cid Reference	<b>1289335</b>
Time of assessment	<b>14:16</b>	Date of Birth	<b>DPA</b>

## Initial screening

To be completed within two hours of a detainee being removed from association (DC rules 40 & 12). 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 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 acts of self harm OR Is the detainee currently taking any anti-psychotic medication?

Yes/No

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 separation at this time?			
YES	<input checked="" type="radio"/> NO	Delete as appropriate	
Signature	<b>SIGNATURE</b>	Name	<b>Donna Batchelor</b>
Grade		Time	<b>14:50</b>
		Date	<b>11/5/17</b>
Where necessary this form should be part of a multi-disciplinary review culminating in a care map for the individual			

### 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			



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 from association	Yes		NO	<input checked="" type="checkbox"/> Delete as appropriate
Duty Director Comments				
No concerns raised by healthcare.				
Signature	<b>SIGNATURE</b>		Name	D. HANCOCK
Grade	E1		Time	
Is a Care Map needed to mitigate Issues raised by Healthcare assessment				
Yes	<input checked="" type="checkbox"/>	NO	<input checked="" type="checkbox"/> Delete as appropriate	