



Coventry and Warwickshire
Partnership Trust **NHS**



Coventry & Warwickshire Mental Health Act Joint Agency Management Group

Joint standing operating procedures for the Detention, Assessment and Treatment of people with Mental Health Difficulties in contact with the Criminal Justice System

Date Agreed	16th April 2015
Review Date	16th October 2016
Date of Expiry	16th April 2017



West Mercia
POLICE



CONTENTS

1	Purpose of the procedure	3
2	Initial action	4
3	Criminal Justice Liaison and Diversion	5
4	Mental Health Act Assessment	6
5	Unfit to interview	7
6	Fit for interview	8
7	Interviewing of hospital patients	8
8	Section 47(3) or 37(7) bail	8
9	Information sharing	9
10	Monitoring	11
11	Training	11
	 Appendix 1: Mental Health Monitoring Form	 12
	Appendix 2: Warwickshire Mental Health Custody Pathway	14
	Appendix 3: Red Flag Criteria	15

1 Purpose of the procedure

This policy has been jointly agreed by the following agencies:

- Coventry & Warwickshire Partnership NHS Trust
- Warwickshire County Council
- Crown Prosecution Service Warwickshire & West Midlands
- Coventry City Council
- West Midlands Ambulance Service
- Warwickshire & West Mercia Police services
- West Midlands Police Service

- 1.1 This policy relates to agreed procedures to be followed for the assessment of people with mental health difficulties in contact with criminal justice system. The implementation of this policy is in accordance with the Mental Health Act 1983 as amended by the Mental Health Act 2007, the Mental Health Act Code of Practice 2015 and with the Police and Criminal Evidence Act (PACE) 1984 Codes of Practice 2005 Code C, Code G, Annex E including Annex G fitness to interview.
- 1.2 A person who commits or is arrested for criminal offences, while suffering a mental disorder, presents complex challenges to both health and criminal justice agencies. Close co-ordination and co-operation is necessary to ensure that effective, joined up working practices deliver appropriate outcomes for people with mental health difficulties in contact with criminal justice system.
- 1.3 A person in the custody of the police has the same right to a mental health assessment and treatment as other citizens. Many in custody will be particularly vulnerable and have a higher incidence of mental health need. The purpose of this policy is to ensure that everyone in police custody in need of assessment and treatment is admitted to an appropriate health care facility (MHA 3.1-3 19 and 10.1 – 19) or has access to other appropriate treatment and that all agencies and their staff are aware and implement the agreed requirements.
- 1.4 It is acknowledged in this policy that nothing in law prevents individuals who experience mental health difficulties being criminally investigated or charged with offences. It is also recognized that proffering charges against a person with mental health difficulties can have a detrimental effect on their long-term mental health and that prosecutions should only occur after careful consideration involving all agencies. This is both in the direct interests of the individual's health as well as to ensure a successful outcome to the criminal investigation.

2 Initial action

- 2.1 Where an individual is detained by the police in circumstances where they could *either* have been arrested for a substantive criminal offence *or* detained under S136 MHA, they should be dealt with for their criminal offence including either voluntary interview or arrest (see Code g, PACE) unless the offence is so trivial as to be safely set aside for the purposes of prioritising a mental health assessment or that their mental health difficulties are so severe that they need immediate hospital treatment. This may occur where the offending was very low-level, possibly 'victimless' and / or where the behaviour is most likely to be related to their mental health condition
- 2.2 It is ultimately up to the discretion of the arresting officer as to whether to prioritise the offence or S136, where both options exist.
- 2.3 For offences which are not trivial, including offences of violence against NHS staff prior to or after arrival at the designated POS, the criminal offence should be immediately considered and appropriate criminal justice pathways used. Mental health assessment should be considered alongside the criminal investigation.
- 2.4 However, following any arrest for an offence, an ambulance should still be called where the individual is presenting with Red Flag Criteria (see Appendix 3)
- 2.5 They should then be considered for assessment at the Emergency Department prior to detention in police custody, subject to any advice given by the ambulance service.
- 2.6 At the police station, all those arrested for criminal offences that are suspected to be suffering from a mental disorder will be assessed by the Criminal Justice Liaison Practitioner, the Forensic Medical Examiner (FME) and/or Prime Care Nurse. It is the custody sergeant's duty to ensure "appropriate clinical attention" for those detained in cells and if appropriate clinical treatment cannot be obtained in the cells, an ambulance should be called. (Para 9.5 to Code C of PACE) Evidence relating to the offence should be gathered by investigating officers in the usual way.
- 2.7 **An appropriate adult will be obtained where there is evidence of serious mental illness.** The custody officer will facilitate the attendance of the appropriate adult in all circumstances. (PACE – Code C, Annex E).

If a person who has been detained under S.136 does become involved in a procedure under the criminal law, in Coventry and Warwickshire, the appropriate adult should not be the approved mental health professional who has been involved in that person's assessment.

- 2.8 The early appearance of an appropriate adult will ensure the detained person is aware of the reasons for detention, provided information about policy and procedures (to enable a full understanding of actions within the custody suite) and is informed of their rights under Sections 56 and 58 of PACE which are to have another person of his choice informed of his detention and have right of access to legal advice.
- 2.9 PACE Codes of Practice – Code C, paragraph 1.4 – 1.7 (b) (1.10) & Annex E paragraph 3 reiterates that the attendance of an appropriate adult for mentally disordered persons who are detained at a police station is mandatory and not discretionary.

3 Criminal Justice Liaison Service.

If a Criminal Justice Service is available

- 3.1 If the Custody Sergeant or Arresting Officer believes that the person under arrest is experiencing mental health difficulties the custody sergeant may contact Criminal Justice Liaison Service Mental Health Practitioner (CJLP) to assess, when they are available, otherwise the FME or Prime Care is called.
- 3.3 The CJLN will attend the police station and liaise with the custody officer regarding the detained person. The CJLN will be given all relevant information and have access to the custody record. The CJLN will gather relevant and current psychiatric history of the detained person.
- 3.4 The custody sergeant or the CJLN will ask the detained person if they agree to be assessed by the CJLN. At this stage the CJLN will make the detained person aware about the sharing of information policy and what will or will not happen to any information that they provide in accordance with the paragraph 10 of this procedure and the agreed joint information sharing protocol.
- 3.5 A risk assessment will be undertaken by the CJLN and the police to decide where in the police station the interview should take place, how and who needs to be present.
- 3.6 Following the assessment and if a mental disorder has been identified the CJLN will liaise with the custody officer/officer in charge/investigating officer about the appropriateness/possibility or otherwise of diversion from the criminal justice system at this stage.
- 3.7 The CJLN will liaise with the FME. In cases where it is considered that the individual may require admission to hospital and has the capacity and willingness for an informal admission to be considered the CJLN will liaise with the crisis team about treatment options. Otherwise if an assessment for compulsory admission is a consideration, the CJLN, or the FME out of hours, will advise the custody officer

to follow established procedures for a mental health assessment under the Mental Health Act 1983 and to contact the AMHP on duty. Within Warwickshire, the Custody Sergeant and FME should follow the guidance contained within the 'Mental Health Custody Referral Pathway' (Appendix 2)

- 3.8 Where diversion is not appropriate, the CJLN will write a summary of the assessment and care / support arrangements. This will become available to the Crown Prosecution Service, magistrates and defence solicitor, should the person proceed to court. The CJLN will ensure a record is made in the Prisoner Escort Record (PER), highlighting any risk. A Copy of the CPA and relevant psychiatric / medical notes are to be faxed to the receiving prison which will be placed in the patient's inmate medical records.
- 3.9 In Coventry the Magistrates Court also has access to Court Diversion Liaison Officer who may contact the Coventry AMHP service if s/he deems a mental health assessment is required. The Court Diversion Liaison Officer may also liaise with the CJLP
- 3.10 The same process can be followed for those who are attending for voluntary interview in relation to an offence.

4 Mental Health Act Assessment

- 4.1 It will vary from case to case as to whether the appropriate level of screening by a CJLP or FME is sufficient or whether it would then be necessary to undertake a Mental Health Act assessment.
- 4.2 For serious offences, the psychiatrist should seek the opportunity of the attendance of the on call Forensic Psychiatrist from Reaside Clinic to assist in the assessment via the switchboard at Reaside on 0121 678 3000.
- 4.3 Where a Mental Health Act assessment is requested an AMHP will be contacted to co-ordinate the full assessment.

To get an AMHP service in Warwickshire in office hours from 9.00 a.m. to 5.00 p.m contact 01926 413956 (Mental Health Act Assessment Referral Single Point of Access)

To get an AMHP service in Warwickshire out of office hours contact St Michaels Hospital switch board on 01926 406789

To get an AMHP service in Coventry

The Crisis Resolution Home Treatment (CRHT) Team should be contacted. They are available 24/7 on 003002000011.

- 4.4 The AMHP will coordinate the assessment contacting the individual's own GP and/or Section 12 doctor(s). In most circumstances, the assessment will involve 2

doctors, one of whom will be approved under Section 12 of the Act. The detained person will be seen by both the AMHP and doctor(s) and wherever possible this will be a joint assessment. A police officer and appropriate adult may be present during the assessment.

- 4.5 In accordance with the Mental Health Act Code of Practice 2015, the doctor and AMHP will consider whether the services of an interpreter are required or whether the person has special needs due to sensory impairment or learning disability. (The custody officer will explore this when the individual is being booked into custody).
- 4.6 Where the detained person appears to have a learning disability, it is desirable for a consultant psychiatrist in learning disabilities and an AMHP with experience of working with people with learning disabilities to make a joint assessment. This should not be used to cause any significant delay in the assessment process.
- 4.7 Where the detained person appears is a child or young person, it is desirable for a consultant psychiatrist in CAMHS and an AMHP with experience of working with children and young people to make a joint assessment. This should not be used to cause any significant delay in the assessment process.
- 4.8 The full assessment should be completed within 4 hours of notification to the AMHP. Where the estimated target time is likely to be exceeded, the AMHP should keep the custody officer updated with estimated response times. The custody officer should note on the custody record the time taken to gather an assessment team.
- 4.9 The mental health monitoring form is to be completed and sent to the appropriate agencies. It should remain with the detained persons Prisoner Escort Record (PER) and should be available to court officials, and duty prosecutors to advise them of assessment outcomes and any other recommendations.

5 UNFIT TO INTERVIEW

- 5.1 A detained person may not need hospital admission but may be suffering from a mental disorder and at the time be unfit to be interviewed. In such cases the custody officer should consider the use of police bail under Section 37(7) or 47(3). The FME will make the decision on whether the person is fit to be interviewed. . The CJLP or AMHP/Psychiatrist e.g. should consult about any other arrangements that may need to be made for his/her treatment or care (e.g. refer on to the Crisis / Resolution Home Treatment Team or other agencies as appropriate) or the CJLP may follow up the detained person.
- 5.2 In other circumstances a detained person may need hospital treatment either as a voluntary patient or under compulsory detention under the Mental Health Act 1983. In such cases the custody officer should also consider the use of police bail under Section 37(7) or 47(3) of PACE.

- 5.3 In the circumstances where officers are investigating a serious offence where police bail under Section 37(7) or 47(3) would be inappropriate due to the impact on the investigation, the custody officer will consult with the Senior Investigating Officer (SIO) concerning the most appropriate treatment and course of action. However, this will apply in only the most serious circumstances and must be documented on the custody record and mental health monitoring form, in consultation with the Crown Prosecution Service (CPS). Pre-charge advice legislation and force policies/procedures, will be followed in all cases.
- 5.4 The AMHP or CJLP is encouraged to make representations in person to the CPS during daytime hours or convey their representations directly over the telephone to CPS Direct. All representations are to be noted onto the custody record.

6 FIT FOR INTERVIEW

- 6.1 If the person does not need hospital admission following a Mental Health Act assessment and is fit to be interviewed for an offence this must be done in the presence of the appropriate adult. (PACE – Code C, Annex G).
- 6.2 Should the detained person at any time appear unwell during the interview a further mental health or medical examination must be considered.

7 INTERVIEWING OF HOSPITAL INPATIENTS

- 7.1 On occasions it may be necessary to interview patients who are in hospital and suspected of offences or as witnesses. If an interview is to take place the interviewing officers will make contact with the hospital and discuss the case with the Responsible Clinician or Consultant Psychiatrist. It will be the responsibility of the Responsible Clinician to assess if a person is fit to be interviewed and note his/her recommendations in both the medical notes and police case papers.
- 7.2 If it is agreed that an interview is to proceed, then the police will arrange for the attendance of an appropriate adult.

Note: Inpatient nurses will not act as the appropriate adult, though it may be beneficial they attend the interview (PACE - Code C, Annex G paragraph 8).

8 SECTION 47 (3) or 37 (7) BAIL

- 8.1 Individuals who are detained in hospital for an offence may be given police bail under Section 47(3) or 37(7) (Zero Tolerance) following a Mental Health Act assessment. The notice of bail dates and location should be recorded on the monitoring form and brought to the attention of nursing staff that will contact the appropriate police station if the patient is still in hospital at the time that they

were expected to answer to bail. The officer in charge of the investigation will make arrangements to extend their bail in consultation with the custody officer.

- 8.2 If a mentally disordered person is to be compulsorily admitted under Section 2 of the Mental Health Act for assessment it is anticipated that custody officers will grant bail for no less than 28 days, the maximum duration of the order, but no more than 31 days. It will be necessary for agencies to liaise as to whether police bail will need to be extended should detention under the Act continue beyond that initial assessment. Further medical developments may provide information concerning evidence and / or the public interest test meaning bail may be cancelled or extended as the custody officer deems appropriate.
- 8.3 The nursing staff should also advise the police officer identified on the monitoring form if the person is to be discharged prior to the bail date, to enable officers to complete a risk assessment of the case and take appropriate action in relation to the outstanding criminal offence(s).
- 8.4 Where an individual answers police bail it will be necessary to have a further examination by the FME prior to any interview. It would be considered good practice following any suspect interview occurring after bail for professionals to again discuss the appropriateness of any suggested outcome.
- 8.5 Where the investigation is unlikely to pass the public interest test, it will not be necessary to bail the individual where it is predicted that a prosecution at a later stage would be unlikely. Where further investigation is required before it can be established whether there is sufficient evidence to charge or whether it is in the public interest to prosecute, the period of bail is intended to allow mental health professionals to provide necessary medical attention whilst investigating officers conclude their investigation. This may involve interviewing the suspect with appropriate safeguards when they answer bail and / or further information exchange.

9 INFORMATION SHARING

- 9.1 Reference should be made to the separate joint policy regarding the specific protocols for information sharing in relation to the issue of consent or disclosure without consent. In the management of people with mental health difficulties in contact with criminal justice system it is important to acknowledge that in order to assess criminal liability, establish facts relevant to an assessment of the public interest test and determining a criminal and / or health pathway necessitates that police officers (and CPS lawyers) are appropriately briefed with an overview of medical information on which basis they can discharge their duties. This does not include detailed clinical information which would almost always be unnecessary.
- 9.2 There are many stages in the joint agency management of people with mental health difficulties in contact with criminal justice systems at which point it would

be appropriate for agencies to consider sharing information, the legal basis for which are contained in Schedules 2 and 3 of the Data Protection Act 1988: It is always good practice to seek informed consent for this information to be shared.

- a) Any stage at which risk assessments should be completed for the safety of staff, including at the point of each agency's initial engagement with a person with mental health difficulties in contact with criminal justice system.
- b) Prior to medical assessment in the custody office, the police should consider disclosure of the individual's arrest circumstances, previous convictions and any previous arrests which have been subject of medical diversion without charge. They should also consider outlining the individual's personal circumstances and any history of having gone missing, especially from compulsory detention within a hospital.
- c) Prior to police interview in the custody office, mental health/medical staff should consider disclosure of any part of their mental health assessment or FME assessment which indicates whether the individual is capable of understanding the significance of a police interview and communicating sufficiently well to be interviewed.
- d) Prior to seeking a 'final disposal' to determining the appropriate pathway for a person with mental health difficulties in contact with criminal justice system all agencies should consider disclosure of relevant criminal and health antecedents and re-risk assess the individual. This allows full exchange of any previous medical diversion without charge, any assessment of any escalation of gravity or frequency in offending and an assessment of whether diversion into a non-secure psychiatric facility is appropriate.
- e) If it is considered that there is sufficient evidence to charge an individual who is medically appropriate to divert but whose risk assessment indicates an inappropriateness in their placement within a non-secure unit, the CPS should be briefed by the police during the statutory charging exchange about the evidence to support a charge, any issues concerning the use of 47(3) bail under PACE or (conditional) bail after charge as well as the outcome of the joint risk assessment which would highlight any threat to public safety. They should also outline any threat to self-harm, any threat to abscond if diverted without charge and any likelihood of commission of further offences if diverted or bailed. If any further clarification is required the CPS lawyer should be able to contact by telephone the officer in the case or their supervisor, the AMHP and / or the psychiatrist who has assessed the individual.

10 MONITORING

The monitoring and review process will apply to all mental health assessments undertaken at police stations using the MHA Place of Safety Monitoring Form in Appendix 1 **clearly indicating if the detention is not as a result of Section 135 or 136.**

The assessing AMHP must record the reason why any S135 or S136 assessments took place in police custody rather than a health-based place of safety.

11 TRAINING

The Joint Agency Steering and Liaison Group for Mental Health Act Policies and Procedures will ensure the arrangement of joint training workshops supporting the procedures and practice of Section 136, and the detention and assessment of people with mental health difficulties in contact with criminal justice system. Future training needs will be monitored on an annual basis to meet the needs of new police officers, health and social care staff.

Section 135/136 Place of Safety Monitoring Form

Appendix 1

This form is to be completed in the first Place of Safety (PoS) and should go with the detainee should they need to be moved to another more appropriate PoS. It is important that times and dates are recorded, as the 72 hour detention starts at the first PoS.

Section A - Individual's personal details - Detaining officer to complete					
Section used (please circle):		Section 135 / Section 136		Ethnicity:	
Detainee's full name:				Language:	
Date of birth:				Gender:	
Address:					
Tel no:					
Next of kin (NoK):				Relationship:	
NoK address:					
NoK tel no:					
Section B - Circumstances of detention - Detaining officer to complete					
Time/date of detention:				Location (when detained):	
Circumstances leading to detention:					
Detaining officer name:				Collar no:	Force:
Incident no:				Time AMHP contacted by police:	
PNC warning markers (GENIE/FLINTS should also be checked):					
Section C - Transfer to place of safety - Detaining officer to complete					
Ambulance triage used?				Ambulance call sign:	
If triage not used, why?					
Ambulance transfer used?		Yes / No		Ambulance call sign:	
If transfer not used, why?					
Initial screening:		Drugs: Yes / No / Unknown		Alcohol: Yes / No / Unknown	
Section D - Place of safety used - Detaining officer to complete					
Initial PoS used:		<input type="checkbox"/> PoS (s.135/6) Suite - Go to Section G		<input type="checkbox"/> Police Custody - Go to Section E	
		<input type="checkbox"/> A&E - Go to Section F		<input type="checkbox"/> Other (please specify):	
Time/date of arrival:				PoS used:	
Reason for using specified PoS (in particular if police custody has been used, why is this?)					
Section E - To be completed if police station used as PoS - by detaining officer					
Police station:				Time/date of arrival:	
Custody record no:					
Appropriate adult (if applicable):					
Appropriate adult (relationship/tel no):					
Solicitor (if applicable):					
Transfer to:				Time/date of transfer:	
Transfer authorised by:					
Ambulance transfer?		Yes / No		Ambulance call sign:	
If transfer not used, why?					

Tick as applicable:

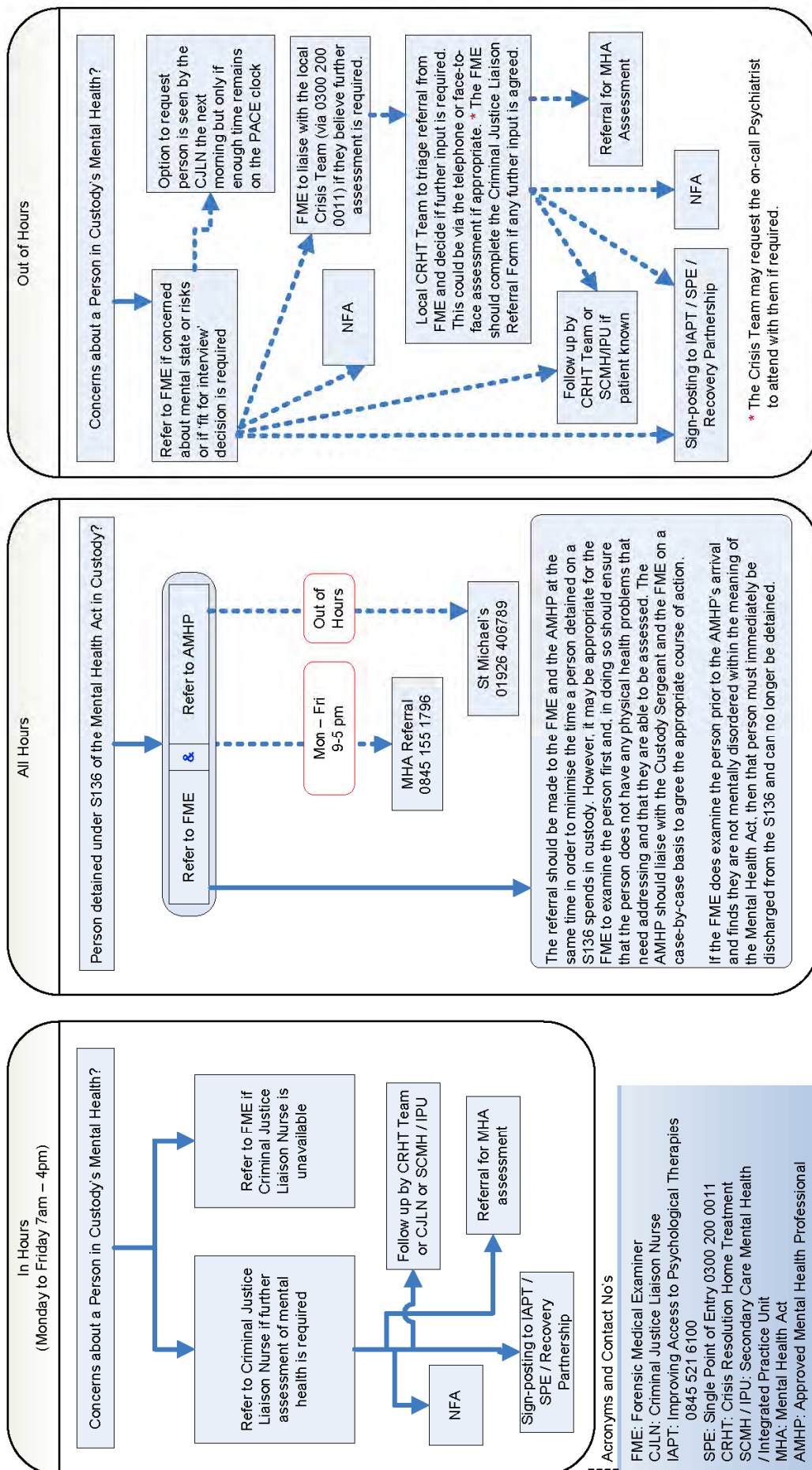
☐ Coventry and Warwickshire Partnership NHS Trust
☐ South Staffordshire and Shropshire Healthcare NHS Foundation Trust
☐ Warwickshire Police/West Mercia Police ☐ West Midlands Police

☐ 2gether NHS Foundation Trust (Herefordshire)
☐ Worcestershire Health and Care NHS Trust

Section F - To be completed if A&E used as PoS - by detaining officer					
Emergency dept:				Time/date of arrival:	
Transfer to:				Time/date of transfer:	
Transfer authorised by					Yes / No
Ambulance transfer?		Yes / No		Ambulance call sign:	
If transfer not used, why?					
If A&E used as an initial PoS police are to remain throughout (until detainee transferred to PoS suite)					
Section G - Joint risk assessment (at PoS suite) - To be completed by detaining officer and PoS staff/AMHP					
Police PNC/FLINTS/GENIE checks completed?		Yes / No		Details:	
Already known to MH Services?		Yes / No		Details:	
Warning review to take place					
Police Risk Assessment (RA):		Low / Medium / High		AMHP/PoS RA:	
				Low / Medium / High	
Police to remain beyond handover (please circle):				Yes - police to remain	
				No - police can leave	
Reason for police to remain (if applicable):					
Time/date police left:				Individual assuming responsibility for detainee:	
Any police concerns for s.135/136 Monitoring Group:					
Please bring any police concerns to the attention of the Police Mental Health SPOC for your area.					
Section H - Legal matters at PoS - To be completed by PoS staff/S12 doctor/AMHP					
72 hours starts (same as arrival time at first PoS - section D):				Name of AMHP:	
Time/date AMHP arrival:				Time taken to arrive:	
Rights explained?		Yes / No		By:	
Rights Leaflet given?		Yes / No		By:	
Section I - MHA assessment - To be completed by S12 doctor/AMHP					
Name of 1st RMP (S12 doctor):				Time/date assessment commenced:	
AMHP and 1st RMP present together?		Yes / No		If not, why?	
Mentally disordered within MHA?		Yes / No			
Name of 2nd RMP (S12 doctor):				Time/date assessment commenced:	
AMHP and 2nd RMP present together?		Yes / No		If not, why?	
Admission to hospital required?		Yes / No		If yes, hospital name:	
If yes, state section of MHA/voluntary:		<input type="checkbox"/> Voluntary <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 3			
If no, time/date of release from s.135/136 and alternative management plan:					
Name of care co-ordinator (if applicable):					
Time/date MHA assessment concluded:				Time from arrival at first PoS, until release/section:	
Section J - Criminal offences at PoS/issues for s.135/136 monitoring group - To be completed by PoS staff					
Any criminal offence during detention at PoS?		Yes / No		Police recalled to PoS?	
				Yes / No	
Police incident no:				Trust incident form no:	
Incident in brief:					
Any other issues for monitoring group?					

The original of this monitoring form should go with the police to all PoS settings involved in the patient care. The PoS lead/Lead AMHP should collate all completed forms for monitoring purposes. Police should copy this form at the point they are released and then scan and email this copy to their local Harm Assessment Unit (HAU).

Warwickshire Mental Health Custody Referral Pathway



Acronyms and Contact No's

FME: Forensic Medical Examiner
CULN: Criminal Justice Liaison Nurse
IAPT: Improving Access to Psychological Therapies 0845 521 6100
SPE: Single Point of Entry 0300 200 0011
CRHT: Crisis Resolution Home Treatment
SCMH / IPU: Secondary Care Mental Health / Integrated Practice Unit
MHA: Mental Health Act
AMHP: Approved Mental Health Professional

Referral for Mental Health Act Assessments

Unless the person is detained under S136 a formal Mental Health Assessment should only be requested if it is thought the person needs to be in hospital and they do not agree to voluntary admission.

RED FLAG CRITERIA

*Police Officer / Paramedic triggers for conditions requiring
Treatment or Assessment in an Emergency Department*

<p>Dangerous Mechanisms:</p> <p>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</p>	<p>Serious Physical Injuries:</p> <p>Noisy Breathing Not rousable to verbal command Head Injuries:</p> <ul style="list-style-type: none"> • Loss of consciousness at any time • Facial swelling • Bleeding from nose or ears • Deep cuts • Suspected broken bones
<p>Attempting self-harm:</p> <p>Head banging Use of edged weapon (to self-harm) Ligatures History of overdose or poisoning</p> <p>Psychiatric Crisis</p> <p>Delusions / Hallucinations / Mania</p>	<p>Possible Excited Delirium:</p> <p>Two or more from:</p> <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
<p>BASICS Doctors:</p> <p>ONLY AT THE REQUEST OF PARAMEDICS / TECHNICIANS – ACCESSED VIA EOC</p> <p>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 paramedics or the police officers.</p> <p>This should include situations where rapid tranquilisation is considered necessary, in accordance with NICE GUIDELINES 2005.</p>	<p>Conveyance to the nearest ED:</p> <p>Should NOT be undertaken in a police vehicle UNDER ANY CIRCUMSTANCES where a RED FLAG trigger is involved.</p> <p>This includes remaining in ED until the person is medically fit for discharge to PoS, to Police Station or from s136 detention.</p> <p>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.</p>