



Sheffield Health  
and Social Care  
NHS Foundation Trust

# Policy

## OPS 013 Searching of Persons, their Property and Environments Policy (formerly Personal Search Policy)

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### Summary of policy

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

<b>Target audience</b>	All staff working in inpatient and residential areas
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<b>Keywords</b>	Detained patients, informal, visitors, personal search, environmental search, personal belongings search, weapons, illicit substances, privacy and confidentiality, human rights, consent
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### Storage

This is version 5.0 of this policy. This version was reviewed and updated following learning from incidents within the Trust.

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

<b>Version No.</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of change(s)</b>
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
4.0	Review of policy	February 2022	Full review following incident findings
5.0	Review of policy	December 2022	Full review following incident findings and feedback from practice

## Contents

Section		Page
	Version Control and Amendment Log	
	Flow Chart	1
1	Introduction	2
2	Scope	3
3	Purpose inc prohibited items and blanket restrictions	3
4	Definitions	4
5	Aim of the policy	4
6	Duties	5
7	Procedure	5
7.1	Type and Frequency of Search	5
7.2	Involving Patients, Carers, Families and significant others	7
7.3	Authority to Search inc Human Rights	8
7.4	Consent to Search	10
7.5	Patients Legal Status	11
7.6	Restricted and Prohibited Items including weapons	13
7.7	Record Keeping	14
7.8	Conducting a Search	16
7.9	Removal of Items	18
7.10	Managing Visitors	20
7.11	Post Search Support	21
7.12	Search Equipment	21
7.13	Search Training	22
8	Development, consultation and approval	23
9	Audit, monitoring and review	24
10	Implementation plan	25
11	Dissemination, storage and archiving (control)	25
12	Training and other resource implications	26
13	Links to other policies, standards, references, legislation and national guidance	26
14	Contact details	26
	APPENDICES	
	Appendix A Definition of Terms	27
	Appendix B Personal Search Guidance	29
	Appendix C Guidelines for environmental searches	31
	Appendix D Checklist for searching bedrooms	33
	Appendix E Guidelines for handheld scanners	34
	Appendix F – Quality Network Standards (Low Secure)	35

**Flow Chart for Procedure for searching Patient and Environment**

**Patients and their relatives/carers/visitors to be aware of items not allowed as part of the admission procedure and Prohibited Items signage. ( 7.6) \*Ask for any to be handed in on entry to the ward. Staff to store.**

Professional in charge has reason to believe a personal or bedroom/environment search is required (Section 7.1 and 7.3)

Where an informal patient does not have the capacity (within the requirements of the Mental Capacity Act 2005) to consent to a search, if the risk is deemed to be imminent under 7.4 and 7.5, a search may take place if deemed to be in their best interests. Where risk is not imminent follow procedure for best interests and decision making

**Consent is obtained from the patient/s involved (Section 7.4 and 7.5)**

**YES**

**NO**

**Consent is refused.**  
 For informal patients the professional in charge may authorise the search if the risk meets the criteria in section 7.4 and 7.5. The line manager and duty doctor are informed that the search has taken place.  
 If the patient is detained under the MHA obtain authorisation from the responsible clinician (or, failing that, another senior clinician with knowledge of the patient’s case) unless this is a case of extreme urgency when the professional in charge may authorise the search. Inform the Line Manager/Modern Matron or out of hours first on call manager, duty doctor and the responsible clinician as soon as possible.

**Search proceeds following procedure in 7.8 and 7.9 Appendix B,C,D,E**

If items are removed during the search, follow the procedure in 7.9.

Record as set out in 7.7  
 If consent for the search has not been obtained or the outcome of the search requires an untoward incident investigation, follow the current Learning from Incidents Policy. Review patient’s risk assessment and risk management plan.

## 1 Introduction

Sheffield Health and Social Care NHS Foundation Trust has a statutory duty to ensure that its facilities provide a safe and therapeutic environment for patients, staff and the public. To that end, there may be occasions when it is necessary to search visitors, patients and their property.

The Trust search policy and procedure is based on the following clear principles within the Mental Health Act (MHA) Code of Practice:

- 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 be proportionate to the identified risk and should involve the minimum possible intrusion into the person's privacy; and
- All searches will be undertaken with due regard to and respect for the person's dignity and privacy. This will conform to the 'respect and dignity' principle (Code of Practice).
- All searches will be lawful. "It is important that hospital staff are aware of whether they have the legal authority to carry out such a search" (MHA Code of Practice).
- The term "patient" is used instead of "service user" as used by the MHA Code of Practice.

The policy is to be followed by medical staff, nursing, allied health care professionals and support staff. This policy is supportive of and does not override local arrangements where additional standard operating procedures need to be followed, e.g., in Trust secure and including Psychiatric Intensive Care Units. For instance, in secure settings, enhanced security should incorporate physical, procedural and relational security measures (Department of Health<sup>1</sup>).

The term "personal search" applies to searching of the body i.e., pat down. Searching may include areas such as clothing, belongings, room and bed area and lockers (where appropriate). This policy does not include provision for intimate or cavity body searches, however, does cover where, in extreme circumstances, it is thought that a patient has an item of risk/harm in folds of skin.

In all circumstances where a search is deemed necessary, staff should ensure that a full entry is made within the patient's records (EPR) and via incident reporting (except routine searching as part of procedural agreements), setting out any risk identified, and discussions undertaken with the clinical team. The outcome of any search, whether undertaken or not, must also be recorded. Staff who are not trained in the personal search procedure are not allowed to use pat down techniques to search a patient. However, they may assist in the search process by observing.

*SHSC wish to kindly acknowledge Hertfordshire Foundation Trust for sharing their Search Policy and delivering training to SHSC key trainers in Search Techniques. This policy has been adopted from Best Practice.*

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<sup>1</sup> Department of Health (2010). See Think Act. [Online]. Available at: [https://www.rcpsych.ac.uk/pdf/STA\\_hndbk\\_2ndEd\\_Web\\_2.pdf](https://www.rcpsych.ac.uk/pdf/STA_hndbk_2ndEd_Web_2.pdf)

## 2 Scope

The scope of this document concerns all Staff, Service Users, Carers, visitors and members of the public who come into contact with Trust services.

## 3 Purpose

- To ensure a therapeutic and safe environment is maintained, for all patients, staff and visitors.
- To give clarity to staff regarding what constitutes an environmental (room) and a personal search.
- To ensure that individual patients involved in any form of a search are treated with respect and their dignity is maintained throughout the process.
- To ensure that all Trust clinical staff operate within the scope of their relevant codes of conduct and the Code.

### **Prohibited items, Blanket Restrictions and Search Procedures (Code of Practice).**

The term blanket restrictions refer to rules or policies that restrict a patient's liberty and other rights, which are routinely applied to all patients, or to classes of patients, or within a service, without individual risk assessments to justify their application' (Mental Health Act Code of Practice 2015 Ch 8.5). This definition is to be applied to all service areas within the Trust, not just hospital wards. Note that blanket restrictions, as defined by the Mental Health Act Code of Practice (2015) require:

- a) a RULE or POLICY which
- b) Restricts LIBERTY or other RIGHTS and
- c) WITHOUT an individual risk assessment for each person affected, is
- d) APPLIED TO ALL PATIENTS [or service users] or to CLASSES of PATIENTS [or service users] or WITHIN A SERVICE

Within care settings (hospital or community-based) there can be two distinct types of blanket restrictions those that meet national guidance/ legislation (eg smoking, weapons, social media, drugs and alcohol policies) and those implemented within individual settings (e.g. mealtimes, bedtimes, restricted access to fresh air, possessions or areas of a unit such as a kitchen and bedrooms).

Prohibited items are identified as part of the CQC prohibited items (national guidance/legislation) list and are recorded on a team register and communicated as part of admission process which includes posters on display. This is a vital information sharing point so that patients and their visitors are clear which items are prohibited and therefore not allowed on the ward, and as such if there is concern that a patient is holding these, search may be indicated. This includes items such as weapons, illegal substances, alcohol, lighters etc. These prohibited items.

**Where a service/unit has approved search as a blanket restriction (procedural arrangement) this must be recorded on their team register and information provided to patients and visitors regarding this.** This currently applies to Forest Lodge Low Secure Unit, Endcliffe PICU unit and the Health Based Place of Safety.

## 4 Definitions

<b>ECHR</b>	European Convention of Human Rights
<b>EPR</b>	Electronic Patient Records
<b>Ulysses</b>	Electronic incident / case record
<b>MDT</b>	Multi-Disciplinary Team
<b>MHA</b>	Mental Health Act 1983 (as amended)
<b>The Code</b>	Mental Health Act Code of Practice 2015
<b>RESPECT</b>	Training for the Prevention and Management of Aggression and Violence
<b>RC</b>	Responsible Consultant (is used in this document as only detained patients will have Responsible Clinician.)
<b>PICU</b>	Psychiatric Intensive Care Units

**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).

**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). Each team will have a register of prohibited/banned items and will display information for patients, visitors and staff.

**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 Counter Fraud Authority acknowledges that this definition will cover most NHS premises.

## 5 Aim of the policy

This policy sets out the framework for undertaking searches of patients, regardless of whether they are detained or informal, their property and environments within SHSC (Trust). A brief section on visitors is also included. The document highlights the information staff are required to have before they can instigate a search and the documentation they need to complete when a search has been carried out.

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 Trust has a responsibility leading from the Board and Chief Executive to ensure effective risk management for patients with regard to personal searches, of their property and

environments and provide a suitable infrastructure to establish and continue support for these activities including recording and monitoring procedures.

**The Medical Director** is the lead director for this procedural document and is directly accountable to the Trust Board.

**The Director of Quality** is the responsible person under the Mental Health Units (Use of Force) Act 2018 and has responsibility for ensuring that this policy aligns to the principles of least restrictive practice.

**The Least Restrictive Practice Oversight Group** have the responsibility to **ensure the policy meets national and legal standards.**

**The Clinical Directorate Leadership team** is responsible for ensuring policy implementation and compliance throughout the organisation.

**The RESPECT training Team** will be responsible for updating this policy and are available for advice and to support training.

**Responsible Clinicians/AHP leaders/ Matrons** must ensure that members of their teams involved with searches of patients, their property and environments understand their responsibilities within this document.

**Individual health and social care professionals** have the duty, within their area of responsibility, to implement the requirements set out in this document with regard to searching patients, their property and environments. This duty extends to the supervision of support staff when duties are delegated.

**Individual staff** have a responsibility to:

- Understand importance of Search Policy
- Report any search interventions
- Attend training relating to search as identified by their place of work

**The professional in charge of a ward** is responsible for ensuring that all searches are fully documented using the appropriate records.

**Community teams and Crisis Teams** who are arranging admission to Trust inpatient units must inform the patient and their carer/person who supports them of what is allowed on the units and admission literature should be provided.

## **7 PROCEDURE**

### **7.1 Types and Frequency of SEARCH**

The types of searches undertaken include either a 1) personal search, 2) environmental or a combination of both as indicated by assessed needs. The search *may* involve the patients themselves, their room and/or their belongings, in other instances the communal areas or unit grounds.

Due to the diverse patient population within the Trust it is recognised there will be different levels of security within each unit.



### 7.1.1 Routine search procedures.

These are regarded as first line management procedures and pro-active in keeping our services safer. Operational search procedures may be an integral part of the unit function and therefore may be constantly operational, e.g.

- **Routine Search** and use of Proscreen / handheld metal detector for service users being admitted or going and returning from leave from Forest Lodge / Endcliffe (PICU) and Health Based Place of Safety suite.
- **Entry to Seclusion.** All patients entering seclusion will be searched prior to closure of the seclusion room door. Further information can be found in the seclusion policy.
- **Admission to the Health Based Place of Safety.** Patients should have been searched by the Police under Police search powers prior to admission. Refer to the HBPOS Standard Operating Procedure for more information. It is also recommended that this is completed on admission to the Place of Safety suite in the presence and support of Trust staff.
- **Perimeter or external search of a unit.** This consists of staff checking the external areas of trust building/premises.
- **Pro-active environmental search.** These are not promoted by evidence of a specific risk but are justified and carried out in certain areas in order to maintain safety and security; minimise potential incidents and monitor clinical presentations; e.g. communal area searches. They must be undertaken calmly and creating little upheaval as possible. Pro-active random searches can only be conducted in relation to the internal and external environment i.e. property owned and/or occupied by the Trust. This will include the search of all areas including toilets, bathrooms and sleeping area and other communal spaces. This **will not** include search of the personal possessions of service users or personal searches. The frequency of these pro-active random searches will be decided locally and monitored by the unit management team.

All of the routine procedures **must** have a recording system within the clinical area to document when these are completed. Refer to Recording section of policy.

### 7.1.2 Reactive searches - Secondary management.

Reactive searches are specific, intelligence and or observation led – carried out in response to information received or following an incident where there are reasonable grounds for suspicion that a patient is in possession of an item(s) or in the environment, which poses a threat to health/safety/security.

They include search of the person and search of personal property and sleeping areas. The least restrictive search should be carried out first, i.e., search of property with the personal search only proceeding as a last resort, if necessary.

**Any reactive search must** be recorded using the Trust incident reporting system and as a note on the patient EPR

Categories could be

Restricted item found or Search

In each event the incident form must indicate the type of search undertaken (environment/room, property and/or personal search) and who authorised the search and on

what grounds. A statement related to consent must be included and which staff supported the search. A record of any items retrieved should be included.

### 7.1.3 Situations When a Patient May Be Searched

A patient and/or their property may be searched with the permission of the professional in charge who has been made aware that there is good reason to believe that they are in possession of an item which could be used to harm themselves and/or others, or that they are in possession of illegal drugs or other substances detrimental to their or others health.

Alcohol is prohibited on inpatients units within the Trust, and any found on a patient will be removed (refer to section 13.3 of this policy).

When carrying out personal searches, members of staff must never put the safety of themselves or others at risk and if searching for a dangerous or injurious article (e.g. knives or firearms), the police should be involved. Inpatient units should have standing operational procedures for liaising with the local police.

In some instances, for example when a patient with a history of self-harming behaviour, expresses suicidal ideation or there is a significant change in mood and behaviour it may be necessary to search the patient and or their property in order to maintain their safety. Thought should be given to specific items such as: - belts, shoelaces, boot laces, removable bag straps, plastic bags, bin liners, mirrors, razors or other sharp instruments, tweezers, nail files, bottles, aerosols etc.

Consideration must always be given to involving the police prior to any search for weapons or suspected illicit substance if there is a risk of harm to the patient, or others, including staff.

Dependant on the object which is found the Security Officer and/or police may need to be advised of the result of the search. This must be decided by the professional in charge of the unit/ward manager.

## 7.2 Involving Patients & Carers/people who support the patient

Advice regarding appropriate items required for admission, and those that would not be permissible should be given to patients and carers/others prior to admission where possible.

This information should be brought to the attention of the patient (where possible) and relatives/carers/others by the Trust team referring the individual for admission and included in the information booklet for the specific service. Service areas **must** also display the prohibited items signage. It is the responsibility of the Matron to organise the appropriate 'prohibited item' signage for their clinical units and update these based upon patient profile and learning from on-going events.

As part of the *admission* process patients are asked to declare their property in the presence of a member of staff. On admission, all patients should be assessed for immediate and potential risks of going missing, suicide, self-harm and possible harm to others, and individual care plans should be developed including actions to be taken should any of these occur. Particular reference must be made to risks of suicide or self-harm by "checking or removing personal items which may be used as a ligature".

The term 'admission process' could apply to any of the following scenarios:

- Admission from the community via self, police or other.
- A transfer from one clinical unit to another within the Trust.

- A transfer from the section 135/136 suite within the Trust.
- Using section 17 leave of absence for a detained patient.
- Using leave as an informal patient.
- A transfer from another Trust.
- A transfer from Accident and Emergency.
- A transfer from Courts or Prison.
- Re-admission due to absence without leave (AWOL).

It must be made clear to both patient and carer/others by the member of staff, in cases when the clinical team are concerned for the safety of the patient and or others that a search may take place during their stay. "Information about searches should be provided in a variety of formats to meet patients' and visitors' needs and should be readily available" (Code of Practice).

Items that may be a risk will not be allowed, and the member of staff will either give them, with the patient's agreement, to those accompanying the patient for safe keeping, or store or dispose of the items as set out in section (Removal of items from patients). The patient should be told "why they have been removed, given a receipt for them, where the items will be stored and when they will be returned" (Code of Practice). Property must be stored and returned in a respectful manner. Bin liners are not acceptable.

A person being searched or whose possessions are the subject of a search should be kept informed of what is happening and why. If they are not fluent in English, the services of an interpreter should be sought unless immediate safety is compromised. The specific needs of people with impaired hearing or a learning disability should be met.

### **7.3 Authority to Search**

The authority to conduct a search of a person or their property is controlled by law therefore it is important that hospital staff are aware of whether they have legal authority to carry out any such search (Code of Practice).

Consent of the person should always be sought before a personal search of them or their property is attempted. All searches should be carried out with regard to ensuring the maximum dignity and privacy of the person (Code of Practice).

The professional in charge of the ward can make the decision to search the patient without consent within exceptional circumstances. Staff must explain to the patient why the search is happening and must document the reasons for the search in the patient's EPR and via Incident reporting, 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 refer to Controlled Drugs policy). The overriding principle is the protection of the patient, staff and others.

The Code of Practice states that policies may extend to routine and random searching without cause of detained patients, if necessary without their consent, *but only in exceptional circumstances*. For example, such searches may be necessary if the patients detained in a particular unit tend to have dangerous or violent propensities which means they create a self-evident pressing need for additional security. These units will have their own local policies.

For informal service users and regarding consent please see 7.4

### **Concerns related to concealed items in/under folds of skin or body cavities**

Learning has identified that, in extreme circumstances, some patients hide items of risk in folds of skin or in body cavities. Internal body searches are NOT PERMITTED.

In exceptional circumstances, where there is a real suspicion, they have items of risk and the risk is imminent, it may be appropriate to ask a patient to lift folds of skin. This must be discussed, at minimum with the relevant RC, and where possible the Responsible Person for Use of Force and Human Rights Officer. A staged approach should be considered

- Imminent risks could be managed by enhanced observations
- Consider temporarily restriction of the persons movements if we believe intent to supply
- Consider calling the police and asking for assistance

As a last resort and ONLY when others have been consulted and involved, the risks are imminent and cannot be managed by any other means - It may be appropriate to ask people to remove some clothing and lift folds of skin. This would not include the removal of underwear and the patient must NEVER be completely exposed or naked. Privacy and dignity would need to be maintained at all times. Clear and recorded authorisation is required at any time this occur.

An Incident form would be required rated at MODERATE and it is essential that a post search incident review takes place

### **Attention to Human Rights is required at all points**

- **Article 3: Prohibition of torture and inhuman or degrading treatment-** Any search undertaken without consent could risk an Article 3 violation. If search without consent is absolutely necessary, there must be solid legal grounding that gives authority to take such action, and strong justification for the search. The search must be proportional relative to the reason the search is deemed to be required. Other less intrusive options must have been considered and determined to not be capable of being pursued. Even if consent is obtained, the person being searched has a right to expect that the search is in accordance with Article 3. This means that their humanity and dignity is paramount during any searching procedure.
- **Article 8 - Right to Respect for Private and Family Life** - Searching of a patient or his/her belongings whether detained or informal has the potential to engage Article 8 unless it can be demonstrated that there is justification under Article 8(2). It is important that staff consider patient's privacy and dignity at all times.
- **Article 9 - The right to freedom of thought, conscience and religion-** Searches undertaken may touch upon religious and cultural issues. This is especially so when objects of religious significance might be searched or be handled as part of a search. Public authorities cannot usually interfere in a persons right to hold and manifest their beliefs. However, there may be some situations in which public authorities can interfere with how beliefs manifest. This is only allowed where it can be shown that such an interference is lawful, necessary, and proportionate in order to protect: public safety, public order, health or morals, and/or the rights and freedoms of other people.
- **Article 14 - Prohibition of Discrimination** – this is particularly applicable in relation to personal searches. Staff must have a clear rationale for undertaking a search

and one that is not unjustifiably based on the individual's gender, sexual orientation, race or class.

- **Article 1 of Protocol 1: Protection of property**- This is relevant to searches in terms of what happens if a contraband item is found or declared. Where a patient's belongings are removed during a search, the patient should be given clear reason why this has happened. Everyone is entitled to the peaceful enjoyment of their possessions. No one shall be deprived of their possessions except in the public interest and subject to the conditions provided for by law. When possessions are confiscated/asked to be stored, this must be done in line with the MHA Code of practice (8.45). Patients should be given a receipt for the item(s), told where the items will be securely stored, and when they will be returned.

In some situations, there will be competing human rights at stake. These rights should be carefully weighed in the balance, along with other relevant considerations, to determine whether the search can be justified and is proportionate to the risk. By contrast, the rationale for searching an individual could be based on one of the following rights:

- **Right to Life –to protect the right to life** - of the individual patient and the right to life of others that may come into contact with them. Protection of patients who are at high risk of suicide or self-harm, or may harm others, is key here.
- **Right to Liberty and Security** - patients must be kept safe, as far as possible, on Trust premises and yet should not be deprived of their liberty, unless a procedure prescribed by law is used to do so.
- **Right to Respect for Private and Family Life**-everyone has 'right to respect for private life' to be equally respected. This means that one person's rights do not extend to the right to infringe on the rights of another to enjoy that same right.

Some human rights are qualified e.g. Article 8, which means interference with it can only be justified where what is done:-

- A. has its basis in law; and
- B. is done to secure a permissible aim set out in the Article, ***for example for the prevention of crime, or for the protection of public order or health; and***
- C. is necessary in a democratic society, which means it must fulfil a pressing social need, pursue a legitimate aim and be proportionate to the aims being pursued.
- D. **Other less restrictive options should be fully considered and the least restrictive of these actioned.**

**Staff are encouraged to attend Trust Human Rights Training and to contact SHSC Human Rights officer for advice with respect to consideration of complex issues related to Search and Human Rights.**

#### **7.4 Consent to Search – key principles**

**Patients detained under the Mental Health Act:** For patients detained under the Mental Health Act, the requirements of the Code of Practice should be followed, any deviation from the Code is open to challenge and may call into question the legality of an act or deviation. Staff should contact the Mental Health Legislation Office for advice.

**Informal Patients:** For patients admitted to acute wards who are not formally detained will have complex and specific needs. Ward staff must balance competing priorities and interests when determining what safety measures are necessary.

**Actions prior to search:** Prior to any search being carried out ward/unit staff must attempt to obtain **informed consent** from the patient for the procedure. This will include a full explanation to the patient of why a search is deemed necessary. All reasonable steps should be taken to ensure the patient understands the reason for the request. Reasonable steps include the use of communication with regard to any language, physical or sensory needs of the patient. Consent may be explicit or implied (i.e. not stating or indicating any opposition to the search procedure). Documentation of such approaches will support and underpin the rationale for such approaches.

**Mental capacity:** There is a legal presumption under the Mental Capacity Act that everyone has capacity, if there are doubts about a person's capacity to consent to a search then an assessment of their capacity to make this decision must take place prior to the search.

**Consent obtained by means of a threat, intimidation or inducement** is likely to render the search illegal. Any person who is to be searched personally or whose possessions are to be searched must be informed that they do not have to consent however in some circumstances the search may need to go ahead dependent on the situation.

**Proportionality:** Searches should only be made when requests that the patient voluntarily hand over articles have not worked and there is justification to make the search.

**Personal search:** A personal search should be carried out by a member of the same sex, unless necessity dictates otherwise. The search should be carried out in a way that maintains the person's privacy and dignity and respects issues of gender, culture and faith. For religious and cultural items please refer to section 7.8. There must always be another member of staff present during a personal search.

## 7.5 Patient Status

### 7.5.1 Detained patients

**Search without consent:** In certain circumstance it may be necessary to search a detained patient or their possessions without their consent (Code of Practice).

If a detained patient refuses consent or lacks the capacity to decide whether or not to consent to a search, their responsible clinician (or failing that another senior clinician with knowledge of the patient case) should be contacted without delay in the first instance, if practicable, so that any clinical objection to searching by force may be raised.

In the event that there is a delay in gaining authorisation, the patient should be told what is happening and why, in terms appropriate to their understanding. The patient should be kept separated and following a risk assessment be kept under the appropriate levels of observation (Engagement and Observation policy), isolated from other patients to ensure the safety of others.

**Searches and response to risk.** *Searches 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. In cases of extreme emergency where there would be unavoidable delay the professional in charge may authorise search. However, the manager or manager on call and responsible clinician should be informed as soon as possible.

If a search is considered necessary, despite the patients' objections, and there is no clinical objection to one being conducted, the search should be carried out. If force has to be used, it should be the minimum necessary.



**Clinical Objection to search.** In the event of a clinical objection (dispute between the clinical team members) for a search, then the search must not proceed and the dispute must be referred to the Clinical Directorate Leadership team or oncall manager for a decision.

### 7.5.2 Informal patients with Capacity

**Refusal of search when informal.** Where an informal patient, who is assessed to have capacity, refuses to participate in a personal search or a search of their belongings: a search may not be carried out. Several options may need consideration but discussion should be employed first.

- The discussion should consider: what is the risk, the context that drives the situation, escalate concerns, agree plan, and indicate necessity and action based on authority.
- Any risks associated with the search not being carried out must be managed through the use of other means, such as supportive observations or police assistance.
- It is important that other patients are not placed at risk or indeed the person themselves should a search be deemed not to go ahead.
- Where there is suspicion that the individual has a weapon or suspected illicit substances the police must be informed of the suspicions so that a search under police powers may be arranged.
- If the patient refusing to be searched was receiving treatment in a mental health unit and they demonstrate their intention to leave hospital, consideration must be given to the appropriateness of them leaving if their clinical state is a concern.
- Options such as use of Holding Powers under the Mental Health Act may be considered so arrangements for a full mental health act assessment can be considered if required. Once a patient is detained the patient may be searched without their consent, however staff will endeavour to gain co-operation prior to the search. Refusing to consent to a search will not in itself form grounds to seek assessment under the MHA.

**Imminent risk for harm for an informal patient.** For an informal patient, if **the risk is deemed to be imminent**, the professional in charge may authorise the search. Justification must be made. The duty doctor or line manager/ Matron or Out of Hours Manager should be notified that a search has taken place as soon as possible.

**Risk review and forward planning.** A review of the individual's risk management plan should take place as soon as possible following the outcome of the search and discussed within the multidisciplinary team. Consideration should be given to discharge.

### 7.5.3 Person without Mental Capacity to agree to a search

**Patients who lack capacity to consent to a personal search.** Patients who lack capacity to consent to a personal search, or a search of their belongings may be searched if it is in his/her best interests (Mental Capacity Act), (note the requirement to check who has Power of Attorney and the appropriate permissions must be gained prior to search) and it is in the interests of his/her safety and security. The decision to search an informal patient that lacks capacity to consent to a search should be reached following discussion with the patient's relevant clinical team. Record keeping of the patient's capacity assessment with regard to the search, best interest decision and the discussion with the patient, is to be completed by using the current capacity and best interest forms and placed on the EPR.

**Imminent Risk Search.** Where an informal patient does not have the capacity (within the requirements of the Mental Capacity Act) to consent to a personal search, and **the risk is deemed to be imminent**; a search may take place under the common-law duty of care. This should be followed as soon as possible by a review of the individual's risk management plan based on 'best interest' principles.

#### 7.5.4 Refusal of Consent

**Justifying the search:** The following justification must be demonstrated if a personal search is to be regarded lawful in the absence of consent:

- It is necessary to prevent an act of harm to self or other that is in progress or **is on the point of being committed**.
- There are particular grounds to suspect that the person is in possession of items which present a potential risk to the safety of self or others,
- Proactive risk management is key to minimising risk. Where the clinical team have justified concerns for the safety of the patient and or others, for example on admission and following a period of leave or other circumstances, a search may be instigated.
- 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 (Code of Practice). The Team Leader or designated deputy should be present. A carer or advocate can also be present for this review if the patient wishes and time allows.
- 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.

### 7.6 Weapons, Prohibited and Restricted Items

It is an offence to be in a public place in possession of an object that is a weapon or has been adapted for use as a weapon or is being carried with intent to cause injury, without good cause. The term 'weapon' means any knife or other type of sharply bladed or pointed object, or any other object that could be used to threaten or injure another person (refer to Appendix A) including firearms, knives, explosives and other weapons. **Should a weapon or illegal substance be suspected to be present, then the Police should be contacted as they are responsible for the removal of such items.**

For the purpose of this policy, the term '**prohibited**' item is taken to mean those items or substances, which, in the judgment of the staff member constitute a risk to or interrupts successful treatment of patients or the safety or welfare of any person on the premises of the Trust. Each service has a list of items which are prohibited (banned) on the unit, however the following list is consistent across all services which includes those identified by the CQC as typically banned within inpatient services:

- Alcohol, drugs and solvents not prescribed (including suspected/illicit and illegal highs).
- Items used as weapons (firearms-real or replica, knives or other sharps, bats).
- Fire hazard items (flammable liquids, matches, lighters, incense).
- Illegal Pornographic material.



- Material that incites violence or racial/cultural/religious/gender hatred.
- Clingfilm, foil, chewing gum, blue tack, plastic bags (NPSA - signal), rope, metal hangers (in some but not all areas)
- Laser pens.
- Tobacco products.
- Medication purchased over the counter or prescribed.
- Toxic substances or harmful chemicals e.g. bleach.
- Where there is a risk of self-harm and suicide and the risk assessment establishes a need to remove items that could serve as ligatures or be a means of risk to the patients or others in line with suicide prevention standards (i.e., razors, scissors, or needles).

**Each service line is responsible for establishing an appropriate list of “prohibited” items for their specific services.** The CQC recognises that secure mental health units may also prohibit other items, especially including IT equipment, or escape aids.

Additionally, some items known as ‘*restricted*’ items *may* be kept by staff and managed by an *individual* risk assessment and management process.

- Razors and razor blades.
- Other items with a cutting/sharp edge, nail clippers, tweezers, sewing kits etc.
- Flammable liquids and sprays e.g., hair sprays, shaving foam in aerosols.
- Electrical equipment and flexes e.g., cables or Wi-Fi.
- Glass bottles or containers e.g., aftershave, perfume.
- Money.
- Items that present based on learning from incidents.
- Mobile phones and tablets
- Aerosols

When patients are admitted, staff should assess the individual risk and appropriateness of patients having access to mobile phones and other electronic devices and this should be detailed in the patient’s care plan in terms of reasons for restrictions. Particular consideration should be given to people who are deaf who will have special communication needs. Patients should be able to use such devices if deemed appropriate and safe for them to do so and access should only be limited or restricted in certain risk-assessed situations (Code of Practice). Please refer to the SHSC policy on Mobile Phones and Smartphone usage by service users and visitors.

Patients’ staff and visitors should be informed that there is a policy on searching (Code of Practice). Information about searches should be provided in variety of formats to meet patients and visitors needs and should be readily available’. Basic information regarding search should be provided locally during admission or within the units Welcome Pack.

## **7.7 Record keeping**

### **7.7.1 Routine Search**

Where routine search is in operation for patients (Forest Lodge/Endcliffe/HBPoS) and this is recorded in the blanket restriction register, it is permissible for the service to keep patient level records of every search conducted in the EPR and not complete an incident form IF the patient is not objecting and there are no issues of capacity.

This local record in the EPR must still evidence the date/time and staff involved in the search.

Where a patient is subject to routine search and does not give consent or does not have capacity, an incident form must be completed.

An incident form will also be required where items are removed from a patient during routine search.

### **7.7.2 Reactive Searches**

A clear and comprehensive record of every search, including the reasons for it and details of any consequent risk assessment must be documented.

Information relating to searches carried out needs to be documented in:

- The Trusts Incident Reporting system.
- Reports or statements, depending upon the situation.
- Patient EPR

The following should be included:

- a) That consent has been obtained (witnessed by two members of staff) or if consent is not given, the names of the persons authorising the search.
- b) The decision to search a patient and or their property must include:
  - The names of the members of staff carrying out the search
  - The reason for the search.

Where a patient's belongings are removed during a search, the patient should be told why they have been removed, given a receipt for them, told where the items will be stored, and when they will be returned. If appropriate, relatives/others who support should be informed. The clinical area should also keep a copy of the signed receipt by the patient in order to avoid any confusion.

Where items of property are given to carers or relatives/others as an alternative to patient's property procedures, this should be recorded in the patients' records. If items have been stored for the patient, and not confiscated they will be returned on discharge. Where there is a concern that the item should not be returned to the service user under any circumstances e.g., weapon, illicit drugs; the item should then be held and disposed of in an appropriate manner. The Police may need to be considered following MDT discussions.

Any outcome of the search is used to inform the patient risk management plan.

Search of post or mail is not permitted unless there is an individual risk assessment and agreement with the MDT including advocacy or family where necessary. Some post/mail may need to be held, if there is cause for concern, until conversations and appropriate legal decisions are made.

## 7.8 Conducting a Search

### Procedure for Conducting a Search

Members of staff carrying out a search are responsible for ensuring the following procedure is observed.

Searches must always be carried out in a sensitive manner, demonstrating respect for the patient's dignity, privacy and feelings. An explanation of what is being done and why should take place throughout the search. Where a person's first language is not English then attempts must be made to obtain an interpreter to explain the procedure as quickly as possible. Information leaflets must also be available in a range of formats.

A search should be carried out with a minimum force necessary. Withholding consent may result in the use of restrictive practice by staff (refer to the SHSC Use of Force policy).

#### 7.8.1 Personal Searches

Where a patient physically resists being personally searched, physical intervention should normally only proceed on the basis of a multi-disciplinary agreement unless it is urgently required.

Personal searches should be carried out with the *minimum* force necessary. This conforms to the "least restrictive and maximising independence" principle (Code of Practice).

The search should be carried out in a way that maintains the person's privacy and dignity showing due regard for the patient's gender and culture e.g., modesty and faith, Religious articles must be treated with respect.

**Personal searches will always be carried out by 2 members of search trained staff of the same gender as the patient, unless necessity dictates (Code of Practice). In circumstances** where only one search trained member of staff is available, the trained staff should conduct the same sex search and the second member of staff should witness the search.

Some of the acute clinical areas within the Trust have new technology installed, in order to improve the security and safety. These are known as **Proscreen** have been installed where searches are frequently made.

The unit team should also have available both the hand-held metal detector and extendable mirrors during the search process.

#### **Procedure related to concealed items in/under folds of skin or body cavities**

A removed clothing search is a last resort intervention and must only be carried out after all other alternatives have been considered. Careful consideration must be given to who carries out such a search and both members of staff must be the same gender as the patient (or the gender the patient self identifies) as well as one member of staff being a registered nurse. Special consideration should be given to the gender of the staff if there is a known trauma history. Such a search is a gross invasion of privacy and dignity and will only be contemplated when:

1. It is clear that health and safety cannot be maintained by using any other intervention including arm's length observation. AND
2. The risk is immediate.

The Ward Manager or out of hours equivalent will be alerted to a removed clothing search occurring, where possible prior to implementation. This must be discussed at minimum with

the relevant RC and where possible the Responsible Person for Use of Force and Human rights officer. A staged approach should be considered

When all of the above has been considered the patient will be taken to a room such as their bedroom or area where their privacy and dignity can be maintained.

The reason for the removed clothing search will be fully explained to the patient in a style and language understood by the patient. A robe or cover will be available for the patient so as at all times the privacy and dignity of the patient will be maintained. The patient will be asked to remove items of clothing (except underwear) and to preserve privacy and dignity; the patient will be covered / draped with a bed sheet. The search will be conducted by visually observing the patient from head to toe, thereby avoiding the need for the patient to be totally exposed. Clothing removed will be searched and then handed back to the patient. This process eliminates any need to make physical contact with the patient.

**Appendix B** gives the procedure for carrying out personal searches.

**When carrying out personal searches, members of staff must never put the safety of themselves or others at risk and if searching for a dangerous or injurious article (e.g. knife or firearms), the police should be involved.**

### **7.8.2 Environmental searches**

#### **Patient's rooms and their property**

Wherever possible the patient should be present when a search is being carried out of their property. The decision for the patient not to be present should be recorded and the reasons stated. Prior to the search commencing service users must be asked to identify any items in their room which are not in working order and any precious items. A list of these should be made by the professional in charge of the ward/search staff and signed by the service user.

Religious articles **must** be treated with respect.

Two members of search trained staff must be present throughout the search. At least one of whom must be the same sex as the person being searched.

**Appendix C & D** provides a check list for environmental searches. This list is not exhaustive and should be adapted to meet local requirements.

### **7.8.3 Additional considerations for religious and cultural items.**

Items of religious significance, while being subject to search, must be treated with respect and in accordance with Article 9 of the Human Rights Act 1998 . This will include holy or sacred books and religious artefacts of any faith. The patient should be allowed to point out holy books and religious artefacts before the search. It is preferable for the patient to show the book or object themselves when subject to a search. They should not be handled by dirty hands, nor placed upon the floor or with shoes or underclothes.

Gloves must be worn if a member of staff needs to pick up any religious artefacts and that all artefacts are placed on a table that is covered with a cloth. This avoids causing offence in relation to those artefacts that are habitually not allowed to be directly handled. Equally important, is to ensure that no item is placed upon another but laid out one adjacent to the other in the view of the person being searched.

The use of dogs for searches of people's environments or person is an area requiring staff to be mindful of dignity, religious and/or cultural factors. Where objections to the use of dogs on these grounds are raised it is important that dogs are only deployed where it is deemed there is no viable alternative than to do so. In such a circumstance, staff should ask the person to

go through their personal or personal or faith items one by one. The personal faith items should be respectfully removed from the room and/or the person before the dog is deployed.

#### **7.8.4 Comfort items**

Items which the patient has identified as providing comfort, grounding or calming must be treated with respect. For example, this may include soft toys, ear phones, rosary beads. A discussion on safety, use and importance must take place with the patient and a decision made as to safety of the item based on the current clinical presentation and risk vs the benefits to patient wellbeing.

#### **7.8.5 Communal Areas**

The decision to search communal areas is made by the nurse-in-charge in response to a perceived risk. If routine searches are required, the frequency of the search should be agreed by the unit team based on risk assessment. The frequency of environmental searches is dependent upon local clinical risks and should be agreed within local operational policy.

#### **7.8.6 Grounds**

A ground search relates to searching of the immediate area outside of the ward or could be a given area within the hospital grounds. The basis of such a search would be that contraband items were being stored off the ward, following a breach of security or in the case of a missing patient

### **7.9 Removal of items from Patients**

If a patient's property is removed the patient should be informed of the reason for its removal, a receipt given, and the patient told where the items will be stored and when they can be returned. Confiscated articles such as illicit substances or offensive weapons should not be retained but should be removed as set out below. The patient should be informed of the disposal. Local arrangements should be made and agreed for the making and issuing of receipts.

#### **7.9.1 Suspected Illegal substances.**

The use or supply of illegal or suspicious substance on a NHS Trust premises or within its grounds is strictly prohibited.

#### **7.9.2 Managing a Find**

In the event of a member of staff either finding suspected illegal or suspicious substance on the ward / unit or having handed to them voluntarily by either a patient or visitor to the ward / unit, then that member of staff should inform the professional in charge of the ward / unit.

Following the location of any illegal substances, or suspected illegal substances, the substance should be retrieved and placed in a secured drop box, where available. An entry should be made in the 'drop box' record book and signed by two qualified nurses. For services where there is no access to a drop box, substances may be stored in the medicine cabinet, and recorded as such, until police advice has been sought regarding disposal

Staff should refer to the Managing Substance Misuse and Harmful Substances in Bed-Based Services Policy: section 7.8 for further guidance.

### 7.9.3 Suspicion of Substance abuse

If a member of staff suspects that a patient is displaying signs of the behavioural or physical effects of substance abuse, the following steps should be taken:

- Report immediately to the professional in charge of the ward/unit.
- Request medical staff to assess the patient's condition.
- The senior nurse on-call should be informed.
- If there are reasonable grounds to suspect that a patient is in possession of an illegal substance, a search may be implemented in line with this Trust policy.

### 7.9.4 Recording / Post incident

- A record of the occurrence and action taken should be made in the Electronic Patient Record and an incident form completed as per Trust Policy.
- If the Police attend an incident, then the incident form should note the Crime Number, Officers name, number & station base, so they can be contacted again if necessary.
- Discussion should take place between the multidisciplinary team regarding the care management of the patient.

### 7.9.5 Medication.

All patients admitted to an inpatient facility should be subject to medicines reconciliation within 24 hours of admission (Reconciliation of Medicines on Admission Policy). Therefore, patients should not have **undeclared**, non-prescribed (over the counter) medication or prescribed medication in their possession whilst in a patient unit. Undeclared medication may affect treatment, for example, by interacting with drugs or reacting with diagnostic markers used in therapeutic drug monitoring. If undeclared medication is found during the search it should be removed, securely stored and in all cases, notified to the doctor. The doctor can then discuss the use of the medication with the patient and write up the medication as a prescription if appropriate.

If a patient requires their medication to be in their possession, e.g. a salbutamol inhaler, arrangements must be made for the safe, secure storage of the medication which prevents access by other patients.

The medication remains the property of the patient unless they agree to its disposal.

### 7.9.6 Alcohol and Smoking Materials

Open cans or bottles should be emptied by pouring down a drain. Unopened bottles/cans should be stored and with the patient's permission, handed over to relatives and carers/others or disposed of as above. Two members of staff to witness the disposal and a full entry made in the EPR. If not destroyed the alcohol should be returned to the patient on discharge unless this is clinically inappropriate.

Staff should refer to the Smoke Free Policy for guidance on the management of smoking materials. Cigarettes, lighters and ignition sources are prohibited items as such are not allowed onto ward areas. Patients are not permitted to keep them on their persons or in their rooms. Each Ward or unit will have a procedure for the storage of restricted items that are not deemed as illegal.

### **7.9.7 Weapons.**

If offensive weapons (for definition refer to Appendix A) are removed, these should be securely stored and the Trust Security Officer notified immediately. The Security Officer will arrange disposal via the Police.

- An incident form must be completed by the lead individual and graded as moderate.
- A record of the occurrence and the action taken should be made in the EPR

Small sharps can be disposed of in the ward's/unit's sharps bins. The police must be notified of any items such as guns, hunting knives or other items that staff are unsure of. An entry will be made in the patient's EPR as to what was disposed of, when and by whom.

Should a patient be carrying a religious blade, the police will identify this and arrangements will be made to store the item accordingly, where possible with family/carer support and the item treated with respect.

## **7.10 Managing Visitors**

### **Action to take if it is suspected a visitor to the unit has in their possession a dangerous weapon, drugs, alcohol or any other item that is prohibited on the unit.**

The Trust has Article 2, 3 and 8 duties to the people on a ward to protect against such risks (alcohol, weapons and drugs). If there is genuine suspicion that these items are being attempted to be brought onto the ward a request for a bag search would not be unreasonable, nor a violation of human rights. Unless elements of discriminatory practice were evident.

COP 8.29 states "Hospital managers should ensure that there is an operational policy for searching patients detained under the Act, their belongings and surroundings and their visitors."

COP 11.12 states re Restriction or exclusion on security grounds "There are two principal grounds which could justify the restriction or exclusion of a visitor: clinical grounds and security grounds. 11.15 "The behaviour of a particular visitor may be disruptive, or may have been disruptive in the past, to the degree that exclusion from the hospital is necessary as a last resort. Examples of such behaviour include: • incitement to abscond• smuggling of illicit drugs or alcohol into the hospital or unit• transfer of potential weapons• unacceptable aggression, and• attempts by members of the media to gain unauthorised access.

### **Procedure**

The professional in charge may discuss their suspicions with the visitor concerned providing they are not putting themselves at risk, explaining which items are prohibited and why, requesting they are handed over. A request to search baggage can be made.

If the situation is deemed to be high risk, the person in charge may request police assistance before allowing access to the ward. Refusal of entry to the ward with an explanation is permitted at this point, until it is confirmed that no items of risk are present.

If the visitor denies having anything on them or refuses to have their baggage searched, the professional in charge will inform the individual that a refusal to consent to a search may result in refusal to the unit/ward. If entry into the unit/ward is refused, the relevant patient is to be given an explanation as to why access to the unit was denied.

If deemed safe and appropriate to do so the visit may go ahead with staff observations, recognising that this is also a restrictive measure.

A record within patient EPR should be made, detailing the reason for refusal of entry to the unit. An incident form should be completed.

Where search has taken place and in the case of suspected illegal or illegal substances being found, they should be removed and initially stored in the controlled drugs cupboard and the police will be notified. The correct procedure for implementing this process can be found within the SHSC Managing Substance Misuse and Harmful Substances in Bed-Based Services Policy

Any other items deemed unsuitable to bring into the building will be removed and retained until the visitor leaves. A receipt is to be issued with the person's name and details of the confiscated item.

- Electronic incident form via ULYSSES should be completed by the lead individual. Confirm incident rating.
- A record of the occurrence and the action taken should be made in the EPR.
- If the Police attend an incident, then the incident form should note the Crime Number, Officers name, number & station base, so they can be contacted again if necessary. (HPFT, Learning from Incidents).
- The RC of the patient is to be informed and a decision made as to whether or not the person concerned will be permitted to visit the unit in the future and whether the visit needs to be supervised.
- Inform the visitor of the complaint's procedure should they wish to make a complaint.
- Discuss with the relevant clinical team the management plan for future visits.
- For further information refer to the SHSC Managing Substance Misuse and Harmful Substances in Bed-Based Services Policy

There have been instances where **children and young people** have been utilised to bring in prohibited items to patients. Where this is suspected the clinical team should discuss their concerns with the Trust safeguarding team.

**It would never be appropriate for SHSC staff to request to conduct a personal search of a visitor in order to permit visiting.**

Staff may be supported to initiate observed child visiting in the designated child visiting room in order to reduce the risk of passing prohibited items. This should be discussed with the safeguarding team and relevant Clinical Directorate leadership team.

## 7.11 Post search support

A post-incident review should follow every search undertaken where consent has been withheld. The NICE guidance states that this should include an advocate or hospital manager.



Support for patients who are affected by the process of searching should be given, for example, where a personal search has had to proceed without consent or has been distressing for the individual or involved physical intervention.

The named nurse or an advocate may be best placed to provide a full explanation to the patient of why the search was necessary.

Depending on the severity of the incident, members of staff affected should be offered a debriefing.

## 7.12 Search Equipment

The following equipment is held by the ward areas:

- i) Extendable mirror
- ii) Proscreen and/or Handheld metal detector
- iii) Torches
- iv) Gardening Gloves for grounds searches
- v) Tongs

Each individual ward and department that holds this equipment is responsible for ensuring the maintenance and condition of their equipment. It is an expectation that this equipment should be used whenever searches are being undertaken.

Training will cover the appropriate use of the equipment and maintenance required. **Three** key points covered in training are: -

1. Staff must never put their hands into or along areas where they cannot see what is there.
2. Adverse reactions have been reported with the use of handheld metal detectors on patients with Pacemakers or Implantable Cardioverter/Defibrillators (ICD) fitted and they should not, therefore, be used in these circumstances. A separate care plan should be agreed with the MDT on the search process in this circumstance.
3. Tongs must be used to pick up potential sharp items or items with suspect bodily fluids

## 7.13 Training

Within wards/units the Ward/Team Manager should ensure that:

- All staff who make decisions about searches must have the appropriate knowledge of the Mental Health Act, Mental Capacity Act, Human Rights Act and other associated legislation and this policy to do so.
- All staff that carry out personal or environmental searches must have the appropriate knowledge of the procedure for carrying out searches as safely and respectfully as possible.
- Staff who may be required to conduct searches are competent and have been appropriately and adequately trained for the task and that training is updated.

- Any learning events such as findings in relation to new ways of concealing items must be shared through the patient safety team and Blue Light Alerts

These points are achieved through: -

- Ward/unit induction
- Search training.
- RESPECT training (and refresher) training.
- Mental Health Act, Human Rights Act and Mental Capacity training.
- Equality and Diversity training

## **8 Development, consultation and approval**

This reviewed policy was developed in consultation with key senior clinical staff, clinical leadership teams. RESPECT team, Least Restrictive Practice operational and Oversight membership and service users. Learning from incidents has been incorporated.

**9 Audit, monitoring and review**

<b>Monitoring Compliance Template</b>						
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) Adherence to Trust Policy	Six monthly dip sample audit (5 reactive searches per ward/) (5 blanket for Forest Lodge, Endcliffe)	Least Restrictive Practice Operational Group	Six Months (Nov/April)	Matrons, Nurse Consultant, RESPECT lead trainer.	RESPECT Lead trainer / LRPOG	LRPOG to MHLC
B) Staff training and skills	Training compliance reports	Least Restrictive Practice Operational Group	Quarterly	Matrons	Respect Trainer/ Nurse Consultant	LRPOG to MHLC
C) Use of Search	Monthly reporting via Incident management system	Least Restrictive Practice Operational Group	Quarterly	Nurse Consultant	Nurse Consultant	LRPOG to MHLC
D) Patient experience	Complaints/ Patient feedback via Community Meetings	Least Restrictive Practice Operational Group	Quarterly	Matrons/ Nurse Consultant	Matrons/ Nurse Consultant	LRPOG to MHLC

## 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 system 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/Matrons	May 2020	

## 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	
4	May 2022	May 2022	May 2022	
5	December 2022			

## 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.

Relevant standard operating procedures will be developed to support practice

## 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 2005
- Managing Substance Misuse and Harmful Substances on Inpatient Wards policy
- Security policy
- Use of Force Policy
- Medicines optimisation policy
- Smoke free policy
- CQC guidance on prohibited items and blanket restrictions
- Blanket restrictions policy

## 14 Contact details

<b><i>Title</i></b>	<b><i>Name</i></b>	<b><i>Email</i></b>
Nurse Consultant: Least Restrictive Practice	Lorena Cain	<a href="mailto:Lorena.cain@shsc.nhs.uk">Lorena.cain@shsc.nhs.uk</a>
Lead Trainer: RESPECT	Greg Hughes	<a href="mailto:Greg.hughes@shsc.nhs.uk">Greg.hughes@shsc.nhs.uk</a>
Head of Mental Health Legislation	Jamie Middleton	<a href="mailto:Jamie.middleton@shsc.nhs.uk">Jamie.middleton@shsc.nhs.uk</a>
Human Rights Officer	Tallyn Gray	<a href="mailto:Tallyn.gray@shsc.nhs.uk">Tallyn.gray@shsc.nhs.uk</a>
Director of Quality	Salli Midgley	<a href="mailto:Salli.midgley@shsc.nhs.uk">Salli.midgley@shsc.nhs.uk</a>

## Appendix A:

### Definition of Terms

<b>Bladed/pointed articles</b>	Definition of a Bladed item from the Criminal Justice Act 1988 - Any objects with a blade (longer than three inches) or that are sharply pointed cannot be carried in public without good reason: This category covers items that would not be classified as offensive weapons.
<b>Offensive Weapon</b>	<p>Definition of Offensive weapons in the Prevention of Crime Act 1953 - Offensive weapons are defined as: 'as 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'. There are three categories of offensive weapon:</p> <ul style="list-style-type: none"><li>• an article made for use for causing injury to the person, commonly known as weapons per se bayonets, flick knives, knuckledusters etc.</li><li>• an article adapted for use for causing injury to the person, such as a broken bottle, , a washing-up bottle filled with ammonia or acid etc</li><li>• an article which the person carrying it intends to use for the purpose of causing injury to the person.</li></ul>
<b>ECHR Article 2</b>	<p>Everyone's right to life shall be protected by law.</p> <p>As per Rabone and another v Pennine Care NHS Foundation Trust under Article 2 of the ECHR, the NHS has a positive duty to protect life and take reasonable steps to protect the lives of all psychiatric patients (volunteer patients and detained under the MHA or deprived of liberty under the MCA) who are in hospital, or on leave, and who are at "real and immediate risk" of suicide.</p>
<b>ECHR Article 3</b>	No one shall be subjected to torture or to inhuman or degrading treatment or punishment.
<b>ECHR Article 5</b>	<p>Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law:</p> <p>(e) the lawful detention of persons for the prevention of the spreading of infectious diseases, of persons of unsound mind, alcoholics or drug addicts or vagrants;</p>

<b>ECHR Article 8</b>	<p>Everyone has the right to respect for his private and family life, his home and his correspondence. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well being 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.</p> <p>The searching of a patient, and his/her belongings, whether detained or informal, has the potential to engage the Right to Respect for Private and Family Life under Article 8 of the European Convention on Human Rights (ECHR), unless it can be demonstrated that there is justification under Article 8(2):</p> <ul style="list-style-type: none"> <li>• In accordance with the law.</li> <li>• Necessary in a democratic society (i.e. interference must correspond to a social need, and be proportionate the legitimate aim pursued).</li> <li>• In pursuit of one of the specified objectives (i.e. national security, public safety, economic well-being of the country, prevention of disorder or crime, protection of health or morals, and protection of the rights and freedoms or others)</li> </ul>
<b>ECHR Article 9</b>	<p>Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief and freedom, either alone or in community with others and in public or private, to manifest his religion or belief, in worship, teaching, practice and observance.</p> <p>Freedom to manifest one's religion or beliefs shall be subject only to limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, for the protection of public order, health or morals, or for the protection of the rights and freedoms of others.</p>
<b>ECHR Article 14</b>	<p>The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.</p>
<b>ECHR Article 1 of Protocol 1</b>	<p>Every natural or legal person is entitled to the peaceful enjoyment of his possessions. No one shall be deprived of his possessions except in the public interest and subject to the conditions provided for by law and by the general principles of international law.</p>
<b>Intelligence</b>	Information received
<b>Personal search</b>	Search of an individual
<b>Room search</b>	Search of a designated room
<b>Prohibited items</b>	Items not allowed
<b>Restricted items</b>	Controlled items
<b>Search</b>	Exploration of a place or a person.
<b>Random</b>	Unsystematic
<b>Routine</b>	Scheduled

## Appendix B:

### Personal Searching Guidance for individuals

**This is a refresher guide for the purposes of the policy. No staff member may search a patient without having undergone the Trust training. This ensures that the principles of respect, dignity and human rights are taught prior to the procedure being carried out.**

- The consent of the patient should be sought as per policy.
- A personal search, i.e. a search of a clothed person, **must** be carried out by single member of staff and witnessed by a second member of staff, one of whom must be a registered clinician.
- Unless there are exceptional circumstances, searches must be carried out by the same gender of staff as the patient identifies or where gender fluid aligned to the patients choice.
- Special consideration must be given for the searching of headwear worn for religious or medical reasons (e.g. wigs, Sikh turbans, Jewish yarmulkes, etc). Religious wear should only be searched if there is a significant suspicion that something is hidden
- Religious/medical headgear may be 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 significant suspicions.
- If there is a need to search the subject's religious/medical headgear by hand, you must offer the individual privacy for this part of the search and only staff of that agreed gender should be present. The patient must be given the opportunity to remove the item themselves and, for a turban, unwind it themselves.
- The search must be undertaken using open hands with fingers spread out. The procedure is as follows.
  1. Stand opposite the subject.
  2. Ask if they have anything on them that they are not authorized to have
  3. Ask them to empty their pockets and remove jewellery, including wristwatch.
  4. Search for contents of pockets, jewellery and any other items, including bags they are carrying, and then place to one side.
  5. Ask them to remove any headwear and pass for searching.
  6. Lift their collar; feel behind and around it, and across the top of his shoulders (search any neck attire and ask them to remove it if necessary).



7. Ask them to raise their arms level with their shoulders. Their fingers must be apart with palms facing down. Search each arm by running your hands along the upper and lower sides.
8. Check between their fingers and look at the palms and back of their hands.
9. Check the front of his body, from neck to waist, the sides, from armpits to waist and front of the waistband. In the case of individuals identifying as female, at no time should the flat of your hands touch the breast area.
10. Check their back from collar to waist, back of waistband and seat of the trousers/skirt. You may need to ask them to turn around.
11. Check the back and side of each leg from crutch to ankle.
12. Check the front and sides of each leg. (If they are wearing a skirt/dress/tunic, it is more difficult to search the top of the legs. Run hands down both sides of each leg outside the clothing. Use a metal detector if necessary). Check all hems for concealed items.
13. Look at the area around them for anything they may have dropped before and during the search.
14. Ask them to step to one side to ensure they are not standing on anything they have dropped before or during the search.
15. Items could be concealed in their socks/shoes which also need to be searched.

## **Appendix C:**

### **Guidelines for searching of environment**

1. The minimum number of staff required to carry out the search is two, one at least be a search trained registered clinician. The staff conducting the search will wear disposable gloves.
2. The patient should be invited to observe the room search. Where a patient's sleeping area is being searched, the patient has the right to be present. Where possible the patient should be able to request a specific gender of staff to search personal property.
3. Staff should ask the patient if they have any holy books within their room. It is preferable for the patient to show the book or object themselves when subject to a search. The patient should be allowed to point out holy books and religious artefacts before the search. The holy books and religious artefacts of any faith, while being subject to search, must be treated with respect.
4. If the patient wishes to be present, they need to be maintained just outside of the room / bed areas but able to view the procedure. Staff should offer the patient support / guidance through the process.
5. The room should be searched systematically, starting from the left-hand side of the door, working your way around the entire room in a clockwise direction.
6. Staff are looking for any areas of damage / disturbances where items could be hidden.
7. Staff search items belonging to patient. This could include the individual's wardrobe/locker, bags and bed area.
8. Remove all objects from the bed, including bedding one layer at a time; inspect each sheet, pillowcase, quilt, and covers.
9. Inspect the base of the bed, underside of the bed, the mattress and headboard.
10. Staff search other property in a room. This could include light fittings, sink area and ceiling area, skirting boards.
11. Inspect window frames, curtains and radiators. Check carpets for items hidden beneath.
12. Inspect all drawers and wardrobes. Remove all drawers and inspect the underside of the drawers and recess.
13. Check any other freestanding furniture and their underside.

14. All clothing removed from drawer's wardrobe should be done so in orderly fashion and with respect to the owner. On completion, the item should be returned as found.
15. Any items removed should be recorded in the property book and where possible, signed for by the patient and/or the two members of staff.
16. The room should be left as before with the bed remade when the search is concluded.
17. All searches of a patient's room and their property must be recorded in their care record and other local search records.

## Appendix D:

### Bedroom Check List

	YES	/	NO
Exterior of room door All surfaces – door frames.	<input type="checkbox"/>		<input type="checkbox"/>
<b><u>Interior of Room:</u></b>			
Bed, blankets, sheets, headboard, mattress and underside of mattress and pillows for holes where objects can be secreted.	<input type="checkbox"/>		<input type="checkbox"/>
Clothing – ensuring all clothing is folded and put away in a tidy fashion.	<input type="checkbox"/>		<input type="checkbox"/>
Curtain, inside and outside the window, gutter pipe outside the window	<input type="checkbox"/>		<input type="checkbox"/>
Bathroom and toilet area – plug and plughole, inside of sink cupboard and all surfaces including doors. Mirror – frame surface. Cistern and crevices around the toilet bowl if en-suite.	<input type="checkbox"/>		<input type="checkbox"/>
Linen bin – all surfaces, observing also for holes in lid cushion.	<input type="checkbox"/>		<input type="checkbox"/>
Shelves – all surfaces. Plastic light surface on underside of shelf.	<input type="checkbox"/>		<input type="checkbox"/>
Desk – all surfaces – gap at back between wall and desk. All drawers of desk and all surfaces.	<input type="checkbox"/>		<input type="checkbox"/>
Wardrobe – outside – all surfaces and gaps between walls and cupboard inside – both compartments – all surfaces and hanger rail/shelf.	<input type="checkbox"/>		<input type="checkbox"/>
Bedside cupboard inside and out and all surfaces.	<input type="checkbox"/>		<input type="checkbox"/>
Doorframe and keyhole.	<input type="checkbox"/>		<input type="checkbox"/>
Radiators	<input type="checkbox"/>		<input type="checkbox"/>

Check to see if wooden panel in ceiling or lights in ceiling have been tampered with.

Chair – checking for holes in upholstery where objects can be secreted and all surfaces.

## Appendix E:

### Procedure for searching a person using a hand held metal detector.

What to do if the alarm sounds:-

Ask the person to explain what it is that is setting the alarm off.

- a. Remove article / item if possible and re-scan.
- b. If unable to remove and you are still not satisfied, examine the area of concern.
- c. If the alarm continues to sound, a rub down search may be necessary.

1. Switch the machine on and test by holding it close to a metal object, e.g. a wrist watch.
2. Hold it close to the person being searched.
3. Face the person and start at the head.
4. Pass it over the head from one shoulder to the other and then from the chin to the nape of the neck.
5. Ask the person to raise their arms horizontally sideways.
6. Starting at the neck, trace a line down over the shoulder, pass over the top of the arm to the hand and then along the underside of the armpit. The arms may be excluded if the person is wearing a sleeveless garment.
7. Continue down the side of the torso and then the leg to the ankle.
8. Repeat on the other side of the body.
9. Check the front of the legs.
10. Return to the neck and make several passes up and down the front of the person from neck to crotch level. Make sufficient passes to be satisfied that that the whole of the front area has been scanned.
11. Ask the person to turn round or move behind them and repeat the process for the back from neck to crotch.
12. Crouch down and pass over the back of the legs from crotch to ankle.
13. Check the insides of each leg.
14. Check both shoes.

**Note 1: Be aware that should the person being searched have surgically fitted metal plates, screws or joints that these will be highlighted by the metal detector. The same will be true of**

***any concealed body piercings. The presence of these items will need to be confirmed with the patient prior to or during this type of search.***

***Note 2: Adverse reactions have been reported with the use of hand held metal detectors on patients with Pacemakers or Implantable Cardioverter/Defibrillators (ICD) fitted and they should not, therefore, be used in these circumstances.***

## APPENDIX F:

### The Quality Network for Forensic Mental Health Services, Standard 2 (2011).

The network requires that there is annually updated staff training on relational security. Forest Lodge are a member of this Quality Network.

- **Quality Network for Low Secure Units**

**B2.9** *There is annual updated staff training on relational security.*

**B2.12** *Staff have an understanding of their role in relation to relational security in respect of alcohol and controlled or illegal substances policy.*

**B3.8** *Staff, patients and visitors are clear about rules and policies governing any prohibited items including cameras and electronic devices and other items that may be restricted such as mobile phones.*

- **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 impact on staff, patients or the public.**

Name/Date: Salli Midgley, 9.4.22  
Review date 12/12/2022

**If 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

<b>SCREENING RECORD</b>	<b><i>Does any aspect of this policy or potentially discriminate against this group?</i></b>	<b><i>Can equality of opportunity for this group be improved through this policy or changes to this policy?</i></b>	<b><i>Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?</i></b>
<b>Age</b>	The policy does not discriminate.	The use of search will be monitored via incident monitoring forms to identify if any specific trends in the use of reactive search are noted. This could be with respect to any protected characteristic	Where monitoring identifies a potential trend aligned to a protected characteristic, this will be reviewed and discussed in the appropriate oversight group including with lived experience colleagues to consider actions to improve equality.
<b>Disability</b>	The policy does not discriminate	The use of search will be monitored via incident monitoring forms to identify if any specific trends in the use of reactive search are noted. This could be with respect to any protected characteristic	Where monitoring identifies a potential trend aligned to a protected characteristic, this will be reviewed and discussed in the appropriate oversight group including with lived experience colleagues to consider actions to improve equality.



<b>Gender Reassignment</b>	<b>The policy does not discriminate</b>	<b>The use of search will be monitored via incident monitoring forms to identify if any specific trends in the use of reactive search are noted. This could be with respect to any protected characteristic</b>	<b>Where monitoring identifies a potential trend aligned to a protected characteristic, this will be reviewed and discussed in the appropriate oversight group including with lived experience colleagues to consider actions to improve equality.</b>
<b>Pregnancy and Maternity</b>	<b>The policy does not discriminate</b>	<b>The use of search will be monitored via incident monitoring forms to identify if any specific trends in the use of reactive search are noted. This could be with respect to any protected characteristic</b>	<b>Where monitoring identifies a potential trend aligned to a protected characteristic, this will be reviewed and discussed in the appropriate oversight group including with lived experience colleagues to consider actions to improve equality.</b>
<b>Race</b>	<b>The policy does not discriminate</b>	<b>The use of search will be monitored via incident monitoring forms to identify if any specific trends in the use of reactive search are noted. This could be with respect to any protected characteristic</b>	<b>Where monitoring identifies a potential trend aligned to a protected characteristic, this will be reviewed and discussed in the appropriate oversight group including with lived experience colleagues to consider actions to improve equality.</b>
<b>Religion or Belief</b>	<b>The policy does not discriminate</b>	<b>The use of search will be monitored via incident monitoring forms to identify if any specific trends in the use of reactive search are noted. This could be with respect to any protected characteristic</b>	<b>Where monitoring identifies a potential trend aligned to a protected characteristic, this will be reviewed and discussed in the appropriate oversight group including with lived experience colleagues to consider actions to improve equality.</b>
<b>Sex</b>	<b>The policy does not discriminate</b>	<b>The use of search will be monitored via incident monitoring forms to identify if any specific trends in the use of reactive search are noted. This could be with respect to any protected characteristic</b>	<b>Where monitoring identifies a potential trend aligned to a protected characteristic, this will be reviewed and discussed in the appropriate oversight group including with lived experience colleagues to consider actions to improve equality.</b>
<b>Sexual Orientation</b>	<b>The policy does not discriminate</b>	<b>The use of search will be monitored via incident monitoring forms to identify if any specific trends in the use of reactive search are noted. This could be with respect to any protected characteristic</b>	<b>Where monitoring identifies a potential trend aligned to a protected characteristic, this will be reviewed and discussed in the appropriate oversight group including with lived experience colleagues to consider actions to improve equality.</b>
<b>Marriage or Civil Partnership</b>	<b>The policy does not discriminate</b>		

- Please delete as appropriate: - Policy Amended / Action Identified
- (see Implementation Plan) / no changes made.

Impact Assessment Completed by: Salli Midgley 9.4.2022  
Name /Date review date 12/12/2022