**Place of Safety Article 129 (1)/130 Recording Form**

**Mental Health (NI) Order 1986 - Article 129(1)/ 129(5)/ 130 (1)/130(2)**

**Record of Discussion and Decision Making when Place of Safety is an Emergency Department including handovers from PSNI to Health Partners**

**Part 1: To be completed by PSNI – complete either 129(1) or 130 section**

|  |  |  |  |
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| **Part 1 Section A: ARTICLE 129 Warrant** | | | |
| **Please type your answer into the below boxes.** | | | |
| Date and Time Article 129(1) was enacted | Click or tap to enter a date. | | |
| **The decision to enact Article 129 (1) is based on the authorisation of a warrant:**  **Person is believed to be suffering from a mental disorder and** | | | |
| 1. Has been or is being, ill-treated, neglected or kept otherwise than under proper control |  | Or   1. being unable to care for himself |  |
| **Part 1 Section A: Article 130** | | | |
| **The decision to enact Article 130 is based on the police opinion that the individual is** | | | |
| |  |  | | --- | --- | | Date and Time Article 130) was enacted | .Click or tap here to enter text. | | | | |
| Found in a public place |  | And appears to be suffering from a mental disorder |  |
| And is in immediate need of care or control |  | And it is in the interest of that person or the protection of others |  |
| Summary of circumstances | | | |
| Click or tap here to enter text. | | | |
| **Police Serial Number** Click or tap here to enter text. |  | **Name of Constable** Click or tap here to enter text. |  |

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| **Part 1 Section B: Person searched for and removed to Place of Safety** | | | |
| Forenames | Click or tap here to enter text. | Surname | Click or tap here to enter text. |
| DOB | Click or tap to enter a date. | Postcode | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | | |
| Ethnicity | Click or tap here to enter text. | | |

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| --- | --- | --- | --- | --- | --- |
| **Part 1 Section C: Incident/Detention report** | | | | | |
| Did you consult with a health professional prior to detention?  If yes – Name:  Role:  Date and time:  Advice/Recommendations given: | | | | Choose an item.  Click or tap here to enter text. | |
| Since being taken into police custody, and prior to arrival at POS, has the person received any medical attention? If yes, please describe | | | | Click or tap here to enter text. | |
| Has the person been restrained? Yes/No  If ‘yes’, how and for how long? (e.g. tasers and PAVA, physical, handcuffs, limb restraints) | | | | Click or tap here to enter text. | |
| Has the person been searched? If yes please describe | | | | Click or tap here to enter text. | |
| Is the person on medication? If yes, please describe | | | | Click or tap here to enter text. | |
| Does the person appear to be under the effects of drugs or has indicated they have taken drugs? If yes, any further information known: | | | | Click or tap here to enter text. | |
| Does the person appear to be under the effects of alcohol or has indicated they have consumed alcohol? Yes/No  Any further information known: | | | | Click or tap here to enter text. | |
| Does the person have a recent history of absconding? | | | | Click or tap here to enter text. | |
| Does person’s behaviour suggest a risk of absconding? | | | | Click or tap here to enter text. | |
| Has the person harmed/threatened to harm themselves? Including self-neglect. If yes detail | | | | Click or tap here to enter text. | |
| Has the person assaulted/ threatened assault to anyone? | | | | Click or tap here to enter text. | |
| Has the person been compliant since their detention/removal by Police to a Place of Safety? | | | | Click or tap here to enter text. | |
| Mode of Transport to place of safety | | | | Choose an item. | |
| Have you conducted necessary niche/PNC/Intl checks which may assist with information for handover: | | | | Choose an item. | |
| Any other information which will assist or be relevant to the risk, care and management of the patient: | | | | Click or tap here to enter text. | |
| Level of risk has been assessed by police as being high, medium or low (based on risk matrix guidance) | | | | Choose an item. | |
| Date and time of arrival: | | | | Click or tap to enter a date. | |
| Place of Safety | | | | Click or tap here to enter text. | |
| **Part 1 Section D** | | | | | |
| Nearest Relative  Name  Address  Telephone number  Has the nearest relative been notified? Y/N  Date and time notified: | | | Click or tap here to enter text. | | |
|  | | | | | |
| Police Officer Number who completed Risk Assessment form:    Click or tap here to enter text. | | | | | |
| If police crews are changing over, please fill in below boxes. | | | | | |
| Handover and briefing completed | Y/N | Date:  Time:  Officer Briefing PIN and signature:  Officer Taking over detention PIN and signature: | | | Click or tap here to enter text. | |
| Handover and briefing completed | Y/N | Date:  Time:  Officer Briefing PIN and signature:  Officer Taking over detention PIN and signature: | | | Click or tap here to enter text. | |
| Handover and briefing completed | Y/N | Date:  Time:  Officer Briefing PIN and signature:  Officer Taking over detention PIN and signature: | | | Click or tap here to enter text. | |
| Handover and briefing completed | Y/N | Date:  Time:  Officer Briefing PIN and signature:  Officer Taking over detention PIN and signature: | | | Click or tap here to enter text. | |

**The information presented in Part 1 of this form has been discussed in full between PSNI and HSC staff receiving the referral**

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|  | **Signature** | **Print Name** | **Date** | **Time** |
| **PSNI** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| **HSC Staff** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |

**Part 2 HSC Staff to complete this Section - detained for purpose of assessment under Art 129 or 130(2)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 2: Section 1 detained for purpose of assessment under Art 129(5) or Art 130 (2)**  **Patient:** | | | | | | | | |
| Forenames: | | Click or tap here to enter text. | | | | Surname | | Click or tap here to enter text. |
| If Child (under 18 years of age), detail of parental responsibility, if known:  Click or tap here to enter text. | | | | | | | | |
| Place of Safety | | | | | Click or tap here to enter text. | | | |
| 1. **Medical Practitioner notification** | | | | | | | | |
| Was a medical practitioner notified? | | | | Choose an item. | | | | |
| If yes, what was the name of the medical practitioner | | | | Click or tap here to enter text. | | | | |
| Name of person who notified the medical practitioner | | | | Click or tap here to enter text. | | | | |
| Date and Time of notification | | | | Click or tap here to enter text. | | | | |
| 1. **ASW notified if appropriate** | | | | | | | | |
| Was an ASW notified? | | | | Choose an item. | | | | |
| If yes, what was the name of the ASW | | | | Click or tap here to enter text. | | | | |
| Name of person who notified the ASW | | | | Click or tap here to enter text. | | | | |
| Date and Time of notification | | | | Click or tap to enter a date. | | | | |
| 1. **Rights leaflet given and explained** | | | | | | | | |
| Rights leaflet was given, and rights read and explained (if appropriate) | | | | Choose an item. | | | | |
| Signed (Trust staff) | | | | Click or tap here to enter text. | | | | |
| Date and Time | | | | Click or tap to enter a date | | | | |
| 1. **Background information** | | | | | | | | |
| 1. Currently known to mental health services | | | | Choose an item. | | | | |
| 1. Past history of Article 129 (5)/ 130 (2) detention | | | | Choose an item. | | | | |
| 1. Has Attended ED in last 2 months | | | | Choose an item. | | | | |
| 1. Past history of being known to mental health services including inpatient admissions | | | | Choose an item. | | | | |
| 1. Issues identified in relation to alcohol or drugs | | | | Choose an item. | | | | |
| 1. Issues identified in relation to capacity/confusion | | | | Choose an item. | | | | |
| 1. **Patient examined by a medical practitioner:** | | | | | | | | |
| Was the patient examined by a medical practitioner? | | | | Choose an item. | | | | |
| Name (medical practitioner) | | | | Click or tap here to enter text. | | | | |
| Signature (medical practitioner) | | | | Click or tap here to enter text. | | | | |
| Date and Time of examination | | | | Click or tap to enter a date. | | | | |
| **Arrangements made after first medical assessment** | | | | | | | | |
| Medical staff of opinion patient is suffering from a medical disorder | | | | Choose an item. | | | | |
| Discharged from Art 129(5)/130 (2) agreed with PSNI | | | | Choose an item. | | | | |
| Date and Time of discharge from Art 129(5) /130 (2) | | | | Click or tap to enter a date .  Click or tap here to enter text. | | | | |
| Did they remain voluntarily for care and treatment? | | | | Choose an item. | | | | |
| **\*If the patient has been discharged from Art 130 please move to section 11\*** | | | | | | | | |
| 1. **If patient has been assessed as having a mental disorder, a second medical assessment under Mental Health Order has taken place** | | | | | | | | |
| Second medical assessment has taken place | | | | Choose an item. | | | | |
| Name of medical practitioner | | | | Click or tap here to enter text. | | | | |
| Date and Time of second examination | | | | Click or tap to enter a date. | | | | |
| 1. **Patient interviewed by ASW (if determined to have a mental disorder)** | | | | | | | | |
| Interview by ASW has taken place | | | | Choose an item. | | | | |
| Name of ASW | | | | Click or tap here to enter text. | | | | |
| Date and Time of interview | | | | Click or tap to enter a date. | | | | |
| 1. **Outcome of Assessment under Article 4 MHO** | | | | | | | | |
| Outcome | | | | Choose an item. | | | | |
| 1. **Management of patient whilst in PoS and awaiting MHO Art 4 assessment** | | | | | | | | |
| ED confirm they are able to accept care of the patient and patient is discharged from PSNI | | | | | Choose an item. | | | |
| Is the ED Clinical Team of the professional opinion that the patient cannot be managed safely without Police presence? Risk is medium or high | | | | | Choose an item. | | | |
| If yes to the above question, please provide rationale for requesting continued police presence | | | | | Click or tap here to enter text. | | | |
| 1. **If there is a difference of opinion on how the patient should be cared for and whether PSNI presence continues to be required based on the level of risk as per the risk matrix, then reassess in one hour then two hours’ time** | | | | | | | | |
| **Date and Time** | **Nurses name** | | **PSNI Officers name** | | | | **Outcome of assessment and agreed action** | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | | Click or tap here to enter text. | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | | Click or tap here to enter text. | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | | Click or tap here to enter text. | |
| **If a difference of opinion still remains, the situation has been escalated and discussed between** | | | | | | | | |
| PSNI Duty Inspector (Name) | | Click or tap here to enter text. | | | | | | |
| Senior Decision Maker (Name) | | Click or tap here to enter text. | | | | | | |
| Date and time of Escalation | | Click or tap to enter a date.  Click or tap here to enter text. | | | | | | |
| Outcome of Escalation | | Click or tap here to enter text. | | | | | | |
| 1. **Time and date when detention under Article 129(1) / 130 ceased. \*To be completed by ED staff.** | | | | | | | | |
| Date and Time | | Click or tap to enter a date.  Click or tap here to enter text. | | | | | | |
| Reason why Art 129/ 130 has been ceased | | Choose an item. | | | | | | |
| 1. **Patient advised discharge from Art 129(1) / 130: \*To be completed by ED staff.** | | | | | | | | |
| Date and Time of discharge | | Click or tap to enter a date.  Click or tap here to enter text. | | | | | | |
| Name of who advised of discharge: | | Click or tap here to enter text. | | | | | | |
| Signature | | Click or tap here to enter text. | | | | | | |
| Name of person completing form | | Click or tap here to enter text. | | | | | | |
| Signature of person completing form | | Click or tap here to enter text. | | | | | | |
| Date and Time form completed | | Click or tap to enter a date.  Click or tap here to enter text. | | | | | | |

\*A copy of this form must be kept in the patient’s notes