

Search Policy

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DOCUMENT TRACKING SHEET

Search Policy

Version	Status	Date	Issued to/approved by	Comments
0.1	Draft	11/01/10	Head of Legal Services	For Comment
0.2	Draft	13/01/10	Head of Nursing/ Lead Nurses	For Comment
0.3	Draft	14/01/10	Senior Infection Control Nurse	For Comment
0.4	Draft	10/02/10	Training Manager/ Clinical Specialist	Insert Training Section & Comment
0.5	Draft	22/02/10	Policy Group	Review & Comment
0.6	Draft	15/03/10	MCA Lead	Review & Comment
1.0	Approved	27/04/10	Clinical Governance Committee	Approved – Subject to inclusion of Training Needs Analysis
1.1	Draft	12/05/10	PSTS Training Manager/ Clinical Lead	Insert Training Needs Analysis
1.2	Draft	Dec 2013	PSTS	Update of appendix C new appendix E inserted new guidance added around searching rooms while patients are on leave 8.7
2.0	Approved	March 2014	Patient Safety Group	Ratified
2.1	Draft	March 2016	Amended and circulated to service managers/service matrons for consultation and comment	Updated aspects of search policy to reinforce smoke free policy including removal of any smoking paraphernalia if determined necessary
3.0	Approved	28/0616	Patient Safety and Mortality Group	Ratified. The reference number of this policy has been changed from KMPT.CliG.068.02 to KMPT.CliG.138.02 due to duplication in reference numbers.
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			Clinical Governance Committee	
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3.2	Draft	24/0117	Trust wide Patient Safety and Mortality Group	For Ratification
3.3	Draft	26/01/17	Amended and circulated to service managers/service	Updated aspects of search policy to cover aspect for forensic

			matrons for consultation and comment	
4.0	Final Draft	22/01/17	Trust wide Patient Safety and Mortality Group	Virtually Ratified
4.1	Approved	February 2018	PMVA Training Manager/Clinical Lead Policy Manager	Appendix K and L updated with new posters for Mental Health Inpatient and Forensic Inpatient Monitored and Prohibited Items. Appendix M - addition of poster for patients returning to wards and visitor searches. Separated the Equality Impact Assessment from the document. Amended 'service line' to 'care group' throughout document.
4.2	Draft	10/05/19		
5.0	Final	25/06/19	Trust Wide Patient Safety and Mortality Review Group	Ratified

REFERENCES

Health and safety at Work Act 1974
Human Rights Act 1983
Mental Capacity Act 2005
Mental Health Act Code of Practice 2015 Section 26 (8.29-8.46)
Mental Health Act
Powers & Methods – Searching People & Property NHS Security Management Service
Department of Health Best Practice Guidance. Specification for adult medium secure services 2007

RELATED POLICIES/PROCEDURES/protocols/forms/leaflets

Mental Capacity Policy	KMPT.CliG.052
Consent to Examination or Treatment Policy	KMPT.CliG.049
Police Involvement for Mental Health in-patients	KMPT.CliG.003
Infection Control for Inpatient, Residential & community Services policy	KMPT.CliG.005
Management of Sharps Injury/Splash Incident Policy & Procedure	KMPT.CliG.136
Interpretation & Translation Policy	KMPT.CliG.053
Delivering Same Sex Accommodation Policy	KMPT.CliG.139

SUMMARY OF CHANGES

Date	Author	Page	Changes (brief summary)
24/10	PSS Clinical Lead	Throughout	Change of some terminology following search training and review of policy by training provider ex-head of police training.
24/10	PSS Clinical Lead	Page 9,11	Just to clarify no consent is required for wand search
24/10	PSS Clinical Lead	Page 16	Explaining Gillick test for under 18.
10/05	PSS Clinical Lead	throughout	Update procedure

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1 INTRODUCTION

- 1.1 Kent and Medway NHS and Social Care Partnership Trust (KMPT) is required to provide a safe and secure environment in which patients, staff and visitors may safely engage in a therapeutic regime. Additionally there is a need to protect all patients from harassment and exploitation and the opportunity to supply or keep prohibited items.
- 1.2 Searches should be proportionate to the identified risk and should involve the minimum possible intrusion to the persons privacy
- 1.3 All searches will be undertaken with due regard to and respect for the person's dignity.

2 PURPOSE

- 2.1 To ensure all persons are treated with dignity and respect during search
 - 2.1.1 Prevent injury/harm to the person
 - 2.1.2 Prevent injury/harm to others
 - 2.1.3 Maintain security and safety.

3 DUTIES

- 3.1 Chief Executive Officer and Trust Board
 - 3.1.1 The Chief Executive Officer and Trust board has responsibility for ensuring safe practice in all services
- 3.2 Ward Managers and Modern Matrons
 - 3.2.1 The Ward Manager is responsible for ensuring that this policy is adhered to at all times and that the Modern Matron is made aware of any difficulties in implementing the Policy, including staffing implications
 - 3.2.2 Ward Managers and Modern Matrons have a responsibility to monitor and be sensitive to the person's needs. They must also be aware of the training needs of their staff in regard to implementing this policy.
- 3.3 Clinical Staff
 - 3.3.1 It is the duty of clinical staff to use their professional clinical judgement to decide on the degree of search necessary based on risk. (Reason for why a search was conducted/not conducted by clear be documented on Rio)
 - 3.3.2 For informing the person of the relevant components of this policy as part of the admission procedure
 - 3.3.3 The procedure for searching persons is the responsibility of clinical staff and must be conducted within the framework of consent.

4 PROCESS

- 4.1 Patient's safety must be at the forefront of all clinicians who have a duty of care to act on any reasonable concerns they may have. Where it is suspected that a

person has something in their possession that could pose a danger to themselves or others, the nurse in charge of the ward must be informed.

4.2 In all cases:

- 4.2.1 The rationale for the search must be underpinned by the information in the person's risk assessment along with the presented risks and the clinician must use their professional clinical judgement when implementing the search policy.
- 4.2.2 The consent of the person must be sought before the search is attempted. If the person is unable to consent then refer to section 7.6 for further guidance.
- 4.2.3 The person must be kept informed at all stages of what is happening and why. The information should be in terms that the person can understand.
- 4.2.4 Searches must be carried out with due regard for the dignity of the person and the need to ensure maximum privacy.
- 4.2.5 It must be explained to the person that the aim of the search is to prevent harm "to staff, themselves or others" and keep the environment safe.
- 4.2.6 The need for the search, the outcomes and names of staff who carried out the search must be recorded in the persons nursing and medical notes (see Search Form, Appendix J)
- 4.2.7 Following a search, the need to review the person's plan of care must be considered.

5 PROCEDURE

- 5.1 All persons will be informed on admission, and prior to any period of leave, that it is forbidden to bring alcohol, illegal substances, weapons and any prohibited/controlled items such as smoking sources of ignition onto the ward/unit. (Persons to be informed include relatives, carers, friends/family, informal and section patients). This will apply to each ward/ site locality on KMPT premises, (see Appendix K/L). This will be done verbally and will also be in writing in the ward information leaflet and on posters displayed in ward areas
- 5.2 The **dignity and privacy** of the person must be maintained at all times
- 5.3 There must be sound reasons for carrying out a search, therefore one or more of the following reasons for searching a person or a person's belongings must exist:
 - 5.3.1 Reasonable suspicion of drug abuse/ storage
 - 5.3.2 Reasonable suspicion of alcohol/ substance use/abuse
 - 5.3.3 Concern for safety – check for concealed implements with which an act of self-harm or harm to others may be carried out, e.g. razor blades, small knife, lighters.
 - 5.3.4 Dangerous and violent propensities of persons create a self evident and pressing need for additional security.
- 5.4 Considerations must be given to the **safety, well-being, privacy and dignity** of the person and to the safety of and well-being of staff throughout the search. At least two people should be involved in every search, one to conduct the actual search

and one to witness the search. It may be necessary to utilise more staff depending on the individual circumstances. At least one member of staff (preferably all attending staff) should be of the same gender as the person being searched. The wearing of Protective Nitrile gloves is advisable during a search of either persons' personal items or environment. Staff concerned about any Infection control issues relating to the person should contact the Infection Control team and refer to related policies for advice. Out of hours advice can be obtained from the Kent Health Protection Unit on 01622 710161.

- 5.5 Cultural diversity must be respected and wherever possible cultural needs must be discussed with the person or the person's relatives/carers so that information and advice into cultural needs can be sought and obtained. If English is not the person's first language, every effort must be made to obtain the services of an interpreter prior to the search taking place, so the procedure can be fully explained to the person in a language they can understand. (This will allow flexibility of telephone communication (open speaker/relayed messages)

5.5.1 In an emergency (i.e. risk of harm), necessity and immediacy will overrule this, but staff must be aware of the impact the procedure will have on a person who does not understand what is happening. An interpreter must be obtained as soon as possible after the search so that the incident can be explained and discussed with the person.

6 HUMAN RIGHTS

- 6.1 It is important that when the decision is made whether to undertake a search, an individual's human rights are considered.
- 6.2 A search could be seen as infringing the human rights of the individual e.g.
- 6.2.1 Article 3: Prohibition of torture. No one shall be subjected to torture or to inhuman or degrading treatment or punishment.
- 6.2.2 Article 8: Right to Respect for Private and Family Life –it is important that staff consider the person's privacy and dignity at all times.
- 6.2.3 Article 14: Prohibition of Discrimination – this is particularly applicable in relation to personal searches. Staff must have a clear rationale for undertaking a search (see section 7.7) and one that is not justifiably based on the individual's gender, sexual orientation, race or class or age.
- 6.3 In some situations there will be competing human rights at stake. These rights should be carefully weighed in the balance, along with other relevant considerations, to determine whether the search can be justified, on human rights grounds.
- 6.4 By contrast, the rationale for searching an individual could be based on one of the basic human rights, including;
- 6.4.1 Article 2: Right to life - to protect the right to life of the individual and the right to life of others that may come into contact with them.
- 6.4.2 Article 5: Right to Liberty and Security – persons must be kept safe as far as reasonably possible on Trust premises and yet should not be deprived of their liberty, unless it is lawful and justifiable to do so.

- 6.5 Some human rights are qualified e.g. Article 8 which means interference with it can only be justified where what is done:-
- 6.5.1 Has its basis in law; and
 - 6.5.2 Is done to secure a permissible aim set out in the Article.

7 CONSENT (FOR BOTH INFORMAL AND DETAINED PEOPLE)

- 7.1 Before commencing a personal search of a person and/or his/her personal possessions, every effort must be made to obtain the consent and co-operation of the person.
- 7.1.1 Consent for search may only be obtained from the person following a clear explanation of the implications and requirements for search. Where there is concern that the person is unable to give valid consent, or fully understands the procedure, and then the Consultant/Deputy must be informed.
 - 7.1.2 The person will be asked to sign the search consent form, confirming that they understand the reasons
- 7.2 Any person who is to be searched must be informed that they do not have to consent. A person may withdraw their consent at any stage and should be informed of this right.
- 7.2.1 If consent is withheld, and the search goes ahead a post incident review should be undertaken that includes members of the multi-disciplinary team visiting the person who has been searched.
- 7.3 The consent of the person should always be sought before a personal search or a search of their possessions is attempted (This does not include a wand search). If consent is given, the search should be carried out with regard to the dignity of the individual and the need to ensure maximum privacy.
- 7.4 Consent obtained by means of a threat, intimidation or inducement is likely to render the search illegal.
- 7.5 Where language or comprehension may pose a difficulty, the services of interpreter or link worker should be obtained in order to ensure that the person has consented to this procedure.
- 7.6 Where the person is judged unable to give informed consent their decision must be supported by an independent advocate. Due considerations of the Mental Capacity Act and Gillick Competence are needed when seeking consent. ***(If there is an imminent risk to life then Health and Safety will override waiting for an independent advocate, but the reason why must clearly be recorded.)***
- 7.7 The MHA Code of Practice states “A post-incident review should follow every search undertaken where consent has been withheld.” (MHA COP Sec 8.43)

8 PERSON SPECIFIC CONSIDERATIONS

- 8.1 Cultural/ Religious considerations:

- 8.1.1 Many cultural and religious groups wear various types of headwear and items that important to their beliefs.
- 8.1.2 The Equalities act 2010 refers to protected characteristics and treating everyone equally and fairly based upon their individual differences i.e. headwear must be removed by the person if of a religious nature – in this instance clean linen must be provided for placement on, using a suitable surface particularly in the case of Turbans. (For more information check out the PSS web page on Staff Zone for information on different religions).

8.2 Transgender:

- 8.2.1 The transgender population need particular consideration. The recommendations regarding the care of transgender people in same sex accommodation included in the Chief Nursing officer's Letter to Trusts in 2009 should be used as a guide. This states that:
- 8.2.2 Transgender people should be accommodated according to their presentation, the way they dress and the names and pronouns they currently use.
- 8.2.3 This may not always be in accordance with the physical sex appearance of the chest or genitalia.
- 8.2.4 It does not depend upon their having a gender recognition certificate (GRC) or legal name change.
- 8.2.5 Views of family members may not accord with the transgender person's wishes, in which case the transgender person's views take priority.
- 8.2.6 If it is considered necessary and agreed by the MDT a member of staff of the same sex as the person must carry out searches or procedures on them with a second person (again same sex) acting as witness or chaperone.
- 8.2.7 The service user's permission must be sought before this type of procedure and the witness or chaperone must be a member of staff.

9 TYPES AND PROCEDURE FOR SEARCHES (SEE APPENDICES FOR MORE DETAIL)

- 9.1 **External Searches:** This consists of staff checking the external areas of Trust buildings/premises for any hidden unauthorised items, and will be conducted as necessary but a minimum of once a week.
- 9.2 **Environmental Search:** An environmental search is a search of the communal and ensuite areas within the Trust premises, including the ward/treatment areas. This process is not prompted by evidence of specific risk but can be justified in the interest of maintaining a safe and therapeutic environment. These searches must be undertaken calmly and by creating as little upheaval as possible. Where people will be affected by the search, then an explanation as to the process and rationale must be given. The privacy and dignity of people who use services must be considered at all times when conducting these searches. This will be carried out as necessary but a minimum of once a week.
- 9.3 **Belongings/Property Search:** This involves search of a person's property, including all that is contained within suitcases, lockers, bags and other means of

storage, other than about their person.

(This will be done on admission and on return to ward from walks etc.)

9.4 This process can be appropriate where there are general concerns about safety/security. There may be some evidence to support these concerns but it may not be sufficient to justify a body/ personal search.

9.5 In order to decide whether such a search might be appropriate, relevant Trust staff should consider:-

9.5.1 Has information been obtained that identified illicit/dangerous items may be present on the ward.

9.5.2 Whether there have been observable changes to clinical presentation of individuals or groups of people who use services.

9.5.3 When unknown/unauthorised individuals have been seen entering the ward/department.

9.5.4 Whether staff has noticed structural alteration/damage has been made to communal areas.

9.5.5 Whether any information is available which suggests cause for concern.

9.6 **Body/Personal Search:**

9.6.1 This consists of two members of staff of the same gender as the person who is to be searched. This physical search of the person is in a manner similar to that experienced as part of airport security checks.

9.6.2 If a wand search is being conducted (consent is not required), the second member of staff supporting can be of either gender.

9.6.3 This process does not involve the removal of clothing except outer wear e.g. coat/jacket and the removal of footwear. It allows staff to check if the person has inappropriate items secluded about their person or within their clothing.

9.6.4 This process may be appropriate where there are specific suspicions and/or risk information which relates to a particular individual or group of individuals.

9.7 The decision to undertake a body/personal search in relation to an individual or group of individuals **MUST** be based on a risk assessment that must include consideration of the following:-

9.7.1 **Past History** – Does the person who uses services have a history of harm to self or others, particularly related to use of psychoactive substances (drugs/alcohol), weapons or arson?

9.7.2 **Current Mental Health Presentation** – Has the person who uses services/group of persons who use services been assessed as currently posing a risk of harm to self or others? (i.e. arson, illicit drugs, self-harm).

9.7.3 **Information Received** from Relatives/Carers/People who use Services – Have staff obtained information which highlights concerns regarding suicide, threat of injury to others, concealment of drugs, weapons and/or sharp objects, alcohol, and illicit substances in relation to the individual or individuals targeted? Have staffs received information from people who use services/visitors on the ward, which identifies these individuals as

using, supplying or possessing dangerous or illicit substances, including alcohol within the ward area?

9.7.4 **Unexplained Changes in Behaviour or Clinical Presentation** i.e. Increased Drowsiness or Hyperactivity – Have those staff with an understanding of the person/persons who uses services observed sudden changes in behaviour which are either unexplained or only partly explained by assessment of the clinical presentation? Staff should also consider asking the Consultant or delegate to intervene at this stage regarding physical well-being.

9.7.5 Psychological or physical manifestations suggesting either substance abuse or self-harm. These could include:-

- Pin point/dilated pupils
- Slurred speech
- Excitable speech
- Irritability
- Poor co-ordination
- Unexplained cuts to limbs/face
- Unexplained abrasions
- A decreased level of consciousness

9.8 The above must be identified as changes from normal pattern of individual behaviour or related to overarching “symptoms” of illicit substance/alcohol use. To consider undertaking a body/personal search, Trust staff must deem the risk to the individual or others as being significant, having conducted the risk assessment. There is evidence based on the above criteria that items that could cause harm to the individual/others are, or could be, secreted either in a service area or on the person of an individual/group of individuals, then a search should be facilitated.

10 LEVELS OF SEARCHING:

10.1 **Level 1: Wand Search:** (Appendix H)

10.2 **Level 2: Pat Down Search:** (Compliance with Personal Search, see Appendix F and G)

10.3 **Level 3: Dressing Gown:** (To be implemented after other less intrusive interventions have been considered or risk to staff, patient or others)

10.3.1 Ask a person to undress down to underwear.

10.3.2 Put on dressing gown.

10.3.3 Remove underwear under the dressing gown.

10.3.4 Then ask them to open dressing gown for a visual check, close dressing gown.

10.3.5 Ask them to get dressed.

10.4 **Level 4: Intimate, (Very rare, carried out by Doctor).**

If you suspect a patient has secreted an item within a body cavity and after the Nurse-In-Charge's along with a Multidisciplinary Team (MDT) have decided, after exploring all other options, that an internal examination is necessary, you will require the Responsible Clinician's (RC) permission. This can only be conducted by

an appropriate Doctor in either the clinical room or the nearest A&E. (During this time the person will be placed on eye sight observation).

11 SEARCHING PERSONS AGAINST THEIR WILL

11.1 If reasonable grounds exist to carry out a search of a person or their belongings, consent and authority must be obtained. If however a person does not consent to the search, the staff member must consider the following:

11.1.1 Are there grounds to suggest that there was immediate risk of serious harm to self or others that necessitated immediate action? (Necessity does not limit the action of search to emergency situations only, but extends to action. Example: Removing an article such as a knife from a person's pocket taken in order to prevent serious harm to self or others).

11.1.2 Are you able to safely delay the search and seek advice of the person's Consultant and the Care Group Manager?

11.1.3 Are you able to safely delay the search to involve the police?

11.1.4 Have you considered other options i.e. putting the individual on observations?

11.1.5 Have you received authority to search without the person's consent from the Consultant and/or the Acute Services Manager?

11.2 If a situation arises where a person undergoing a search procedure withdraws their consent, the member of staff in charge of the procedure must then decide how to proceed.

11.2.1 Any search carried out against the person's will or without the person's consent must be carried out with the minimum force necessary after failure of lesser restrictive stated in 11.1.4.

11.2.2 If the person physically resists, the search MUST stop and consider options in 11.1.4.

12 SEARCHING ON ADMISSION AND STAY IN HOSPITAL

12.1 Persons brought to the ward by police under section 136

12.1.1 Persons brought to the place of safety under section 136 should normally have their person and any property they are carrying searched by the police prior to entering the hospital building.

12.1.2 It is the receiving person's responsibility to check whether a search has been carried out prior to their arrival at the hospital and to request that one is carried out if one has not already been done. This must be clearly documented by the nurse in charge.

12.1.3 Should the search have taken place prior to the person being brought in to hospital, the receiving person should liaise with the escorting police officers to establish what belongings the person is still in possession of and ensure that any items deemed clinically inappropriate that have not already been removed by the police are removed before the person enters the place of safety.

- 12.1.4 The assessing nurse will be responsible for leading a risk assessment to decide whether a further search by police in the presence of hospital staff is appropriate and necessary.
- 12.1.5 The nurse in charge of the receiving ward must liaise with the assessing nurse to ensure that the above has taken place before the person is transferred from the 136 suite to the receiving ward.
- 12.1.6 Under no circumstances should a person brought into the place of safety under section 136 be allowed onto a ward until they have been searched. If a search has not been carried out by the police, or if they refuse to conduct a search, the search should be carried out by hospital staff where appropriate. If this is deemed to be inappropriate, on grounds of staff safety or otherwise, other management strategies must be utilised, such as close observations.

12.2 Detained People

- 12.2.1 If a person using our services refuses to give consent, the RC or another senior clinician with knowledge of the person's case can give permission for the search to proceed, in the manner described.
- 12.2.2 The RC or another senior clinician should therefore be consulted in the event that the person refuses consent without delay if practicable so that any clinical objection to searching by force may be raised. For people who use services who are detained but lack capacity to give consent, or whose capacity is in question, the treating RC should equally be consulted as to whether it is appropriate to carry out the search.

12.3 Informal People who use Services

- 12.3.1 People who use services who are not detained under the Act and who have capacity to refuse consent should not be subjected to a search, if they have refused to give their consent to the search. Such people should be informed that if they are not prepared to undergo the search they will be placed under higher levels of observation until discussions have taken place with the Consultant.
- 12.3.2 If the person lacks capacity, the advice of the treating clinician should be sought as to whether there are grounds to proceed with the search under common law i.e. whether it may be deemed to be in the person's "best interests". It is important to ensure that sufficient justification exists, particularly if the use of restraint will be necessary. It may be difficult to justify the use of restraint where the search does not form a part of the delivery of care and treatment for that individual person. It may be appropriate to seek specific legal advice in cases where restraint is likely to be necessary. (This can be gained in advance based on risk to cover the out of hours of the Trust legal team).
- 12.3.3 Staff should consider involving the police to facilitate a search if the informal person refuses to allow them to search him/her and there are concerns that the person has dangerous items on their person. This action is particularly appropriate when discharge in the near future is not applicable and there are concerns as regards the safety and security of the individual, other persons and staff.

12.4 Out of Hours

12.4.1 During out of hours, the on-call Consultant must be involved in place of the person's Responsible Clinician. The on-call management arrangements may be used to aid access to specialist medical advice.

13 SEARCHING YOUNG PEOPLE UNDER THE AGE OF 18

13.1 This is clearly a very difficult and sensitive issue for staff and young people. It is important that staff search young people sensitively and bear in mind how the effect of a search may affect the young person's stay whilst in hospital. With this in mind, staff should act in the following way:

13.1.1 Prior to any body/personal searching, staff must seek consent. Staff need to be sufficiently concerned that the article concealed is potentially very dangerous to the young person or others physical well-being.

13.2 Body/Personal searches of young people should be a last resort after **ALL** other options have been explored to persuade the young person to surrender the harmful material, illicit substances or alcohol which are being harboured/concealed

13.3 Where a young person is under 16 years of age and detained on the hospital premises their parents/guardians/advocate must be contacted where practicable. The search procedure and the reasons for the search are to be explained and parental guardians/advocate consent sought and documented. If parents guardians/advocate refuse to consent to the search the matter must be discussed with the Responsible Clinician and the Care Group Manager. Even where a parent's consent is given the young person must still be given the opportunity to co-operate with the search and be involved in the discussions.

14 VISITORS

14.1 If staff are concerned that visitors are bringing in dangerous/illicit substances, it may be appropriate to undertake a search of their belongings. Following these steps:

14.1.1 Visitors should be clearly informed on arrival what items are not permitted to be taken onto the premises and asked to leave any of these items with staff.

14.1.2 Where it is considered essential, all bags or packages brought in by visitors for people using services should be searched. The reason for the search should be explained to the visitor, and any unauthorised items found should be removed and stored in a safe place. If the item is a weapon including ammunition, drugs or any other illegal substance the police need to be notified to come and collect the said items. Other items should be returned to the visitor when they leave.

14.1.3 If a staff member suspects that a visitor is hiding an unauthorised item, the visitor should be asked to consent to a person pat down search.

14.1.4 If the visitor refuses to consent to a search or does not agree to leave suspicious items at Reception, access to the unit should only take place if observations of the visit can be assured. In the absence of this access to the unit can be denied and the appropriate senior manager informed.

14.2 Forensic Care Group

14.2.1 Staff will search all bags and packages brought in by visitors for people using the services. The reason for the search should be explained to the visitor, and any unauthorised items, along with items not required for the visit will be left within the secure lockers within the reception area.

14.2.2 Staff may carry out a body/personal search on visitors if there is reasonable belief that suggests they may be carrying contraband/prohibited items which would be discussed and agreed by the MDT prior to them visiting.

14.2.3 If a visitor does not give consent for a search or does not agree to leave contraband/prohibited items in the lockers in reception, then access to the unit will be denied and the appropriate senior manager informed.

(Department of Health Best Practice Guidance. Specification for adult medium secure services 2007)

15 WHEELCHAIR USERS

15.1 It must be considered on a case-by-case basis, whether to transfer a person to a sterile chair for the purpose of the search. The risk assessment must take into account factors such as the level/nature of the disability of the individual, his/her size and weight, etc.

15.2 Although each situation will need to be assessed individually, the Clinical Team of the person must formulate an assessment of the person's mobility in relation to being searched. This assessment must be documented in the person's MDT notes and will provide a baseline as to whether or not the person would ordinarily be expected to transfer to another chair as part of a routine search. Any transfer of a person who is unable to transfer unaided must be done with due regard to person and staff safety and may require assistance and/or specific training and/or specific aids (i.e. slides, etc.).

15.3 In order for an effective search to take place, non-sterile wheelchairs should be collapsed and removable parts, such as the arms, closely inspected.

15.4 Before undertaking the search, staff should ask the person if they are in any pain and consider taking advice from a doctor, or practice nurse if necessary.

16 USE OF 'SNIFFER DOGS'

16.1 Specifically trained and managed dogs can be brought into any Trust premises on a considered basis to search for illicit substances. This is undertaken as a way of detecting hidden substances in order to prevent them being used by people in the service.

16.2 People using services, carers and staff should be informed just prior to the search commencing and given explanation as regards the rationale and procedure.

16.3 Staff must ensure that posters, information and leaflets regarding dog searches are available within the area to be searched.

16.4 Dog searches will only be undertaken of the environment and not of individuals.

- 16.5 Staff should ensure that people using services/carers are supported throughout the process. Any individuals who are afraid of dogs do not need to remain in the area.
- 16.6 Any illicit substances found will be reported to the police.
- 16.7 The police will make decisions regarding any prosecutions that are considered in accordance with national guidelines.
- 16.8 Each search undertaken by a dog handler will be documented in the search register.

17 USE OF EQUIPMENT

- 17.1 It is recommended that whilst undertaking a search of the environment or person, the following equipment may be used:-
 - 17.1.1 Wand/metal detector
 - 17.1.2 Anti-blade gloves this will minimise the likelihood of injuries through sharps, blades etc.
<http://www.safetysupplies.co.uk/trolleyed/products/es5-level-5-cut-protection.htm> need to be able for this link to work
 - 17.1.3 Nitrile Gloves
 - 17.1.4 A torch
 - 17.1.5 Body Camera/CCTV should only be used for a level 1 and 2 search (to maintain the dignity of the patient).
- 17.2 When performing searches staff must think about their own personal safety as this is a high risk activity with regard to potential items that may be hidden. It is essential that the use of such equipment is explained to the person using the service and underpinned by the desire to enhance their safety and that of other individuals.

18 TRAINING NEEDS ANALYSIS

- 18.1 Set out below is the training needs analysis for all staff groups identifying which members of staff require training and the level they require. The aim of the training is to: Ensure all staff is aware of their duties/roles and responsibilities to enable them to implement the policy.

This training is to be undertaken yearly

	Staff Group	Search Training	Search Refresher Training
Staff with a clinical practice professional registration e.g. RMN, RGN, RMNH, Staff Nurse	Inpatient Adult	√	√
	Inpatient Older Adult	√	√
	Community Older		
	Rehabilitation Services	√	√
	Learning Disabilities - Inpatient	√	√
	Learning Disabilities - Community	√	√
	Specialist Inpatient	√	√
	Specialist Community	√	√
	Forensic Inpatient	√	√
Staff without a Clinical Practice Professional Registration Healthcare Assistants, Support Workers, STR Workers Technical Instructors	Inpatient Adult	√	√
	Inpatient Older Adult	√	√
	Community Adult	√	√
	Community Older		
	Rehabilitation Services	√	√
	Learning Disabilities Inpatient	√	√
	Specialist Inpatient	√	√
	Specialist Community	√	√
	Forensic Inpatient	√	√
Allied Health Professionals	Psychologists		
	Occupational Therapists	√	√
	Drama Therapist		
	Art Therapist		
	Psychotherapist		
	Speech and Language Therapists		
Admin. Clerical and Strategic Trust Staff, IT, Finance Staff, Portering Staff, Domestic, Canteen Staff	Direct Client Contact		
	Non Client Contact		
	Senior Manager Client Contact		
	Senior Managers Non Client Contact		
Medical Staff	Inpatient Adult/Community		
	Junior Doctors		
	Locums		
Agency Staff	Inpatient & Community		
	Admin. & Clerical		
Board	Non Executive Directors		
Board	Board Members		
Volunteers	Volunteers		

- 18.2 Training will be provided internally by the PSS Team as part of their basic and update course, on how to search a co-operative person along with other options and will be supported by a video online for staff reference.

19 RECORD KEEPING

- 19.1 A service user's record is a basic clinical tool used to give a clear and accurate picture of their care and treatment, and competent use is essential in ensuring that an individual's assessed needs are met comprehensively and in good time (General Medical Council 2006, the Royal College of Psychiatrists 2009 and Nursing and Midwifery Council 2009 Standards and NHS Record Keeping - NHS Code of Practice for Record Keeping 2006).
- 19.2 All NHS Trusts are required to keep full, accurate and secure records (Data Protection Act 1998) demonstrate public value for money and manage risks Information Governance Toolkit, Essential Standards). **Compliance with this Policy and these legal and best practice requirements will be evidenced through information input into the electronic record, RiO.**
- 19.3 For full details of the specific information needed to ensure compliance with this policy see the RiO training guides and the Care Group Standard Operating Procedures

20 EQUALITY IMPACT ASSESSMENT

- 20.1 The Equality Act 2010 places a statutory duty on public bodies to have due regard in the exercise of their functions. The duty also requires public bodies to consider how the decisions they make, and the services they deliver, affect people who share equality protected characteristics and those who do not. In KMPT the culture of Equality Impact Assessment will be pursued in order to provide assurance that the Trust has carefully considered any potential negative outcomes that can occur before implementation. The Trust will monitor the implementation of the various functions/policies and refresh them in a timely manner in order to incorporate any positive changes. The Equality Impact Assessment screening for this policy can be found on the Equality and Diversity pages of the trust intranet.

21 HUMAN RIGHTS

- 21.1 The Human Rights Act 1998 sets out fundamental provisions with respect to the protection of individual human rights. These include maintaining dignity, ensuring confidentiality and protecting individuals from abuse of various kinds. Employees and volunteers of the Trust must ensure that the trust does not breach the human rights of any individual the trust comes into contact with.

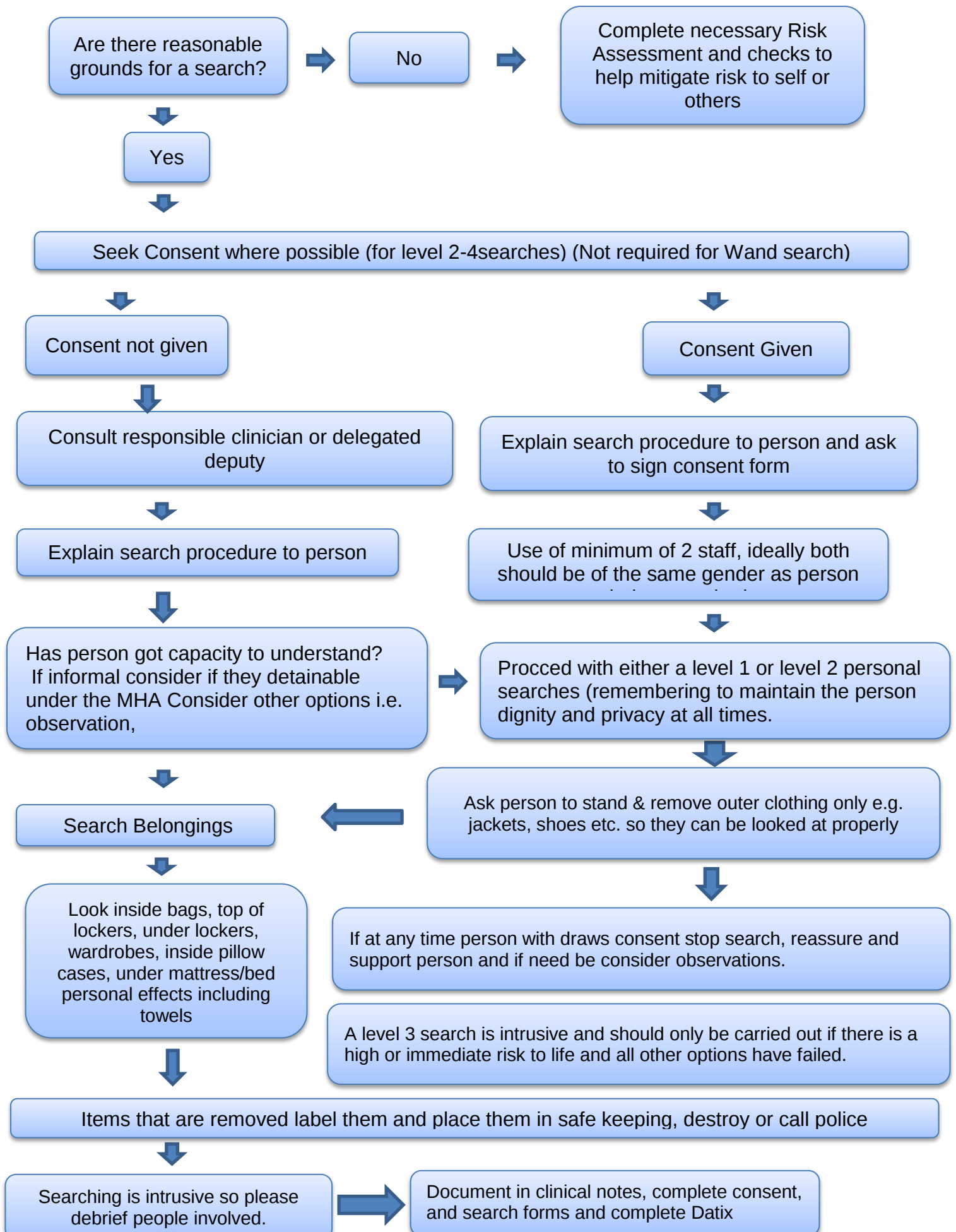
22 MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS DOCUMENT

What will be monitored	How will it be monitored	Who will monitor	Frequency	Evidence to demonstrate monitoring	Action to be taken in event of non compliance
Training to demonstrate Search awareness	Training Course attendance figures	Training Facilitator	Three yearly	Statistics of completed sessions	Report back to operational directors for local action
Awareness of the need for Privacy & Dignity	The use of self assessment checklist available in Privacy & Dignity Policy	Modern Matrons & Team Leaders	No less than every 6 months	▪ Copy of completed assessment and action plan	▪ Reporting on compliance and effectiveness will be through the Modern Matron meetings
Staff aware of Search Procedures and their duties in respect of searching Service Users and their Property	Review all new admittance for the likelihood of the need to search. Read Search Policy	Modern Matrons	6 Monthly	Spreadsheet available for each in-patient unit Bi-annual report on the number of searches throughout the Trust	Staff to be re-trained in regard for the need of Search Procedures.

APPENDIX A ABBREVIATIONS AND DEFINITIONS

Abbreviation	Meaning
MDT	Multi Disciplinary Team
MHA	Mental Health Act
RC	Responsible Clinician
PMVA	Prevention and Management of Violence and Aggression
A&E	Accident and Emergency Department

APPENDIX B - SEARCH PROCESS FLOWCHART



APPENDIX C - CHECKLIST FOR BEDROOM AREA SEARCH

Key Checklist for bedroom area search	
If the person using services is in the area, explain the reasons for the search and give the opportunity to hand over any prohibited items. Then ask the person if they want to leave the room or, do they wish to witness the search. Ask them to move to an area of the room where they cannot interfere with the search. At no time may the person be permitted to participate in the search.	
Examine the area visually for adjustments or differences in the layout of beds etc.	
Search the room systematically starting at the walls working around the room and then moving inwards. Always work top to bottom, then search the bed.	
All persons using services possessions are to be treated with respect and replaced in their appropriate position.	
Remove bedding one layer at time examining each sheet, pillowcase, quilt etc.	
Place examined items on a chair or top of a locker, not the floor.	
Examine mattresses for signs of severe wear or damage, i.e. tears and repairs.	
Examine bed, base legs and headboards for signs of misuse or concealment of items.	
All furniture should be examined for signs of abuse, or concealment of items.	
Beds must be returned to their normal position.	
Windows, window ledges and doorframes to be checked carefully.	
Prior to leaving the room check the floor, including areas under furniture.	
Any discrepancies or signs of damage should be reported immediately to the nurse in charge.	
If an inappropriate item is found at any point during the search, do not discontinue the procedure, as there may be more items to be found. All searches must be completed fully.	
Any items found should be placed in a bag with patients name on for safe keeping	
Ensure all paper work is completed.	

APPENDIX D – CHECKLIST FOR COMMUNAL AREA SEARCH

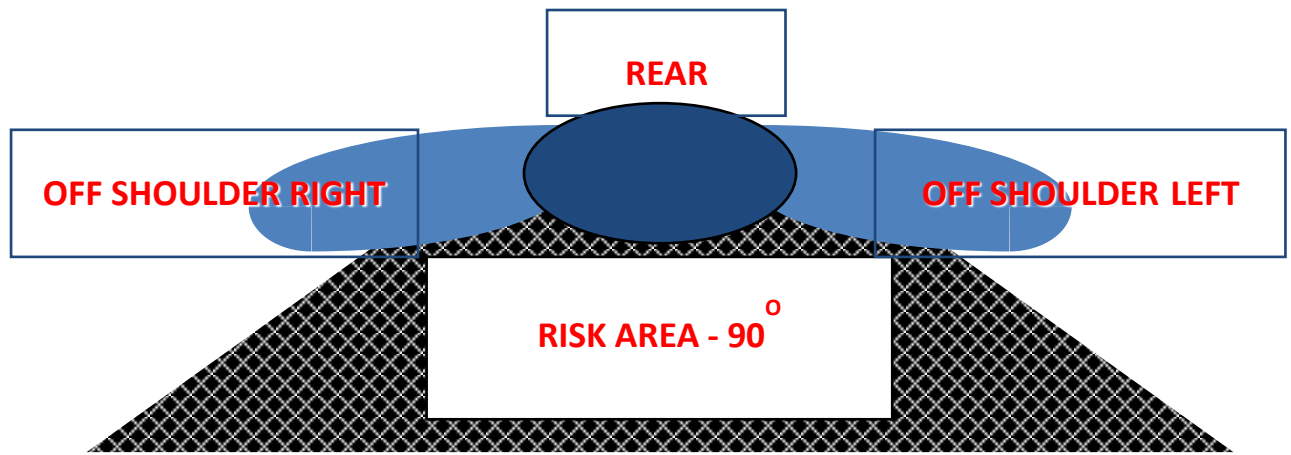
Key Checklist for Communal Area Search	
Explain to all reasons for search, ask all persons using services, visitors and others in the area to be searched to vacate the area. Only staff conducting the search should be in the area whilst a search is being carried out. At no time should persons, visitors or others be allowed to participate in the search.	
On entry to the room, examine the area visually for adjustments or differences in the layout of furniture.	
Search the room systematically starting at the walls working around the room and then moving inwards. Always work top to bottom, then search the furniture.	
All persons using services possessions are to be treated with respect and replaced in their appropriate position.	
Place any small examined items (especially any person's belongings) on a chair or table, not the floor.	
Examine chairs for signs or severe wear or damage, i.e. tears and repairs	
Examine chairs, tables, cupboards, electrical equipment and any other furniture for signs of misuse or concealment of items.	
Furniture must be returned to their normal position.	
Windows, window ledges and doorframes to be checked carefully.	
Prior to leaving the room check the floor, including areas under furniture.	
Any discrepancies or signs of damage should be reported immediately to the nurse in charge.	
If an inappropriate item is found at any point during the search, do not discontinue the procedure, as there may be more items to be found. All searches must be completed fully.	
Any items found should be placed in a bag with patients name on for safe keeping	
Ensure all paper work is completed.	

APPENDIX E – CHECKLIST FOR PROPERTY SEARCH

Key Checklist for Property Search	
•	Explain the reason for search and give person opportunity to hand over any prohibited items.
•	Ask the person using services to place all their belongings away from themselves and with the observing member of staff.
•	Ask the person to then empty their pockets and submit any other items held on their person for checking. These will also be passed to the observing member of staff.
•	The observing member of staff will pass the belongings to the searching member of staff, beginning with any individual items before moving on to bags/holdalls etc.
•	All individual items deemed suitable to be allowed onto the ward, once searched and documented on the property log form, must be handed back to the person.
•	Any items deemed unsuitable to be allowed on the ward will be placed to one side.
•	When searching bags/holdalls etc. the searching member of staff will remove items from the bag one at a time. At no point will items be tipped from bags or placed on the floor.
•	Once a bag has been emptied of items, the searching member of staff will then check the bag itself for concealed items.
•	Once a bag and its contents have been searched and documented, all suitable items will be replaced in the bag and returned to the person using services. All unsuitable items will be placed to one side.
•	Items of clothing/jewelry etc. Currently being worn by the person must also be documented and their suitability to be brought onto the ward will be checked.
•	When all property has been searched, staff will then give the person the opportunity to submit any personal items for safe keeping.
•	Staff will explain to the person the reasons for any items being removed from their belongings. Staff will also explain where these items will be kept safely and where and when the person will be allowed supervised access to them.
•	Any items found should be placed in a bag with patients name on for safe keeping
•	If items are found that will need to be disposed of, staff will explain the reasons for this and will also explain how the items will be disposed of.
•	Ensure all paper work is completed.

APPENDIX F - PERSONAL SEARCH: MALE PERSON (OBSERVER AND SEARCHER)

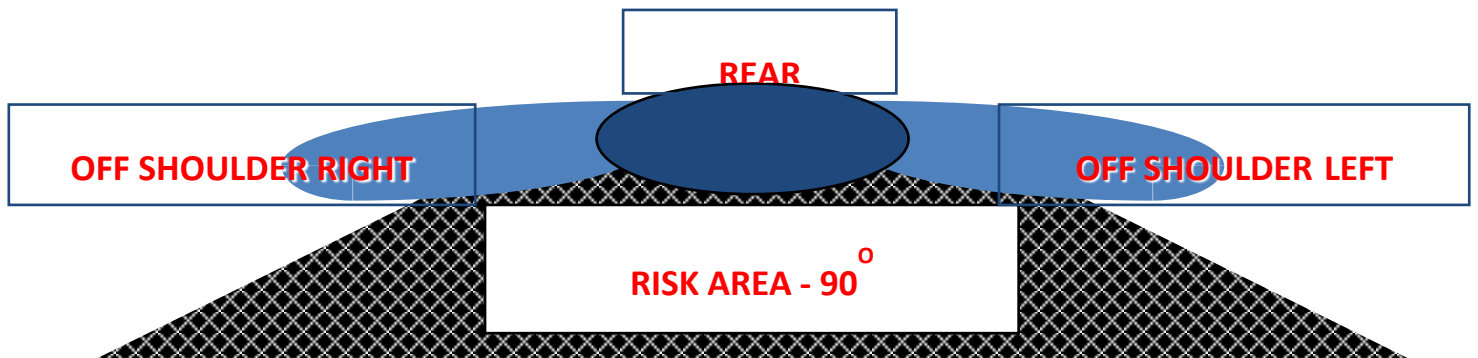
1. Observer to explain procedure to client.
2. Observer ask client to check area they are standing in, to ensure they are happy no items are on the floor.
3. You may wish to conduct a wand search first.
4. Stand slightly to one side facing the client.
5. Observer asks him if they having any dangerous or unauthorised items on them that he wishes to declare.
6. Observer ask him to remove any extra layers i.e. coats, hats etc. (this will leave the person with one layer over their underwear and hand to second nurse to check after).
7. Observer asks him to hand over any bags (hand to second nurse to check after).
8. Observer asks him to empty pockets and remove items of jewellery (hand to second nurse).
9. Observer to ask them to remove their shoes for examination.
10. Observer will ask the person to show bottom of feet towards them.
11. Observer asks them to untie their hair and shake it free (if applicable). Then run hands through hair.
12. If shorter hair ask them to run their hands from front to back.
13. Observer asks him to lift his collar and run their fingers front to back around it (observe to see if they avoided any area).
14. If they have a belt ask them to remove it, providing their trousers won't fall down. If they can't remove belt ask them to lift bottom of belt and run hands round (observe to see if they avoided any area).
15. Observers ask him to raise one of his arms to the side palm down fingers spread and stand feet apart.
16. Observer ask him to turn his head away from the person conducting the search, i.e. he looks left while you search right side.(supporting staff will continue to engage conversation with the person while maintaining observation of client)
17. Check from the side. (see diagram below)
18. Claim the wrist then search the arm by a continue pat of your hands along the upper and lower side. (ensuring your check under the arm pit and above shoulder to neck line)
19. Check the front of his body towards the centre line from neck to waist, (avoiding the chest area) the sides from armpits to waist.
20. Check his back towards the centre line from collar to waist.
21. Check the back, front and side of legs from top to bottom. **DO NOT TOUCH GENITALS.**
22. Repeat 17 to 21 on opposite side.
23. Look at the area round him for anything he may have dropped before or during the search.
24. Ask him to step to one side to ensure he is not standing on anything he has dropped before or during the search.
25. Then go through items removed earlier i.e. coats and hats.
26. Ask them to open any bags, containers and examine the contents and underneath containers and bottles and cans.



APPENDIX G - PERSONAL SEARCH: FEMALE PERSON (OBSERVER AND SEARCHER)

1. Observer to explain procedure to client.
2. Observer ask client to check area they are standing in, to ensure they are happy no items are on the floor
3. You may wish to conduct a wand search first.
4. Stand slightly to one side facing the client.
5. Observer asks her if she has any dangerous or unauthorised items on her.
6. Observer ask her to remove any extra layers i.e. coats, hats etc. (this will leave the person with one layer over their underwear and to hand them to the observing nurse)
7. Observer asks her to hand over any bags (hand to second nurse to check after).
8. Observer asks her to empty pockets and remove items of jewellery (hand to second nurse).
9. If necessary the person may be asked to remove their shoes for examination.
10. Observer will ask the person to show bottom of feet towards them.
11. Observer asks them to untie their hair and shake it free (if applicable). And then run hand through hair.
12. If shorter hair ask them to run their hands from front to back.
13. Observer asks her to lift her collar and run their fingers front to back around it (observe to see if they avoided any area).
14. If they have a belt ask them to remove it, providing their trousers won't fall down. If they can't remove belt ask them to lift bottom of belt and run hands round (observe to see if they avoided any area).
15. Observer asks her to raise one of her arms to the side palms down and fingers spread and stand feet apart.
16. Observer ask her to turn her head away from the person conducting the search, i.e. She looks left while you search right side.(supporting staff will continue to engage conversation with the person while maintaining observation of client)
17. Check from the side. (see diagram below)
18. Claim wrist and search the arm by a continue pat of your hands along the upper and lower side. (ensuring your check under the arm pit and above shoulder to neck line)
19. Check the front of his body towards the centre line from neck to waist, (avoiding the chest area) the sides from armpits to waist.
20. Run the flat of your hand from shoulders to top of bra to the centre point. **(AT NO TIME TOUCH THE CHEST AREA)**
21. Check the sides and front of the abdomen from underneath the breasts to and including the waistband towards the centre point.
22. If you suspect or know they hide items in their bra, ask them undo and remove their bra from underneath their top if clothing permit . (if we are going to request this both support and search staff must be same gender)
23. Check her back from collar to waist towards the centre point.
24. Check the front, back and side of each leg **DO NOT TOUCH GENITALS**. (If she is wearing a skirt, it is more difficult to search the tops of the legs. Run hands down both sides of each leg outside of the skirt).

25. Repeat steps 17 to 24 on opposite side.
26. Look at the area round her for anything she may have dropped before or during the search.
27. Ask her to step to one side to ensure she is not standing on anything she has dropped before or during the search.
28. Then go through items removed earlier i.e. coats and hats.
29. Ask them to open any bags, containers and examine the contents and underneath containers and bottles and cans.



APPENDIX H - WAND SEARCHING

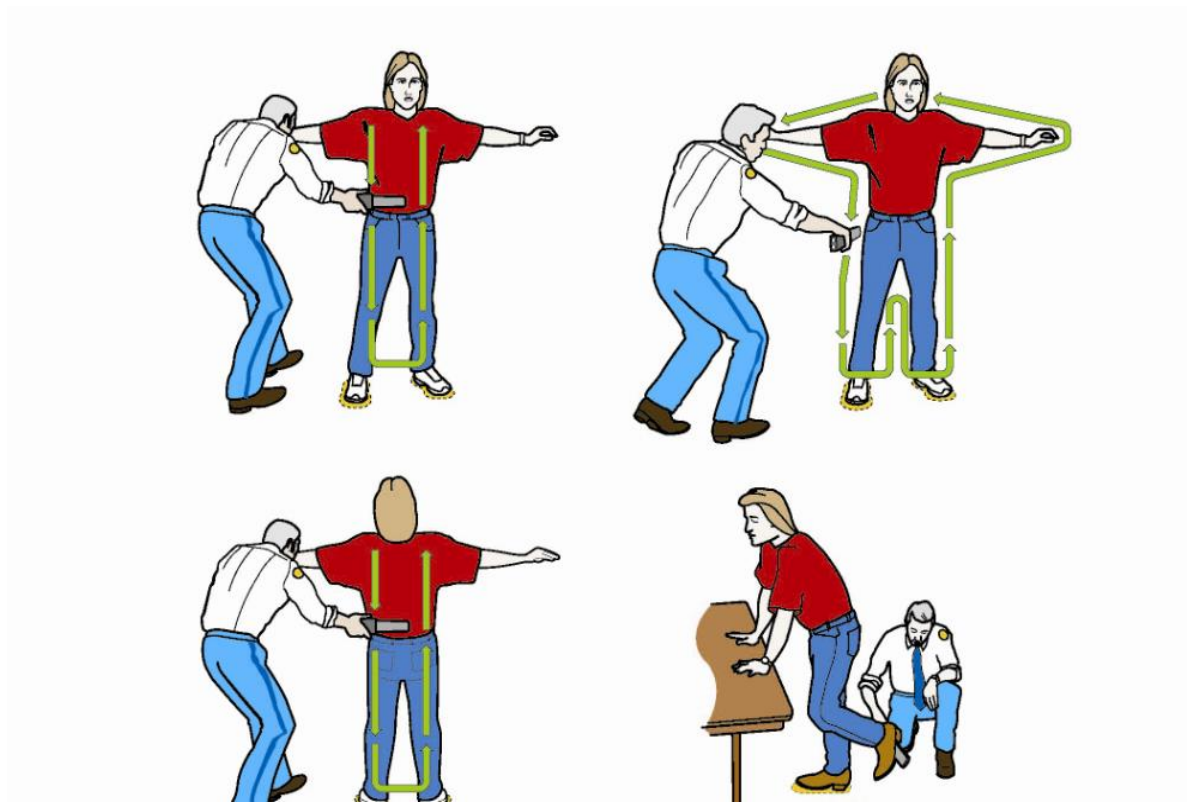
Cursory/Routine search

- Designed for detecting metallic items concealed on a person
- Omits an audible tone upon the detection of metal
- Leads to further action / searching be required*

There must be sound reasons for carrying out a search and therefore one or more of the following reasons for

Searching a patient or a patient's property must exist:

- Concern for safety – check for concealed implements with which an act of self harm or harm to others may be carried out, e.g. razor blades, small knives etc.
- Concealment of other prohibited items (see individual ward notice boards)
- Items that may be used to affect escape.



This is an example of procedures using a hand held metal detector that has at least a 10 inch zone of detection

CONSENT FORMS

(a) INFORMED CONSENT

I have had explained to me the Search Policy and Procedure and I **Consent/do not Consent** to a search if required. (Delete one)

Print Name:

(Completed by Nurse)

Dated:

Witnessed by:

Print Name:

CONSENT FORM FOR DESTRUCTION OF SUBSTANCES

I _____ have **agreed/disagreed** that the following substances can be destroyed by the Nursing Staff/Pharmacist (please delete as appropriate).

- •
•
•
•
•

Name and Signature of person using services:

Name and signature of Nurse/Pharmacist:

Name and Signature of second Nurse Witness:

Date:

APPENDIX J - SEARCH RECORD

SEARCH RECORD (Person or Room)

Name		Date of Birth	
Ward:	Date:	Time:	Section Status:
Clients NHS Number:	RIO Number:	Gender: Male / Female	Age:

Reason for search being conducted:

Authorised by:

Name: Position: Signature:

Name: Position: Signature:

Patient consent given: Yes ☐ No ☐

If consent not given and Physical Restraint required please complete Datix.

Conducted by:

Name: Position: Signature:

Assisted by:

Name: Position: Signature:

Name: Position: Signature:

Outcome of search:

APPENDIX K MENTAL HEALTH INPATIENT MONITORED AND PROHIBITED ITEMS

Below are some personal items that may pose a risk to individual safety. We believe promoting safety is a shared responsibility between the service user/family/staff/visitors.

Monitored Item: A monitored item is anything that must be stored in a secure location because it could be harmful if used inappropriately. The patient can use a monitored item by first asking the staff for that item. After the patient is finished using the item, it is important that the item be given back to a staff person so that it can be put back in its safe location again.

Monitored Item: Mobile phones. <i>(If the phone has photo and recording capabilities, and you are spotted taking photo's of other patient it will be removed and can only be used under supervision)</i>	Personal Computers.
	
iPod, MP3 with internet access.	Nail polish Polish remover
	
Polish remover	Nail files, Nail clippers.
	
Compacts.	Tweezers
	
Electric Razors.	Cosmetics.
	
Hair straighteners, Dryers	Medications

	
Needles (Sewing, Knitting etc.)	Scissors (Arts/Crafts or other types)
	
Pencil sharpeners.	Glue.
	
Computer use in designated areas	Mouthwash.
	
Hand Sanitizer.	Pins.
	
	This list does not cover everything dangerous. Any item that the team believes may decrease the safety of the area and those within it, will be removed and stored in a secure location, or sent home with family member. An item maybe dangerous for one patient and not another such as: Belts. Drawstrings. Bags with shoulder straps. Laces. Electrical flexes. Power Cables Additional items considered monitored/prohibited for patients will be written in individual care plans. If you have any question about the items listed above, please speak to the assigned staff person

Prohibited Items	A prohibited item is anything that staff performing the search believes may cause harm to self or others. Anything that encourages violence or illegal activities is also considered a prohibited item.	
Cameras.	Razors.	
		
Glass items (mirrors, bottles etc.)	Cigarettes	
		
Lighter, matches.	Alcohol.	
		
Illegal/Prescription/over counters drugs.	Caffeinated drinks, energy drinks.	
		
Scented products.	Inhalable substances (including liquid white out)	
		
Cds, movies, video games, or clothing with offensive language or violent themes	Weapons or objects that can be used as weapons (items deemed unsafe by the clinical team will be removed by staff).	
		
Steel-toed footwear.		
	This list does not cover everything dangerous. Any item that the team believes may decrease the safety of the area and those within it, will be removed and stored in a secure location, or sent home with family member. An item maybe dangerous for one patient and not another such as: Belts. Drawstrings. Bags with shoulder straps. Laces. Electrical flexes. Power Cables Additional items considered monitored/prohibited for patients will be written in individual care plans. if you have any question about the items listed above, please speak to the assigned staff person.	

APPENDIX L FORENSIC MENTAL HEALTH INPATIENT MONITORED AND PROHIBITED ITEMS

Below are some personal items that may pose a risk to individual safety. We believe promoting safety is a shared responsibility between the service user/family/staff/visitors.

Monitored Item: A monitored item is anything that must be stored in a secure location because it could be harmful if used inappropriately. The patient can use a monitored item by first asking the staff for that item. After the patient is finished using the item, it is important that the item be given back to a staff person so that it can be put back in its safe location again.

Monitored Items	
Nail polish, Polish remover	Nail files, Nail clippers
	
Tweezers.	Compacts.
	
Cosmetics.	Electric Razors.
	
Hair straighteners, Dryers.	Hand Sanitizer.
	

Mouthwash. 	Pins. 
Needles (Sewing, Knitting etc.) 	Scissors (Arts/Crafts or other types) 
Pencil sharpeners. 	Glue. 
Medications. 	Computer use in designated areas. 
This list does not cover everything dangerous. Any item that the team believes may decrease the safety of the area and those within it, will be removed and stored in a secure location, or sent home with family member. An item maybe dangerous for one patient and not another such as: Belts. Drawstrings. Bags with shoulder straps. Laces. Electrical flexes. Power Cables Additional items considered monitored/prohibited for patients will be written in individual care plans. if you have any question about the items listed above, please speak to the assigned staff person.	

Prohibited Item: A prohibited item is anything that staff performing the search believes may cause harm to self or others. Anything that encourages violence or illegal activities is also considered a prohibited item.

Prohibited Items	
Mobile phones. 	Personal Computers. 
iPod, MP3 with internet access. 	Cameras. 
Razors. 	Glass items (mirrors, bottles etc.) 
Cigarettes. 	Lighter, matches. 
Alcohol. 	Illegal/Prescription/over counters drugs. 

Caffeinated drinks, energy drinks. 	Scented products. 
Inhalable substances (including liquid white out) 	Cds, movies, video games, or clothing with offensive language or violent themes 
Weapons or objects that can be used as a weapons (items deemed unsafe by the clinical team will be removed by staff).	Steel-toed footwear.
	
This list does not cover everything dangerous. Any item that the team believes may decrease the safety of the area and those within it, will be removed and stored in a secure location, or sent home with family member. An item maybe dangerous for one patient and not another such as: Belts. Drawstrings. Bags with shoulder straps. Laces. Electrical flexes. Power Cables Additional items considered monitored/prohibited for patients will be written in individual care plans. if you have any question about the items listed above, please speak to the assigned staff person.	

PATIENTS RETURNING TO THE WARD FROM WALKS OR LEAVE MAY BE SUBJECT TO THE FOLLOWING SEARCH FOR MONITORED OR PROHIBITED ITEMS SEE POSTER.

BAG SEARCH



WAND SEARCH



PAT DOWN SEARCH



VISITORS MAYBE SUBJECT TOTHE FOLLOWING SEARCH FOR MONITORED OR PROHIBITED ITEMS SEE POSTER.

BAG SEARCH



WAND SEARCH



PAT DOWN SEARCH



VISITORS HAVE THE RIGHT TO REFUSE TO THE ABOVE, BUT IT WILL RESULT IN THE FOLLOWING ACTIONS:

- **VISIT ON THE WARD WILL BE UNDER SUPERVISION OF STAFF.**
- **NON-COMPLANCE WITH ABOVE WILL RESULT IN REFUSAL OF ENTRY TO THE WARD**

APPENDIX N - CASE STUDIES:

IMPORTANCE OF SEARCHING CASE STUDY 1:

Person1

Person 1 was detained under Section 3 of the Mental Health Act 1983 and admitted to an adult inpatient acute mental health ward. The person had a diagnosis of paranoid schizophrenia and a known and recent risk history of serious deliberate self-harm. During this admission Person 1 presented a high risk in terms of harm to self and/or suicide and had expressed she wanted to kill self.

Person 1 went on overnight Section 17 leave accompanied by a family member to their home address.

Person 1 returned to the ward the following day. Later that day person 1 stabbed self in the chest with a kitchen knife in a ward area. Person 1 was transferred to a general hospital for life saving intervention. Person 1 later died due to: 1a. Haemorrhage 1b. Stab wound to the chest.

It was later concluded that person 1 stabbed self with a knife taken from the leave address and concealed this on the return to the ward. It was established neither person 1 nor the relative were consulted with regarding how the leave went and Person 1 was not asked if she brought anything from leave onto the ward.

Considering person 1's known risk history of serious deliberate self-harm and of abusing illicit drugs and alcohol, staff should have asked person if they had any prohibited items on their return to the ward or asked to search person1's belongings.

IMPORTANCE OF SEARCHING CASE STUDY 2:

Person 2

Person 2 was admitted on an informal basis to an adult inpatient acute mental health ward. The person had a diagnosis of Bi Polar disorder and was admitted due to experience of high mood.

The person was found unconscious lying on the ground in the garden by another inpatient. It was reported that person 2 had ingested a "legal high". Person 2 was breathing but shaking and appeared pale, person 2 was unable to respond to staff interventions and emergency services attended and admitted person 2 to general hospital.

It was later concluded that person 2 was able to gain access to this "legal high" as it was in the possession of another inpatient that may have purchased it legally, during one of the days that he had leave from the ward and brought it onto the ward. This person had a known history of substance use and was not searched on his return from leave.

IMPORTANCE OF SEARCHING CASE STUDY 3:

Person 3

Person 3 was admitted to an adult acute inpatient mental health ward following intent to kill self with recent experience of low mood.

8 days after admission person 3 was found unconscious in bed with packets of medication surrounding person. Person 3 received medical intervention and returned to the mental health ward. 2 days following this over dose incident person 3 handed staff a packet of Paracetamol they had concealed since the overdose.

4 days following the over dose incident empty blister packs were found on Person 3 pillow. The Person confirmed they had taken an overdose and required medical intervention.

It was later concluded that Person 3 was not questioned or searched upon return from leave – including when treatment was required at the general hospital allowing person 3 two opportunities to attempt to take own life.