Gatwick IRC Use of Force

#### Operational Instructions



Use of Force – DCF 2

DC RULE 41

The date on which force was used 27/4/2013

Log Number 109117

Time Use of Force Commenced  $\underline{18};\underline{10}$  hrs Time Use of Force Completed  $\underline{18};\underline{25}$  hrs

Detainees' details

| Surname     | D191        |
|-------------|-------------|
| Forename    | D191        |
| Nationality | SOMALIA     |
| Port Ref    | A499726/005 |
| CID Ref     | 2142951     |

|                              | Yes | (No) |
|------------------------------|-----|------|
| Were ratchet handcuffs used? |     |      |

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

| ? Yes  | No  |
|--------|-----|
| d? Yes | (No |
|        |     |

#### Reason for force being used

Tick

| PS | Prevent Self Harm                  |   | Force used, was it?                                               | Planned         | Unplanned      |
|----|------------------------------------|---|-------------------------------------------------------------------|-----------------|----------------|
| MG | Maintain Good Order and Discipline | 1 | Did a member of healthcare attend to the detainee                 | During incident | After incident |
| 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?                                             | AW              | 129            |
| PE | Prevent Escape                     |   | Detainee relocated too?                                           | CSU             | 006            |

|                      | Time<br>Informed | Your Name / Position | Name of Person that you Contacted? |
|----------------------|------------------|----------------------|------------------------------------|
| Duty Director Inform | med 20:00        | S. WEBB              | SARA EDWARDS.                      |
| Home Office inform   | med 20:00        | S. WEBB.             | H. POTEL                           |
| Healthcare Infor     | med 19:30        | S. WEBB              | D. BATCHELOR                       |
| IMB Infor            | med 20'00        | S. WGBB              | E MARNWICK.                        |
| Care Team Inform     | med 20:00        | S- Webb              | Z OAYUM                            |

|                                              |                 | 0000    |
|----------------------------------------------|-----------------|---------|
| Search Conducted on arrival to unit by: (Nan | ame / Position) | 12xyavr |

| New Location of the detainees PROPERTY? |  |
|-----------------------------------------|--|
|                                         |  |



| Home Onc                                                              | C                                                | OFFICIAL -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SENSIII                                                | VE          |                                     |
|-----------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------|-------------------------------------|
| TO BE COMPLI<br>THE INCIDENT<br>LOCAL REFER<br>ESTABLISHME            | ETED BY<br>ENCE NI<br>NT:                        | THE SUPERVISING  UMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17.                                                    |             |                                     |
| INCIDENT DE                                                           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |             |                                     |
| Date: 27/04/2                                                         | Pate: 27/04/2017                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Time: 1                                                | 8:10        |                                     |
| DETAINEE DE                                                           | TAILS                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        | 3 33        |                                     |
| CID Number: 2142951                                                   |                                                  | Surname: D191                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        | Forename(s) | D191                                |
| Gender:  Male X Female  Transgender  Planned  Unp Nationality:Somalia |                                                  | s:<br>anned X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Age group (please circle):  Adult (age40)  Minor (age) |             |                                     |
| STAFF INVOL<br>List below the<br>involved in the<br>Grade:            | grade / v                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Separation<br>Forenam                                  |             | nes of all the officers  Work Area: |
| DCM                                                                   | Webb                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Steve                                                  |             | A & E wing                          |
| DCO                                                                   | Slim                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Basood                                                 |             | A Wing                              |
| DCO                                                                   | Jack                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Lainchbury                                             |             | A Wing                              |
|                                                                       | <del>                                     </del> | A description of the formation of the fo |                                                        |             |                                     |

| LOCATION OF INCIDENT                    |              |                                         |  |
|-----------------------------------------|--------------|-----------------------------------------|--|
| Wing                                    | X            | Education/Multi-Faith Area              |  |
| Own Room                                |              | Visits                                  |  |
| Care & Separation Unit                  |              | Association Area (please specify below) |  |
| Other (please specify)                  | A. (27.46.2) | And - 1                                 |  |
| *************************************** |              |                                         |  |
|                                         |              |                                         |  |
|                                         |              |                                         |  |

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|                                                                                 |            | E INCIDENT      |                    | SUSED     | VISTANCES WHY FORCE                     | -        |
|---------------------------------------------------------------------------------|------------|-----------------|--------------------|-----------|-----------------------------------------|----------|
| None known                                                                      |            |                 |                    |           | y to oneself                            |          |
| Searches (Room/A/B/F                                                            | ull\       |                 | Preventi           |           |                                         |          |
| IEP down grade                                                                  | <u> </u>   |                 | Preventi           | na iniur  | y to a third party                      | Х        |
| Failure to comply with re                                                       | emova      |                 |                    |           | age to property                         |          |
| Fight with another detail                                                       |            |                 |                    |           | scape / abscond                         |          |
| Serving of removal dire                                                         |            | RDs)            | Other (ple         |           |                                         |          |
| Assault on a member of                                                          |            |                 |                    |           | *************************************** |          |
| Assault on another deta                                                         | detainee X |                 |                    |           |                                         |          |
| Non-compliance                                                                  |            |                 |                    |           |                                         |          |
| Home Office interview                                                           |            |                 | ]                  |           | ************                            |          |
| Court appearance                                                                |            |                 |                    |           |                                         |          |
| Video-link hearing                                                              |            |                 | 1                  |           |                                         |          |
| Moving to another cent                                                          | re/unit/   | prison          |                    |           |                                         |          |
| Others (please specify below)                                                   | )          |                 |                    |           | ••••••••••                              |          |
|                                                                                 |            |                 |                    |           |                                         |          |
|                                                                                 |            |                 |                    |           |                                         |          |
| ************************                                                        |            |                 |                    |           |                                         |          |
|                                                                                 |            |                 |                    |           |                                         |          |
| TYPE OF FORCE USE                                                               | D          |                 |                    |           |                                         |          |
| Verbal reasoning used                                                           | d to de    | e-escalate the  | e situation        | n initial | y and/or during the inc                 | dent?    |
| Yes X                                                                           |            |                 |                    |           | 5. 809                                  |          |
| at remove and see                                                               | g e        |                 |                    |           |                                         |          |
| (Please expand with details in                                                  | Annex A    | ·)              |                    |           |                                         |          |
| Were Personal Safety                                                            |            | Were C          | &R                 |           | Were MMPR                               |          |
| Techniques Used?                                                                |            | Techniques      |                    |           | Techniques Used?                        |          |
| Defensive Options                                                               |            | Guiding Hold    |                    |           | Figure Four Arm Hold                    |          |
| Push                                                                            |            | Isolating the A |                    |           | Head Support                            |          |
| Knee Strike                                                                     |            | Arm Hold/Loc    |                    |           | Mandibular Angle                        |          |
| Kick                                                                            |            | Wrist Flexion/  |                    | Х         | Detainee – Prone                        |          |
| Punch                                                                           |            | Thumb Flexio    |                    |           | Detainee – Supine                       | <u> </u> |
|                                                                                 |            | Inverted Wri    | st Hold            |           | Detainee – Seated                       |          |
|                                                                                 |            |                 |                    |           | Restraint Recovery                      |          |
|                                                                                 |            |                 |                    |           | L                                       |          |
|                                                                                 |            |                 |                    |           |                                         | ] 0      |
| Were handcuffs applied                                                          | 1?         | Yes □           | No                 | X         |                                         | ]        |
|                                                                                 |            |                 | No                 | X         |                                         |          |
| The time applied:                                                               |            |                 |                    | X         | -                                       |          |
| The time applied:                                                               |            |                 |                    | ×         |                                         |          |
| The time applied: The time removed: The duration applied:                       |            |                 |                    |           |                                         |          |
| The time applied: The time removed: The duration applied:                       |            |                 |                    |           | andcuffs were double loc                |          |
| The time applied: The time removed: The duration applied:                       |            |                 |                    |           |                                         |          |
| The time applied: The time removed: The duration applied: Name of the person(s) | checkir    | ng the applicat | <br><br>ion and th | at the h  | andcuffs were double loc                |          |
| The time applied: The time removed: The duration applied: Name of the person(s) | checkir    | ng the applicat | <br><br>ion and th | at the h  | andcuffs were double loc                |          |

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| The Use of Force was authorised by (Supervising Officer):                                   |
|---------------------------------------------------------------------------------------------|
| Name S Webb                                                                                 |
| GradeDCM                                                                                    |
| Reason(sIncident 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                                                             | Х | 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:                                                                             |   |                              |  |  |  |  |



OTAINED A MENTALTHONDE INVOLVENTATIO

| INJURIES SUSTAINED & HEALTHCARE INVOLVEMENT                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------|
| Was a member of Healthcare present throughout the incident (Doctor, Registered Nurse or Healthcare? Yes □ No X               |
| Name                                                                                                                         |
| Grade                                                                                                                        |
| An F213 or equivalent form (private sector) was completed by:                                                                |
| NameD Bachelor                                                                                                               |
| GradeRGN                                                                                                                     |
| Did the detainee sustain any injuries at the time? (If so, please provide details on the F213 or equivalent form)  Yes  No X |
| Did the detainee require outside hospitalisation at the time?  Yes □ No X                                                    |
| Name of Healthcare member                                                                                                    |
| Grade                                                                                                                        |
| Did a member of staff require medical attention at the time?  Yes □ No X                                                     |
| Name                                                                                                                         |
| Grade                                                                                                                        |
| Treatment was provided:                                                                                                      |
| By the centres healthcare staff (internally)                                                                                 |

#### 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.

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CERTIFICATION: (By Officer completing form)

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| EVIDENCE                            |     |          |  |
|-------------------------------------|-----|----------|--|
|                                     | Yes | No       |  |
| Was the clothing bagged and tagged? |     |          |  |
| Were any photographs taken?         |     | X        |  |
| Was the incident video recorded?    |     |          |  |
| Was a Body Worn Camera Used?        |     | <u> </u> |  |

| I confirm that the details above are correct and that I have of Force – Officer's Statement."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ompleted Annex A "Use of |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |
| Name Steve Webb.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (BLOCK CAPITALS)         |
| Date27/04/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nager on duty.           |
| ORDERLY OFFICER / DUTY OPERATIONS MANAGER (to 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 Officers involved in the Use of Force has procedured and the Confirm that all officers involved in the Use of Force has procedured and the Use of Fo | ffice Manager            |
| Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |

April 2015

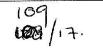
(BLOCK CAPITALS)





ANNEX A USE OF FORCE

Local Reference No.



| STAFF STATEMENT                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ESTABLISHMENT:Brook HouseIRC                                                                                                                                                                                                                                                                    |
| DATE27/04/2017                                                                                                                                                                                                                                                                                  |
| DETAINE                                                                                                                                                                                                                                                                                         |
| DETAINEE                                                                                                                                                                                                                                                                                        |
| NAME <b>D191</b>                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                 |
| CID NUMBER2142951                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                 |
| OFFICER                                                                                                                                                                                                                                                                                         |
| NAMESteve Webb                                                                                                                                                                                                                                                                                  |
| GRADEDCM                                                                                                                                                                                                                                                                                        |
| 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 X                                                                                                                                                                                                                                                                           |
| Leg Officer                                                                                                                                                                                                                                                                                     |
| Have you been C&R basic refreshed in the last 12 months?  Yes X No □                                                                                                                                                                                                                            |

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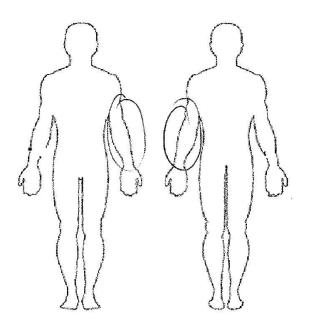
| The Type of Force Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Were Personal<br>Safety Techniques<br>Used?                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Were<br>Technique                                                                                                                                                                                                                                                                |                                                                                                                                                                                                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                                                                                                                                                                                                                                                                                             |                                                                                                                                                                |
| Defensive Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Figure Four Arm Hold                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                |
| Push                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Isolating the                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                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                                                                                                                                                                                                                                                                                             |                                                                                                                                                                |
| Knee Strike                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Arm Hold/Lo                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                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                                                                                                                                                                                                                                                                                             |                                                                                                                                                                |
| Kick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Wrist Flexio                                                                                                                                                                                                                                                                     | Wrist Flexion/Lock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Punch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| been working at Brook and Eden wings. At an when there was some spitting. I made my wa and. Myself and office anything, pastithen made room onto his bed and D356 was also in the that D356 to leave the room, pastithe television in the roand struck D356 forward and took hold onto his bed and at the left arm and put pasting and moved the arm to instructed Slim to do the am telling him to do. detainee I wanted pastic head support postion which he did. Officer shown the stairs to Eden | House ound 1: one on y up to ber slim e his w d then e room in light on the fine same wrists in the same As in to corelim and en wing | e for 8 mont 8:10 I was o the first floor the first floor Basood a ay back into on to the floor trying to co com and let at this point, at this point whis had should top of his head stoppe time Officer not the small lock pose, which he D191 had myself wall loss was taken. | ths as a R n Arun wir or shouting or where I s pproached his room a por, a secon municate myself and to deal wit was standir uting say A lead with t d him fron Slim took I of his back sition, this did, I then ad just use uickly as p head and lk of his lk of his lead and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | desident of the control of the contr | Repeated occasions I is Slim Basood and Office when D356 turned is bed with a remote corar say Ali Akbar. Moved fote control at this point I ing D356 again, [0191] d [0191] right arm, I took hole to gain control of D191 to not resist and listen to mote control to assault at I instructed Jack who have front of us and open the ing out of the first floor do Care and Separation unit | of Arun servery unds of rangely taken und the asked er Jack around ntrol for forward moved ropped d of his thumb what I another ad take doors, oor and t (CSU) |
| into the room, p191 epli<br>the bed, which p191 did                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ed that<br>, Healt<br>hcare :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | logativas asked if he wou<br>to walk into the room and<br>islas I serspected he ga<br>s, the nurse then looked<br>ebb                                                                                                                                                                                                                                                                         | a sit on<br>d been                                                                                                                                             |



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                    |                  |
| Signature                                                       |                  |
| Name S. L. S. L. S.         | (BLOCK CAPITALS) |
| Date* *This form must now be passed to the Supervising Officer. |                  |

Home Office - DCF 02 - Version 3

OFFICIAL - SENSITIVE



# ANNEX A USE OF FORCE

Local Reference No. 100/17.

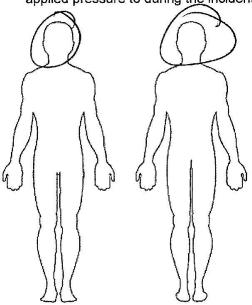
| STAFF STATEMENT                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ESTABLISHMENT Brook House IRC DATE: 27/04//7 DETAINEE: D191                                                                                                                                                                                                                                     |
| CID NUMBER : 2142951                                                                                                                                                                                                                                                                            |
| OFFICER                                                                                                                                                                                                                                                                                         |
| NAME: Jack Lainchbury<br>GRADE: Detainee custody officer (DCO)                                                                                                                                                                                                                                  |
| The use of force must only be used when it is:                                                                                                                                                                                                                                                  |
| Reasonable in the circumstance<br>An absolute necessity<br>No more force than necessary<br>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 Right arm Left arm Leg Officer                                                                                                                                                                        |
| Have you been C&R basic refreshed in the last 12 months?<br>Yes ⊌ No □                                                                                                                                                                                                                          |
| Have you been attended an MMPR refresher in the last 6<br>Yes ப No ம<br>The Type of Force Used:                                                                                                                                                                                                 |
| Were Personal Safety Techniques Used?  Were C&R Techniques Used?  Were MMPR Techniques Used?                                                                                                                                                                                                    |



| Defensive Options                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Guiding Hold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                              | Figure Four Arm Hold                                                                                                                  |                                         |
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| Push                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Isolating the Arm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |                                              | Head Support                                                                                                                          | 52/                                     |
| Knee Strike                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Arm Hold/Lock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |                                              | Mandibular Angle                                                                                                                      |                                         |
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| On 27/04/2017 I was detainee D19 went to speak went to speak went to I I                                                | ry, have<br>working<br>91 ¦sh<br>with him                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | been working on A wing outing on the outing on the outing on the open (A105)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ng at Brook<br>at Brook H<br>e first floc<br>it was clea                       | House<br>louse a                             | s sustained). RC since January 2017 t approximately 18:30 I r CO Bessaoud and DCM d taken an illegal substa                           | otice<br>Wel                            |
| were asked to to speak with a proceeded to so order to maintal while in his roots supporting the                        | leave the D191 to strike Dain ever om. Before de war benede war be | ne room, all of calm him of calm him of calm him of calm him of calm o | except det<br>down, how<br>head. This<br>ty and wel<br>ing to CSL<br>necessary | ainee (<br>ever the is whe fare. I<br>J D191 | and shouting. Other det                                                                                                               | ainee<br>6 trie<br>1 the<br>191 the     |
| were asked to to speak with proceeded to so order to mainta while in his roots supporting the                           | leave the D191 to strike Dain ever om. Before de war benede war be | ne room, all of calm him of calm him of calm him of calm him of calm o | except det<br>down, how<br>head. This<br>ty and wel<br>ing to CSL<br>necessary | ainee (<br>ever the is whe fare. I<br>J D191 | and shouting. Other det D356 left. D35 is did not work and D19 en force was used on D initially supported D191s had calmed down enoug | aine<br>6 tric<br>1 the<br>191<br>s hea |
| were asked to to speak with a proceeded to so order to mainta while in his root supporting the 2191 remained uncon      | leave the D191 to strike Dain ever om. Before head want pliant to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ne room, all of calm him of calm him of calm him of calm him of calm o | except det<br>down, how<br>head. This<br>ty and wel<br>ing to CSL<br>necessary | ainee (<br>ever the is whe fare. I<br>J D191 | and shouting. Other det D356 left. D35 is did not work and D19 en force was used on D initially supported D191s had calmed down enoug | aine<br>6 tric<br>1 the<br>191<br>s hea |
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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)               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| I confirm that the details above are correct              | The second secon |
| Cianoturo                                                 | 77. (21.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signed Signature                                          | The second secon |
| Name (BLOCK CAPITALS): JACK YCALJCHBULY]                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Date. 27/04/17                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| *This form must now be passed to the Supervising Officer. | The state of the s |



ANNEX A USE OF FORCE

Local Reference No. 109/17.

| STAFF STATEMENT                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ESTABLISHMENT Brook House IRC                                                                                                                                                                                                                                                                   |
| DATE 27/04/2017<br>DETAINEE ( D191 )                                                                                                                                                                                                                                                            |
| CID NUMBER : 214295                                                                                                                                                                                                                                                                             |
| OFFICER                                                                                                                                                                                                                                                                                         |
| NAME: Slim Bessaoud                                                                                                                                                                                                                                                                             |
| GRADE: 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 MMPR was used, please tick your primary role: Supervising Officer Head / Number Right arm X Left arm Leg Officer                                                                                                                                                                      |
| Have you been C&R basic refreshed in the last 12 months?  Yes X No □                                                                                                                                                                                                                            |
| Have you been attended an MMPR refresher in the last 6 Yes n No X                                                                                                                                                                                                                               |
| The Type of Force Used:                                                                                                                                                                                                                                                                         |
| Were Personal □ Were C&R Y Were MMPR Safety Techniques Used? □ Techniques Used? □                                                                                                                                                                                                               |



| Used?                      |               |                     |         |                      |
|----------------------------|---------------|---------------------|---------|----------------------|
| Defensive Options          | Guiding Hold  |                     |         | Figure Four Arm Hold |
| Push                       | Isolating th  | Isolating the Arm   |         | Head Support         |
| Knee Strike                | Arm Hold/L    | Arm Hold/Lock       |         | Mandibular Angle     |
| Kick                       | Wrist Flexion | Wrist Flexion/Lock  |         | Detainee – Prone     |
| Punch                      | Thumb Fle     | Thumb Flexion/Lock  |         | Detainee – Supine    |
|                            | Inverted V    | Inverted Wrist Hold |         | Detainee – Seated    |
|                            |               |                     |         | Restraint Recovery   |
| Were any additional restri | aints used?   | NO                  | Who aut | horised their use?   |
| Hand Cuffs                 |               | YES                 |         |                      |
| Baton                      |               | NO                  |         |                      |

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

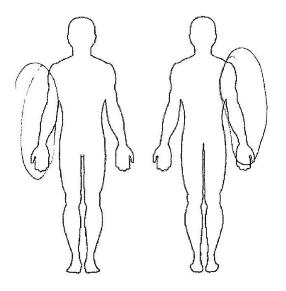
(I.e. where the detainee(s) were relocated to and any injuries sustained).

I detainee Custody Officer Slim Bessaoud am employed by G4S and have been working at brook house Immigration removal centre since February 2011. Today on Thursday 27th April 2017 at approximately 18:25, I was covering Arun wing staff for their dinner breaks when I heard a lot of shouting in the middle landing. I went up there to check, followed closely by Detainee custody manger (DCM) Steve Webb. I found the Detainee D191 was shouting and screaming loudly. He was trying to attack one of the D356 other detainees D356 then grabbed hold of D191 and took him to his room; I followed to keep an eye on what was happening as D191 was very aggressive and still fighting. When I got to the room fell down on the floor, he then got up and jumped on the bed still screaming and shouting and acting in a bizarre manner. I was trying to calm him down but as I was talking to him, [D191] got the remote control and hit the detainee D356 on the back of his head with enough force to make a loud crack when it made contact. DCM Steve Webb and I decided to get him in locks after witnessing him assaulting the other detainee. I took control of his right arm and put it into a straight arm lock and from there to a final lock. We



then took him from Arum wing down the stair case to the care and separation unit (CSU), whilst on the way down by was still shouting and screaming. When we arrived at CSU he was then searched and placed into CSU room 006. DCM Steve Webb then called the on duty Healthcare team to check on him as it appeared that by him my opinion was under the influence of some form of drug. He also is known in the centre with other detainees and officers for smoking the synthetic drug known as spice. This concludes my report.





Front of body

Back of body

CERTIFICATION. (By Officer completing form)

I confirm that the details above are correct

Signed

Name (BLOCK CAPITALS): SLIM BESSAOUD

Date: 27/04/2017

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



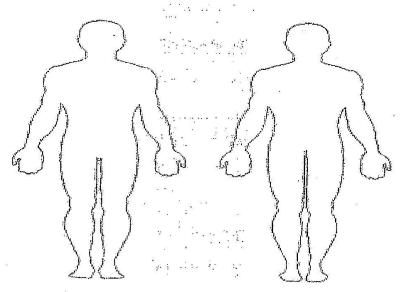
# REPORTOFINIUR

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Section 1 - Detail of Detainee (To be completed by the Incident Reporting Officer) D191 Surname: D191 first Names: CID Ref: 21 [295] Date of Birth: Section 2 3) Details of incident (To be completed by the Incident Reporting Officer) Time and date of incident: Place of incide t: ..... Incident reported by: Incident Witnessed by: Nature of injury ..... Section 2 (t) Brief report of circumstances in which injury was sustained (To be completed by the Incident Reporting Officer) Name (Block capirals): Signature: ..... G4S - F213 - 17/C 1/15 OFFICIAL - SENSITIVE Version 02

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| OFFICIA - SENSITIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Report: Zalled to CSU-idétainee placed en                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Ru 40, - Macked and Comment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| he apparently knocked face en table in<br>Roun-Swelling, appoint No open worners.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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Front of Body

Back of Body

| Healthca   |                 |                                           | agament. |       |
|------------|-----------------|-------------------------------------------|----------|-------|
| Medical S  | aff - Name:Don! | na Batch                                  | 2156     | .)    |
| (Block car |                 |                                           | 1 1      |       |
| Signature: | Signature       | Annon                                     |          | V V V |
| Date: &    | 14/17           | د این |          |       |

G4S - F21 - 17/06/15

OFFICIAL - SENSITIVE

Version 02



BH/OPS/UOFMS/001

## Use of Force: De Brief

|                                                                            | urs.                                                                       |                                                                                                                                 |                                                                              |               |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------|
| On (date) 29/4                                                             | at (time) <u>1890_</u> h                                                   | ırs, you (detainee name)                                                                                                        | D191                                                                         | ···           |
| 1 F 1 C 11                                                                 | . Own and Commention                                                       | n unit under rule 40 The reason                                                                                                 | n for your relocation was:                                                   |               |
| You were us                                                                | elir ble molie<br>Jelson detene                                            | re of a Substance                                                                                                               | + been regunto                                                               |               |
|                                                                            |                                                                            |                                                                                                                                 |                                                                              |               |
| Is there anything w<br>(Detainees respons                                  |                                                                            | you in future, to prevent a reo                                                                                                 | ccurrence?                                                                   |               |
| NO VESSE                                                                   |                                                                            |                                                                                                                                 |                                                                              |               |
|                                                                            | ı                                                                          |                                                                                                                                 |                                                                              |               |
|                                                                            | D404                                                                       |                                                                                                                                 | ×                                                                            |               |
| Detainee (name)                                                            | D191                                                                       | do you understand the reas                                                                                                      | on for your relocation? Yes.                                                 | /No           |
| "We aim to promote care of either of the                                   | e a safe and secure en                                                     | do you understand the reas<br>evironment which identifies and n<br>Removal Centre's. Gatwick IRCs<br>ial behaviour or bullying" | neets the needs of all those                                                 | in the        |
| "We aim to promote care of either of the when dealing with a               | e a safe and secure en<br>Gatwick Immigration<br>all incidents of anti soc | ovironment which identifies and n<br>Removal Centre's. Gatwick IRCs<br>ial behaviour or bullying"<br>Signature _                | neets the needs of all those soperates a zero tolerance particle.  Signature | in the policy |
| "We aim to promote care of either of the when dealing with a               | e a safe and secure en<br>Gatwick Immigration<br>all incidents of anti soc | ovironment which identifies and n<br>Removal Centre's. Gatwick IRCs<br>ial behaviour or bullying"<br>Signature _                | neets the needs of all those is operates a zero tolerance p                  | in the policy |
| "We aim to promote care of either of the when dealing with a Oscar 1: Name | e a safe and secure en<br>Gatwick Immigration<br>all incidents of anti soc | nvironment which identifies and n<br>Removal Centre's. Gatwick IRCs<br>ial behaviour or bullying"<br>Signature _<br>Signature _ | Signature                                                                    | in the policy |
| "We aim to promote care of either of the when dealing with a Oscar 1: Name | e a safe and secure en Gatwick Immigration all incidents of anti soc       | ovironment which identifies and n<br>Removal Centre's. Gatwick IRCs<br>ial behaviour or bullying"<br>Signature _                | Signature  ed by an Officer                                                  | in the policy |