

 <b>HM PRISON SERVICE</b> Public Sector Prisons		<h2 style="text-align: center;">Segregation under Rule 45/YOI Rule 49</h2> <h3 style="text-align: center;">Authority for Initial Segregation</h3>																			
ESTABLISHMENT									CODE						Please mark box if initial authority given by telephone						
This document is to be used by a Competent Operational Manager / Duty Director when giving authority for initial segregation for reasons of Good Order Or Discipline (GOoD) or in the Prisoner's own interests.																					
<b>Prisoner Details</b>																					
Surname				Forenames						Prison Number						Date of birth					
Ethnic Code <small>(cross relevant code)</small>		A1	A2	A3	A9	B1	B2	B9	O1	O9	W1	W2	W9	M1	M2	M3	M9	NS			
Status:				Unconvicted								Awaiting Sentence						Sentence Length			
Offence or charge									Release date if sentenced												
<b>Segregation Details</b>																					
Date of Segregation				Time first segregated						Tick box if prisoner is on an open ACCT (inc. Post-Closure)											
Segregation Health Screen completed?				Yes		No		Has continuing segregation been agreed on the screen?						Yes		No					
If healthcare indicate that there are apparent clinical reasons or the ACCT Plan advise against segregation at this time please state below that you have fully considered their advice and determined the most appropriate course of action. Detail the case conference that you have held / how you determined the best way forward. Continue on a separate sheet if necessary.																					
Reason for segregation – make clear whether segregation is on the grounds of GOoD or own interest																					
Segregated until: (max 72 hours to 1 <sup>st</sup> Segregation Review Board)									Date						Time						
Operational Manager/Duty Director authorising segregation						Name (Print)									Signature						
The IMB must be notified within 24 hours and informed of the date/time of the 1 <sup>st</sup> review board																					
Name of IMB Member Informed																					
Informed at		Date						Time													
By (Print Name)										(Signature)											

Facility	Yes/No	Conditions (eg closed visits, escorted, in segregation unit)
Domestic visits		
Legal visits		
Religious services		
Canteen		
Showers		
Access to telephones		
Library		
Education		
Exercise		
Work / OBP		
Physical education/ gym		
Radio / CD player		
Hand held games		
Television		
Association periods		
In cell hobbies		

Competent Operational Manager / Duty Director signing for regime and confirming that the prisoner has received disclosure of reason for segregation

Name (Print)	Signature	Date

This form must be kept with the prisoner's Segregation History Booklet