

Management of Adult Patients on Section 136 for use in the Emergency Department at Frimley Park Hospital

Key Points

- This guideline is to ensure that when s136 patients are brought to ED, the patient's needs are prioritised.
- FPH ED team and Police must be aware of the requirements by law, the Mental Health Act (MHA) Assessment codes of practice and individual roles and responsibilities.
- If a person is detained under section 136, they may be taken to ED as a place of safety (PoS) either because there is no S136 Suite available, or the patient is identified as having a physical health need which requires treatment in ED.
- Whenever possible parallel assessment of physical and mental health needs should be considered to reduce time spent under s136 and speed up definitive care for the patient.
- For further detailed information on Surrey and borders Section 135 and 136 policies, see <https://www.sabp.nhs.uk/aboutus/policies/mental-health-act-mental-capacity-act/sections>

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Under review extended to June 2026

Abbreviations

AMHP	Approved Mental Health Practitioner
FPH	Frimley Park Hospital
MHA	Mental Health Act
NIC	Nurse in Charge
PL	Psychiatric Liaison
PoS	Place of Safety
SABP	Surrey and Borders Partnership

Contents

Abbreviations	1
1. Section 136 Flow chart	3
2. Section 136 Useful information (Adults):	4
3. Section 136 Documentation sheet.....	6
4. RAVE risk assessment matrix used by Police.....	7
5. Red flag criteria used by Police and Ambulance Services.....	8
Full version control record	9

1. Section 136 Flow chart

Adult Section 136 Flow Chart – at FPH ED

ARRIVAL IN ED: Patient to be moved to an appropriate cubicle ASAP. NIC or Senior Clinician (SPR or above) to review patient on arrival with Police and Ambulance crew to assess ASAP:

1. Medical needs, if they are medically fit and have capacity to be provided with rights under Mental Health Act (MHA)
2. FPH s136 documents completed including RAVE risks (Resistance, Aggression, Violence and Escape) documented. Call security if indicated.
3. The 24 hr clock for the MHA Assessment starts when the person arrives at the FPH ED and should be documented.

ED staff responsible for keeping Police informed of anticipated timescales throughout treatment, the Police will keep the duty AMHP informed of progress continuing the s136 process. ED to help with this in exceptional circumstances.

Requires medical input

ED to assess and manage as appropriate
Patient informed of rights; verbally and written leaflet
Ongoing collaboration between ED/ Police and Duty AMHP via Police.

Prolonged medical care required
If fit for MHA assessment can this be done in parallel? - 'fit for interview' rather than physically fit.
Police to coordinate with the AMHP if fitness for assessment delayed and discuss extension of s136 (12 hours possible for medical input only)

If patient being admitted to a general ward, discussion needs to happen between police and hospital staff. Site manager /NIC in admitting ward can take over section 136 responsibilities on behalf of the hospital if it is safe to do so.

Police to remain until:
Physical treatment is completed so that patient can be taken to PoS.
If Police wish to leave, it should be by mutual agreement with ED team and risk assessment.
If the Police are not in agreement, Police to initiate escalation process.

No physical medical needs

Is s136 suite available?

no

yes

No s136 suite available

Police transfer to s136 Suite providing
a) In the patient's best interests.
b) There is the agreement of AMHP or Doctor.
c) It is confirmed that the s136 suite is willing to accept patient.

Police to co-ordinate with AMHP whether alternative PoS available or if MHA Ax can be started in ED until Suite available.
NB extension only possible for medical input.

Farnham Road S136 suite No
01483443531
01483443590
01483517898
Switchboard
03005555222

Whenever possible parallel assessment of physical and mental health needs should be considered to reduce time spent under s136 and speed up definitive care for the patient

2. Section 136 Useful information (Adults):

- Police to inform the duty Approved Mental Health Practitioner (AMHP) of the s136 at the time of the decision to section if possible.
 - **West AMHP hot line 01483 518979** (Mon-Fri 08.00-17.00)
 - **East AMHP hot line 01737 737818** (Mon-Fri 08.00-17.00)
 - **Emergency Duty team 01483 517898** (Evening/weekend/Bank holiday)
- All patients now go to Farnham Road S136 Suite

Farnham road MHA assessment suite: **01483 443531 /**

01483 443590

SABP Switchboard **03005 555222**

- MHA assessment needs to happen within 24 hours of patient arriving in ED as a PoS.
- For the purposes of s136 MHA the 24 clock starts as soon as the person “arrives” on site. For example, if there is a queue of ambulances and there is a delay in booking in, the clock starts at the point of arrival in the ambulance bay.
- A 12-hour Extension can be sought if prolonged medical treatment is required via a S12 trained Doctor / AHMP.
- On arrival, the patient should be moved to an appropriate, ligature free side room ASAP. This may depend on the patient’s presentation, but both ED and Police need to consider the patient’s privacy, dignity, and security – the patient is not to wait in reception unless unavoidable.
- The patient needs to be informed of their rights regarding MHA and S136 both verbally and in writing. Next of kin should also be informed. Relevant Leaflets should be available in ED.
- Legal responsibilities of s136 stays with Police throughout the period in ED until either a s12 Doctor or other doctor with MH experience concludes there is no underlying MH disorder or admitting ward NIC/site manager accepts responsibility for the individual’s custody or individual is transferred to the S136 suite/ PoS.
- ED to help police in exceptional circumstances, e.g., Police do not have access to phones or patient is aggressive with no extra police resource available to co-ordinate the process.
- If a decision is made to admit the person to a general ward either for medical reason or due to unavailability of appropriate suite, site manager/NIC in admitting ward will receive the section 136 responsibilities on behalf of the FPH. They should only accept legal responsibility for an individual’s custody if they are confident hospital staff, including

security, are suitably trained, and staffed at that time to manage appropriately. Risk assessments must be documented.

- FPH should have staff trained in “restrictive interventions” including restraint and sedation. Police officers are only trained in pain compliance restraint techniques which include but not limited to hyper extension of joints, pressure points, handcuffs etc. Pain compliance restraint techniques are prohibited on NHS premises unless to save a life. Any form of restraint should be clinically led and must always have a clear exit strategy such as rapid tranquilisation as necessary (see Rapid tranquilisation protocol).
- Ongoing Police restraint is never a safe option, and a clinical intervention should be implemented without delay.
- PL team do not directly get involved with patients on section 136. However, PL team will support ED/Police with necessary advice.
- Any disagreement and need for escalation should take place between a Senior most clinician in ED and a Police Supervisor at the rank of inspector or above.
- The hospital will always be responsible for the health and safety of the patient whilst they are in the hospital, even if the Police are present.
- Patients should not be kept in acute beds if there are no clear medical needs. On rare occasions when this happens, PL team and AMHPs should be contacted, and section 136 patients need to be prioritised to identify appropriate place of safety.

3. Section 136 Documentation sheet

This form should be used to record the arrival of a person detained on s136 (or s135) when arriving for the first time at Frimley Park hospital (FPH).

First Name: Surname:

CIS number if known: Date of Birth: Gender:

Date of arrival at the FPH ED: Time of arrival (24hrs clock)

Time of assessment by Senior ED clinician or NIC.....

Risk assessment complete (Resistance, Aggression, Violence and Escape, RAVE)

Date..... Time: Risk level:

Reason for attendance at the Emergency Department (tick)

- ☐ The detained person is believed to have a medical condition requiring emergency assessment and/or treatment
- ☐ There is no other hospital-based place of safety available
- ☐ Other (please state)

Informing others, information from police / paramedics:

Next of Kin Name..... Date..... Time.....

Patient/detained person S136 rights informed (advise and leaflet)

Name..... Date..... Time.....

Does the person have parental or carer responsibility for any children under 18? Y/N

Are they safe? Y / N Yellow form completed Y / N (Please attach copy in notes)

AMHP Name..... Date..... Time.....

If police officers are **NOT** staying with the person, who has agreed they can leave?

Name..... Role..... Date..... Time.....

Reason.....

Outcome of patient assessment

Transfer to S136 Suite Y / N Admission at FPH Y / N

Date..... Time..... Transport.....

If admitted to FPH, Name of person (SITE manager/ NIC) taking responsibility for S136

Name..... Role..... Date..... Time.....

4. RAVE risk assessment matrix used by Police

RISK ASSESSMENT MATRIX		
LOW RISK	MEDIUM RISK	HIGH RISK
Current / recent indicators of risk	Current / recent indicators of risk	Current / recent indicators of risk
No currently present behavioural indicators (other than very mild substance use) AND no recent criminal / medical indicators that the individual is violent OR poses and escape risk OR is a threat to their own or anyone else's safety OR	Some currently presented behavioural indicators (including substance use) AND / OR some recent criminal / medical indicators that the individual may be violent OR poses an escape risk OR is a threat to their own or anyone else's safety BUT	Currently presented behavioural indicators (including significant substance intoxication) OR significant recent criminal or medical indicators that an individual is violent AND poses an escape risk OR is an imminent threat to their own or anyone else's safety OR
Previous indicators	Previous indicators	Previous indicators
Which are few in number AND historic OR irrelevant; BUT Excluding violence graver than ABH and not involving weapons, sexual violence or violence towards NHS staff or vulnerable people	Limited in number OR historic OR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people OR LOW RISK patients who have disengaged from treatment and where there are MEDIUM RISKS threats when disengaged.	Neither limited NOR historic NOR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people OR LOW or MEDIUM RISK patients who have disengaged from treatment and where there are MEDIUM RISKS threats when disengaged.
Police support is NOT required	Police support MAY be required	Police support is VITAL
- Where there is dispute within this framework, NHS professionals will have the right to insist upon police support where they believe they require it – police supervisors will have the right to insist on what that support should be. Each agency will accommodate the other, through this compromise. - Where the police feel that the NHS have insisted upon support inappropriately or where the NHS feel the police have provided too much or too little support, this should be referred to the MHA Liaison Group for resolution and feedback should be provided by managers to ALL professionals involved.		

5. Red flag criteria used by Police and Ambulance Services

S136 RED FLAG CRITERIA (this is not an exhaustive list) Police Officer / Paramedic triggers for conditions requiring Treatment or Assessment in an Emergency Department	
Dangerous Mechanisms: Patient has been hit by Taser Blows to the body (significant potential) Falls > 4 Feet Injury from edged weapon or projectile Throttling / strangulation Hit by vehicle Occupant of vehicle in a collision Ejected from a moving vehicle Evidence of drug ingestion or overdose	Serious Physical Injuries: Noisy Breathing Not rousable to verbal command Head Injuries: • Loss of consciousness at any time • Facial swelling • Bleeding from nose or ears • Deep cuts • Suspected broken bones
Actual (current) Attempt of self-harm: Actively head banging Actual use of edged weapon (to self-harm) Ligature use Evidence of overdose or poisoning Psychiatric Crisis (with self-harm) Delusions / Hallucinations / Mania	Possible Excited Delirium (agitated patient): Two or more from: • Serious physical resistance / abnormal strength • High body temperature • Removal of clothing • Profuse sweating or hot skin • Behavioural confusion / coherence • Bizarre behaviour
Senior Clinical Staff where available. ONLY AT THE REQUEST OF PARAMEDICS / TECHNICIANS – ACCESSED VIA EOC Where immediate management of RED FLAG conditions necessitates the intervention or skills of a Senior Clinician or where without medical oversight the journey would involve too much risk, either to the patient, the paramedics or the police officers. This should include situations where rapid tranquilisation is considered necessary, in accordance with NICE GUIDELINES 2005.	Conveyance to the nearest ED: Should NOT be undertaken in a police vehicle UNDER ANY CIRCUMSTANCES where a RED FLAG trigger is involved. This includes remaining in ED until the person is medically fit for discharge to PoS, to Police Station or from s136 detention. It is the responsibility of the Police to outline to ED the LEGAL ASPECTS of detention; it is the responsibility of the Ambulance Service to outline the MEDICAL ASPECTS.

Full version control record

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This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using guidelines after the review date. This guideline is for use in Frimley Health Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version History

Version	Date	Guideline Lead(s)	Status	Comment
1.0	April 2022	Dr I Kandaratnam, Consultant in Emergency Medicine	Final	
1.1	Sept 2023	Dr I Kandaratnam, Consultant in Emergency Medicine	Interim	Amendments to flow chart for clarification of process.