

# DSO 02/2017 – Annex A



Home Office

Rule 40 (Removal from Association)

Rule 42 (Temporary confinement)

Immigration Removal Centre

1	Centre Name: Brook House
2	Log Number: BH/377/17

**IMAGE**

3	Last Name	D1892
4	Forename (s)	D1892
5	Date of Birth	DPA
6	Home Office ref:	
7	Port ref:	NEX/4909962
8	CID ref:	11335421

## Language/Comprehension of English

10	English – Ability to speak/understand	Good ✓	Some	None
11	First Language	Albanian		
12	Interpreter required	No		

## Member of staff opening form

13	Name (print)	Andrew Lyden
14	Signature	Signature
15	Company/Organisation	G4S
16	Date form opened	31/08/2017
17	Time	21:00

## Completing the form

This form must be used to record the justification for the decisions made and the details of all interactions with a detainee who has been located under temporary confinement (Rule 42) or removed from association (Rule 40) and any escalation/de-escalation between the two that results in the detainee being separated on a consecutive basis, i.e. without first returning to normal association.

If a detainee moves between Rule 40 and 42 without first returning to normal association this Annex A must continue to be used (it records the date of initial removal from normal association) but with a separate Annex B completed for each escalation/de-escalation. Annexes C – F must be completed as appropriate.

If a detainee returns to normal association and subsequently relocates under Rule 40 or 42, a new Annex A must be opened.

All applicable sections must be fully completed.

Each page/sheet must be dated.

Section numbers correspond with “recording points” in the DSO.	
Sections	Purpose/use
Annex B – Justification and Authorisation	To be completed as soon as a detainee is relocated under Rule 40/42. This form includes the justification and authorisation for use of Rule 40/42 and it records the notification to required parties. A new Annex B must be completed each time a detainee moves between Rule 40 and 42 without returning to normal association.
Annex C - Daily Activity Record and Monitoring Form	This is to be completed by the supplier manager and duty officers and is used to record all interactions/ observations to include: any changes in the agreed regime, any disruptive or escalated behaviour, comments or dialogue of significance.
Annex D - Daily Visitors Record	This is to record all interactions/comments/observations during the visits completed by the HOIE Manager, Healthcare, Chaplaincy and IMB.
Annex E - Multidisciplinary Review	This is conducted daily and records regime access and the rationale for continuing or closing Rule 40/42
Annex F - Care/Re-integration Plan	This is to be completed when the detainee is returned to normal association from other Rule 40 or 42.

## DSO 02/2017 - Annex B

### Justification and Authorisation for use of Rule 40 or 42

**A new Annex B must be completed each time a detainee is placed on Rule 40 or 42 or moves between Rule 40 and 42 without first returning to normal association**

#### Detainee Details

1	Full Name	D1892
2	Date of Birth	DPA
3	Nationality	Albanian
4	Port/CID ref:	NEX/4909962 11335421

5	Rule 40
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6	Date placed under Rule 40 / Rule 42	31/08/2017
7	Time placed under Rule 40 / Rule 42	21:00

8	Alternatives to Rule 40 that have been considered and tried or ruled out (these must be individually listed and explained):
<p>This move is required on information received from the security department and to maintain the safety and security of the centre.</p>	

9	Reasons for Rule 40 or Rule 42 and evidence relied on:
<p>Detainee <b>D1892</b> has been placed onto rule 40 due to information received from the security department at Brook House and is to maintain the safety and security of the centre.</p>	

**Authority for initial 24 hours Rule40/42 (HOIE Manager – EO or above, or HMPPS centre/duty manager)**

10	Full Name	P Gasson		
11	Grade	On Call Home Office Manager		
12	Organisation	Home Office		
13	Signature	PP P Gasson	A Lyden	<b>Signature</b>
14	Date	31/08/2017		
15	Time	18:00		
<b>HMPPS-Confirmation HOIE team notified</b>		Name of person notified:	Time of notification:	

**Authority for urgent Rule 40/42**

16	Full Name			
17	Grade			
18	Organisation			
19	Signature			
20	Date			
21	Time			
22	Confirmation HOIE team notified	Name of person notified:	Time of notification:	

**Detention Services Order 02/2017 Removal from Association and Temporary Confinement**

Reasons for removal explained in a language that is understood by the detainee:			
			Comments
23	Understanding confirmed  Detail in comments section any steps or adjustments made to ensure understanding	Yes	
24	Interpreter used	No	Name of interpreter
25	Written copy of reasons (box 9) provided to detainee (within 2 hours of removal)	Provide date and time in comments box	Yes 21:20 given by hand
26	Has detainee requested copy to be e-mailed/faxed to his/her legal representative?	No	Name of officer sending information and date/time sent
27	Has detainee made representations against relocation?	No	Name of officer sending information and date/time sent
	Has detainee asked for these to be faxed to his/her legal representative?	/No	Name of officer sending information and date/time sent and details of legal representative
28	Detainee on open ACDT		<p>If yes, log no:</p> <p>If yes, confirm that all other options have been considered in accordance with DSO 6/2008 before Rule 40/42 invoked <b>(and explain at box 9).</b></p> <p>If yes, confirm any further precautionary measures to be taken:</p>

**Notification that Rule 40/42 has been invoked. The following must be notified and details recorded:**

	Who (requirement in brackets)	Name and position of person notified	Method	Date & Time
29	Immigration Manager (without delay)	P Gasson	Email/telephone /in person	18:00 31/08/17
30	Duty supplier manager – when authorised by HOIE (without delay)	S Povey	Email/telephone /in person	18:00 31/08/17
31	Medical practitioner (without delay)	Grace	in person	18:55 31/08/17
32	IMB (without delay)	G Gajdatsy	telephone	18:55 31/08/17
33	Managers of religious affairs/chaplaincy (without delay)	Z Quyan	telephone	19:00 31/08/17
34	IS 91 Part C completed (within 2 hours) Home Office Case worker to be notified by HOIE in office hours		Email	21:30 31/08/17
35	Other (please specify)		Email/telephone /in person	

36	<p><b>Justification for Rule 40/42 beyond 24 hours</b> – Please also state here the period of the authority. This must not automatically be the maximum permitted (no authority can exceed 14 days (Rule 40) or 3 days (Rule 42))</p>

**Authority for continued Rule 40/42 Beyond 24 hours up to the maximum 14 days (Rule 40) or 3 days (Rule 42) (HOIE Manager at SEO level or above or HMPPS Deputy Director of Custody or his/her appointed deputy who is not an officer of the IRC)**

37	Full Name of person granting authority		
38	Grade		
39	Organisation		
40	Signature		
41	Date		
42	Time		
<b>HMPPS-Confirmation HOIE team notified</b>		Name of person notified:	Time of notification:

Reasons for ongoing removal explained in a language that is understood by the detainee:			Comments
43	Understanding confirmed Detail in comments section any steps or adjustments made to ensure understanding	Yes/No	
44	Interpreter used	Yes/No	Name of interpreter
45	Written copy of reasons (box 36) provided to detainee. Within 2 hours.	Yes/No	Time and date:
46	Has detainee requested copy to be faxed to his/her legal representative?	Yes/No	Name of officer sending information and date/time sent and details of legal representative
47	Has detainee made representations against ongoing relocation?	Yes/No	Name of officer sending information and date/time sent
	Has detainee asked for these to be faxed to his/her legal representative?	Yes/No	Details of legal representative:

**Rule 40/42 closed on Medical grounds**

To be completed if Removal from Association or Temporary Confinement is deemed unsuitable by medical practitioner

48	Reasons for closure (To include medical practitioner's comments and signature)	
<b>Medical practitioner's details:</b>		
49	Qualification/title	
50	Name (print)	
51	Signature	
52	Date	

**End of authorised period of Rule 40/42**

53	Outcome	Detainee <b>D1892</b> has left Brook House and transferred to HARMONSWORTH I.R.C.	
54	Escalated/De-escalated to Rule 40/42		Yes/No
55	Association resumed	Time 2100	Date 01.09.2017.
<b>Supplier/HMPPS Centre Manager/duty manager's details:</b>			
56	Name (print)	A. Hyde	
57	Signature	<b>Signature</b>	
58	Date	01.09.2017	
59	Time	2130	

ACDT opened whilst under Rule 40/42		
60	Opened	
61	Closed	
62	Log number	

Notification that Rule 40/42 has been closed. The following must be notified details recorded:				
	Who (requirement in brackets)	Name of person notified	Method	Date & Time
63	Immigration (without delay)	S. LEVETT	<del>Email/telephone</del> /in person	0730 2.9.17
65	Medical practitioner (without delay)	E. OMOKA	<del>Email/telephone</del> /in person	2200. 01.09.17
66	IMB (without delay)	G. Capatsy	Email/telephone /in person	08:45 2/9/17
67	Managers of religious affairs/(chaplaincy (without delay)	Z. Quayum	Email/telephone /in person	MESSAGE. 0020 2.9.17
68	IS 91 Part C completed (within 2 hours)  Home Office Case worker to be notified by HOIE in office hours	M. BARRIE Completed	<del>Email/telephone</del> /in person	0200 02.09.17
69	Other (please specify)	Duty Director D. HAUGHTON	<del>Email/telephone</del> /in person	2130 02.09.17

## DSO 02/2017 - Annex D

Daily Visitors Record (New form to be completed each day)

1	Date	01/09/17
2	Name	D1892
3	CID ref	11335421

4	<b>Home Office</b> - Comments (include reasons if answered no to any of the questions below)	
<p>Seen &amp; Spoken to <b>D1892</b>. He spoke at length with the DD re. the reasons of being put on RLO. Not happy with that and asked for proof. He has agreed to transfer, but not be kept in CSU. Told he will remain pending transfer out. Will be given access to fresh air &amp; TV. &amp; other facilities during lunch time.</p>		
5	Start time of visit	10:15 Am / <del>Pm</del>
6	End time of visit	10:30 Am / <del>Pm</del>
7	Room entered	<input checked="" type="radio"/> Yes / No
8	Direct Dialogue	<input checked="" type="radio"/> Yes / No
9	Interpreter used	Yes / <input checked="" type="radio"/> No
10	Confirmed understanding	<input checked="" type="radio"/> Yes / No
11	Name	HEENAXI PATEL
12	Position	FO
13	Signature	Signature

1/9/17

14	<b>Healthcare</b> - Comments (include reasons if answered no to any of the questions below)	
<p>Speaks English well.</p> <p>Room entered.</p> <p>Does not want to see Doctor or have any healthcare issues.</p> <p>Happy to move centres</p>		
15	Start time of visit	10-15 (Am) Pm
16	End time of visit	10-30 Am / Pm
17	Room entered	(Yes) No
18	Direct Dialogue	(Yes) No
19	Interpreter used	Yes (No)
20	Confirmed understanding	(Yes) / No
21	Name	K. Churcher
22	Position	S. Rmn
23	Signature	<b>Signature</b>

24	<b>Chaplaincy</b> - Comments (include reasons if answered no to any of the questions below)	
25	Start time of visit	Am / Pm
26	End time of visit	Am / Pm
27	Room entered	Yes / No
28	Direct Dialogue	Yes / No
29	Interpreter used	Yes / No
30	Confirmed understanding	Yes / No
31	Name	
32	Position	
33	Signature	

44 Other visitor (please state) - Comments (include reasons if answered no to any of the questions below)

Duty Director visit completed in room CSU/05.

Mr **D1892** is not happy with his rule 40 he feels disrespected.

The reasons for rule 40 were fully explained but he does dispute the information suggesting he is planning a riot.

Informed he will be transferring later today which we will comply with CGU regime to be offered.

45	Start time of visit	1015 Am / Pm
46	End time of visit	1030 Am / Pm
47	Room entered	<input checked="" type="checkbox"/> Yes / No
48	Direct Dialogue	<input checked="" type="checkbox"/> Yes / No
49	Interpreter used	Yes / <input checked="" type="checkbox"/> No
50	Confirmed understanding	<input checked="" type="checkbox"/> Yes / No
51	Name	D. Huanan
52	Position	Duty Director
53	Signature	<b>Signature</b>

# DSO 02/2017 - Annex E

Multidisciplinary team review record (New form to be completed each day)

1	Date	1/2/17
2	Name	D1892
3	CID ref	11375421

Attendees	Name	Signature
4 Detainee (if not in attendance, record the reasons in the comments box below)	Present	
5 HOIE Manager	H. Patel	Signature
6 Supplier Centre Manager	D. Haughan	Signature
7 Case Manager (if on open ACDT)		
8 Healthcare	K. Churcher	Signature
9 Others (please specify)	S. Haughan	Signature

Mandatory Regime – Make arrangements for fresh air and shower		
	Daily Regime Assessment	Yes / No and comment
10	Access to phone	YES If no, confirmation detainee can access legal adviser.
11	Toiletries	YES
12	Social visits	YES
13	Official visits	YES
14	Library book request	
15	Daily shop order	YES
16	Recreational facilities e.g. gym	Gym or lunch, courtyard access
17	Smoke breaks (if appropriate), access to lighter	N/A
18	TV	YES
19	Internet	Yes lunch & dinner

20	Other (eg education, arts and crafts, games). Please list:	Education visit daily, welfare visit,
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The detainee has been provided with details of elements of regime he/she will be able to access and any elements which are being restricted and provided with a written copy of this form

**Notified by:**

21	Name	H. TUCHTA
22	Date	01/09/17
23	Time	

24	<p><b>Comments:</b> to include reasons for continuation or ending of removal from association/temporary confinement, alternatives to removal from association/temporary confinement discussed and considered, any room adjustments, why regime restrictions are/remain in place, planning for return to association, association with others who are subject to Rule 40, and a staged return.</p>
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Access to restricted regime on CSU, transfers to be arranged for today. Should transfer not go ahead

Mr D1892 is to remain on Rule 40 until a transfer takes place. Mr

D1892 has been linked to a planned discipline incident at Brook House and has been reportedly encouraging others to join his cause.

# DSO 02/2017 - Annex F

## Care and Re-Integration Plan

To be completed when a detainee is returned to association:

1	Is an ACDT needed (if yes open immediately)	Yes / No
2	if yes ACDT log No	

- Identify immediate risks, behaviours, triggers and potential coping strategies.
- Room sharing risk assessment.
- Encourage detainee to take regular food and drink, encourage contact with family, friends, legal advice etc.
- Make detainee aware of support available (welfare, chaplaincy, local immigration team etc.).

No	Issues identified requiring support	Support required	Signed / dated	Date completed

Detention Services Order 02/2017 Removal from Association and Temporary Confinement

# DSO 02/2017 - Annex C

## Daily Activity Record and Monitoring

1	Date	01.09.17
2	Name	D1892
3	CID ref	1133421

### Record of Actions and Observations

This is to be completed by the supplier manager and duty officers and must be used to record all interactions/ observations and monitoring. It must include, but is not limited to, any changes in the agreed regime, any disruptive or escalated behaviour, interactions (other than visits recorded at Annex D), comments or dialogue of significance. Continuation sheet(s) must include the detainee's name and CID reference and be dated.

Time	Actions/Observations/Comments	Name (printed) and position	Signature
12.20	Given lunch. —	DCO A O'CONNOR	Signature
1600	GIVEN COURT/AS TIME. —	DCO A. SIMS	Signature
1720	GIVEN DINNER. —	DCO SIMS	Signature
1930	SPOKE TO BY DCM TOMSETT. TOLD		
	TRANSFERRED FOR CENTRAL MOVE WOULD		
	BE IN APPROX 1 HOUR —	DCO SIMS	Signature

## DSO 02/2017 - Annex C

## Daily Activity Record and Monitoring

1	Date	6/10/17
2	Name	D1892
3	CID ref	1133421

## Record of Actions and Observations

This is to be completed by the supplier manager and duty officers and must be used to record all interactions/ observations and monitoring. It must include, but is not limited to, any changes in the agreed regime, any disruptive or escalated behaviour, interactions (other than visits recorded at Annex D), comments or dialogue of significance. Continuation sheet(s) must include the detainee's name and CID reference and be dated.

Time	Actions/Observations/Comments	Name (printed) and position	Signature
0200	LAYING ON RIGHT SIDE, MOVEMENT —	DCO G CROUCHER	Signature
0300	LAYING ON RIGHT SIDE, MOVEMENT NOTED.	DCO G CROUCHER	Signature
0400	LAYING ON BACK, MOVEMENT NOTED.	DCO G CROUCHER	Signature
0507	LAYING ON RIGHT SIDE, MOVEMENT.	DCO G CROUCHER	Signature
0608	LAYING UNDER COVER, MOVEMENT.	DCO G CROUCHER	Signature
0704	LAYING UNDER COVER, MOVEMENT.	DCO G CROUCHER	Signature
0800	GIVEN BREAKFAST. —	DCO Smy	Signature
0850	ASKED FOR ALIGHT, GIVEN —	DCO Smy	Signature
1020	Rule 40 review conducted in room.	Havatta	Signature
1110	ALLOWED ACCESS TO COURT/YARD + SHOWER	Smy	Signature

## DSO 02/2017 - Annex C

## Daily Activity Record and Monitoring

1	Date	B1/8/17
2	Name	D1892
3	CID ref	1133421

## Record of Actions and Observations

This is to be completed by the supplier manager and duty officers and must be used to record all interactions/ observations and monitoring. It must include, but is not limited to, any changes in the agreed regime, any disruptive or escalated behaviour, interactions (other than visits recorded at Annex D), comments or dialogue of significance. Continuation sheet(s) must include the detainee's name and CID reference and be dated.

Time	Actions/Observations/Comments	Name (printed) and position	Signature
2130	located in CSU 5 on rule 40. SEARCH BY DCO CROUCHER	DCO G CROUCHER	Signature
2200	GIVEN TABACCO AND SPOKE TO THE NIGHT OFFICER	DCO G CROUCHER	Signature
2200	Spoken to D1892 & given him rule 40 paperwork.	DCM DAVID	Signature
2300	TALKING TO CSU 2 THROUGH HIS DOOR	DCO G CROUCHER	Signature
0000	GIVEN UNOPENED BOTTLE OF WATER FROM ROOM CLEANER	DCO G CROUCHER	Signature
0100	Requested Paracetamol, given by DCO CROUCHER	DCO T. McMANUS	Signature

# Removal from Association Initial Health Assessment

## Detainee Details

Name	D1892	Old Reference	11335421
Time of assessment	00:00	Date of Birth	DPA

## Initial screening

To be completed within two hours of a detainee being removed from association (OC rules 40 & 42). If no Registered nurse or Duty doctor available to complete within two hours of 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? 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?	
Signature	Delete as appropriate
Grade	Name
	Time
Where necessary this form should be part of a multi-disciplinary review culminating in a care map for the individual	

Signature: *[Signature]* Name: L. MCGONIGALL  
 Grade: *RCN* Time: 00:00 at 3/18/17