

## DSO 02/2017 - Annex B

### Justification and Authorisation for use of removal from association or temporary confinement

'Removal from association' referred to in this document, relates to Rule 40 of the Detention Centre Rules (DCR) 2001 and Rule 35 of the Short-Term Holding Facility (STHF) Rules 2018. 'Temporary confinement' referred to in this document relates to Rule 42 of the DCR 2001 and Rules 37 of the STHF Rules 2018.

**A new Annex B must be completed each time a detained individual is placed on Rule 40 or 42 (Rule 35 or 37 in STHFs) or moves between Rule 40 and 42 (Rule 35 and 37 in STHFs) without first returning to normal association**

#### Detained Individual Details

1	Full Name	
2	Date of Birth	
3	Nationality	
4	Port/Atlas ref:	

5	Rule 40/35 or Rule 42/37 (delete as appropriate)
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6	Date placed under Rule 40/35 or Rule 42/37	
7	Time placed under Rule 40/35 or Rule 42/37	

8	Alternatives to removal from association or temporary confinement that have been considered and tried or ruled out (these must be individually listed and explained including why a care suite facility has not been deemed appropriate for those at risk of self-harm/suicide, or for individuals suffering with mental health problems):
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9	Reasons for removal from association or temporary confinement and evidence relied on:
10	What immediate actions are required from the service provider to ensure period of removal from association or temporary confinement is for the shortest time possible (such actions must begin within 24 hours of the initial removal from association or temporary confinement period).

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**Authority for initial 24 hours removal from association / temporary confinement  
(HOIE Manager – EO or above, or HMPPS centre/duty manager)**

10	Full Name		
11	Grade / Position		
12	Organisation		
13	Signature		
14	Date		
15	Time		
<b>HMPPS-Confirmation HOIE team notified</b>		Name of person notified:	Time of notification:

**Authority for urgent removal from association / temporary confinement**

16	Full Name		
17	Grade / Position		
18	Organisation		
19	Signature		
20	Date		
21	Time		
22	Confirmation HOIE team notified	Name of person notified:	Time of notification:
<b>Reasons for removal explained in a language that is understood by the detained individual:</b>			

**DSO 02/2017 Annex B – Justification and Authorisation**

			Comments
23	Understanding confirmed  Detail in comments section any steps or adjustments made to ensure understanding	Yes/No	
24	Interpreter used	Yes/No	Name of interpreter
25	Written copy of reasons (box 9) provided to detained individual (within 2 hours of removal)	Provide date and time in comments box	
26	Has detained individual requested copy to be e-mailed/faxed to his/her legal representative?	Yes/No	Name of officer sending information and date/time sent
27	Has detained individual made representations against relocation?	Yes/No	Name of officer sending information and date/time sent
	Has detained individual asked for these to be faxed to his/her legal representative?	Yes/No	Name of officer sending information and date/time sent and details of legal representative
28	Detained individual on open ACDT		<p>If yes, log no:</p> <p>If yes, confirm that all other options have been considered in accordance with DSO 01/2022 before removal from association or temporary confinement is invoked <b>(and explain at box 9)</b>.</p> <p>If yes, confirm any further precautionary measures to be taken:</p>
<b>Notification that removal from association or temporary confinement has been invoked. The following must be notified and details recorded:</b>			

## DSO 02/2017 Annex B – Justification and Authorisation

	Who (requirement in brackets)	Name and position of person notified	Method	Date & Time
29	Immigration Manager (without delay)		Email/telephone /in person	
30	Duty supplier manager – when authorised by HOIE (without delay)		Email/telephone /in person	
31	Medical practitioner (without delay)		Email/telephone /in person	
32	IMB (without delay)		Email/telephone /in person	
33	Managers of religious affairs/chaplaincy (without delay)		Email/telephone /in person	
34	IS 91 Part C completed (within 2 hours) Home Office Case worker to be notified by HOIE in office hours		Email/telephone /in person	
35	Other (please specify)		Email/telephone /in person	

36	<b>Justification for removal from association or temporary confinement beyond 24 hours</b> – Please also state here the period of the authority. This must not automatically be the maximum permitted. No initial authority can exceed 14 days for Rule 40 (7 days for Rule 35 in STHFs) or 3 days for Rule 42 (24 hours for Rule 37 in STHF). A fresh authority must be provided should such extensions be appropriate)			
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**Authority for continued removal from association or temporary confinement beyond 24 hours up to the maximum 14 days for Rule 40 (7 days for Rule 35 in STHFs) or 3 days for Rule 42 (24 hours for Rule 37 in STHFs) (HOIE Manager at SEO level or above or HMPPS Deputy Director of Custody or his/her appointed deputy who is not an officer of the IRC)**

37	Full Name of person granting authority		
38	Grade		
39	Organisation		
40	Signature		
41	Date		
42	Time		
42.1	What immediate actions are required from the service provider to ensure period of Rule 40 or Rule 42 remains for the shortest time possible		
42.2	Rule 40/42 authority ends	Date:	Time:
<b>HMPPS</b> -Confirmation HOIE team notified		Name of person notified:	Time of notification:

<b>Reasons for ongoing removal explained in a language that is understood by the detained individual:</b>	Comments
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## DSO 02/2017 Annex B – Justification and Authorisation

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

### Rule 40/42 closed on Medical grounds

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

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

## DSO 02/2017 Annex B – Justification and Authorisation

51	Signature	
52	Date	

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

53	Outcome		
54	Escalated/De-escalated to Rule 40/42 or Rule 35/37 (STHFs)	Yes/No	
55	Association resumed	Time	Date
<b>Centre Manager/manager (or delegate's) details:</b>			
56	Name (print)		
57	Signature		
58	Date		
59	Time		

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

<b>Notification that Rule 40/42 has been closed. The following must be notified details recorded:</b>				
	Who (requirement in brackets)	Name of person notified	Method	Date & Time
63	Home Office Detention Services (without delay)		Email/telephone /in person	
64	Medical practitioner (without delay)		Email/telephone /in person	
65	IMB (without delay)		Email/telephone /in person	
66	Managers of religious affairs/(chaplaincy (without delay)		Email/telephone /in person	



## DSO 02/2017 Annex B – Justification and Authorisation

67	IS 91 Part C completed (within 2 hours) Home Office Case worker to be notified by Detention Engagement Team in office hours		Email/telephone /in person	
68	Other (please specify)		Email/telephone /in person	