

# **Searching of patients, their property, the environment and visitors**

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## 1 Introduction

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To enhance the safety of patients, visitors and staff, searches may need to be carried out on patients, visitors' property, patients' property, patients' rooms or other areas to which patients have access, to ensure potentially dangerous items are not present or are removed.

“the intention is to create and maintain a therapeutic environment in which treatment may take place and to ensure the security of the premises and the safety of patients, staff and the public” (MHA Code of Practice 2015 para 8.30)

*“The undertaking of necessary and lawful searches of both service users and visitors can make an important contribution to the effective management of disturbed/violent behaviour in psychiatric inpatient settings”.* (NICE 2005)

Searches are a measure taken to promote the safety of staff, visitors and patients. Searching a patient, their property or an area in which they are residing is a delicate procedure and should be managed with integrity and the highest professional standards, undertaken in a manner that promotes dignity and privacy for the person.



Searching is a potentially provocative procedure and may be construed as degrading and is also illegal in certain circumstances.



The Trust recognises individual rights under the Human Rights Act, and its duty to provide a safe and supportive service to all patients and ensure the safety of visitors and others. Staff carrying out the searches should consider the sex, individuality, dignity, culture and religion of the patient and the procedure should not be oppressive.

## 2 Why we need this policy

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### 2.1 Purpose

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- The purpose of this policy is to provide safe guidelines for Trust employees to carry out search procedures and it will also serve to protect the dignity and rights of the patient and /or visitors.
- The policy will cover informal patients and those subject to detention under the MHA.
- The policy also provides guidance in respect of the searching of visitors' property.

### 2.2 Objectives

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- To promote a safe environment.
- To prevent and/or manage items that may be deemed a risk to a patient and others from entering the clinical environment.

## 3 Scope

The policy is intended for all Trust inpatient wards however the policy recognises that forensic services require higher levels of security and reference will be made to dedicated searches for these areas only.

### 3.1 Who this policy applies to

All Trust employees who may need to search patients or their property where it is believed that the individual possesses items that may be a risk to themselves or others.

### 3.2 Roles and responsibilities

Role	Responsibility
Chief Operating Officer	<ul style="list-style-type: none"> <li>Executive responsibility for ensuring that this policy is implemented</li> </ul>
Head of Service /Locality Manager/Modern Matron	<ul style="list-style-type: none"> <li>Ensuring that the policy is adhered to within their area.</li> </ul>
Clinical staff	<ul style="list-style-type: none"> <li>Implementing this policy within the inpatient setting.</li> </ul>

## 4 Consent



There is no lawful authority for the routine or random searching of patients without their consent.

The Mental Health Act 1983 does not provide authorisation for searching patients and their belongings. In the absence of lawful justification, it is essential that the consent of the patient is sought before a search is carried out. For further guidance on consent, refer to the Trust's Consent policy.

The patient has a right to be consulted and informed of the reasons for the search. Staff must be specific as to the scope of the search when seeking consent from patients. Informed and actual consent should be given.

Consent obtained by intimidation, a threat or inducement could prove illegal.

## 4.1 Lack of capacity

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Where a patient lacks capacity to give consent staff must discuss the situation with the patient's consultant psychiatrist. Before starting the search, staff must be sure that they are acting in the patient's best interests or that there is a danger to others.

## 4.2 Lack of consent

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If a patient refuses to consent to a search, the health professional in charge at that time must discuss with the patient's consultant psychiatrist to ensure that any clinical objections to a search without consent are raised. Consent for the search to be conducted should be obtained from the consultant psychiatrist or on call consultant psychiatrist if out of hours and documented in the patient's electronic or paper records. The Head of Service, Locality Manager or Modern Matron must also be informed.

If the consultant psychiatrist objects and the nurse in charge wants to proceed, refer to the Medical Director for a decision.

Whilst decisions regarding a search of a patient refusing consent are being made the patient should be placed on enhanced observation.

## 5 Searching patients' property

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The purpose and objective of the patient's property search must always be to retrieve items that may be deemed a risk to the patient or others, render them harmless or confirm that an item is not present. As this is in response to a potentially hazardous situation, it is important that the search is conducted thoroughly. In some services searching may also extend to items that may be used for escape from a secure perimeter and the integrity of the environment

The frequency of property and environmental searches will be determined by clinical areas and will be proportionate to and based upon the identified individual risk. In secure services regular proactive and reactive searches may be performed more frequently than in other areas of the Trust where searches may be exceptional and based on an individually identified risk.

Routine property searches may be carried out but only in exceptional circumstances for example where a patient may possess violent or dangerous tendencies. These routine searches should be agreed Head of Service and QUAG?

The searching of a patient's property or room should be carried out by two members of staff. The patient should be asked if they wish to be present during the search

Items removed from the patient's environment should be explained to the patient and the location at which they have been stored is made clear to the patient. In the event that items are found of a criminal nature staff may make the decision to contact the police.

Informal patients will only be subject to a search of their property in an exceptional circumstance and only if it is deemed that they possess a risk item that may be harmful to themselves or others.

**Please see appendix 1 for Searching patients' property procedure.**

## 6 Searching patients

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The frequency of personal searches will be determined by clinical areas and will be proportionate to the identified risk. In secure services regular proactive and reactive searches may be performed more frequently than in other areas of the Trust where searches will be an exception and based on an individually identified risk.

Patients will ordinarily have a personal search as part of a bedroom search. There may be other situations that a patient receives a personal search such as on return from leave or following an unsupervised visit. Personal searches will only be performed in accordance with an identified risk. Proactive personal searches for example on return from leave may be detailed in an intervention plan and have the agreement of the patient.

Informal patients will only be subject to a search of their person in an exceptional circumstance and only if it is deemed that they possess a risk item that may be harmful to themselves or others. Information leaflets should be provided to patients explaining issues associated with searching; if required staff may need to explain the content of the leaflet to the patient.

The potential for dangerous items that may be deemed a risk to the patient and others is often greater within forensic units. For this reason, the routine searching of patients and dedicated searches within these units can be undertaken on the basis of risk assessment.

**Please see appendix 2 for Personal/Rub down search procedure.**

**Please see appendix 3 for Removed clothing search procedure.**

## 7 Searching Visitors

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The Trust does not advocate the physical searches of visitors.

In environments where lockers are provided for visitors, these must be used. Visitors should be given an explanation as to why this is necessary and information regarding what they are required to leave in the locker should be given..

In Forensic Services if visitors have items which they want to give to patients, these must be searched by at least two members of staff in the presence of the visitor. Any dangerous items must be given back to the visitor to remove.

If visitors refuse to leave their belongings in a locker, or if they refuse to allow staff to search items they intend to give to the patient, access to the clinical area should be denied. The senior member of staff on duty informed and the incident recorded in the patient's records.

Information leaflets should be available for visitors which detail the process in respect of searching in relation to prohibited and restricted items.

## 8 Involving the Police

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The patient's refusal to consent to be searched may not in itself be a reason to involve the police. However, there may be good reason for police involvement with regard to both patients and visitors such as:

- Possession of an offensive weapon or other illegal items
- Being in possession of another person's belongings

- Being in possession of illicit substances

Discussion should take place with the consultant psychiatrist or senior manager in the case of visitors as to when police involvement becomes necessary

If a patient goes missing from the ward and the police become involved, they may request to search the patient's room for information. Staff and/or the police may in these circumstances search the patient's room to collate intelligence in respect of the patient's whereabouts or plans.

## 9 Searching Facilities Management and Contractors

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Before Facilities Management or contractors access clinical areas, any tools in their possession must be checked and documented so as to account for and highlight any loss of items that would pose a security risk

Facilities and contractor employees should also be made aware, before entering clinical environments, of items that are not permitted or require close observation.

Whilst within clinical areas, Facilities Management and contracted staff may be escorted and observed closely to ensure that no tools or equipment are dropped/lost or left behind.

## 10 Dedicated Search

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Dedicated searches are performed when a dangerous item is found to be missing or it is suspected that a patient has secreted a dangerous item within the clinical environment. Only Forensic services use dedicated searching. Should another clinical area feel there is a requirement to undertake a dedicated search this exception should be agreed by the clinical team, Locality Manager and Head of Service.

**Please see appendix 4 for Dedicated Search procedure.**

## 11 Record Keeping

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A comprehensive record relating to the search must be made, this will include:

- Decisions made prior to the search
- Rationale for completing the search
- What was searched
- Who conducted the search
- What (if anything) was found and what happened to items found
- Evidence of post incident discussions and support to the patient
- Individual localities must determine the escalation process for reporting and monitoring of searching within their environments

## 12 Post Incident Support

Support should be offered to staff and patients following searching. If a dedicated search or restraint related search has occurred a post incident review should take place.

## 13 Definitions

Term	Definition
Items that might be deemed a risk to an individual or others	Any item or substance which the health professional in charge has reasonable grounds to suspect, based on the assessment of the situation, could adversely affect the health, safety and security of the owner or others. This may include dangerous or offensive weapons, prescribed and non-prescribed medication, smoking related items illicit drugs, alcohol, solvents and volatile substances.
Dedicated Search (Forensic/Secure Services)	An advanced level of searching used within Forensic/ Secure services. There is a two day training course which has to be completed before a member of staff becomes eligible to be a member of the dedicated search team. It involves a more in-depth search of a physical environment. The principles of a dedicated searching are covered during the training.
Rubdown / Personal	A systematic method of physically searching patients.
Environmental	Involves the searching of a physical environment which could include patient's bedrooms, day areas and courtyards.

## 14 Related documents

[Clinical Risk Assessment and Management Policy](#)

[Visiting Policy](#)

[Management of Substance Misuse on Trust Premises](#)

[Positive approaches to supporting people whose behavior is described as challenging](#)

[Nicotine Management Policy](#)

## 15 How this policy will be implemented

*Searches should be undertaken by staff who have received appropriate instruction which is repeated and regularly updated (NICE 2005).*

The Trust will provide appropriate staff with search training.

Managers at all levels are responsible for ensuring that staff are aware of the location of this policy and that this information is given to all new staff on induction. They are also responsible for



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assisting staff to keep up to date with any changes to this policy, although individuals have ultimate responsibility for their own practice. Different channels may be used to ensure staff awareness is raised including comprehensive circulation lists, verbal briefing within current committee forums, use of the Trust intranet and established Trust communications.

## **16 How this policy will be audited**

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The exercise of powers of search will be monitored and reported by ward / unit managers and the outcomes escalated to the Trust Clinical Governance committee.

## **17 References**

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NICE (2005) Clinical Guideline 25. Violence: The short term management of disturbed / violent behaviour in in-patient psychiatric settings and emergency departments. 1005

Code of Practice – Mental Health Act 1983 (2015). Department of Health

## APPENDIX 1

### Property search

1. The nurse in charge is to approach the patient tactfully and advise them that a property search is to be carried out. The nurse should explain the reasons why and give the patient the opportunity to hand over any items. The patient should be asked if they wish to be present.
2. On entry to the room, staff should examine areas visually for adjustments or differences in the layout of beds, furniture etc.
3. Ask to see any electrical equipment and check if these items are working before and after examination.
4. Remove bedding one layer at a time; examine each sheet, pillowcase, quilt etc, placing examined items on a chair, not on the floor.
5. Examine mattress and pillows for signs of damage or wear and for holes or repairs.
6. Examine bed case, legs and headboard for signs of concealment of dangerous / illicit items.
7. Examine all other furniture as well as curtains, rugs etc. in the room.
8. Examine window frames, doors and fire exits.
9. Remove all clothing and possessions from wardrobe and drawers / lockers. Examine the wardrobe and drawers / lockers.
10. Examine each item of clothing / possession and replace carefully.
11. Beds should be returned to their normal state and all possessions replaced in their original position.
12. Discuss openly with the patient any items found during the search and document fully the results. Record any items removed in the patient's property book, explaining the return procedure.

**NB** It may be necessary to search other patients' lockers and beds should it be suspected that the patient has hidden items elsewhere. If this is the case, the above procedure applies to **each individual patient**, ensuring tact and diplomacy and the maintenance of patients' rights.

## APPENDIX 2

### Personal/Rub down search

Staff must remain sensitive to the individuality of the patient maintaining privacy and dignity throughout the search. In all cases the patient should be asked to hand over any dangerous or contraband item they may have prior to the search.

There may be occasions where a patient requires a personal search using physical restraint. This should proceed following a multi-disciplinary team decision unless an exceptional circumstance dictates that an urgent personal search is necessary.

There must be two members of staff present during a personal/rub down search.

The searching of a patient's person must be carried out by staff members of the same sex, unless there is significant risk or the patient's care plan details otherwise. Two staff **must** be present.

If the patient is in the process of gender reassignment, the patient will be asked which gender they would prefer to conduct the search.

Those who have undergone full gender reassignment will be searched according to their gender presentation. Different genital or breast sex appearance is not a bar to this, since sufficient privacy can be ensured through the use of curtains or by accommodation in a single side room adjacent to a gender appropriate ward.

In addition to these safeguards, where staff are unsure of a person's gender, they should, where possible, ask discreetly which gender the person would prefer or be most comfortable being searched by. They should then comply with the patient's preference immediately or as soon as is practicable, unless there are genuine concerns in relation to staff safety.

If there are any issues or concerns about searching patients, regardless of gender, a multi-disciplinary team decision will be taken to ensure that the dignity of the service user and staff safety are considered before the search takes place.

1. Patient to be approached tactfully and advised that a search of their pockets and 'rub down' of their clothing is to take place. The patient should be informed of the reasons for the search and asked to hand over any items.
2. One member of staff must observe the procedure whilst the other carries out the search.
3. The patient should be taken to a room where privacy and dignity can be maintained.
4. Ask the patient to remove all pocket items, turn pockets out and inspect all items.
5. If the patient has a coat or jacket on ask them to remove this and search it separately.
6. Stand facing the patient and ask them to outstretch their arms to the side.
7. Maintain verbal communication with the patient to remove unnecessary fears.
8. Search through the hair (this can be done by asking the patient to rub their fingers down their own hair).
9. Lift garment collar and gently but firmly feel around collar. Move out from collar to shoulder area along the top of arms to wrists, return under arms from wrist to axilla. Rub down the side of the garment and down the back. Inspect pockets and any tears in fabric or lining.
10. Ask the patient to open outer garment, place your arms around the patient and rub down the back from collar to the waist working around from back to front.
11. Inspect the waistband and belt of the garment closely by pressing with fingers either side of the waistband. For women patients, examine the seams of brassiere and run hands to sides and under breast using the back of the hand only.
12. Rub down outer legs, inspect pockets or outer seams around trouser or skirt bottom.

13. Rub down inner legs from crotch to ankle. If the patient is wearing a dress or skirt, staff should run hands over the outside of the garment.
14. Ask the patient to remove shoes and inspect same.
15. Ask the patient to remove socks if they are wearing them and turn them inside out to inspect.
16. Discuss openly with the patient any items found. Thank the patient for any co-operation given throughout the procedure. Record any items removed in the patient's property book, explaining the return procedure.

## APPENDIX 3

### Removed Clothing Search

The procedure must be carried out in a warm private environment.

1. Patient to be approached tactfully and advised that a removed clothing search is to be carried out. The patient should be informed of the reasons for the search and asked to hand over any items.
2. The patient should be taken to their own room where privacy and dignity can, as far as possible, be maintained.
3. Ask the patient to remove their shoes and socks / tights and hand them over for examination. They should be asked to lift each foot in turn so that the soles of their feet may be checked.
4. Search through the hair (this can be done by asking the patient to rub their fingers down their own hair).
5. Ask the patient to remove all their clothes, but not their underclothing. **The patient should never be totally naked during the search.** If the patient is not wearing any underclothing, he / she should be asked to wear a previously searched item.
6. Ask the patient to hold out their arms to the sides and observe their body from the front and back.
7. Give the patient a previously searched dressing gown to wear or fresh towel / sheet to preserve dignity and ask him / her to remove underclothing. Examine all clothes.
8. In extreme circumstances only (i.e. considered an extreme risk), ask the patient to lift their gown or sheet to waist height and stand with their legs apart to allow genital and anal areas to be observed.
9. If an internal examination is required this must only be undertaken by a doctor with a full explanation of the reasons why given to the patient and documented within the case notes.
10. Return the patient's clothing without delay and discuss openly with the patient any items found. Thank the patient for any co-operation given throughout the procedure. Record any items removed in the patient's property book, explaining the return procedure

## APPENDIX 4

The following outlines the process of a dedicated search:

- A coordinator is identified who will take charge of the search.
- The coordinator will brief the team, split them into groups and assign them areas to search.
- The groups collect dedicated search kits from the Control Room to assist them in carrying out the search. These kits are checked upon entering a new search area/room and upon leaving that area/room.
- Patients and staff should be made aware of why the dedicated search is taking place.
- Where patients are to be searched an area will be searched first (usually the ward day area or the patient's bedrooms) to ensure it is sterile. The patients will then be called one at a time and given a rub down search by a staff member of the same sex as the patient before being asked to wait in the sterile area where they must remain until the search of the rest of the area is complete.
- The dedicated search is carried out in a systematic manner. As areas are cleared they are locked off and any findings reported to the coordinator where they are documented. The coordinator will mark off the area that has been searched on a map.
- If any items to be searched are consumables, e.g. food, the item, where practicable, is emptied into an appropriate container to allow it to be searched.
- When the search of the entire area is completed a report is written up by the coordinator detailing who took part in the search, any findings and where they were found.
- Staff performing dedicated searches must have completed the forensic service dedicated search two day training course

## 18 Document control

Date of approval:	8 February 2017	
Next review date:	31 March 2021	
This document replaces:	CLIN-0005-v4	
Lead:	Name	Title
	Neil Woodward	Ridgeway Security Manager
Members of working party:	Name	Title
	Joanne Hodgen Graham Cornwell	Assistant Locality Manager Ridgeway Control Room Coordinator
	Forensic Health and security workstream	
This document has been agreed and accepted by: (Director)	Name	Title
	Levi Buckley	Director of Operations - Forensic
This document was approved by:	Name of committee/group	Date
	FMH and FLD QuAGs	January 2015
This document was ratified by:	Name of committee/group	Date
	Executive Management Team	4 February 2017
An equality analysis was completed on this document on:	19 January 2015	

### Change record

Version	Date	Amendment details	Status
5	4 Feb 15		Published
6	8 Feb 17	Amended to reflect requirements of Mental Health Act 1982: Code of Practice	Ratified
6	20 Mar 2020	Extended review date from 08 Feb 2020 to 30 Sep 2020 to allow review work to be done.	Ratified
6	26 Nov 2020	Extended review date to 31 Jan 2021	Ratified
6	24 Dec 2020	Extended review date to 28 Feb 2021	Ratified
6	24 Feb 2021	Extended review date to 31 Mar 2021	Ratified