



Policy:

OPS 013 - Personal Search

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Summary of policy

This policy sets out the procedure for searching of persons, property or premises for prohibited items to maintain a safe and secure environment for all patients, visitors and staff.

Target audience	All clinical staff in inpatient and residential areas
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Keywords	Detained patients, personal search, room search, personal belongings search, weapons, illicit substances, privacy and confidentiality
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Storage

This is version 3.0 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 Trusts 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.

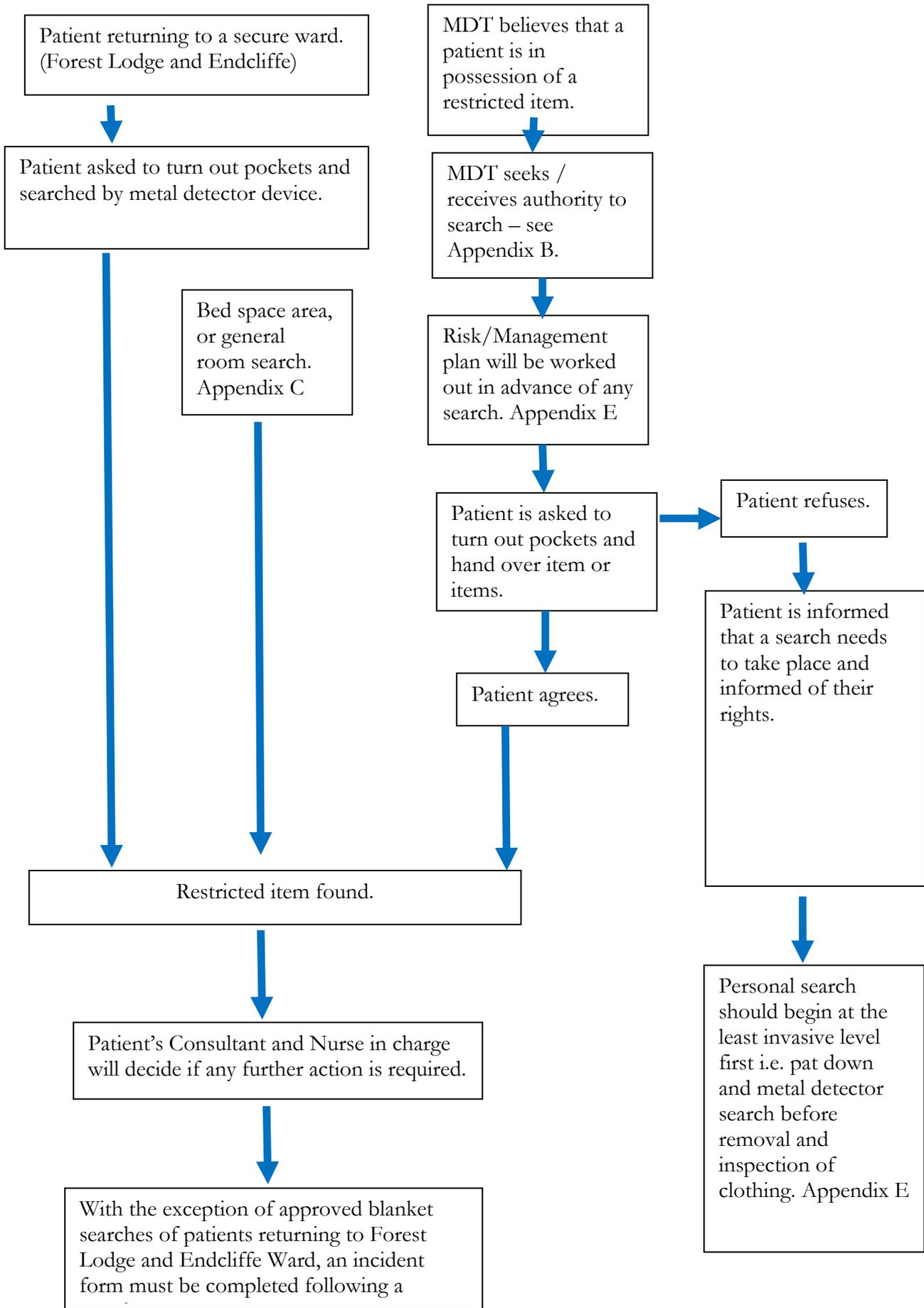
Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1.0	New draft policy created	2006	New policy commissioned by EDG on approval of a Case for Need.
1.1	Draft Policy update	May 2016	Previous policy in operation updated to reflect current operational standards.
1.2	Review	June 2016	Early review undertaken to update the policy with minor amendments.
2.0	Ratification and Issue	October 2016	Committee structure updated
3.0	Review of policy	February-April 2020	Full review completed as per schedule

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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 2015 Mental Health Act Code of Practice 8.29 to 8.46, Human Rights Act 1998, Article 8 (1) and Health and Safety at Work Act 1974). 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.

It is essential that patients are informed of all actions taken under this policy and that consent is sought before any search of them or their possessions is attempted. 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. All searches must be carried out in a way that is fair and reasonable, with regard to all of the circumstances. The decision to conduct a search must be a proportionate response.

2 Scope

This is a Trust wide policy aimed primarily at patients detained under the mental health act, their possessions, their surroundings, and their visitors. Informal patients may also be affected by this policy if it is suspected that the patient is carrying contraband, dangerous 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.

If it becomes necessary to restrict or ban visits, the requirements of Chapter 11.11 - 11.16 of the Code of Practice must be met

3 Purpose

The policy provides staff with guidance on decision making and a systematic procedure to follow to ensure any search is undertaken professionally and effectively. The underlying reason for any search is for the identification and safe retrieval of items to ensure the security of the premises and the safety of patients, staff and the public

The Mental Health Act Code of Practice gives guidance when acting to ensure the security of the premises and the safety of patients, staff and the public. The purpose of this policy is based on the following principles found at Chapter 8.30 of the Code of Practice:

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

4 Definitions

Hand Held Metal Detectors/Metal Detector Devices - A battery operated device that can detect metal objects and alerts the operator through an audible alarm. Including 'walk by & through' detectors

Offensive Weapons - Offensive weapons are defined in Prevention of Crime Act 1953:

"Offensive weapon' means any article made or adapted for use for causing injury to the person, or intended by the person having it with him for such use by him or by some other person.

Deciding how to interpret the context may be difficult and may require some understanding of what is normal for the individual's social and cultural background. Suspicions that the object has the potential to be an offensive weapon may be raised by the manner in which the object is carried, kept, used or the reason for its possession as indicated by the patient. Advice can be obtained from the Trust Local Security Officer.

Surroundings and Environment - Within this document the term patient environment refers to a patient's room, and any other area to which patients and/or visitors have access (for example, lounge, dining room, outside spaces and kitchen).

Pat-down Personal Search – A pat down check which does not entail the removal of clothing other than outer wear (coat, jacket, hat etc), for the purposes of locating an item that a person may possess which has the potential to compromise the security of the premises or the safety of the patient, other patients, staff and the public

A 'personal search' must not be confused with the 'retrieval' of a risk item, which a person is 'known' to possess. Where a person is known to be in possession of a risk item and has been seen to conceal the item e.g. in a pocket, then retrieval of this item would not constitute a 'search'.

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

This definition does not extend to intimate searches i.e. the exploration of bodily cavities.

Visitor search: A voluntary, non-contact pocket or bag check and/or metal-detector sweep.

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.

Contraband, Prohibited, Dangerous or restricted Items - For the purpose of this policy, the term prohibited items is taken to mean those items or substances, which, in the judgment of the accountable practitioner and as specified by the Trust constitutes a risk to the successful treatment of patients or the safety or welfare of any person on the premises of the Trust. Whilst this is not an exhaustive list this can include: 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).

Public Place - Prevention of Crime Act 1953 defines a public place as 'any highway and any other premises or place to which at the material time the public have or are permitted to have access, whether on payment or otherwise'. NHS Protect acknowledges that this definition will cover most NHS premises.

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

5 **Aim of the policy**

The Aim of this policy is to minimise the incidence and likelihood of prohibited articles from being brought into a workplace or premise provided by SHSC.

Where it is considered that the safety of all persons for whom SHSC has a statutory duty of care is likely to be breached this policy aims to minimise the impact of such occurrences on personal safety, the delivery of service user care, the environment and property.

6 **Duties**

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

Ward / Residential staff – all staff whose role involves participating in any search process are responsible for ensuring that they are well skilled and competent in searching practice, and that practice is in line with this policy and the training provided.

Security Officer, Senior Clinical staff / Clinical Ward Managers:

- are responsible for ensuring search is in line with this policy
- will monitor standards of searching and identify where deficits exist

Responsible Clinicians (in consultation with the wider multi-disciplinary team) – where available are responsible for ensuring that any decision made with regard to authorising a search of a non-consenting patient is done with due consideration for the wellbeing and dignity of the patient balanced with the need to ensure a safe and secure environment.

All Staff – involved in searches should understand their responsibilities as set out in this policy.

7 Procedure

Where a patient is in possession of dangerous or restricted contraband items (see definitions) 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 extends 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).

All searches must be carried out using the least restrictive and proportionate principles, have clear justification and be carried out in a coordinated, dignified and respectful manner.

There may be specific rationale for the decision to search, for example:

- A patient with a known history of carrying and/or hiding offensive weapons
- A patient expressing the view that he/she intends to injure him/herself or another person with an implement
- Information passed from other patients or visitors that the patient has a weapon
- A patient who is acting in a threatening manner in conjunction with a risk assessment that highlights the person's unpredictability
- There is a reasonable belief that the patient is in possession of items that are dangerous to themselves or another person's health and safety – e.g. drugs, weapon or alcohol
- A new admission to the ward environment which necessitates a property log. A property search should be included as part of this process
- A risk assessment that indicates a high risk of the patient being in possession of prohibited items
- A patient who has a recent history of being in possession of prohibited items and their return from unescorted leave
- If a patient has purchased a prohibited item whilst on escorted leave and the escorting staff could not dissuade the patient from purchasing, the escorting staff must notify the unit immediately on return

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.

7.1 Actions Prior to Conducting any Search

The staff in charge should ascertain whether a search is necessary.

The patient should be kept under close observation while awaiting a search. This is to minimise any opportunity for the patient to secrete or 'pass on' the item to other patients. Consideration must be given to the number of staff undertaking these observational duties and any proposed risk.

- The person in charge should explain to the patient why a search is required
- Consider issues surrounding consent as outlined in this policy
- If the patient consents then the senior nurse should be informed that a search is to take place
- If a patient is being directly admitted from the police station or from any location with police assistance (i.e. Section 136 suite) the clinicians accepting the patient for admission must ensure that a search of the patient and their belongings has been completed prior to, or at the point of their arrival by the

responsible police officers. Information regarding any items located as a result of this search must be communicated by the police officers concerned to the clinicians conducting the patient's admission. If police have not searched the patient, then nurses can request that this occurs before allowing entry of the patient before the police leave

- Before any search of a patient takes place the staff member must take reasonable steps to give the person to be searched the following information:
 - The rights of the staff to search
 - A clear explanation of the purpose of the search
 - If the person to be searched does not appear to understand what is being said due to language, medical condition or any other reason, the staff involved must take all possible reasonable steps to explain the process of the search

7.2 Use of Hand Held Metal Detector/Metal Detector Devices

The searching of individuals and their property can be intrusive and the use of Hand Held Metal Detectors (HHMD's) can reduce the intrusive nature of a search, improve the effectiveness (dependent on the item being searched for), and reduce the time taken to conduct a search.

However, due to the possibility of non-metal items staff must be aware that the use of a HHMD should be used to augment staff actions and not replace them.

For personal searches scan with wand along outstretched arms back hips and down legs ensuring this is done in an environment which maximises safety, privacy and dignity.

If the wand sounds staff should ask patient to identify item, if the item is a contraband item, then this should be removed if safe to do so.

7.3 Conducting a personal search, and search of possessions

Whilst undertaking any search, staff must remain aware of the possible high risk of injuries as a result of sharps. If stab/puncture resistant gloves are available then these may be used. Disposable gloves must be worn at all times, even under the stab/puncture resistant gloves. Staff must never 'blindly' place fingers or hands into areas that they can't see the contents of and 'sharp safety' must be adhered to at all times to minimise potential injury.

The patient should be invited to observe the search process. If a patient observes the search then staff need to be mindful that a patient's behaviours may change when a possible item is close to being found. If valuables are located then staff must verify the value, i.e. how much money.

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 LGBT+ 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. It is imperative that any personal search takes place in an environment that protects the patients' dignity.

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.

In certain circumstances it may be necessary to perform a personal search that requires the removal of some or all of the patient's clothes, patients should be asked to remove these provided that there is suitable alternative clothing available ensuring that privacy and dignity is respected at all times. Staff can search these items of removed clothing if it is still deemed necessary. If the patient refuses to remove items of clothing and there remains a strong suspicion that they are in possession of an illicit or dangerous item then the patient should be placed on close constant observations until the patient naturally removes these items of clothing or until consent to this type of search is given. It is imperative that any personal search of this nature takes place in an environment that protects the patients' dignity at all times.

Special consideration must be given for the searching of headwear worn for religious or medical reasons (e.g. wigs, Sikh turbans, Jewish yarmulkes, etc.). An individual may have this religious/medical headgear searched by a hand-held metal detector (where available). The headgear should only be removed if there is a detection that cannot be accounted for, or if there is further suspicions. If there is a need to search the patient's religious/medical headgear by hand, you must offer the individual privacy for this part of the search. The patient must be given the opportunity to remove the item themselves and, for a turban, unwind it themselves. They must also have access to a mirror which assists them in retying the turban. If the patient refuses to remove the head gear, then staff must do this. When removing a turban, staff must ensure that their hands are clean and that the turban is placed on an appropriate surface, i.e. a chair or table and not the floor.

7.4 Searching without consent

Any personal search of a detained patient must comply with the MHA Code of Practice guiding principles:

- Least restrictive option and maximising independence
- Empowerment and involvement
- Respect and dignity
- Purpose and effectiveness
- Efficiency and equity

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 Mental Health Act Code of Practice (2015) gives authority to staff to undertake searches. If force has to be used, it should be the minimum required to carry out the search and a detailed incident form should be completed and submitted. The Mental Health Act does not explicitly empower mental health staff to undertake restraint related interventions or search. There is an implied authority for patients detained under section 2, 3 and 37 of the MHA.

7.5 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 manager.

7.6 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.

7.7 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 medical staff. If consent is withheld a post incident review should take place immediately after.

7.8 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.

7.9 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)

7.10 Informal Patients

Unlike a formal patient, consent must be obtained prior to the search of an informal patient.

An informal patient may withdraw their consent at any stage prior to and during the search and they should be informed of this right prior to the search commencing. If,

having given consent to a personal search, a patient withdraws such consent, the search may not continue unless the subject is a patient detained under MHA 1983. In relation to informal patients who may not consent to such searches, their co-operation must be sought. A thorough explanation of ward requirements upon admission will assist in ensuring that an informal patient does not feel targeted and they are aware of the rationale for the requirement to search.

- Informal patients with capacity should not be subject to a search against their will
- In some cases it may be appropriate to consider detention under the MHA
- This should not be as a result of a person's refusal to give consent
- Discharge could be considered via MDT discussions or the on call manager if a person is not willing to comply with policies and procedures
- Alternatively, observations should be utilised to minimise the risk

7.11 Informal patients who lack capacity

All decisions taken on behalf of a patient who has been found to lack the capacity to consent or refuse to be searched come within the framework of the Mental Capacity Act 2005, Irrespective of their legal status under the Mental Health Act 1983. The principles and procedures required under that Act and Code of Practice must be followed.

7.12 Visitors

Visitors of inpatients should be reminded with regard to the list of prohibited items. This should be supported by clear signage outside the ward outlining those items, the underlying principles of this policy, the need for the maintenance of a safe environment and the possibility of the use of metal detectors. All visitors should notify the ward of their arrival (normally done via reception, ringing the bell to gain access). Staff should take this opportunity to inform or remind visitors of this policy in a professional manner. Visitors must leave any prohibited items to be secured with reception or nursing staff for safe keeping. Visitors will not be subject of a personal search, but may be asked to empty their pockets, handbags or additional bags. It should be fully explained to the visitors the reason behind this type of 'search' i.e. to preserve the safe and therapeutic environment of the hospital and patient care.

If visitors consent to this type of 'search' and prohibited or contraband items are found, the visitor should either be refused entry or be asked to leave the items with staff in a safe identified area if appropriate. This decision should be made by the ward Manager or Nurse in charge.

If visitors consent to a 'search' and illegal or illicit items have been discovered i.e. street drugs, offensive weapon etc. or any such items are retained by staff that would suggest criminal activity or criminal offences, such instances should be immediately reported to the Trusts Security Officer or to the police, staff do not have the power to seize items from visitors. As an example- if a visitor refused to be 'searched' (when it was reasonably believed they were carrying dangerous items) and therefore their entry was refused, a patient could seek to claim a breach of their Article 8 rights because they have not been allowed a visit. However, the Code and Policy would enable the Trust to demonstrate that the interference with their Article 8 right was justified.

8 Development, consultation and approval

This reviewed policy was developed in consultation with key senior clinical staff, clinical operations and the Trusts security officer. The policy was reviewed and approved by the Service User Safety Group. The Policy will be subject to further consultation and review in 2023.

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 and Audit/Reporting	Ward/Unit manager	Monthly	Associate Clinical and Services Directors	Associate Clinical and Services Directors	Associate Clinical and Services Directors

The policy will be reviewed in April 2023.

10 Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and remove old version	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	
<i>A communication will be sent to Education, Training and Development to review training provision.</i>	<i>Director of Corporate Governance</i>	Within 5 working days of ratification	
Make teams aware of new policy	Ward/ Service managers	<i>May 2020</i>	

11 Dissemination, storage and archiving (Control)

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0	2006	2006	N/A	
2.0	June 2016	June 2016	N/A	
3.0	May 2020	May 2020	May 2020	

12 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.

13 Links to other policies, standards (associated documents)

- Human Rights Act 1998
- Health and Safety at Work Act 1974
- Mental Health Act 1983 Code of Practice (April 2015)
- Mental Capacity Act 2019
- Managing Substance Misuse and Harmful Substances on Inpatient Wards policy
- Security policy
- Aggression and Violence policy

14 Contact details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Clinical Risk Manager	Vin Lewin	16379	vin.lewin@shsc.nhs.uk
Head of Mental Health Legislation	Anne Cook	07967 724023	anne.cook@shsc.nhs.uk

Appendix A

Standard Operating Procedure

REMOVAL OF CLOTHING SEARCH

Area Covered

This is an addendum to the Personal Search Policy and should be used only in specifically defined circumstances and always with senior clinical input prior to commencement of the search.

Principles

Ensuring service user dignity during a procedure designed to maintain safety for them and others

Purpose

The need to require a service user to remove their clothing to allow a search of their person should only be considered in exceptional circumstance; exceptional circumstances would be where there is a credible reason beyond suspicion to believe that dangerous items or illicit substances are secreted on the person and harm would occur to the service user or others if it was not removed.

A Removal of Clothing search will only be considered if such items have not been located through ordinary measures; that is, hand-held metal detector, scanner and personal search.

Scope

This SOP covers all staff who may be required to conduct a Personal Search

Process

A Removal of Clothing search will only be conducted where the service user is compliant with this procedure.

Where a service user will not comply with this level of search, constant eyesight observations will be implemented and maintained until a full review by the MDT.

A Removal of Clothing search can only be undertaken where authorisation has been received from the Responsible Clinician, and relevant senior nurse.

A Removal of Clothing search will only be undertaken by a search-trained member of staff and observed by another member of staff.

This level of observation will include observing the service user whilst using the bathroom and will be conducted in accordance with the Observations Policy.

The procedure by which a Removal of Clothing search is carried out must be followed on every occasion.

Procedure

- Service user is to be informed that a Removal of Clothing search is required. The service user's consent should be sought before a search is undertaken.
- Service user to be escorted to a single room that has been prepared for this procedure, e.g. their bedroom, with windows closed, curtains/blinds drawn, spare (pre-searched) clothes available.
- Two nursing staff of the same gender as the service user will be present during the procedure; at least one of the staff will be a Registered Nurse.
- The staff conducting the search should wear disposable gloves.
- The service user must never be completely naked at any time.
- Staff will not touch the service user's body. Service Users may be asked to lift skin folds but have a right to refuse to do so.
- All clothing above the waist will be removed and searched and a visual check of the service user's upper body made, including a check of mouth/ears, nostrils and hair. The service user will then re-dress.
- All clothing below the waist will be removed. After a visual check of the lower body, the service user will be handed the pre-searched spare clothing to wear whilst the removed clothing is checked. After this, the service user will re-dress.
- Removed clothing must be thoroughly searched, paying particular attention to seams, linings, cuffs, collars, waistbands, shoes and pocket items.
- At a clinically appropriate time the service user will be offered an opportunity to conduct a Post Incident review and/or have their views recorded with a member of staff not involved in the search.
- The decision to instigate a Removal of Clothing search, the staff involved and any outcome will be clearly documented on Insight and an incident reported completed.

Responsibilities

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

Security Officer, Senior Clinical staff / Clinical Ward Mangers:

- are responsible for ensuring any search is in line with this policy
- will monitor standards of searching and identify where deficits exist

Links to other Policy

Review of SOP: This SOP will be reviewed in line with the review of the Personal Search Policy.

**SHEFFIELD HEALTH AND SOCIAL CARE
NHS FOUNDATION TRUST**

SEARCH PROCEDURE REPORT

WARD:

DATE:

CLIENTS NAME:

MHA STATUS:

INSIGHT NUMBER:

CONSENT GIVEN: Yes / No

ROOM SEARCH: Yes / No

PERSON SEARCH: Yes / No

BODY SEARCH: Yes / No

PERSON GIVING APPROVAL:

PLACE OF SEARCH:

STAFF IN ATTENDANCE:

EVENTS LEADING TO SEARCH:

OUTCOME OF SEARCH:

NURSE IN CHARGE:

Appendix B – 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 C – 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 lose webbing, check for damaged seams, and are they in good order and not fraid?
- **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 or 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 D – 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 arials. Check battery compartment for batteries or concealed items.
- **Picture frames** - check behind picture in photo frame for concealed items.

Appendix E – 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.

- **Appendix F**

- **Equality Impact Assessment Process and Record for Written Policies**

- **Stage 1 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.

Name/Date: Vin Lewin April 2020

YES, Go to Stage 2

- **Stage 2 Policy Screening and Drafting Policy** - 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 and Flow Chart.
- **Stage 3 – Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section
-

SCREENING RECORD	Does any aspect of this policy 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			
Disability			
Gender Reassignment			
Pregnancy and Maternity			

Race			
Religion or Belief			
Sex			
Sexual Orientation			
Marriage or Civil Partnership			

-
- Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.
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Impact Assessment Completed by: Vin Lewin April 2020
Name /Date