

## Safe Environment and Search Policy

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## **Executive Summary**

This Policy applies to both informal and detained patients and visitors to inpatient units. The Mental Health Act protects staff from prosecution for acts done in the discharge of functions under the Mental Health Act however, no such protection is afforded to staff as regards informal patients.

Posters and information will be displayed in clinical and ward entrance areas reflecting the outline of the Policy.

Only in exceptional circumstances should the procedures for searching patients be employed without the patient's consent.

Wherever possible, advanced consent should be taken as to the potential for a search to take place and documented in notes accordingly.

An explanation must be given to the patient regarding the reason for the search and documented in the patient's record.

An opportunity, where appropriate, should be given to the service user to ask for an independent advocate or third party to be present during the search.

The search must be documented in:

- Patient's notes
- Search Form (Appendix 3) which should be attached to the patient's electronic clinical record
- Duty senior Nurse book / Search log

This Policy should be read in conjunction with the specified documents listed in the introduction section below.

Some circumstances may necessitate the request to search a visitor/s and any search conducted will only be carried out with the person's consent.

## 1 Introduction

- 1.1 This policy sets out the Trust's position concerning the complex issue of searching patients, visitors and their personal property on inpatient units, in order to maintain the safest environment as possible. The Trust prioritises the safety of its staff, patients and visitors, whilst promoting a therapeutic environment in which to deliver care.
- 1.2 All permanent and bank clinical staff must undertake search training and be familiar with this policy, and undergo refresher training.
- 1.3 Carrying out a physical search of a patient's person or their personal belongings may be experienced as invasive and threatening to a person's physical space and privacy and should only be used as a means of last resort when other forms of interaction (e.g. negotiation, counselling) have failed to have the desired result. For this reason, any decision to request and conduct a search must be done with sensitivity, respect and clear information in a manner which avoids staff putting themselves at risk, whilst at the same time minimising discomfort to the person being searched and maintaining dignity.
- 1.4 The decision to conduct a search of person, property or surroundings, constitutes an interference with the person's rights to privacy and autonomy. As such the decision and conduct of any search should represent a proportionate response to the risks the search seeks to reduce. Staff should use their judgement to decide on the degree of search necessary. A search procedure, which is safe and systematic, is outlined in section 9 but staff may deem that such an intensive search is not necessary. The degree of search will depend on the patient, the level of risk, the particular ward or unit, the situation and the level of concern about what might be found. Staff must be guided by the principle of safety for the patient, staff and others. Strip searches and intimate body searches are prohibited.
- 1.5 Staff should seek the patient's consent to a search by clearly explaining why a search is being requested and how the search will be carried out. The patient must also be informed that they do not have to consent to the search if a high level of risk is indicated.
- 1.6 The Mental Health Act 1983 (MHA) Code of Practice (2008), chapter 16, sets out clear guidance regarding personal searches. All staff must have regard to the relevant chapter(s) in the Code of Practice. It states that searching should only take place if necessary *to create and maintain a therapeutic environment, in which treatment can take place and to ensure the security of the premises and the safety of the patients, staff and public.*
- 1.7 In some instances it may be necessary to search an individual who has come onto Trust property to visit a patient; the decision to do so should not be taken lightly and based on risk. Staff must be guided by the principle of this policy, that of ensuring the safety of the patients in their care, the staff and others.
- 1.8 Visitors must be alerted to the fact that a search may take place, by notices displayed at the entrance to wards, advising that, for the protection of the patients and others, such items and substances are not allowed on the ward/unit.

- 1.9 This policy applies to all patients and visitors admitted to all wards, regardless of age.
- 1.10 This policy should be read in conjunction with the following documents:
- Policy for Dealing With and Disposal of Unknown Substances and Alcohol
  - Policy on the Use of Physical Holding Skills
  - Mental Health Act Code of Practice
  - Mental Capacity Act Code of Practice

## **2 Background**

2.1 Rights to privacy and to be free from interference by a public body are enshrined within Article 8 of the European Convention of Human Rights and Human Rights Act 1998.

2.2 Article 8 reads: " (1) Everyone has the right to respect for his private and family life, his home and his correspondence. (2) There shall be no interference by a public authority with the exercise of this right such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic wellbeing of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others."

This means that any decision to search a patient without their consent must be justified and go no further than is required to safely reduce the risk of harm.

2.3 The Mental Health Act Code of Practice (2008) as statutory guidance specifically provides that a hospital must have in place an operational policy covering the circumstances in which both routine and random searches may take place. The Code of Practice provides the primary legal basis upon which hospital staff may effect a search.

2.4 Under the Misuse of Drugs Act 1971 and in particular section 8, those in charge of premises have a responsibility to inform the police if they believe that anyone is committing an offence on their premises. This includes the discovery of suspected 'illicit' substances.

2.5 An essential element of a successful search policy is that the reasons and justification for the search need to be properly understood by the staff conducting the search.

## **3 Examples of Justified Searches**

3.1 The Mental Health Act Code of Practice at Paragraph 16.12 states that hospitals may provide for 'without cause' searches of detained patients in the absence of consent only in the most exceptional circumstances. It does not refer to without cause searches of visitors or voluntary patients.

3.2 The following circumstances are likely to provide reasonable grounds for a search of a person who is on the premises of an inpatient mental health unit:

- Where there is a reasonable suspicion that the person may be at risk of self-harm, or harm to others, through possession or concealment of potentially harmful objects or weapons (e.g. scissors, razor blades, aluminium cans, knives, dressing gown cords, etc.)
  - Where there is reasonable suspicion that people can be influenced to bring contraband, illicit substances and controlled items to supply others onto the ward.
  - Where there is reasonable suspicion that the person may be in possession of illicit substances (e.g. illicit drugs, prescribed drugs not taken and hoarded, alcohol).
  - Searches must be conducted:
    - As part of a planned search protocol within an admission procedure to a ward, High Dependency Unit or Psychiatric Intensive Care Unit.
    - To check for damage to property (e.g. beds, furniture, fabrics in the area).
    - To ensure that the area is compliant with health and safety, and at risk of self-neglect for example that there are no rotten foodstuffs hoarded, or clothes that are in need of laundry
- 3.3 Staff are not authorised to search a patient simply for suspected stolen property, unless the patient is consenting as part of a ward search when something goes missing, or if the missing item is dangerous. If there is a suspicion by staff, and the patient is not consenting to a search, police involvement will be requested by ward staff.
- 3.4 If there is reason to suspect that a patient is in possession of a weapon, such as a knife or gun, or an item that has been adapted to cause injury, staff should consult with the ward/unit manager or duty senior nurse and where the risk is deemed immediate, the area should be vacated and the police called on 999.
- 3.5 All patients will be informed on admission, and prior to any period of leave, that it is forbidden to bring alcohol, illegal substances, potential implements for self harm and weapons onto Trust premises. This will be done verbally, by the admitting nurse and primary nurse and will also be in writing in the ward information leaflet. Further information will also be included within Welcome Packs and these will be discussed with patients and their families. Posters listing contraband and controlled items will also be displayed in foyers and ward areas and awareness raised with visitors, items listed may vary dependent on the service type and unit.
- 3.6 In some cases it may be necessary to search visitors and this must be recorded in the visitors' book when this has taken place. Visitors must be made of aware prohibited items that may harm a patient or others; this includes aluminium cans, knives or other weapons or potential weapons, or illicit substances such as non-prescribed drugs or alcohol. Failure to consent to a search will mean admission to the unit would be denied.

## 4 Types of Searches

### 4.1 Routine Searches

Routine searches are necessary to deter, prevent and detect any security breach. They include both regular (e.g. every instance or every month) and random searching of individuals, possessions or areas. Routine searching is an important aspect of maintaining a secure environment and essential to good security. Routine searching must always be done in an efficient and conscientious manner. It should never be viewed as a routine “chore” to be carried out in a cursory fashion.

Routine searches would be required if the as indicated by clinical areas and risks, forensic service may require to undertake routine searches to maintain environmental safety.

Routine searches must be completed in the following circumstances;

- Admission to a psychiatric intensive care service, on arrival at the 136 suite, prior to commencement of seclusion.
- Routine search of items being brought onto a unit on admission as part of the admissions process, and consideration of a pat down body search if risks are indicated.

In addition routine searches should be considered;

- Where an individual is known to high risk of in relation to self and others, or persistent illicit drug use, routine searches can be considered as part of planning for care, including when returning from periods of leave.

Searches may also be undertaken using metal detectors and staff should be trained in search techniques including the use of metal detectors as part of induction. Refresher training will provided as required.

All searches must be recorded in the search log, where contraband / control items are found this must be reported in the patient record and the incident reported on Datix.

- 4.1.1 It is the responsibility of all clinical staff and their managers to ensure that all routine searches are carried out at the required frequencies dictated at ward level. Additional searches may be carried out by passive search dogs and handlers at the discretion of the Matron, and will usually be in relation to illicit substances risk.

### 4.2 Reactive searches

This type of search may involve staff from outside agencies such as the police or passive search dogs and their handlers. Reactive searches will be carried out in response to information received or following an incident where there are reasonable grounds for believing that a patient (or patients) have secreted or possess an item (or items) that are forbidden or restricted or which might otherwise pose a threat to safety or security.



- 4.2.1 Consideration must be given to the safety, well-being, privacy and dignity of the patient and to the safety and well-being of the staff throughout the search. The member of staff undertaking the search must be trained in search techniques. It may be necessary to utilise more staff depending on the individual circumstances. Ideally the member of staff undertaking the search should be of the same gender as the person being searched, however this may not always be possible. The process for searching of patients should be overseen by the appointed security nurse who manages the movement / access into and out of the unit.
- 4.2.2 Cultural diversity must be respected and wherever possible cultural needs must be discussed with the patient or the patient's relatives/carers so that information and advice into cultural needs can be sought and obtained. If the patient does not speak English as their first language, every effort must be made to obtain an interpreter, so that the procedure can be fully explained to the patient in a language they can understand. In an emergency, however, necessity and immediacy will overrule this, but staff must be aware of the impact the procedure will have on a patient 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 patient. A summary of details pertaining to religious issues that might arise can be found in section 13

## **5 Principles Underpinning Legal, Ethical and Respectful Searches**

- 5.1 All searches should be carried out with due regard for the dignity of the patient, and the need to ensure maximum privacy. Where routine searches are carried out to reduce risk this should be incorporated into the individuals' care plan

### **5.2 Seeking Consent**

In all cases, the patient's capacity to consent should firstly be assessed and if capacity is present, informed consent should be sought before a search is attempted. The patient must be informed that they do not have to consent.

### **5.3 Refused Consent**

When a person with capacity refuses to consent to a search, staff should give consideration as to whether the benefits of a non-consensual search with the potential for force or restraint, is proportionate to the risks. In the case of a detained patient, the MHA Code of Practice (2008) advises that when consent is refused, staff should contact the patient's Responsible Clinician to ensure there is no clinical objection to the search. If no clinical objection is raised, the search can proceed. If a clinical objection is raised, but the member of staff still feels that a search is necessary, the matter should be referred to the Consultant Lead for the area in the first instance and if agreement still cannot be met, to the Medical Director.

- 5.3.1 Whilst consultation occurs the patient should be kept separated and informed of what is happening in terms they understand. In the event of an emergency or where there is a perceived risk to the life of the

patient or others, intervention should not be delayed (see section 5.4 below).

5.3.2 In the case of an informal patient refusing to consent to a search, the patient's Consultant will be consulted if available alternatively to be raised to the lead clinician. Consideration will need to be given to the proportionality of a search in light of the risks. Consideration may also need to be given to the use of the Mental Health Act. In the event of an emergency or where there is a perceived risk to the life of the patient or others, interventions should not be delayed and this must be noted in the patient record(see section 5.4 below).

5.3.2 Where risks allow and especially when service users do not have capacity service where practicable users should be offered the opportunity to speak to an advocate. Where consent has been denied post the search service users should be supported to involve the advocacy service, and consider advanced directives for potential search events moving forwards

#### 5.4 Emergency Searches of Patients Who Don't Give Consent

If it is assessed that there would be a risk involved in waiting to obtain the views of the consultant before undertaking the search, then the decision can be taken, by the nurse in charge of the ward and duty senior nurse, to search the patient without consent. Staff must explain to the patient why the search is happening, and must document the reasons for the search in the patient's notes and the fact that it took place without the patient's consent. Such a search will be considered lawful in circumstances where it is necessary to prevent harm to self or others or if the patient was thought to be in possession of a controlled drug in contravention of the Misuse of Drugs Act 1971 (please see the Illicit Substances policy). The overriding principle is the protection of the patient, staff and others. Following a search where consent has been withheld, there should be post-incident review, with the clinical nurse manager or designated deputy present. An advocate can also be present of the patient wishes.

#### 5.5 Patients Who Lack Capacity to Consent

The Mental Capacity Act 2005 sets out a number of statutory considerations as to both assessment of capacity and best interest decision making for those who lack capacity. Staff should familiarise themselves with the Mental Capacity Act Code of Practice and related Trust policy. Careful consideration must be given when deciding on whether or not to search a patient who lacks capacity. These include:

- Not making assumptions about an individual merely on the grounds of the individual's age, appearance, condition or behaviour
- Considering an individual's own wishes, feelings, beliefs and values and any advance decisions made by that individual when they had capacity
- Involving the individual concerned as much as possible in the decision making process
- Demonstrating that you have carefully assessed all the evidence
- When a decision is reached, providing clear and objective written reasons why that decision is in that individual's best interest, and

explaining this to the patient at the time of the search and after the search, if appropriate.

The overriding principle remains the protection of the patient, staff and others. Any controls to manage the risk should be recorded in the care plan.

## **6 Assessing the Need to Conduct an Enforced Search**

6.1 When assessing whether or not to conduct an enforced search, where informed consent is absent, the following factors should be considered in order to ensure that the overall safety benefits outweigh any therapeutic risk incurred as a result of the enforced search:

- The likely balance between harm to the patient and harm to other vulnerable adults should the search not take place and the suspicious item/substance be used/distributed around the ward
- The potentially harmful psychological and therapeutic effects of an enforced search
- The suspected possession of items with the potential to be used as weapons which may require Police assistance

## **7 Suspected or Known Possession of Fire Arms or Knives**

7.1 In all instances of suspected or known possession of fire arms or knives, the Police should be contacted immediately via 999 and no search considered or conducted unless in the presence of the Police and by the Police.

## **8 Enforced Search Using Restraint Procedures**

8.1 In the event an enforced search involves restraint upon a person who lacks capacity to consent, staff must be aware of Section 6 of the Mental Capacity Act 2005 which focuses specifically on the use of restraint.

Restraint is only permitted if two conditions are met:

- The staff making the decision to use restraint must have made the clinical judgement that it is necessary in order to prevent harm to the patient, whether that be harm to the patient caused to themselves by doing something or not doing something or harm to the patient that could be caused by someone else e.g. if the patient has taken somebody else's property.
- The restraint must be a proportionate response to the likelihood of the patient suffering harm and the seriousness of that harm.

Staff must always use the least restrictive alternative (Mental Capacity Act 2005). It is considered good practice to adopt this approach whether or not the patient lacks capacity to make the decision.

8.2 If the search is undertaken using restraint, this should be done with the minimum force required, and the patient's personal privacy and dignity respected in so far as is possible.

8.3 All searches using restraint, either of property or persons MUST have two staff members present at all times to safeguard both staff and patients. Ideally

at least one member of these staff must be of the same gender as the patient. There must be adequate staff present on the ward to ensure two staff can carry out the search, whilst the rest of the ward is still safely covered, and observations on other patients are being undertaken as planned. If necessary this should be discussed with the Duty Senior Nurse, and staff from other wards can be asked to help if appropriate. The search must be reported on Datix as an incident.

- 8.4 Ensure all staff actively participating are aware of and effectively protected from needle stick or other sharps injuries. The police have advised us that some individuals will sew blades or sharps into clothing to prevent searching or to harm the searcher, so it is imperative gloves are worn to protect the staff from injury. In the result of a needle stick or other sharps injury staff must follow infection control protocols.
- 8.5 Staff will attempt to engage the patient throughout the procedure thereby minimising risk of injury.

## **9 Search Procedure**

- 9.1 The physical search of any person must be carried out by a trained member of staff of the same gender.
- 9.2 Throughout the procedure, the person should be given a thorough explanation of what action is being taken and why. It is important that staff remain open and honest about their suspicions and intended actions throughout the search.
- 9.3 Approach the person "side on" and ask them to empty all pockets of clothing
- 9.4 Ask the person to remove shoes and socks. The rationale of this is twofold:
  - The shoes/socks can be searched.
  - If a person attempts to kick out, the blow is lessened by not wearing shoes.
- 9.5 Ask the person to remove excess layers of clothing such as coats, sweaters and cardigans to a remaining single layer of clothing in addition to underwear. This reduces time spent searching the patient and minimises the opportunity to conceal contraband. Staff should ask the person if they have any sharp objects that may cause injury.
- 9.6 If it is necessary to remove a culturally specific item of clothing, such as a turban, Muslim veil or Rastafarian hat, staff must be aware of the significance of this item and in the first instance request that the patient themselves remove the item and hands it to staff. Staff should deal with its removal with sensitivity and respect. If the patient objects to the item being removed, staff should explain why it is a necessary part of the search and that the patient is not being asked to do anything that is not standard procedure for all patients undergoing a search. Where possible this should be undertaken in an appropriate area.
- 9.7 Ask the person being searched to open their mouth in order that the roof of the mouth the underneath of the tongue can be checked. Engaging the

person in conversation can assist in determining if something is being held in the mouth.

- 9.8 Starting at the head, gently check behind ears for secreted contraband.
- 9.9 If the person is wearing a collared top, turn up and check underneath.
- 9.10 Ask the person to raise both arms outward, forming a crucifix configuration.
- 9.11 Place one hand on top of the arm and shoulder and the other hand on inner aspect of arm and gently move hand down arm towards cuff/end of sleeve.
- 9.12 If the person is wearing a shirt, undo the cuffs and check thoroughly on both sides.
- 9.13 Gently check the torso from shoulder to waistband. For females, check area around the bra as well.
- 9.14 Ask the person to turn around and repeat for the back
- 9.15 Ask the person to empty their pockets. If the person refuses and a further check is deemed necessary, check the person's pockets for anything inside, with palms facing away from the person. This will hopefully remove or minimise any perception of the person feeling inappropriately touched. Law Enforcement Gloves must be worn.
- 9.16 Ask the person to move their legs to shoulder width apart.
- 9.17 With one hand on outer aspect of thigh and one hand on inner aspect, move hands down the leg of the patient. If necessary remove hands before repeating. Never rub hands up and down the person's leg.
- 9.18 Ensure to check seams of trousers thoroughly.
- 9.19 Repeat for the other leg.
- 9.20 Return patient's shoes / socks.
- 9.22 If an offensive weapon, that could harm the patient or others, this must be confiscated Consideration should also be given to informing the police. Staff must evaluate the risk, assessing the patient's propensity to violence; any history of violence using a weapon; the patient's mental state and any expression of intent to use the weapon. Where a weapon is found consideration must be given to whether this is returned to the patient on discharge or destroyed and the patient reimbursed. If an unlawful weapon such as a firearm is found, the police must be informed and advice taken. The immediate area should be vacated until the police arrive.
- 9.23 The patient's Responsible Clinician (RC) and other members of the multi-disciplinary team must be informed, and the Risk Assessment and Care Plan reviewed as appropriate.

## **10 Suspicious substances**

- 10.1 If unknown substances are found during a search they should be considered suspicious and retained in line with the

## **11 Searching Property and Personal Belongings**

- 11.1 Ensure adequate staffing levels following discussion with Senior Nurse on duty.
- 11.2 Where safe to do so the service user should be present with one member of staff supporting them and narrating what is happening.
- 11.3 Staff must protect themselves by wearing Law Enforcement Gloves
- 11.4 Ensure privacy is maintained, and the areas searched should be left how you found it.
- 11.5 When searching through property pay particular attention to areas where something could be concealed . (e.g. boxes, wardrobes, drawers, under clothing, under mattress, in cracks in walls, curtains seams, battery compartments, Cassette boxes, CD players, mobile phones, posters, furniture, & in-coming mail.
- 11.5 If anything is removed, record in property book and in-patients notes before storing in secure facilities for disposal or return to the patient at a later date.
- 11.6 Where indicated deliveries and postal packages received by patients should be opened in the presence of staff. This would include delivery of takeaways where intelligence gives cause for concern. Any contraband or controlled items identified should be removed in line with this policy and reported on Datix.
- 11.7 For the safety and security of the staff a property search must always be undertaken by a minimum of two members of staff when the patient lacks capacity.

## **12 Religious and Cultural Considerations When Carrying Out a Search**

- 12.1 Religious headwear needs to be searched but this should be treated sensitively. Headwear must be initially searched using a metal detector and the individual will only be asked to remove it if there is an alarm that cannot be accounted for or if there remains a suspicion of concealed items.
- 12.2 Religious headwear must be removed in private and in the presence of members of staff of the same sex. A member of staff must not attempt to unwind or remove headwear. The person must be given the opportunity to remove or unwind it personally.
- 12.3 Some female patients or visitors will wear veils or other face coverings for religious reasons. They must not be made to uncover their faces or hair in public or in front of a man as this could cause serious offence and distress. When required for security or identification purposes, the removal of the veil or face covering must be done in private with only female members of staff

present. Visitors who refuse to remove religious headwear or veils may be refused entry.

- 12.4 Following the removal of headwear, the person must be given the opportunity to have privacy and time to put it back on.
- 12.5 Holy books and the religious artefacts of any faith, while being subjected to a search, must be treated with respect. The patient, visitor or staff member should be allowed to point out holy books and religious artefacts before the search. It is preferable for the individual to show the book or object themselves when subject to a search.

### **13 Use of Passive Search dogs**

- 13.1 Before a passive dog search staff must consider if patients have any dog related phobias or fears. If necessary, dogs should be muzzled.
- 13.2 In some faiths, if a dog's hair or saliva comes into contact with an individual's clothing or religious artefacts, it renders these items defiled. Care must therefore be taken, wherever possible, to avoid passive drug dogs, used to search a patient or visitor with such beliefs, from touching them. If this occurs, such persons must be permitted to make ritual ablutions or change their clothes. Similarly, their bedding should be allowed to be changed where the patient feels that it has been defiled.
- 13.3 If dogs are used in a room search they should not be allowed to touch holy books and artefacts. The patient should be allowed to bring out religious artefacts from their room so that the supporting staff can search them by hand before the room is searched with the dog.

### **14 Alcohol / Illicit Substances**

- 14.1 This policy should be read in conjunction with the policy for dealing with and the Disposal of Suspected Illicit Substances and Alcohol.
- 14.2 If there is a suspicion of Suspected Illicit Substances in an in-patient area, they will be asked to surrender any in their possession. If surrendered these will be disposed of as stated in Disposal of Suspected illicit Substances policy. If staff have good reason to believe that a patient is in possession of Illicit Substances, and the patient refuses to relinquish them, the staff may search the patient and his/her property. If Suspected Illicit Substances are found, they will be disposed of as stated in Suspected Substances – Disposal. The Medicines Policy should also be considered. If there is suspicion of supply, then consideration should be made to contact the Police
- 14.3 If an unknown suspicious substances are found during a search they should be considered should be treated as an illicit substance and disposed of as outlined in the disposal of illicit substances policy.
- 14.4 Any alcohol should be removed and disposed of accordingly to policy
- 14.5 For patients unable to be safely discharged, a review of their management will take place at the earliest opportunity. This review may lead to leave from the ward being temporarily withdrawn, and/or a limit on visitors if appropriate.

- 14.6 Where supply to multiple service users is suspected and a concern that drug taking is occurring within a ward consideration can be given to using police sniffer dogs to augment a search process. Concerns should be raised to the ward consultant and Borough lead nurse to support actions to secure a safe care environment. As a temporary measure, if drugs are coming onto the ward and staff suspect that patients are being coerced into bringing drugs in for others random searches and searches on return from leave from the ward can be considered.

## **15 Documentation**

- 15.1 Following any search, documentation in the patient's notes must refer to:
- Evidence of discussion with the patient and the RC / Consultant prior to the search, and whether or not consent was obtained
  - Rationale of search, including the reasons why a search was decided on as a proper course of action and why this course of action was chosen over another
  - Who performed the search and who was present
  - Findings at the search and what action was taken e.g. storage/disposal
  - Response of the patient to the search
  - Any changes to the Care Plan/ Risk assessment

## **16 Searching a Visitor**

- 16.1 If staff judge they can safely approach the visitor, either before they enter the ward/unit or during a visit, they should do so, explaining that they have a responsibility to maintain a safe and secure environment and to protect the patients, and in exercising this responsibility they have the right to ask the visitor if they can empty out any bag or package, or pockets. No other search will be permitted.
- 16.2 Staff cannot confiscate any items from a visitor, but if something harmful is found the visitor will be informed that an item is not permitted on the ward/unit and in exceptional circumstances asked to leave. If an item found raises concerns about the safety of the general public, e.g. a gun, staff should ask the visitor to leave and inform the police immediately.
- 16.3 If there is a suspicion, based on knowledge of the patient's history, previous breach of Trust policy by an individual or group of individuals who visit, a patient appearing intoxicated following a visit from an individual, or if something suspicious is observed, such as something being passed covertly from a visitor to a patient, then staff must consider what action to take. This can include intelligence about an individual covertly bringing in item in food products and take away food.
- 16.4 If staff judge that it is not safe to approach a visitor to request a search they can request that either the visitor does not enter the ward or leaves the ward if it is during a visit. If they refuse to leave, the duty senior nurse and the police must be informed and action taken to remove the person.
- 16.5 If staff approach a visitor and request to undertake a search but the request is refused, the visitor can be asked to leave the ward.



- 16.6 Where visitors are suspected of bringing 'illicit' substances onto Trust property staff must highlight the need to maintain patient safety and explain that if behaviours continue individuals may be barred from future visiting. This must be recorded in the care plan following consultation with the nurse in charge, Consultant and Modern Matron, as appropriate. Where possible an informal meeting should be arranged clearly setting out expectations and followed up by a formal letter. If a decision to bar visiting is made a description of the person or persons involved, including identification details, can be circulated to all wards, departments and reception staff in order that all staff are aware of the security problem. The police can then be alerted if they return to the premises. A review date should be built in to this system.

## **17 Training**

- 17.1 Within the local induction programme all care staff who will be expected to undertake searches will receive face to face training on the search policy and process and how to conduct a pat down search. Where applicable this will include use of wands and protective gloves.
- 17.2 Forensic service will have an enhanced search training programme in line with the level of security required for the care setting.
- 17.3 Refresher training will take place as part of the safety intervention training (previously known as MAPA training)
- 17.4 If staff are unclear around process policy or there are concerns about a staff members ability to safely conduct searches they can attend the more in-depth initial training.

**Appendix 1**

**Record Of Patient's Property On Admission**

Name Of Patient: \_\_\_\_\_ Date Of Admission: \_\_\_\_\_

**Valuables**

Valuable	Jewelry	Mobile Phone	Laptop/ Tablet	Bank Cards	Passport/ID documents	Games consoles
Description ( eg Yellow or White Metal, brand)						
Other:						
<b>Deposited With Cashier?</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>

<b>Illicit Drugs or alcohol: Yes / No</b>	<b>Tablets / Medication : Yes / No</b>	<b>Sharp Objects : Yes / No</b>
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**Clothing Item**

Item	No.	Item	No.	Item	No.
Jackets/coats		Shoes		Trainers	
Trousers		Skirts		Dresses	
Shirts		Jumpers		Belts	
Pyjamas		Underwear		Socks	
Nightdresses		Vests		Ties	
T-shirts		Other		Other	

**Please Turn Over**

**Please List Any Other Property Items:**

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**Remarks:**

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**Name Of Staff Recording Patient's**

**Property:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name Of Staff Witnessing Record Of**

**Property:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Of**

**Patient:** \_\_\_\_\_

**Please Note:**

***Where patients have capacity and want to retain their own valuable possessions please complete***

***Disclaimer Form***

## Declaration of Responsibility Form

Patient Name: \_\_\_\_\_

<b>On Admission</b> <i>(tick if appropriate)</i>	
<b>Date</b>	

<b>During Ward Stay</b> <i>(tick if appropriate)</i>	
<b>Date</b>	

Valuable	Jewelry	Mobile Phone	Laptop/ Tablet	Bank Cards	Passport/ID documents	Games consoles
Description ( eg Yellow or White Metal, brand)						
Other:						

I acknowledge that I have been requested not to give any of my personal belongings to other patients, and that I have understood this advice.

I acknowledge that I have been requested to deposit cash/valuables for safekeeping and have declined this advice.

I fully understand that any personal belongings/cash/valuables retained in my possession are entirely my own responsibility, and I hereby undertake to indemnify **East London NHS Foundation Trust against all actions, which may be taken or made against it in the future.**

Please note that if you go on leave the same room may not be available on your return. We encourage you to take all of personal belongings to prevent items going missing or being misplaced.

Patient's Signature : \_\_\_\_\_  
Date: \_\_\_\_\_

Staff' s Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix 2

# Inpatient Wards Security Nurse Protocol

**Introduction** - It is the responsibility of all staff working within the wards to maintain a safe and secure environment. The role of the security Nurse is to promote a safe and secure environment via the completion of an agreed set of tasks and duties. Only staff that have completed the local induction and read the Trust Search Policy can be delegated to perform the role.

### Role of the Security Nurse

- The security nurse will be responsible for the search of patient's property on admission- this must be recorded using the patient property form. Any new items brought in (including by their family or friends) during the patients' stay should be recorded on the patient property form (Appendix 1).
- All valuable property must be itemised in detail (i.e. Mobile phones must have make and model). It is the responsibility of the Security Nurse to complete a Declaration of Responsibility Form for any items, cash or valuables kept by the patient on admission or during ward stay.
- On every shift there will be an allocated staff member who will be highlighted on the shift planning sheet and will have the role of the 'security nurse'
- The security nurse will hold the key to the safe on their person and will be responsible to hand it over to the next allocated security nurse. As part of the handover process between security nurses, items listed as being stored in the safe need to be checked and accounted for.
- The security nurse will be responsible for allowing patients and visitors in and out of the unit. The sign in and out log books must be completed and contraband items returned for use during leave (eg lighters) and items returned or removed once the patient comes back to the ward must be recorded. Contraband items that are illegal/ not permissible as outlined in the Search Policy should not be returned to the patients and must be disposed of appropriately. Anything brought in for the patient by visitors must be checked for contraband items and removed before entering the ward
- The security nurse will be responsible for distributing mail (letters and parcels) addressed to the patients and ask that these are opened in their presence thoroughly to allow for them to be checked for contraband items.
- The nurse in charge must be informed of any contraband items found during searches. A Datix and corresponding entry in individual progress notes must be completed for any contraband items found on premises (the nurse in charge will support in ensuring this is delegated and actioned).
- The security nurse will be responsible for managing and ensuring the return of any contraband item (eg lighters) or restricted items (eg shavers, items for personal grooming) used or given to a patient during the shift. These must be recorded on the recoding system in use on each ward to monitor movement of these items and ensure they are returned and accounted for. This information needs to form part of the security nurse handover.
- The security nurse will be responsible to hand out keys and personal alarms to all staff members on their shift. Similarly, the security nurse will be responsible for ensuring that all staff has handed in their keys and personal alarms at the end of their shift. The security nurse will also be maintaining the daily record of personal alarms (PIT) checked every morning and address immediately any issues raised.

*There are times during the shift period when these tasks will not be possible to be undertaken by Security Nurse, i.e during break times. In that instance any staff can temporarily take on the Security Nurse duties*

## Appendix 3

as above and update the security nurse upon their return. The person who will have to cover for the security nurse during such times must be clearly highlighted in the shift planning sheet. The Security Nurse should not be allocated any tasks that require them to be off the ward except in exceptional circumstances.

### SEARCH FORM

WARD: \_\_\_\_\_

#### PART A (to be completed in all circumstances)

Patient's Name: <del>BiD</del> No:	Type of Search: Routine <input type="checkbox"/> Personal Search <input type="checkbox"/> Reactive <input type="checkbox"/> Room search <input type="checkbox"/> Property Search <input type="checkbox"/> Metal Detector Search <input type="checkbox"/>
Date of Search:  Time of Search:  Place of Search:	Comments / additional information: (e.g. grounds / reason for search)    Outcome of search: (include any items removed)
Name of Staff conducting search: 1. 2. 3. 4. 5.	
Degree of Service User Consent: (Please Tick)  Full Consent <input type="checkbox"/>  No Consent <input type="checkbox"/> <b>Complete Part B</b>	Receipt of removed items given to patient Yes <input type="checkbox"/> No <input type="checkbox"/> Datix completed for illicit substances / offensive weapons? Yes <input type="checkbox"/> No <input type="checkbox"/> Not required <input type="checkbox"/>

#### PART B

Outline justification for search to proceed without consent:	
Name of Personnel contacted: <ul style="list-style-type: none"> <li>▪ Shift Co-ordinator</li> <li>▪ Manager / Matron</li> <li>▪ Duty Senior Nurse:</li> <li>▪ Responsible Clinician:</li> <li>▪ <b>?Clinical Director:</b></li> <li>▪ Security Personnel:</li> </ul>	Consent to search issued by: <b>? Assistant Director:</b> <b>? Clinical Director:</b> Responsible Clinician: Duty senior nurse: Nurse in charge:

Patient Signature: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness signature: \_\_\_\_\_