Health Based Place of Safety
&
Section 136 Inter-agency Policy

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POLICY SUMMARY

This is a PAN Essex Policy co-produced with all stakeholders in the Essex Crisis Care Concordat.

The Health Based Places of Safety (HBPoS) will provide a "place of safety" within EPUT whilst potential mental health needs are assessed under the Mental Health Act (MHA) and any necessary arrangements should be made for their on-going care. The suite will accept referrals from all age groups.

The purpose of this guidance is to ensure that care of the service users placed on Section 136 MHA (1983 as amended 2007) and taken to Health Based Place of Safety's are cared for in a safe and appropriate manner. This guidance also ensures that as far as possible uses of Section 136 MHA (1983 as amended 2007) is managed within the legal and good practice framework.

The Trust monitors the implementation of and compliance with this policy in the following ways:

- Essex Crisis Concordat
- EPUT Mental Health Urgent Care & Inpatient Services Care Unit
- Performance/Data

Services	Applicable	Comments
MH&LD	Yes	

The Director responsible for monitoring and reviewing this policy is the Director of Mental Health

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

HEALTH BASED PLACE OF SAFETY
SECTION 136

Title

(THIS IS AN INTERACTIVE CONTENTS LIST- PLEASE CLICK ON THE SECTION HEADINGS TO GO TO THE SECTIONS)

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

MHA20 - HEALTH BASED PLACE OF SAFETY (SECTION 136)

1.0 PURPOSE

The Health Based Places of Safety will provide:

A “place of safety” whilst potential mental health needs are assessed under the Mental Health Act (MHA) and any necessary arrangements should be made for their on-going care. The suite will accept referrals from all age groups.

The purpose of this guidance is to ensure that care of the service users placed on Section 136 MHA (1983 as amended 2007) and taken to Health Based Place of Safety’s are cared for in a safe and appropriate manner. This guidance also ensures that as far as possible uses of Section 136 MHA (1983 as amended 2007) is managed within the legal and good practice framework by ensuring that;

1.1. All agencies that are party to this protocol are aware of their roles, responsibilities, and work in collaboration with to ensure that any member of the public placed on Section 136 MHA 1983 (as amended 2007) is taken to the most appropriate place of safety based on their presenting needs.

1.2. Persons detained under Section 136 MHA (1983 as amended 2007) are treated with respect, without discrimination and are assessed as quickly practicable and have their needs assessed from a mental health perspective and further management determined either on an informal basis or subject to further Mental Health Act Legislation.

1.3. Persons with mental health issues detained for criminal offences, are processed with due regard to the law. A mental disorder whilst correctly taken into consideration is not an automatic bar to due criminal process.

1.4. All agencies focus on providing the best possible support for the detained person to enable a quick recovery and return to their place in the community.

2.0 DESIGNATED PLACE OF SAFETY

Essex Partnership University Foundation Trust has **6** Health Based Places of Safety for Adults: **24/7 Central Management of HBPoS Phone: 01268 739175. Capacity discussed on daily SITREPS and allocated.**

Health Based Place of Safety South Essex	**No. Beds**	**Health Based Place of Safety North Essex**	**No. Beds**
The Derwent Centre Princess Alexandra Hospital Hamstel Road Harlow CM20 1QX	1	The Lakes Turner Road Colchester CO4 5JL	2

Rochford Hospital Union Lane Rochford SS4 1RB	2	The Christopher Unit The Linden Centre Pudding Wood Drive Broomfield Hospital Chelmsford CM1 7LF	1

3.0 GUIDING PRINCIPLES

3.1 Capacity for an EPUT HBPoS is discussed twice daily (9:15am and 3pm) on EPUT SITREP's with the Police and the AMHP Service in attendance. An EPUT HBPoS will be allocated during this SITREP. In between the SITREP's and out of hours, after 5pm the Police can contact the Central Management of the HBPoS to discuss capacity and allocation. When the local HBPoS states that it has capacity, this means it is able to receive the detained individual as soon as they arrive on site.

3.2 If there is no capacity at the local HBPoS when the police officer makes initial contact agreed escalation protocols put in place should be triggered in order to find alternative arrangements, whether the individual is from that area or not.

Under exceptional circumstances an individual under s136 with no physical health needs can be taken to the local Emergency Departments (ED) (nationally recognised Places of Safety). In such circumstances, the Emergency Department Handover protocol should be followed.

3.3 If someone appears to be drunk and showing, any 'aspect' of incapability (e.g. walking unaided or standing unaided) which is perceived to result from that drunkenness, then that person must be treated as drunk and incapable. A person found to be drunk and incapable by the police should be treated as being in need of medical assistance at an ED or other alcohol recovery services (where available).

3.4 ED can itself be a Place of Safety within the meaning of the Mental Health Act. Therefore, if protracted physical health treatment or care is required, where appropriate the Acute Trust should accept the s136 papers and take legal responsibility for custody of the individual for the purpose of the s136 Mental Health Act assessment being carried out.

3.5 Every Health Based Place of Safety should have a designated s136 coordinator available 24/7 who is assigned to the Health Based Place of Safety at all times. Adequate, dedicated clinical staff must be available 24/7 to ensure staff members do not come off inpatient wards.

3.6 Health Based Place of Safety staff (including both nursing and medical staff) should have adequate physical health competencies to prevent unnecessary ED referrals. Health Based Place of Safety and local Acute Trusts should have clear pathways and protocols and the relationships to deliver these for those with physical health problems but for whom urgent transfer to an ED is not the optimum course of action. These should include triage, advice and where possible outreach systems to support appropriate responsive and timely physical health care to those in a Health Based Place of Safety.

3.7 While a police officer or an AMHP has the legal responsibility for authorising the transfer of the detained individual, coordinating the conveyance of individuals between Health Based Places of Safety and ED and vice versa should be undertaken by the Mental Health Trusts and Acute Trusts respectively, led by the s136 coordinator.

Coordinating and arranging transport is not the role of Police unless there is mutual agreement between parties that it is in the best interest of the individual and there is resource to provide support. It should be noted that the transport between ED and an HBPoS and vice versa for those who are awaiting assessment under S136 is outside of the current contractual remit of the East of England Ambulance Service NHS Trust (EEAST). As such, an alternative transport provision should be employed for such journeys.

3.8 S136 (2) MHA 1983 requires the detained person to be examined by a doctor and interviewed by an AMHP to allow for the making of any arrangements in relation to their care and treatment. In line with good practice, there is an expectation that joint assessments between the doctor and AMHP are completed on people detailed under S136

3.9 When a Mental Health Assessment is required the legal duty to assess falls upon the AMHP service for the area where the person is at the point when the assessment is needed, in this case the borough in which they are currently being detained under s136.

3.10 The mental health assessment should be completed within 4 hours of the individual arriving at the Health Based Place of Safety unless there are clinical grounds for delay.

4.0 INITIAL DETENTION AND ACCESS TO A HEALTH BASED PLACE OF SAFETY

4.1 Local arrangements must be in place to ensure there is always a suitable mental health professional for the police officer (Essex Police or British Transport Police) to consult with prior to detaining the person under s136. Where it is practicable, this consultation may provide support to officers in terms of providing further information on the individual or signposting to alternative services. In Essex, the Street Triage Service will support the Police to ensure an alternative option to detention may be explored.

4.2 Outside the normal hours of Street Triage, the Police are to contact the local 24/7 Crisis Service through dedicated professionals line, selecting their relevant area where practicable prior to any s136 power being used. Officers should, where it is possible, have as much detail as they can about the individual and area they are from.

4.3 If there is a co-produced crisis care plan in place, the instructions in the crisis care plan for managing a mental health crisis should be followed wherever possible to avoid detention under s136. The crisis care plan should be accessible through the suitable health professional when first contact is made, however if the person clearly needs 'care or control' (as expressed in the Mental Health Act 1983) the s136 pathway should be followed. The responsibility for that decision rests with the Police.

4.4 Essex Police operate under the legal framework that police will deal with matters relating to both crime and under Article 2 of the Human Rights Act 1998 (Right to life). Matters outside of this would not fall under the remit of the police. As such whenever a report is made to police, this will be assessed first through this legal framework, before the THRIVE assessment is carried out, determining whether police are the right agency to attend.

4.5 British Transport Police is a national police force with responsibility for policing Britain's railways. BTP should always be recognised, as a separate police force by colleagues within Health.

BTP policing targets include safeguarding and increasing the safety of children, young people, vulnerable adults and railway staff by working closely with other forces and agencies. BTP take safety and risk seriously and, working together with and supporting the Mental Health Codes of Practice and the Crisis Care Concordat, will look at the most appropriate and safest option for those who are in crisis, suffering mental ill health and/or, displaying suicidal behaviour.

BTP will always consider least restrictive methods, consulting with colleagues in Health wherever possible, however many of the situations BTP deal with present officers with high risk, fast time decisions where the safety, security and welfare needs of the individual is always the priority. BTP promote correct and appropriate use of the powers under S136 Mental Health Act 1983 (as amended by the MHA 2007) and do not seek to reduce the use of this action if this is the most appropriate process for the situation, the risk level and the individual.

4.6 On each occasion when the s136 power is used, the police officer (Essex Police or British Transport Police) involved is expected to phone ahead to the central management hub. This is to inform them of the individual's detention and identify the appropriate Health Based Place of Safety to meet the presenting need. Identification of the Health Based Place of Safety remains the responsibility of the Central Management Hub who will confirm with the contacting Police officer. This destination should be shared with the attending ambulance resource on arrival. Information communicated to the receiving clinician based within the Health Based Place of Safety by the Police or ambulance service must include:

- The reason for detaining the individual under s136 and events leading up to it;
- Detail of behaviours since being detained under s136;
- Any suspicion of drugs and alcohol and the degree of intoxication if present;
- Any use of weapons or crime;
- The involvement of the ambulance service and the medical assessment performed;
- Any suspicion of co-morbid physical health condition or concurrent injuries and any other risks to the individual or others.

4.7 It is essential that the Approved Mental Health Professional (AMHP) service for the area where the Health Based Place of Safety is located is notified as soon as is practicable of the individual's imminent arrival there. It has been agreed that this contact should be made by staff at the Health Based Place of Safety themselves (or by the ED if the person is being taken straight to ED), rather than by the Police. The police officer or ambulance crew who are bringing the individual to the relevant place of safety must always check that the staff there are aware that it is their responsibility to do this.

4.8 The Ambulance service or other service transporting the individual will go to the Health Based Place of Safety as directed by the central management hub. However crisis care plans which may include a preferred place of assessment based on the individual's needs should always be taken into account where feasible.

4.9 If there is no capacity at the local Health Based Places of Safety when the police officer makes initial contact or following discussion on the twice daily SITREP's, it is the police's responsibility to contact the nearest agreed Emergency Department as a suitable place of safety.

4.10 A Health Based Place of Safety has no legal power to transfer the individual of their own volition; this needs to be done by or on behalf of a police officer or AMHP (see s136(3) MHA).

4.11 When the Health Based Place of Safety states that it has capacity, this means it is able to receive the detained individual as soon as they arrive on site.

4.12 If the police officer has been informed that a Health Based Place of Safety has capacity to accept an individual, action should be taken to ensure this capacity remains available up until the individual arrives on site. If, in exceptional circumstances, the Health Based Place of Safety becomes unable to accept the individual during the time taken to convey, all efforts should be made to inform the conveying officers and an alternative Health Based Place of Safety should be identified by Health Based Place of Safety staff.

4.13 If no alternative site has been identified by the time the person arrives at the original Health Based Place of Safety, the police officer will notify staff there of their arrival, at which point the s136 period is deemed to have started, and the person will be kept in custody by the police officer. Every effort should be undertaken to allow the ambulance to handover the patient in a timely manner. This reduces the wider community risks associated with delayed ambulance handover. A record must be kept of any such occurrences.

4.14 Transfer between Places of Safety should not occur without the agreement of the receiving location that they are able to accept the individual. It should be noted that the transport between ED and an HBPoS and vice versa or any other secondary transfer for those who are awaiting assessment under S136 is outside of the current contractual remit of the East of England Ambulance Service NHS Trust (EEAST). As such, an alternative transport provision should be employed for such journeys.

4.15 All escalation processes should be followed (see Conflict Resolution Escalation) with regard to HBPoS capacity. Demand and capacity issues are escalated in EPUT's twice daily SITREP's and via management structure. The police officers with the patient should be escalated to their Director (Inspector) within 4 hours if there is no clear plan. This should be escalated further to the Gold (Senior Officer in charge) within 6 hours so a multi-agency professionals / escalation meeting can be arranged. These should include Directors of service as decisions will need to be made in these meetings. Where necessary, escalation processes should be initiated immediately with the on call Service Manager. If there are issues relating to the clinical picture, advice could also be sought through an on call senior doctor e.g. Higher Specialty Trainee (SpR), Associate Specialist (Staff Grade) or on call Consultant. Direct contact with both should always be available through the Trust's switchboard.

4.16 Section 140 (See Policy) of the Mental Health Act 1983 (as amended 2007) states: "It shall be the duty of every Integrated Care System and of every Local Health Board to give notice to every local Social Services authority for an area wholly or partly comprised within the area of the Integrated Care System or Local Health Board specifying the hospital or hospitals administered by or otherwise available to the ICS or Local Health Board in which arrangements are from time to time in force a) for the reception of patients in cases of special urgency b) for the provision of accommodation or facilities designed so as to be specially suitable for patients who have not attained the age of 18 years."

4.17 Should no bed be identified, on expiry of the s136 the following options remain:

- If the patient has capacity they can agree to remain (informally) until a bed is found
- If the patient lacks capacity but it is felt that they can be safely supported in the community until a bed is identified then they can be discharged, the medical recommendations would remain valid pending further review by an AMHP and an application once bed identified. It may be appropriate for Home Treatment to support the patient until a bed becomes available. Once the bed is available, the AMHP will sign the application and arrange conveyance.
- If the individual lacks capacity and leaving the HBPOS is felt to put the individual or others at significant risk, the HBPoS coordinator should contact the AMHP to alert the situation and the AMHP must consider if there is a case of 'special urgency' warranting a S140 request to the organisation.
- Police do not have the power to extend detention or detain an individual again in s136 or re-detain someone again under s136 (unless there are material changes in the person's circumstances). The patient would need to be detained to the hospital under s2/3 or s140.

5.0 CENTRAL MANAGEMENT & ESCALATION PROCESS

5.1 A capacity management tool will be available to support the process of identifying a Health Based Place of Safety by indicating each site's real-time capacity. The central management of the Suites will be coordinated through a central line. The central management hub will also provide live update for the twice daily SITREP's. The central management hub will keep a record of available and unavailable suites.

Central Management Hub
The police must call the central management hub on [I/S] to find out the availability of a Health Based Place of Safety.

- Police to advise where they are so the nearest suite can be identified for them
- Where a suite has been identified, the police will be put through to that suite
- The Police should give the individuals details and circumstances, name, d.o.b. etc.
- An estimated time of arrival should be given to the Site Coordinator

Site Coordinators
Site Coordinator's must call the central management hub on [I/S] to advise the availability of a suite

- Advise admission and time of admission
- Advise of estimated time of disposal i.e. discharged to the ward/community
- Advise discharge and time of discharge
- Advise of any issues which would stop the suite from admitting i.e. lack of staff, environmental failure

5.2 HBPoS Escalation Process is underpinned by the System Flow & Capacity Policy & the OPEL Framework, to improve patient flow and prevent unnecessary delays for people detained on Sec 136 MHA; and supports communication between Mental Health, Police & Acute Trusts. This flow chart is to be followed if HBPoS central management is unable to find capacity across the Essex HBPoS (as per 5.3, overleaf).

5.3 Escalation Process and Actions

OPEL Status	In Hours	Out of Hours	Actions
OPEL 4 The Trust has limited capacity 0 out of 6 Suites available	**Inpatient Director** **Police Supervisors in FCR & Acute Trust** **Exec Director On Call** **HBPoS**		**Escalate to Inpatient Director / Exec Director** • Contact s12 / Consultant to encourage a quicker medic response • Contact AMHP Service to reprioritise route to secure assessment time. • Contact Bed Management to secure a bed where required
OPEL 3 The Trust has limited capacity 2 out of 6 Suites available	**Service Manager** **Senior On Call Manager** **HBPoS**		**Escalate to Service Manager / On Call Manager** • Contact on call / S12 Doctor to advise of ETA • Contact AMHP whilst patient on route to secure assessment time • Contact Bed Management to secure a bed where required, if out of hours, source a bed, explore discharge and leave plans on the ward
OPEL 2 The Trust has limited capacity 3 out of 6 Suites available	**Clinical Manager / Matron** **1st On Call Manager** **HBPoS**		**Escalate to Matron / Service Manager** • Follow normal procedure to ensure timely assessment takes place. Address and report delays
OPEL 1 The Trust has capacity 4 out of 6 Suites available	**In Hours**	**Out of Hours** **HBPoS Coordinator** **HBPoS CENTRAL MANAGEMENT**	**HBPoS Site Coordinator** • Follow normal procedure to ensure timely assessment takes place. Address and report delays • **Capacity email to be sent out every morning to all partners**

6.0 CONFLICT RESOLUTION ESCALATION

Where partners and agencies do not agree in relation to a patient(s) placed on S136. The below process should be followed and applied:

Organisation	Working Hours 0900 - 1700		Out of Hours 1700 – 0900	
	Contact	**Contact Details**	**Contact**	**Contact Details**
EPUT	**Senior Nursing Officer**	Contact Centre 0300 123 0808	Senior Manager on Call – First Line	0300 123 0808 Contact Centre
	Director of Mental Health Urgent Care & Inpatient Services Trust wide – Elizabeth Wells	Contact Centre 0300 123 0808	Director on Call Second Line	0300 123 0808 Contact Centre
	Executive Director [I/S]	Contact Centre 0300 123 0808		
	A. Circumstances Requiring Escalation within EPUT • Limited capacity for HBPoS • Patient remains in any ED for more than 4 hours • Disagreement with the police or any Emergency Department			
	Basildon Hospital		Site Manager ED - [I/S]	
Local Emergency Departments	Colchester Hospital	Site Manager ED [I/S]	Senior Manager on Call	[I/S]
	Broomfield Hospital	Site Manager ED [I/S]	Senior Manager on Call	[I/S]
	Princess Alexandra Hospital NHS Trust	Site Manager ED - [I/S]	Senior Manager on Call	[I/S]
	Southend Hospital	Site Manager ED [I/S]	Senior Manager on Call	[I/S]
	B. Circumstances Requiring Escalation within Emergency Departments • Police intend to leave without agreement of handover • Patient appears to be inappropriate for Emergency Department • Patient has remained in Emergency Department for longer than 4 hours		Senior Manager on Call	[I/S]
	• Duty Manager			
Essex County Council EDS			Duty Manager First Line	[I/S]
	C. Circumstances Requiring Escalation EDS Delay in AMHP assessment for patient in Emergency Department		Adult Senior Manager Second Line	[I/S]
ICB	**Director on Call - Pager**	[I/S]	Director on Call - Pager	[I/S]
	Circumstances Requiring Escalation within ICB • Breaches in the Emergency Department as a result of A, B and C			
Police Service	**Duty Sergeant FCR for relevant area on 101**	**Duty Inspector FCR for relevant area on 101**	**FCR Force Duty Officer (Senior Manager) on 101 or Mental Health Team Inspector on** [I/S] **(office hours)**	
	Circumstances Requiring Escalation within Police Service • Emergency Department refusing to accept a patient • Unnecessary delays			

7.0 COMMUNICATION

SITREP Email addresses	
Organisation/Partner	**Emails**
Essex Partnership University Foundation Trust (Chair)	[I/S]
MID & South Essex NHS Foundation Trust	
East Suffolk & North Essex NHS Foundation Trust	
East of England Ambulance Service NHS Trust	
Essex County Council	
Essex Police	[I/S] @essex.police.uk during office hours, outside of this please call 101.
British Transport Police	[I/S] @btp.police.uk or [I/S]
MID & South Essex ICB	
Suffolk & North East Essex ICB	
NHS West Essex ICB	
Princess Alexandra Hospital NHS Trust	
MID & South Essex NHS Foundation Trust	
Southend-on-Sea City Council	
Thurrock Council	

8.0 CONVEYANCE AND HANDOVER

8.1 At the point of detention the officer on scene at the incident should contact the East of England Ambulance Service Trust (EEAST) to request the attendance of an ambulance to the place of detention. If the Officer on scene is unable to make contact, FCR can do this on their behalf but must provide direct contact details for the officer on scene.

8.2 The following information should be provided:

- Confirm the patient is conscious and breathing
- Confirm if the patient is being restrained, in what position the patient is being restrained in and by how many officers
- The patient's age
- Any identified physical health needs or disability?
- Is there an obvious need for clinical care?
- A contact number for the officer on scene to support further clinical triage.

8.3 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 this clinical assessment may be undertaken remotely.

8.4 EEAST will aim to respond to the location given within 30 minutes (dependent on operational demand). This is in line with the national guidance for Ambulance Trusts around Section 136 MHA conveyance. Where there are clinical concerns identified that would be suggestive of positional asphyxia or presenting symptoms of an Acute Behavioural Disorder. An escalation to a "C1" response will be instigated by EEAST (This is the highest priority response that EEAST can offer to respond to presenting need)

8.5 On occasions a rapid response vehicle (unable to provide patient conveyance) may be utilised for the initial face to face patient assessment.

8.6 EEAST staff will where appropriate, undertake a physical health assessment. This will ensure that the chosen destination is the most suitable to meet the holistic needs of the patient. If the patient is being actively restrained, then the EEAST clinician will act as the patient's advocate. They will look at the position of the patient and ensure that the level of restraint is appropriate, proportionate and any opportunities to de-escalate can be undertaken. A clinically led decision will be used to determine the most appropriate Place of Safety relative to the patient's need.

8.7 The vehicle of conveyance will be agreed between the detaining Police Officer and the Senior Ambulance Clinician on scene following a joint risk assessment. It is anticipated that in most cases the individual will be conveyed to the agreed Place of Safety by ambulance. At least one officer must accompany the patient in the ambulance.

8.8 The patient should only be transported in a police vehicle in exceptional circumstances:

i) 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.

ii) In the instance that an excessive delay in an ambulance attending is deemed to be detrimental to the patient wellbeing.

iii) 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 person's clinical care and wellbeing.

8.9 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 into the Health Based Place of Safety.

9.0 ADMISSION TO THE PLACE OF SAFETY

9.1 The time of arrival at and admission to the Health Based Place of Safety must be clearly recorded at the Health Based Place of Safety and also by the police officer. The information must also be passed on to any further site if the individual is transferred. The time of arrival is the start of the 24 hour detention period under s136. The HBPOS coordinator, will ensure that the HBPOS is ready to receive the detainee and police officers paperwork must be completed for every patient conveyed under s136. If there are any access and/or acceptance issues, escalations process is to be followed.

9.2 To accept the individual under s136 there must be a formal handover of the completed Section 136 detention form with the associated risk assessment, along with the clinical patient care record provided by EEAST. The form should be signed by both parties and used as a record of handover from the Police to the Health Based Place of Safety. (Appendix 4)

9.3 If the individual is taken to an Emergency Department (ED) first under s136, the 24 hour detention period commences on arrival at ED, not when they subsequently arrive at the Health Based Place of Safety. When the individual arrives, it is important that the status of the individual (whether they are detained under s136 or not) is communicated to ED staff straight away.

9.4 In instances where the individual is first taken to ED) but legal responsibility is not transferred. The Police and ED staff must liaise and decide on the most appropriate support required when the individual is conveyed on to the Health Based Place of Safety, this may be an appropriately equipped transport provider to meet need and manage any presenting risk. Transfers made from ED to the HBPoS are not within the current commissioning arrangements of EEAST and so an alternative transport provider should be employed for this journey.

9.5 If the individual is taken to ED under s136 and ED accept the person as a Place of Safety for the duration of the 24 hours. The Police must contact the AMHP Hub (09:00 – 17:00 Monday to Friday: or Emergency Duty Service (EDS) between 17:00 – 09:00 weekdays and from Friday 17:00 to Monday 09:00 weekends including BANK Holidays) to inform of the individual's location and request for an assessment to be arranged.

Contact numbers

- Essex AMHP HUB [I/S]
- EDS – [I/S]

9.6 If the s136 coordinator and Health Based Place of Safety team feel unable to meet the physical needs of the individual and they need to go to the ED staff at the Health Based Place of Safety have the right of refusal to the site. However concerns should always be escalated to an on call doctor e.g. on call Higher Specialty Trainee (SpR), Core Trainee (SHO) or Associate Specialist. The on call Consultant could be approached for mediation or consultation if an agreement has not been reached but the final clinical decision as to whether the individual requires medical assistance at the ED lies with the doctor at the Health Based Place of Safety. Conversations will involve discussions regarding the specific concerns of staff and what additional assessment or intervention is required.

9.7 If the individual has been medically examined by a doctor, without the AMHP being present, and it is decided that they have a mental disorder but that this does not require a psychiatric hospital admission, they remain subject to s136 and may continue to be detained under s136 until the interview by the AMHP has taken place and any necessary care and support arrangements have been put in place as may be required.

9.8 Clinical staff should be present to meet the individual on arrival at the Health Based Place of Safety and receive a verbal handover from the ambulance staff or the Police.

9.9 Handover should include physical health findings, clear detail of mental health presenting circumstances and evolution of patient presentation over time with ambulance staff or the Police.

9.10 On arrival at a site the police must remain with the detainee until Health Based Place of Safety staff have accepted responsibility for the individual's custody and there has been a handover of the s136 papers between the police and the individual who is responsible for keeping the person safe pending the Mental Health Act assessment (this should be the s136 coordinator).

9.11 This initial handover process where Health Based Place of Safety staff take responsibility for the individual (including preventing the person from absconding before the assessment can be carried out) 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 Health Based Place of Safety facility and handover the detained person.

9.12 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 Health Based Place of Safety.

9.13 The initial medical screening and physical health assessment should include the collection of collateral information from the individual's locality mental health services as well as from family and/or carers. This assessment should be proportionate and should not cause unnecessary delay to the mental health assessment process.

9.14 On arrival, sufficient documentation should be provided to Health Based Place of Safety staff. If the individual has been transferred from the ED department this must include the appropriate clinical documentation. In any case, if insufficient or incomplete written documentation has been provided, this should not obstruct the patient's care. A serious incident form should be logged which should be fed back and reviewed by the local multi-agency group.

9.15 Brief drug and alcohol interventions should be embedded as standard practice if it is identified that substance misuse is apparent. Once these individuals are identified a brief intervention with the individual's consent should be embedded in the initial assessment process and if appropriate signposting or onward referral to substance misuse service should be supported.

9.16 If requested by staff, Police will remain at the Health Based Place of Safety up to a maximum of an hour, but in most cases the Police should be free to leave within 30 minutes of the handover. If the person represents a significant risk of violence, the safety of the individual and staff should be explicitly assessed. A longer time period may be negotiated if there is mutual agreement between parties that it is in the best interests of the individual and permission is granted by the Police supervising officer that there is the resource to provide further support. If in complex cases it is proving difficult to reach a consensus, senior management from the provider Trust and the police should liaise to resolve the situation.

9.17 If the individual's presentation deteriorates and the level of violence becomes impossible to manage within the Health Based Place of Safety, Police will be called upon using Emergency 999 number and asked to attend as a matter of urgency.

9.18 Health Based Place of Safety staff must be able to summon extra help at short notice from the Trust's emergency team.

9.19 On the rare occasion when the person may require medication prior to the assessment being completed or for a pre-existing medical condition. The trust should facilitate the prescribing and administration of appropriate medication.

9.20 Staff in the Health Based Place of Safety are empowered by the MHA 1983 (as amended 2007) to stop and restrain, (using reasonable force) anyone who is attempting to leave if they have been detained under S136 MHA 1983 (as amended 2007).

9.21 The detained individual will be read their rights under S.136 and given their rights leaflet. The HBPOS coordinator should provide the person with an explanation of Section 136 to ensure the detainee understands the procedures. The full range of follow up possibilities, following the assessment, should be explained. The explanation of these rights should not be delayed where removal is to Accident and Emergency Department is required.

9.22 Further attempts will be made to explain their rights if the person does not understand.

10.0 ROLES & RESPONSIBILITIES

10.1 The role of the AMHP is to:

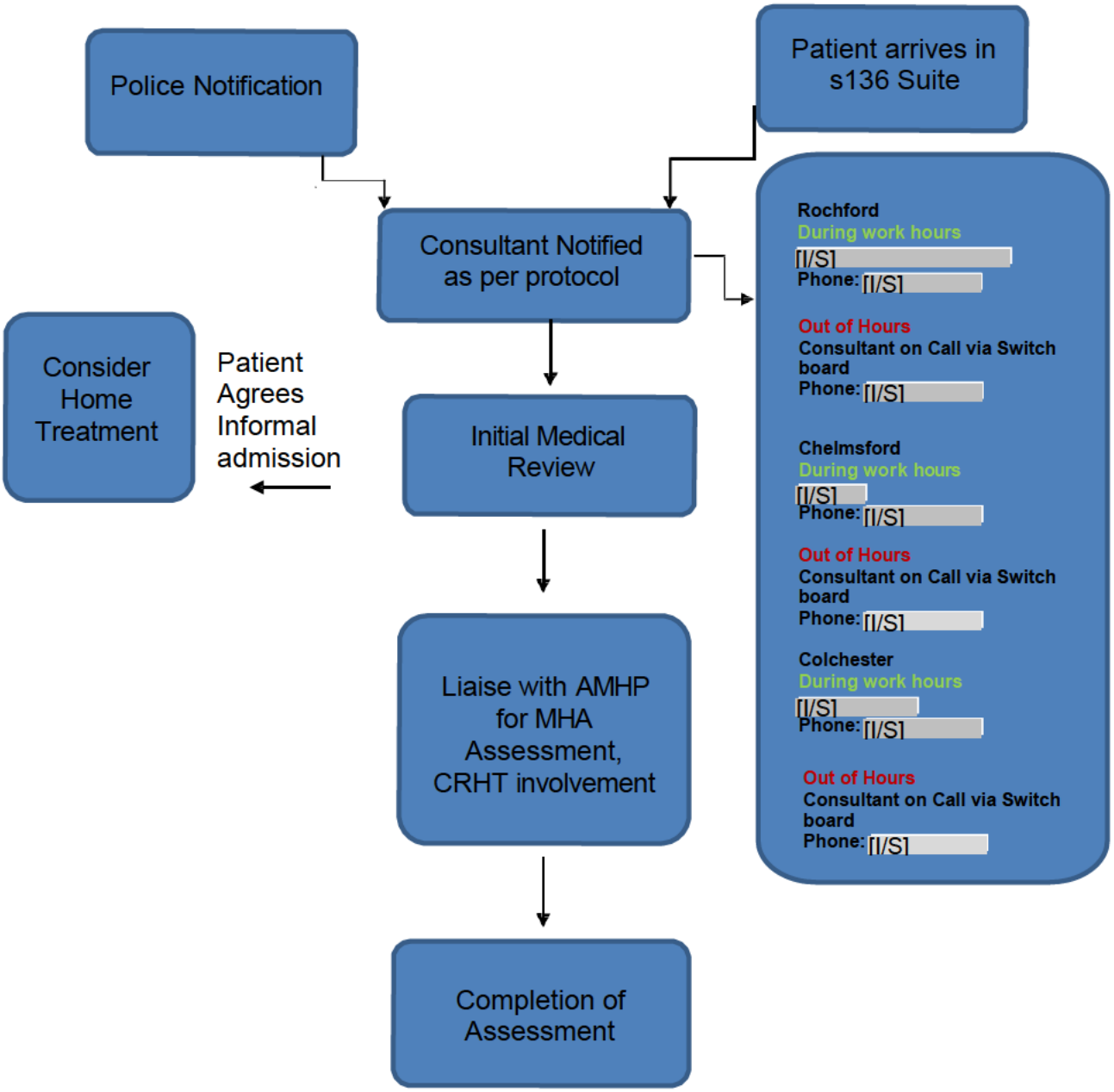
- Coordinate the s136 assessment in response to being notified of a persons' detention.
- Interview the person with clear information on their rights, taking account of language, learning disability or cultural issues;
- Contact any relatives and friends as appropriate and with permission
- Consider any possible appropriate alternatives to admission to hospital
- Consider the need to make any other "necessary" arrangements, particularly if the person is assessed as not requiring hospital admission
- Consider whether the person should be transferred to another place of safety and by which means this should occur.
- To complete the necessary legal documentation and to arrange for any further assessments needed to complete the Detention in the event of a decision to pursue further detention under a Section of the Mental Health Act

10.2 The role of the S12 Approved Doctor/on Call Doctor is to:

- Examine the person's physical health as soon as possible after arrival
- Examine the person's mental state
- Determine whether the person is suffering from a mental disorder
- Determine whether the person requires regular medication that has been part of person's regime before being detained
- To establish their capacity and willingness to agree to any proposed treatment
- To their best ability, if appropriate for the best interest of the patient, propose any immediate clinical plan to manage symptoms and distress

- Provide a comprehensive record of their assessment
- To request a hospital bed, if admission is required
- To consider whether the person should be transferred to another place of safety. Should the person be required to be transferred to another place of safety, discussion and agreements should be had with the AMHP and the Police.
- Detaining a patient in a HBPOS under section 136 does not confer any power under the Act to treat them without their consent. In other words, they are in exactly the same position in respect of consent to treatment as patients who are not detained under the Act.

10.3 Section 12/On Call Doctor Assessment Process



10.4 The Consultant may elect to delegate this responsibility to a doctor of suitable seniority and/or experience within their team or use the existing three tier on- call rota in the most effective manner where a detention occur out-of-hours.

10.5 Although Section 136 MHA 1983 (as amended 2007) allows for a period of detention of up to 24 hours this should be regarded as a maximum. The assessment should be completed as quickly as possible and without use of an overnight stay unless essential.

10.6 In cases where an extension to the powers under s136 is required, this cannot be extended by the Police. Under s136b this power can only be extended by an Approved Doctor for clinical reasons but not for inability to find beds or someone to assess.

10.7 If a person subject to s136 leaves the place of safety or goes missing they should be regarded as absent without leave (AWOL) and can be brought back by the Police under Section 138 of the MHA as long as this is within the 24-hour period of detention.

However the National Framework for Adults Missing from Health & Care settings states that, after this point the criteria for reporting a person missing from health or care settings to police is as follows:

A missing person is anyone whose whereabouts can't be established and:

- The context suggests the person may be a victim of crime; or
- The person is at risk of harm to themselves or another; or
- Where there is particular concern because the circumstances are out of character, or there are ongoing concerns for their safety because of a previous pattern of going missing.

This definition is also the definition of a missing person in the SET Missing Protocol for adults missing from health and care settings.

11.0 MENTAL HEALTH ASSESSMENT PROCESS

11.1 Mental health assessments must not be delayed due to uncertainty regarding the availability of a suitable bed.

11.2 The s136 mental health assessment should be completed within 4 hours of the individual arriving at the Health Based Place of Safety unless there are clinical grounds for delay, such as the person being significantly intoxicated, acutely unwell following self-harm and in need of care and treatment at the ED department or, after being clinically assessed by the team, being deemed to require more time for their mental state to settle.

11.3 Medical staff at the Health Based Place of Safety must have contact information for the AMHP Service serving the local area, particularly out of hours. It is the AMHP service's responsibility to ensure this number is available to all Health Based Place of Safety staff.

11.4 Where possible the mental health assessment should be conducted jointly by the s12 doctor and the AMHP, however the need to coordinate a joint assessment should not be a reason for delaying the overall process. Unless it is clear that the person will not require a hospital admission the AMHP should arrange for a second doctor to examine the individual. The second doctor should either have had previous acquaintance with the person under assessment, or also be a S12 Approved Doctor (see below).

11.5 If hospital admission is likely, it is preferable for one of the s12 doctors undertaking the assessment should normally be employed by the Trust responsible for providing care for the geographical area in which the patient is being assessed. If this would cause unreasonable delay it is not unlawful to proceed on the basis of two doctors not from the geographical area, however if both s12 doctors are employed by a different NHS Trust or organisation then at least one of the doctor's assessments should be recorded either as a paper record or on the local electronic patient record system.

11.6 The first doctor carrying out the assessment should normally be Approved under section 12(2) of the Mental Health Act. In exceptional circumstances where mental health assessments are undertaken by core psychiatry trainees who are not approved under s12, a discussion with the senior s12 doctor must occur and their name and advice must be recorded in the notes. However, it should be noted that a hospital admission under s2 or s3 MHA 1983 can only take place if recommendations are received from two doctors, and if one of the medical recommendations is completed and signed by a s12 Approved Doctor. The Mental Health Act Code of Practice states that, if neither doctor has previous acquaintance with the person, both doctors giving the medical recommendations should be s12 approved.

11.7 When the person is already known to mental health services in a different area from where they have been detained it is good practice for an AMHP from their home area to consider attending to carry out the assessment; see the MHA Code of Practice para 16.28. However, this should not be a reason for unduly delaying the assessment. It should be noted that (in the absence of local agreements to the contrary) the legal duty to assess falls upon the AMHP service for the area where the person is at the point when the assessment is needed - in this case, the county or borough in which they are currently being detained under s136.

11.8 If the s12 doctor, or other doctor with mental health training/experience (for example a liaison psychiatrist), sees the individual before the AMHP and is satisfied that there is no evidence of underlying mental disorder of any kind, the person can no longer be detained and must be immediately released, even if not seen by an AMHP. If this occurs the AMHP should be notified by the doctor concerned without delay, and the individual must be told that they are free to leave when they want. Where appropriate they should be referred on to other, non-mental health teams in the local authority, for example a Care Act 2014 assessment under the Care Act.

11.9 If the s12 doctor sees the person first and concludes that they do have a mental disorder and that compulsory admission to hospital is not necessary, the person should still be seen by an AMHP, to consider what arrangements are necessary to support the person's mental health, for example an informal hospital admission or

support in the community. Even if a hospital admission is not required, the AMHP might still decide that the person needs to be held at the Health Based Place of Safety for a period while community arrangements are made, for their own safety or exceptionally to protect someone else. This should only happen if the AMHP believes that the risks are too great for such arrangements to be made after the person has returned home.

11.10 Exceptionally, if it is unavoidable, or it is in the person's interests, an assessment begun by one AMHP or s12 doctor may be taken over and completed by another, either in the same location or at another place to which the person is transferred (which may be in a different borough and so come under a different AMHP team). A local policy should be in place to ensure that a replacement AMHP or s12 doctor has been identified and formally confirmed to take over the assessment before the first professional departs. Where this occurs, the AMHP taking over the process is legally responsible for making any MHA application, which may therefore require re-interviewing the individual and family members where appropriate.

11.11 If the individual is under 18 years old or has recently been referred to adult services they should, where this is available, be taken to an appropriate Health Based Place of Safety where there is a s12 approved CAMHS specialist doctor, a consultant with experience in CAMHS or an AMHP with knowledge and experience of caring for this age group available to undertake the mental health assessment.

11.12 The Trust commissioned to provide the Health Based Place of Safety should ensure assessing doctors and AMHPs have up to date knowledge and readily available information about alternatives to admission via the local Directory of Services, which should be considered as part of the assessment.

11.13 The AMHP and assessing doctors must also have prompt access to interpreting and signing services if required.

11.14 Occasionally the AMHP may decide that they need to return to re-interview the person in order to decide upon an appropriate course of action for example, if at the first interview the person is under the influence of drugs or is 'selectively mute'. In these circumstances the s136 detention continues in the usual way until the final decision is taken.

11.15 The person may continue to be detained while all these arrangements are being made, if the maximum period of detention under s136 (24 hours) is not exceeded. The 24 hour period begins at the time of arrival at the first place of safety (including if the individual needs to be transferred between places of safety). It should be noted that ED is itself a Place of Safety within the meaning of the MHA, so if the person subject to s136 is first taken to ED the detention period starts at the time of their arrival at ED and not at their arrival at any subsequent Place of Safety.

11.16 The detention under s136 comes to an end 24 hours after the individual's arrival at the Health Based Place of Safety (or arrival at the first Place of Safety they have been transferred to including ED). The period may be extended to 36 hours by a doctor, but only on clinical grounds. Once the detention period has come to an end the individual cannot continue to be detained under s136 and should be told that they are free to leave. The 'holding powers' under section 5(2) and 5(4) of the Mental Health Act 1983 cannot be used to extend the detention period.

11.17 Exceptionally, if the individual represents a clear and immediate risk to themselves or to someone else, Health Based Place of Safety staff may be able to justify a further, very brief, period of restraint while appropriate arrangements are being made, but it should be noted that this would be under common law, not the Mental Health Act, and the necessity for it might be challenged. Likewise restraint may be justified for a brief period under the Mental Capacity Act if the person lacks capacity to make decisions about their own safety and it is clearly necessary to restrain them in their own best interests. In this case there would need to be a formal record that the person's capacity was appropriately assessed, and other arrangements must be put in place as quickly as possible to prevent this turning into an unauthorised deprivation of liberty. A decision to restrain in this way is made by the senior staff member at the relevant Place of Safety, who should take internal advice where appropriate.

11.18 After the outcome is agreed, the person should be discharged or transferred to hospital as quickly as possible, failure to discharge promptly compromises the individual's care. The AMHP is responsible for arranging the individual to be conveyed to the admitting hospital.

11.19 The Trust responsible for arranging inpatient psychiatric beds needs to be aware that detention in the Health Based Place of Safety cannot be extended beyond the maximum time permitted (24 hours) simply because of an inpatient bed shortage. The Mental Health Trust has a duty of care (within what is permitted in law) to the individual requiring admission so each Trust is expected to make provision to address the situation.

11.20 If the time period of 24 hours is breached and no extension has been made a Datix incident form must be submitted which provides details of the reason this has occurred and the steps that have been taken to avoid any such breach. The person must be informed and an appropriate plan made to care for the person.

Police and Crime Act 2017 **alters** the period of detention from a maximum of 72 hours to an initial maximum of **24 hours**; the power can be extended. The extension is for a maximum of 12 hours; extending the total period of detention to 36 hours.

These are that, because of 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.

Calculation of the detention period. This detention may only be extended by an approved doctor and not by the Police.

The detention period for those detained under section 135 or 136 begins:

Where a **person is removed to a place of safety under section** 135 or **136** – at the **point when the person physically enters a place of safety.** *Time spent travelling to a place of safety or spent outside awaiting opening of the facility does not count;*

Where a person is kept at **a place under section 136 – at the point the police officer takes the decision to keep them at that place.**

The **clock continues to run during any transfer** (if this is necessary) of a person between one place of safety and another.

If a **person subject to section** 135 or **136** is taken first to an Emergency Department of a hospital for treatment of an illness or injury (before being removed to another place of safety) the detention period **begins at the point when the person arrived at the Emergency Department** (because a hospital is a place of safety) **providing** the use of the Emergency Department as a place of safety is agreed by the managers and suitably qualified and experienced staff in the treatment and management of mental disorders are available to support the patient with their mental health needs while undergoing any necessary physical health treatment.

11.21 If an application for detention under section 2 or section 3 has already been completed at the time when the s136 detention period expires, the individual may continue to be appropriately restrained until the AMHP responsible for conveying them to hospital, or someone authorised by them, while waiting for suitable transport (see sections 6(1) & 137 MHA).

11.22 When an inpatient admission is required following detention under s136, this should be treated as an emergency admission, with the decision on where to admit the individual determined by what is judged to be clinically safest and in the individual's best interest. This may mean admitting the individual at the site where the Health Based Place of Safety is located, even if they are usually resident in a geographical area served by a different Trust. The underlying principle is that there should be no gaps in responsibility and no treatment should be refused or delayed due to uncertainty or ambiguity as to which ICB is responsible for funding an individual's healthcare provision.

11.23 It should be noted that, while Wales is covered by the MHA 1983, Scotland, Northern Ireland, the Channel Islands and the Isle of Man have different mental health legislation. Any hospital transfer of patients who are usually resident in these areas can give rise to both funding and legal issues. Sections 80-92 of the MHA 1983 outline the legal processes required. However, if the person clearly needs a hospital admission this should be arranged locally in the usual way and not delayed while a transfer to the home area is being organised.

11.24 CRS/Home Treatment teams are to support the assessment process where possible to ensure all alternatives to admission have been explored.

12.0 DISCHARGE PATHWAY

12.1 The mental health assessment may result in one of six outcomes:

- S12 doctor or other doctor with mental health expertise concludes that there is no mental disorder at all, and the person is immediately discharged.
- S12 doctor and AMHP conclude that the person's mental disorder does not require a hospital admission, but that arrangements need to be made for support from community-based services. The AMHP has responsibility for ensuring that these arrangements are put in place. In this case the person should normally be discharged home, unless the AMHP is satisfied that the risks in doing so justify keeping them in the HBPoS while these arrangements are being made.
  Responsibility for discharge of the person from S136 following assessment, if the person is to be discharged home the Site Coordinator in collaboration with the AMHP should endeavour to a reasonable level, to arrange appropriate transport to ensure the person reaches a safe place. This includes organising taxi service, Travel Warrant or informing significant other to pick up the person. All logged property will be returned and signed for. During this process the individual should be made aware of support available if their situation deteriorates before any follow up arrangements start.
- Where the outcome of the assessment is for onward referrals to Community Services, the AMHP needs to ensure that all correct documentation and pathway of referrals has been followed up and agreed with the person.
- Doctor and AMHP conclude that a hospital admission is required, and the patient with capacity to do so consents to it (s.131 of the Act). It is the doctor and AMHP's joint responsibility to determine whether the patient has the mental capacity to make an informed decision to consent to hospital admission.
- S12 doctor and AMHP conclude that a hospital admission is required and the person lacks the mental capacity to give a valid consent to this but is not likely to resist admission or medical treatment once in hospital. In this case the person could be admitted under the Mental Capacity Act, but the hospital is responsible for making any deprivation of liberty lawful, by applying for a DOLS authorisation or, where appropriate, going to the Court of Protection.
- S12 doctor and AMHP conclude that a hospital admission is required but that the person is resisting admission or any necessary inpatient medical treatment, or is likely to do so. This includes where the person is known to have made an 'advance decision' refusing the treatment which they are judged likely to need. In this case the AMHP should normally apply for admission under the MHA 1983, though they have the discretion to delay making the application for up to 14 days following the second medical recommendation being made.
- S12 doctor and AMHP conclude that the person needs a hospital admission but is currently subject to a Community Treatment Order. In these circumstances the patient's Responsible Clinician (consultant legally responsible for their mental health treatment in the community, or their authorised deputy) should be notified as soon as possible and invited to provide a signed Notice of Recall (Form CTO3), which requires the person to be taken to the hospital specified in the Notice. If the responsible Clinician

cannot be contacted in time, or if they do not provide a signed Notice of Recall within the necessary timescale, the patient may be admitted to hospital voluntarily, under the MCA or under s.2 MHA 1983 and the Notice of Recall can if required be served on them at that stage.

12.2 If the person requires a hospital admission the Nurse in charge of Health Based Place of Safety will liaise with the Bed management Office during office hours to identify an appropriate bed, and ensure timely and safe transfer, deploying resources as appropriate. Out of hours site co-ordinators will take responsibility to identify bed and seek appropriate approval from on call manager if Out of Area bed will be required.

12.3 Where an admission is deemed appropriate the assessment of risk information must be handed over to the ward to ensure that inpatient team are fully aware of the risks and to ensure that the necessary risk management measures can be put in place by the inpatient team

13.0 DOCUMENTATION

13.1 The Site Coordinator uses the electronic record system Mobius and PARIS to document the episode for known persons. Unknown person who are not on the system will initially have a paper record. The paper record will include

- Trust Section 136 Mental Health Act Monitoring Form as per the Joint Policy relating to Section 136 MHA 1983 that includes the joint risk assessment, property recording list (Appendix 4).
- Continuation Sheets for contemporaneous recording
- All persons should be logged in log file kept in the Suite including the individual leaves

14.0 SUPERVISION OF THE PERSON

14.1 Whilst awaiting assessment all persons in the Health Based Place of Safety should never be left unmonitored. Level of observation should be determined by the risk presented. Staff will remain with the person within the s136 area in appropriate numbers to manage any presenting risk.

14.2 All persons should be searched on entry to the suite. It should not be presumed that the Police have conducted the search. Accepting nurse should establish if the police have had reason to search the detainee. If not, ask the officer if this should occur. If there is no justifiable reason to search (i.e. no belief that the person is a danger to themselves or others) then HBPOS coordinator to request that the detainee consents to a voluntary search by using the wand whilst police remain present. If the wand indicates something present that the detainee will not hand over, the police should be asked to reconsider if their grounds to search have now been met.

14.3 Where a person is detained under section 136 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 or herself or to others.

The power to search is only a power to search to the extent that is reasonably required for the purpose of discovering the item that the constable believes the person to be concealing.

The power to search does not authorise a Constable to require a person to remove any of his or her clothing other than an outer coat, jacket or gloves, but does authorise a search of a person's mouth.

15.0 STAFFING OF THE HEALTH BASED PLACE OF SAFETY

15.1 **Rochford Hospital -** The Site Coordinator is the designated lead 24 hours a day for the Health Based Place of Safety.

15.2 **The Lakes -** The Site Coordinator is the designated lead 24 hours a day for the Health Based Place of Safety.

15.3 **Christopher Unit -** The Site Coordinator is the designated lead 24 hours a day for the Health Based Place of Safety.

15.4 **Derwent Centre -** The Site Coordinator is the designated lead 24 hours a day for the Health Based Place of Safety.

15.5 Staff must not work alone in the Health Based Place of Safety if they have any concerns about their safety. The Trust has implemented a "buddy system" within the Health Based Place of Safety whereby there is a dedicated support worker allocated to support the Site Coordinator in the suite.

16.0 SAFEGUARDING

16.1 The suite will follow the Trust Policy and procedures when dealing with any Safeguarding issues in relation to children or to adults

17.0 RISK ASSESSMENTS AND RISK MANAGEMENT

17.1 Risk Assessment and contingency planning are a routine part of the daily work of S136 Coordinator. The team will use the standard Trust policies on assessing risk in relation to service users and to the environment.

18.0 MOBILE PHONES

18.1 Persons detained under Section 136 of the MHA are "cared for" within the hospital environment. They will usually retain their mobile phones for the duration of their stay in the Health Based Place of Safety unless this could pose a risk to themselves or to staff.

- EPUT CPG54 Use of Mobile Phones & Personal Electronic Devices Guidelines to be used and followed.

19.0 LIAISON

19.1 The Health Based Place of Safety will interface closely with the Police, AMHP's, acute hospitals and Primary Care. They will interface internally with CRHTs. Integrated Community Mental Health Teams and all mental health community services including Street Triage Nurse.

19.2 Good communication is essential for the safe operation of the Health Based Place of Safety. To facilitate this a number of regular meetings will take place;

- Police Liaison meetings
- Departmental and Service meetings
- Ad hoc meetings regarding individual service users

20.0 DATA COLLECTION

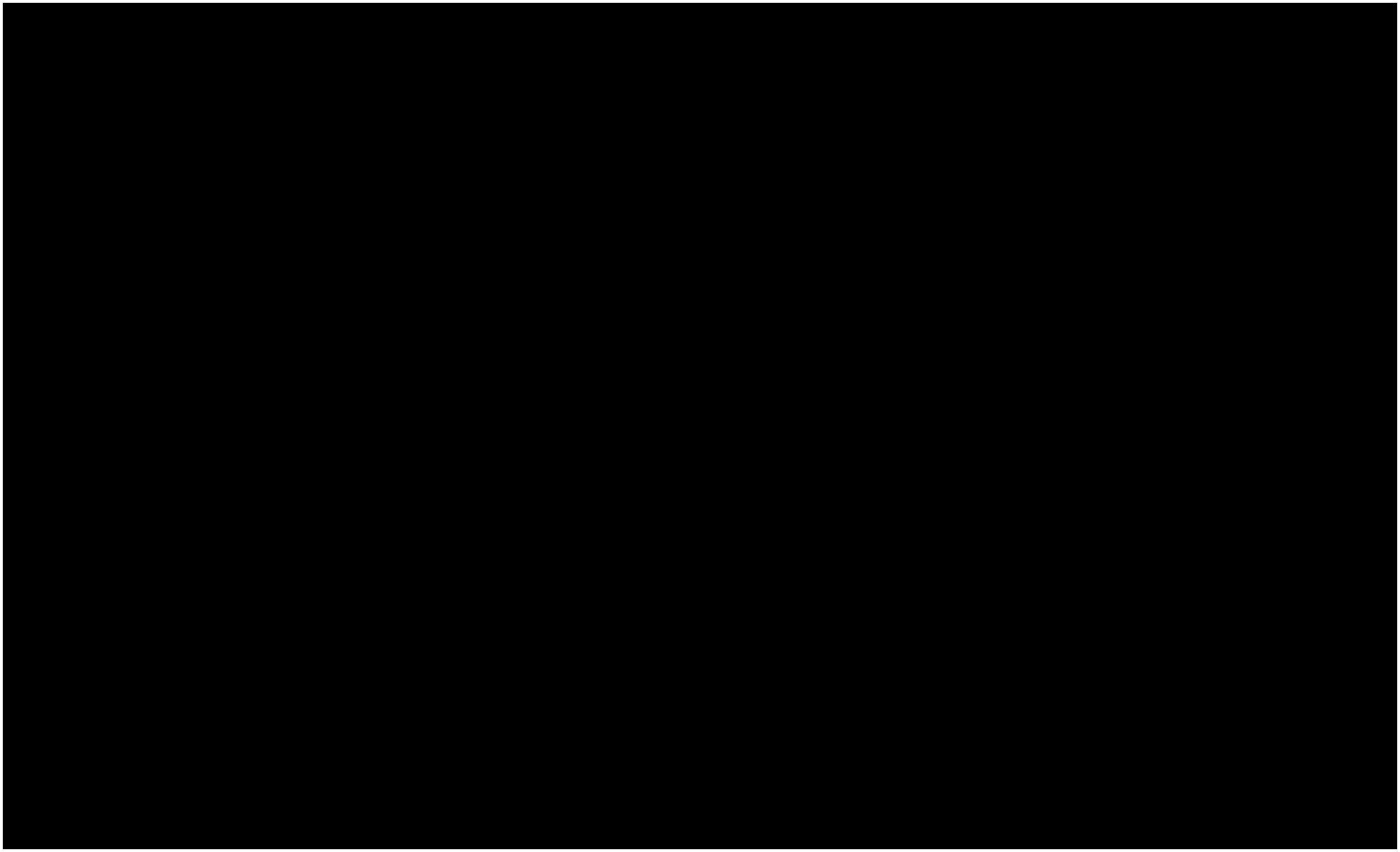
20.1 Performance information in relation to S136 detentions and incidents at mental health establishments should be made available to the Police & Trust Liaison Committee enable collaborative working and monitoring. Data to be collected:

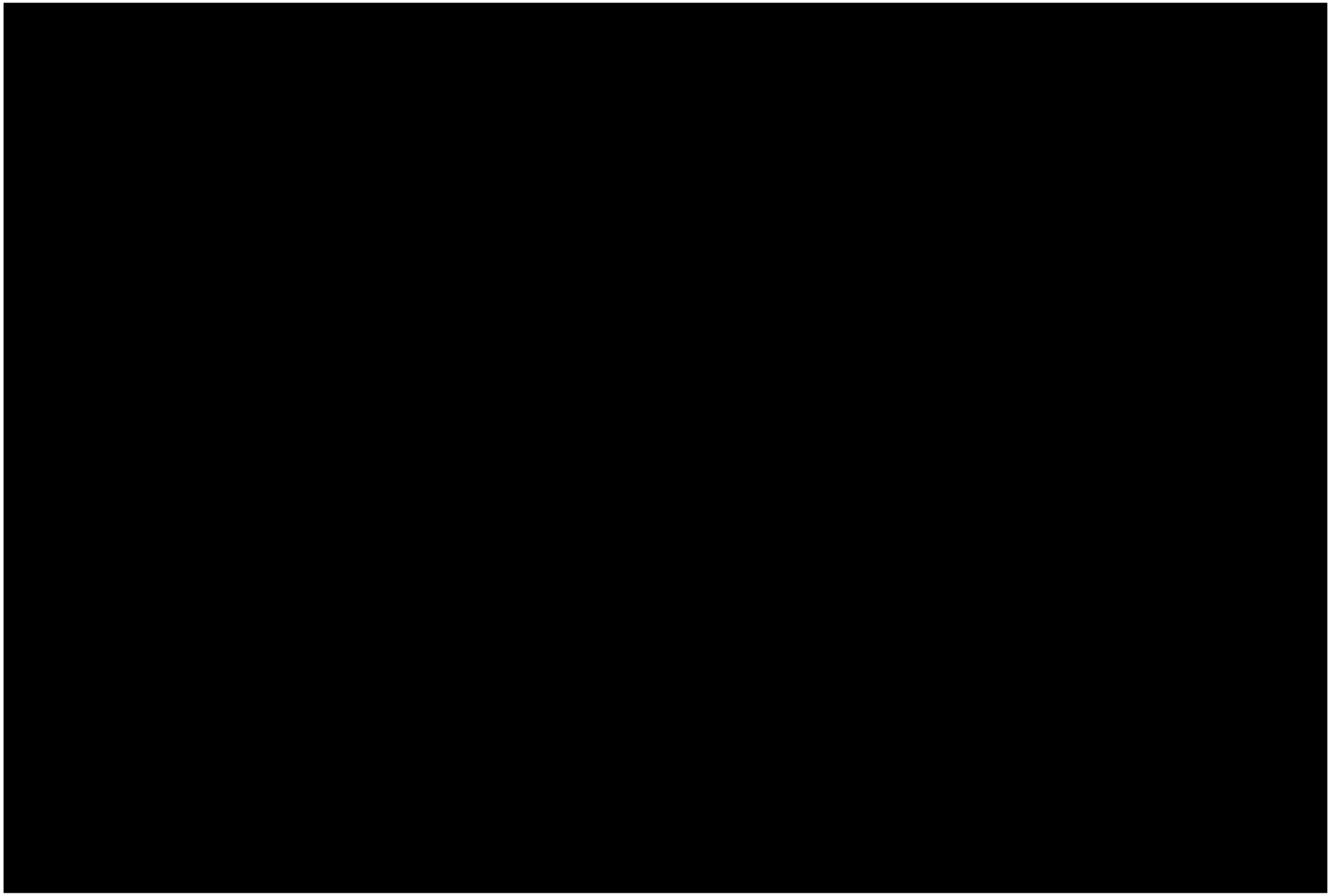
- Use of S136
- Demographics of Individual's detained
- Outcomes

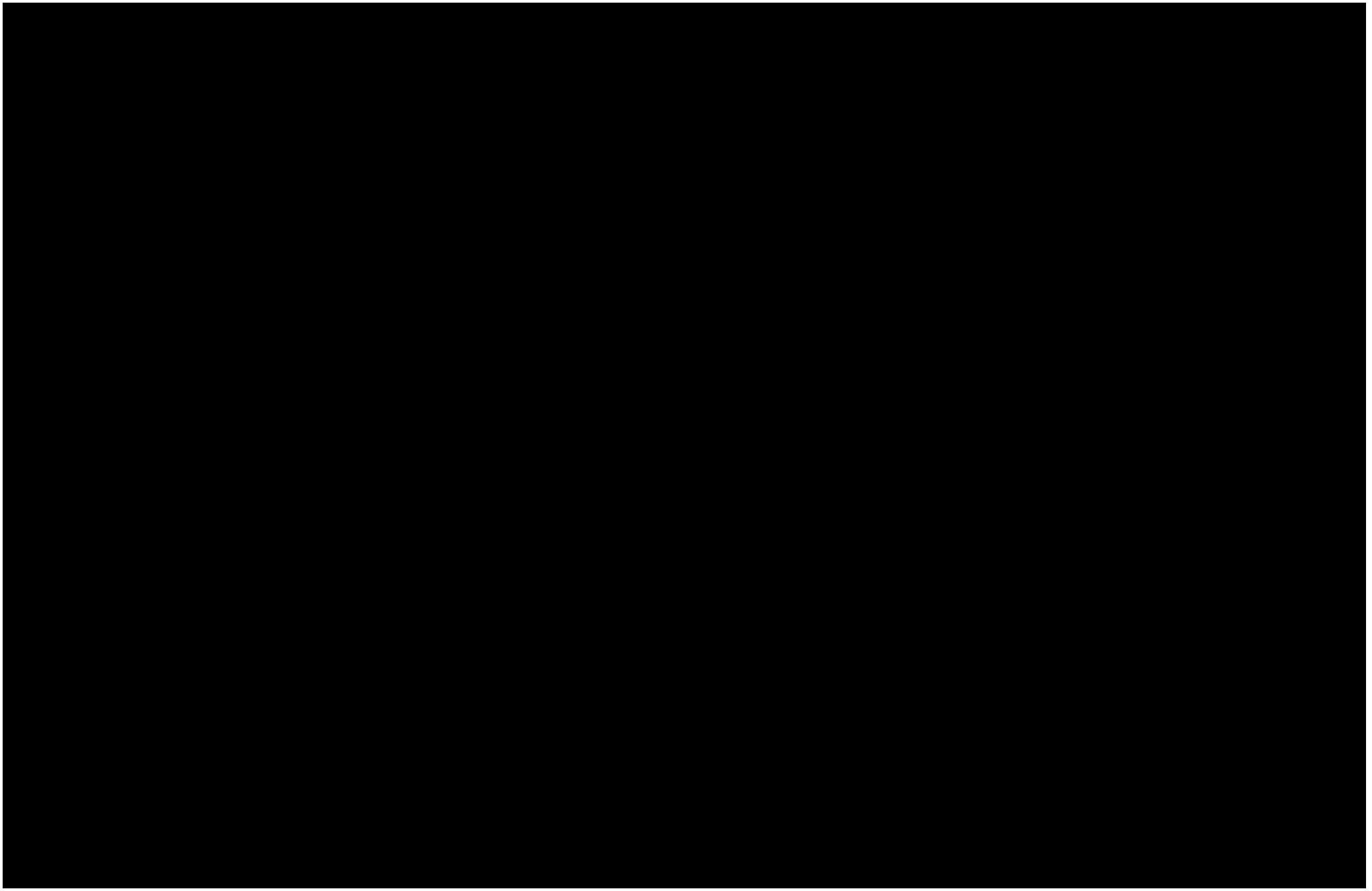
21.0 SAFETY OF ENVIRONMENT

21.1 It is crucial that the Health Based Place of Safety is maintained in good order and is ready for use. All faults and defects must be reported immediately to minimize any possible closure of the suite. If it is necessary for environmental safety to close the suite this must be done formally and the Director of Mental Health Services (or nominated deputy) must be informed. The facility must be locked, spacious and airy. The person should be able to lie down and have access to snacks, drinks and toilet facilities. The exits from the interview room must be unobstructed and the furniture should not be able to cause injury. All staff at Health Based Place of Safety should be equipped in an alarm system to summon extra staff. Resuscitation equipment and emergency medication should be available and checked on daily bases.

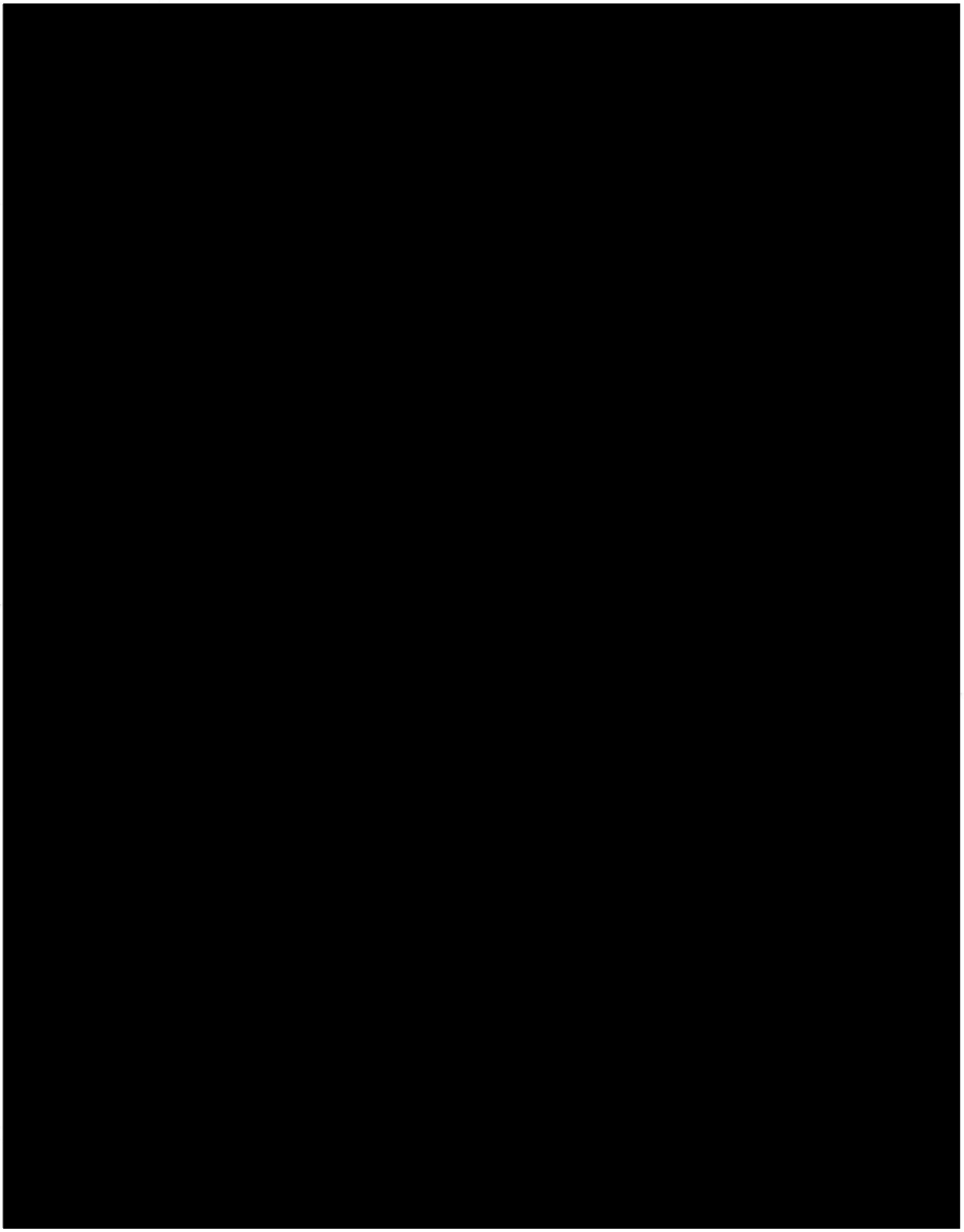
21.2 The place of safety is designed to assist the assessment process and enable a disturbed person to be safely managed. In Emergency Departments, an identified area appropriate to meet the needs and mitigate the risk of the individual, whilst ensuring that their privacy and dignity is respected at all times, should be identified and agreed at handover.

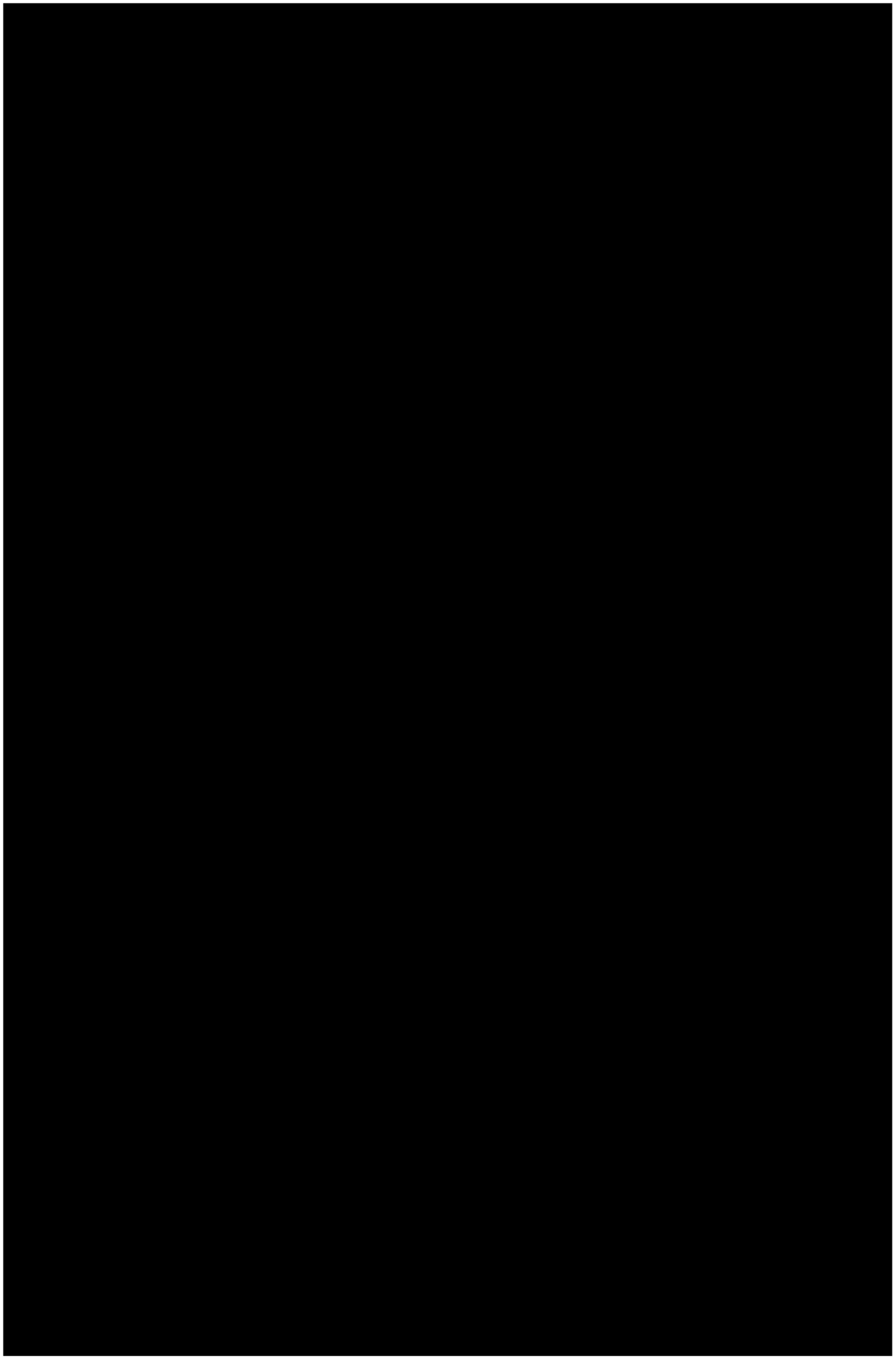


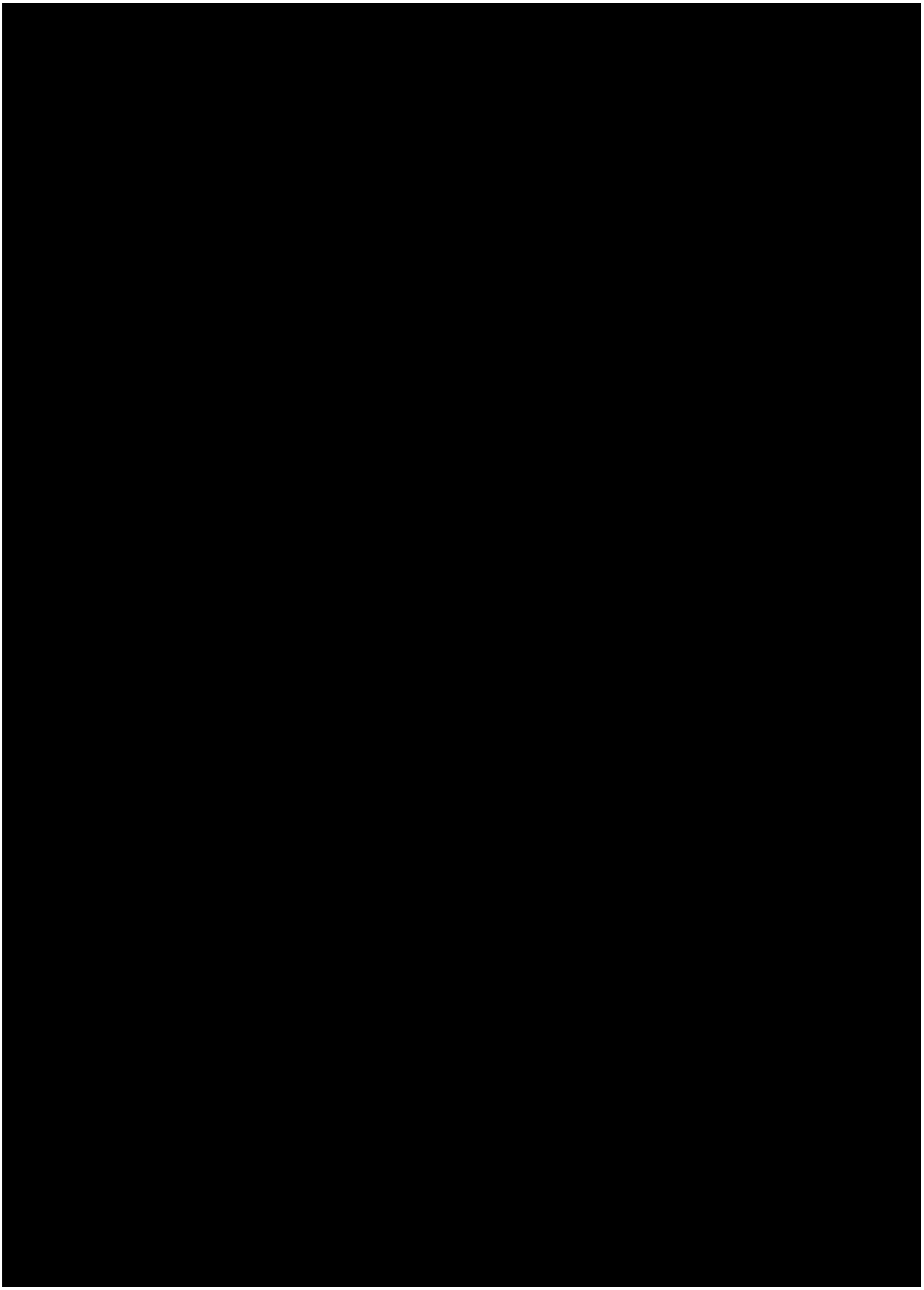


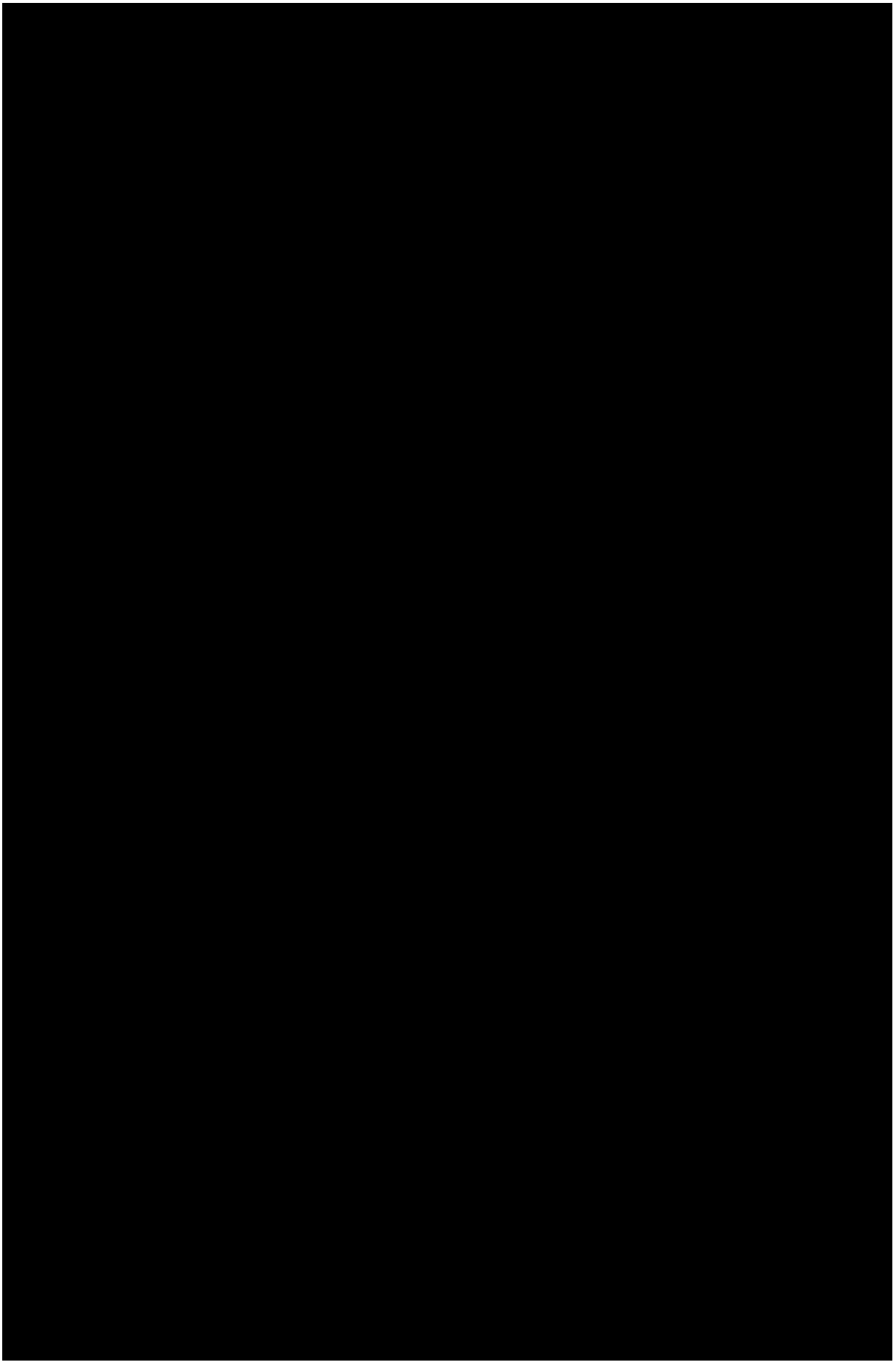


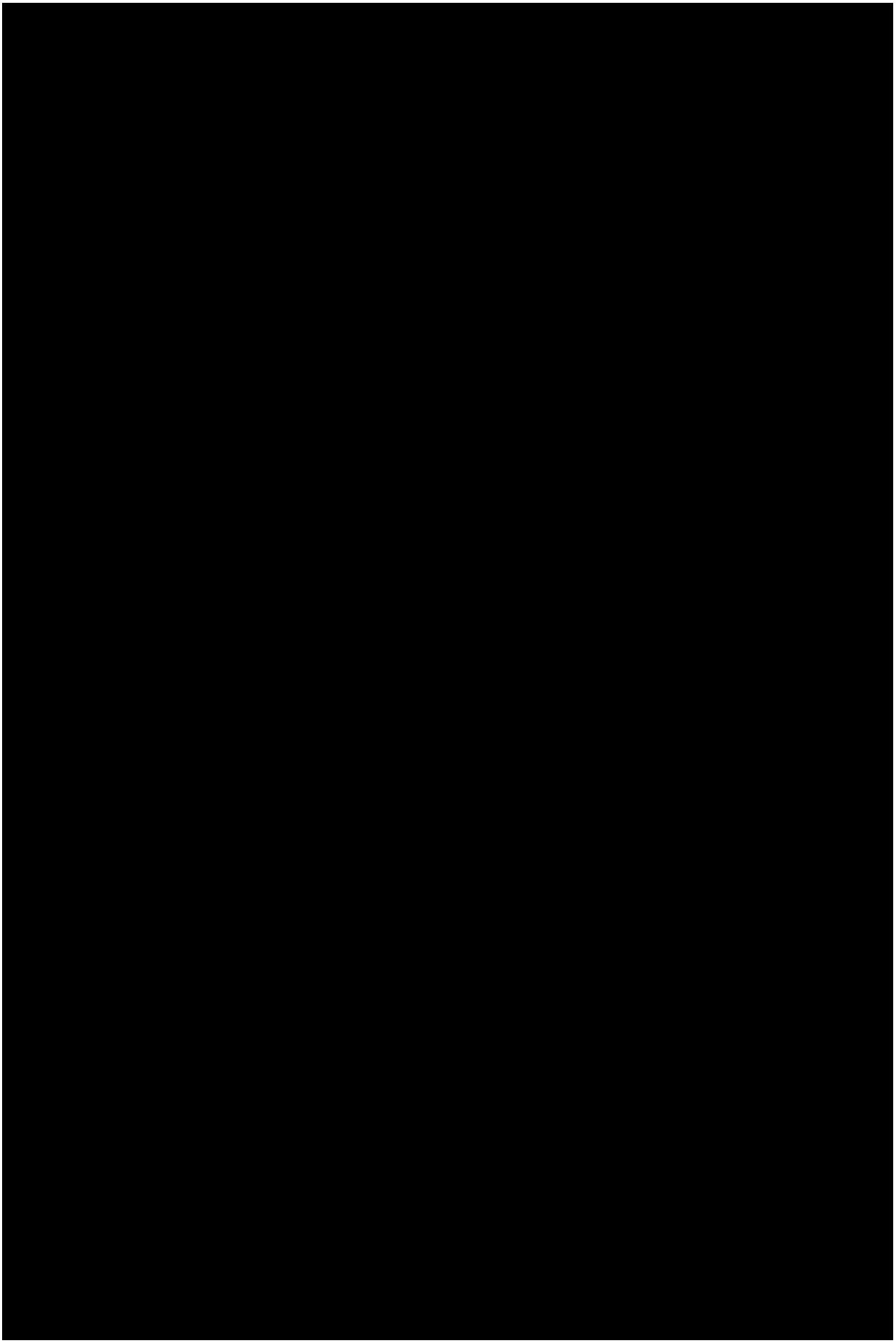
MHA20 – APPENDIX 2

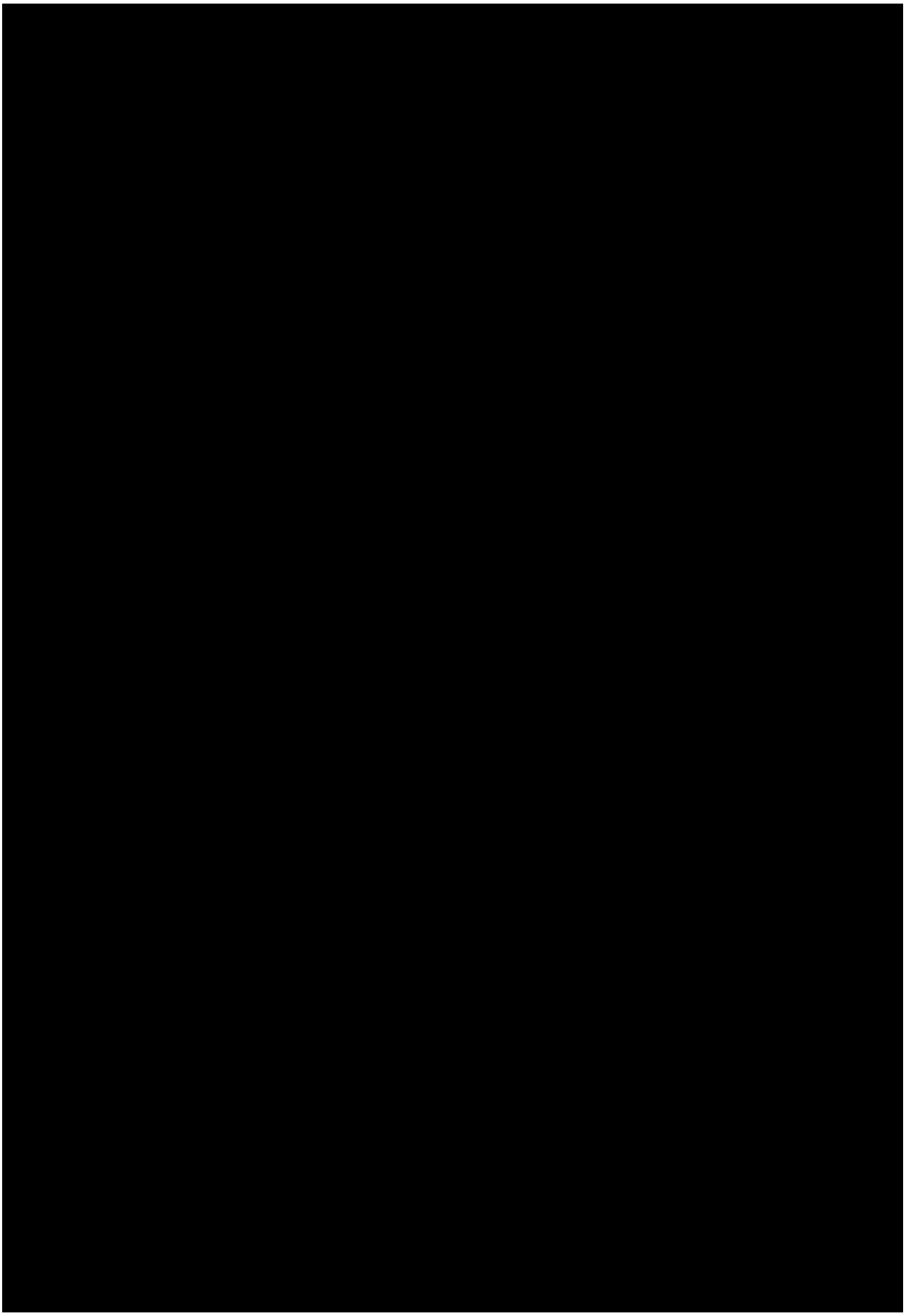


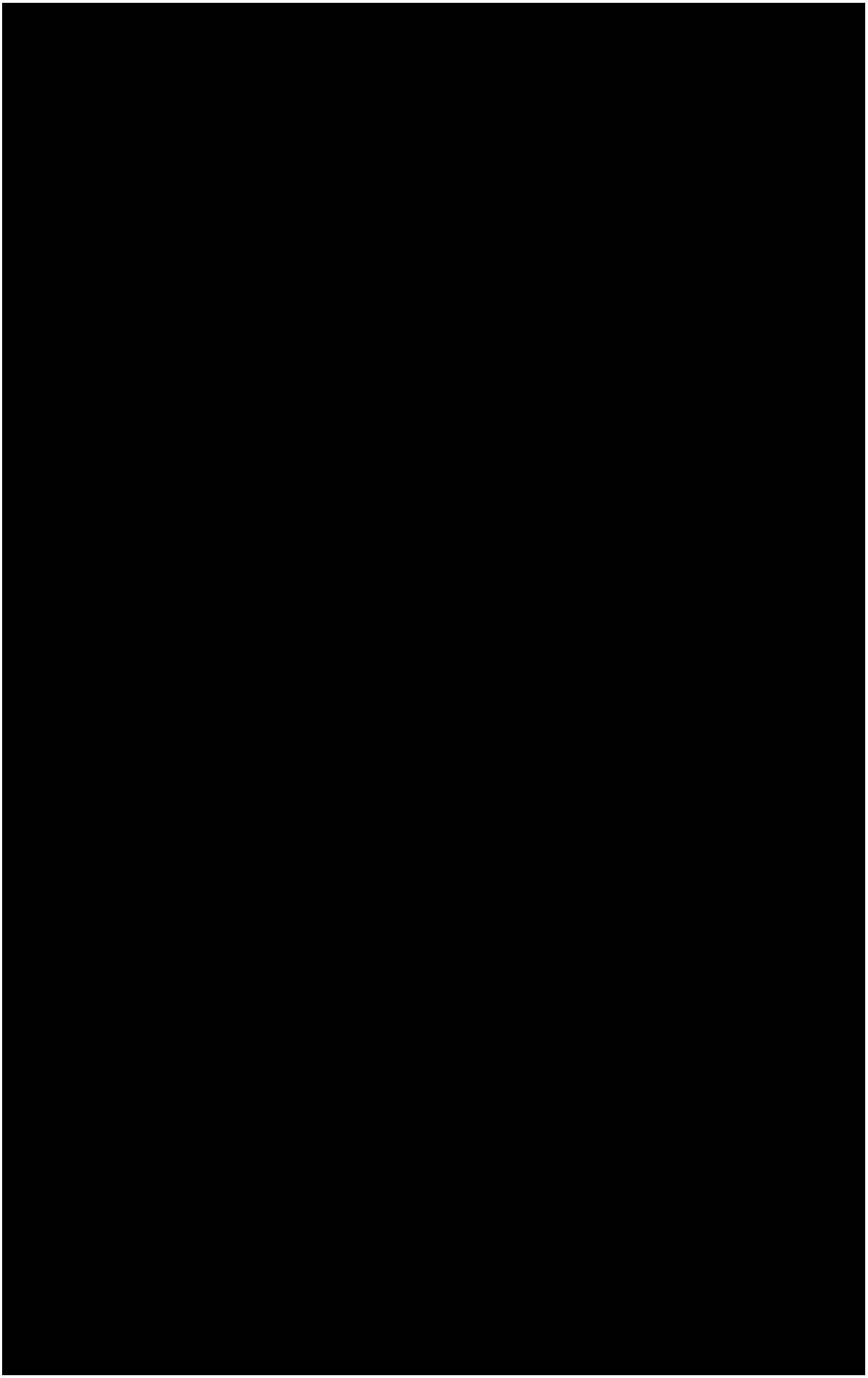


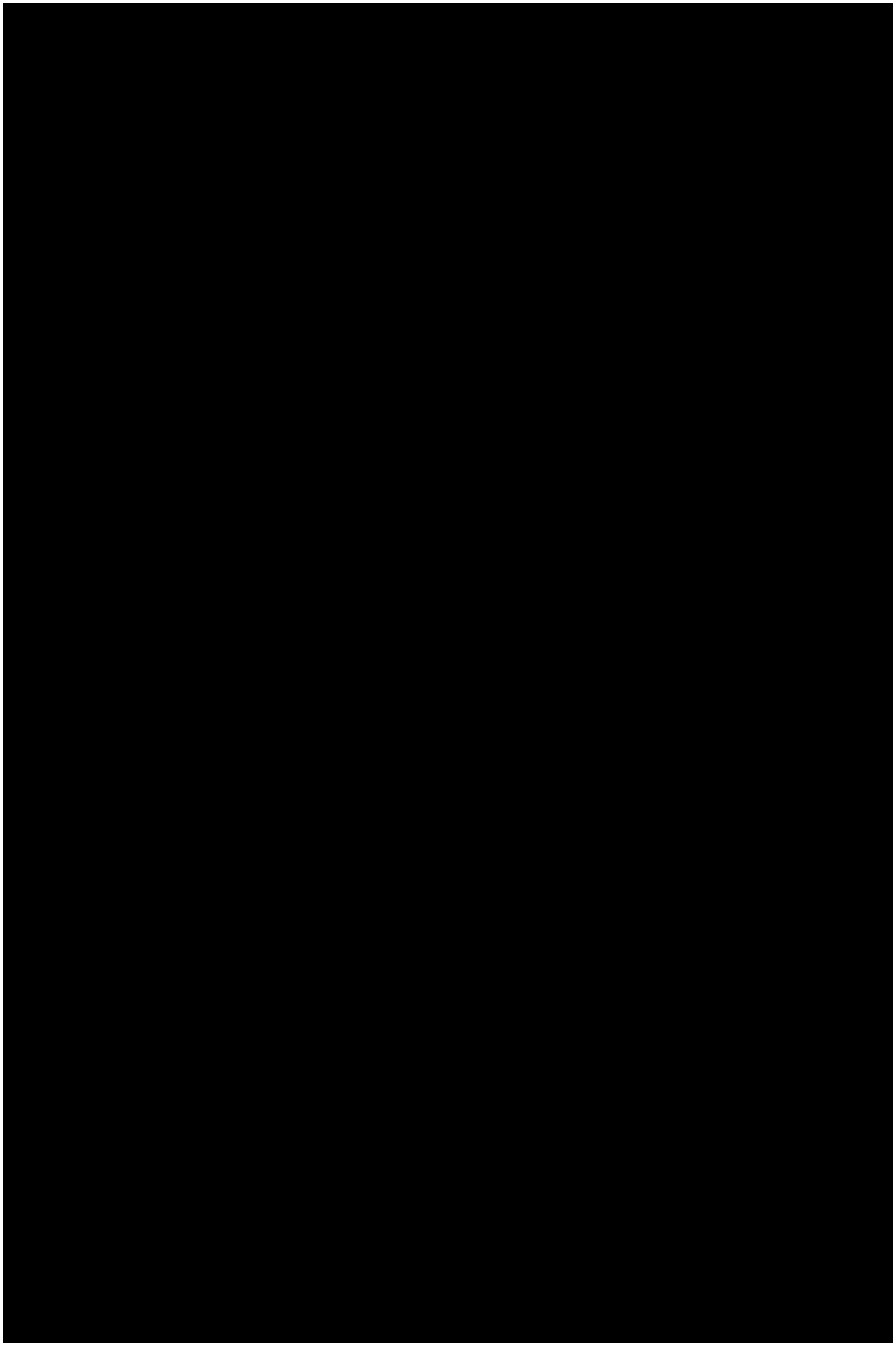


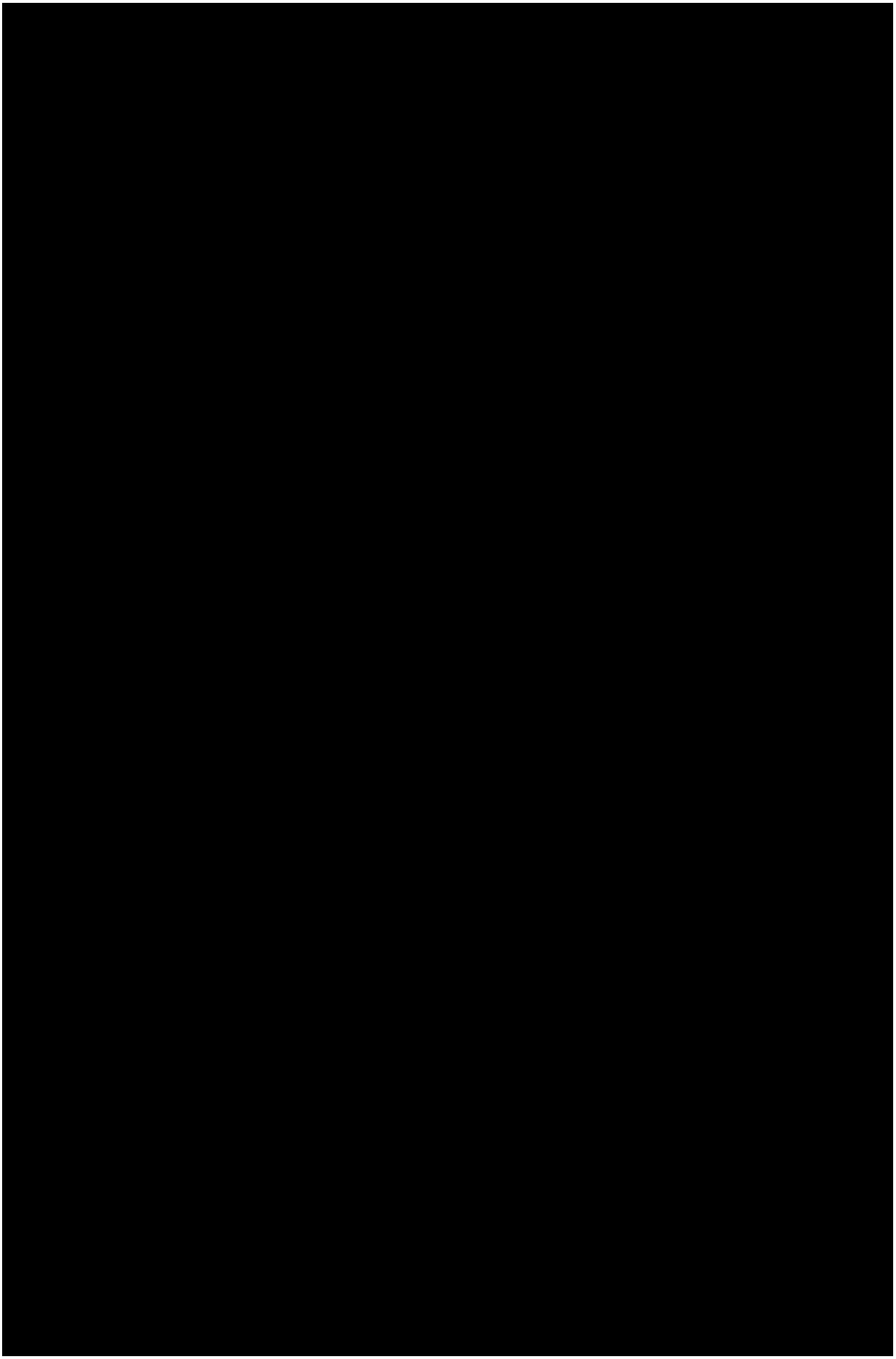


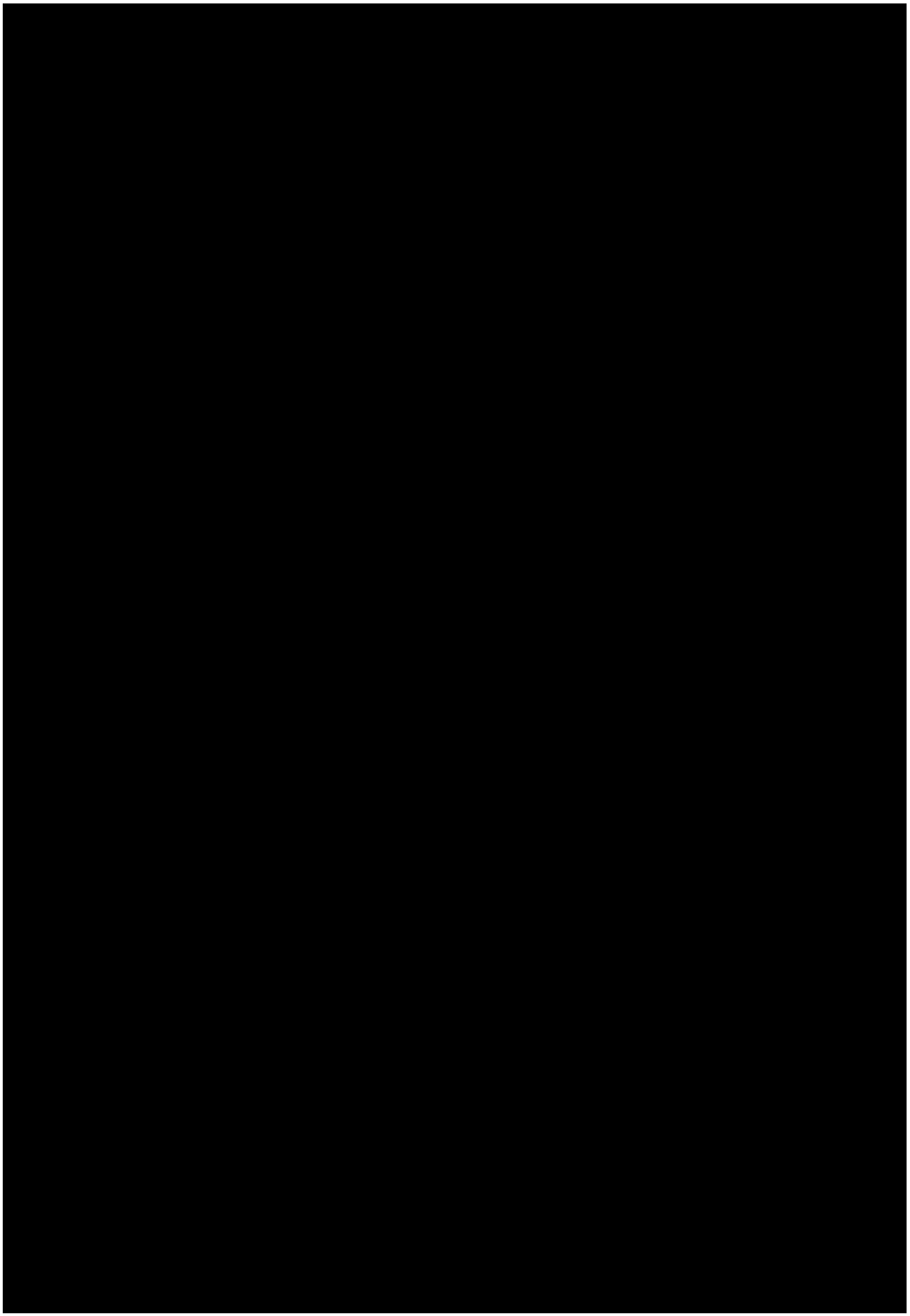


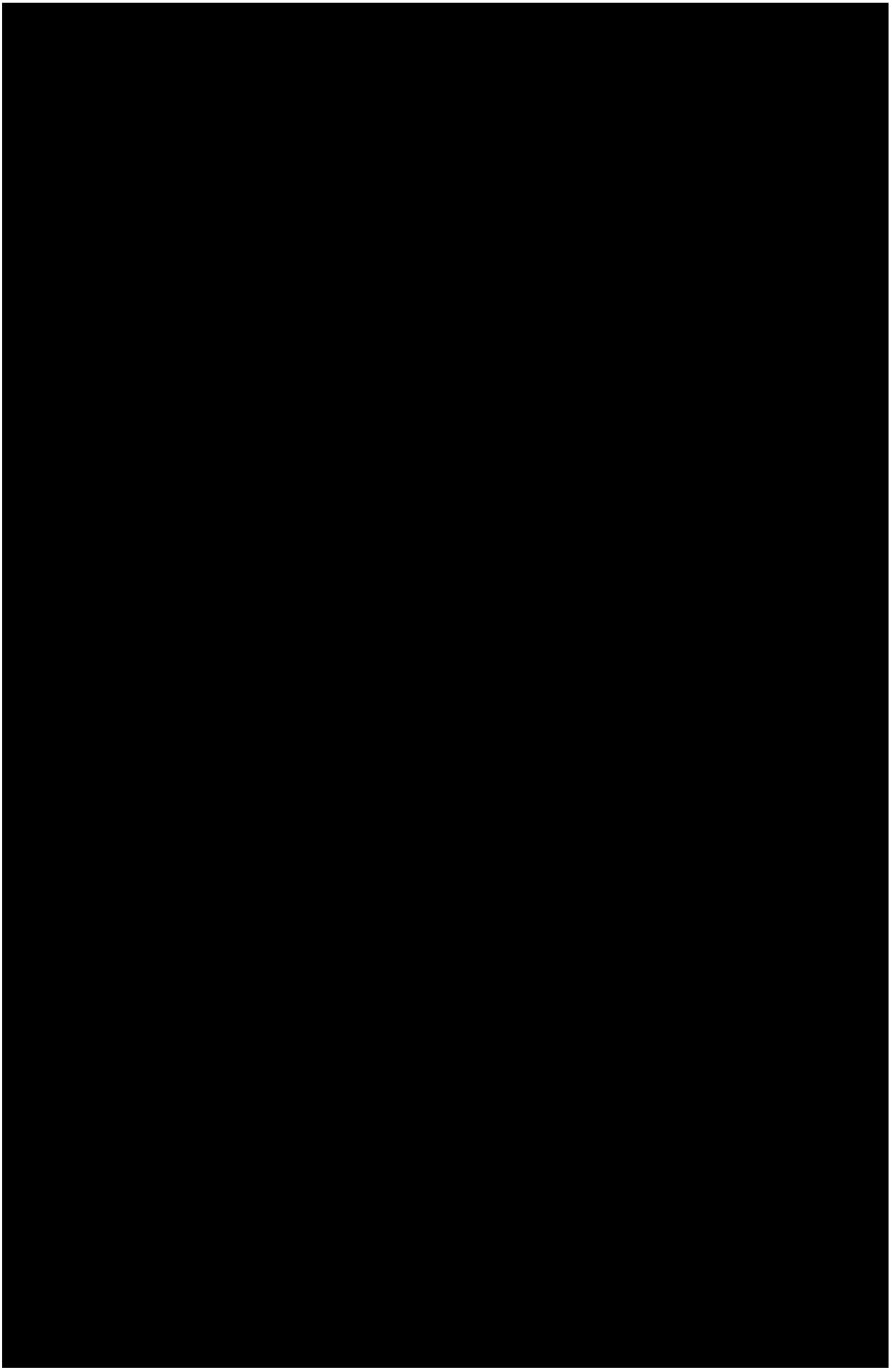


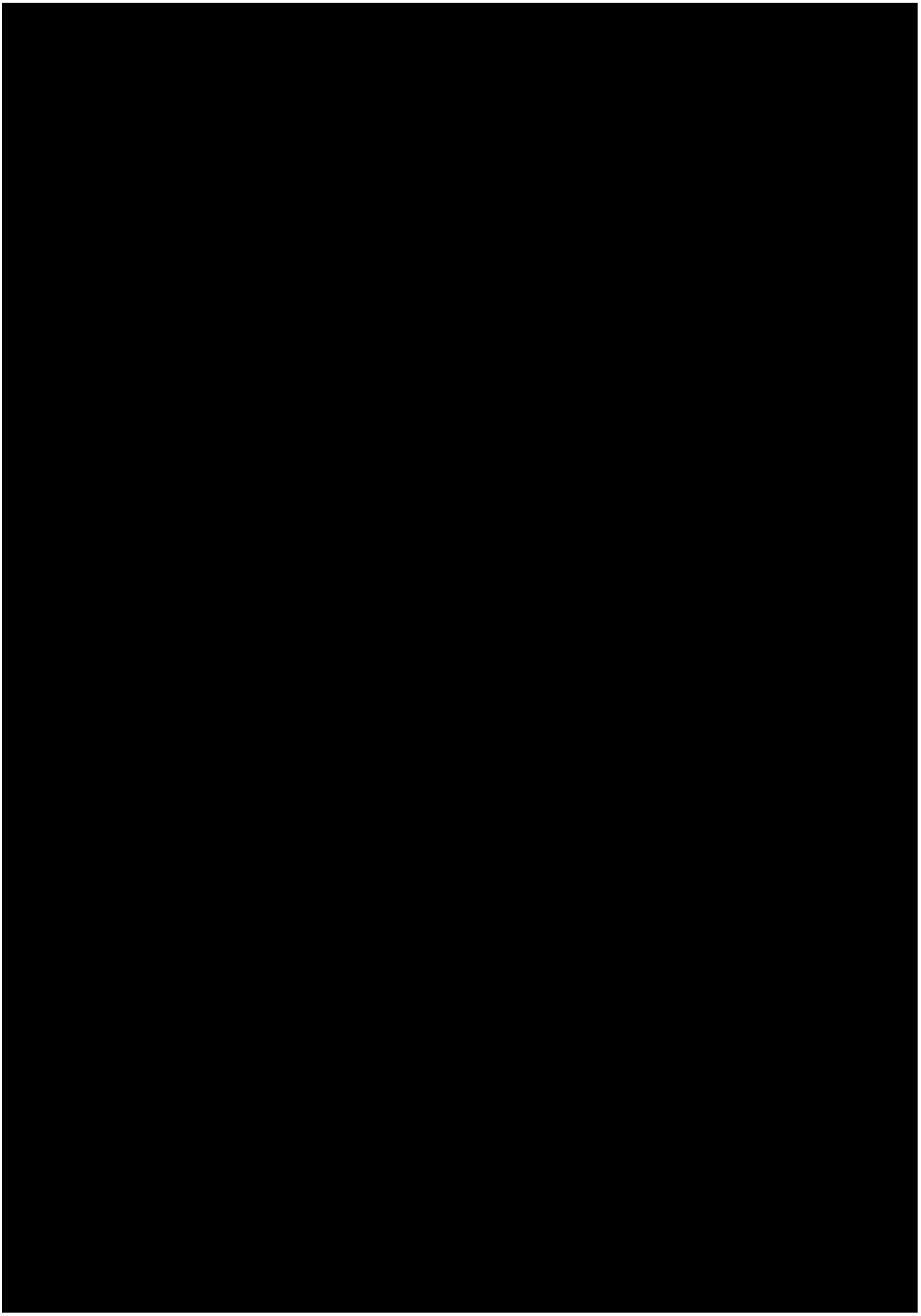












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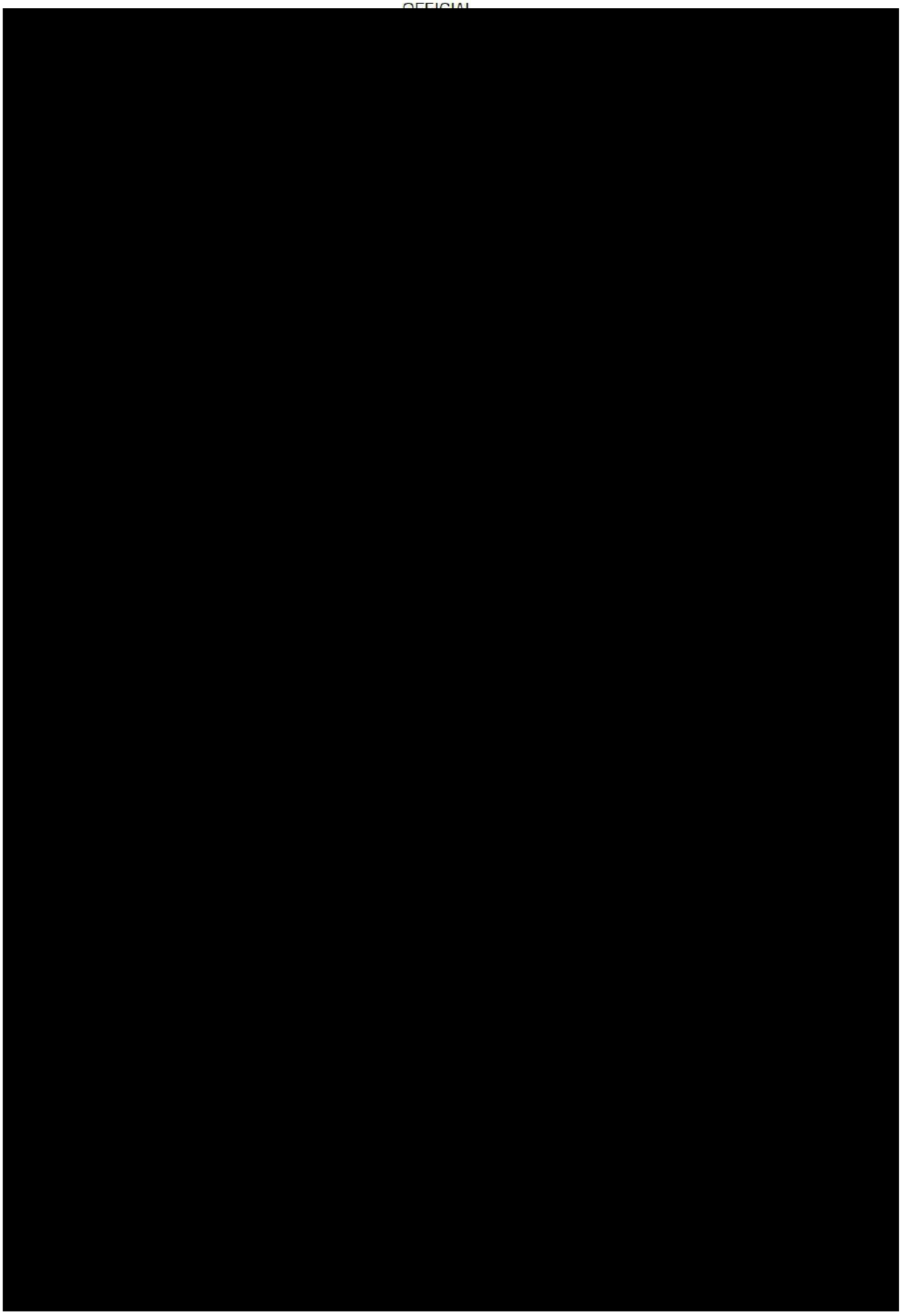

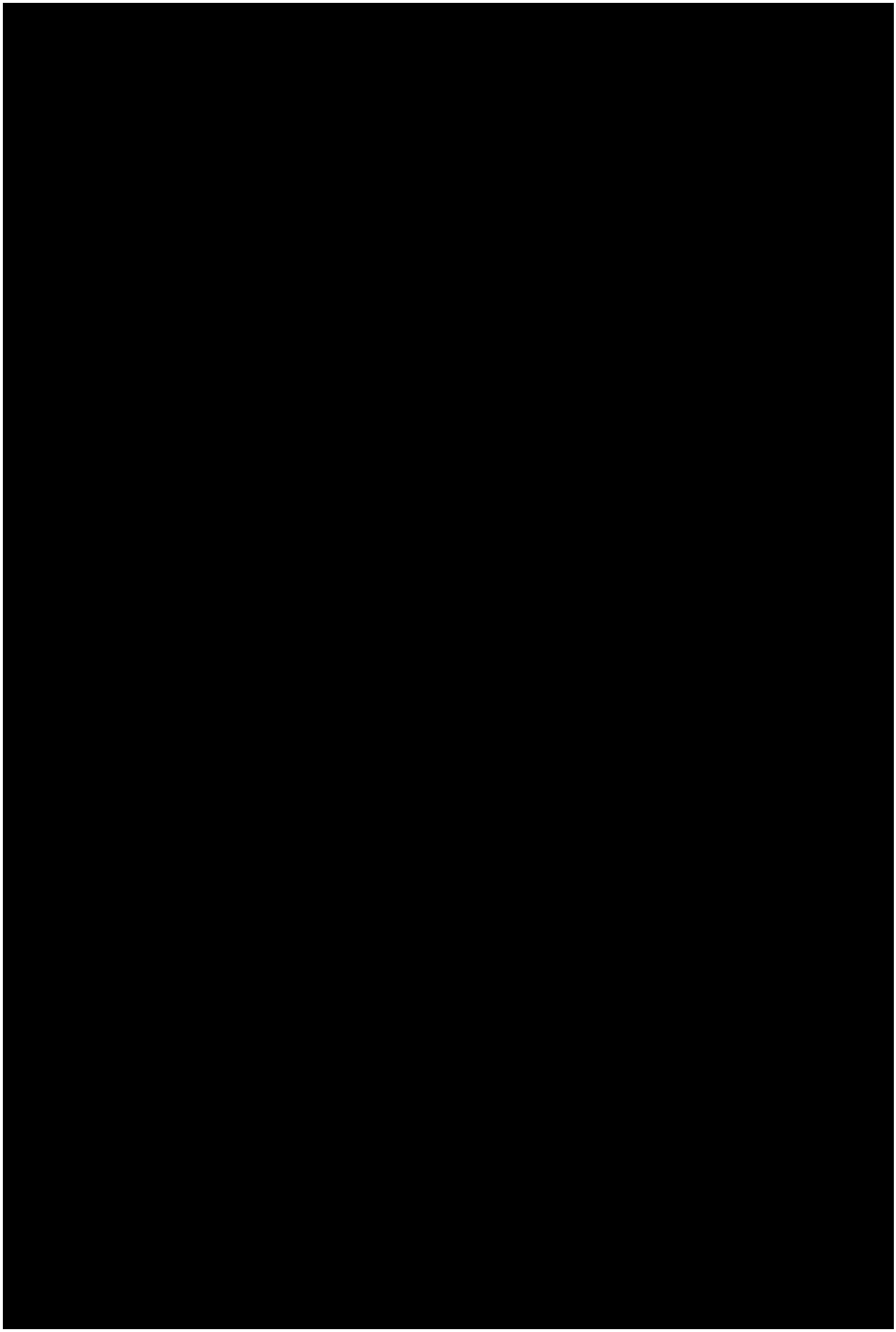

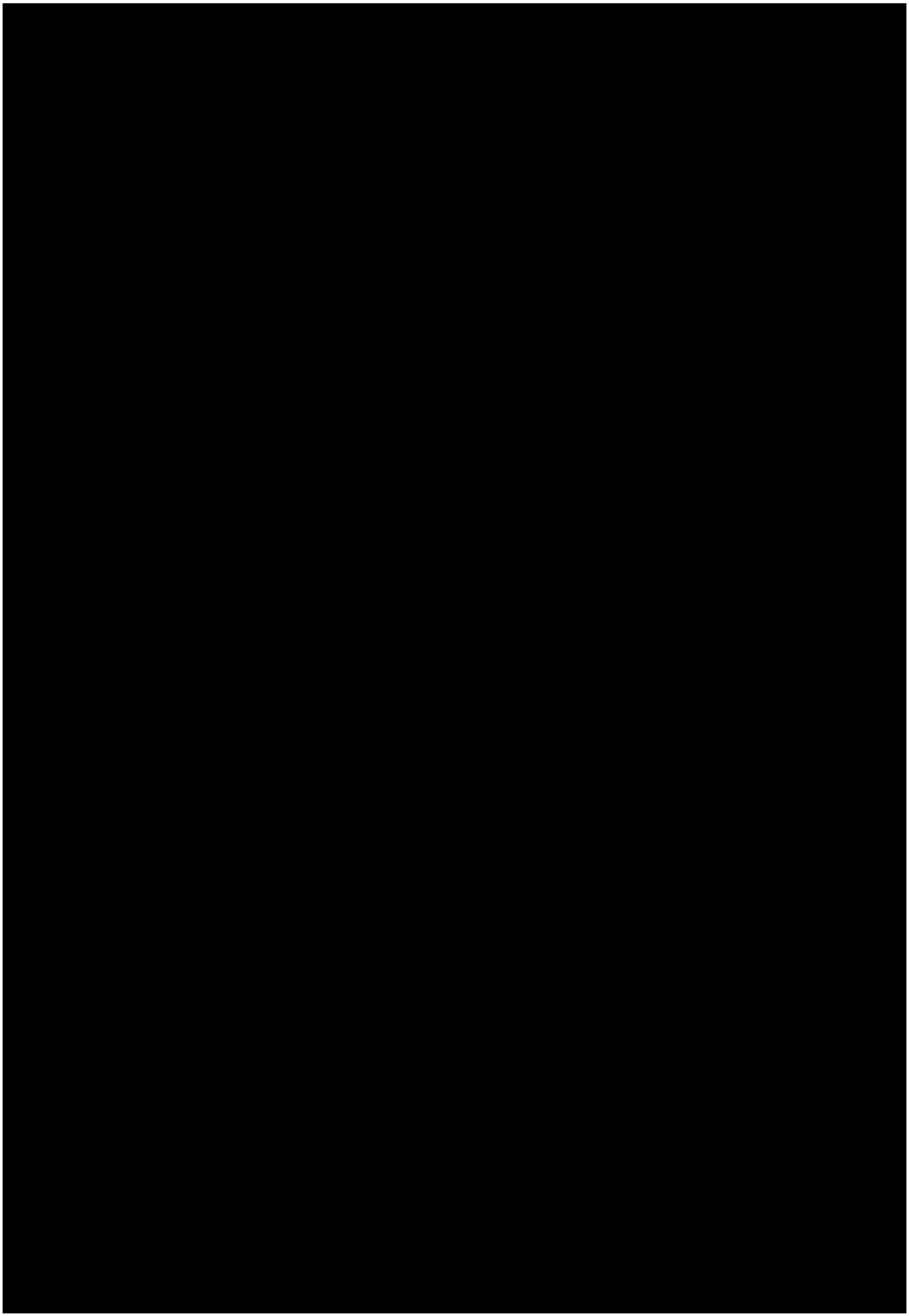

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