

**SEARCHING MENTAL HEALTH INPATIENTS,  
 VISITORS AND PERSONAL PROPERTY POLICY**

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## DOCUMENT CONTROL

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## 1. INTRODUCTION

- 1.1 The searching of a patient or their property is not routine and should only be carried out in exceptional circumstances, for example, where risk assessment shows a need for additional security (Code of Practice Mental Health Act 1983, section 16.12 (Dept. of Health, 2008)). In such circumstances ward staff have a statutory duty to provide both a safe and therapeutic living and working environment for patients and staff and to protect the public. Searches are therefore an essential and justifiable component of safe clinical practice.
- 1.2 The Trust is required to provide an operational policy on searching patients detained under the Mental Health Act, their belongings, surroundings and their visitors and that when preparing such a policy the position of informal patients should be considered (**Code of Practice Mental Health Act 1983, section 8.29**).
- 1.3 This policy takes into account guidance issued within a number of documents, including the *Short-term management of disturbed/violent behaviour in psychiatric in-patient settings and emergency departments* (NICE, 2005) and the *Memorandum of Understanding between the Association of Chief Police Officers (ACPO) and the NHS Security Management Service* (2006). It also follows the clear principles laid out within the **Mental Health Act Code of Practice (2015), 8.30**:
- 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;
  - the authority to conduct a search of a person or their property is controlled by law, and it is important that hospital staff are aware of whether they have legal authority to carry out any such search;
  - searching should be proportionate to the identified risk and should involve the minimum possible intrusion into the individual's privacy;
  - all searches will be undertaken with due regard to and respect for the person's dignity and privacy.
- 1.4 Searching will only be carried out where there is reasonable cause to suspect the patient or visitor is seeking to introduce prohibited items to the ward. Searching is a sensitive procedure and must be conducted using the highest professional standards as the process can be perceived as degrading and provocative.
- 1.5 Searching is one component of clinical risk management. It is essential the Policy is viewed within this wider context and used in conjunction with all other relevant Trust policies and must take into account and respect the different, diverse needs and backgrounds of patients or visitors.

## 2. PURPOSE AND SCOPE

- 2.1 This policy helps to promote a safe and therapeutic ward environment for all patients, staff and the public by providing Trust mental health inpatient staff with:
- details of best practice, roles and responsibilities in relation to the searching of a patient or their property;
  - a framework which promotes patient involvement in any form of search and their being treated with respect and having their dignity maintained throughout the search process;
  - an awareness of the legal framework and principles surrounding the searching of property or a person so that they can act accordingly.
- 2.2 This policy:
- provides clear reasons and context as to why a patient and their belongings may need to be searched;
  - defines what a search is and identify alternative interventions;
  - describes the appropriate skills and competencies for staff undertaking searches of patients, their property and related clinical areas;
  - provides a clear procedure for properly undertaking and documenting a search.
- 2.3 This policy applies to all clinical staff working in Trust mental health inpatient services, including nurses, Occupational Therapists and Medical staff.
- 2.4 The policy does not cover the routine checking of patient's property on admission, which does not constitute a search.

## 3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Chief Operating Officer** is responsible for ensuring a safe environment for patients, staff and visitors to Trust property.
- 3.2 The **Head of Mental Health Inpatient Services** is responsible for:
- the dissemination and effective implementation of this policy;
  - facilitating effective local induction arrangements for staff and staff attendance at any training which is identified as necessary to equip them with the knowledge and skills to effectively implement this policy.
  - bringing any issues which may affect the implementation of this policy to the attention of Senior Managers.
- 3.3 **Ward managers** should ensure there are sufficient staff trained in search procedures.
- 3.4 All **Mental Health Inpatient Staff** have a responsibility to:
- conduct their practice in line with this policy and in accordance with the principles set out within the Mental Health Act 1983 and its Code of Practice (amended by the Mental Health Act 2007), which are set out in section 1 above.

- complete a local induction and attend any training which is provided to promote the implementation of this policy.

#### 4. EXPLANATIONS OF TERMS USED

##### 4.1 Search:

- The application of a systematic procedure that aims to examine a specific location in detail in order to find something lost or concealed;
- To examine the person or personal effects, in order to find something lost or concealed.

##### 4.2 **PMVA:** Prevention and Management of Violence and Aggression

##### 4.3 **Section 136 suites:** Areas designated for the assessment of individual brought into hospital under Section 136 of the Mental Health Act

##### 4.4 **RC:** Responsible Clinician

#### 5. AUTHORITY TO SEARCH

5.1 The legal powers of staff to search patients have not been expressly laid down in statute. However, staff acting in good faith and with reasonable care are entitled to conduct searches to maintain appropriate security and prevent harm to individuals.

5.2 Trust staff who have completed the Trust-approved PMVA Module 5 training can undertake lawful searches of both patients and visitors. However, this must be an action that is both proportionate and justifiable in relation to the assessed risk.

5.3 The justification for searching will usually be the risk of harm to the individual or others, and/or reasonable grounds for suspecting criminal activity that would compromise the safety of others, e.g. weapons, or a wider social problem, such as a chronic substance misuse problem in the clinical area (ACPO/NHS SMS, 2006).

5.4 If ward staff have a reasonable belief a patient is in possession of dangerous items, such as weapons, tools, drugs or, in some circumstances, alcohol, they have the authority under common law, and by duty of care, to take reasonable measures to prevent the patient from possessing these items. Hence, search practices constitute a reasonable preventative measure.

#### 6. CONSENT

6.1 It is only in the very limited circumstances, in **Mental Health Act Code of Practice, 8.39**, that a search may be undertaken without consent.

6.2 Even where a search is to proceed in the absence of consent, the patient must be given the opportunity to consent to that search. If necessary, a professional interpreter must be employed to ensure information has been fully understood and that consent has been given for the search to be

conducted.

- 6.3 The decision to carry out a search must be made by the person in charge of the ward or department who will coordinate the consent process.
- 6.4 The patient's consent should be sought before a search commences and staff should ensure the patient fully understands the level of search and the reasons for it. Consent for a search may only be obtained from a patient following a clear explanation of the reasons for searching. If the Nurse in Charge assesses the patient is unable to give valid consent or does not fully understand the procedure, then the person in charge of the patient's care must be informed. **Consent must never be based on threat, be it explicit or implied.**
- 6.5 The patient will be asked to sign the Search Consent Form (Appendix A) confirming they understand the reasons and the nature of the search and that they give their consent.
- 6.6 A patient may withdraw their consent at any stage prior and during the search and they should be informed of this right prior to the search commencing. If, having given consent to a personal search, a patient withdraws such consent, the search may not continue unless (a) the subject is a patient detained under MHA 1983 and (b) **Mental Health Act Code of Practice, 8.31** applies.
- 6.7 The patient's consent must be witnessed by a second member of staff.
- 6.8 Where language, disability, sensory perception, or cognition may impede consent, an interpreter or other forms of media should be obtained in order to ensure that the patient has consented to this procedure

#### **Detained Patients**

- 6.9 Any personal search of a detained patient must comply with the MHA Code of Practice.
- 6.10 The Act does not convey a specific authority to search patients. The Appeal Court has held that the express power of detention carries with it a power of control and discipline to include where necessary a power of search with or without cause (R-v-Broadmoor Special Hospital Authority ex parte S [1998]). The appeal court case concerned a high security hospital, but the implied power to search is not limited to high security environments.

#### **Restricted Patients**

- 6.11 Where detained patients are also subject to a restriction order (Sections 37/41, 47/49 and 48/49), searching may also be a condition specified by the Ministry of Justice with regard to return from leave and community visits. Where a restricted patient refuses to give consent and comply with the terms of the order, including searching' if stated then the case should be clinically reviewed and referred back to the Ministry of Justice for review.

#### **Informal Patients**

- 6.12 If an informal patient refuses to give consent to a search then staff may consider:
- asking the patient to leave the ward (subject to clinical risk assessment)

which might indicate a further assessment under the Mental Health Act 1983);

- contacting the Police if there is evidence of a breach of the peace, refusal to leave or some other crime is suspected of being committed (e.g. possession of a weapon);
- keeping the patient under observation and separated from other patients where possible until the matter is resolved. The patient should be told what is happening and why;
- when it has been established that a patient lacks the capacity to consent to a search then any decision to proceed must be based on the best interest of the patient and/or the safety of others. There must be a record kept of the assessment which took place which identified how lack of capacity was ascertained;
- if the nurse in charge and staff have reason to suspect the patient is concealing, on his or her person or elsewhere, any potentially dangerous or harmful item or substance, they have a duty to take all reasonable steps to ensure the safety of the patient, staff and others. However this should not be used as a “catch all” provision. It is always preferred that clinicians use one of the other methods of resolution first.

### **Searching a Patient Without their Consent or Permission**

- 6.13 If reasonable grounds exist to carry out a search of a patient, property and/or bedroom, consent and lawful authority should be obtained as stated above.
- 6.14 However, if a patient does not consent to a search, the staff member must make one of the following decisions based on the principle of necessity (Gunn 1992) to:
- search the patient against their will on the grounds that there was an immediate risk of serious harm to self or others that necessitated immediate action. Necessity does not limit the action of searching to emergency situations only but extends to action taken in order to prevent serious harm to self or others. For example removing an edge weapon (Knife) from a patients’ pocket;
  - involve the Police.
- 6.15 The decision to search a patient against their will does not depend on the patient being incapable of giving consent, nor upon his/her being detained under MHA 1983. In that sense, it represents a third way, between 'best interests' and the MHA. The primary use of necessity in these circumstances will be to challenge - and possibly to search - those suspected of carrying weapons or committing criminal offences. Its use in these circumstances will be comparatively rare.
- 6.16 A situation may arise where a previously consenting patient undergoing a search procedure withdraws their consent. The nurse in charge must then decide how to proceed, using the criteria stated this policy.



- 6.17 Any searching carried out against a patient's will or without consent must be carried out with the minimum use of force necessary. The Mental Health Act Code of Practice and the Trust's PMVA Policy identify the least restrictive principles for Physical Interventions.

#### **Patients who are Absent Without Leave**

- 6.18 In circumstances where detained patients have left the ward without authorised leave, absconded from escorted leave or have failed to return from leave at the designated time, a search of their personal belongs and bed area may be proportionate and necessary if the clinical team have reasonable grounds to believe:
- the patient is a significant risk to themselves or others;
- and**
- a search of the patient's personal belongings and bedroom is likely to provide evidence of their whereabouts or intentions.
- 6.19 The Detained Patients Absent without Leave Policy (AWOL Policy incl. Missing Persons Guidance) must be activated and the search procedure should be carried out as documented for consent in searching a person against their will and following the general principles of searching identified in this policy. Two staff will still be required to carry out the search, at least one of whom should be a practicing registered nurse.

### **7. SEARCH PROCEDURES**

- 7.1 If staff suspect a patient is in possession of a dangerous item, drugs, alcohol, or any item classed as restricted within the ward which could prove harmful to themselves or others, then a search will be undertaken.
- 7.2 If it is necessary to use physical interventions in order to conduct the search due to the patient being uncooperative or attempting to prevent or deter a search, the approved Trust practices for physical intervention must be adhered to. See Trust Prevention and Management of Work Related Violence and Aggression (PMVA) Policy for full details.
- 7.3 Patients and their belongings should only be searched if it is necessary for the safety and protection of the patient and/or others to:
- Prevent injury/harm to the patient;
  - Prevent injury/harm to others;
  - Maintain security and safety.
- 7.4 The consent of the person should always be sought before a personal search, or a search of their possessions, is attempted. If consent is given, the search should be carried out with regard to the dignity of the individual and the need to ensure maximum privacy. **(Mental Health Act Code of Practice, 8.36).**
- 7.5 Consent obtained by means of a threat, intimidation or inducement is likely to render the search illegal **(Mental Health Act Code of Practice, 8.34).** Any person who is to be searched personally, or whose possessions are to

be searched, must be informed they do not have to consent. **(Mental Health Act Code of Practice, 8.34).**

- 7.6 Risk assessment and clinical risk management are essential tools in providing clear, clinical reasons why a search may be required i.e. the person may be concealing something harmful and they have a propensity to use the concealed item against themselves or others. A risk assessment should be conducted on admission, relating to the need to remove harmful items or potentially harmful items. This should be recorded within the RiO Risk Information and, if necessary, a care plan should be instituted which indicates when further periodic searches should take place and stating the risk assessment procedures that will be undertaken before items are returned to the patient. Special consideration should be given to **sharp objects** and **ligatures** and in particular where the patient scores 2 or above within the risk screen in respect of violence, harm to others, suicide or self-harm.
- 7.7 Additional reasons to implement a search may be indicated for detained persons on admission, return from leave or return from a period of being absent without leave.
- 7.8 The Trust provides higher dependency therapeutic environments e.g. Psychiatric Intensive Care Unit, High Dependency Units and Secure Intensive Rehabilitation facilities. These wards also have minimum standards for contraband items, the clinical environment and frequency of searching that will be subject to review and evaluation.
- 7.9 Searching practices related to Section 136 place of safety suites will be developed jointly with the Police (for the latter). In general, however, Trust staff should not rely on the fact a patient may have been previously searched by the police away from Trust premises. Ward staff should use their judgment in determining whether a further search is required and necessary.
- 7.10 Once a decision has been made to conduct a search, the following procedure must be followed:
- the nurse in charge of the ward will ask the patient to hand the item(s) over to staff.
- 7.11 If the item is handed over:
- the patient will be seen by staff to discuss the incident;
  - the person in charge of the patient's care will be informed at the earliest opportunity.
- 7.12 If the patient denies having anything on them:
- the patient is to be placed on Level 3 or 4 observation;
  - the nurse in charge of the ward will discuss with the Ward Manager (or on call manager out-of-hours) and the person in charge of the patient's care what further action needs to be taken;

- staff should not delay a search should there be reason to believe the patient is in possession of something that may pose an immediate risk to themselves or others;
- all personal searches will be conducted in a private room away from the ward communal areas.

7.13 **NB: Where there is a difference of opinion amongst the ward team as to whether or not to proceed with a search the matter is to be referred to the Head of Division or a senior manager for discussion and a decision.**

7.14 A patient being searched or whose possessions are the subject of a search should be kept informed of what is happening and why. If they do not understand or are not fluent in English, the services of an interpreter should be sought, if practicable. The specific needs of people with impaired hearing or a learning disability and those of children and young people should be considered. **(Mental Health Act Code of Practice, 8.35).**

## **8. ADDITIONAL CONSIDERATIONS BEFORE SEARCHING**

### **Gender reassignment patients**

8.1 The following guidance should be followed when searching a patient who may have undergone/or is undergoing gender transition:

- if there is no doubt as to the gender of a patient, or there is no reason to suspect the patient is not the gender that they appear, they should be dealt with as that gender;
- however, if there is uncertainty as to a patient's gender, they should be asked what gender they consider themselves to be and what gender they would prefer to be treated as;
- if the patient is unwilling to make such a decision, the member of staff should try to determine the predominant lifestyle of the patient, for example if they appear to live predominantly as a woman, they should be treated as such;
- as a guiding principal, staff should always address people according to the gender role in which they present themselves. Despite possible challenges to their own beliefs and attitudes, staff should consistently maintain a professional manner in their dealing with transgender patients and accord them the highest level of dignity;
- once a decision has been made about which gender a patient is to be treated as, and before a person search is carried out, the searching staff member should be advised of the gender. This is important so as to maintain the dignity of the patient being searched as well as the searching staff.

### **Patients who may object on religious or cultural grounds**

8.2 Any decision to undertake a personal search is done so based on the outcome of a risk assessment and genuine concerns around the safety of the patient being searched and/or others. This is to be discussed openly but

sensitively with the patient, explaining the concerns are about safety and in no way challenging or judging their religious or cultural beliefs. However whilst safety is paramount, in the event of any patient objecting to a personal search being undertaken on religious or cultural grounds staff should consider the following:

- the need for the search to be conducted by two staff of the same sex as the patient;
- the level of agitation /distress which having the search undertaken may cause to the patient and what action the ward team may need to take to minimise / effectively manage this;
- whether or not the patient would wish to speak to a religious leader or someone from their local community following completion of the search.

## **9. PERSONAL PERSON SEARCH (WITH PATIENT'S CONSENT)**

- 9.1 A personal search should be carried out by two members of staff 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. It is always advisable to have another member of ward staff present during a search if it is not possible to conduct a same sex search. **(Mental Health Act Code of Practice, 8.36).**
- 9.2 The patient will be escorted either to their own room, seclusion room or a private area by two nurses for the purpose of carrying out the search.
- 9.3 A full search of the patient will be conducted by staff using the pat down technique. If necessary staff can ask the patient to open their mouth to allow a visual check. Any dangerous items, drugs or alcohol will be removed and disposed of.
- 9.4 The outcome of the search will be fully documented and reported to the nurse-in-charge who will decide with the ward team if further action is necessary.
- 9.5 In certain circumstances, it may be necessary to search a detained patient or their possessions without their consent. **(Mental Health Act Code of Practice, 8.39).**
- 9.6 If a detained patient refuses consent, their Responsible Clinician (or, failing that, another senior clinician with knowledge of the patient's case) should be contacted without delay, if practicable, so that any clinical objection to searching by force may be raised. The patient should be kept separated and under close observation, while being informed of what is happening and why, in terms appropriate to their understanding. 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. **(Mental Health Act Code of Practice, 8.40).**

## **10. INTIMATE PERSON SEARCH (WITHOUT PATIENT'S CONSENT)**

- 10.1 If a search is considered necessary, despite the patient's 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. **(Mental Health Act Code of Practice, 8.41).**
- 10.2 The patient will be escorted to their own room, seclusion room or a private area (whichever is assessed to be the most appropriate by the nurse in charge) by at least two nurses.
- 10.3 Opportunity should be given to the patient to produce any hidden items voluntarily.
- 10.4 If they still refuse, the nurse in charge will inform the patient that they feel a personal search is necessary and again seek the patient's consent.
- 10.5 If consent is still not given, the search will be carried out in accordance with the procedures set out in the Prevention and Management of Violence and Aggression Policy. A full search of the patient will be conducted by staff using the pat down technique. If necessary staff can ask the patient to open their mouth to allow a visual check. Any dangerous or banned items, drugs or alcohol are to be removed.
- 10.6 The outcome of the search will be reported to the nurse-in-charge who will then decide with ward staff if further action is necessary.
- 10.7 NB: IF IT IS THOUGHT THAT THE PATIENT HAS IN THEIR POSSESSION A WEAPON OF SOME SORT, IT MAY BE NECESSARY TO INFORM THE POLICE AND FOR THEM TO COMPLETE THE SEARCH
- 10.8 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 **(Mental Health Act Code of Practice, 8.40).**

## **11 ROOM SEARCH (WITH OR WITHOUT PATIENT CONSENT)**

- 11.1 The patient, if they so wish, may be in attendance whilst a room search is carried out.
- 11.2 The search will be completed by at least two members of staff, one of whom must be a registered nurse and one of the same sex as the patient. The registered nurse will be responsible for leading the room search.
- 11.3 Staff are to wear gloves whilst carrying out the room search.
- 11.4 The room search is to be carried out in a systematic fashion, for example by starting at the right or left hand side of the room.
- 11.5 The leading staff member will commence the room search with the second staff member following and searching the exact same area as the lead person. This system ensures that nothing is missed. *(Staff are following each other around the room and not searching separate areas).*

- 11.6 The search must be thorough i.e. search from top to bottom. Ensuring that on top of wardrobes / shelving etc. are searched as well as drawers, cupboards, under beds, baggage etc.
- 11.7 All items in the room will be replaced as originally found, except any dangerous or banned items, drugs or alcohol, which will be removed and disposed of.

## **12. SEARCHING VISITORS**

- 12.1 Visitors need to give consent to being searched if suspected of carrying dangerous items, illicit drugs or substances. They should be asked to sign a consent form to confirm this. A reasonable and well-founded suspicion is adequate, rather than the need for proof positive.
- 12.2 If the visitor will not consent they should be asked to leave the ward.
- 12.3 Staff should discuss with their line manager if the Police need to be involved.
- 12.4 Where agreed by the clinical team, staff may advise visiting is only permitted in the presence of a staff member or the visitor is asked to leave.
- 12.5 Where consent is given and documented supervised, observational and tactile searches can be used.
- 12.6 Visitors may be denied entry to, or removed from, Trust premises simply because they refuse to be searched. However, to deny a visitor entry might breach the patient's right to respect for private and family life. However, it may be necessary and proportionate to do this in the circumstances. To minimise this possibility, therefore, care should be taken to ensure:
- the reason for any such denial is, or is related to, the need to maintain public safety, to prevent disorder or crime, or to protect health or the rights and freedoms of others;

### **AND**

- such denial is proportionate to the objective it is intended to achieve.
- 12.7 It is for this reason, where the exclusion, removal and/or denial of entry of visitors takes place, a senior manager or on call manager should be involved in providing guidance on the process and reasons for the action.

### **Children and Young Persons**

- 12.8 All visitors who are children and young people should be managed under the relevant Trust policy. The needs, welfare and safety of these visitors are paramount. Staff should not subject these visitors to a search as the risks of the child being used to bring in illicit or dangerous items should be assessed prior to any agreed visit. Where new risk information comes to light, e.g. being found to carry such items, the visiting should be suspended whilst the decision to allow them back on to the ward is reviewed.
- 12.9 A ward family room should be used to support child visiting. If reasonable grounds exist that prohibited items have been introduced to the patient, a personal search could be used of the patient after the visit and therefore

dispensing with the need to search a child visitor. This approach will avoid the need for a potentially distressing search of child visitors.

### **13. ALTERNATIVE INTERVENTIONS TO SEARCHING**

13.1 Due to the serious nature of undertaking a search and possible consequences on the therapeutic relationship the following alternative approaches may be used to give the patient the opportunity to hand over any items of concern/show that they are free of prohibited items:

- negotiation and Conflict Resolution Approaches (See PMVA Policy);
- nursing separately;
- increased observation levels and escort by staff allowing time for the person to hand over any item of concern;
- individual therapeutic approaches e.g. delayed compliance and negotiated problem solving;
- contacting the Police – especially if the persons' refusal to hand over any item of concern places staff, patients and others at risk. This should be based on contemporaneous intelligence and risk information.

### **14. DOCUMENTING THE SEARCH**

14.1 A comprehensive record of every search, including the reasons for it and details of any consequent risk assessment, should be made. (**Mental Health Act Code of Practice, 8.37**).

14.2 All patient searches will be documented and recorded in the patient's RiO care record.

14.3 In the case of visitors, the search consent form (See Appendix A) and incident form will act as the written record.

14.4 A search consent form will be completed before starting any search of a person or their belongings. The consent form should become part of the patient's RiO care record.

14.5 A completed Datix form is also required if an untoward incident occurs as part of the search procedure.

### **15. REMOVAL AND STORAGE OF SEIZED ITEMS**

15.1 An outcome of the search may be that items belonging to a patient found will have to be removed for reasons of safety.

15.2 Any item of personal property removed from the patient will be stored safely and securely as per Trust policy.

15.3 The patient should be informed where the property is being stored and under what circumstances it will be returned. Some of these circumstances may relate to clinical risks. Items such as belts, mobile phone chargers and

other materials, which could be used to construct ligatures and self-harming aids, may be returned as a result of the patient's improving mental health state and decreasing risk to self and/or others. Clinical risk management and clinical team risk assessment must inform the decision to return the property to the patient.

- 15.4 Where a patient's belongings are removed during a search, the patient should be given a receipt for them and told where the items will be stored.

## **16. DISPOSAL OF DANGEROUS AND ILLICIT ITEMS**

- 16.1 If the search uncovers evidence of serious criminal activity, or where a need arises to preserve evidence, then the items should be:

- Handled as little as possible to preserve and avoid the contamination of any evidence.
- Secured in a place of safety (away from the patients)

- 16.2 The Police are to be contacted and the Trust Local Security Management Specialist (LSMS) informed.

- 16.3 Further advice on how to preserve evidence will be given by the Police and/or the LSMS.

### **Alcohol removed from a patient**

- 16.4 This will be disposed of by two staff members with the patient's consent. The alcohol will be poured down a sink and the bottles/cans safely disposed of. A record is to be made within the patient's RiO record indicating what was disposed of and by whom. If not disposed of, the alcohol will be put in storage and returned to the patient on their discharge.

### **Prescription/over the counter drugs removed from patients**

- 16.5 Any medicines brought into hospital by a patient remain their property and will not normally be destroyed or otherwise disposed of without their agreement.

- 16.6 If the patient is unable to consent to the disposal or not of these medicines agreement can be sought from their carer.

- 16.7 If the patient/ carer refuses to agree to the disposal of the medicines they can either:

- Be held in a sealed bag in a separate section of the medicines cupboard from all other stock until they can be returned to the patient on discharge.

Or if the patient insists:

- Be returned home.

- 16.8 However, the patient or their carer must be advised, as the treatment will be reviewed whilst the patient is on the ward, it is likely the supplied discharge medication will be different and this may pose a real risk the wrong medication may be taken in future.



- 16.9 If there are safety concerns in relation to the medication being returned home, the Nurse in Charge in consultation with the Ward Manager, may make a decision to refuse to return the medicines and have them destroyed.
- 16.10 For the safe disposal of any medicines, staff should refer to the relevant Trust guidelines.
- 16.11 All actions taken should be fully documented within the patient's RiO record.

### **Suspected Illegal Drugs**

- 16.12 The Trust does not condone the use of illicit substances and in accordance with its duties under the Misuse of Drugs Act (Home Office 1971) will not knowingly permit the use of or dealing in illicit substances on its premises.
- 16.13 If any visitors are seen to be in possession of a suspected illicit substance they will be asked to leave the premises.
- 16.14 If any visitor is seen or suspected to have passed illicit substances to a patient or other visitor they will be asked to leave. The Nurse in Charge of the ward will then consult with the Ward or Senior Manager about reporting it to the police and consider the appropriateness of further visits by this person.
- 16.15 If a patient is suspected of having illicit substances on their person or in their room/belongings, the Nurse in Charge of the ward will discuss their suspicions with them and ask they voluntarily hand over the substance for destruction.
- 16.16 This discussion must be held in the company of another staff member who will act as witness to the handing over and disposal of the suspected illegal drug.
- 16.17 The illicit substance will be:
- Placed in a suitable container;
  - An entry will be made in the controlled drug register under the heading of unidentified substance;
  - The envelope will be labelled with a reference number linking it to the entry in the controlled drugs register;
  - The envelope will be sealed. Both the Nurse in Charge and the witnessing staff member will sign and date across the sealed flap of the envelope;
  - This envelope will then be locked in the ward controlled drug cupboard;
  - The police should be notified of the unknown/illicit substance as soon as practicable and arrangements will be made for the removal and safe disposal of the substance by the police. When handed to them, a receipt issued for the item should be issued by the police and the receipt added to the controlled drugs register next to the entry to confirm it has been legal disposed of.
- 16.18 If staff involved in the removal of illicit substances from a patient have reason to suspect the quantity involved is greater than for personal use,

advice should be sought from the Ward or Senior Manager about reporting the matter to the police.

**NB Under no circumstances will any suspected illicit substances be returned to the patient.**

- 16.19 If the patient refuses to hand over the illicit substance they are to be placed on 1-1 nursing observation and the need for further action, including searching will be discussed with the Ward Manager and the clinical team.
- 16.20 All actions taken will be recorded in the patient's RiO record.
- 16.21 A Datix Report will be completed and submitted for all incidents.

### **Weapons**

- 16.22 Small sharps can be disposed of in the ward sharps bins, but any firearms, hunting knives or other items that staff are unsure about, the police should be notified and may collect and dispose of the item. An entry will be made in the patient's RiO record indicating what was disposed of, when and by whom.

**NB: UNDER NO CIRCUMSTANCES WILL ILLICIT OR DANGEROUS ITEMS BE STORED AND RETURNED. NOR WILL ANYONE BE COMPENSATED FOR THE LOSS OF SUCH ITEMS.**

## **17. TRAINING REQUIREMENTS**

- 17.1 The Trust will ensure all necessary staff (qualified, unqualified, other clinical staff, bank and agency staff) are appropriately trained in line with the organisation's training needs analysis. This will include being trained at the appropriate level in physical restraint prior to attending Search Training.
  - PMVA Module 3 or 4
  - PMVA Module 5

## **18. EQUALITY IMPACT ASSESSMENT**

- 18.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **19. MONITORING COMPLIANCE AND EFFECTIVENESS**

### **19.1 Monitoring arrangements for compliance and effectiveness**

The Clinical Governance Group will undertake monitoring the use of this search procedure and appropriate on at least an annual basis.

### **19.2 Responsibilities for conducting the monitoring**

The PMVA (Prevention and Management of Violence) Nurse Specialists will monitor all incidents of Search taking place within the Trust and report to the Clinical Governance Group. The Risk Manager will provide an annual report on use of searches (including trend and cluster information) and this will be entered onto the Trust's "Lessons learned" register.

### **19.3 Methodology to be used for monitoring**

The Clinical Nurse Specialists (CNS) (PMVA) will receive copies of the Search Authorisation and Consent form and the Search Outcome Form. These will be cross-referenced with the Datix untoward incident form and the Restraint Report Form.

The CNS will follow this up by making contact with the unit should any anomalies be highlighted. They will undertake annual clinical audit in co-operation with the Security manager and with support from the Trust's Clinical Effectiveness Team. In particular bench marking analysis of the following data sources will be used:

- Authorisation and Consent Form
- Search Outcome Form
- Datix untoward event forms
- RiO Restraint Report Forms

### **19.4 Frequency of monitoring**

The Clinical Governance Group will receive quarterly reports from CNS

### **19.5 Process for reviewing results and ensuring improvements in performance occur.**

Results will be presented to the Clinical Governance Group Group for consideration, identifying good practice, any shortfalls, action points and lessons learnt. This Group will be responsible for ensuring improvements, where necessary, are implemented.

## **20. COUNTER FRAUD**

- 20.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## **21. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

21.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the **fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 17:	Good governance
Regulation 20:	Duty of candour

21.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18:	Notification of other incidents
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21.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

## **22. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS**

### **22.1 References**

Department of Health Code of Practice (2015), Mental Health Act 2008  
Department of Health: Patients Charter

Gunn M.J. (1992) Personal searches of Psychiatric Patients, Criminal Law Review pp 767 – 777

Nursing Midwifery Council Code of Professional Conduct

NICE Clinical Guideline 25 The Short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments – February 2005

### **22.2 Cross reference to other procedural documents**

Alcohol Policy (clinical management of appropriate interventions for detoxification)

Clinical Assessment & Management of Risk of Harm to Self and Others

Consent and Capacity to Consent to Treatment Policy and Guidance

Detained Patients Absent Without Leave (AWOL) Policy including Missing Persons Guidance

Equality and Diversity

Human Rights Policy

Observation while maintaining safety and patient engagement Policy  
Prevention and Management of Violence and Aggression (PMVA) Policy  
Record Keeping and Records Management Policy  
Serious Incident Requiring Investigation  
Substance Use Management on Trust Premises (Patients and Visitors)  
Policy  
Untoward Event Reporting Policy and Procedure  
Visiting Inpatients Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

## **23. APPENDICES**

23.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A	Search Authorisation and Consent Form
Appendix B	Search Outcome Form
Appendix C	Checklist

**SEARCH AUTHORISATION AND CONSENT FORM**

**Part 1**

**To be completed before starting the Search Procedure**

I have been asked to consent to a search of my property and/or my person.

It has been explained to me that the search will involve:

\_\_\_\_\_  
\_\_\_\_\_

I do / do not consent to the search taking place.

**CONSENT**

Signed \_\_\_\_\_ (Name of person being searched)

Print name \_\_\_\_\_

Ward/Department \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by \_\_\_\_\_

And \_\_\_\_\_

**REASON FOR SEARCH**

I confirm the search of: \_\_\_\_\_ (Name of person being searched)

was necessary because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

and the reasons for the search were fully explained to the person.

Signed: \_\_\_\_\_ (Name of person giving explanation)

Print name \_\_\_\_\_ Date: \_\_\_\_\_ (PTO)

**CONSULTATION/REPORTING**

Signature of Senior Manager consulted: \_\_\_\_\_

Print name \_\_\_\_\_ Date: \_\_\_\_\_

The Responsible Clinician, Dr \_\_\_\_\_

Was consulted prior to the search being implemented.

Time: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

It was not possible/necessary to consult the Responsible Clinician because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Responsible Clinician Consulted \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Please send a copy of this completed form to the PMVA Department along with the Search Outcome Form. Thank you.

**SEARCH OUTCOME FORM**

**To be completed immediately following the search being implemented.**

Name of Nurse Conducting Search: \_\_\_\_\_(Print)

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

Names of Staff in Search Team \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Search Started: \_\_\_\_\_ Date \_\_\_\_\_

Time Search Ended: \_\_\_\_\_ Date \_\_\_\_\_

Outcome of Search:

Datix ID Number: \_\_\_\_\_

Please send a copy of this completed form to the PMVA Department and ensure you complete an Untoward Event form and Restraint report where necessary.



## SEARCH CHECKLIST

1. What are you searching for, is it a weapon, illicit substance contraband or banned item?
2. If firearm or bladed weapon, consideration should be given to sealing the area off and contacting the police.
3. If drugs of a significant class or quantity, area should be sealed and police contacted.
4. Is there is information received, is it from a reliable source (any other motivation from informer e.g. revenge)?
5. Is there corroborating evidence from another source (are they reliable, any collusion between informers)?
6. What other evidence is there e.g. opportunity, behaviour, previous history, recent leave or recent visitors?
7. What risk do item/s present to patient, others including staff visitors etc.?
8. How immediate is the risk? (Could the search be safely delayed or could the area be secured and cordoned off)?
9. Would search if carried out by ward staff be detrimental to patient-staff relationship?
10. If yes, call for external search team.
11. If no, do you have sufficient search trained staff to carry out search?
12. If yes conduct search.
13. If no, arrange external team,
14. Other reasons to call for an external search team include,
  - Large or complicated areas
  - Insufficient search trained staff on duty
  - Ward not safe to release staff

**This is not an exhaustive list.**

## EXTERNAL SEARCH TEAM

If the decision has been made that an external search team is necessary:

- During office hours contact the Security Manger;
- Out of hours contact the On-Call Service Manager.