

Policy:

Personal Search

Executive or Associate Director lead	Medical Director
Policy author/ lead	Vin Lewin/Anne Cook
Feedback on implementation to	Vin Lewin

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Policy version and advice on document history, availability and storage

This is version 2.0 of this policy. This version was reviewed and updated as part of an on-going policy document review process.

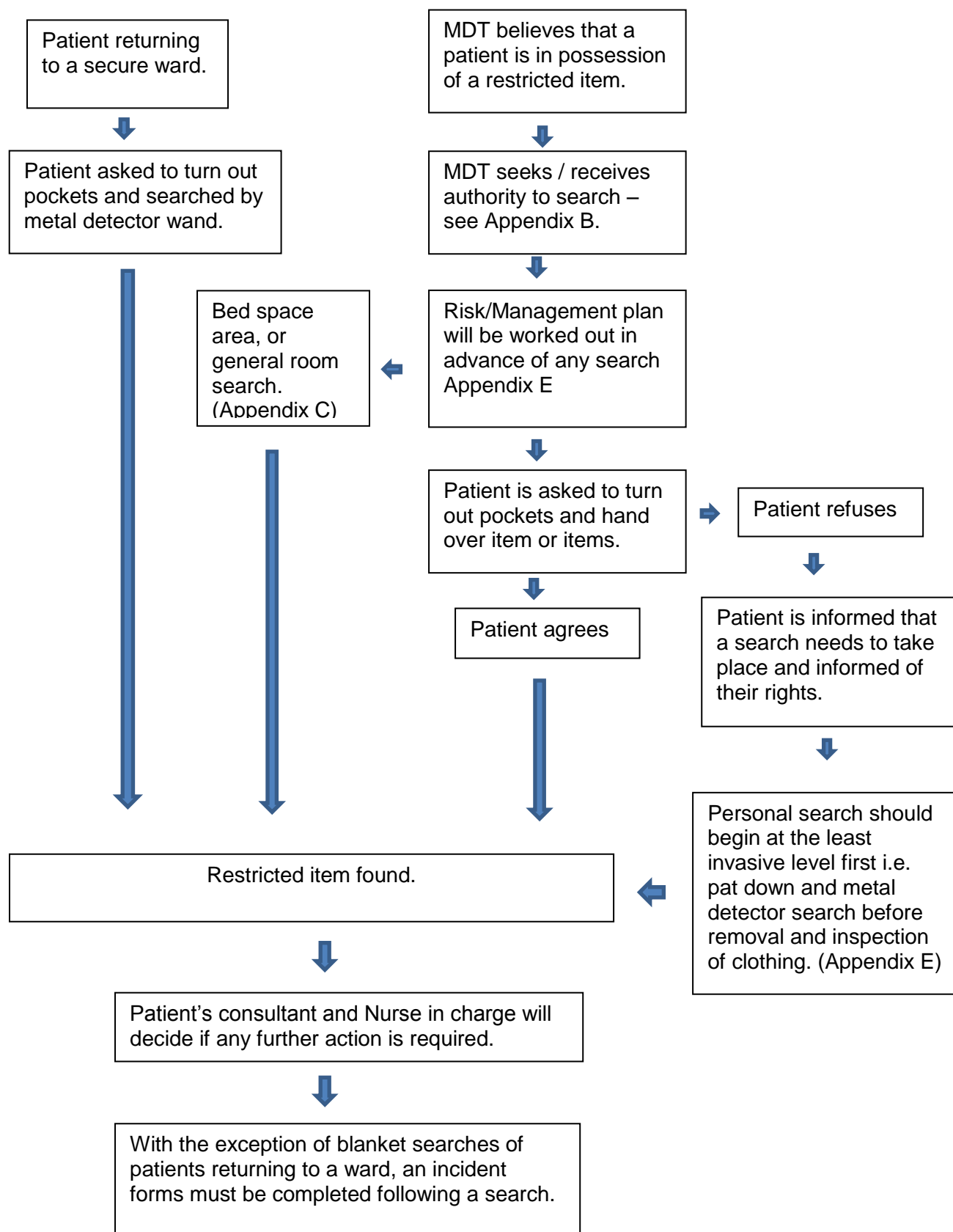
This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Word and pdf copies of the current and the previous version of this policy are available via the Director of Corporate Governance.

Any printed copies of the previous version should be destroyed and if a hard copy is required, it should be replaced with this version.

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Flowchart



1. Introduction

The aim of this policy is to provide an environment that is not only safe in which to deliver and receive care, but also supports people's privacy, respect and confidentiality (in line with the Mental Health Act 1983 Code of Practice section 8.29 to 8.46). The policy applies to all inpatient and residential care settings.

All searches should be conducted and reported in accordance with this policy. It is important that, in any instance where a search is deemed necessary, the patient is kept under close observation until such time that a search can be carried out and they are no longer considered a significant danger to themselves or others.

It is essential that patients are informed of all actions taken under this policy and that consent of a "Personal Search" is sought prior to every search. An interpreter may be needed if patients have communication difficulties or speak little or no English. Ideally this should be face to face, but where it is not able to happen in an appropriate time frame interpretation could happen by telephone. At times, the perceived level of risk may require a search to be conducted before an interpreter can be arranged. If this is the case an interpreter will still be required so a retrospective explanation of events can be provided.

2. Scope

This is a Trust wide policy aimed at patients detained under the mental health act, their possessions, their surroundings, and their visitors. Informal patients may also be affected by this policy, e.g. it is suspected that the patient is carrying illicit or intoxicating substances. This policy should be clearly displayed, and a copy should be made available to patients in a format and language they understand.

Where staff suspect a visitor may possess a contraband item or substance, they have the right refuse entry or request that the item is handed over for safe keeping before being allowed entry. Items such as offensive weapons or illegal drugs covered within the "*Managing Substance Misuse and Harmful Substances on Inpatient Wards*" and "*Weapons policies*" should be handled and disposed of in accordance with these policies.

3. Definitions

MHA-CoP: means Mental Health Act 1983 Code of Practice (April 2015)

Dangerous or restricted items: can include (*this is not an exhaustive list*): items that are deemed as weapons, or items that could be used as a weapon, knives, scissors, sharp implements, syringes, etc. Illicit drugs including poppers, uppers or medication not prescribed to the person, or alcohol. Fire lighting equipment, flint strikers or equipment that could be used to create a heat source, e.g. batteries and foil or wire. Discrete recording equipment, (see mobile phones, Internet and Social Media policy).

Surroundings: can mean the general premises or shared area, ward, bedroom, or bed space on the ward, or the patient's personal space, including the patients' belongings/property stored there.

Belongings: relates to the 'portable items the patient is in possession of not stored in the bed area, they may be carried on their person or in a pocket in their clothing or in a bag etc.

Patient search: 'non-contact pocket check and/or metal-detector sweep' and/or Pat-down search: where no clothing is removed

Full personal search: which entails the removal and checking of clothing

Visitor search: non-contact pocket or bag check and/or metal-detector sweep

4. Purpose

The purpose of this policy is based on the following principles:

- 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.
- Searching should always be proportionate to the identified risk and should involve the minimum possible intrusion into the individual's privacy, and
- All searches will be undertaken with due regard to and respect for the person's dignity and privacy.

5. Duties

The authority to conduct a search of a person or their property is controlled by law, and it is important that Trust staff are aware of whether they have legal authority to carry out any such search.

The Chief Executive is responsible for ensuring that the systems on which the Board relies to govern the organisation are effective. The Statement of Internal Control is signed annually indicating that systems of governance, including risk management are properly controlled. The Trust's Chief Executive, through the Medical Director, is responsible for keeping the policy updated and available for staff.

The Service Directors are responsible for ensuring that all managers in their areas are aware of the policy and support its implementation.

Ward/Team/Department Managers are responsible for ensuring that the policy is fully implemented within the ward/unit environment. They must ensure that the policy is readily available to all staff at all times. Managers must ensure that the recording and auditing is completed in line with this policy. Managers must respond appropriately to any concerns regarding the implementation of this policy within their service area.

All staff members are responsible for ensuring that their practice is safe and legal. All staff members are required to ensure they (and anyone they line manage) abide by SHSC requirements as set out in this policy.

6. Process: Specific details

Where a patient is in possession of dangerous or restricted items, see 'definitions' e.g. sharp implements, lighting equipment, or an intoxicating substance, a search of that person, their property or the premises may be justified to remove the items to maintain the safety of the patient and others on the ward. The policy may extend to routine or random searching without cause of detained patients if and where there is a self-evident and pressing need for additional security (see MHA-CoP section 8.31).

This policy sanctions a blanket approach to noncontact searching of detained patients returning to locked conditions after a period of unescorted leave, this currently applies to Forest Lodge low secure unit and Endcliffe ward- PICU.

6.1 Conducting a personal search, and search of possessions

Where staff feel that a patient is in possession of or concealing an item or items that may cause harm to the patient or others it may be necessary to search a detained patient or their belongings and surroundings. **Consent of the patient should always be sought before a personal search of their person or their belongings is attempted.** If consent is given, a thorough search should be carried out ensuring dignity and privacy of the person, respecting issues of gender, culture and faith. At least one of the staff conducting the search should be of the same sex as the patient. Where ever possible trans-gender patients should be offered a choice regarding the sex of the person or persons accompanying them.

Undertaking a personal search in a public area will only be justified in exceptional circumstances.

A comprehensive record of every search should be made, including the reasons for it. It should include whether the patient consents or refuses to consent to the search and details of any consequent risk assessment.

6.2 Searching without consent

Consent obtained by means of a threat, intimidation or inducement is likely to render the search illegal. Any person who is to be searched or whose belongings are to be searched should be informed before every search that they do not have to consent to the search. If a search is considered necessary, despite the patient's objections, and there is no clinical objection to a search being conducted, the search should be carried out. If force has to be used, it should be the minimum required to carry out the search and an incident form should be completed and submitted.

6.3 Patients refusal to consent to search

If a detained patient refuses consent or lacks capacity to decide whether or not to consent to the search, their responsible clinician (or another senior clinician with knowledge of the patient's case) should be contacted without delay in the first instance, if practicable, so that any clinical objection to searching by force may be raised. The patient should be kept separated and under close observation, while being informed of what is happening and why, in terms appropriate to their understanding. This is particularly important for individuals who may lack capacity to decide whether or not to consent to the search.

A search should not be delayed if there is reason to think that the person is in possession of anything that may pose an immediate risk to their own safety or that of anyone else. A record of the search should be kept and should include whether the patient consents or refuses to consent to the search.

A search should always be agreed in advance of the situation by the ward manager or deputy ward manager, where these are not available, the shift leader should discuss with the on-call consultant.

6.4 Informing patients of a search

A patient being searched or whose possessions are being searched should be kept informed of what is happening and why. If they do not understand or do not speak English, an appropriate interpreter should be sought, before if practicable, but this can be retrospectively where there is

a clear threat as defined above. The specific needs of people with impaired hearing or a learning disability and those of children and young people should be considered. Next of kin, guardian, or appropriate advocate should be informed.

6.5 Physical intervention required to carry out a personal search

Where a patient physically resists being personally searched, physical intervention should normally only proceed on the basis of a clinical assessment carried out by the nurses and or medics. If consent is withheld a post incident review should happen immediately after.

6.6 Confiscated belongings

Where a patient's belongings are removed during a search, the patient should be given clear reason why this has happened. They should be given a receipt for the item(s) and told when they will be returned. Item(s) covered within the *"Managing Substance Misuse and Harmful Substances on Inpatient Wards"* and *"Weapons policies"* should be handled and disposed of in accordance with these policies.

6.7 Support following a search

There should be support for patients and for staff who are affected by the process of searching. This may be particularly necessary where a personal search has had to proceed without consent or has involved physical intervention (see paragraph 6.5 and MHA-CoP section 8.40–8.43 and chapter 26 on use of physical interventions)

7. Dissemination, storage and archiving (Control)

- This policy will be available on the Trust Intranet pages under policies.
- An original copy will be archived for safe keeping by the Trust
- Older electronic copies of this policy should be deleted and paper copies destroyed to ensure adherence to the correct procedure.

8. Training and other resource implications

Staff involved in undertaking searches should receive appropriate instruction and regular refresher training as appropriate see the Trusts training needs analysis, and Respect training.

9. Audit, monitoring and review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) How the Trust monitors compliance with the policies duties	Appraisal	Line manager	Annual	Line Manager	Line Manager/ Appraisee	Line Manager/ Appraisee

B) How the Trust monitors compliance with reporting	Review/ Audit/ Reporting	Ward/Unit Manager	Monthly	Clinical and Services Directors	Clinical and Services Directors	Clinical and Services Directors
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10. Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
New policy to be uploaded onto the Intranet and Trust website.	Director of Corporate Governance	Within 5 working days of ratification	
A communication will be issued to all staff via the Communication Digest immediately following publication.	Director of Corporate Governance	Within 5 working days of ratification	
A communication will be sent to Education, Training and Development to review training provision.	Director of Corporate Governance	Within 5 working days of ratification	
Make wards aware of new policy	Ward/ Service managers	November 2016	

11. Links to other policies, standards and legislation (associated documents)

- Mental Health Act 1983 Code of Practice (April 2015)
- Offensive weapons- NHS Security Management Service Guidance

12. Contact details

Title	Name	Phone	Email
Clinical Risk Manager	Vin Lewin	16379	vin.lewin@shsc.nhs.uk
Service Manager	Anne Cook	64913	anne.cook@shsc.nhs.uk

13. References

- Mental health Act 1983 Code of Practice (April 2015)
- Offensive weapons- NHS Security Management Service Guidance

Appendix A – Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1	Original document	2006	
1.1	Draft policy update	May 2016	Previous policy in operation updated reflect current operational standards
1.2	Review	June 2016	Minor amendments
2	Ratification Issue	October 2016 June 2017	Policy ratified in October 2016. Consultation, verification and duties sections completed and policy issued June 2017.

Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email	Any other promotion/ dissemination (include dates)
2.0	June 2017	June 2017	

Appendix C – Stage One Equality Impact Assessment Form

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

No

Stage 3 – Policy Screening - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations, in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://nwww.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No		
DISABILITY	No		
GENDER REASSIGNMENT	No		
PREGNANCY AND MATERNITY	No		
RACE	No		
RELIGION OR BELIEF	No		
SEX	No		
SEXUAL ORIENTATION	No		

Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section) Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

Anne Cook – October 2016

Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site <http://www.sct.nhs.uk/humanrights-273.asp> (relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including caselaw) or policy?

- ☒ **Yes. No further action needed.**
- ☐ **No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

2. On completion of flow diagram – is further action needed?

- ☒ **No, no further action needed.**
- ☐ **Yes, go to question 3**

3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.

1.1 What is the policy/decision title? 1

1.2 What is the objective of the policy/decision? 1

1.3 Who will be affected by the policy/decision? 1

Will the policy/decision engage anyone's Convention rights? 2.1

Will the policy/decision result in the restriction of a right? 2.2

Is the right an absolute right? 3.1

Is the right a limited right? 3.2

Will the right be limited only to the extent set out in the relevant Article of the Convention? 3.3

Policy/decision *is* likely to be human rights compliant

Flowchart exit
There is no need to continue with this checklist. However,

- Be alert to any possibility that your policy may discriminate against anyone in the exercise of a Convention right
- Legal advice may still be necessary – if in any doubt, contact your lawyer
- Things may change, and you may need to reassess the situation

4 The right is a qualified right
1) Is there a legal basis for the restriction? AND
2) Does the restriction have a legitimate aim? AND
3) Is the restriction necessary in a democratic society? AND
4) Are you sure you are not using a sledgehammer to crack a nut?

Policy/decision is *not* likely to be human rights compliant please contact the Head of Patient Experience, Inclusion and Diversity.

Get legal advice
Regardless of the answers to these questions, once human rights are being interfered with in a restrictive manner you should obtain legal advice. You should always seek legal advice if your policy is likely to discriminate against anyone in the exercise of a convention right.

Access to legal advice ***MUST*** be authorised by the relevant Executive Director or Associate Director for policies (this will usually be the Chief Nurse). For further advice on access to legal advice, please contact the Complaints and Litigation Lead.

Appendix E – Development, Consultation and Verification process

This policy was prepared for all inpatient and residential areas and is to be implemented when there is concern that a patient / resident or visitor may be withholding an item that may be prohibited and / or of danger to themselves or others, e.g. illicit drugs, items that are considered weapons or could be used as weapons, fire lighting equipment including e-cigarettes, foil and batteries, or recording devices where the duty manager believes there is an intent to use which may be a breach of privacy or confidentiality.

The policy was updated as part of the on-going policy review and development process from May 2016.

Consultation

This policy has been discussed with the Clinical Nurse Manager (Forest Lodge), Clinical Risk Manager, Fire and Security Officer. The policy has also been consulted on through the Mental Health Act Group (May 2016), Restrictive Interventions Programme Group (June 2016) and the Nursing Leadership Group (July 2016).

Verification

This policy was verified by the Restrictive Interventions Programme Group.

Appendix F –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy Document Template which can be downloaded on the intranet.

1. Cover sheet

All policies must have a cover sheet which includes:

- The Trust name and logo ✓
- The title of the policy (in large font size as detailed in the template) ✓
- Executive or Associate Director lead for the policy ✓
- The policy author and lead ✓
- The implementation lead (to receive feedback on the implementation) ✓
- Date of initial draft policy ✓
- Date of consultation ✓
- Date of verification ✓
- Date of ratification ✓
- Date of issue ✓
- Ratifying body ✓
- Date for review ✓
- Target audience ✓
- Document type ✓
- Document status ✓
- Keywords ✓
- Policy version and advice on availability and storage ✓

2. Contents page

3. Flowchart

N/A

4. Introduction

5. Scope

6. Definitions

7. Purpose

8. Duties

9. Process

10. Dissemination, storage and archiving (control)

11. Training and other resource implications

12. Audit, monitoring and review

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

13. Implementation plan



14. Links to other policies (associated documents)



15. Contact details



16. References



17. Version control and amendment log (Appendix A)



18. Dissemination Record (Appendix B)



19. Equality Impact Assessment Form (Appendix C)



20. Human Rights Act Assessment Checklist (Appendix D)



21. Policy development and consultation process (Appendix E)



22. Policy Checklist (Appendix F)



Appendix G – Search authorisation table

- The table below sets out the authorisation levels for different types of personal search
- Where possible personal search should be on a planned basis following MDT decisions.
- When conducting a search, authorisation should be sort at the highest level in the first instance.
- However urgent circumstances will arise. In situations where the required personnel are not available within the timeframe required for a decision then the authorisation of the most senior clinician available should be sought.
- Staff should always seek the persons consent to a personal search, which must be recorded along with the agreement or refusal of the person. If the person is assessed as not having capacity to consent to a personal search then a Best Interests decision process should be followed
- Where a patient physically resists being personally searched, physical intervention should normally only proceed on the basis of a multi-disciplinary assessment, unless it is urgently required.
- A post-incident review should follow every search undertaken where consent has been withheld

Search criteria	Authorisation	note
Search of: General areas including day rooms, toilets, corridors, sitting areas etc.	<ul style="list-style-type: none"> • Ward manager • Deputy manager • Shift manager if manager not on duty 	
Search of: Bedroom or bed space including personal locker.	<ul style="list-style-type: none"> • Ward manager • Deputy manager • Shift manager if Manager/Deputy not on duty and Doctor 	
Search of: Personal belongings	<ul style="list-style-type: none"> • Ward Manager • Deputy Manager • Shift manager if Manager/Deputy not on duty and Doctor 	
Personal search Non-contact Turn out of pockets and bag check including a metal detector sweep.	<ul style="list-style-type: none"> • Ward Manager • Deputy Manager • Shift Manager (if manager or deputy not on duty) & Doctor, where authorised as a blanket approach 	In all cases consent from the patient should be sought before proceeding, and the agreement or refusal recorded.
Personal search Pat down search and metal detector sweep.	<ul style="list-style-type: none"> • Ward Manager and Consultant Psychiatrist • Deputy Manager and Consultant Psychiatrist • Shift Manager (if manager or deputy not on duty) & Consultant Psychiatrist 	A refusal to agree to a search must be fully documented. If a Consultant Psychiatrist has no clinical reason why a search should not be performed it can go ahead
Personal search with consent including the removal and checking of clothing by hand and metal detector sweep	<ul style="list-style-type: none"> • Ward Manager and Consultant Psychiatrist • Deputy manager and Consultant Psychiatrist 	
Personal search without consent , including the removal and checking of clothing by hand and metal detector sweep	<ul style="list-style-type: none"> • Ward Manager and Consultant Psychiatrist • Deputy manager and Consultant Psychiatrist 	The presence of a Consultant Psychiatrist means they can assess if there is a clinical reason why a search may not take place.

Appendix H – Guidelines for searching a room

- Each ward should have a local procedure for searching each area.
- An incident form should be completed for all routine and non-routine searches – listing all areas searched.
- A room should be searched top to bottom starting furthest point away and working back towards the door.

Below is a generic list that could be included where appropriate in your procedure:

General areas, lounges etc and :

- **Windows** – check frames, locks, and recesses, inside and out if possible. Looking for signs of tampering or concealed items, check under sills.
- **Curtains & Pelmets** – visually check and feel the hems stitching and linings including the curtain hook strip across the top. Check the curtain track.
- **Blinds** - inspect blinds, weight pockets, cable runs and tracks.
- **Radiators** - check if grille is secure, use a torch to check behind and between the heat elements
- **Seating**- remove cushions and check inside the covers if zipped, check the back and underside for loose webbing, check for damaged seams, and are they in good order and not frayed?
- **Light fittings including emergency lighting fire and smoke alarms**– is there evidence of tampering or damage can it be opened and items placed within or removed?
- **Ceiling tiles** – can these be moved, if so check above.
- **Notice boards & picture frames** - check for damage; can anything be placed behind? Check behind all posters. Has any plastic wallet or laminated poster been split to conceal anything? Can picture frames conceal items? Are fixings loose?
- **Leaflet racks** – check each individual rack pocket, remove leaflets and flip through looking for concealed items.
- **Clocks wall mounted or free standing**- remove from wall, check battery compartment for batteries or concealed items.
- **TV / DVD player** - check underneath, is the case loose, has anything been slipped into the DVD slot. Check the remote control battery compartment for batteries or concealed items.
- **Portable appliances e.g. radios or games consoles**- check for tampering of the case. Battery compartments for batteries or concealed items.
- **Snooker tables** – check underneath and pockets, check that all balls are accounted for
- **Tissue boxes** - check for concealed items
- **Book cases or cabinets** – check behind, under shelves and on top.
- **Reading materials, papers books and folders**- check for concealed items
- **Suggestion boxes** – check contents for concealed items
- **Bin** – remove from room and check contents for concealed items. Remove and check the bin liner.
- **Dining tables and coffee tables** – check for damage, missing screws or nuts check for concealed items underneath.
- **Carpets or Mats** – check for tampering at edges, has anything been hidden underneath.
- **Fire extinguishers** – check for tampering, items hidden behind, in the handle or horn if fitted. Under the base if concave.
- **Doors**, check hinges, handles and plates for tampering. Check the lock and keyhole, top of door frame and closer mechanism for tampering. Check the kick board for tampering
- **Phones and payphones**- check body and receiver for signs of tampering, can the case be opened? Check battery compartment for batteries or concealed items, check coin slots
- **Pot plants** – check the vase, has soil been disturbed? Is there a pot in a vase, can the pot be removed and inspected?

Toilets and bathrooms:

- **Windows** – check frames, locks, and recesses, inside and out if possible. Looking for signs of tampering or concealed items, check under sills.
- **Blinds** - inspect blinds, weight pockets, cable runs and tracks.
- **Toilet** - check behind the bowl, check the cistern if not boxed in. Check any inspection panels for signs of tampering, check all screws and around the pipework connections, check the seat and lid have not been tampered with.
- **Wash basin**– check taps for tampering, check underneath the basin, and behind pipe work. Check plug hole for signs of tampering including blockages use a torch to check down the plug hole and over flow, check the trap.
- **Shower** – Check shower head for tampering and is not blocked. Visually check shower curtain and feel hem. Check rail and clips are secure, check plug hole is not blocked visually check with a torch, check extractor fan for tampering and visually inspect ducting with a torch.
- **Bath** – check side panel, is it loose is there access to pipework and underneath the bath. Check plug hole for signs of tampering use a torch to check down the pipe and over flow.
- **Mirror** - check for damage or loose fixings, can anything be placed behind?
- **Cupboards and cabinets** – check behind, under shelves and on top. Remove all contents inspect each item before replacing.
- **Laundry basket**- remove all items before replacing shake out towels and check each item before replacing in the basket as per the clothing search procedure.
- **Soap and towel dispenser** - check for damage or loose fixings, can anything be placed inside, check contents?
- **Radiators** - check if grille is secure, use a torch to check behind and between the heat elements
- **Doors**, check hinges, handles and plates for tampering. Check the lock and keyhole, top of door frame and closer mechanism for tampering. Check the kick board for tampering.

Kitchen areas:

- **Windows** – check frames, locks, and recesses, inside and out if possible. Looking for signs of tampering or concealed items, check under sills.
- **Blinds** - inspect blinds, weight pockets, cable runs and tracks
- **Kettle** – check inside and under the base
- **Toasters** - check inside, underneath and the crumb catching compartment.
- **Microwaves and cookers**, check in the oven, grill and under hobs.
- **Fridges and Freezers** – check inside, use a torch to check down the back behind the cooling elements. Check the pump compartment at the back.
- **Cupboards cabinets and draws** – check behind, under shelves and on top. Pull out and remove draws, inspect the back and under side. Remove all contents, inspect each item before replacing.
- **Air vents and extractors** - check with a torch, do they show signs of tampering, check the filters, fans and ducting. Check switches.
- **Crockery and cutlery**- check in cups between plates and bowls. Are any cutlery missing?
- **Doors**, check hinges, handles and plates for tampering. Check the lock and keyhole, top of door frame and closer mechanism for tampering. Check the kick board for tampering

Bedroom areas:

- **Windows** – check frames, locks, and recesses, inside and out if possible. Looking for signs of tampering or concealed items, check under sills.
- **Blinds** - inspect blinds, weight pockets, cable runs and tracks
- **Curtains** – visually check and feel the hems stitching and linings including the curtain hook strip across the top. Check the curtain track.
- **Bed**- move away from the wall and look under bed base and between the base and mattress. Check base for tampering, check webbing, have the seams been tampered with and appear frayed. Remove bed sheets check mattress for damage and frayed seams. Checked damaged area for concealed items.

- **Personal storage locker, Wardrobe and chest of draws** – Check behind, underneath and on top. Pull out and remove draws, inspect the back and underneath. Empty all items and inspect each one as per the clothing search procedure before replacing, use a torch to add light..
- **Laundry basket**- remove all items before replacing and check each item in the basket as per the clothing search procedure
- **Wardrobe and chest of draws**- check behind, under shelves and on top. Remove draws and check underneath. Empty all contents and check each item before replacing.
- **Air vents** – check for signs of tampering and any concealed items behind it.
- **Doors**, check hinges, handles and plates for tampering. Check the lock and keyhole, top of door frame and closer mechanism for tampering. Check the kick board for tampering.

Laundry areas:

- **Windows** – check frames, locks, and recesses, inside and out if possible. Looking for signs of tampering or concealed items, check under sills.
- **Blinds** - inspect blinds, weight pockets, cable runs and tracks
- **Washers and tumble dryers** – check powder draws and filters for concealed items
- **Industrial press and Irons** - check everything is in place and no signs of tampering.
- **Ironing boards** - check underneath the board and under the board cover
- **Baskets and Landry bins** - check contents as per clothing search separate rolled up socks.
- **Cupboards and draws** – check behind, under shelves and on top. Pull out and remove draws, inspect the back and under side. Remove all contents, inspect each item before replacing.

Appendix I – Guidelines for searching personal clothing and belongings

- Lay cloths flat. Out flat and feel over entire surface, back and front.
- **Trousers/Shorts** – Visually check and feels hems, pockets, waistband, linings and seams
- **Coats, Jumpers**- Visually check and feel hems, pockets, waistband, linings, seams, cuffs collars and hoods.
- **Shirts and T-shirts** - Visually check and feel hems, pockets, waistband, linings, seams, cuffs collars and hoods.
- **Underwear** – Unfold and check on a flat surface as above. Check seams and fabric where the material is more than a single thickness.
- **Socks** – check individually by placing hand inside each sock.
- **Footwear** – check inside and under each insole. Check soles and heels
- **Hats** – Check inside hats, flaps, linings, brim, sweat bands, and any area where the fabric is more than a single thickness
- **Gloves** – Check flat and turn inside out if possible
- **CDs, DVDs and games etc.** – open case, check disk and case ensure that case and contents match and are appropriate material.
- **Books and magazines** – Hold upside down and loosely flick pages while gently shaking to check for concealed items between pages. Ensure no cavities have been cut into book including the spine.
- **Toiletries** – check open contents and smell contents
- **Electrical items** – check underneath and behind TV, or music equipment. Clocks and consoles for damage or tampering. Check wiring aerals. Check battery compartment for batteries or concealed items.
- **Picture frames** - check behind picture in photo frame for concealed items.

Appendix J – Guidelines for searching a person

- Consideration will be given to the potential risks of physical resistance and violence. Staff should work to minimise these risks through de-escalation techniques and use of Respect techniques. Where possible the team who will be searching should discuss the process and roles beforehand to ensure an efficient and effective process.
- The Patients Consultant should be informed and asked if there is any clinical reason why the person search may not be carried out, which should be recorded on the incident form afterwards.
- The consultant or nurse in charge will inform the patient that they believe a person search is necessary and their reasons for taking this decision and seek the patient's consent.
- The patient will be given the opportunity to surrender any items believed to be in their possession.
- Staff will keep the patient informed of their rights that they do not have to consent to the search. Their consent or refusal must be recorded, however a search may still take place.
- The patient will be escorted to their room by three members of staff trained in patient search; ideally one of these two members of staff should be a Doctor or a Nurse. At least one but ideally all members of staff should be of the same sex as the patient whenever possible, trans-gender patients should be offered a choice regarding the sex of the person or persons accompanying them to maintain their dignity and respect.
- The patient should be given a final opportunity to surrender any items before the search takes place.
- A pat-down search will take place. If items are discovered the patient will be asked to hand them over. Items in pockets should be pushed out and hands should not be put into pocket for safety,
- It may be necessary for a personal search to take place even though the patient withholds consent. The outcome of the search will be recorded on an incident form immediately afterwards, and forwarded to the risk management department and Senior Manager in accordance with the Trust's Incident Reporting Policy.
- A management plan should be worked out in advance of the search where the patient is expected to aggressively resist. There should be three members of staff present trained in restraint, with a fourth member of staff available to complete the search. At least one of these members of staff must be a Nurse, and a Doctor must be present.
- The patient's consultant will assist the nurse in charge in deciding if any further action is necessary.