



Mental Health Act Conveyance
Policy and Procedure

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1 Statement:

All Wales Ambulance Services Limited is committed to delivering an excellent standard of care to patients with Mental Health disorders.

These principles underlying this Policy are in accordance with the Code of Practice: Mental Health Act 1983 Department of Health document which includes the changes to the Mental Health Act 2007 and in conjunction with the Region's Police Forces and representation from Local Authorities, Mental Health Trusts and the Strategic Health Authority.

2 Introduction:

Following a review of the Mental Health Act 1983 (the Act) in 2007, amendments to the Act were made, this policy aims to provide all staff involved in the delivery of care to mental health patients with the necessary information to ensure that the care of patients subject to conveyance is delivered in line with current legislation and other relevant guidance.

Mental disorder is defined for the purposes of the Act as "any disorder or disability of the mind".

It is the underlying aim of this policy and associated procedures to wherever possible ensure that the patients' rights to dignity and privacy are maintained.

3 Scope:

This Policy applies in all cases where the patient is diagnosed, or suspected to have, a mental disorder and are being either informally or compulsorily conveyed under the Mental Health Act where there is a contractual requirement or other agreement for West Midlands Ambulance Service to convey them, this may include:

- ✚ taking patients to hospital to be detained for assessment or treatment;
- ✚ transferring patients between hospitals;
- ✚ returning patients to hospital if they are Absent without Leave;
- ✚ taking Supervised Community Treatment (SCT) patients or patients who have been conditionally discharged to hospital on recall;
- ✚ taking and returning patients who are subject to guardianship to the place their guardian requires them to live;
- ✚ taking patients to and between places of safety; and
- ✚ taking patients to and from court.

This policy is designed to ensure that, throughout the Company, there are clear guidelines to follow when request for conveyance is made.

4 Accountability within the Company:

The Board of Directors is responsible for the effectiveness of this policy and procedures, for ensuring sufficient resources are available to support the implementation and for the approval and review of this policy.

The Health & Safety Officer will monitor incident report forms, and where required will provide support in the analysis of root causes and effectiveness of the processes outlined in this document.

The Chief Executive is responsible for ensuring that systems are in place to manage the conveyance of Mental Health patients and delegates responsibilities through the Operations Managers.

All employees are required to follow this policy and act in accordance with it.

5 Competence (Education and Training):

The Company's Education and Professional Development Department will provide all forms of education and training for AWAS staff.

The Company will ensure suitable and sufficient levels of training are administered to all employees to ensure compliance with health and safety statutory requirements and the provision of adequate competencies for undertaking of roles and responsibilities within the organisation.

All training records will be maintained and made available for audit as part of the Company's health and safety inspection audit programme.

6 Monitoring and Reporting:

Monitoring of adherence to this policy will be undertaken on a quarterly basis through the auditing of:

-  Patient Report Forms (PRF's)
-  Mental Health Conveyance Risk Assessment forms
-  Incident Report Forms

Adverse incidents should be reported using the Company Incident Reporting Policy.

7 Equality and Diversity Statement:

This policy applies to all employees of All Wales Ambulance Services Limited regardless of their race, gender or disability.

8 Roles under the Mental Health Act:

Approved Mental Health Professional – Local Social Service Authorities (LSSAs) are allowed under legislation to approve a range of registered and professionally qualified mental health professionals to act as an Approved Mental Health Professionals (AMHP); this role replaces that of the Approved Social Worker. Individuals who can act as an AMHP are:

- ✚ registered social workers;
- ✚ first level nurses whose field of practice is mental health or learning disabilities;
- ✚ registered occupational therapists;
- ✚ chartered psychologists.

Responsible Clinician – An Approved Clinician who has responsibility for patients already detained under the Mental Health Act. Approved Clinicians are usually psychiatrists but can also be:

- ✚ registered social workers;
- ✚ first level nurses whose field of practice is mental health or learning disabilities;
- ✚ registered occupational therapists;
- ✚ chartered psychologists

Nearest Relative – The Mental Health Act gives certain powers and rights to the Nearest Relative who may not necessarily be the patient's next of kin. Nearest Relatives, as defined by the Act (Section 26 – Appendix 8) are usually - partners eldest closest blood relative or a carer of the patient. In addition to the right to informed or consulted about the patient's detention, Nearest Relatives also have the right to make applications for detention, although these situations are rare. In such circumstances the Nearest Relative would assume the role and powers of an AMHP in relation to conveyance.

Mental Health Practitioner – A term used in this policy to describe a qualified mental health worker who is authorised by an NHS trust to retake patients who already detained under the Mental Health Act **or** has been authorised by a Responsible Clinician to convey a patient to hospital who has been recalled.

Social Supervisor – A qualified mental health worker, usually a social worker/ AMHP who is responsible for supervision of a patient conditionally discharged from Section 37/41.

Clinical Supervisor – A Psychiatrist who has responsibility for the supervision of patient conditionally discharged under Section 37/41.

9 Detention under the Mental Health Act:

The Mental Health Act allows for the detention of patients that have been formally assessed or for the purposes of the assessment and treatment of the patient's mental health.

The Code of Practice clearly defines the responsibilities of the ambulance service in the conveyance of patients detained under the Mental Health Act. The Code of Practice aims to ensure the individual's right to the maintenance of their dignity and privacy by all health care providers involved in the delivery of care.

(Section 2):

- ✚ the full extent of the nature and degree of a patient's condition is unclear;
- ✚ there is a need to carry out an initial in-patient assessment in order to formulate a treatment plan; or
- ✚ to reach a judgment about whether the patient will accept treatment on an informal basis following admission; or
- ✚ there is a need to carry out a new in-patient assessment in order to reformulate a treatment plan, or to reach a judgement about whether the patient will accept treatment on an informal basis.

(Section 3):

Allows for the detention of an individual for a period of up to six months for the purpose, Section 3 should be used if:

- ✚ the patient is already detained under section 2 (detention under section 2 cannot be renewed by a new section 2 application); or
- ✚ the nature and current degree of the patient's mental disorder, the essential elements of the treatment plan to be followed and the likelihood of the patient accepting treatment on an informal basis are already established.

(Section 4):

Allows for the emergency detention of an individual under the Act for a maximum period of 72 hours.

The application is made by the Approved Mental Health Professional and one Doctor who has examined the patient for the purpose of the Act within the last 24 hours. The person must fit the criteria for detention under Section 2 of the Act.

Section 4 should only be used in a real emergency where to delay the detention due to the unavailability of a second doctor would present:

- ✚ an immediate and significant risk of mental or physical harm to the patient or to others;
- ✚ danger of serious harm to property;
- ✚ there is a need for physical restraint of the Patient.

(Section 5.2 & 5.4):

Section 5.2 of the Mental Health Act provides doctors the power to detain patients who are in hospital for up to 72 hours for the purpose of assessment under the act. Nurses (RMN & RNLD) can also use Section 5.4 to detain a patient in hospital for six hours. Section 5.2 and 5.4 cannot be transferred to another health care facility.

(Section 135(1)):

A Police Officer may use powers of entry under section 135(1) of the Act when it is necessary to gain access to premises and remove a person to a place of safety who is believed to have a mental disorder and is not receiving proper care. This requires a magistrate's warrant. A magistrate may issue a warrant under section 135(1) in response to an application from an approved mental health professional (AMHP).

(Section 135(2)):

A Police Officer may use powers of entry under section 135(2) of the Act when it is necessary to gain access to premises to retake a person into custody who is already liable to detention or recall under the Act. A Police Officer or anyone authorised under the Mental Health Act may apply for the warrant if evidence exists to show that access to the premises has already been attempted and denied or if it is apprehended that access would be denied. Whilst it is recommended good practice for the Police Officer to be accompanied by a mental health practitioner it is not always required.

(Section 136):

Community Treatment Orders are used to place conditions around the care and treatment of patients who live in the community (usually around accepting treatment and engaging with mental health practitioners), initially lasting for six months. The Responsible Clinician can recall the patient to hospital for a period of 72 hours. Responsible Clinicians will be responsible for arranging conveyance to hospital, but may delegate this responsibility to another Mental Health Practitioner/AMHP

(Community Treatment Orders (Section 17a Mental Health Act 1983)):

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(Guardianship (Section 7 and section 37 Mental Health Act 1983)):

Guardianship can require patients to reside at a specific address, attend facilities for treatment education, support and allow access to workers involved in their care, it initially last for six months. Under Guardianship a person can be initially conveyed to the specific address and returned there (using reasonable force if necessary) if they are absent without leave.

(Court Sections under the Mental Health Act):

The courts can impose the following orders under the Mental Health Act (1983):

- ✚ Section 35 – Remand to hospital for assessment
- ✚ Section 36 – Remand to Hospital for Treatment
- ✚ Section 37 – Hospital Order / Guardianship Order
- ✚ Section 38 – Interim Hospital Order
- ✚ Section 45a – Hospital Direction Order
- ✚ Section 41 – Subject to Home Office Restrictions

The courts will usually take responsibility for deciding who will undertake conveyance to hospital.

Patients subject to conditional discharge under Section 41 in the community may also be recalled to hospital by a warrant issued by the Ministry of Justice.

10 Mental Health Conveyance Risk Assessment:

The conveyance risk decision tool (appendix 1) is to be completed by the AMHP/MHP/RC with the patient (or the most senior Police Officer present when an AMHP is not available) on the basis of the best information available and the findings reported to the Operations Centre when requesting conveyance, i.e. what category response is required. The form must be retained by the AMHP.

When a Health Care Referral in relation to conveyance is made to AWAS, the call taker completing the booking should use the guidance found in Appendix 2.

This risk decision tool must be utilised whenever a patient is being conveyed either voluntarily or under a section of the Mental Health Act and also where subsequent transfer from a Place of Safety to an Emergency Department or other centre for the delivery of health care.

In situations where an AMHP/Mental Health Practitioner/Responsible Clinician is not present (i.e. section 18, section 136) then the most senior Police Officer will be responsible and will need to refer to appendix 4 and 5.

11 Pre-Conveyance Questions (Informal and Detained Patients):

The following questions should be considered by AMHPs/Police Officers/Responsible Clinicians/Mental Health Practitioners before any request for conveyance of a patient:

- ✚ Is the patient to be transferred informally or detained under the Act?
- ✚ Does the patient require an emergency ambulance transport or is the patient's condition such that where it exists, alternate transport is used?
- ✚ How far does the patient have to travel?
- ✚ What are the wishes and views of the patient, including those made in an advance statement made by the patient?
- ✚ What is the patient's age?
- ✚ Does the patient have any physical disability?
- ✚ Is there a need for clinical care?
- ✚ Has the patient been or is to be sedated for the journey?
- ✚ What is the nature of their mental disorder?
- ✚ What is their current state of mind?
- ✚ What is the likelihood of the patient behaving in a violent or aggressive manner?
- ✚ Is there a risk to the individuals involved in conveying the patient?
- ✚ Is the patient likely to abscond?
- ✚ Will there be an impact to the patient returning to the community by the use of a particular method of conveyance?
- ✚ Is the AMHP or doctor making the decision to detain accompanying the patient and how are they going to return to their required destination?

12 Responsibilities of the Primary Care Trust:

It is for Primary Care Trusts (PCT's) to commission ambulance and patient transport services to meet the needs of their areas. This includes services for transporting patients to and from hospital (and other places) under the Act. This responsibility may however, be handed over to Hospital Trusts, NHS Ambulance Control or Local Health Board Officials.

PCTs should ensure, through their contracts that appropriate transport will be made available in a timely manner where it is needed to convey patients under the Act.

13 Responsibilities of Local Authorities:

Local Authority Providers and employees are responsible for adopting and complying with this policy and procedures in relation to the request for assistance from a Contractor/Client to convey a patient detained under the Act.

This policy will ensure that AMHP's are not left to negotiate transport on an ad hoc basis.

The AMHP should be in a position to provide answers to the questions in section 12.1 before requesting conveyance.

These in conjunction with the completed risk decision tool should provide the AMHP with a clear plan of who needs to be involved in the conveyance and should identify and allow plans to mitigate untoward occurrences before, during and on arrival at the destination.

In the rare situation where the Nearest Relative is the applicant under Section 2, 3 or 4 AMHPs or other professionals involved in the assessment should give advice to the Nearest Relative around the conveyance to hospital under this policy.

AMHPs can undertake assessments under the Mental Health Act at a variety of locations including Prison, Court, Police Custody and Hospital Sites. A request conveyance to hospital following an application by an AMHP to detain a person to hospital under Section 2, 3 or 4 from any of these locations should be treated as if the patient is being conveyed from a community setting.

(Procedure for Informal Admission (following Mental Health Act assessment)):

If it is appropriate to admit a patient informally to hospital, immediately following a Mental Health Act assessment, then the AMHP involved in the assessment is responsible for coordinating the patient's conveyance to hospital.

The AMHP should be in a position to provide answers to the questions in section 12.1 before requesting conveyance.

These in conjunction with the completed risk decision tool should provide the AMHP with a clear plan of who needs to be involved in the conveyance and should identify and allow plans to mitigate untoward occurrences before, during and on arrival at the destination.

(Procedure for Guardianship):

In some situations a request for conveyance may be made to AWAS to return a patient subject to Guardianship who is absent without leave or to convey them to the place they are required to live for the first time. Arrangements in relation to conveyance of patients under Guardianship should be agreed at a local level and detailed in the local arrangement section of this policy.

14 Responsibilities of the Police Service:

All Wales Ambulance Services Limited will convey the patient with Police assistance within Ambulance Service vehicles unless the person's behaviour is too violent for them to be conveyed in an ambulance. In these circumstances when the Police convey the patient, an AWAS clinician will be expected to travel in the Police vehicle (suitable for patient transport) with a responder bag and defibrillator to allow the delivery of immediate care, should it be required.

(Section 135 (1) Procedure):

Where the Police have been authorised by a Magistrate to assist in the removal of a person suffering from mental disorder, where the AMHP believes they are not receiving proper care, the AMHP should ensure that:

- ✚ the Police and Doctor are in attendance,
- ✚ the AMHP has arranged transport from the Client/Trust/Board,
- ✚ the ambulance is in attendance or at a prearranged rendezvous point before making entry to the property,
- ✚ the AMPH has arranged for the appropriate place of safety or hospital bed and has informed AWAS Operations desk of this destination.

Where the senior Police Officer identifies that this has not been done they should advise the AMHP to make these arrangements before discharging the warrant.

The patient will remain the responsibility of the AMHP unless agreed delegation of responsibility to the Ambulance Crew or Police is arranged and accepted.

(Section 135 (2) Procedure):

Where a Section 135(2) warrant has been authorised by a magistrate to remove a person suffering from mental disorder, who is absent without leave, or subject to recall, the warrant applicant should ensure that:

- ✚ If the applicant is a Police Officer, they are accompanied by a Mental Health Practitioner/AMHP if possible,
- ✚ If the applicant is a Mental Health Practitioner/AMHP they are accompanied by a Police Officer,
- ✚ Appropriate transport from AWAS is arranged,
- ✚ Where required the ambulance is in attendance or at a prearranged rendezvous point before making entry to the property,
- ✚ The destination has been communicated in advance to AWAS.

The patient will remain the responsibility of the Police or Mental Health Practitioner/AMHP. The responsible person should be the most appropriate Lead Officer/AMPH and they will be responsible for the patient's safety and wellbeing.

(Section 136 Procedure):

Any Police Officer having detained an individual under section 136 of the Mental Health Act 1983 will contact the Trust through their CMC (control centre) and request an emergency response via 999.

A decision should be made prior to conveyance by the senior ambulance clinician on scene as to whether the patient has a medical need which requires Emergency Department assessment (Red Flag Criteria) (appendix 5 and 6) or, that their assessment indicates the patient can be conveyed to the 136 suite or to the appropriate police station where a suite is not available.

The chart (appendix 5 and 6) is to be used to assist the Police and ambulance crew in determining the most appropriate place of treatment.

If a decision is made to convey a patient to the Section 136 Suite, the Police control room should inform the Section 136 Suite and the AMHP as soon as possible and prior to the arrival of the patient.

The Police will remain with the patient during the conveyance and subsequently at the relevant place of safety where the patient is risk assessed as high. Where the risk assessment is medium then police will remain if mutually agreed. Police will not remain at the place of safety where the risk is assessed as low.

Once the section 136 is no longer in force and where the police remain, they will assist in returning the patient to the community; if the Police have left then the responsibility lies with the Trust or place of safety.

15 Responsibilities of the Trusts:

Local NHS Trusts and employees are responsible for adopting and complying with this policy in relation to the request for assistance from Al Wales Ambulance Services Limited to convey a patient detained under the Act. All agencies will use their best endeavours to work together for the benefit of patients and staff.

(Procedure for Recall of Patient Subject to Community Treatment Orders):

It is the responsibility of the Responsible Clinician to coordinate conveyance of patients who have been recalled under Section 17e. The responsibility to co-ordinate conveyance may be delegated to a Mental Health Practitioner and should be clearly recorded by the Responsible Clinician.

These, in conjunction with the completed risk decision tool, should provide the Responsible Clinician/Mental Health Practitioner with a clear plan of who needs to be involved in the conveyance and should identify and allow plans to mitigate untoward occurrences before, during and on arrival at the destination.

Further arrangements in relation to conveyance under Section 17e should be agreed at a local level and detailed in the local arrangements section of this policy.

(Procedure for recall of patients subject to conditional discharge under Section 37/41):

It is the responsibility of the Social Supervisor/nominated deputy or the Clinical Supervisor to co-ordinate the conveyance of patients who have been recalled by the Ministry of Justice.

The Social Supervisor/Clinical Supervisor should provide answers to the questions in section 12.1 before requesting conveyance.

These, in conjunction with the completed risk decision tool, should provide the Social Supervisor/Clinical Supervisor with a clear plan of who needs to be involved in the conveyance and should identify and allow plans to mitigate untoward occurrences before, during and on arrival at the destination.

These, in conjunction with the completed risk decision tool, should provide the Social Supervisor/Clinical Supervisor with a clear plan of who needs to be involved in the conveyance and should identify and allow plans to mitigate untoward occurrences before, during and on arrival at the destination.

Conveyance to be considered as a Category 4, with Police Attendance.

Out of hours the Social Supervisor/Clinical Supervisor/Police/Ambulance Service may have to rely on verbal confirmation of recall as a written warrant may not be available.

16 Responsibility of All Wales Ambulance Services Limited:

(Procedure for Urgent Requests for Conveyance):

All Wales Ambulance Services Limited will provide a response to urgent requests for conveyance (category 1 and 2) within a 2 to 4 hour time frame or sooner where resources allow. The AMHP/RC/ MHP must have completed the conveyance risk decision tool and communicate this with the Ambulance Control on making the booking.

For category 3 and 4 transfers (high risk) the ambulance will respond under emergency conditions as an immediate priority. The ambulance control room should be contacted via a 999 call for these transfers once the police are in attendance.

The AMHP/RC/MHP is responsible for arranging the Police. Once the police are in attendance the ambulance should be contacted via a call to the AWAS Operations Department stating the reason for transfer (i.e. section 2 patient) and confirming the police are on scene.

(Emergency Request for Conveyance):

All Wales Ambulance Services Limited will not supply a 999 type transport but, should the Patient, being originally booked as a non-emergency transport, show signs of requiring urgent transport for mental health reasons, AWAS will convey the patient to the most appropriate Emergency Department or alternative unit for the patient's condition in conjunction with the principals of this policy.

Where the patient has been detained under Section 136 and the patient is not deemed as having any clinical need to attend an Emergency Department they will be conveyed to the locally agreed s136 suite for assessment or to the nearest Police Station and will be accompanied by the Police officer that detained the patient.

Where All Wales Ambulance Services Limited conveys a patient that has been, or is to be sedated, a Paramedic and all appropriate equipment will be provided to ensure that the patient is constantly monitored and treatment can be given as required. It is the responsibility of the authority requesting conveyance to ensure all clinical support is provided for AWAS clinicians to safely transfer such patients.

AWAS clinicians should only accept clinical responsibility for the sedated patient if they are confident any side effects can be addressed by them and falls within their scope of practice. In situations where this is not the case a suitably qualified escort must be requested.

17 Use of Force:

In circumstances where a person is subject to compulsory powers under the Mental Health Act, reasonable force can be used to convey them to hospital or to a specified address (Guardianship). If the patient is passively resisting conveyance, workers involved in the assessment/Ambulance Personnel can themselves use reasonable force (as described in the Act) to attempt to move the person. However if they are not suitably trained or have concerns that patient will become violent or aggressive as a result, or that such action would lead to a breach of the peace or the patient absconding, the police service can be requested to support removal through the use of reasonable force. Any request for such support will be provided from public places or private residential addresses.

All Police Officers receive training in managing conflict and the application of force. The application of any of the taught techniques must in all cases be reasonable in any particular instance. Police Officers are not specifically trained in the conveyance of mental health patients. The individual Officer must justify the use of any of the techniques. No other person can justify the use of force other than the officer using it (Section 3 Criminal Law Act 1967). The use of personal protective equipment, such as baton, handcuffs, and CS spray are the individual decision of every Officer and must be justified on every occasion.

When applying handcuffs for conveying a patient in an ambulance the front stack method of application is preferred although this is a personal decision for the officer concerned.

18 Implementation Plan:

The policy will be implemented within one month of AWAS Board Approval.

19 References:

-  Code of Practice Mental Health Act 1983 (DOH, 2007)
-  Mental Health Act 1983
-  Mental Health Act 2007

20 Further information and Local Arrangements:

(Legal Powers relating to transfers):

A person being conveyed to any place authorised by the Mental Health Act is deemed to be in legal custody (Section 137(1)).

Any person authorised to detain or convey a patient under the Mental Health Act has the powers of a Police Constable taking someone into custody, whilst detaining or conveying that person (Section 137(2)).

(Ensuring the availability of a Hospital Bed):

It is the responsibility of the assessing psychiatrist/Responsible Clinician to ensure a bed is available and to inform the AMHP/Mental Health Practitioner which ward is expecting the person. It is advised that the ward is contacted to give information about expected arrival time and any other issues that receiving staff members may need to be aware of.

(Conveyance by Medical Car):

In accordance with the Mental Health Act Codes of Practice, a patient should normally not be conveyed by car and the use of an ambulance is preferred. In the exceptional circumstance where an ambulance is not used the reasons should be clearly recorded along with an appropriate risk assessment.

It will generally be thought undesirable and unnecessary to have a person sedated prior to conveyance to hospital. However, there may be occasions where this is deemed necessary and the guidance in the Code of Practice should be followed.

(Monitoring):

Individual difficulties that arise should be resolved wherever possible by the staff from the appropriate partner agencies at the time. If necessary, the staff involved will escalate the difficulty to their line manager/senior officer to assist in resolving the situation. It is expected that staff on the ground will be able to work together in the interests of the patient, public and staff contacted to resolve the immediate problem.

TRANSFER DYNAMIC RISK TOOL <i>(please circle appropriate answer)</i>				
<i>To be completed by Multi-professional team when Ambulance Staff / Police, are asked to assist in conveying a patient to hospital / unit. A copy to be retained by the MHP.</i>				
Risk Factors	High Risk	Medium Risk	Low Risk	
Resistance - <i>Service user is resisting to comply verbally or with minimal physical resistance.</i>		Yes	No	
Aggressive (Verbally) - <i>Service user is abusing staff.</i>		Yes	No	
Violent – <i>Service user is currently using physical violence.</i>	Yes		No	
Escape – <i>Service user has recently attempted to escape.</i>	Yes		No	
Transfer Category (See Appendix 3)	YES in VIOLENT and/or ESCAPE CATEGORY 4 TRANSFER	X2 YES CATEGORY 3 TRANSFER	X1 YES CATEGORY 2 TRANSFER	ALL 4 = NO CATEGORY 1 TRANSFER
	Police attendance as a priority response (within 15 minutes) Ambulance attend as an emergency response once police in attendance.	Police attendance as an urgent response (within 60 minutes) Ambulance should attend as an emergency response once police in attendance.	No Police response Ambulance attendance within 2 – 4 hours.	No Police response Ambulance attendance within 2 – 4 hours if required.
ADDITIONAL INFORMATION				
<i>Following Multi-agency discussion, please use this space to add additional information on any other risk identified or to expand on the risk rating above</i>				
Completed by: Signed: Date:				

Appendix 2

AMBULANCE TRANSFER REQUEST

Use risk assessment tool in Appendix 1 to inform categorisation of transport required from the Ambulance Service. The completed form is to be handed to ambulance crew with a copy of the Risk Assessment.

Category 1 Transfer	
Informal Admission.	<ul style="list-style-type: none"> ✚ Ambulance required ✚ No considered risk ✚ Agreed to travel ✚ Risk decision tool completed (Copy to be retained by AMHP) ✚ Police not required to attend ✚ Health Care referral within 2 – 4 Hours.
Category 2 Transfer	
Section 2 or 3 Admission, CTO recall, Guardianship.	<ul style="list-style-type: none"> ✚ Ambulance required ✚ No considered risk ✚ Agreed to travel ✚ Risk decision tool completed (Copy to be retained by AMHP) ✚ Police not required to attend ✚ Health Care referral within 2 – 4 Hours.
Category 3 Transfer	
Section 2 or 3 Admission plus section 135 with warrant, CTO recall, Guardianship.	<ul style="list-style-type: none"> ✚ Ambulance Required ✚ Has not agreed to travel or is unsure ✚ Minimal or potential risk ✚ Risk Decision Tool completed (copy to be retained by AMHP) ✚ Police to attend ✚ Immediate ambulance upon Police arrival
EOC.	If Ambulance or Police delayed inform AMHP / Worker responsible for conveyance immediately
Category 4 Transfer	
Section 2,3 or 4 or Section 135, CTO Recall, S37/41 Recall.	<ul style="list-style-type: none"> ✚ Ambulance Required ✚ Refuses to travel ✚ High risk ✚ Risk Decision Tool completed by AMHP (copy to be retained by AMHP) ✚ Police to attend ✚ Immediate ambulance upon arrival of Police ✚ Plan on how to transport to be agreed by Police and Ambulance ✚ Plan for how to remove patient between Police and Ambulance staff on scene
EOC.	If Ambulance or Police delayed inform AMHP/worker responsible for conveyance immediately.
NOTE: AMHP/Worker responsible for conveyance to inform ambulance service of estimated time ambulance support required ASAP for ambulance service to assist in coordinating timely transfer. Prompt cancellation required if not needed.	

All Wales Ambulance Services Limited Response Priorities

Emergency to 999:

Where there is an immediate threat to life a 999 call must be made. A response will be made on emergency conditions to the address given. A 999 call should be made for category 3 and 4 transfers when police are in attendance at the conveyance address.

Referrals:

AWAS will endeavour to meet the fixed time of one to four hours, subject to operational work.

This Procedure states that where possible and, subject to operational commitments, the response for conveyance under the Mental Health Act 1983 will be within 2 – 4 hours. It is noted that if a more immediate response be required then this should be discussed with NHS Ambulance Control.

Non-Urgent:

Requests are those that are in excess of four hours before a conveying vehicle is required.

Response by appointment:

This will usually be in connection with prearranged circumstances such as implementing Section 135 of the Mental Health Act 1983.

In all circumstances as much prior notice of ambulance and police support will enable logistical planning to take place in order to assist reaching these target standards.

Contacts for Mental Health Trusts in Wales Region

**NB. The following hospitals have 24 hour A & E Departments.
Other hospitals exist within the Trusts but do not have full time A & E.**

All ambulances that are likely to carry Mental Health Patients should have a full list of contacts and telephone numbers available or directly through control on 01639 830253 (24 Hours).

<p><i>Hywel Dda Health Board:</i></p> <p>Glangwilly Hospital Tel: 01267 235151</p> <p>Bronglais Tel: 01970 623131</p> <p>Withybush Tel: 01437 764545</p> <p>Prince Philip Tel: 01554 756567</p>	<p><i>Betsi Cadwaladr Health Board:</i></p> <p>Glan Clwyd Tel: 01745 583910</p> <p>Wrexham Maelor Tel: 01978 291100</p> <p>Ysbyty Gwynedd Tel: 01248 384384</p>
<p><i>ABMU Health Board:</i></p> <p>Morrison Hospital Tel: 01792 702222</p> <p>Singleton Hospital Tel: 01792 205666</p> <p>Princess of Wales Hospital Tel: 01656 752752</p> <p>Neath Port Talbot Hospital Tel: 01639 862000</p>	<p><i>Cardiff & Vale UHB:</i></p> <p>University Hosp of Wales Tel: 029 2074 7747</p> <p>Llandough Hospital Tel: 029 2071 1711</p> <p>Hafan Y Coed MH Unit Tel: 029 2071 1711</p>
<p><i>Cwm Taf Health Board:</i></p> <p>Prince Charles Tel: 01685 721721</p> <p>Royal Glamorgan Tel: 01443 443443</p>	<p><i>Aneurin Bevan Health Board:</i></p> <p>Royal Gwent Tel: 01633 234234</p> <p>Nevill Hall Tel: 01873 732732</p>

Detention under Mental Health Act 1983

1. Initial Police Risk Assessment and Urgent or 999 call to ambulance

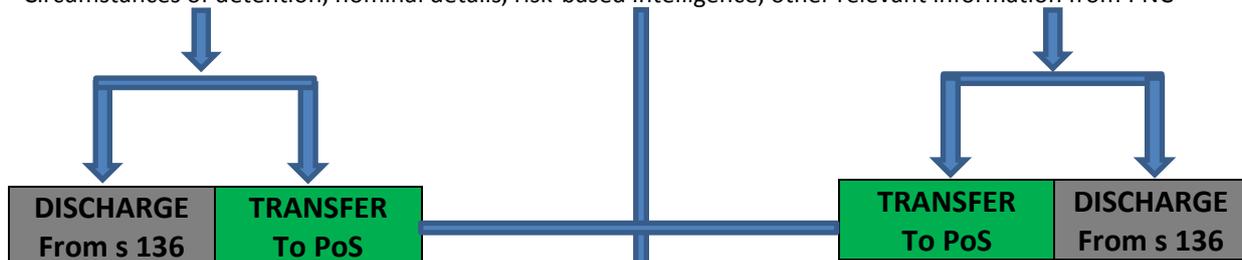
“RED FLAG” – IS A Pre-Hospital Doctor required ??

Confirm red flag risk assessment and convey to:

1 st Resort Place of Safety	1 st Resort Place of safety	Last Resort Place of Safety
S136 requiring URGENT hospital treatment or assessment arising from one or more RED FLAG criteria (See Appendix 6) Transfer on ONLY when medically fit for discharge.	NO RED FLAG criteria Transferred to A&E if RED FLAG criteria develops whilst in the Place of Safety Transferred to the Police Station if they offend or become an un-manageably high risk.	NO RED FLAG criteria where they pose: an unmanageably high risk (Inc. assault of Place of Safety or A&E staff) Transferred to A&E if RED FLAG criteria develops in custody
2 nd Choice Place of Safety	Identified alternatives	Exceptional use ONLY

EMERGENCY DEPARTMENT	PLACE OF SAFETY	POLICE STATION
COMPREHENSIVE HANDOVER BY POLICE TO THE NHS		

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



REPEAT INFORMATION SHARING UPON TRANSFER
RISK ASSESSMENT SHOULD BE MADE AS TO WHETHER OR NOT POLICE REMAIN

S 136 (2) MHA – See Appendix 6 for assessment criteria

WHEN UNRESOLVED: POLICE REMAIN AND DISPUTE IS REFERRED
KEEP REASSESSING KEEP REASSESSING KEEP REASSESSING KEEP REASSESSING KEEP REASSESSING

Criteria for RED FLAG decisions

RED FLAG CRITERIA <i>Police Officer/Paramedic triggers for conditions requiring Treatment or Assessment in an Emergency Department</i>	
Dangerous Mechanisms: Blows to the body 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: <ul style="list-style-type: none"> ✚ 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: <ul style="list-style-type: none"> ✚ Serious physical resistance / abnormal strength ✚ High body temperature ✚ Removal of clothing ✚ Profuse sweating or hot skin ✚ Behavioural confusion / coherence ✚ Bizarre behaviour
BASICS Doctors: ONLY AT THE REQUEST OF PARAMEDICS / TECHNICIANS – ACCESSED VIA EOC Where immediate management of RED FLAG conditions necessitates the intervention or skills of a Doctor or where without medical oversight the journey would involve too much risk, either to the patient, the Crew or the police officers. This should include situations where rapid tranquilisation is considered necessary, in accordance with NICHE GUIDELINES 2005 .	Conveyance to the nearest A&E: 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 .

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

Patient Transfer form

Authority to Convey (Mental Health Act 1983)

I..... Approved Mental Health Professional
/Responsible Clinician/Nearest Relative (*delete as appropriate*) within the meaning of the
Mental Health Act 1983, authorise:

.....
.....
to transport / compulsorily remove (*delete as appropriate*)

Name of Patient.....
Address.....
.....

Who is currently the subject of legislation under Mental Health Act 1983 or
Requires informal admission (*delete as appropriate*)

To:
..... Post code:
This Authority Expires on:

Signed: Date:

Address: Emergency Tel:
.....
.....

Sedation:

Medication.....

Administered by..... atam/pm

Signed..... Date..... GMC No:

Police Attended – Officer number.....

Ambulance Conveyed – Crew Name 1.....

Ambulance Conveyed – Crew Name 2.....

Ambulance Registration number:

DEFINITION OF NEAREST RELATIVE

UNDER SECTION 26 OF THE MENTAL HEALTH ACT (MHA) 1983 (as amended)

In the MHA, Nearest Relative means the following, in the following order:

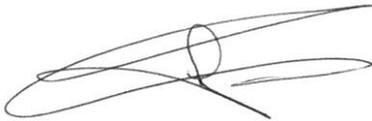
1. Husband or wife (civil partner)
2. Son or daughter
3. Father or mother
4. Brother or sister
5. Grandparent
6. Grandchild
7. Uncle or aunt
8. Nephew or niece

Any relationship of half-blood shall be treated as whole blood

Version Control Sheet.

Version	Date	Author	Summary of changes
1.1	14.07.2016	G Llewellyn	Review of older document found it to be obsolete.
2	09.08.16	G Llewellyn	Document completely researched and finalised – Continuing research to be carried out over next month to determine any corrections necessary.

Signed on behalf of All Wales Ambulance Services Limited:



Name: Gareth Llewellyn (CEO)

Date: 01/10/2016