



National Ambulance Mental Health Group.

National Mental Health Act 1983 (*revised 2007*) [MHA] Section 136 Protocol.

Change Control:

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Date	Change	Authorised by
December 2013	FINAL version for circulation (v1.5 FINAL)	MH Group Chair & Deputy.
March 2015 V2 released	Review in line with new Code of Practice (2015)	MH Group

Aim:

To ensure that patients detained under Section 136 of the Mental Health Act: “*should always be conveyed in a manner which is most likely to preserve their dignity and privacy consistent with managing any risk to their health and safety or to other people.*” (Mental Health Act [MHA] Code of Practice 2015 para 17.3).

Introduction:

Section 136 of the MHA states:

- **“If a Constable finds in a place to which the public have access, a person who appears to him to be suffering from mental disorder and to be in immediate need of care or control, the Constable may, if he 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 (PoS)”.**
- “A person removed to a place of safety under this section may be detained there for a period not exceeding 72 hours 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 or care”.
- “A person removed to PoS under this section may be moved to one or more PoS before the end of the maximum 72 hour period for which they may be detained. **The total period of detention under this section will not exceed 72 hours from the time of arrival at the initial PoS**”.

1. Procedure:

- 1.1 Any Police Officer having detained an individual under s136 of the Mental Health Act 1983 (revised 2007) will contact the Ambulance Trust through a locally agreed route. Where there is an immediate threat to life a 999 call must be made.
- 1.2 Whenever possible, the following information should be made available at the time of request:
 - What is the patient’s age?
 - Does the patient have any physical disability?
 - Is there an obvious need for clinical care?
- 1.3 The local Ambulance Service Trust will initially respond to the location given. The local Ambulance Service will respond within 30 minutes (dependant on operational demand). The type of response provided will be determined by clinical need. A clinical assessment will be completed to identify any underlying medical/life or limb threatening conditions. It should be noted that on occasion a rapid response vehicle (unable to provide patient conveyance) may be utilised for the initial face to face patient assessment.
- 1.4 A decision should be made prior to conveyance by the senior ambulance clinician on scene as to whether the patient has a medical need which requires Emergency Department assessment using an agreed assessment criteria – an example of which is demonstrated in **Appendix 1 and 2**.
- 1.5 If a decision is made to convey a patient to the designated s136 PoS, the Police should inform the designated PoS and the Approved Mental Health Professional (AMHP) as soon as possible - always prior to the arrival of the patient.
- 1.6 The Police will remain with the patient during the conveyance.

- 1.7 Where it is necessary to use a police vehicle because of the risk involved, it may be necessary for the highest qualified member of an ambulance crew to ride in the same vehicle with the patient, with the appropriate equipment to deal with immediate problems. In such cases, the ambulance should follow directly behind to provide any further support that is required. *Mental Health Act 1983 Code of Practice 2015 (MHA CoP para 17.16)*. Where this is necessary the ACPO/AACE guidance should be followed.
- 1.7.1 Where there are clinical concerns arising from prolonged restraint, an appropriate response will be provided based on clinical need.
- 1.8 It is generally undesirable and unnecessary to have a person sedated prior to conveyance to hospital. However, there may be occasions where this is deemed necessary and the guidance in the MHA Code of Practice should be followed (*para 17.7*).

2. Escalation:

- 2.1 When there is dispute within this framework, duty Police Supervisors and on-call Ambulance Trust Managers should be contacted to resolve the difference and ensure an efficient and effective resolution at the time.
- 2.2 Where concerns remain, these should be raised at the relevant local multi-agency liaison group.

3. Monitoring.

- 3.1 A senior professional in each agency will be responsible for the implementation, monitoring and on-going strategic management of this protocol. It is expected that this will be facilitated by local multi-agency liaison groups.
- 3.2 A formal, two yearly review of this protocol will occur involving those professionals from partner agencies.
- 3.3 Minor amendments of the protocol may take place from time to time by consultation but without the need to renew the signatures.

Local Police and Ambulance Service employees are responsible for adopting and complying with this protocol in relation to the request for assistance to convey a patient detained under section 136 of the MHA. All agencies will use their best endeavours to work together for the benefit of patients and staff.

PLEASE NOTE the following Appendices are provided as examples only and, if used, can be amended for local implementation.

DETENTION UNDER s136 MENTAL HEALTH ACT 1983

S136 'RED FLAGS'? – is a Senior Clinician required?

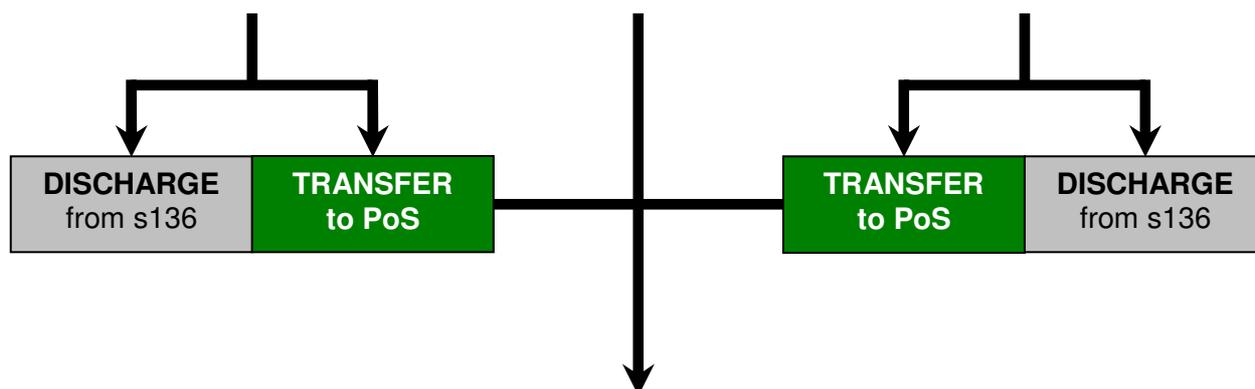
See overleaf for RED FLAG criteria – utilise BASICS Doctor if necessary (Paramedic / Technician decision only).

2. CONFIRM S136 RED FLAG RISK ASSESSMENT AND CONVEY TO:

1 st Resort PoS for	1 st Resort PoS	Last Resort PoS
s136 requiring URGENT hospital treatment or assessment arising from one or more RED FLAG criteria (<i>see overleaf</i>) Transferred on, only when medically fit for discharge.	NO RED FLAG criteria Transferred to ED if RED FLAG criteria develop whilst in the PoS Transferred to the Police Station if they offend or become an unmanageably high risk.	NO RED FLAG criteria where they pose: an unmanageably high risk (Inc. assault of PoS or ED staff) Transferred to ED if RED FLAG criteria develop in custody
2 nd choice PoS?	← Identified Alternatives	Exceptional use ONLY



Circumstances of detention, nominal details, risk- based intelligence, other relevant information from FLINTS / PNC



REPEAT INFORMATION SHARING UPON TRANSFER RISK ASSESSMENT OF WHETHER THE POLICE REMAIN

WHEN UNRESOLVED: POLICE REMAIN & DISPUTE REFERRED

Keep reassessing ← → keep reassessing

S136 RED FLAG CRITERIA (this is not an exhaustive list) Police Officer / Paramedic triggers for conditions requiring Treatment or Assessment in an Emergency Department	
<p>Dangerous Mechanisms:</p> <p>Patient has been hit by Taser Blows to the body (significant potential) 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</p>	<p>Serious Physical Injuries:</p> <p>Noisy Breathing Not rousable to verbal command Head Injuries:</p> <ul style="list-style-type: none"> • Loss of consciousness at any time • Facial swelling • Bleeding from nose or ears • Deep cuts • Suspected broken bones
<p>Actual (current) Attempt of self-harm:</p> <p>Actively head banging Actual use of edged weapon (to self-harm) Ligature use Evidence of overdose or poisoning</p> <p>Psychiatric Crisis (with self-harm) Delusions / Hallucinations / Mania</p>	<p>Possible Excited Delirium (agitated patient):</p> <p>Two or more from:</p> <ul style="list-style-type: none"> • Serious physical resistance / abnormal strength • High body temperature • Removal of clothing • Profuse sweating or hot skin • Behavioural confusion / coherence • Bizarre behaviour
<p>Senior Clinical Staff where available. ONLY AT THE REQUEST OF PARAMEDICS / TECHNICIANS – ACCESSED VIA EOC</p> <p>Where immediate management of RED FLAG conditions necessitates the intervention or skills of a Senior Clinician or where without medical oversight the journey would involve too much risk, either to the patient, the paramedics or the police officers.</p> <p>This should include situations where rapid tranquilisation is considered necessary, in accordance with NICE GUIDELINES 2005.</p>	<p>Conveyance to the nearest ED:</p> <p>Should NOT be undertaken in a police vehicle UNDER ANY CIRCUMSTANCES where a RED FLAG trigger is involved.</p> <p>This includes remaining in ED until the person is medically fit for discharge to PoS, to Police Station or from s136 detention.</p> <p>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.</p>

When a clinician deems in their opinion a patient requires assessment at hospital this overrides all other situations and the patient MUST be conveyed to hospital