

To: All clinical staff

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Safe conveyance of persons detained under Section 136 of the Mental Health Act

Section 136 (S136) is a power given to police constables under the Mental Health Act 1983(1) (MHA)

“If a person appears to a constable 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 detain and remove the person to a designated Health Based Place of Safety (HBPoS)”

Such detentions are dynamic in nature and can present unpredictable risk which remains active throughout the detention and subsequent conveyance to the HBPoS.

It is considered best practice to ensure that patient safety, privacy, and dignity are upheld at all times, with those detained under S136 conveyed in an appropriate ambulance vehicle.

At the point of detention the detaining police officer on scene at the incident will request an ambulance. The type of response provided will be determined by clinical need, restraint, and patient positioning.

Your role upon arrival

Where possible, conduct an appropriate physical health assessment. If the patient is being actively restrained, you should assume the role of patient’s advocate to help ensure their safety. Essential considerations are the restraint is proportionate to the level of risk, undertaken for the minimal time, and that the restrained patient’s clinical safety is monitored throughout.

In the restrained person, please be aware of the potential for positional asphyxia, which may result in rapid deterioration. It is vital that assessment of airway and breathing adequacy is completed regularly in patients who are actively restrained. Also

observe for any clinical signs of Acute Behavioural Disturbance (ABD) such as

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

All patients where ABD or 2 or more of above signs are identified, convey to the nearest Emergency Department as a matter of urgency.

Early escalation to AOC for potential support from the Critical Care Desk should also be considered (using CH202).

Further information regarding ABD and positional asphyxia is available via the following.

<https://www.nice.org.uk/guidance/cg103/chapter/Introduction>

[RCEM Guidelines for Management of Acute Behavioural Disturbance May2016.pdf](#)

The Trust essential care skill session 2022 on ABD and through the JRCLAC+ guidelines via the APP.

Prior to leaving scene

Following an appropriate risk assessment, agreement should be reached with the detaining police officer regarding the most appropriate vehicle for conveyance.

It is anticipated that in most cases the individual will be conveyed to the agreed HBPOS by ambulance. A minimum of at least one police officer (the detaining officer) must accompany the patient

in the ambulance (officer numbers may increase subject to your joint risk assessment).

There is a need to highlight to police officers that EEAST vehicles **do not lock** whilst in motion. This may well influence on the outcome of the joint risk assessment, especially if there is a concern the patient may try to abscond during the journey.

The responsibility for conveyance, considering the above parameters, remains with EEAST staff, however, the patient may be transported in a police vehicle in exceptional circumstances. Any such decisions should be made following a joint dynamic risk assessment that is clearly documented with the patient care record/police record (Appendix A). The following reasons may result in a decision for conveyance in a police vehicle:

- The degree of violence being displayed would expose all parties to an excessive level of risk within an ambulance environment. With this option an EEAST clinician with the appropriate equipment to deal with immediate problems, should travel with the patient. This is to ensure that they oversee the patient's clinical care and wellbeing.
- When the risk assessment undertaken prior to leaving scene indicates the detained person may present a "flight" risk during conveyance. Once again with this option an EEAST clinician with the appropriate equipment to deal with immediate problems, should travel in the Police vehicle with the detained person to oversee the persons clinical care and wellbeing.

Please note that to facilitate conveyance in a police vehicle, certain constabularies ask their officers to gain permission from a more senior officer to convey in a police resource. Should this request be declined following an on-scene risk assessment, please inform AOC for escalation/managerial support to scene. Post incident completion of a Datix will also be required.

Due to the dynamic nature of these incident's and where indicated, early escalation for support and advice should be seen as best practise, this may be via your relevant despatch desk within AOC or through the Trust Clinical Advice Line if the need is considered more clinical in nature.

The responsibility for identifying the HBPoS sits with the detaining police officer. Following your physical health assessment, if a physical health need is identified you should inform the detaining police officer of your findings and convey to the nearest Emergency Department. Please pre alert to allow the receiving team to identify a safe space for the detained person on arrival and ensure that you record your rationale for such a request within your PCR.

Before leaving scene, ensure that you have utilised all appropriate seat belts and harness to facilitate the conveyance. Consideration should also be given to your seating position and that of the escorting officer/s in the vehicle as highlighted in Appendix 1.

During conveyance

Most patients detained under S136 will be compliant. Remember they are detained under the MHA; this is for the purpose of an assessment by an Approved Mental Health Professional.

The patient may be disorientated, anxious, and distressed. They may have a complex MH history with a diagnosed MH condition or alternatively have no previous history of such a presentation. Some patients may present as agitated and display a degree of aggression, this may be in response to an unmet need or perceived threat.

Utilising your communication and engagement skills throughout the conveyance may assist to de-escalate any such behaviour and allow the patient to feel safer during the journey. Displaying empathy rather than sympathy, utilising distraction techniques, employing active listening techniques are all tools that may assist in reassuring the patient.

On arrival at the HBPoS/ED department.

There is no formal handover of responsibility for the detained individual by the ambulance service. The detained person is still in the custody of the police, who must therefore accompany the

patient throughout the journey and into the Health Based Place of Safety (HBPoS).

You will need to complete a Patient Care Record for the patient contact. This should include your physical health assessment, joint risk assessment with outcome, and any pertinent information regarding any physical restraint witnessed.

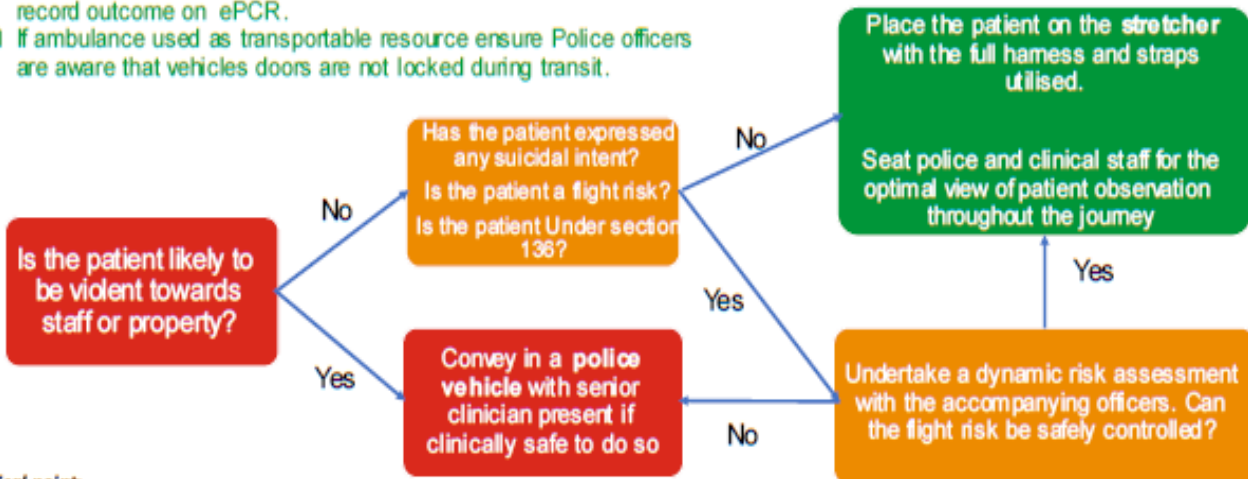
Appendix 1

Conveyance of patients who may be at risk of self harm



Consideration of conveyance vehicle:

- ❑ Undertake dynamic risk assessment with all agencies on scene, record outcome on ePCR.
- ❑ If ambulance used as transportable resource ensure Police officers are aware that vehicles doors are not locked during transit.



Critical point:

As the clinician and patient advocate remember the value of early engagement and reassurance to your patient, adapting your communication skills using both verbal and non verbal whilst continually observing the patient throughout the journey.