Staffordshire and Stoke on Trent Inter-agency – Section 136 Policy

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1. Introduction

1.1 This document has been developed following consultation with the Staffordshire Police Force, Staffordshire Health Trusts, West Midlands Ambulance Service, and Local Authorities The policy provides a framework that will support improved service delivery and the appropriate use of resources and is supplemented by detailed local procedures. This provides both an overarching policy, operational procedures and considers the following guidance and legislation.

Mental Health Act 1983 and all relevant amendments
Mental Health Act Code of Practice as revised 2015 (MHA COP)
Mental Capacity Act 2005
Police and Criminal Evidence Act 1984 and all relevant amendments
Police and Criminal Evidence Act Code of Practice (PACE)
Human Rights Act 1998
Data Protection Act 1998
Equality Act 2010

2. Guiding principles

2.1 **Least restrictive option and maximising independence:**
Where it is possible to treat a patient safely and lawfully without detaining them under the Act, the patient should not be detained. Wherever possible a patient's independence should be encouraged and supported with a focus on promoting recovery wherever possible.

2.2 **Empowerment and involvement:**
Patients should be fully involved in decisions about care, support and treatment. The views of families, carers and others, if appropriate, should be fully considered when taking decisions. Where decisions are taken which are contradictory to views expressed, professionals should explain the reasons for this.

2.3 **Respect and dignity:**
Patients, their families and carers should be treated with respect and dignity and listened to by professionals.

2.4 **Purpose and effectiveness:**
Decisions about care and treatment should be appropriate to the patient, with clear therapeutic aims, promote recovery and should be performed to current national guidelines and /or current available best practice guidelines.

2.5 **Efficiency and equity:**
Providers, commissioners and other relevant organisations should work together to ensure that the quality of commissioning and provision of mental healthcare services are of high quality and are given equal priority to physical health and social care services. All relevant services should work together to facilitate timely, safe and supportive discharge from detention.

3 Legal Criteria

3.1 *S136 (1) "if a constable comes across a person who appears to him/her to be suffering from mental disorder and to be* ***in immediate*** *need of* ***care or control****, the constable* ***may****, if he/she thinks it necessary to do so in the interests of that person, or for the protection of other persons, remove that person to a place of safety…"*

3.2 *S136(2) "A person removed to a place of safety under this section may be detained there for the permitted period of detention for the purpose of enabling him to be examined by a registered medical practitioner and to be interviewed by*

an approved mental health professional and of making any necessary arrangements for his treatment and care."

3.3 Subsection 136(2a) in subsection 136(2) the permitted period of detention means:

a. The period of 24 hours beginning with:
   i. In a case where the person is removed to a place of safety, the time when the person arrives at that place of safety;
   ii. In a case where the person is kept at a place of safety, the time when the constable decides to keep the person at that place; or

Where an authorisation is given in relation to the person under Section 136B, that period of 24 hours and such further period as is specified in the authorisation.

3.4 136B – Extension of detention

1. The registered medical practitioner who is responsible for the examination of a person detained under Section 136 or section 135 may, at any time before the expiry of the period mentioned in subsection 136 (2a), authorise the detention of the person for a further period not exceeding 12 hours (beginning immediately at the end of the first 24 hours).
2. An authorisation under subsection (1) may be given only if the registered medical practitioner considers that the extension is necessary because the condition of the person detained is such that it would not be practicable for the assessment of the person for the purpose of Section 136 to be carried out before the end of the period of 24 hours (or, if the assessment began within that period, for it to be completed before the end).
3. If the person is detained at the police station, and the assessment would be carried out or completed at the station, the registered medical practitioner may give an authorisation under subsection (1) only if an officer of the rank of superintendent or above approves it.

The maximum period a person may be detained under Section 136 is 24 hours (with the option of extending by 12 hours). In practice, detentions should not need to be this long. Arrival at the first place of safety starts the 24 hour time period, this would include the time of arrival at A&E, if the individual went there first (MHA COP 16.26).

Consecutive periods of detention under Section 136 are unlawful.
Please note that S136 is subject to PACE but it is not a criminal offence.

4. Detention under Section 136

4.1 Role of the Police Officer

The police must determine the individual:

- was found **anywhere other than:**
  - any house, flat or room where that person, or any other person, is living, or
  - any yard, garden, garage or outhouse that is used in connection with the house, flat or rooms.
  - For the purpose of exercising this power the Police Constable can enter any place where the power may be exercised by force.

- The individual **appears to be mentally disordered,** is in need of **immediate care or control,** and that this is **the most appropriate course of action.**

It is not appropriate to encourage a person outside in order to use Section 136 powers.

Mental disorder - The police are not expected to be mental health experts. Intoxication with alcohol or drugs by themselves is not a mental disorder.

Immediate Care and Control / Appropriate action – Where there is no immediate need for the person to have care or control, officers must consider alternatives to Section 136. If an individual is requesting support or agreeing to care, officers must consider alternative options unless the risks or the person's behaviour suggests otherwise.

4.2 Considerations before the implementation of S136

Before deciding whether or not to keep a person at, or remove a person to, a place of safety under Section 136(1), the Constable is now required, if it is practicable to do so, to consult one of a list:

a. A registered medical practitioner,
b. A registered nurse,
c. An Approved Mental Health Professional, or
d. A person of a description specified in regulations made by the Secretary of state.

Locally this will include contact with Community Street Triage, Access Team, or Duty Senior Nurse at the Mental Health PoS for advice and information pertaining to the individual. Are they known? Options available - do they have a care plan / crisis plan? Do they have an imminent appointment / can an urgent appointment be organised? Can Triage attend the scene to offer support?

Can the person stay with a responsible family member / friend / carer and see their GP?

Is the person's behaviour due to physical injury (e.g. head injury), illness (e.g. diabetes, epilepsy or sickle cell disease), or self-harm (e.g. overdose, self-inflicted injury) if so emergency assistance should be given and an ambulance called.

If an offence has been committed, should the individual be arrested?

4.3 Criminal Offence / Arrest

Section 136 cannot be used following an arrest for a criminal offence; if officers have concerns about an individual's mental health who they have arrested, they must inform the custody sergeant who can arrange for a mental health assessment in police custody.

Where an individual is detained by the police under Section 136 but has committed a criminal offence, the person should be arrested unless the offence is so trivial as to be safely set aside. This might well occur where the offending was very low-level, possibly 'victimless' and where the behaviour is most likely to be related to their mental health condition.

For offences which are not trivial, it is ultimately up to the discretion of the arresting officer to decide if the person should be removed to police custody or to prioritise detention in a health based place of safety.

In these circumstances, the arresting officer must inform the person in charge of the place of safety so that arrangements can be made to take the person to police custody when appropriate following discharge of the Section 136

Following any arrest for an offence, an ambulance must still be called where the individual is presenting with any of the conditions outlined in the appendices.

There must be no assumption by police officers or anyone else, that the individual cannot be prosecuted because of their mental health condition. A thorough criminal investigation of the incident should occur on each occasion.

If the person is drunk and there is no evidence of mental disorder, officers could

consider dealing with the individual for drunkenness in a public place, drunk and disorderly or drunk and incapable or contact paramedics if there are concerns about the individual's physical health.

4.4 Circumstances where Section 136 must not be used

S136 of The Mental Health Act must not be used where:

- Any of the statutory criteria are not fulfilled.
- After arrival at the police station following an arrest, the person shows signs of possible mental disorder. The custody officer may, however, request a Mental Health Act assessment within the legal framework of PACE.
- An application has already been made to detain the person under the Mental Health Act but the person escapes from custody before being admitted to hospital or nursing home
- A person, already detained under the Mental Health Act, has failed to return from leave or is absent without leave.

4.5 Information to be given to the detainee:

Police officers must use tact and discretion in communicating to the person that they have been **detained** under S136 of the Mental Health Act due to concerns about their health, safety or the safety of others. It may be necessary to repeat this several times.

Whilst S136 does not use the term arrest, it is a preserved power of arrest under S26 of The Police and Criminal Evidence Act (PACE).

There is no requirement to caution a person detained under s136 and this should be avoided.

4.6 On detention:

Staffordshire Police Contact Services and Contact Service Operators will be informed;

The operator will:

- request the attendance of an ambulance for medical assessment / conveyance via 999;
- contact the chosen PoS to check availability
- Provide an estimated time of arrival for the detainee to the PoS and basic information about the case.
- Provide information of any risks identified

Police officers bear the legal responsibility for the health and safety of their detainee until formal, agreed handover to NHS staff at the PoS;

4.7 Where a person is detained under Section 136(2) or (4) , a Constable may search the person, at any time while the person is so detained, if the constable has reasonable grounds for believing that the person:

a) May present a danger to himself or herself or to others, and
b) Is concealing on his or her person an item that could be used to cause physical injury to himself/herself or others.

The search power is designed to ensure the safety of all involved and should be used appropriately to support policing and health agencies to effectively care for and support the person. The new power does not include any restrictions around age or any other characteristic of the person to be searched. However, the power does not require a person to be searched. Any search conducted by the officer under new section 136C is limited to actions reasonably required to discover an item that the officer believes that the person has or may be concealing. The officer may only remove outer clothing. The officer may search the person's mouth, but the new power does not permit the officer to conduct an intimate

search.

5. Conveyance

5.1 The West Midlands Ambulance Service will provide an initial health based assessment to determine any immediate health care needs and then transport from the location where the person was detained to the designated PoS, and from the PoS to the mental health provision if admitted and not at the same location. West Midlands Ambulance Service will provide a copy of the Physical Health Assessment (Patient Clinical Record) to the PoS .

The detained person will then be conveyed to a PoS in line with the **West Midlands Ambulance Service and Staffordshire and Stoke-on-Trent Conveyance Policy**. This is not only important in terms of the patient's dignity, it is also important in terms of the skills of ambulance service staff in assessment whether other medical risks may be masked by mental ill-health and/or drugs and alcohol, requiring urgent medical assessment in an emergency department.

The police will on ALL occasions travel with the patient either in the ambulance or police vehicle as the police hold the detaining power which cannot be delegated. **Where police vehicle is used for conveyance the paramedic will travel in the police vehicle.** Where an ambulance is unavailable, police officers must still make their initial assessment in accordance with appendices 2 and 3 with due allowance made by other professionals for the limited mental health knowledge. In exceptional circumstances, police officers may decide to expedite conveyance themselves; this must be in cases of urgency where it is necessary to safely manage a risk of violence or to prevent escape. When doing so, consideration must be given to ambulance staff travelling in the police car with appropriate medical kit. Police vehicles must never be used where there is a medical emergency. Where a patient is presenting with a RED FLAG trigger condition (see appendix 3) an ambulance must be used. In all cases, conveyance arrangements must be recorded on the Section 136 Record, and incidents reported to the Locality Group via the exception monitoring form.

5.2 **Role of the Ambulance Service:**
The ambulance service is the preferred method of transportation. It is up to the ambulance service to make operational judgements as to the most appropriate type of vehicle.

It is the responsibility of the ambulance crews to consider the presentation of the patient detained by the police, particularly focusing on their physical needs. Where paramedics or technicians believe that the patient requires medical treatment they must advise that person's removal to an emergency department. Ambulance staff may consider it necessary to provide emergency treatment, after paying due consideration to issues of capacity and consent. Details of this treatment must be recorded on the S136 Record and handed over to the PoS staff.

Where it is considered that the safety either of the patient, the ambulance staff or the police officers would be at risk during transfer, ambulance crews must give consideration to requesting a pre-hospital doctor via **emergency on call service** for sedation, if appropriate

6. Designated Places of Safety (PoS)

6.1 The definition of 'Place of Safety' is found Section 135 (6) and (7) and states:
"Place of Safety" means residential accommodation provided by a local social services authority under Part 1 of the Care Act 2014 or Part 4 of the Social Services and Well-being (Wales) Act 2014 a hospital as defined by this Act, a

police station, an independent hospital or care home for mentally disordered persons or any other suitable place.

For the purpose of Subsection (6):

a) A house, flat or room where a person is living may not be regarded as a suitable place unless:
   i. If the person believed to be suffering from a mental disorder is the sole occupier of the place, that person agrees to the use of the place as a place of safety;
   ii. If the person believed to be suffering from a mental disorder is an occupier of the place but not the sole occupier, both that person and one of the other occupiers agree to the use of the place as a place of safety;
   iii. If the person believed to be suffering from a mental disorder is not an occupier of the place, both that person and the occupier (or, if more than one, one of the occupiers) agree to the use of the place as a place of safety;
b) A place other than one mentioned in paragraph (a) may not be regarded as a suitable place unless a person who appears to the Constable exercising powers under this section to be responsible for the management of the place agrees to its use as a place of safety.

6.2 Where a person (of any age) has been detained by a police officer under S136 of the Mental Health Act, the detainee will ordinarily be taken to a designated PoS in accordance with this agreement.

Where a person is detained under the provision of S136 of the Mental Health Act, the initial decision to remove the person to a PoS will be taken by the police officer. The detained person will be taken to a designated PoS as appropriate taking account of identified risks and circumstances (see appendices 2 and 3).

Individuals should be taken to the nearest available health-based place of safety to the point of detention (MHA Code of Practice 16.28).

6.3 Health Based Designated Place of Safety

The local health based places of safety in Staffordshire and Stoke-on-Trent are:

- Harplands Hospital – Stoke on Trent
- St Georges Hospital - Stafford

Where there is no medical emergency identified by WMAS and risks are manageable, the designated Mental Health PoS is the preferred option in the majority of cases.

Where officers contact the nearest health based place of safety and find that it is occupied, they are either asked to wait outside, if the place of safety is likely to become imminently free, or the person in charge of the place of safety must assist to locate the next available local health based place of safety in Stoke-on-Trent / Staffordshire. A local NHS protocol governs these arrangements.

Local Clinical Commissioning Groups are responsible for commissioning and providing sufficient safe and secure health-based places of safety, including for people under the age of 18 (MHA COP 16.32).

6.4 Police Custody based Places of Safety

PLEASE NOTE – It has been agreed that Health care provision cannot be provided within Staffordshire and Stoke on Trent therefore the 3 criteria cannot be met so Police Stations/Custody WILL NOT be used as a place of safety in any circumstances. Officers must liaise with Health staff in order to provide the necessary resources to manage an individual within a health based place of safety.

Police and Crime Act Legislation states that Police custody must not be used as a place of safety except in exceptional circumstances, for example, it may be necessary to do so because the person's behaviour would pose an unmanageably high risk to other patients, staff or other users if the person were to be detained in a healthcare setting. This will be a joint decision between the Police and Healthcare Professionals and will be authorised by an Inspector or above following the following three conditions must be satisfied before the person arrives:

i. the behaviour of the person poses an imminent risk of serious injury or death to that person or others (regulation 2(1)(a)(i)).

   The decision-maker must be satisfied that the person's behaviour poses an imminent risk of serious injury or death to the person or to others. The decision-maker should consider whether, if no preventative action is taken: the person's behaviour presents a risk of physical injury to the person or to others of a level likely to require urgent medical treatment and that risk already exists or is likely to exist imminently.

   Such judgements will inevitably be partly subjective and informed by wider experience of dealing with potentially dangerous or volatile detainees. For example, a verbal threat to use violence may not of itself meet the threshold. However, if the person has already been violent towards officers the consideration may be different. The likely ability of the person to inflict the degree of serious injury is also a factor (thus for example issues like stature, strength, and co-ordination may be relevant considerations).

   Being intoxicated and/or uncooperative may not necessarily, of themselves, meet the threshold. Past behaviour (for example a criminal record for a violent offence) can be relevant, but should not be taken as an indication, in isolation from any demonstrable current behaviour, that the person poses an imminent risk of serious injury or death to themselves or others.

ii. because of the risk posed, no place of safety other than a police station in the relevant police area3 can reasonably be expected to detain the person (regulation 2(1)(a)(ii)).

   The decision-maker must be satisfied that no place of safety in the area other than a police station can reasonably be expected to detain the person in the light of the risk posed. Consultation with healthcare professionals, as specified under section 136(1C), will serve to help officers identify the availability and capacity of places of safety, and will assist with facilitating access to them.

   This condition may be satisfied where:

   - a place of safety that could normally manage the person's behaviour is not available – for example because it is temporarily out of commission or already fully occupied (and cannot be cleared readily);
   - a place of safety is available but is not reasonably able to manage the person – for example because of a lack of sufficiently trained and equipped staff, or because the physical characteristics of the facility, including security and the ability to safeguard other patients (for example in shared assessment areas), are inadequate in the circumstances.

   Although this condition requires the decision-maker to consider the availability of places of safety in the "relevant" police force area, this does not prevent a place of safety in a different police force area from being used if deemed necessary and appropriate. The availability and suitability of such facilities will most likely depend upon existing regional/cross-border agreements.

(3) so far as is reasonably practicable, a healthcare professional is present and available to the detainee throughout the period in which he or she is detained at the police station (regulation 2(1)(a)(iii)).

The decision-maker must be satisfied that a healthcare professional will be present and available throughout the period of detention, so far as is reasonably practicable (regulation 4(1)(b)).

Under 18's will never be detained to police custody based place of safety under any circumstances.

The 24-hour period starts on arrival at any place of safety (including non-designated places of safety e.g. A&E, a residential care home).

7. Section 136 at a Health Based Place of Safety

7.1 Arrival at the Place of Safety:

On arrival at the PoS, the officer must identify and introduce themselves to the nurse in charge and inform them of how the detainee presented on detention and why the officer believed the person was in need of "care or control". This will assist in the assessment of the individual particularly if he/she has calmed down or settled since the detention. A full summary of events must be recorded on the Section 136 Record.

A person is defined as 'arriving' at a PoS when their care has been accepted by the NHS professionals managing that. Disputes about acceptance must be referred to the S136 locality groups if they cannot be resolved by operational supervisors at the time and an exception monitoring form should be completed.

7.2 Police Presence at the 'PoS' (Place of Safety)

Following the transportation of a detainee to the PoS under Section 136 of the Mental Health Act, the police will not be required to remain at the PoS, unless to provide support where increased risk has been identified. There must be identified, objective reasons based on risks and threats for police officers to remain after arrival in a mental health PoS, utilising the risk assessment tool. The assessment of the level of risk attributed to the detainee whilst at the PoS is the joint responsibility of the police and health staff that are present at the time (see Appendix 2). The level of police support will then be tailored accordingly. The final decision of whether police remain in support lies with the nurse in charge. The number of police officers required is a police decision. Officers remaining must be released as soon as is appropriate. If there is dispute which cannot be resolved by those immediately involved, staff will need to refer to their own organisation's escalation procedure.

All staff involved in the management and assessment of a person in a PoS are empowered under The Mental Health Act to detain the person for the purpose of the mental health assessment.

7.3 Role of the Nurse in Charge:

The S136 assessment process will usually be co-ordinated by the nurse in charge. The role of the nurse in charge is as follows:

- Receive notification regarding an imminent S136 arrival, and make the necessary preparations. All referrals should be directed to the separate place of safety entrance.
- Meet and greet the patient and officers, who will be invited to sit in the waiting area.
- Initiate the record of detention. **The 24-hour period starts on arrival at any**

place of safety (including non-designated places of safety e.g. A&E, a residential care home).

- Scrutinise the legality of the detention before the S136 is accepted. If it is clear the section was wrongly applied, it is invalid. An exception monitoring form must be completed to record an illegal application of Section 136. If invalid, the nurse in charge should undertake an initial assessment to establish If the person is willing to stay and if not, if there is any other legal basis to hold the person in the place of safety – e.g. Mental Capacity Act / Common law.
- Discuss with the detaining officer whether they are required to remain.
- Ensure that the patient is comfortable with beverages and food, offered in accordance with assessed need.
- Perform a baseline triage assessment of the patient's physical and mental health needs. The nurse in charge must then prescribe and organise the appropriate level of supervision and support, referring to relevant Trust policies on observations, physical monitoring, smoking etc.
- If the patient appears to be intoxicated, the nurse in charge must undertake appropriate monitoring and make a judgement about the patient's suitability for assessment.
- Explain to the patient their situation, what to expect and their rights under Section 136, in both verbal and written forms. They must also be informed of their right to have someone informed about their situation.
- Assessments should commence within 3 hours of arrival, unless there are clinical grounds to delay the assessment (See point 11.1below).
- **Immediately contact** an AMHP to arrange the assessment (even if clinical grounds for delay are triggered), calling the AMHP, 8.30 am to 5.00 pm Monday to Thursday and 8.30 am – 4.30 pm Friday via one of the Single Point of Access teams; at other times via the Emergency Duty Service in Staffordshire or the Emergency Duty Team in Stoke –on-Trent (see Appendix 1).
- If the person does not appear to have a mental disorder, they should inform the AMHP so they can instruct a Doctor to assess the person.
- Ensure the Section 136 Record is completed contemporaneously.

Where the person awaiting assessment absconds from the designated PoS, the hospital must immediately invoke their missing person's procedure – notifying the police with relevant details including commencement and expiry times of the S136 and any risks associated with that individual.

8. Section 136 in alternative Places of Safety

8.1 When it is appropriate to use a suitable place as a place of safety

Even where a place may appear to be suitable and relevant persons likely to agree to its use as a place of safety – it does not necessarily follow that such a place should be used. In particular such places should not be used simply because they appear to be the easiest or most convenient place of safety. In all considerations, the best interests of the person requiring a place of safety should be paramount when deciding which place should be used.

8.2 Use of private dwellings as a place of safety

It should not be assumed that the person might prefer to remain at, or be taken to a family home. In some circumstances, for example, relationships within the home may contribute to mental distress.

In cases where a section 135(1) warrant has been used to enter a private address, the use of that same address as a place of safety – with the person subject to the warrant thereby remaining in familiar surroundings – may avoid any distress that the person might otherwise experience if transported to another place of safety. In such cases a mental health professional will already be

present and it may be in the best interests of the person that an assessment be carried out on the spot.

In section 136 cases, the use of a private dwelling as a place of safety would usually involve the person being taken – on the authority of a police officer – to their home or the home of someone they know, such as a family member, guardian, or friend, where they might be able to benefit from familial support and reassurance pending a Mental Health Act assessment.

8.3 Voluntary sector provision of places of safety

Increasingly, local areas have developed a range of informal help and support facilities, such as crisis cafés, drop-in centres, calm spaces and other similar establishments. These are often run by third sector organisations or local community-based groups. Such places are generally designed to support individuals on a self-referral or drop-in basis. They may, therefore, be of particular assistance to police officers where, for example, it is thought that use of the power to exercise section 136 powers is not appropriate. However, there may be occasions when such facilities could be considered for use as a suitable place of safety.

Local policies on the use of police powers and places of safety should identify new places of safety and the circumstances in which those places can be used (for example, whether as bespoke places of safety, or as additional, contingency support for use on an ad-hoc basis). While voluntary sector places of safety can be an important additional resource, health service commissioners remain responsible for ensuring the provision of sufficient health-based places of safety.

Where formal arrangements can be concluded with local organisations on the use of premises as places of safety, these might cover such issues as the provision of specific facilities, understanding of safety and welfare arrangements and the circumstances in which they might be used. However, when using such a place the police officer must still check, in each individual case, that the responsible person agrees (as required in section 135(7)(b)) to the use of the premises as a place of safety. Ad hoc decisions to use premises as a place of safety where no prior understanding or arrangements exist will require greater care and checking that the responsible person understands what he or she is agreeing to.

9. Section 136 Rights

9.1 All people detained under S136 must be given their rights verbally and in writing. They must be informed:

- that they are detained under S136 and what this means; this includes explaining to them that they have not committed a criminal offence;
- that they can have another person of his or her choice, to be informed of their removal and their whereabouts, (s56 of PACE 1984); and
- that when he/she is removed to a PoS which is a police station, they have a right to access free legal advice (s58 of PACE 1984).

If the person is removed to a PoS at a setting other than a police station and makes a request for legal advice, this should be facilitated.

'There is no requirement for an Appropriate Adult to be present if a person is detained under Section 136 of the Mental Health Act 1983 for assessment'. (PACE COP pg. 71).

Once the assessment is complete, the individual must be informed of the outcome and any plans for follow up care if they are not admitted to hospital.

Information leaflets must be available at each PoS. Section 136 leaflets are

available in other languages.
http://www.mentalhealthlaw.co.uk/Foreign-language_information_leaflets

10. Care and Support of individuals detained under Section 136

10.1 Use of Restraint

The use of physical restraint or force may be required when removing a person to, or in a place of safety, for the protection of the person or others (such as the public, staff or patients). If physical restraint is used, it must be necessary and unavoidable to prevent harm to the person or others, and be proportionate to the risk of harm if restraint was not used. The least restrictive type of restraint must be used.

Where the person resists the restraint in a violent prolonged manner, the physical stress on the person's body may result in death.

Where police officers are involved in any prolonged restraint, they must treat the situation as a medical emergency and obtain emergency medical care for the person by summoning an ambulance to take the person to an accident and emergency department. The provision of such emergency medical care must take priority over the provision of mental health care. In all circumstances a Police 'Use of Force Form' will be completed and submitted

Where staff from a health based place of safety are also involved in a restraint, the appropriate Trust form should also be completed. Place of safety staff must also refer to the local policy governing physical intervention.

10.2 Treatment

Section 136 does not give authority for treatment. Consent must be sought for any treatment. If the individual lacks capacity to consent, treatment could be considered under the Mental Capacity Act and also common law may be an option in an emergency. Treatment of under 16 who are not competent to decide about treatment could be given via parental consent. The reasons for treatment and the legal basis need to be documented in the S136 Record.

11. Assessment

11.1 The detained person must not be kept in a PoS longer than is necessary for the assessment to take place. The assessment (interview) process should aim to begin within 3 hours of the start of detention, unless there are clinical grounds to delay the assessment.

Assessments must not be delayed in order to make care arrangements e.g. out of area beds, CTO re-call arrangements. The individual must be seen so that their immediate care needs can also be established.

The locally agreed clinical grounds to delay assessments are as follows –

- The person is too intoxicated with alcohol or drugs (including prescription) to be assessed.
- The person is too physically unwell / has been transferred to A&E for treatment.
- There is insufficient information about the person and it is necessary to delay the assessment until that information can be obtained.
- The person needs to be transferred between places of safety. Note: the assessment should still proceed as soon as the person arrives at the new place of safety.
- The person requires an interpreter including sign language or Makaton.
- The person has requested a specific individual to be present during the

assessment and this request has been agreed by the assessing team.

- Delaying the assessment may benefit the individual e.g. the person has been very distressed or a period of sleep would benefit the person / assessment.
- The person has a specific need and the assessing team agree that it is appropriate to delay the assessment until an assessor / professional with relevant experience can be present / consulted.

Doctors examining patients should, wherever possible, be approved under S12 of The Mental Health Act. Where the examination has to be conducted by a doctor who is not approved under S12, the doctor or AMHP concerned must record the reason.

Assessors should ensure that any reasonable adjustments are made for people with an impairment that constitutes a disability under the Equality Act.

Where individuals have specific needs e.g. Autism, Learning Disability, Hearing Impairment or are under 18, one of the assessing team should have knowledge and experience of working with those specific needs. If this is not possible, the team should be accompanied by, or consult someone with appropriate knowledge and experience.

Should detention be considered necessary, it is considered best practice for each doctor to complete separate recommendations.

11.2 Role of the Registered Medical Practitioner:

Where a person has been detained under S136, they must be assessed by a registered medical practitioner. The registered medical practitioner will be required to:

- Assess the person and determine whether the person has a mental disorder and requires admission under The Mental Health Act. It is important to note that these are separate questions. If it is felt the person does not have **any** mental disorder, they must be immediately released from S136 by the doctor. *The test of mental disorder is whether one exists, not its nature or degree.* If the person has a mental disorder, they **must** be also assessed by an AMHP.
- Liaise closely with the nurse in charge or the custody officer.Liaise closely with the AMHP.
- Liaise with the second doctor if appropriate.
- Together with the AMHP, consider possible alternatives to admission to hospital.
- If admission is required, the doctor is responsible for identifying a bed.
- Record their assessment, conclusions and recommendations on the S136 record form.

11.3 Role of the AMHP:

If the person is felt to have a mental disorder then the local authority has a duty to provide an AMHP to assess any individual detained under S136. The AMHP must provide clear information to the person about their rights, taking into account any language, learning, or cultural needs as outlined in s132 of the Mental Health Act. The AMHP shall keep the relevant police officers in the case fully informed throughout the assessment period. The AMHP should also:

- interview and assess the person;
- co-ordinate a full Mental Health Act assessment where required;
- consult fully with the doctor(s);
- contact the detained person's relatives or friends;
- find out if a previous psychiatric history exists;
- establish if any mental health support services are involved and to contact the relevant agencies where known;

- consider possible alternatives to admission to hospital;
- liaise with the custody officer or the nurse in charge regarding the case progress;
- complete an AMHP report form, and attach it to the S136 record form or write in the record.

12. Discharge of the S136

12.1 The authority to detain a person under Section 136 ends as soon as the assessment has been **completed and suitable arrangements have been made**. This may include detention under part 2 of the Act, informal admission, an offer of community treatment or other arrangements necessary for a safe discharge, including necessary social arrangements.

Where a doctor concludes that the person is not mentally disordered, the person can no longer be detained and must immediately be released – (MHA COP 16.27).

If the doctor sees the person first and concludes that they *have a mental disorder* but that compulsory admission to hospital is not necessary, the person must still be seen by an AMHP. The AMHP must consult the doctor about any arrangements that might need to be made for the person's treatment or care.

In circumstances where the person on S136 has agreed to admission, or is admitted prior to assessment of an AMHP, the AMHP is still required to attend (COP 16.51).

If the decision of the registered medical practitioner/AMHP is to admit a person to hospital compulsorily under the Mental Health Act 1983, it is the responsibility of the AMHP to ensure the application for admission is completed and that the person is taken to hospital (s6 of the Mental Health Act 1983).

The assessing psychiatrist / doctor should ensure a bed is available and to inform the AMHP which ward is expecting the person. The Custody Sergeant / Nurse in charge of the place of safety must be also informed and updated if there is a delay in obtaining a bed. AMHPs are responsible for coordinating the transport of people who are being admitted (see Conveyance Policy).

The nurse in charge of the place of safety must contact the police prior to discharge if the individual has been arrested for any criminal offence or if there are any further concerns non-mental health related.

13. Transport following Discharge of S136

13.1 Where the assessment concludes that the individual requires admission to hospital as an informal or formal patient, if the police are still in attendance because of the individuals behaviour they may be required to support the conveyance process. The AMHP should discuss this with the officers and with the control room

Securing arrangements for admission to hospital remains the responsibility of the AMHP, who should follow the Conveyance Policy. Where it has been agreed that the police should resume other duties, they should not become re-involved in supporting any conveyance unless the risk assessment has altered.

If the outcome of the assessment is not admission, the Trust and the police have a responsibility to make sure they are returned home or to a safe address.

The AMHP, Nurse in Charge and / or Custody Sergeant should establish if the individual has any friends / family who can transport the individual home, if not:

- The Trust will be responsible in any other situation.

14. Transfers between Places of Safety

14.1 Section 44 of the Mental Health Act 2007 amends S135 and S136 to enable a person detained at one PoS to be transferred to another. Individuals may be transferred before their assessment has begun, after it has started or following its completion, while waiting for appropriate arrangements for care and treatment to be put in place (MHA CoP, para. 16.53 and 16.55). There is no restriction on the number of the times that a person may be transferred. However, repeated transfers are unlikely to be in anyone's interests. Before any transfer, the 5 Mental Health Act Principles must be considered.

14.2 **Decision to Transfer:**
Unless it is an emergency, a person must not be transferred without the agreement of an AMHP, a doctor or another healthcare professional who is competent to assess whether the transfer would put the person's health or safety (or that of other people) at risk. The person in charge of the PoS should participate in the decision-making (CoP, par. 16.53).

The new PoS must be willing and able to accept the patient, unless there is a medical emergency requiring transfer to A&E, or unmanageable high risk behaviour requiring transfer to police custody, nevertheless contact should be made in advance of arrival

The times of detention in each PoS must be clearly recorded on the S136 record, which must travel with the person and information shared effectively between the transferring and receiving PoS. The maximum period of detention is not affected by transfer to another PoS and runs from the arrival time at the first Place of Safety

Where police officers are involved in the transfer, the authority of a police supervisor will be sought prior to the transfer taking place unless there is a need to respond to unmanageable high risk behaviour, or the person needs to go to A&E because they require urgent medical attention.

15. Accident and Emergency Department (A&E)

15.1 Where an individual requires urgent physical health assessment and management, they should be taken to any of the below A&E Departments:

- Royal Stoke University Hospital, Newcastle Road, Stoke on Trent, ST4 6QG
- (Before 22.00 hrs) County Hospital, Weston Road, Stafford ST16 3SA
- Queens Hospital, Belvedere Road, Burton -on- Trent, Staffordshire, DE13 0RB
- Tamworth area access Good Hope Hospital, Birmingham B75 7RR

The 24-hour period starts on arrival at any place of safety (including non-designated places of safety).

If the person is transferred to A&E from another place of safety, anytime spent at the emergency department needs to be included in the overall maximum period of detention for assessment.

Where Police Officers are involved in the transfer of the person detained under S136 to A&E, tThe police officers will inform the Duty Senior Nurse at the appropriate place of safety of the person detained under S136 in A&E.

West Midlands Ambulance Service will contact and inform A&E that they are on

their way with a person detained under Section 136 and a standby alert will be created.

On arrival at A&E physical health staff will assess the physical health needs and mental health staff will conduct the mental health assessment.

The DSN from the appropriate place and safety in liaison with A&E staff will start to co-ordinate the section 136 assessment - All relevant staff will be arranged to meet the individual person at A&E for the assessment to be started.

Police officers will remain in A&E with the person until it is deemed suitable for either the handing over of the Section 136 or until the risk management decisions have been made on whether the police remain or leave A&E – see appendix 4.

Anyone taken to A&E and accepted there for assessment/treatment must be informed of their rights whilst detained. This will be done verbally and by the provision of the 'rights leaflet' by the police or AMHP (if in attendance).

Where an individual is transferred from another health based place of safety, they should be accompanied by a member of staff from the place of safety, and original S136 record accompanies them.

Once A&E staff considers the person 'fit for discharge' then the person must be transferred to a PoS for conclusion of the mental health assessment, where appropriate to do so. A&E staff should record a summary of any interventions provided and conclusions on the Section136 Record form.

If the person is going to be admitted to hospital for a physical health condition, the S136 assessment should still take place. Assessment may also be necessary if the individual would need to remain at A&E for some time because of their medical or physical healthcare needs. The AMHP should consult with A&E and the assessing doctors to establish if the assessment can take place. It may not be possible to undertake an interview in a suitable manner because of the individual's condition or treatment requirements.

16. Children and Young People

16.1 Where the person detained is under the age of 18, they should be taken to an appropriate place of safety. A child or young person must not be taken to a place of safety in a police station; a local health-based place of safety should be used.

16.2 A child and adolescent mental health services (CAMHS) consultant or an AMHP with knowledge and experience of working with children / young people should undertake the assessment.

If arranging for a CAMHS specialist to assess the person would result in a substantial delay, then those assessing the person should at least discuss the case with an appropriately experienced person. Where appropriate, and depending on specific circumstances, consultation with carers may help, particularly in the case of children and young people.

17. Escalation Policy

17.1 **Stage 1:**

If there is a dispute between the detaining officer and the nurse in charge/receiving person concerning this guidance and the issue cannot be resolved, the matter must be escalated to the duty (CADRE) inspector who should then discuss the issue with the Duty Senior Nurse / Site Manager / in an attempt to resolve the matter. If the issue is still not resolved, the Hospital Manager (on call if out of hours) and the Police Force Duty Officer should

attempt to resolve the issue. Where possible, agency locality meeting representatives should be involved. If the matter is resolved to a satisfactory outcome for all then the procedure ends. Alternatively stage 2 should be instigated. This process must be recorded in the relevant sections of the S136 record form.

17.2 Stage 2:
Where the matter is resolved at the time but the outcome is not satisfactory to any party, the next stage is to escalate to the Section 136 Locality meeting for the relevant area – An Exception Monitoring form should be completed (appendix 5)

18. Incident review and Debrief

18.1 The locality operational groups are responsible for reviewing incidents that occur in relation to Section 136.

All incidents of violence or damage towards/within a PoS, staff or property must be referred to the Locality S136 Operational Group in the appropriate area.

19. Accountability, Audit and Monitoring

19.1 North and South Staffordshire have joint Locality S136 Operational Groups. These meet bimonthly and their purpose is to promote the implementation of this guidance, monitor practice fidelity and devise ways to improve standards pertaining to S136.

The S136 Record form not only provides a contemporaneous record of the S136 event, but also captures all the data required to monitor S136 activity. This form will be used in all the PoS and move with patients subject to S44 transfers. Completed forms will be held by the Mental Health Act Administration Teams within the Mental Health Providers Trusts and the information collated and presented to the Locality S136 Operational Groups.

All parties to this agreement will ensure that it is implemented in accordance with local procedures. Part of this policy will include provision for auditing the maintenance and the management of compliance with the terms of this document. Any issues can be addressed within the local S136 operational groups.

Places of Safety and Contact Numbers **Appendix 1**

Designated Health Places of Safety in Staffordshire and Stoke-on-Trent

Brocton Ward – Place of Safety — Tel: 01785 221317 or 257888
St Georges Hospital
South Staffordshire & Shropshire Healthcare NHS Foundation Trust
Corporation Street
Stafford
ST16 3AG

Harplands Hospital – Place of Safety — Tel: 01782 441600
North Staffordshire Combined Healthcare NHS Trust
Hilton Road,
Harpfields
Stoke-on-Trent
ST4 6TH

Emergency Duty – Social Care & Health:

Stoke-on-Trent Emergency Duty Service — Tel: 01782 234234

Staffordshire Emergency Duty Service — Tel: 0845 6042886

Mental Health Access Team for North Staffordshire:

Harplands Hospital — Tel: 0300 123 0907

Single Point of Contact South Staffordshire:

South Staffordshire West — Tel: 01785 221140

South Staffordshire East — Tel: 0300 555 5001

Appendix 2

Flow Chart of Options for Conveyance of S135/S136 to Place of Safety

Person Detained under S135 or S136 requiring conveyance

Police/AMHP to contact Ambulance Service for assessment and transport – WMAS to respond within 30 minutes.
(In cases of S135 this will be a planned time to meet)

Conveyance Options

- Ambulance with police following.
- Ambulance with Police sitting in ambulance.
- Police vehicle with paramedic sitting in police vehicle.

WMAS staff to apply Red Flag Criteria – Appendix 3
WMAS to record the use of force on Section 136 record

Emergency Cases

Accident & Emergency Department

- Serious physical injury requiring urgent treatment inc. suspected head injury,
- suspected overdose,
- ABD/ Excited Delirium,
- Extreme intoxication.
- **Police will remain with the detained person.**
- *WMAS to convey to next POS*

Non-Emergency Case

Designated nearest health place of safety

- Minor cuts/scrapes
- Moderate intoxication
- Display manageable risks
- **Police handover responsibility to Health POS**

OR

Alternative health place of safety when first choice is occupied

Alternative health based place of safety should be found and considered if the first choice facility is occupied/unavailable.
Police handover responsibility to Health POS

RED FLAG CRITERIA

Police Officer / Paramedic triggers for conditions requiring

Treatment or Assessment in an Emergency Department

Dangerous Mechanisms:
Blows to the body
Falls>4 Feet
Injury from edged weapon or projectile
Throttling/strangulation
Hit by vehicle
Occupant of vehicle in a collision
Ejected from a moving vehicle
Evidence of drug ingestion or overdose

Serious Physical Injuries:
Noisy breathing
Not rousable to verbal command
Head injuries

- Loss of consciousness at any time
- Facial swelling
- Bleeding from nose or ears
- Deep cuts
- Suspected broken bones

Actual or Attempt of self-harm:
Head banging
Use of edged weapon (to self-harm)
Ligatures
History of overdose or poisoning

Psychiatric Crisis
Delusions/Hallucinations/Mania

Possible Excited Delirium:
Two or more from:

- Serious physical resistance/abnormal strength
- High body temperature
- Removal of clothing
- Profuse sweating or hot skin
- Behavioural confusion/coherence
- Bizarre behaviour

Specialist Practitioners:

ONLY AT THE REQUEST OF PARAMEDICS/ TECHNICIANS – ACCESSED VIA EOC

Where immediate management of RED FLAG conditions necessitates the intervention or skills of a Specialist Practitioner or where without medical oversight the journey would involve too much risk, either to the patient, the paramedics or the police officers.

This should include situations where rapid tranquilisation is considered necessary, in accordance with NICE GUIDELINES 2005.

Conveyance to the nearest ED:

Should NOT be undertaken in a police vehicle UNDER ANY CIRCUMSTANCES where a RED FLAG trigger is involved.

This includes remaining in ED until the person is medically fit for discharge to health based PoS, to Police Station or from S136 detention.

It is the responsibility of the Police to outline to ED the LEGAL ASPECTS of detention; it is the responsibility of the Ambulance Service to outline the MEDICAL ASPECTS.

Risk assessment for police to remain at place of safety

Low Risk	Medium Risk	High Risk
Low Risk No behavioural indicators (other than very mild substance use) are presented **And** No recent criminal/medical indicators that the individual is violent or poses an escape risk or is a threat to their own or others safety.	**Medium Risk** Some behavioural indicators (including substance use) are presented **And** Some recent criminal/medical indicators that the individual is violent or poses an escape risk or is a threat to their own or others safety.	**High Risk** Behavioural indicators (including substance intoxication) are causing significant concern **And** Significant recent criminal/medical indicators that the individual is violent or poses an escape risk or is a threat to their own or others safety.
Low Risk Officers remain at A&E pending transfer to 1st choice PoS; they do not remain once at PoS.	**Medium Risk** Agreed between staff/supervisors as to whether the police will remain – disputes resolved via local monitoring board.	**High Risk** Police officers MUST remain at A&E and/or PoS in sufficient number.

Section 136 / Section 135 / Conveyance
EXCEPTION MONITORING FORM

To be filled by any professionals involved in Section 136, S135 and Conveyance where the standards agreed in those policies have not been met, issue has been escalated to Locality Group

Date of Incident / Issue	
Location/Place of Safety	
Name of patient	
Date of birth	
Home Address	

Record unresolved issues below:

Record any other relevant information below:

Additional space over the page if required

Name of person completing form	
Role of person completing form	
Signed	
Date	

Please send this completed form to one of the following:
Mental Health provider Trust – Locality Meeting Chairperson / Mental Health Act Law Team
Staffordshire - Principal Officer Mental Health Law
Stoke-on-Trent - AMHP Team Manager
Staffordshire Police – Force Mental Health Lead
West Midlands Ambulance Service - Divisional Support Officer

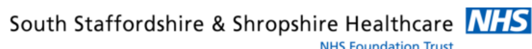
Section 136 / Section 135 / Conveyance
CONTINUATION OF EXCEPTION MONITORING FORM

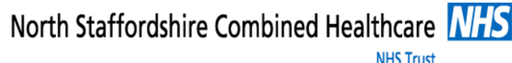
Additional space if required:

Operation Group Review of Issue raised and response following discussion

Record date discussed in Operational Group	
Outcome of Discussion	
Record any further action required and/or identified and any feedback to be provided to staff involved at the time the issue was initially raised.	
Date feedback provided to staff initially involved.	

FORM L9





Mental Health Act 1983
Section 136 Assessment Record

Name of Person:	FIRST NAME	NHS No:	
	LAST NAME	Unit No:	

Details – provided by the detaining police officer

Date of Arrest		Time of Arrest	

Community Street Triage Team		Access Team		Duty Senior Nurse		If yes, advice given	Yes		No	
Yes	No	Yes	No	Yes	No	If yes, alternative to Section 136 offered?	Yes		No	
Time contacted:						If yes, was the advice followed?	Yes		No	
If No, please state reason:						If No, please state reason:				

Section 136 of the MHA 1983 empowers a constable to remove to 'a place of safety' any person who they come across:	Yes	No
Give detail: (state location/address where you came across this person)		
And who appears to be suffering from **mental disorder**	Yes	No
Evidence of mental disorder:		

And who is in need of **immediate care**	Yes	No	Or **Control**	Yes	No
Why:					
And who needs to be **removed for their own interests**	Yes	No	Or **for the protection of others**	Yes	No
Why:					

Ambulance contacted?	Yes		No		Date:		Time:	
Expected time of arrival of ambulance?					Time:			
Ambulance attended?	Yes		No		Date:		Time:	
					Physical Health Screen	Yes		No
Ambulance assessment outcome-person to be conveyed to?					A&E		POS	
Conveyance to place of safety via:					Ambulance		Police Vehicle	
Police have to justify why they are transporting?								
Record any reason for delay in conveyance or why ambulance was not contacted at all?								

Police officer to contact POS prior to the removal of a person to a place of safety under section 136, in order to help secure their acceptance into a health-based place of safety. (MHA COP 16.33)	Yes		No		Date:		Time:	
Name of Nurse informed:								

Date of Arrival at First Place of Safety			Time of Arrival at First Place of Safety (See Below)		
NOTE: The 24 hour detention period starts when the person arrives at any place of safety, which includes any hospital, care home, police station or any other suitable premises if the occupier consents. E.g. If the person is taken to A&E prior to a designative place of safety (Police Station or MHU) the 24 hours starts at the arrival at A&E,					
At Place of Safety	Harplands Hospital (MHU)		St Georges Hospital (MHU)		
	A&E		Other (Care Home other Premises)		
	Police Custody		Station Code		
If not a MHU, explain why:	No MHU Locally		MHU Full		
	MHU closed due to no staff		Unmanageable high risk behaviour		
	Physically unwell		Other (State)		

Details of Detained Person – provided by the detaining police officer

Date of Birth:	/ /		Age:			
Gender	Male		Female		Transgender	
Pregnancy	Yes		No		Not applicable	
Marital Status	Married		Single		Civil Partnership	
Home Address:						
	POST CODE:					
Telephone Number:						
Spoken Language:						
Name of GP:						
GP's Address:						
	POST CODE:					

Details of Next of Kin, Relative or Friend

Last Name:		First Name:		
Home Address:				
Telephone Number:		Contacted and informed	Yes	No

Equality Act 2010 (MHA COP paragraph 16.63) - The Equality Act make it unlawful to discriminate (directly or indirectly) against a person on the basis of a protected characteristic or combination of protected characteristics. Protected characteristics under this Act include, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The protected characteristic of disability includes a mental impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.

THE PERSON'S SEXUAL ORIENTATION				*Place a cross in one box only*	
Heterosexual		Lesbian		Gay	
Bisexual		Do not wish to disclose			

OTHER DISABILITY					
Physical Disability:		Visual Impairment		Auditory Impairment:	
Physical Disability: Other		Mental Health needs:		Learning Disability	
Other Disability (none of the above)		Long term health condition		No Disability	

RELIGION OR BELIEF / OR NON-BELIEF				*Place a cross in one box only*	
No Belief		Buddhist		Hindu	
Jewish		Muslim		Sikh	
Christian		Not stated		Any other religion	

Ethnicity

Category	Cultural Background	Code	**Please Tick**
White	British	W1	
	Irish	W2	
	Any other white background	W9	
Mixed	White and Black Caribbean	M1	
	White and Black African	M2	
	White and Asian	M3	
	Any other mixed background	M9	
Asian or Asian British	Indian	A1	
	Pakistani	A2	
	Bangladeshi	A3	
	Any other Asian background	A9	
Black or Black British	Caribbean	B1	
	African	B2	
	Any Other Black Background	B9	
Chinese or other Ethnic group	Chinese	01	
	Any other Ethnic group	09	
Not Stated		NS9	

Risk Assessment Information for handover to the place of safety

Has the person received any medical attention prior to arrival at a place of safety?	**Yes**	**No**	
If Yes, describe further:			
Has the person been restrained?	**Yes**	**No**	
If Yes, how and for how long:			
Has the person been searched?	**Yes**	**No**	
If Yes, has anything been retained:			
Is the person on medication?	**Yes**	**No**	**Unknown**
Is the person suffering from the effects of drink?	**Yes**	**No**	**Unknown**
Is the person suffering from the effects of drugs?	**Yes**	**No**	**Unknown**
Has the person taken an overdose?	**Yes**	**No**	**Unknown**
If Yes, if known give details:			

Are there any RISK FACTORS the place of safety or assessment staff should be aware of? (Consider Self-harm, suicide, physical aggression, self-neglect, absconding, drug abuse, use of weapons, etc.)	**Yes**	**No**
If Yes, describe further:		

PNC (Police National Computer) / **FLINTS / GENIE / Local Intelligent Systems check completed?**	**Yes**	**No**
If Yes, any details to be aware of:		

Police Risk Assessment	**Low**	**Medium**	**High**
Following discussion with the lead nurse a decision has been made for the police to remain beyond handover?	**Yes**		**No**
If Yes, reason for the police to remain to be recorded here:			

Reporting Officers Details

Print Officers Name		**Rank/Div. No.**	
Incident No		**Station**	
Reporting Officers Signature			
Supervised by		**Rank/Div. No.**	
Time of Departure of the Police			

Escalation Procedure (Stage 1)

Escalation Procedure needed?			**Yes**	**No**
If YES, explain reason why:				
Senior On-call Manager Mental Health				
Duty Inspector for the Police				
Date		**Time**		
Outcome of discussion:				
Is the outcome satisfactory to all parties?			**Yes**	**No**
If NO, escalate to Stage 2 – to be discussed at Section 136 Locality Meeting.				

Acceptance of Section 136 at Place of Safety			
CHALLENGE THE POLICE OFFICERS - DO NOT LET THEM LEAVE - IF THEY HAVE NOT COMPLETED THIS PAPERWORK.			
Accepted at the place of safety as a lawful section 136 detention?		**Yes**	**No**
Name of professional:			
Designation:			
If No, reason for not accepting:			
Signature:			

To be completed on arrival at Place of Safety by lead professional.

Police Station – Place of Safety – PACE Code of Practice C – Patient Rights (MHA COP 16.66)						
Copy of the Notice of Rights and Entitlements Given	Yes	No	Date:		Time:	
If not given record reason why?						

Health Based Place of Safety Section 132 – Giving of Patient Rights				
Name of Lead Professional:				
Date		Time		
Section 132 Rights Given? (Please Circle)	Yes	No	Both Orally and in writing	
If Rights not given record reason why?				

Background Information		
Currently known to Mental Health Services?	Yes	No
If Yes, currently on CPA	Yes	No
Name of Care Co-ordinator		
Any outstanding appointments?	Yes	No
If Yes to any of the above, describe further:		
Past History of Section 136 Detention?	Yes	No
If Yes, describe further:		
Past History of Psychiatric Contact?	Yes	No
If Yes, describe further:		

Initial Risk Assessment									
Risk of Violence Aggression		Harm to Self		Risk to Physical Health		Risk of Withdrawal from Alcohol / Drugs		Other (specify)	
Comments									

Support Plan (e.g. Level of Observation, Physical Checks)

Breath Alcohol Levels (BAL's) should not be undertaken without the person agreement and a clear explanation of the reasons why the test is being carried out i.e. suspicion of head injury or to establish the level of alcohol intoxication

The Duty Senior Nurse/Place of Safety Nurse is responsible for monitoring intoxicated detainees and declaring when they are ready to be assessed. If the Doctor or AMHP are not happy delegating this responsibility, they should be asked to attend and make an initial assessment.

Breath Alcohol Level (BAL)		**Date:**		**Time:**	
70 or above	**There will be a delay in assessment.**				
35 – 70	**Start of assessment is on the Judgement of the Senior / Place of Safety Nurse.**				
35 or below	**Below drink drive limit and should be assessed.**				

Section 136 of the Mental Health Act 1983 - Transfer to another place of safety under Section 44 (Mental Health Act 2007 Amendment). The whole of this form must accompany the detainee to the subsequent place(s) of safety where this section and the rest of the form will be completed.

Place of Safety transferring FROM:	**Harplands Hospital (MHU)**		**St Georges Hospital (MHU)**	
	A&E		**Other** (Care Home other Premises)	
	Police Custody		**Station Code**	
Place of Safety transferring TO:	**Harplands Hospital (MHU)**		**St Georges Hospital (MHU)**	
	A&E		**Other** (Care Home other Premises)	
	Police Custody		**Station Code**	
Date:		**Time:**		
Explain why:	**MHU Full**		**MHU closed due to no staff**	
	Unmanageable high risk behaviour		**No longer unmanageable or a high risk.**	
	Physically unwell		**Other (State)**	
Section 44 Conveyance to new place of safety via:	**Ambulance**		**Police Vehicle**	
	Other (describe)			
	Record any reason for delay in conveyance.			
Name of Health professional / AMHP supporting transfer				

ASSESSMENT BY THE DOCTOR AND AMHP SHOULD BEGIN AS SOON AS POSSIBLE AFTER THE ARRIVAL OF THE INDIVIDUAL AT THE PLACE OF SAFETY. IN CASES WHERE THERE ARE NO CLINICAL GROUNDS TO DELAY ASSESSMENT, IT IS GOOD PRACTICE FOR THE DOCTOR AND AMHP TO ATTEND WITHIN THREE HOURS; THIS IS IN ACCORDANCE WITH BEST PRACTICE RECOMMENDATIONS MADE BY THE ROYAL COLLEGE OF PSYCHIATRISTS.

Contact With Assessing Team			
Name of Doctor		**Time**	
AMHP agency contacted		**Person**	
Date of Referral		**Time**	
Estimated Time of Arrival		If over three hours please record reasons / issues over	

Are there clinical grounds for delay in start assessment?			
The person is too intoxicated with alcohol or drugs (including prescription) to be assessed.		The person requires an interpreter including sign language, Makaton.	
The person is too physically unwell / has been transferred to A&E for treatment.		The person has requested a specific individual to be present during the assessment and this request has been agreed by the assessing team	
There is insufficient information about the person and it is necessary delay the assessment until that information can be obtained.		The POS nurse believes that delaying the assessment may benefit the individual. E.g. the person has been very distressed or a period of sleep would benefit the person / assessment	
The person has been transferred to Police Custody because of aggressive / unmanageable behaviour. Note: the assessment should still proceed as soon as possible in Police Custody.		The person has a learning disability or is under 18 and the assessing team agree that it is appropriate to delay the assessment until an assessor / professional with relevant experience can be present / consulted	
Comments			
Time Resolved			

Other Reasons for assessment delay
Comments .

Details of Assessors						
AMHP	NAME					
Doctor	NAME:		**Section 12 Doctor**	**Yes**	**No**	
If not approved under Section 12, the doctor should record the reasons they are completing the assessment.						
Assessment started:	**Date:**		**Time:**			
Reason(s) for any delay:						

Date detention due to expire:		Time detention due to expire:	

Extending the Detention Period							
The new maximum period of detention of 24 hours can be extended by up to a further 12 hours – to a maximum of 36 hours – but only in very limited circumstances.							
The person's condition (physical or mental), it is not practicable to complete a Mental Health Act assessment within the 24 hour period. This might arise, for example, if the person is too mentally distressed, or is particularly intoxicated with alcohol or drugs and cannot co-operate with the assessment process. A delay in attendance by an Approved Mental Health Professional or medical practitioner is not a valid reason for extending detention.							TICK
A decision to extend the detention period can only be taken by the responsible medical practitioner if the person is being held at a police station, and it is intended for the assessment to take place at a police station, the authorisation to extend the maximum detention period must also be approved by a police officer of the rank of superintendent or higher.							
The registered medical practitioner who is responsible for the examination of a person detained under Section 136.	**Name:**		**Date:**		**Time:**		
Where required - police officer of the rank of superintendent or higher.	**Name:**		**Date:**		**Time:**		

Patient Name:		**Date of Birth:**	

Date and Time	Management / Care Plan whilst awaiting assessment in the Place of Safety.	Signature
	• What level of supervision does the person require? • Do you need to maintain eye contact with the person at all times? • Is additional nursing support required? • Is the person likely to withdrawn from alcohol/substances, how will this be managed? • Does the person require review by a doctor pre-assessment? • Do we need to contact the person's relatives? • Does the person's care co-ordinator need to be contacted?	

Patient Name:		Date of Birth:	

Date and Time	Assessment Notes - Co-ordinator / Doctor / Nursing	Signature

Patient Name:		Date of Birth:	

Date and Time	Assessment Notes - Co-ordinator / Doctor / Nursing	Signature

Patient Name:		Date of Birth:	

Date and Time	Assessment Notes - Co-ordinator / Doctor / Nursing	Signature

Patient Name:		Date of Birth:	

Date and Time	Assessment Notes - Co-ordinator / Doctor / Nursing	Signature

Patient Name:		Date of Birth:	

Date and Time	Assessment Notes - Co-ordinator / Doctor / Nursing	Signature

Patient Name:		Date of Birth:	

To prevent duplication - See attached AMHP report for further information regarding the assessment completed by Approved Mental Health Professional.	Copy Attached
	TICK

Mental Disorder present?	Yes	No
Note: This assessment is based on the presence of mental disorder not the degree of mental disorder		
If Yes - the person must remain at the Place to Safety to be seen and assessed by an AMHP before the Section 136 can be discharged. The AMHP should consult the doctor about any arrangements that might need to be made for the person's treatment or care.		
If No - Discharge immediately. (If the person has a physical condition requiring attention, or is vulnerable (e.g. Children) arrangements should be made to support / safeguard the individual)		

Overall Outcome of Assessment: (Tick One Only)

Formal Admission to Hospital		Informal Admission to Hospital			
Gatekeeping team informed of admission?	Yes	No	Spoke to:		
Ward admitted to:		Date:		Time	
If detained on which Section:	Section		2		3

Please Note: If outcome of assessment is admission to hospital (both informal and formal), date and time of admission will be the same as the date and time detention under Section 136 ends.

Referred to Access Team		Referred to Home Treatment Team	
Referred to a Community Mental Health Team		Follow-up with current Community Mental Health Team	
Already known / Referred to Substance Misuse Services		Follow-up with own General Practitioner	
No follow-up required.		Arrested and taken into Police Custody	
Other			

More detail:

End of Detention under Section 136:	Date:		Time:	
Detained person informed of the outcome of the Section 136 assessment:	Date:		Time:	
Detained person asked to complete service feedback questionnaire?	Yes		No	
Detained person vacated the place of safety at?	Date:		Time:	

For all current service users - Information regarding Section 136 Assessment:

Emailed to Care Co-ordinator:						
By:	Senior / Place of Safety Nurse	Mental Health Law Team	Date:		Time:	

Signature of Duty Senior Nurse / Custody Sergeant:	
Print Name of Duty Senior Nurse / Custody Sergeant:	

National Early Warning Score (NEWS)

Ward		NHS Number	
Name		DOB	

Date															
Time															
Respiration Rate	≥25														
	21-24														
	12-20														
	9-11														
	≤8														
	Record respiration rate														
Oxygen Saturation	≥96														
	94-95														
	92-93														
	≤91														
Percentage of Oxygen Given	%														
	Record oxygen saturation %														
Blood Pressure	≥230														
	221-230														
Record systolic & diastolic	211-220														
	201-210														
	191-200														
	181-190														
Inform nurse in charge if systolic is above this line	171-180														
	161-170														
	151-160														
	141-150														
	131-140														
	121-130														
	111-120														
	101-110														
Score systolic BP only for NEWS	91-100														
	81-90														
	71-80														
	61-70														
	51-60														
	≤50														
	Record blood pressure														
Pulse / Heart Rate	≥140														
	131-140														
	121-130														
	111-120														
	101-110														
	91-100														
	81-90														
	71-80														
	61-70														
	51-60														
	41-50														
	31-40														
	≤30														
	Record pulse / heart rate														
Temperature	≥39														
	38.1-39°														
	37.1-38°														
	36.1-37°														
	35.1- 36°														
	≤35°														
	Record temperature														
Levels of Consciousness (AVPU)	Alert														
	Voice / Pain / Unresponsive														
Blood Sugar *															
Calculate NEWS score using guide below* and see overleaf for actions															
Staff Initials															

***Only record blood sugar if the patient deteriorates, or if AVPU scores 3 and GCS is activated.**

* NEWS key colour code for scoring	0	1	2	3	See overleaf for actions and GCS

How to calculate NEWS Score

- Record all observations overleaf.
- Note whether observation falls in shaded 'At Risk Zone'. Score as per NEWS key.
- Add points scored and record total 'NEWS Score' in bottom row of chart.

How to use the physical observation chart

<table>
<tr><th rowspan="2">Start up</th><th rowspan="2">Observations</th><th rowspan="2">NEWS scores</th><th colspan="3">Action</th></tr>
<tr><th>NEWS Score</th><th>Frequency of monitoring</th><th>Clinical response</th></tr>
<tr>
<td rowspan="4">1. This chart does not override clinical judgement.

If the patient scores 3 and above and has a valid reason, this must be documented/ careplanned and medical advice sought.

2. This chart cannot be used for patients under the age of 16.

3. This chart cannot be used for patients who are pregnant.

4. Take chart to patient.

5. Record patient identification.</td>
<td rowspan="4">1. Record ALL observations with a ‘firm’ dot ● in black ink.

2. Write exact values of observations in the boxes provided.

3. Join repeated observations with a straight line over time to form a display.

4. If Systolic Blood pressure is recorded in the grey shaded box, please inform the nurse in charge.</td>
<td rowspan="4">1. Total the NEWS score including AVPU using 0 – 3 key scoring guide on the chart.

2. Record the total NEWS score in the box for NEWS.</td>
<td>0</td>
<td>Minimum of weekly NEWS unless alternative observations are agreed as part of the care plan.</td>
<td>- Routine monitoring and scoring;
- Unless patient’s physical condition indicates change – then a care plan is required.</td>
</tr>
<tr>
<td>Total:
1-4

Score of 3 in any one parameter see box below</td>
<td>Minimum - 2 Hourly
Maximum - 4 hourly</td>
<td>- Inform registered nurse who must assess the patient;
- Registered nurse to decide if increased frequency of monitoring and/or escalation of clinical care required, i.e. medical review.</td>
</tr>
<tr>
<td>Total:
5-6

Or

A score of 3 in any one parameter</td>
<td>Increased frequency to a minimum of 1 hourly.
If VPU scores 3 continue with GCS and NEWS scoring
- Minimum of every 30mins for 2 hours if GCS 15.
- 15 minute NEWS and GCS if GCS ≤ 14.</td>
<td>- Registered nurse to urgently inform the medical team caring for the patient or an available medic for urgent assessment within 30mins, if the patients’ medical team is not available.
- Contact duty team (2222) and Emergency Services (9)999</td>
</tr>
<tr>
<td>Total:
7

Or

MORE</td>
<td>Increase frequency to 5 minutes
and
Therapeutic Observations (level 3/4)</td>
<td>- Registered nurse to immediately inform medical team for emergency assessment;
- Contact duty team (2222) and Emergency Services (9)999</td>
</tr>
</table>

How to calculate and action the Glasgow Coma Scale (GCS) 15 point score:

The GCS is a simple but effective way of assessing a patient’s neurological condition. It categorises the patient’s responses to certain stimuli and gives that response an overall score. It is divided into 3 main categories of response that are totalled to give an overall score.

- Score best motor, verbal and eye opening scores in the boxes provided following chart below.
- Add points score and record total ‘Overall GCS score’ in the box provided.

Score and Motor Response	Score and Verbal Response	Score and Eye Opening
6 - Obeys commands	5 - Oriented	4 - Spontaneous
5 - Localises pain	4 - Confused conversation	3 - Open to speech
4 - Withdrawal to pain	3 - Inappropriate words	2 - Open to pain
3 - Flexion	2 - Incomprehensible sounds	1 - No eye opening
2 - Extension	1 - No verbal response	
1 - No response to pain		

Date												
Time												
Motor Response Score												
Verbal Response Score												
Eye Opening Score												
Overall GCS Score												
Staffs Initials												