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Controlled Document

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Related Trust documents (to be read in conjunction with)

<p>CG24 – Discharge & Transfer Clinical Guidelines CG71 – Clinical Guidelines for the Management of Deliberate Self Harm CLP13 – Safe & Secure Handling of Medicines Policy CLP16 – Consent to Examination or Treatment Policy CLP28 – Clinical Risk Assessment & Safety Management Policy CLP41 – Seclusion and Long-Term Segregation (LTS) Policy CP3 – Adverse Incident Policy CP24 – Equality, Inclusion & Human Rights Policy FP09/02 – Patient Property & Money Procedure ICP1 – Infection Prevention & Control Policy MHA1 – Administration of the Mental Health Act 1983 (2007) Policy MCP2 – Mental Capacity Act & Deprivation of Liberty (DoLS) Policy RM02 – Fire Safety Policy RM03 – Moving & Handling Policy RM05 – Therapeutic and Safe Interventions and De-Escalation (TASID) Policy RM09 – Security Policy RM13 – Waste Management Policy SSOP2 – Admission Protocol (Secure Services) SSOP15 – Leave Protocol for Secure Services SSOP60 – Sexual Health and Behaviour Guideline (Secure Services)</p>
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1	Trust LSMS & Secure Services Director	SSOP 22 & CG75 CP5/Search/02/16 An amalgamation of above P&P. Changed from CG75 to CLP75 after consultation	01 March 20218
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3	Health & Safety & Violence & Abuse Prevention & Reduction Manager	Three year review All references to secure services search procedures removed from Policy. Name amended to reflect this change	01 May 2023
3	I/S	Three year review All references to Secure Services search procedures removed from Policy. Name amended to reflect this change. Various minor amendments	03 May 2023
3.1	I/S	Old Appendix 4 (Restricted & Prohibited Items list) rescinded and references to said Appendix	06 September 2023

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		removed; Appendices 5 & 6 renumbered	
3.2	Sarah Pemberton	Amendment to Appendix 1 – Search Form only	11 December 2024
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			Date

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Policy on a Page Template

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1 Introduction

- 1.1 The purpose of this policy is to support and safeguard staff and service users through the process of searching persons and/or property when entering a Trust building or ward. This is necessary to fulfil a duty of care and provide a safe environment for all.
- 1.2 The scope of this Policy extends to those service users who are being cared for by the Trust and in Trust facilities. To ensure all clinical staff understand when searches may be appropriate or justified, and the procedures to be followed and the legal basis authority for conducting searches under this policy. This policy primarily relates to inpatient and residential services, adult services and the searching of service users and visitors. CAMHS and Secure Services have separate policies and procedures for searching of persons.
- 1.3 The policy does not address the searching of staff members, except where staff are suspected of bringing prohibited items on to the ward.
- 1.4 Staff should also consider the appropriateness of searching patients post/parcels received whilst an in-patient and where this has been agreed, it should be documented within the patients' record as detailed in the search procedure. Staff are to observe patients opening parcels and record who witnessed it.
- 1.5 Whilst the Trust fully respects the rights of individuals and their need for privacy (Article 8 of the *European Convention on Human Rights* (ECHR)) it also has a duty to safeguard service users, staff and visitors whilst on its premises, therefore there will be occasions when it becomes a necessity to search service users and visitors in order to minimise the risk of serious harm.
- 1.6 This Policy does not cover searches within the secure services as they have an individual protocol for searching (SSOP22).

2 Summary

- 2.1 This policy takes into consideration the responsibility of the organisation to maintain a safe environment for the service users, staff, members of the public and contractors. Many patients admitted to our service may have associated risks, either from themselves or from others. As part of the care package and treatment, patients can expect that any risks identified are managed effectively and sensitively at all times.
- 2.2 This policy governs the searches of patients, their possessions and any areas of Trust property or premises. It provides guidance relating to the searching of visitors in order to maintain the security of the Trust, its staff and its property.
- 2.3 Searching an individual or their property can be experienced as a traumatic/intrusive procedure. However it is paramount that searches are undertaken to prevent serious harm or injury to the service user and staff. The Trust Search Procedures assist staff with identifying the type of searches to be carried out, prevention of harm and a suggested list of prohibited items. This policy guides

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staff in undertaking the search procedures with efficiency whilst minimising discomfort or distress to individuals and maintaining their dignity throughout the search.

- 2.4 This policy and procedure provides clear and concise guidance on searching service users, staff and visitors, ensuring respect and dignity is upheld at all times.
- 2.5 This policy and procedure also provides guidance on the use of specially trained drug detection dogs searching Trust premises and service users' property.
- 2.6 This policy & procedure also provides guidance on the use of hand-held metal detectors for the purpose of searching service users and / or visitors whilst on Trust property.
- 2.7 This policy and procedure provides staff with clear guidance as to their actions regarding search procedures and the rationale for the search to be conducted.
- 2.8 All managers and all staff involved in search procedures must have undertaken sufficient training in the requirements for searching.
- 2.9 This policy applies to both formal and informal patients/service users and visitors.
- 2.10 This Policy covers both routine and random searches, particularly in relation to service users whose risk assessment indicates a dangerous or violent history. *All searching must conform to the guidelines as laid down in Chapter 8 of the Revised Code of Practice Mental Health Act 1983, 2015 Department of Health.*
- 2.11 The term "personal search" applies to searching of the body. 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.*** If there is serious concern that a service user has a prohibited item such as a weapon or substance which is believed to be concealed in a body orifice then the service user should be placed on enhanced observations. The team should explain to the service user the potential dangers of placing foreign objects in a body orifice.
- 2.12 If it is suspected or disclosed that the service user has concealed an item in a body orifice causing an imminent danger to the service user then staff should consider taking the patient to A&E. If there is an urgent risk, a search should be considered in consultation with the Service Manager & Consultant/Doctor. This search may only be conducted by trained in the personal search procedure and of the same gender as the service user and done as a last resort. If this type of search is carried out a risk assessment must be carried out and all decision making should be documented in the clinical records.
- 2.13 Searches must only be conducted when it is absolutely essential for the health, safety and welfare of the service user, fellow service users, staff or others. However, the level of any search undertaken must be judged a reasonable and proportionate response to the risk. *(see section 4.0 of the associated procedure)*

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- 2.14 Stolen Property - It is important to remember that there is no lawful power available to hospital staff to search service users for stolen property. In this instance consultation with the senior manager on site or the on call manager should be sought and if necessary the police should be informed.
- 2.15 It is not Trust policy to routinely carry out searches of service users and their belongings. Searches can however be carried out where there are reasonable grounds to do so. These can include where:
- Part of the admission procedure.
 - When service users return from leave to ensure the security of premises and the safety of service users, staff and the public.
 - The service user, visitor or staff member is believed to be carrying or concealing an item/s suspected to be dangerous or the possession of which may compromise the security, safety or wellbeing of staff, service users or members of the public. The Visitors can be refused entry if suspected of concealing items and refusing to be searched.
 - Staff believes there could be a significant risk to the service user or others and that the service user, visitor or staff member may have an article, which could cause such harm, including anything deemed dangerous, which has been adapted for the use to cause injury. These may include apparently innocent items e.g. spoon, comb, shoelaces etc.
 - There is a suspicion that the service user, visitor or staff member could be concealing illicit substances upon their person. The Visitors can be refused entry if suspected of concealing items and refusing to be searched.
 - Previous incident whereby the service user, visitor or staff member has endeavoured/succeeded to conceal items deemed contraband when entering the area.
 - When a visitor has brought property or other items for a service user to the ward. Under the Mental Health Act a visitor can be prohibited from attending a unit indefinitely if deemed such a risk.
 - At any other times where concern for safety & security is raised
- 2.16 This clinical guideline may extend to the routine and random searching without cause, but only in exceptional circumstances, for example where the dangerous or violent criminal tendency of a service user creates a self-evident and pressing need for additional security.
- 2.17 This policy sets out the framework for undertaking searches of patients, regardless of whether they are detained or informal, their property and environments within Essex Partnership University NHS Foundation Trust (Trust). 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. There is specific guidance in section 11.3 which must be followed regarding the searching of patients under the age of 18.

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- 2.18 The Department of Health, revised Mental Health Act 1983: Code of Practice, hereafter known as the 'Act' and the 'Code': came into force 1st April 2015. There are five guiding principles that underpin the Act and therefore this policy. They should be considered when making all decisions in relation to care, support or treatment provided under the Act (Code of Practice). This includes the decision to undertake a search of a patient, their property and the environment.
- Least restrictive option and maximising independence
 - Empowerment and involvement
 - Respect and dignity
 - Purpose and effectiveness, and
 - Efficiency and equity.
- 2.19 The Code states "Hospital Managers should ensure there is an operational policy on searching patients detained under the Mental Health Act and their visitors. When preparing this policy, hospital managers should consider the position of informal patients." The chapter entitled 'Privacy, Safety and Dignity', deals with 'access to telephones, the internet and the use of searches' (Code of Practice). Importantly it provides the framework of considering the development of a therapeutic environment, maintaining patients' dignity but at the same time maintaining safety.

3 Purpose & Principles

3.1 Purpose

- 3.1.1 The undertaking of necessary and lawful searches of service users and their property and visitors' property can be an important contribution to the effective management of violent and unsafe behaviour and prevention of self-harm/suicide. Unlawful, insensitive and unnecessary searches can also aggravate violent behaviour, therefore it is necessary to ensure that a search is appropriate and required. The undertaking of Searches is the responsibility of clinical/practice staff; however, in exceptional circumstances the assistance of others, may be sought.
- 3.1.2 If there is a strong suspicion in relation to a visitor, then searching a visitor's possessions may be appropriate. If a visitor refuses, then the visit may be declined or an observed/supervised visit may be an option.
- 3.1.3 Any person being searched or whose belongings are the subject of a search, should be fully informed of why the search is taking place and their consent sought and documented. 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 learning disability must be identified and addressed, prior to the search taking place.
- 3.1.4 The searching of an individual service user is a delicate procedure which must be managed with the utmost integrity, dignity and to the highest professional standards. It must be emphasised that it is a potentially provocative procedure

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and could be construed as degrading by the individual. Therefore, the following guidelines are to assist staff and managers in application of searches of service users, property and Trust premises.

- 3.1.5 The consent and hence the co-operation of the service user should always be sought and their privacy and dignity must be respected.
- 3.1.6 Compulsory searches may be conducted on service users detained under the Mental Health Act 1983.
- 3.1.7 Service users of informal status should have their consent sought with due regard to their assumed capacity.
- 3.1.8 In circumstances where staff believe that an informal service user has any item of contraband, which may cause harm to themselves or others (including staff) and a search is indicated but refused by the service user, then it will be appropriate to review the service user's care and treatment as a priority with the Responsible Clinician.
- 3.1.9 Exceptionally, a search of an informal patient may be carried out, without consent, when there is justification under Article 8(2) European Convention on Human Rights (ECHR), in other words, "to take such steps as are reasonably necessary and proportionate to protect others from the immediate risk of significant harm. This applies whether or not the patient lacks the capacity to make decisions for themselves."
 - An immediate risk of significant harm means a risk that is present and continuing and it is considered necessary to conduct a search without consent. Significant harm in this context is likely to mean serious harm to physical or mental health.
 - A post search review should take place where a search was undertaken without consent or where consent was withheld. Support should also be available for patients or staff affected by such a search. Details of the review should be included in the patient's clinical records as well as reported on the Trust Incident Reporting System.
 - There should be regular audits on the use of search powers which should be reported to managers.
 - The search policy should be clearly displayed and communicated to patients in a format and language they understand.

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3.2 Principles

The principles on which this policy has been formulated can be found in the following documents:

- The Mental Health Act 1983 (As amended by 2007 Act).
- The Mental Capacity Act (2005).
- The Human Rights Act (1998) and common law to enable the trust to seek a balance between Human Rights and safety issues
- National Institute for Clinical Excellence (NG10) Violence and Aggression: short-term management in mental health, health and community settings (2015).
- The Mental Health Act Code of Practice (2015)
- Equality Legislation: Disability Discrimination Act, Equality Act 2010
- European Convention on Human Rights (ECHR), Article 8(2)
- The Criminal Law Act (1967)
- Misuse of Drugs Act 1971

4 Rationale and Authority

The Code states “Hospital Managers should ensure there is an operational policy on searching patients detained under the Mental Health Act and their visitors. When preparing this policy, hospital managers should consider the position of informal patients.” The chapter entitled ‘Privacy, Safety and Dignity’, deals with ‘access to telephones, the internet and the use of searches’ (Code of Practice). Importantly it provides the framework of considering the development of a therapeutic environment, maintaining patients’ dignity but at the same time maintaining safety.

The search should be implemented

- To prevent injury or harm to the service user, to prevent injury or harm to others, and/or to maintain security and safety.
- To ensure a therapeutic and safe environment is maintained, for all patients, staff and visitors.
- To give clarity to staff regarding what constitutes a 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
- To give clarity to staff regarding what constitutes a room and a personal search

Secure Services have additional procedures in place for searching of service users and their property in line with the required security standards that must be maintained within those units.

Human Rights: It is important that when the decision is made to undertake a search, individual’s human rights are considered. A search could be seen as infringing on the human rights of an individual.

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5 Glossary

Term	Definition / Meaning
HSSC	<i>Health, Safety and Security Committee</i>
VAPR	<i>Violence, Abuse, Prevention and Reduction</i>
CAMHS	<i>Children and Adolescent Mental Health Services</i>
A&E	<i>Accident and Emergency</i>

6 Roles & Responsibilities

- 6.1 Executive Chief Finance Officer.** The Executive Chief Finance Officer has the overall responsibility for the implementation of this procedure.
- 6.2 Director of Mental Health, Urgent Care and Inpatient Services Trust Wide.** The Director of Mental Health, Urgent Care and Inpatient Services Trust Wide is responsible for the appropriate dissemination of these procedures and that all managers are appropriately informed of their responsibility for the security and well-being of service users with the Trust.
- 6.3 The Violence, Abuse, Prevention and Reduction (VAPR) Team.** The VAPR Team will assist and advise on some aspects of this policy and will ensure that it is written and reviewed in consultation with all relevant Trust employees. They will support the Health and Safety Group in their security roles and provide timely security advice for the Trust on a day to day basis. They will also provide access to online search training to all staff.
- 6.4 Ward/Unit Managers.** Ward Managers will ensure:
- They and their staff are aware of this procedure and any related documentation.
 - Staff are appropriately trained and that training is maintained and kept updated. (Training is available to all staff on the Trust Intranet)
 - Support is offered to staff and service users involved in searches as required.
 - Sufficient resources are provided to implement this procedure.
 - All searches are recorded appropriately and fully in the service user's clinical records.
 - Ensure notices are displayed informing staff, service users and visitors about the search procedure. Due regard to language and disability should be taken into consideration when informing service users and visitors of this procedure.
 - Any incidents during searches are reported appropriately on the Trust incident reporting system-Datix.

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**6.5 Clinical staff.** Clinical staff will ensure:

- They take reasonable care of themselves and others when conducting any search.
- They are aware of this procedure and related documents.
- They are trained in searching prior to a search commencing and reporting that they are not trained to their manager if necessary.
- Must not carry out searches if they are not trained.
- Report any issues they may have in regards to searching to their manager as necessary.

7 Definitions and Types of Searches

The types of search undertaken include either a personal, property or environmental search 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.

Environmental:

A search of the environment including fixtures, fittings, furnishings and any other hospital property in that environment.

Personal space (bedroom):

The search may involve the patients themselves, their room and/or their belongings.

Ward:

The communal areas or unit grounds. This will include the search of the all areas including toilets, bathrooms and sleeping area and other communal spaces

Garden/ External spaces:

This consists of staff checking the external areas of trust building/premises. 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

Property Search:

A search of an individual's personal belongings.

Personal Search:

This would include personal search and of their personal belongings

- Basic: A search of an individual's clothing that they are wearing.
- Advanced: A search of an individual's clothing that they are wearing and staff conducting the body search.

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**Reactive:**

Searches carried out on suspicion following observation, following an incident or in response to information received where there are reasonable grounds for suspicion that a service user is in possession of an item(s) or in the environment, which poses a threat to health/safety/security.

Routine:

Searches carried out as part of an ongoing schedule or routine.

Prohibited Items:

A prohibited item or substance is one which could affect the health, safety or welfare of the service user or others. The type of items that are prohibited varies between services, higher risk areas such as PICU, CAMHS and Secure Services will have additional items that are prohibited in comparison to lower risk areas.

7.1 When a search can take place

- As part of the normal **routine** at time of admission (will always take place). This would include personal search and of their personal belongings
- On return from leave including short leave, (this should be recorded in the care plan and / or risk assessment). This would include a personal search and of any items returning to the unit
- When staff suspect there is a risk to the service user, themselves or others whether it be physical, psychological or emotional. These can be “Reactive searches”. They include search of the person and search of personal property and sleeping areas.
- A reactive search will be based on general concerns as a result of evidence or information obtained e.g. a service user appear intoxicated.
- A reactive personal search of individual(s) will be based on specific information or evidence e.g. service user is identified as supplying alcohol and has a previous history of doing so.
- When secluding a service user or the Service user is placed into longer term segregation. (Refer to seclusion procedure CLP41).

7.2 Detained service users

For patients detained under the Mental Health Act, the requirements of the Code of Practice should be followed. 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.

If consent to a personal or property search of a service user who is detained is refused, then staff can consider continuing the search without the consent of the service user. This may involve the use of restrictive interventions such as physical restraint. However, all efforts must be made to prevent the use of restrictive interventions and to persuade the service user to comply with a search.

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Staff should clearly explain the reasons for the search emphasising the need to ensure safety and security of all and ensuring that the service user is aware that this intervention is applied to all service users. The steps taken to prevent the use of restrictive interventions should be clearly documented in the clinical record.

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. Whilst the matter is being resolved, a patient should be kept under observation and separated from other service users wherever possible. The rationale for this should be explained to the service user. Formal observation and engagement may be utilised during this time.

Where there are concerns regarding the patient's capacity to consent, then any decision to proceed with a person or property search must be based on the best interest of the service user or the safety of others. This must be clearly recorded in the service user's clinical records (events/ risk event).

7.2.1 When consent is refused, the service user's responsible clinician (RC) should be contacted first so that any clinical objection to a search by force may be raised or discharge can be considered. The nominated RC covering the service user will be approached if the service user's actual RC is not available (due to leave, sickness etc.). The service user's objection should also be recorded. Where no objection is raised, this should be documented and the search should proceed

7.2.2 The Senior Manager/Matron for the area will also be contacted to advise about the need to search the patient at this point. The Senior Manager/Matron will be consulted with about the proposed search and specifically in relation to a service user and RC objection when the Nurse In Charge still believes there is an immediate need to conduct a search.

If a clinical objection is raised by the service user's responsible clinician, but the nurse in charge believes that it is necessary and proportionate to proceed, the matter should be documented and referred to the Medical Director for a decision as quickly as possible. The Service Manager should also be informed and consulted.

7.2.3 While the decision is being made, the service user should be kept under observation and temporarily isolated from other service users. The service user should be kept informed at all times about what is happening and why.

7.2.4 If the nurse in charge believes the situation is so serious that a delay before receiving authorisation from the Medical Director would constitute an unacceptable life risk, they may authorise a search without consent. In such exceptional circumstances the nurse in charge would be required to make a full report to the patients RC, the Medical Director and others involved (Senior

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Managers) to review the actions taken. This is to be documented by submitting an incident report through Datix.

- 7.2.5 Where there is a concern that a person lacks capacity and is unable to give consent on these grounds it is necessary that the nurse in charge ensures that the patient's liberty and best interest rights are safeguarded in line with Trust Policy.

7.3 Restricted service users

- 7.3.1 Where detained service users 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 (MOJ) 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 MOJ for review.

7.4 Informal service users

Person and property searches cannot be undertaken on service users who are informal and have capacity if they refuse to give consent. In these circumstances the Nurse In Charge (NIC) should contact their ward manager/ Duty Senior Nurse and the ward/ on-call Doctor, to discuss the issue and to enable collaborative decision making. A risk assessment should be conducted to assess the level of risk posed if it is suspected that the service user has a contraband item.

Depending on the outcome of the risk assessment nursing staff can:

- Consider use of enhanced observations and engagement
- Call the Police in the event of a public order offence being committed, refusal to leave or evidence of some other criminal offence having been committed (i.e. possession of illegal substances).
- Consider use of the Mental Health Act (1983) if appropriate
- Consider discharging the service user.

If an informal service user refuses to give consent to a search then staff may consider, what the risk is, and the context that drives the situation and staff should:

- Ask the service user to leave the premises following a full review of their care and treatment. Consideration must be given to the appropriateness of them leaving if their clinical state is a concern.
- Contact 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)
- The patient should be kept under observation whilst the matter is being resolved and separated from other patients where possible.
- Options such as an assessment under the Mental Health Act may be considered. 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.

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- 7.4.1 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), and it is in the interests of his/her safety and security, and it is necessary to ensure a safe therapeutic environment for patients and staff. A 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
- 7.4.2 If the persons' mental health state has deteriorated and is contributing to their lack of consent then assessment for admission under the Mental Health Act may be pursued, however a person should never be threatened or automatically assessed purely on their refusal to give consent for searching.
- 7.4.3 Staff must exercise professional judgment and clear communication to ensure it is not perceived by the person as a threat or a means of compulsion.
- 7.4.4 If the nurse in charge and staff have reason to suspect that the patient is concealing, on his or her person or elsewhere, any potential dangerous or harmful implement or substance, they have a duty to take all reasonable steps to ensure the safety of the patient, staff and others.

Other than at the point of admission or when indicated in the care plan the duty is upon the clinician to demonstrate that all other measures have been exhausted in providing a satisfactory solution. A search should therefore only be utilised as a "last resort" and not a primary solution.

8 Unauthorised Items

Individual wards and teams have their own restricted and prohibited items displayed on the wards depending on the risks and patients they have, this list is variable according to each service.

- 8.1 It should be a consideration that all items are removed from the service user unless it is shown positively that it will not cause harm to the service user. Searching an individual or an individual's property may only be implemented should a member of staff have reasonable grounds to suspect that the service user is in possession of items which present a potential, or immediate, risk to the safety of the service user, staff or that of others.
- 8.2 For a list of Prohibited and Restricted Items please refer to CG92 Global Restrictive Practices Clinical Guideline Appendix 1. Copies of these lists should clearly be displayed for all Patients, Visitors and Staff to view.

*Staff should be encouraged to complete an individual risk assessment to establish if items are a risk to the patient.

**Staff should enable and encourage service users to maintain contact with family and friends and this will require access to a telephone or personal mobiles at agreed times.

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9 What to Search For

- 9.1 For a list of Prohibited and Restricted Items please refer to CG92 Global Restrictive Practices Clinical Guideline Appendix 1. Copies of these lists should clearly be displayed for all Patients, Visitors and Staff to view.
- 9.2 **Prohibited** items should not be brought or attempted to be brought on to the ward under any circumstances.
- 9.3 **Restricted** items are other items, though not allowed to remain within patients' possession, can be accessed and used by patients, either under staff supervision or under specific circumstances if approved by the care team.
- 9.4 This list within CG92 Global Restrictive Practices Clinical Guideline Appendix 1 is not exhaustive and if staff have concerns over any items not in the above categories then they should liaise with the Nurse in charge immediately.

10 Frequency of searches

- 10.1 The frequency of searches is determined by the level of risk presented and will therefore vary according to the patient concerned, the location within the unit and any other prevailing or relevant circumstances.
- 10.2 The following are therefore minimum requirements but they should be increased whenever the situation requires it - for either individuals or groups of patients. The Ward Charge Nurse/Sister, multidisciplinary team, (MDT) or Security Lead may determine this.
- 10.3 Patients will be randomly searched upon return to the ward from unescorted leave. Ward staff should be performing such a random search at a minimum of once per nursing shift. Higher minimum frequencies than this may apply and will vary with the operational search protocols of each individual ward.
- 10.4 During periods of escorted group movement of patients within the site, the number of personal searches to be performed will be determined according to local policies and specific group protocols (e.g. special events)
- 10.5 According to individual patient risks, consideration may be given to personal searches of a patient following visits. This must be documented and form part of their care/management plan.

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- 11.1** 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 gender search and the second member of staff should witness the search.
- 11.2** If a staff member of the opposite gender is available to search the service user on their return, they should be informed of this fact prior to commencing their leave.
- 11.3** The decision to instigate a search should be based upon risk assessment and only if there is a strong suspicion that the service user has in his/her possession something which can seriously affect their wellbeing and safety or that of anyone else in the unit.
- 11.4** To conduct a search requires the appropriate resources. This should be a protected activity as staff members cannot be interrupted during this intervention. Consideration should be given to provision of additional staffing resources to ensure that the situation can be appropriately and safely managed. Reactive searches will generally require the response team to be present. Appropriate PPE should be available. Non latex gloves must be worn during searches. This reduces the possibility of infection and forensic cross contamination in the event of the police needing to seize / preserve evidence in criminal offences. Staff must always be mindful of the possibility of sharps injuries when searching patients.

Consideration should be given to use of a metal detector.

- 11.5** Prior to a search taking place the service user should be informed of the staff concerns regarding specific items that may be in their possession which are not permitted. The service user should be given the opportunity to hand over these items to staff at this stage which may eliminate the need for a search.
- 11.6** For the purpose of this section and section 10 (Routine searches) certain patients are likely to present a higher risk including:
- Those with a history of absconding, escaping or hostage-taking.
 - Patients with a history of extreme violence or aggression.
 - Patients whose current mental state is such that they may pose a grave and immediate risk to others should they be at large.
 - Patients with a history of secreting dangerous items.
 - Patients with a history of repeated self-harm.

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12 Consent to Search

Wherever possible, the service user or person's consent should be sought before a search commences and staff should ensure that the service user has fully understood the reasons for a search.

- 12.1** Upon admission, every patient will be informed of the unit's search procedures and the reasons for it, the Trust's procedures in regard to searches will be explained to them by their named-nurse as part of their orientation. This process will be documented in their clinical notes.
- 12.2** A preliminary search of the service user's property and person will be conducted and documented in the Care Programme Approach (CPA) Checklist. The Service User will have an explanation as to why the search is being undertaken and the procedure outlined to them. This will be clearly evidenced within the nursing notes.
- 12.3** Where the patient appears to have difficulty in understanding the search process, or its rationale, due to impaired hearing, communication or mental capacity then staff involved must make every reasonable effort to explain the process of the search and to obtain their consent, where possible. This may involve use of interpreters or advocates.
- 12.4** Where there is a concern that the patient is unable to give valid consent or fully comprehend the procedure; the Responsible Clinician (RC) must be informed and the guidance within the Mental Capacity Act must be followed. Any other decision-making must be fully documented, with appropriate reference given to the process of obtaining consent recorded in the clinical notes
- 12.5** Before commencing a personal search of a patient, their room and/or their personal belongings, every effort should be made to obtain the informed consent and cooperation of the patient; clearly evidenced in clinical notes.
- 12.6** Once consent is obtained, the search must be carried out with due regard for the dignity of the service user, and the need to ensure maximum privacy refer to (*MHA Code of Practice, 2008, Chapter 16*).
- 12.7** Consent obtained by means of a threat, intimidation or inducement is likely to render the search illegal. All formal service users should be advised that they do not have to consent.
- 12.8** 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. The persons' consent should be sought before a search commences and staff should ensure that the patient has fully understood the level of search and the reasons for it.
- 12.9** A service user may withdraw their consent at any stage prior to or during the search and they should be informed of this right prior to the search commencing.

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If, having given his/her 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 or (b) the circumstances discussed in paragraph 3.9 apply.

13 Searching a Service User against their will

13.1 Searching a Service User against their will

- 13.1.1 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.
- 13.1.2 Personal searches should be carried out with the minimum force necessary. This conforms to the “least restrictive and maximising independence” principle (Code of Practice).
- 13.1.3 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.
- 13.1.4 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 gender search and the second member of staff should witness the search.
- 13.1.5 The decision to search a service user against their will doesn't depend on the person concerned being incapable of giving consent, nor upon him/her being detained under the MHA. 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.
- 13.1.6 If reasonable grounds exist to carry out a personal search of a service user, their property and/or bed space consent should be obtained. This should be care planned if the requirements to search is foreseeable based upon the risk assessment and clearly documented.
- 13.1.7 However if a service user does not consent to a search, the staff member must make one of the following decisions based on the principle of necessity (Gunn 1992):-
 - a) To search the service user against their will on the grounds that there was an **immediate risk of serious harm to self or others** that necessitated immediate action. This may require the use of therapeutic holds to enable the search to be conducted safely;
 - b) To delay the search and seek advice of the service user’s RC and/or senior manager;
 - c) To involve the Police.

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13.1.8 A situation may arise where a previously consenting person undergoing a search procedure withdraws their consent. The nurse in charge of the procedure must then decide how to proceed, using the criteria previously stated.

13.1.9 Any searching carried out against a patients' will or without consent must be carried out with the minimum use of force and invasiveness necessary.

13.2 Procedure – individual search

13.2.1 Service users will be searched individually in a designated search room or the privacy of their own room or another private area.

13.2.2 Service users will be searched by two staff members (trained in searching procedure) at all times. One staff member should carry out the search and the second staff member should record the search details on the approved search form, appendix 1.

13.2.3 Staff must be of the same Gender as the service user unless necessity dictates otherwise there should be due regard given to the ethnicity and religion of the service user and any modesty and privacy issues thereof.

13.2.4 The staff conducting the search will wear gloves and other suitable protective clothing as the situation demands to protect them from contamination should illicit or harmful objects be found.

13.2.5 The service user must be informed of the circumstances that warranted a personal search prior to the commencement of the search.

13.2.6 An opportunity will be given for the service user to impart any relevant information to the staff prior to the search procedure taking place or at any stage in the process. (Such as the presence of dangerous or harmful items).

13.2.7 Any items removed must be recorded and retained for safe keeping (unless illegal or illicit in nature. In this instance the item will be appropriately disposed of following procedure in Policy for the Management of Illicit Substances).

13.2.8 The service user must be informed where the items are being kept and a receipt provided where appropriate to do so.

13.3 Searching a service users room

13.3.1 On occasion, staff may have reason to suspect that a service user has possession of unauthorised items or items that present a risk to themselves and others in his/her room. In this situation it may be deemed reasonable to search the individual's room in order to locate and remove the item/s. In some

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areas within the Trust it will be required that routine searches of rooms are carried out on a more frequent basis.

- 13.3.2 Wherever possible the patient should be present when a search is being carried out on 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.
- 13.3.3 During the search it may become necessary to move furniture in the room. Staff must not move furniture or heavy items if they are not up to date with their Manual Handling training or have an injury or condition. Staff must ensure that service users are informed that they are not expected to move/lift furniture or heavy items and instruct them not to do so.
- 13.3.4 Staff must ensure that once the search is finished, all furniture and items are returned to their normal place immediately.
- 13.3.5 The only exception to this is if there is a clear rationale why the room cannot be returned to its normal state e.g. Police assistance required to assess evidence, furniture damaged or broken, staff unable to return furniture safely. In such a situation, staff must explain to the service user why the room cannot be returned to its normal state and that it poses a risk to the service user whilst it is in that condition.
- 13.3.6 The service user should be asked to leave the room until it can be made safe. During this period the room should be secured to prevent entry and alternative accommodation arrangements made for the service user. The room should be put back to normal as soon as possible.

14 Searching of social areas and professional visitors

- 14.1** All visitors will be shown a list of items which are not permitted to be brought into the unit. Such prohibited and restricted items are detailed in CG92 Global Restrictive Practices Clinical Guideline Appendix 1. They will be requested to deposit all such items in the secure lockers provided within the front reception lobby to be collected upon exiting the building.
- 14.2** All visitors may be subject to a personal search (including child visitors with parents/guardian present) and/or a search of their external clothing. All social visitors will be requested, wherever possible, to leave personal bags in the secure lockers rather than take them inside the unit or, alternatively, to deliver them up for searching. Professional visitors will be allowed to take bags or briefcases in with them but may be asked to present them for inspection and searching. Where a visitor refuses to agree to a search they may be refused entry.
- 14.3** If there are grounds to suspect that a visitor may attempt to bring in forbidden or restricted items for a patient then the visitor will be subjected to a search as a matter

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of course. The security department must be informed by the ward or MDT of any such concerns in relation to such visitors and the Security lead should be informed when the visitor arrives on site. If the visitor arrives for a visit out of hours the unit coordinator must be contacted.

- 14.4** If a visitor knowingly brings in items for a patient that are prohibited or restricted (or attempts to do so) then consideration will be given to deny the visitor further visits. In accordance with the Mental Health Act Code of Practice such a decision must be authorised by the RC in consultation with the MDT, ward nursing staff and the Security Lead (or a senior clinical manager at Robin Pinto unit and Wood Lea Clinic or other similar bases that have a senior clinical manager in place of a security lead). This decision must be documented on the patient's clinical record.
- 14.5** Any patients' social visitor who wishes to bring in articles for the patient must give them up to be inspected (and searched, if necessary), prior to the patient receiving them. This will be done by the escorting member of staff within the search room at reception.
- 14.6** If upon searching a visitor an item is found which raises concerns about safety to patients, staff or other visitors, e.g. illicit drugs, an offensive weapon or firearm, staff should confiscate these and inform the police.
- 14.7** If concerns arise during a visit that a visitor is attempting to pass a prohibited or restricted item to a patient, staff must intervene and terminate the visit and the visitor asked to leave the hospital.

15 Removed clothing searches

- 15.1** Where there are grounds for believing that the patient is concealing a substance or item on their person, which could adversely affect the safety and/or security of themselves or others or cause serious injury, a removed clothing search of a patient can be conducted on the authority of the RC where the patient consents to the search. Where the patient does not consent (and restrictive interventions will be required to conduct the search) the authority of both the RC and the Service Director will be required before the search can be conducted.
- 15.2** Removed clothing searches will only ever be undertaken on the patient's ward and within the privacy of the high dependency/ intensive care or equivalent room or, if this is occupied, within the patient's own room. Where it is to take place within the patient's room this must be searched beforehand. Until the patient is escorted to their room they should be kept under close (Level 4) observation on the ward, in an area away from other patients. The search can only be undertaken by nursing personnel of the same gender as the patient.

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- 15.3** Such searches must only be undertaken in exceptional circumstances and where not undertaking a search under restrictive intervention would pose a serious risk to the service user or others. .
- 15.4** Any decision to carry out a removed clothing search including the reasons for the decision must be recorded in the patient's notes. A Datix form must also be completed.
- 15.5** Where a patient needs to be escorted outside the hospital and is considered to present a significant risk of acting violently or attempting to escape during the escort, consideration will be given to whether the appointment should be postponed or cancelled.

If the appointment is to be facilitated, a search should be conducted on the person and their belongings prior to the appointment taking place. If the patient refuses to be searched, the MDT should consider the risk to the patient, staff and others before making a final decision on whether the patient needs to attend or not.

16 Searching of Children (Young Persons under the Age of 18)

- 16.1** The Children's Act (1989) provides protection for young people, anyone under the age of 18. Searching young people, while they are inpatients, should only be done when all other avenues of persuasion have been exhausted. Young people will only be searched if they are suspected of carrying or concealing articles that could be used to harm themselves or others. The parents/guardians of the young person must be informed of the search immediately.

- 16.2** Staff working within acute adult inpatient areas, where young persons may be admitted, should seek advice from the Lead Nurse (Child protection) before undertaking searches.

16.3 Younger People and Search.

Within this policy and the Mental Capacity Act the term 'children' 'refers to people aged below 16. 'Young people' refers to people aged 16–17. This differs from the Children Act 1989 and the law more generally; where the term 'child' is used to refer to people aged under 18. The MHA Code of Practice, Chapter 19 provides guidance on issues arising with patients under the age of 18.

16.4 The Impact of search on younger people – key principles.

This is a sensitive issue for staff and young people. It is important that staff search young people sensitively and bear in mind how the impact of a search may affect the young person's stay whilst in hospital. With this in mind, staff should act in the following way:

Prior to any body searching, staff should be concerned that the article concealed is potentially dangerous to the young person or others physical well-being (i.e. harbouring or concealing harmful material, illicit substances or alcohol).

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Personal searches of young people should be a last resort after ALL other options have been explored to persuade the young person to surrender the harmful material, illicit substances or alcohol which are being harboured or concealed. This includes the use of continuous observations; increased staff support: or isolation away from the main clinical community.

Prior to any personal search, permission should be sought from the consultant or senior nurse/professional on the unit.

16.5 Capacity and Young People aged 16 and 17

The Act *“confirms in legislation that it should be assumed that an adult (aged 16 or over) has full legal capacity to make decisions for themselves (the right to autonomy) unless it can be shown that they lack capacity to make a decision for themselves at the time the decision needs to be made. This is known as the presumption of capacity. The Act also states that people must be given all appropriate help and support to enable them to make their own decisions or to maximise their participation in any decision-making process”* (Mental Capacity Act, 2005, p.15). Therefore, they are presumed capable of consenting they can give consent for their own medical treatment.

Assessing a young person's capacity to make decisions can be found in the Code of Practice.

The Department of Health recommends that it is nevertheless good practice to encourage young people of this age to involve their families in decisions of their own medical treatment about their care, unless it would not be in their interests to do so (i.e.in situations of abuse or where a safeguarding of children assessment has taken place). If a competent child requests that confidentiality is maintained, this should be respected unless the doctor considers that failing to disclose information would result in significant harm to the child (Code of Practice).

16.6 Capacity and Children under the age of 16

Children in this age group are not deemed to be automatically legally competent to give consent.

“In the case of ‘Gillick’ (Gillick v West Norfolk & Wisbech HA in 1986) the court held that children who have sufficient understanding and intelligence to enable them to understand fully what is involved in a proposed intervention will also have the competence to consent to that intervention”. This concept is now known as Gillick competent (Code of Practice) and assessments or tests are explained in the Code. However, it is important to remember that a child may be Gillick competent to some interventions and not to others, so assessment needs to be carefully completed.

Assessing a child's competence to make decisions can be found in the Code of Practice.

The emphasis within the Code is that it is good practice to involve the child's parents, guardian or carers in this age group with decisions about their care, unless there is a very good reason for not doing so, and if the child consents to their information being shared. However, if a competent child under the age of 16 is insistent that their family should not be involved; their right to confidentiality must be respected.

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**17 Restrictive Practice****Restrictive Practice and Search Procedures (Code of Practice).**

- 17.1** The term Restrictive Practice refers 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. Restrictive Practice should be avoided unless they are justified as necessary and proportionate responses to risks identified for particular individuals. The impact of Restrictive Practice on each patient should be considered and documented in the patients' records.
- 17.2** Restrictive Practice should never be introduced or applied in order to punish or humiliate, but only ever as a proportionate and measured response to an individually identified risk; they should be applied for no longer than can be shown to be necessary.
- 17.3** Restrictive Practice include restrictions concerning: access to the outside world, access to the internet, access to (or banning) mobile phones and chargers, incoming or outgoing mail, visiting hours, access to money or the ability to make personal purchases, or taking part in preferred activities. *Such practices have no basis in national guidance or best practice; they promote neither independence nor recovery, and may breach a patient's human rights.*

Legal basis and rationale for conducting searches

- 17.4** The power or authority to perform searches is rooted in the principle of our duty of care to patients and our colleagues who may be affected by our acts or omissions. Common Law Principles, The Criminal Law Act (1967), Misuse of Drugs Act 1971 and guidance from the Mental Health Act Code of Practice give authority when acting to prevent crime or harm to self or others.

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18 The use of Restrictive Interventions

- 18.1** Restrictive intervention may only be carried out on detained patients however all measures must be taken avoided this action. Where restrictive intervention is required to conduct a personal search it must be the minimum necessary. It must also be justified by the immediate and serious risk that would be present (to either the patient or others) were the patient to remain in possession of the item in question.
- 18.2** Where restrictive intervention is used it should still be undertaken with regard to the dignity of the individual.
- 18.3** If a patient refuses to be searched out of hours, the Senior Manager on call must be contacted in the first instance who will liaise with the RC on call and the Trust's on-call Director.
- 18.4** The reasons for proceeding to search without consent must be fully documented in the patient's notes. Notification must also be sent to the Mental Health Act Administrator who will record it for scrutiny by the hospital managers and Care Quality Commission, if required.
- 18.5** A post-incident review by the MDT must follow every search undertaken where consent has been withheld.
- 18.6** The post incident review must assess whether any post incident support should be provided for the staff and patient involved in the search where consent was withheld (*NICE guidance CG25 1.5.2.3*).
- 18.7** The review must include offering a visit from the advocacy or hospital managers where consent has been withheld (*NICE guidance CG25 1.5.2.5*).
- 18.8** Consideration should be given to completing a risk assessment and management plan as part of the post incident review. (*NICE Guidance - CG25 1.5.1.3*).

19 Respect for Privacy and Dignity

- 19.1** Searching can be an intrusive measure, which may be resented by some individuals. Staff should always act in a professional manner that demonstrates concern and respect for the patient and their property.
- 19.2** The personal searching of a person must always be conducted within maximum privacy by staff members of the same gender as the person being searched.

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20 Religious, Cultural and Sexual Orientation Considerations when searching

- 20.1** The Trust promotes fairness and respect in relation to the treatment, care and support of service users, carers and staff. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.
- 20.2** If there are exceptional circumstances where the search or accommodation preferences cannot be identified, staff should list a clear rationale for their choice (such as the gender presentation of the patient) and be open for further discussion when this conversation can take place.
- 20.3** Staff must always accommodate transgender or non-binary patients in a room in line with their identified gender. Once a decision has been made about which sex a transgender or non-binary patient is to be treated as, the staff member who will carry out the search should be advised of that decision, and the reasons supporting it, prior to carrying out the search. It is important to maintain the dignity of the staff member and patient in this process with clear explanation of rationale.
- 20.4** Items of religious significance, while being subject to search, must be treated with respect. 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 (Detention Services Order). They should not be handled by dirty hands, nor placed upon the floor or with shoes or underclothes.
- 20.5** 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, and those of young people, should be met.
- 20.6** 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.
- 20.7** There will be a requirement to search Religious headwear this should be treated sensitively and respectfully. Headwear must be initially searched using a metal detector and the individual will only be asked to remove it if there is an alarm that cannot be accounted for or if there remains a suspicion of concealed items.

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- 20.8** Religious headwear must be removed in private and in the presence of members of staff of the same gender. A member of staff must not attempt to unwind or remove headwear. The person must be given the opportunity to remove or unwind it personally and put it back on with privacy and dignity.
- 20.9** Some female patients or visitors will wear veils or other face coverings for religious reasons. They must not be made to uncover their faces or hair in public or in front of a man as this could cause serious offence and distress. When required for security or identification purposes, the removal of the veil or face covering must be done in private with only female members of staff present.
- 20.10** Visitors who refuse to remove religious headwear or veils may be refused entry. This should be considered by the unit manager after consideration of risk.
- 20.11** Consideration can be given to excluding visitors. Any exclusion must be clearly explained to the individual involved and followed up with a written explanation; the decision needs to be regularly reviewed by the relevant clinical team to ensure that exclusion is not unnecessarily prolonged or discriminatory. A Multi-disciplinary decision must be made to the conditions of any future visits by the visitor such as searching of belongings or supervised visits. This decision must be proportionate to the risk presented. If there is sufficient concern regarding safety/ security or illegal activity, the police must be contacted.

A Datix form should be completed if there is a concern regarding a visitor that has required refusal to allow them to visit a clinical area. An entry may be made on the service users clinical records if this is appropriate.

- 20.12** Following the removal of headwear, the person must be given the opportunity to use a mirror, and to have privacy and time to put it back on.

A summary of religious artefacts can be found at the end of this guidance at **Appendix 3**.

- 20.13** All areas used for religious worship (e.g. the multi faith room) must be treated with respect. It is disrespectful to walk on prayer mats and members of staff must avoid doing so unless essential.

Staff must be respectful during prayer and service times.

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21 Hand-held Metal Detectors

- 21.1** Hand Held Metal Detectors are available on each ward and therapy areas. Consideration should be given to their use whenever searches are being undertaken looking specifically for an item with a metal content. They can be used at the discretion of the person in charge of the area.
- 21.2** As a routine, they should be used in the following situations:
- To assist with searching the property of newly admitted patients.
 - To assist with searching patients prior to return to wards where a tool is believed to be missing from a workshop.
- 21.3** The use of Hand Held Metal Detectors should follow any local protocol in place.
- 21.4** The searching of individuals and their property can be intrusive and the use of Hand Held Metal Detectors (HHMD's) can reduce the intrusive nature of a search, improve the effectiveness (dependent on the item being searched for), and reduce the time taken to conduct a search.
- 21.5** However, due to the possibility of non-metal items staff must be aware that the use of a HHMD should be used to augment staff actions and not replace them.
- 21.6** For personal searches scan with wand along outstretched arms back hips and down legs ensuring this is done in an environment which maximises safety, privacy and dignity.
- 21.7** If the wand sounds staff should ask patient to identify item, if the item is a risk item, then this should be removed if safe to do so.

22 Mobile Phone Detector

- 22.1** Some secure services areas have mobile phone detectors that can be used as part of a search; mobile phone detectors can be used on staff, visitors and patients (where mobile phones are prohibited) if there is suspicion that someone may be deliberately intending to bring a mobile phone.
- 22.2** A mobile phone detector will be used if it is suspected that a mobile phone has been taken into patient areas by staff. Should a phone be found on a staff member then this will be reported to the joint head of security and relevant line manager. Security staff are authorised to use this following permission from the joint head of security, unit coordinator or ward sister/charge nurse. Further action may have to be taken under the relevant Trust policy and procedure.

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23 Use of Search Dogs

The Trust uses drug detection dogs to promote the maintenance of a substance free environment:

- If dogs are used in a room search they should not be allowed to touch holy books and artefacts.
- The patient should be allowed to bring out religious artefacts from their room so that the supporting staff can search them by hand before the room is searched with the dog.

Signage must be displayed in prominent places to inform staff, service users and visitors that search dogs are used in the ward/unit.

The use of search dogs can be a regular occurrence or on an 'ad-hoc basis' as and when required. This should be arranged through the external search company and paid from the requesting service budget. Details can be obtained from the Secure Services Security and Clinical Lead or the VAPR team.

24 Newly Admitted Patients

- 24.1** Rooms for newly admitted patients must be searched prior to the patient's arrival.
- 24.2** Upon arrival, all newly admitted patients should have the hospital search policy explained to them.
- 24.3** The patient's property, upon arrival, must be checked and thoroughly searched (including the clothing the patient is wearing on admission). This should be recorded on Mobius for each individual patient.
- 24.4** A hand held metal detector should be used to enhance the effectiveness of the search and help to ensure dangerous items are not introduced into the hospital.
- 24.5** It is mandatory to check a service user's property on admission.
- 24.6** All valuables (items other than clothing or books and particularly jewellery should be accurately described, e.g. yellow metal ring) should be documented on a service user's property form, signed by two nurses and the service user. Efforts should be made to encourage relatives to take home valuable items and this should be documented. If this fails, they should be kept in a locked facility such as the Unit safe.

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Money should be banked in accordance with the Trust's procedures for in-patient money.

- 24.7** "Money" includes credit cards, cheque cards, cheque books, building society books or other savings books and benefit books.
- 24.8** Each service user should be given access to a locked unit (wardrobe or cabinet) for the safekeeping of personal property where possible.

25 Recording of Searches

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

- 25.1** All details of searches related to patients or their rooms should be documented on the relevant search forms (**Appendices 1&2**). Part A of the form will record 'simple' routine searches (of room, property or person) and be completed for each patient to provide a return of all the searches that patient has undergone. Part B will be used where the patient has refused consent. The form will be completed and placed on the patient electronic record.
- 25.2** It is essential that the records of all types of area searches are kept in each ward or area. This will:
- Provide evidence of the procedures used and staff involved.
 - Confirm appropriate measures were taken.
 - Allow monitoring and auditing to take place
- 25.3 For Wards:** All ward searches must be recorded on the appropriate form and kept in the ward search book or scanned into a patient's records.
- All patients' post/parcels searched and prohibited/restricted items found should be documented within the patients' record.
- 25.4 For Off-ward therapeutic activity areas:** All searches should be recorded on the appropriate form and kept in the corresponding area in a designated folder.
- 25.5 For 'Other' Non-Ward Patient Areas:** All searches of these areas (e.g. cafeteria, welfare office, shop) will be conducted by staff working in that area.
- If the Police attend an incident, the incident number/crime number, Officers name, number & station base, should be recorded on the Datix report, so they can be contacted again if necessary.
 - Discussion should take place between the multidisciplinary team regarding the care management of the service user.

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**26 Storage and Disposal of Confiscated Items**

- 26.1** All confiscated items should be reported to the nurse in charge of the ward (or area manager if found in off ward areas). An explanation will be sought from the patient. As soon as possible, the MDT and, Security Lead or a senior clinical manager must be advised of any item seized that constitutes a major breach of security (e.g. escape materials, weapons, drugs etc.). A written report should be entered in the patient's record as an incident and the find documented on the appropriate search form.
- 26.2** All made and adapted offensive weapons must be taken to a secure location for safekeeping whilst arrangements are made for them to be handed over to the Police.
- 26.3** Suspected illicit substances if found must be disposed of following the procedure set out in Section 22 of the Policy for the Safe & Secure Handling of Medicines, CLP13. This process must be robustly documented and managed by two members of staff.
- 26.4** All other items must be stored in a locked cupboard and returned to the service user on the authority of the MDT, if satisfied that the service user does not now intend to use the item to cause injury.
- 26.5** In the interests of protecting evidence, handling of finds must be kept to a minimum (in the case of dangerous items the area may need to be sealed off and the weapon left in place). If staff are required to handle seized items a record should be kept of who has handled them. Suspect illicit substances must be handled carefully using gloves or tweezers/forceps as some drugs (LSD) can be absorbed through the skin. Staff must never smell or taste such substances.
- 26.6** In all cases, a Datix report should be completed. Seized items will be handed over to the security department or duty manager who will be responsible for storing the confiscated items securely and, in the case of illegal items such as drugs or weapons, staff are to record and utilise drugs pods within inpatient units as per policy.

If the item is too large of the pod staff are to inform the VAPR team to arrange disposal.

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**27 Locations of Places of Searches****27.1 Patients on Leave of Absence from the Hospital (Section 17 Leave)**

27.2 Local protocols may apply, check what is in place for each relevant location. Locations of searches should be discussed during local protocol reviews. For Secure Services please refer to SSOP22 protocol.

27.3 Patients leaving the hospital on section 17 leave (either escorted or unescorted) may be searched before leaving the secure area on an occasional, random or reactive basis.

27.4 A record of all such searches must be kept, including the name of the patient and the person undertaking the search on the search forms (Appendix 1 and 2) and be placed on to the patient's electronic record.

27.5 Patients Leaving a Tool Area

27.5.1 In some situations, a patient should receive a personal search if wanting to leave an area prior to all tools being checked in and counted. For example, when a patient leaves the ward dining room during a meal in a high secure area (e.g. admission ward) or when a patient leaves a therapy area where particular tools or equipment is being used.

27.5.2 In such situations the patient will usually be asked to wait while a tool check is performed before being allowed to leave the tool area, thus avoiding the need for the patient to be searched (see local protocols for further guidance).

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28 Training

- 28.1** In order to ensure the appropriate level of expertise, sensitivity and skill is exercised during a procedure that, whilst necessary, could cause offence or lead to an escalation of aggression or potential allegation against staff, it is essential that staff receive security or other search training.
- 28.2** Staff will be trained in all aspects of best practice searching and will be taught how to implement a thorough search of any environment that has been identified as an 'at risk' area where an object or an offensive weapon may have been secreted to cause harm to self or others.
- Security/search training must cover the following key areas:
 - Physical skills and recording
 - Risk awareness
 - Cultural sensitivity
 - Relevant legislation, lawful conduct and duty of care
 - Good practice guidance
 - Issues relevant to particularly vulnerable groups
- 28.3** Security/search training should be underpinned by knowledge of relevant legislation and good practice guidance drawn from other appropriate Trust policies.
- 28.4** All ward staff should be trained in search techniques.
- 28.5** The required skill base will be risk assessed and refreshed during team meetings, when ward managers/matrons deem it necessary to ensure staff remain confident and competent in carrying out this procedure.
- 28.6** The training will be delivered on a prioritised basis, dependent on the incidence of violence/illicit substances and the Trust's risk assessment.
- 28.7** Training will be via an online training package that can be found on the VAPR/Training team Intranet page. Consideration should be given to make the package a mandatory e-learning course to be reviewed periodically.

29 Search Returns

- 29.1** All wards and therapy services in Secure Services must submit a monthly return to the security department at each unit with information regarding the number of each type of search performed in that month. The returns must be received by the 10th day of the following month. The returns are audited and reviewed by the security Clinical Lead for the service.
- 29.2** All other wards or departments will require a search record to be completed when items are recovered or an incident of concern is raised. This search record will be placed onto the individual's personal computer record.

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30 Monitoring and audit

- 30.1** Monitoring of implementation and compliance will rest with the Executive Nurse and HSSC.
- 30.2** Review and monitoring will be undertaken in conjunction with Ward Managers and the VAPR Team.

31 Approval and implementation

- 31.1** The Search Policy will be approved by the Health, Safety & Security Committee, which is the specialist group with the authority to approve documents relating to health and safety. These will then be forwarded to the Policy team for submission and ratification by the Policy Oversight and Ratification Group.
- 31.2** It is the author's responsibility to inform the Health, Safety & Security Committee of the approved documents when they are uploaded to the Trust's Intranet.

32 Preliminary equality analysis

- 32.1** The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.
(Refer to [Appendix 6](#))

33 References

Acts of Parliament (UK Statutes)

Title of Act including year, and chapter. Available at: web address [Accessed: date].

Children Act 1989, c.41. Available at:
<https://www.legislation.gov.uk/ukpga/1989/41/contents>

Criminal Justice Act 1953,

Criminal Law Act 1967, c.58. Available at:
<https://www.legislation.gov.uk/ukpga/1967/58/contents>

Criminal Justice Act 1988, c.33. Available at:
<https://www.legislation.gov.uk/ukpga/1988/33/contents>

Criminal Justice and Immigration Act 2008, c.4. Available at:
<https://www.legislation.gov.uk/ukpga/2008/4/contents> - §119 & 120

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Human Rights Act 1998, c.42. Available at:
<https://www.legislation.gov.uk/ukpga/1998/42/contents>

In particular, Article 2 – Right to Life; Article 5 – Right to Liberty & Security;
 Article 8 – Right to Respect for Private and Family Life; Article 14 – Prohibition of
 Discrimination

Mental Capacity Act 2005, c.9. Available at:
<https://www.legislation.gov.uk/ukpga/2005/9/contents>

Mental Health Act 1983, c.20. Available at:
<https://www.legislation.gov.uk/ukpga/1983/20/contents>

Misuse of Drugs Act 1971, c.38. Available at:
<https://www.legislation.gov.uk/ukpga/1971/38/contents>

Prevention of Crime Act 1953, c.14. Available at:
<https://www.legislation.gov.uk/ukpga/Eliz2/1-2/14/contents>

Common Law

DVLA Guidelines

Confidentiality: NHS Code of practice: Risk of Harm (2003). Available at:
<https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>

Mental Health Act 1983: Code of Practice. Available at:
<https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>

Manual of Clinical Psychiatric Nursing Principles & Procedures. Susan Ritter, 1993.

Journal articles

Gunn, M.J. (1992) 'Personal Searches of Psychiatric Patients'
 Criminal Law Review (November 1992) pp 767-777

CLP75 Appendix 1: Search Form

SEARCH FORM

WARD: _____ **Patient Name:** _____ **Paris/Mobius No:** _____

PART A (to be completed in all circumstances)

[illegible]

PART B

Outline justification for search to proceed without consent:	
Personnel contacted: Duty Co-ordinator: Senior Nurse Manager: Responsible Clinician: Clinical Director: Security Department:	Consent to search issued by: Assistant Director: Clinical Director:

Aide Memoir: Service users will be searched **individually** in a designated search room, privacy of their own room or another private area. Search will be carried out by **two** members of staff at all times. One staff member to search and the second to record details on search form (appendix 1). Staff must be same gender as service user, unless necessity dictates otherwise, due regard given to service users ethnicity and religion. Staff will wear gloves and other required protective clothing during the search. The service user **must** be informed of the circumstances of the search **prior** to its commencement. Staff **must** provide the service user with an opportunity to impart any relevant information, prior to the search taking place or at any stage in the process. (Such as the presence of dangerous or harmful items). Any removed items **must** be recorded and retained for safe keeping, unless illegal or illicit in nature. See the policy for the Management of Illicit Substances regarding appropriate disposal guidance. The service user must be informed where retained items are being kept and a receipt provided where appropriate to do so. Search Policy: [CP1 - Appendix 1 - Trustwide Policy Template](#)

CLP75 Appendix 2: Monthly ward search

MONTHLY WARD SEARCH

WARD:

Month:

Year:

Environmental & Property Searches

No. of Patients on Ward	No. of Room Searches	No. of Additional Locker Searches	No. of Communal Areas	No. Of Communal Area Searches

Personal Searches

Room & Locker Search	Locker Search	Section 17 Leave	Visitors	Single Patient Escort	Random

Declaration

Each patient resident on the ward has had their room searched at least once this month
 Each patient resident on the ward has had an Additional Locker search at least once this month
 Each patient resident on the ward undergone at least one other personal search in the month
 All communal areas on the ward have been searched not less than once a week

W/N Name

Signature:

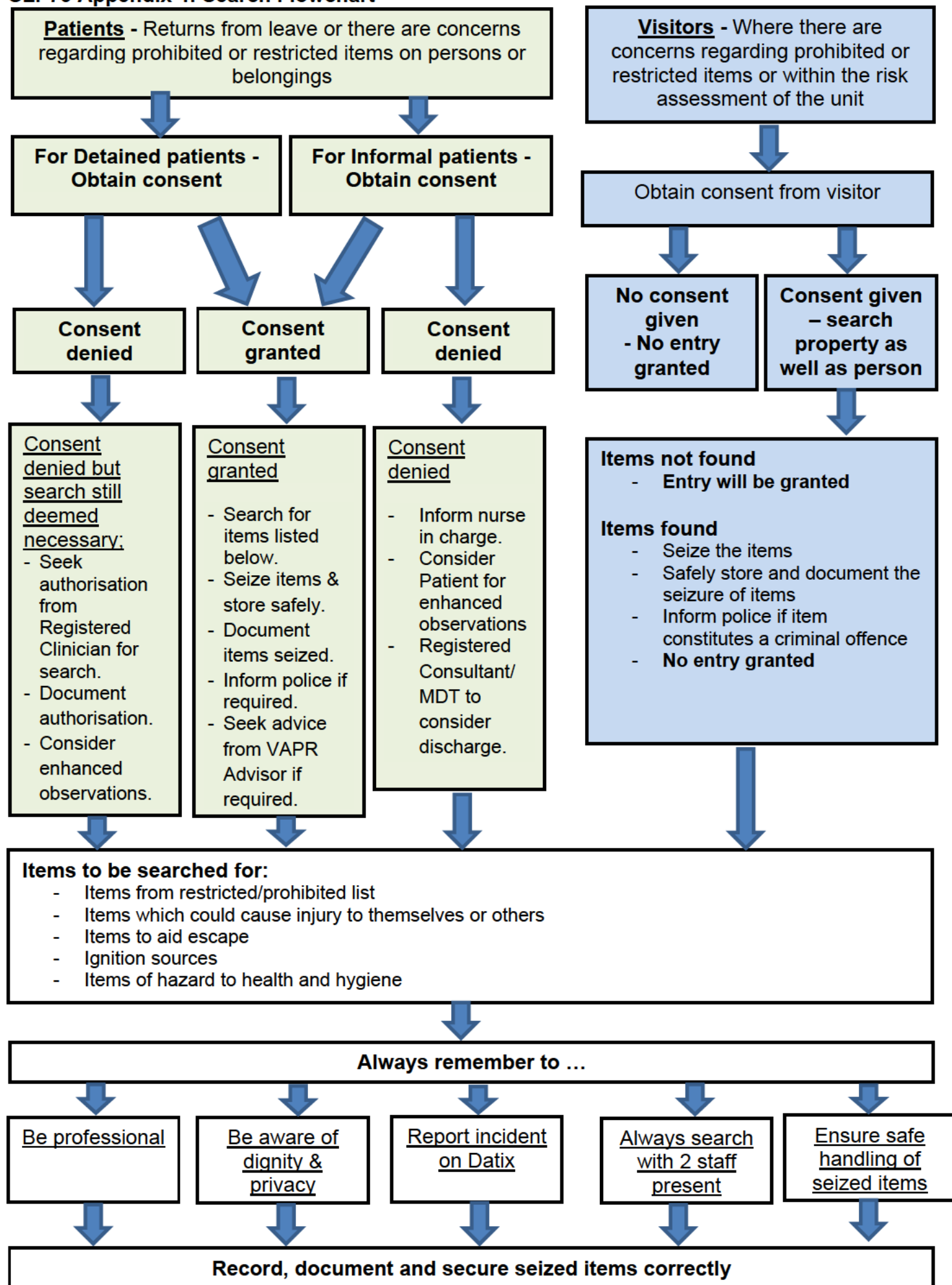
Date:

CLP75 Appendix 3: Summary of Religious Artefacts

Summary of Religious Artefacts The following is a list of items that have significance to various religions. Patients should not be unnecessarily prevented from accessing these items. Access should be subject to risk assessment by the MDT & risk assessment) should be completed. The Security Department should receive a copy of this risk assessment.

Buddhism	Christianity	The Church of Jesus Christ of Latter Day Saints (Mormons)	Hinduism	Islam	Judaism	Paganism	Sikhism
Buddha Image (available from Angulimala)	Holy Bible Rosary	The Bible (King James Version is preferred)	Mara – Prayer beads (comprising of 132 small beads)	The Qur'an and other religious books	Torah and copies of the prayer Books (Siddur)	Incense and holder	Gutka/Nitnem – prayer book
Incense and holder	Beads Ornamental cross or crucifix Holy pictures.	The Book of Mormon	Murti – a statue, from 2 inches in height, made of either metal, wood, glass, stone	Clear plastic pouch for storage of Qu'ran	Prayer cap (yarmulkah or kippah)	A religious piece of jewellery (e.g. pentagram necklace or ring)	Turban
Prayer Beads	Small icon (statue of Jesus or Mary)	The Doctrine and Covenants	or marble or alternatively an image or photograph, of the God Krishna Krishna or other Gods.	Prayer mat	Prayer Shawl (talith)	Hoodless robe (for worship only)	Khanga – (comb) to keep hair neat and clean
Books and Literature	Prayer books/ devotional reading	The Pearl of Great Price	Incense sticks and holder	Small piece of clay for head rest, used during prayer, for Shi'a Muslims only	Tephillin (Phylacteries) – two strap-on leather boxes enclosing parchment sections of the scriptures, worn by male orthodox Jews on the forehead and left arm.	Flexible twig for wand	Kara – steel bracelet – only a very thin version may be worn in prisons; this is usually obtainable through the local Sikh community
Meditation stool			Small bell – used when beginning and ending prayer rituals	Prayer beads – Tasbee		Rune stones (wood, stone or clay tablets) and bag or box to carry them	
This list may not be exhaustive and consideration should be given to any items that may be deemed to be religious in nature.				Skull cap or turban		Chalice (cup)	Kachera – shorts/ underpants
				Scarf and loose clothing to wear during and after prayers – for female Muslim prisoners	Tzitzit (four cornered garment with fringes attached)	An altar (small table, box or similar) – can be set up, space permitting	Kirpan – small sword, prisoners are allowed to have the representation of a kirpan inlaid in metal on the comb.
				Gita – Holy Book			
				Miswak/ Salvak stick (small toothbrush size twig for dental)		Tarot Cards (risk assessment required before being allowed in possession. May be allowed under the supervision of the Pagan Chaplain.)	
				Plastic jug – for personal hygiene			
				Alarm clock – to be used to awaken for prayer before dawn and Ramadhan			
				Pendant, which has, extracts from the Qu'ran or name of Allah			
				Musk or Itar – non-alcohol perfume in small plastic bottle			

CLP75 Appendix 4: Search Flowchart



CLP75 Appendix 5: Search Form

WARD NAME:

.....

TYPE OF SEARCH:

- ☐ **PERSON** ☐ **ROOM**
- ☐ **AFTER ADMISSION** ☐ **RETURN FROM LEAVE** ☐ **RANDOM CHECK**

Please confirm items removed (by circling individual items):

- ☐ 1. Lighters, matches, tobacco and tobacco products, including vape chargers and liquids
(Description if required)
- ☐ 2. Any illicit drugs, including 'legal highs' and energy drinks
(Description if required)
- ☐ 3. Toiletries in glass bottles
(Description if required)
- ☐ 4. Aerosols including deodorants and hairspray
(Description if required)
- ☐ 5. Protein and other nutritional supplements unless prescribed by a doctor?
(Description if required)
- ☐ 6. Alcohol and any liquid containing alcohol.
(Description if required)
- ☐ 7. Super glue or similar epoxy/thiocyanate based adhesives
(Description if required)
- ☐ 8. Chewing gum, Blu-tac or similar substances
(Description if required)
- ☐ 9. Knives, bladed articles, firearms and other weapons including replicas and homemade or manufactured items (including razors – see Razor Protocol, SSOP14)
(Description if required)
- ☐ 10. All scissors including rounded nose type
(Description if required)
- ☐ 11. Electrical surveillance equipment, covert listening devices or transmitting devices, e.g. Dictaphones or small stereo equipment that has the ability to record
(Description if required)
- ☐ 12. 'Hard core' pornography of media
(Description if required)
- ☐ 13. Glass in picture frames or mirrors
(Description if required)

- ☐ 14. Explosives, inflammable liquids or substances or other ignition sources
 (Description if required).....
- ☐ 15. Polythene and plastic bags
 (Description if required).....
- ☐ 16. Some DVD's, games or CD's with an over 18 certificate
 (Description if required).....
- ☐ 17. Wire, cord, rope, string or plastic ties, trouser belts, dressing gown ties and scarves
 (Description if required).....
- ☐ 18. Binoculars and magnifying glasses (unless required for medical reasons)
 (Description if required).....
- ☐ 19. Mobile phone, laptop, cameras, IPad/tablet chargers, cables and connectors
 (Description if required).....
- ☐ 20. Electrical items including hairdryers
 (Description if required).....
- ☐ 21. Any other item removed due to personal risk documented in patient's care plan.
 (Description if required).....

☐ I have read the above list and agree that indicated items have been removed.

☐ I have read the above list and agree that I have no such items in my possession.

This document will be stored
 (e.g. scanned to the electronic patient record and original disposed of via confidential waste)

Staff are reminded to refer to CG92 Global Restrictive Practices Clinical Guideline Appendix 1 for guidance and amendments.

Signed:.....Dated:.....

Refused to sign/Reason for refusal:.....

Nurses signature:.....Dated:.....

CLP75 Appendix 6: Initial Equality Impact Assessment analysis

This assessment relates to: **CLP75 Search Policy**

(Please tick all that apply)

Link to Full Equality Impact Assessment can be found in InPut [Here](#):

Does this Policy/Service/Function effect one group less or more favourably than another on the basis of:	Yes / No	What / where is the evidence / reasoning to suggest this?
Race, Ethnic Origins, Nationality (including traveling communities)	No	
Sex (Based on Biological Sex; Male, Female or Intersex)	No	
Age	No	
Sexual Orientation Including the LGBTQ+ Community	No	
People who are Married or are in a Civil Partnership	No	
People who are Pregnant or are on Maternity / Paternity Leave	No	
People who are Transgender / who have had gender reassignment treatments As well as gender minority groups	No	

Does this Policy/Service/Function effect one group less or more favourably than another on the basis of:	Yes / No	What / where is the evidence / reasoning to suggest this?
Religion, Belief or Culture Including an absence of belief	No	
Disability / Mental, Neurological or Physical health conditions Including Learning Disabilities	No	
Other Marginalised or Minority Groups Carers, Low Income Families, people without a fixed abode or currently living in sheltered accommodation.	No	

Guidance on Completing this Document

This screening tool asks for evidence to ensure that these considerations are done in collaboration with groups that may be affected. Listed below are the ways that this evidence can be gathered to support this decision:

- Reviews with Staff who may be impacted by these changes
- Service User / Carer feedback or focus groups
- Guidance from national organisations (CQC / NHS Employers)
- The Equality and Inclusion Hub (on the Staff Intranet)
- Input from Staff Equality Networks or the Equality Advisor
- Reviewing this against good practice in other NHS Trust

Initial Screening Question	Response
If you have identified no negative impacts, then please explain how you reached that decision. please provide / attach reference to any reasoning or evidence that supports this: (Nature of policy, service or function, reviews, surveys, feedback, service user or staff data)	
Is there a need for additional consultation? (Such as with external organisations, operational leads, patients, carers or voluntary sector)	
Can we reduce any negative impacts by taking different actions or by making accommodations to this proposed Policy / Service / Function?	
Is there any way any positive impacts to certain communities could be built upon or improved to benefit all protected characteristic groups?	
If you have identified any negative impacts, are there reasons why these are valid, legal and/or justifiable?	

Please complete this document and send a copy to EPUT's Compliance, Assurance & Risk Assistant / Trust Policy Controller) at epunft.risk@nhs.net as part of the Approval Process, if this proposal / policy etc. has no positive or negative impacts on protected characteristic groups, a Full Equality Impact Assessment will not need to be completed

To be completed by the Trust Policy Controller					
Is a Full Equality Impact Assessment Required for this Policy, Service or Function?			Yes	No	x
Name:	I/S				
Date:	24/11/2024				