



Use of Force – DCF 2

DC RULE 41

The date on which force was used 10/7/2017

Log Number 1194/17

Time Use of Force Commenced 09:20 hrs Time Use of Force Completed 09:25 hrs

Detainees' details

Surname	D2830
Forename(s)	D2830
Nationality	<u>POLAND</u>
Port Ref	
CID Ref	<u>12298989</u>

Were ratchet handcuffs used?	Yes	No <input checked="" type="checkbox"/>
------------------------------	-----	--

The time that ratchet handcuffs were applied?	
The time that ratchet handcuffs were removed?	

Hand held camcorder	used?	Yes	No
Body worn camera	used?	Yes	No

Reason for force being used

Tick

PS	Prevent Self Harm		Force used, was it?	Planned	Unplanned
MG	Maintain Good Order and Discipline	<input checked="" type="checkbox"/>	Did a member of healthcare attend to the detainee	During incident	After incident <input checked="" type="checkbox"/>
PY	Protect Yourself		Is the detainee on ACDT / PEEP/Raised Concerns / other? Specify ()		
PA	Protect a Third Party		Room Clearance and certification completed?	Yes	No
PD	Prevent Damage to Center Property		Location of incident?	<u>EDEN WING</u>	
PE	Prevent Escape		Detainee relocated too?	<u>CSU</u>	

	Time Informed	Your Name / Position	Name of Person that you Contacted?
Duty Director Informed		<u>S WEBB</u>	<u>SARA EDWARDS</u>
Home Office informed		<u>S WEBB</u>	<u>SIMON LEVETT</u>
Healthcare Informed		<u>S WEBB</u>	<u>AMAZNATH PERSAUD</u>
IMB Informed		<u>S WEBB</u>	<u>LOUISE GLENNIE</u>
Care Team Informed		<u>S WEBB</u>	<u>ZEESEAN QAYAM</u>

Search Conducted on arrival to unit by: (Name / Position)

New Location of the detainees PROPERTY?



USE OF FORCE REPORT FORM – DCF 02

TO BE COMPLETED BY THE SUPERVISING OFFICER IN CHARGE AT THE SCENE OF THE INCIDENT

LOCAL REFERENCE NUMBER: ~~497/17~~ 174/17

ESTABLISHMENT: ...Brook House

INCIDENT DETAILS

Date: 10/07/2017

Time: 09:20

DETAINEE DETAILS

CID Number: 12298989	Surname: D2830	Forename(s): D2830
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Nationality: Gambia	The Use of Force was: Planned <input type="checkbox"/> Unplanned <input checked="" type="checkbox"/>	Age group (please circle): Adult (age) Minor (age)

STAFF INVOLVED

List below the grade / work area (i.e. Care & Separation Unit) and names of all the officers involved in the use of force incident

Grade	Surname	Forename(s)	Work Area
DCM	Webb	Steve	A & E wing
DCO	Francis	Charlie	E Wing

LOCATION OF INCIDENT

Wing	<input checked="" type="checkbox"/>	Education/Multi-Faith Area
Own Room	<input type="checkbox"/>	Visits
Care & Separation Unit	<input type="checkbox"/>	Association Area (please specify below)
Other (please specify)		



EVENTS LEADING UP TO THE INCIDENT		THE CIRCUMSTANCES WHY FORCE WAS USED	
None known		Preventing injury to oneself	
Searches (Room/A/B/Full)		Preventing self-harm	
IEP down grade		Preventing injury to a third party	
Failure to comply with removal		Preventing damage to property	
Fight with another detainee		Preventing an escape / abscond	
Serving of removal directions (RDs)		Other (please specify below)	
Assault on a member of staff		
Assault on another detainee		
Non-compliance	X	
Home Office interview		
Court appearance		
Video-link hearing		
Moving to another centre/unit/prison		
Others (please specify below)		
.....		
.....		
.....		
.....		
TYPE OF FORCE USED			
Verbal reasoning used to de-escalate the situation initially and/or during the incident?			
Yes X No <input type="checkbox"/>			
(Please expand with details in Annex A)			

Were Personal Safety Techniques Used?	<input type="checkbox"/>	Were C&R Techniques Used?	<input type="checkbox"/>	Were MMPR Techniques Used?	<input type="checkbox"/>
Defensive Options	<input type="checkbox"/>	Guiding Hold	X	Figure Four Arm Hold	<input type="checkbox"/>
Push	<input type="checkbox"/>	Isolating the Arm	<input type="checkbox"/>	Head Support	<input type="checkbox"/>
Knee Strike	<input type="checkbox"/>	Arm Hold/Lock	<input type="checkbox"/>	Mandibular Angle	<input type="checkbox"/>
Kick	<input type="checkbox"/>	Wrist Flexion/Lock	<input type="checkbox"/>	Detainee – Prone	<input type="checkbox"/>
Punch	<input type="checkbox"/>	Thumb Flexion/Lock	<input type="checkbox"/>	Detainee – Supine	<input type="checkbox"/>
		Inverted Wrist Hold	<input type="checkbox"/>	Detainee – Seated	<input type="checkbox"/>
				Restraint Recovery	<input type="checkbox"/>

Were handcuffs applied?		Yes <input type="checkbox"/>	No X
The time applied:.....			
The time removed:.....			
The duration applied:.....			
Name of the person(s) checking the application and that the handcuffs were double locked:			
.....			
Name of the Supervising Officer:			
(Provide reasoning in the Annex A)			
Was a Baton drawn?		Yes <input type="checkbox"/>	No X
If so, was it used?		Yes <input type="checkbox"/>	No X



The Use of Force was authorised by (Supervising Officer):

Name..... S Webb.....

Grade.....DCM.....

Reason(s).....Incident on the wing with another detainee. To keep good order of the establishment

RELOCATION

The detainee was relocated to:

Type of relocation required:

Own Room		Compliant	
Care & Separation Unit	X	Passively Resistant	
Special Accommodation		Actively Resistant	
Other (please specify below)		Other (please specify below)	
.....		
.....		
.....		
.....		

If relocated to Special Accommodation, complete the relevant form.

Authorised by:.....

Grade:.....



ANNEX A USE OF FORCE

Local
Reference No.

174/17

STAFF STATEMENT

ESTABLISHMENT:.....Brook House.....IRC

DATE.....10/07/2017.....

DETAINEE

NAME... D2830

CID NUMBER...12298989

OFFICER

NAME.....Steve Webb.....

GRADE.....DCM.....

The use of force must only be used when it is:

Reasonable in the circumstance**An absolute necessity****No more force than necessary****Proportionate to the seriousness of the situation**

Your statement must set out what happened; give details of your part in the use of force, any restraints/locks you applied and how the incident was finally resolved. It must give details of who authorised the use of force, as well as attempts made to de-escalate throughout the incident.

Your statement must be completed independently of other staff involved in the incident.

If C&R or MMPR was used, please tick your primary role:

Supervising Officer ☐
Head / Number 1 ☐
Right arm ☒
Left arm ☐
Leg Officer ☐

Have you been C&R basic refreshed in the last 12 months?
Yes X No ☐



The Type of Force Used:

Were Personal Safety Techniques Used?	<input type="checkbox"/>	Were C&R Techniques Used?	X	Were MMRP Techniques Used?	<input type="checkbox"/>
Defensive Options	<input type="checkbox"/>	Guiding Hold	X	Figure Four Arm Hold	<input type="checkbox"/>
Push	<input type="checkbox"/>	Isolating the Arm	<input type="checkbox"/>	Head Support	<input type="checkbox"/>
Knee Strike	<input type="checkbox"/>	Arm Hold/Lock	<input type="checkbox"/>	Mandibular Angle	<input type="checkbox"/>
Kick	<input type="checkbox"/>	Wrist Flexion/Lock	<input type="checkbox"/>	Detainee – Prone	<input type="checkbox"/>
Punch	<input type="checkbox"/>	Thumb Flexion/Lock	<input type="checkbox"/>	Detainee – Supine	<input type="checkbox"/>
		Inverted Wrist Hold	<input type="checkbox"/>	Detainee – Seated	<input type="checkbox"/>
				Restraint Recovery	<input type="checkbox"/>
Were any additional restraints used?		<input type="checkbox"/>	Who authorised their use?		
Hand Cuffs		<input type="checkbox"/>			
Baton		<input type="checkbox"/>			

Please provide as much detail as possible below, including:

Before the incident (i.e. what led to the incident, any de-escalation techniques used), during the incident (i.e. what types of force were employed and why), and after the incident (i.e. where the detainee(s) were relocated to and any injuries sustained).

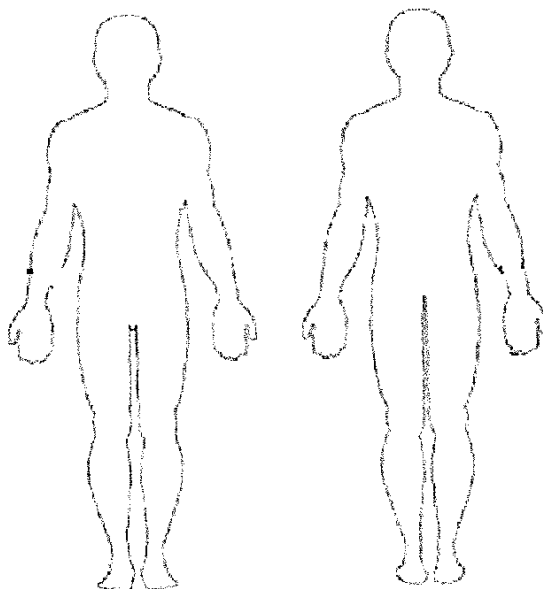
I Steve Webb Have been a DCO for 6 years and have been a DCM for 9 months. I have been working at Brook House for 11 months as a Residential Manager in charge of Arun and Eden wings. I was entering Eden wing and made my way to the wing office, there was detainee [D2830] standing outside the off shouting the he was hungry and wanted some food, Duty Director Sara Edwards and officer Charlie Francis were sitting in the office, explaining to [D2830] that breakfast was over and he would have to wait till lunch, with this he was not happy and came into the office. Next to the computer screen was a can of Red Bull, detainee [D2830] then picked it up and said if I can't have food I will have this, I asked DCO Francis if that was his drink and he said no, but he should not have it, DCO Francis then told [D2830] to put the drink down, [D2830] then walked out of the office and said he would drink it then put the can up to his mouth, DCO Francis then again said to [D2830] to put the drink down as it was not his, [D2830] then drank out of the can, at that point Sara Edwards said she wants him put on Rule 40 and moved next door to the Care and Separation Unit, I then moved towards [D2830] and said the he needs to follow me, he started to follow and as we got next to the pool table he then turned and slid himself under the pool table, both myself and DCO Francis asked [D2830] to come out from underneath the pool table which he did not, we then made moves to assist him out from under the pool table, he then rolled out and stood up at this point I took hold of [D2830] arm in the Guiding hold position, and informed him that he needed to come with me and not to struggle. DCO Francis took hold of [D2830] other arm. When we arrived at the CSU gate I took hold of both of [D2830] arms and secured them the best way I could while DCO Francis opened the gate, once through the gate, verbal reasoning was used and we explained to [D2830] that he needed to be searched and needed to enter CSU room 5, he was not happy to do this and stated to struggle, after thye search he was asked to enter the room, he refused to move and again was asked to enter the room or we would have to assist him into the room, he again did not move and the decision was made to assist him in so Guiding hold was used to walk [D2830] into the room. Once in the room he made moves to leave the room so a defensive push was made to make a gape so DCO Francis and myself could exit the room and close the door. The door was closed and [D2830] was monitored for a short time after till healthcare came and assessed him. this end my report S Webb



Please draw a circle around the part of the body that you held, supported, controlled or applied pressure to during the incident.

Front of body

Back of body



CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct

Signed

Signature

Name

S. Webb

(BLOCK CAPITALS)

Date

10-7-17

*This form must now be passed to the Supervising Officer.

**INJURIES SUSTAINED & HEALTHCARE INVOLVEMENT**

Was a member of Healthcare present throughout the incident (Doctor, Registered Nurse or Healthcare)? Yes ☐ No ☒

Name.....

Grade.....

An F213 or equivalent form (private sector) was completed by:

Name...D Dowd.....

Grade.....RGN.....

Did the detainee sustain any injuries at the time? (If so, please provide details on the F213 or equivalent form) Yes ☐ No ☒

Did the detainee require outside hospitalisation at the time? Yes ☐ No ☒

Name of Healthcare member.....

Grade.....

Did a member of staff require medical attention at the time? Yes ☐ No ☒

Name.....

Grade.....

Treatment was provided:

By the centres healthcare staff (internally) ☐ By an outside hospital (externally) ☐

NOTE:

AN F213 (or equivalent form) MUST BE COMPLETED ON ALL DETAINEES, EVEN IF THEY APPEAR NOT TO HAVE SUSTAINED ANY INJURIES. A COPY OF THE F213 MUST BE ATTACHED TO THIS FORM. THIS FORM SHOULD THEN BE PLACED IN THE USE OF FORCE INCIDENT FILE. ANY INJURIES SUSTAINED BY STAFF MUST BE ENTERED IN THE ACCIDENT BOOK.

**EVIDENCE**

	Yes	No
Was the clothing bagged and tagged?	<input type="checkbox"/>	<input type="checkbox"/>
Were any photographs taken?	<input type="checkbox"/>	X
Was the incident video recorded?	<input type="checkbox"/>	<input type="checkbox"/>
Was a Body Worn Camera Used?	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct and that I have completed Annex A "Use of Force – Officer's Statement."

Signed: **Signature**

Name..... Steve Webb

(BLOCK CAPITALS)

Date... 27/04/2017

*This form must now be passed to the Duty Operations Manager on duty.

ORDERLY OFFICER / DUTY OPERATIONS MANAGER (to complete):

I confirm that I have:

Logged this Use of Force in the log book,

Put a copy in the detainee's core record,

Stored the original copy securely,

Informed the Duty Governor / Duty Director and/or Home Office Manager

I also confirm that all officers involved in the Use of Force have completed Annex A "Use of Force – Officer's Statement."

Signed.....

Name.....

(BLOCK CAPITALS)

Grade.....

Date.....



ANNEX A USE OF FORCE

Local
Reference No.

174/17

STAFF STATEMENT

ESTABLISHMENT

Brook House IRC

DATE: 10/7/14

DETAINEE : D2830

CID NUMBER : 12298989

OFFICER

NAME: CHARLES FRANCIS

GRADE: Detainee custody officer (DCO)

The use of force must only be used when it is:

Reasonable in the circumstance**An absolute necessity****No more force than necessary****Proportionate to the seriousness of the situation**

Your statement must set out what happened; give details of your part in the use of force, Any restraints/locks you applied and how the incident was finally resolved. It must give details of who authorised the use of force, as well as attempts made to de-escalate Throughout the incident.

Your statement must be completed independently of other staff involved in the incident.

If C&R or MMRP was used, please tick your primary role:

Supervising Officer

Head / Number ☐Right arm ☐Left arm ☐Leg Officer ☐

Have you been C&R basic refreshed in the last 12 months?

Yes ☒ No ☐

Have you been attended an MMRP refresher in the last 6

Yes ☐ No ☐

The Type of Force Used:

Were Personal
Safety Techniques
Used?

☐

Were C&R
Techniques Used?

x

Were MMRP
Techniques Used?

☐



Defensive Options	<input type="checkbox"/>	Guiding Hold	<input type="checkbox"/>	Figure Four Arm Hold	<input type="checkbox"/>
Push	<input checked="" type="checkbox"/>	Isolating the Arm	<input type="checkbox"/>	Head Support	<input type="checkbox"/>
Knee Strike	<input type="checkbox"/>	Arm Hold/Lock	<input checked="" type="checkbox"/>	Mandibular Angle	<input type="checkbox"/>
Kick	<input type="checkbox"/>	Wrist Flexion/Lock	<input type="checkbox"/>	Detainee – Prone	<input type="checkbox"/>
Punch	<input type="checkbox"/>	Thumb Flexion/Lock	<input type="checkbox"/>	Detainee – Supine	<input type="checkbox"/>
		Inverted Wrist Hold	<input type="checkbox"/>	Detainee – Seated	<input type="checkbox"/>
				Restraint Recovery	<input type="checkbox"/>
Were any additional restraints used?		Who authorised their use?			
Hand Cuffs					
Baton					

Please provide as much detail as possible below, including:

Before the incident (i.e. what led to the incident, any de-escalation techniques used), during the incident (i.e. what types of force were employed and why), and after the incident (i.e. where the detainee(s) were relocated to and any injuries sustained).

I DETAINEE CUSTODY OFFICER (DCO) CHARLES FRANCIS HAVE BEEN EMPLOYED AT BROOKHOUSE IRC GATWICK PERIMETER ROAD SOUTH GATWICK AIRPORT GATWICK. SINCE 2011. I BECAME A DCO IN 2014. I HAVE BEEN WORKING ON EDEN WING, CARE AND SEPARATION UNIT FOR THE LAST 3 YEARS. ON THE 10th JULY 2017 AT APPROXIMATELY 09:45 DETAINEE D2830 CAME INTO OFFICE AND DEMANDED BREAKFAST HE WAS TOLD THAT BREAKFAST HAD FINISHED AT THIS POINT HE GRAB A CAN OF REDBULL WHICH WAS ON THE OFFICE DESK, I TOLD HIM TO PUT IT DOWN and leave the office HE RAN OUT OF THE OFFICE onto the wing as I went to retrieve the can of REDBULL WITH DCM D WEBB THE DUTY DIRECTOR SARA EDWARDS SAID TAKE HIM TO THE CARE AND SEPARATION UNIT. AS MYSELF AND DCM S WEBB WENT TO ESCORT HIM TO THE UNIT HE RAN AND HIDE UNDER THE POOL TABLE WHEN DCM S WEBB WENT TO GET HOLD OF HIM HE ROLLED OUT AND GOT UP AND RAN TOWARDS THE CARE AND SEPARATION DOOR WHERE DCM WEBB AND

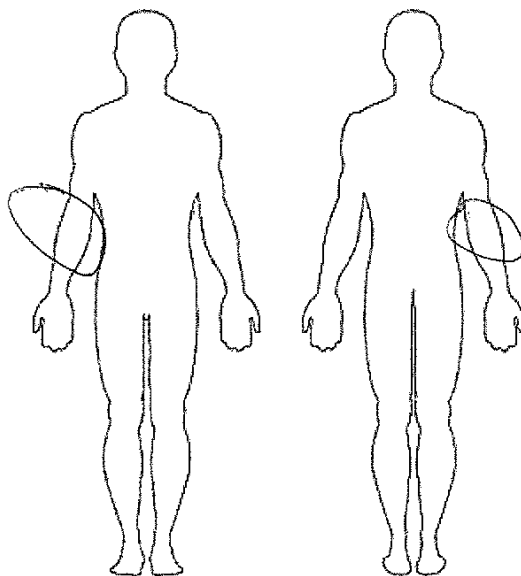


I TOOK HOLD OF HIM, I TOOK HOLD OF HIS RIGHT ARM AND DCM S WEBB TOOK HOLD OF HIS LEFT ARM AND WE ESCORTED HIM THROUGH TO CSU, ONCE THERE I SEARCHED HIM. AS WE PLACED HIM INTO THE ROOM HE GRAB HOLD OF THE DOOR. NOT ALLOWING US TO CLOSE THE DOOR, I REMOVED HIS HANDS FROM THE DOOR AND GAVE HIM A DEFENSIVE PUSH TO CREATE SPACE SO HE COULD EXIT THE ROOM. THIS ENDS MY REPORT.

Signature



Please draw a circle around the part of the body that you held, supported, controlled or applied pressure to during the incident.



Front of body

Back of body

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct

Signed

Signature

Name (BLOCK CAPITALS) CHARLES FRANKLIN

Date 10/7/14

*This form must now be passed to the Supervising Officer.

B/218



Detainee: De Brief

A detainee who has been subjected to a use of force must be visited by a member of staff within 24 hours.

On (date) 10/7/17 at (time) 0900 hrs, you (detainee name) D2830

Were subjected to use of force, the reason for this was due to:

Taking staff items from the office, attempted to hide under the pool table + picking up a potential ^{response} in an aggressive manner towards staff.

What led to this incident?

Detainee stated he was hungry as he missed breakfast.

What other ways could the detainee have expressed themselves?

By calmly speaking to DCO/DCM with issue/concern.
Not becoming aggressive + respecting others.

Is there anything we can do to support you in future, to prevent a reoccurrence?

(Detainees response, below)

No

Detainee (name) D2830 do you understand the reason for the action which was taken against you? Yes/No

"We aim to promote a safe and secure environment which identifies and meets the needs of all those in the care of either of the Gatwick Immigration Removal Centres. Gatwick IRC's operates a zero tolerance policy when dealing with all incidents of anti-social behaviour, bullying or violence"

Staff Member: Name D BRACKENRIDGE Signature Signature 11/7/17

Detainee: Name _____ Signature _____

If the detainee refuses to sign this document, then it must be counter signed

Name /Grade Dco Luke INSTONE-BREWER Signature Signature