

# Pan-London all age Section 136 pathway

## Highlight briefing for ED staff

### Section 136 attendances in ED

1. **ED can itself be a Place of Safety** within the meaning of the Mental Health Act.
2. When an individual under s136 presents to ED with no physical health needs due to limited HBPOS capacity, the **ED cannot refuse access** unless a formal escalation action has been enacted.
3. If a detained individual requires protracted physical health treatment, **the acute trust should, where appropriate, accept the s136 form** and take legal responsibility for custody of the individual for the purpose of the Mental Health assessment.
4. Any **decision to accept an individual detained under s136 should be made by the senior clinical staff member on duty**, usually the senior nurse in charge.
5. Information about **the individual's needs, and any associated risks, should be clearly explained** to ED staff receiving the individual and also documented in the s136 forms.
6. ED staff must likewise **ensure that any security staff at the ED department are properly briefed** before the ED takes responsibility for the individual.
7. **Police officers will provide the necessary support** needed unless there is mutual agreement between the department and the police officers that they are able to leave, following the updated criteria as to when police should stay.
8. Liaison psychiatry staff should **inform the AMHP service for the area where the hospital is located, as soon as is practicable**, that they have taken responsibility for the individual.
9. A person removed to a place of safety under section 136 may be detained there for a period of up to 24 hours. If the individual is taken to an ED department first, this **24 hour period commences on arrival (check in) at ED, not when they subsequently arrive at the HBPOS**.
10. In cases where it is not practicable for the mental health assessment to be carried out within the initial 24 hours due to the condition of the individual, as per the Physical Health Assessment & Treatment Protocol, **the doctor involved in the mental health assessment has the power to extend the detention period by up to 12 hours. Lack of bed availability is not a reason for the s136 to be extended**.
11. **Liaison psychiatry should see the individual within 1 hour** of receiving the referral from ED
12. Where there are no clinical grounds for delay, **completion of the mental health assessment by the AMHP and s12 doctor should occur within 4 hours** of the individual's presentation to ED.
13. If the ED department decides against accepting the s136 form, the department must **ensure the individual's physical health care is expedited** so the mental health assessment can commence promptly at the closest HBPOS.
14. **Individuals should only be conveyed between sites when it is in their best interests**; relatives/carers must be properly communicated with and informed where/when the individual is being transferred.
15. If the decision is taken to transfer the individual to a HBPOS for the purpose of the mental health assessment, **it is the responsibility of the s136 coordinator in ED to locate HBPOS capacity, and communicate this to police**. The s136 coordinator should call the HBPOS ahead of the transfer, to ensure they have capacity and are willing to receive the individual before the transfer takes place.
16. Coordinating the conveyance of individuals to the HBPOS should be undertaken by the acute trust, led by the s136 coordinator in ED. **Coordinating and arranging transport is not the police's role** unless there is mutual agreement that it is in the best interest of the individual and there is resource to provide support.

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## Highlight briefing for Health Based Place of Safety staff

1. Every HBPOS should have a **designated s136 coordinator available 24/7** who is assigned to the HBPOS at all times. Adequate, dedicated clinical staff must be available 24/7 to ensure staff members do not come off inpatient wards.
2. An individual **cannot be turned away from a place of safety that has capacity due to being an out-of-area patient** (this applies to both out of borough and out of London). For further advice, please refer to [the London MH Compact](#)
3. If the MHCAL is unable to identify capacity at a mental health HBPOS, they will advise the police to convey the patient to ED
4. If the police officer has been informed that a HBPOS has capacity, **action should be taken to ensure this capacity remains available until the individual arrives**. If in exceptional circumstances, the HBPOS becomes unable to accept the individual during the time taken to convey, all efforts should be made to inform the MHCAL so that the hub can source an alternative HBPOS
5. If someone appears to be too **intoxicated and showing 'aspects' of incapability** (e.g. walking unaided or standing unaided), as per the Physical Health Assessment & Treatment Protocol, then that person should be taken to ED for medical assistance. If however the person is intoxicated but not showing any 'aspect' of incapability, they will be conveyed to a HBPOS.
6. If the s136 coordinator and HBPOS team feel unable to meet the physical needs of the individual following the Physical Health Assessment & Treatment Protocol, and the individual needs to go to ED, **staff at the HBPOS have the right of refusal to the site. However, concerns should always be escalated to an on call doctor**. HBPOS staff must not conduct tests to determine intoxication as a reason for exclusion to the site; this should be based on clinical judgement, following the Physical Health Assessment & Treatment Protocol guidance.
7. A person removed to a place of safety under section 136 may be detained there for a period of up to 24 hours. If the individual is taken to an ED department first, this **24 hour period commences on arrival (check in) at ED, not when they subsequently arrive at the HBPOS**.
8. In cases where it is not practicable for the mental health assessment to be carried out within the initial 24 hours, due to the patient presentation precluding medical assessment (as outlined in the Physical Health Assessment & Treatment Protocol) **the doctor involved in the mental health assessment has the power to extend the detention period by up to 12 hours**.
9. There should be a **minimum of two mental healthcare professionals** (at least one a registered mental health professional) immediately available to receive the individual on arrival and receive a verbal handover from ambulance staff or the Police.
10. HBPOS staff should **inform the AMHP service where the HBPOS is located, as soon as is practicable**, of the individual's imminent arrival there. This procedure has been agreed for London as a reasonable and justifiable departure from the MHA Code of Practice.
11. The **initial handover of responsibility for the individual to HBPOS staff must occur within 30 minutes of arrival**, however the Police and Ambulance service should not have to wait longer than 15 minutes to gain access to the HBPOS site.
12. The **initial medical screening and physical health assessment should occur as soon as a person arrives, no later than 1 hour after the individual arrives** at the HBPOS.
13. The police should in most cases be **free to leave within 30 minutes of the handover**. However if requested by staff, police will remain at the HBPOS for up to an hour. **A longer time period may be negotiated if there is mutual agreement between parties** that it is in the best interest of the individual and permission is granted by the Police supervising officer that there is the resource to provide further support.
14. Where there are no clinical grounds for delay, **completion of the mental health assessment by the AMHP and s12 doctor should occur within 4 hours** of the individual's presentation to the HBPOS.
15. If a transfer from a HBPOS to ED is necessary it is the **s136 coordinator's responsibility to notify the ED department of this transfer as soon as the decision has been made**, so staff are ready and able to receive the individual when they arrive.
16. For those with physical health problems but for whom urgent transfer to ED is not the optimum course of action, **HBPOS sites and local Acute Trusts should have clear pathways and protocols to meet the individual's needs**, and the relationships to deliver these. These should include triage advice and where possible, outreach to appropriate support and timely physical healthcare to those in a PoS.
17. HBPOS staff (nursing and medical staff) **should have adequate physical health competencies** to prevent unnecessary ED referrals.
18. If a transfer between sites is necessary, the transfer should be performed via the locally commissioned patient transport service unless urgent physical healthcare is required and the ambulance service is necessary. Coordinating the conveyance of individuals from the HBPOS should be undertaken by the mental health trust, led by the s136 coordinator. **Coordinating and arranging transport is not the police's role** unless there is mutual agreement that it is in the best interest of the individual and there is resource to provide support.
19. The **s136 coordinator is responsible for ensuring an appropriate member of staff travels with the individual** to take responsibility for their management and safety at all times until they either return to the HBPOS or are formally accepted by the receiving department.

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## Highlight briefing for the London Ambulance Service

1. **An ambulance should always be considered first to convey an individual under s136**, however a police vehicle may be used if the ambulance is likely to be significantly delayed (over 60 minutes). The police officer should notify the Duty Officer, or if unavailable a supervisor, as soon as practicable and must inform the ambulance service of their decision.
2. **If the individual is violent this can also provide an appropriate rationale for the use of police conveyance**, but when this occurs it must be properly documented and recorded.
3. The **ambulance must arrive at the location in which the police detained the individual within 30 minutes of request or 8 minutes for physically restrained patients** when they are notified that there may be a risk of positional asphyxia (when someone's position prevents the person from breathing adequately) or where the clinical information provided is of concern.
4. 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.
5. All **individuals who have received rapid tranquillisation** or have been restrained for an extended period **must always be transported in a fully equipped emergency ambulance** because of the risk of rapid deterioration of their physical health.
6. The ambulance is being used for conveyance on behalf of the police for the purposes of medically screening individuals detained under s136; this includes assessing vital signs like breathing, temperature, blood pressure etc. **There is no formal handover of responsibility for the detained individual to the ambulance service**. The individual subject to s136 is still in the custody of the police, who must therefore accompany them to the HBPoS or ED.
7. While the police still retain overall responsibility for the individual during the initial transfer, **clinical judgements during conveyance regarding the detained individual must be made by paramedic staff** with support from (if necessary) mental health nurses in the ambulance clinical 'hub' or local mental health triage lines
8. The police officer or ambulance crew who are bringing the individual to the relevant place of safety must **always check that the HBPoS or ED staff are aware that it is their responsibility to make contact with the Liaison Psychiatry service** for the area where the HBPoS is located. This should be done as soon as is practicable.
9. If the MHCAL are unable to identify capacity at a mental health HBPoS, they will advise the police to convey the patient to ED. If the police officer has been informed that a HBPoS has capacity, **action should be taken to ensure this capacity remains available until the individual arrives**. If in exceptional circumstances, the HBPoS becomes unable to accept the individual during the time taken to convey, all efforts should be made to inform the MHCAL so that the hub can source an alternative HBPoS
10. On arrival at a HBPoS site the **Police and Ambulance service should not have to wait longer than 15 minutes to gain access to the HBPoS facility**.
11. **Information about the individual's needs, and any associated risks, should be clearly explained** to staff receiving the individual and also documented in the s136 paperwork.
12. If the s136 coordinator and HBPoS team feel unable to meet the physical needs of the individual, as per the Physical Health Assessment & Treatment Protocol and they need to go to the ED department, **staff at the HBPoS have the right of refusal to the site. However concerns should always be escalated to an on call doctor**.

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## Highlight briefing for Police Officers

1. Where practicable, **officers should consult with a suitable health professional prior to detaining an individual under s136**. Officers are expected to contact the MHCAL using the **0300 pathway** for all initial contact, this includes advice, guidance and s136 HBPoS availability.
2. The 0300 call taker is expected to **support the officer** and **give advice, guidance** and **identify the available HBPoS**. Police officers **should not be expected to call or be passed various numbers to call**.
3. If the individual is detained, the **0300 call taker involved should phone ahead to the nearest agreed HBPoS** to inform them of the individual's imminent arrival and to confirm that the site is able to receive them.
4. If the MHCAL is unable to identify capacity at a mental health HBPoS, they will advise the police to convey the patient to ED
5. **An ambulance should always be considered first to convey the individual**, however a police vehicle may be used if the ambulance is likely to be significantly delayed (over 60 minutes). The police officer should notify the Duty Officer, or if unavailable a supervisor, as soon as practicable and must inform the ambulance service of their decision.
6. The police officer or ambulance crew who are bringing the individual to the relevant place of safety must **always check that the HBPoS or ED staff are aware that it is their responsibility to make contact with the AMHP service** for the area where the HBPoS is located. This should be done as soon as is practicable.
7. On arrival at a HBPoS site the **police must remain with the detainee until HBPoS staff have accepted responsibility for the individual's custody** and the s136 form 434 has been handed over.
8. **Information about the individual's needs, and any associated risks, should be clearly explained** to staff receiving the individual and also documented in the s136 paperwork.
9. The **initial handover of responsibility for the individual to HBPoS staff must occur within 30 minutes of arrival**, however the Police and Ambulance service should not have to wait longer than 15 minutes to gain access to the HBPoS site.
10. At HBPoS sites not based in ED, **the Police should in most cases be free to leave within 30 minutes of the handover**. However if requested by staff, Police will remain at the HBPoS up to a maximum of an hour.
11. **A longer time period may be negotiated if there is mutual agreement between parties** that it is in the best interest of the individual and permission is granted by the Police supervising officer that there is the resource to provide further support.
12. If the s136 coordinator and HBPoS team feel unable to meet the physical needs of the individual following the Physical Health Assessment & Treatment Protocol, and the individual needs to go to ED, **staff at the HBPoS have the right of refusal to the site; however HBPoS staff should call the ED to alert them of the patient attendance. Any concerns should always be escalated to an on call doctor**.
13. **ED can itself be a Place of Safety** within the meaning of the Mental Health Act, therefore if a detained individual requires protracted physical health treatment, **the acute trust should, where appropriate, accept the s136 forms** and take legal responsibility for the individual for the purpose of the mental health assessment.
14. Due to the challenges of managing individuals detained under s136 in ED departments, **where ED staff accept legal responsibility for the individual police officers will provide the necessary support required** unless there is mutual agreement between the department and the police officers that they are able to leave, following the updated criteria as to when police should stay
15. A person removed to a place of safety under section 136 may be detained there for a period of up to 24 hours. If the individual is taken to ED first, this **24 hour period commences on arrival (check in) at ED, not when they subsequently arrive at the HBPoS**.
16. In cases where it is not practicable for the mental health assessment to be carried out within the initial 24 hours due to the patient presentation precluding medical assessment (as outlined in the Physical Health Assessment & Treatment Protocol), **the doctor involved in the mental health assessment has the power to extend the detention period by up to 12 hours**.
17. If police officers provide assistance to restrain an individual, **healthcare staff should take over that restraint as soon as control has been achieved**. During any period of restraint within an ED or a HBPoS, healthcare staff are responsible for the health and safety of that patient and should monitor the patient throughout the restraint.
18. If the decision is taken to transfer the individual to a HBPoS for the purpose of the mental health assessment, **it is the responsibility of the s136 coordinator in ED to locate HBPoS capacity, and communicate this to police**. The s136 coordinator should call the HBPoS ahead of the transfer, to ensure they have capacity and are willing to receive the individual before the transfer takes place.
19. Coordinating the conveyance of individuals to the HBPoS should be undertaken by the acute trust, led by the s136 coordinator in ED. **Coordinating and arranging transport is not the police's role** unless there is mutual agreement that it is in the best interest of the individual and there is resource to provide support.