



Care and Separation- DCF 1

DC RULE 40

Log Number BH/183/17

Surname	D720
Forename	D720
Nationality	Grenada
Port Ref No	121173902
CID Ref No	7720436

Other Information

Date Located into IR40... 26/4/17...

Date removed from R40 ... 27/04/17

Time Located into IR40... 13-40

Time removed from R40 ... 11:50

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

Initial Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	13-30	D Roffey	D Maughan
Duty Home Office Informed	15-10	D Roffey	M Patel
Duty IMB Informed	15-10	D Roffey	E Marshwick Message
Medical Informed	15-00	D Roffey	M Wells
Religious Affairs Informed	15-30	D Roffey	Message left

Has Detainee Packed his own Property Yes ☒ No

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

New Location of Detainee Property ... Reception

Closing Notifications	Time	Oscar 1 or DCM Name	Name of Person Contacted
Duty Director Informed	10-30	D Roffey	M Brown
Duty UKBA Informed	10-30	D Roffey	M Patel
Duty IMB Informed	14-00	D Roffey	E Marshwick
Medical Informed	14-00	D Roffey	Batchelor
Religious Affairs Informed	14-00	D Roffey	Z Guyan

Location of Detainee After Leaving CSU ... EDSN wing

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
D720	DPA	<i>Grenada</i>	R1173902

REASONS FOR REMOVAL FROM ASSOCIATION (RFA)*

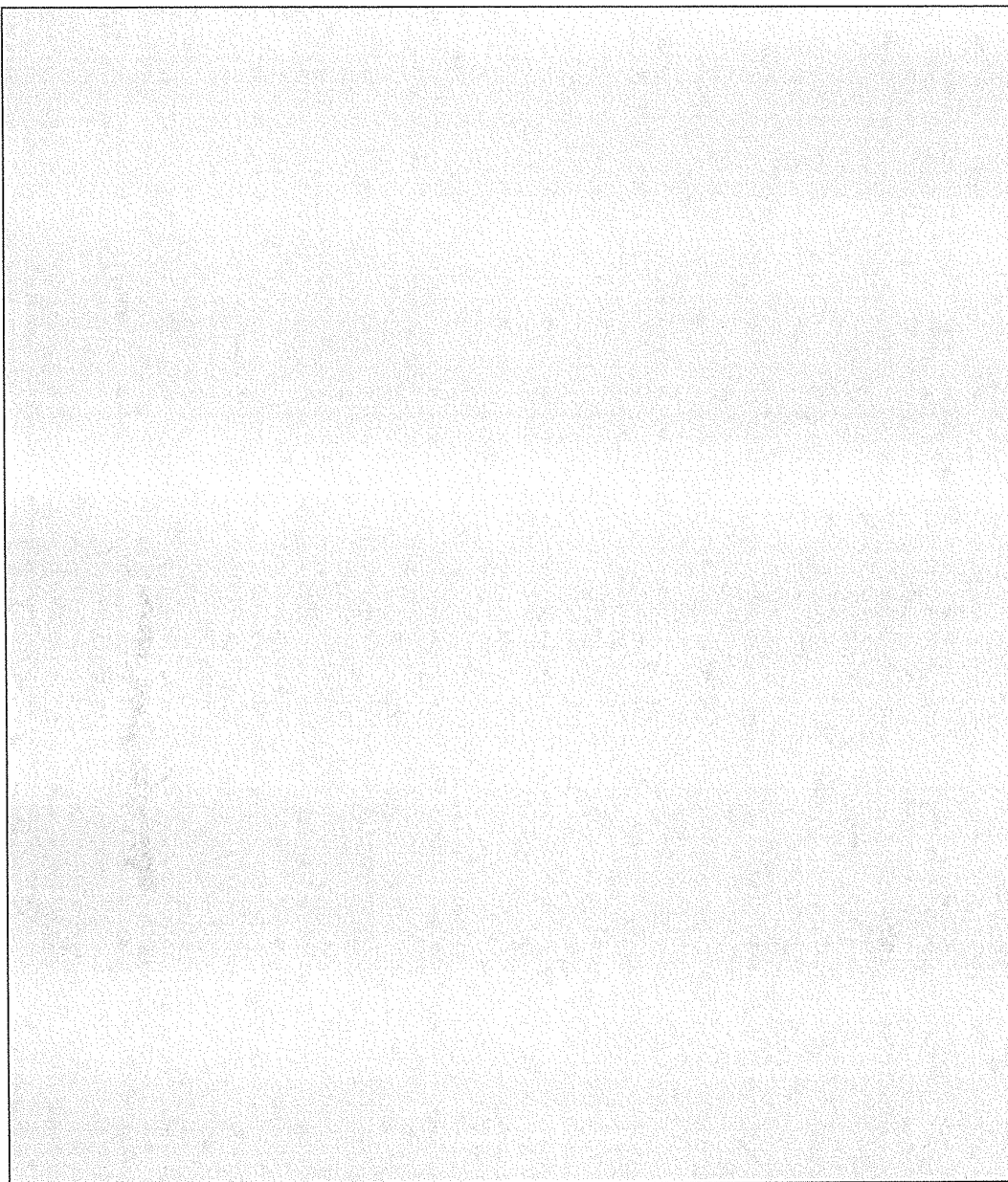
(To be completed by person authorising RFA)

Mr **D720** was involved in a disruption on Dove Wing. He was moved to Eden wing while investigations took place and became disruptive on Eden wing he was moved to CSU room 003 and placed on rule 40 for the safety and security of the centre. 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 (<i>Name/Grade</i>)	Signature of person authorising RFA	Date RFA authorised	Time RFA authorised
D Roffey Detainee Custody Manager	Signature	26/04/2017	13.40

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



IS.91RA Part C: Supplementary Information to IS.91 RA Part A

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

Details of Individual					
Full Name	D720				
D.O.B	DPA	Nationality	Afghanistan	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.

Mr D720 has been placed on rule 40 for his involvement in disruption on Dove wing at brook house. Duty Director, Home office, Imb aware.

Will this individual comply with removals directions? Unknown
If no please provide additional information.

In the light of this:

- It is considered that the risk factors associated with this detainee may have increased in which case a new IS.91 should be issued.
- You may also wish to consider whether a change of detention location is appropriate.

Signed: Signature _____ Print name: D Roffey _____ Date: 26.04.17 _____

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: _____

Signature to be at EO level.

Distribution: By DEPMU following consideration of changes in risk factors.

- DEPMU
- Detention Location (HO and Contractors/Prison Service)
- Home Office/Unit dealing with case

Detainee's Name

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

Date	Time	Comments	Name Position	Signature
26/4	1340	Arrived into CSU being verbally and physically aggressive towards staff and detainees. Searched by officer Ruddy.	Ruddy	Signature
26/4/17	2120	Lying in B3 Awake	Ruddy	Signature
26/4/17	2117	Talking on phone, sitting on bed	Ruddy	Signature
26/4/17	2313	Sitting up in bed	Ruddy	Signature
27/4/2000	08	Laying on right side	Ruddy	Signature
27/4	0105	Laying under duvet	Ruddy	Signature
27/4/17	0200	Lying under duvet. MATTRESS NOTED	Ruddy	Signature
27/4/17	0255	Lying in B3 - SLEEPING (Lying on back)	Ruddy	Signature
27/4	0350	Laying under duvet, appears asleep	Ruddy	Signature
27/4/17	0445	Lying in B3 - BREATHING SEEN	Ruddy	Signature
27/4/17	0540	Lying in bed, appear asleep	Ruddy	Signature
27/4/17	0635	Lying in B3 - BREATHING SEEN	Ruddy	Signature
27/4/17	0730	Lying in the B3 - BREATHING SEEN	Ruddy	Signature
22/4/17	0820	Given Baclofen	Ruddy	Signature
27/4/17	1000	D720 asked what time the Managers were coming down to see him, I said soon.	Ruddy	Signature
27/4	1020	Seen by H.O. He admitted to the remarks he made and prepared to apologise & make up with one of the detainees who was involved.	Ruddy	Signature

D720

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RECORD OF ACTIONS AND OBSERVATIONS

(Visits of SofS/Manager/Medical Practitioner)

[illegible]

Removal from Association Initial Health Assessment

Detainee Details

Name	D720	Cid Reference	CSU03
Time of assessment	1340	Date of Birth	7721436
			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 ☒ 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 ☒ No

Does the detainee show signs of being acutely unwell (e.g. Psychotic/withdrawal from drugs/ significant injury) at the present time? Yes/No ☒ No

Do you think the detainee will be able to cope with a period of removal from association? Yes/No ☒ No

Do you think the detainee's mental health will deteriorate from being removed from association? Yes/No ☒ No

Health Assessment

Following the above screening are there any clinical reasons to advise against removal from separation at this time?			
YES	NO	Delete as appropriate	
Signature	Signature	Name	Date
Grade	Grade	Time	26/04/1
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	<input checked="" type="radio"/> Yes	<input type="radio"/> NO	Delete as appropriate	
Duty Director Comments				
<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>				
Signature	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>		Name	<i>Ref/14</i>
Grade	<i>DCM</i>		Time	<i>17:32</i>
Is a Care Map needed to mitigate Issues raised by Healthcare assessment			Date	<i>26/4</i>
Yes	<input type="radio"/>	NO	<input type="radio"/>	Delete as appropriate

Brookhouse, IRC

Surname: **D720** First Names: **D720**
CID Ref: **7720436** Date of Birth: **DPA**

Time and date of incident: 13:25 26/04/17

Place of incident: Dinning

Incident reported by: J. J. J.

Incident Witnessed by: J. J. J.

Nature of injury: ALLEGATION

1. Name of the person who reported the incident: _____

2. Date of the incident: _____

3. Time of the incident: _____

4. Location of the incident: _____

5. Description of the incident: _____

6. Name of the person who was involved in the incident: _____

7. Name of the person who was injured: _____

8. Name of the person who was killed: _____

9. Name of the person who was arrested: _____

10. Name of the person who was charged: _____

11. Name of the person who was convicted: _____

12. Name of the person who was sentenced: _____

13. Name of the person who was released: _____

14. Name of the person who was deported: _____

15. Name of the person who was extradited: _____

16. Name of the person who was repatriated: _____

17. Name of the person who was resettled: _____

18. Name of the person who was granted asylum: _____

19. Name of the person who was granted refugee status: _____

20. Name of the person who was granted temporary protection: _____

21. Name of the person who was granted humanitarian protection: _____

22. Name of the person who was granted subsidiary protection: _____

23. Name of the person who was granted international protection: _____

24. Name of the person who was granted national protection: _____

25. Name of the person who was granted local protection: _____

26. Name of the person who was granted regional protection: _____

27. Name of the person who was granted global protection: _____

28. Name of the person who was granted universal protection: _____

29. Name of the person who was granted worldwide protection: _____

30. Name of the person who was granted everywhere protection: _____

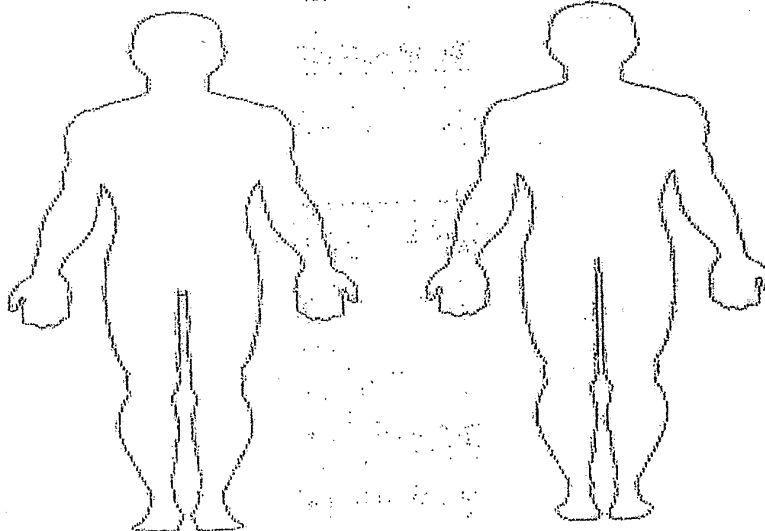
Version 02

OFFICIAL - SENSITIVE

Section 3 Healthcare's report (To be completed by medical staff)

Time and date of examination... 26/04/17 1338

Report: SEEN IN ESU - DID NOT WIS 1. TO
SEE HEALTHCARE - STATES NO PHYSICAL
HEALTH ISSUES



Front of Body

Back of Body

Healthcare:

Medical Staff - Name: [Signature]

(Block cap)


Signature:

Signature

Date:

26/04/17

(Manager's discretion/ Medical grounds)

Reasons for Resumption (To include medical practitioner's comments/ signature where appropriate)	Mn D720 has been removed from Rule 40 and will now go to Eden unity
Time/Date Resumed	11.50 27/4/17
Authorised By	
Signature	Signature

DOCUMENTATION

Copy to:	Received By	Time/Date
S of S	Copy Given	1515 26.04.2017
Contractor	Copy Given	1515 26.04.2017
Visiting Committee	Copy Given	1515 26.04.2017
Medical Practitioner	Copy Given	1515 26.04.2017
Religious Affairs Minister	Copy Given	1515 26.04.2017
Detainee	Copy given by hand	1515 26.04.2017

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