Essex Partnership University
NHS Foundation Trust

# SEARCHING OF PATIENTS, PATIENTS' PROPERTY, VISITORS AND AREAS PROTOCOL

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**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

# SEARCHING OF PATIENTS, PATIENTS' PROPERTY, VISITORS AND AREAS PROTOCOL

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**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

# SEARCHING OF PATIENTS, PATIENTS' PROPERTY, VISITORS AND AREAS PROTOCOL

## 1.0 INTRODUCTION

1.1 EPUT secure services provide care and treatment for mentally disordered patients within conditions of medium or low security. Effective procedures for searching patients and their property, visitors and areas within the secure facility are an essential component of security. Searching enables the prevention and detection of potential and actual security breaches. The overall aim of such measures is to provide and maintain a secure and therapeutic environment for all, whilst promoting a safe environment within which to deliver care.

1.2 This policy predominately governs the searches of patients, their possessions and areas of the hospital site. It also provides guidance regarding the searching of visitors in order to maintain the security of the site.

1.3 This guidance should be read in conjunction with all other security policies, procedures and protocols applicable to the Secure Services Directorate.

1.4 Searching an individual or their property can be experienced as an intrusive procedure. This policy will guide staff in undertaking the search procedures with efficiency whilst minimising discomfort or distress to individuals and maintaining their dignity throughout the procedures employed.

1.5 This policy applies only to the Secure Services Directorate.

## 2.0 OBJECTIVES

2.1 This protocol has been developed to:

- Promote an environment where care and treatment is provided in a safe and therapeutic way.
- Ensure that patients and visitors are treated with respect and dignity.
- Assist in the maintenance of the safety and security of patients, staff and visitors.
- Provide staff with clear guidance as to their actions regarding search procedures and the rationale for them.
- Provide standards of good practice for staff regarding the search process.

- Ensure staff are aware of the training requirements regarding searching.

- Inform staff of the reasons and authority required for conducting each type of search.

## 3.0 REVIEW AND MONITORING

3.1 This protocol will be reviewed annually by the Secure Services Policy Group.

## 4.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

4.1 SSOP 26 – Protocol for Operation of Off-Ward therapeutic Activity Areas within Secure Services

4.2 SSOP 36 – Protocols for Tools, Equipment and Material Security

4.3 SSOP 37 – Protocol for Management, Storage and Recording of Patients' Property & Possessions

4.4 SSOP 28 – Visiting Protocol for the Secure Services

4.5 SSOP 19 - Procedures for Use of Hand-Held Metal Detectors

4.6 ICPG1 – Infection Prevention and Control Policy

## 5.0 TRAINING

5.1 As searching can be perceived as an intrusive process , it is essential that all staff involved in its implementation receive training in appropriate searching techniques and are sensitive to the specific needs and individuality of the persons being searched.. This includes having an awareness and respect for the searched person's dignity, religious views, gender, sexual orientation, age, race, cultural background and any disabilities/protected characteristics.

5.2 The mandatory training required for staff to conduct searches is set out below:

| ***MANDATORY TRAINING*** | ***UPDATE INTERVAL*** | ***STAFF CATEGORY*** | ***DELIVERY METHOD*** |
|---|---|---|---|
| Search Training | On commencing employment and Annually | All nursing staff and any others who may routinely carry out searching e.g. security staff | Face to face |

## 6.0 RATIONALE AND AUTHORITY TO SEARCH

6.1 The Trust has a statutory duty to provide a safe and therapeutic environment for patients and staff and to protect the public. Routine searches are an essential and justifiable component of our security practices and are therefore included within this policy.

6.2 In February 1998, the Appeal Court held that, by virtue of the statutory authority of detention under the Mental Health Act (1983), hospitals have a general power to authorise random and routine searches of patients without their consent and without cause, overriding, if necessary, medical opinion against its exercise (See R v Broadmoor Hospital Authority and another, ex parte S and others).

6.3 The Mental Health Act Code of Practice (para.16.10) requires Trusts to have an operational policy on the searching of patients and their belongings. The Code states that the policy can extend to routine and random searching without cause, but only in exceptional circumstances, for example where dangerous, violent and criminal propensities of patients create a self-evident and pressing need for additional security.

## 7.0 RESPECT FOR PRIVACY AND DIGNITY

7.1 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.

7.2 The personal searching of a person must always be conducted within maximum privacy by a staff member of the same gender as the person being searched and within sight of a second member of staff.

## 8.0 RELIGIOUS AND CULTURAL CONSIDERATIONS WHEN SEARCHING (APPENDIX 9)

### 8.1 Religious Headwear

8.1.1 Religious headwear needs to be searched but this should be treated sensitively. 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.

8.1.2 Religious headwear must be removed in private and in the presence of members of staff of the same sex. 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.

8.1.3 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.

8.1.4 Visitors who refuse to remove religious headwear or veils may be refused entry.

8.1.5 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.

## 8.2 Holy Books and Religious Artefacts

8.2.1 Holy books and the religious artefacts of any faith, while being subjected to a search, must be treated with respect**.** The patient, visitor or staff member should be allowed to point out holy books and religious artefacts before the search. It is preferable for the individual to show the book or object themselves when subject to a search. They should not be handled by dirty hands. Gloves should be worn if a member of staff needs to pick up any religious artefacts.

8.2.2 Religious artefacts must not be placed on the floor or besides shoes or underclothes**.**

8.2.3 A summary of religious artefacts can be found at the end of this guidance at Appendix 9.

8.2.4 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.

8.2.5 Any non-staff visiting religious leaders must be escorted by staff at all times on the wards and in the multi-faith room. Staff must be respectful during prayer and service times.

## 8.3 Use of Passive Search Dogs

8.3.1 In some faiths, if a dog's hair or saliva comes into contact with an individual's clothing or religious artefacts, it renders these items defiled. Care must therefore be taken, wherever possible, to avoid passive drug dogs, used to search a patient or visitor with such beliefs, from touching them. If this occurs, such persons must be permitted to make ritual ablutions or change their clothes. Similarly, their bedding should be allowed to be changed where the patient feels that it has been defiled.

8.3.2 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.

8.3.2 Passive dog searches are carried out every month on a random basis. They can be employed more frequently if required and in the case of any incident involving the use of illicit substance or a serious/potentially serious presence

of drugs on the unit, the team must be contacted by the Head of Security to arrange an immediate dog search.

8.3.3 When passive search dogs attend Brockfield House, they must routinely search any store room where patient property is held and the family visiting room.

## 9.0 CONSENT TO SEARCHES

9.1 Upon admission, every patient will be informed of the unit's search policy and the reasons for it. They will be asked to sign that the policy has been explained to them and that they have had the opportunity to ask questions about it. This will be documented in the patient's notes (in the CPA section - sharing of information).

9.2 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.

9.3 A clear explanation of the process involved and their rights should be given to the patient. A patient may withdraw their right at any stage and should be informed of this at the outset.

9.4 When new patients are admitted to the unit the hospital procedures in regard to searches will be explained to them by their named nurses as part of their orientation and this will be supplemented by the information booklet. This process will be documented in their clinical notes.

9.5 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 the use of interpreters or advocates.

9.6 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.

9.7 Any substitute decision-making must be fully documented, with appropriate reference given to the process of obtaining consent.

## 10.0 PATIENTS' REFUSAL TO CO-OPERATE AND THE USE OF REASONABLE FORCE

10.1 If a patient refuses to give consent to a search of their room, the nurse in charge of their ward can authorise the search to proceed. Clear documentation regarding the decision to proceed and any risk factors that influence the decision and the outcome must be recorded.

10.2 Where consent to a personal search (body and clothing worn) is refused by a patient the Responsible Clinician (RC) for the patient must be contacted to authorise the search. The patient should meanwhile be kept separated, in the Intensive Care area of the ward if necessary, and under close (Level 4) nurse observation. If the RC refuses authority to proceed with the search, but the person empowered to search wishes to proceed, the decision should be referred to the Clinical Director.

10.3 In making any decision to proceed, the Clinical Director must take into account the RC's view, the safety of the individual and the security of the unit as a whole and any clinical reason why the use of force is contra-indicated.

10.4 Notwithstanding the above, searches should not be delayed if there are compelling grounds to believe that a patient has in their possession anything that may pose an immediate risk to their own safety or that of others.

10.5 Where force to conduct a personal search has to be used it must be the minimum necessary. It must also be justified by the immediate risk that will present (to either the patient or others) were the patient to remain in possession of the item in question.

10.6 If the search proceeds without the patient's consent, it should still be undertaken with regard to the dignity of the individual.

10.7 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.

10.8 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.

10.9 A post-incident review by the MDT must follow every search undertaken where consent has been withheld.

10.10 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).

10.11 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).

10.12 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).

## 11.0 WHAT TO SEARCH FOR:

11.1 During a search procedure, staff should search for:-

- Items or materials that could aid an escape.
- Items that may cause injury to others or used to self-harm.
- Ignition sources (matches, lighters, battery chargers).
- Alcohol, drugs or other substances that may adversely affect a patient's mental state and interfere with the treatment process.
- Articles that are otherwise prohibited or restricted (under the policy for patients property, storage and recording, SSOP 37). E.g. excess monies, mobile phones, cigarette lighters etc.
- Items that may present a health or hygiene hazard e.g. certain foodstuffs.
- Material or items that, when held in quantities, may indicate undesirable activity.

This list is not exhaustive and if staff have concern over any items not in the above categories then they should liaise with the Nurse in charge immediately.

## 12.0 TYPES OF SEARCHES

12.1 A range of searches may be carried out by staff within the secure services directorate. These include:

- **Searches of the person, including clothing worn (personal search).**
- **Searches of the person's property and effects (property search).**
- **Environmental searches of communal area accessed by patients (including the ward, therapy and gym areas).**
- **Searches of external areas on site accessed by patients.**

12.2 Searches may also be either:

- **Routine (proactive). These may be either random or regular.**
- **Targeted (reactive).**

### 12.3 Routine searches

12.3.1 Routine searches are necessary to deter, prevent and detect any security breach. They include both regular (e.g. every instance or every month) and random searching of individuals, possessions or areas.

12.3.2 Routine searching is an important aspect of maintaining a secure environment and essential to good security. Routine searching must always be done in an efficient and conscientious manner. It should never be viewed as a routine "chore' to be carried out in a cursory fashion.

12.3.3 It is the responsibility of all clinical staff, reception/security and their managers to ensure that all routine searches are carried out at the required

frequencies dictated by this policy and recorded in accordance with the records set out in appendices 9 of this policy.

12.3.4 Additional searches will be carried out by passive search dogs and handlers at the discretion of the Security lead.

### 12.4 Reactive (Targeted) searches

12.4.1 This type of search may involve members of the security department and in some cases staff from outside agencies such as the police or passive search dogs and their handlers.

12.4.2 Reactive searches will be carried out in response to information received or following an incident where there are reasonable grounds for believing that a patient (or patients) have secreted or possess an item (or items) that are forbidden or restricted or which might otherwise pose a threat to safety or security.

12.4.3 Where the patient consents, a reactive personal or property search can be authorised by the following senior members of staff: ward nurse in charge, senior practitioner with responsibility for an off-ward clinical area, Security Lead, Integrated Clinical Lead, or Unit Co-ordinator.

12.4.4 Where the patient does not consent section 8.2 (above) must be followed.

12.4.5 The name of the person authorising the search and reasons for undertaking it must be recorded in the patients electronic notes and inform the senior charge nurse, unit coordinator, security.

12.4.6 If there is reason to suspect a patient is in possession of a weapon such as a knife or gun, or any other item that could cause serious injury, staff should, time permitting, consult with the Integrated Clinical Lead or ward Charge Nurse/Sister (or unit co-ordinator, out-of-hours) and request the police attend urgently to assist in searching the patient. If the risk is deemed severe and immediate a 999 call should be made without delay.

12.4.7 Staff are not authorised to search a patient simply for suspected stolen property, unless the patient is consenting as part of a ward search to locate a missed item or if the missing item is dangerous. If there is such suspicion by staff, and the patient is not consenting to a search, police involvement will be requested by ward staff.

## 13.0 FREQUENCY OF SEARCHES

13.1 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.

13.2 The following are therefore minimum requirements but they should be increased whenever the situation requires it - for either individuals or groups

of patients. Either the Ward Charge Nurse/Sister, MDT or Security Lead may determine this.

### 13.3 Personal Searches (Appendix 1)

13.3.1 Ward staff will also be performing searches on patients returning from unescorted S17 leave. The frequency of these searches will depend on individual factors.

13.3.2 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.

13.3.3 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.

13.3.4 Whilst carrying out all searches staff should follow the Trusts' Infection Prevention and Control (IPC) guidance in regards to the wearing of appropriate PPE.

### 13.4 Patients on Leave of Absence from the Hospital (Section 17 Leave)

13.4.1 **At Brockfield House, Robin Pinto Unit** and **Edward House** all patients returning from *unescorted* Section 17 leave must receive a personal search, ***as a matter of routine,*** upon return to the secure area**. At Wood Lea clinic**, such searches are done ***only if directed*** on the Section 17 leave form. Occasionally, patients may be required to undergo a personal search upon returning from escorted leave on a reactive basis.

13.4.2 All such searches, upon patients returning from leave of absence, will be conducted in reception, wherever possible. However they can be conducted on the ward provided the patient is escorted from reception to their ward. (At Robin Pinto unit such searches will always take place on the ward as there is no search room at main reception).

13.4.3 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.

13.4.4 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 9) and be completed on electronic notes.

### 13.5 Patients Leaving a Tool Area

13.5.1 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. 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 protocol for Use of Off-ward Therapeutic Activity areas, SSOP26, and Protocol for Tools, Equipment and Material Security SSOP 36).

### 13.6 Patients' Room Searches (See Appendix 4)

13.6.1 A room search consists of the search of a patient's room, its contents and a personal search of the patient.

13.6.2 Where a decision is taken to search a patient's room he/she must be offered the opportunity to observe the search.

13.6.3 Regular room searches of all patient bedrooms within the secure services directorate should be completed by staff in a random pattern spread across the month.

13.6.4 Every patient must have their room searched at least once per month. An example of good practice on a 12 bedded ward would be to search three to four patients' rooms per week.

13.6.5 A patient's room should not normally be routinely searched more than 3 times in one month. Searching in excess of this amount must be documented within the ward's operational policy, a copy of which should be sent to the Security Lead as part of an agreed care plan

13.6.6 Staff should be familiar with appendix 4, guidance for undertaking a room search.

13.6.7 Patient's belongings should be kept and stored in accordance with SSOP 37 - Policy for Management, Storage and Recording of Patient Property and Possessions.

### 13.7 Locker Searches (*See Appendix 5*)

13.7.1 A locker search consists of a search of the patient's locker and a personal search of the patient. A locker search must be carried out for each patient on the ward at least once per month.

### 13.8 Ward Patient Areas

13.8.1 All areas of the ward that patients have access to (other than patient's rooms and lockers) will be searched by the security nurse not less than three times daily (i.e. once for each nursing shift). Higher minimum frequencies than this may apply and will vary with the operational search protocols of each individual ward. A search of this type of area consists of a search of the fabric and furnishings, including the external edges of windows and window frames.

### 13.9 Windows, Doors, Locks and Patient Call System Checks

13.9.1 These should be physically checked/tested once daily and Patient Call System checked weekly. Ward staff should complete these for their individual wards when conducting the checks for ward patient areas. Therapeutic activity areas will be the responsibility of the staff team responsible for the search of the area. All other areas will be the responsibility of the security/reception team. A visual check of windows and locks should be carried out daily. Any increase in the frequency of these checks should be written within the ward's operational policy, a copy of which must be sent to the senior charge nurse, Security.

### 13.10 Off Ward Clinical Areas

13.10.1 All therapy, workshop, recreation and leisure facility area, and other non-ward areas that a patient may visit in the secure area, are to be searched not less than once every week. A search of this type of area consists of a search of the fabric and furnishings, including the external edges of windows and window frames. If these areas have regular staff they will be responsible for these searches. A more thorough search using metal detectors and mirrors will be done at a minimum frequency of every 3 months (see procedural guidelines SSOPG26).

### 13.11 Access to Tools / Bladed or Sharp Items in Patient Areas

13.11.1 All tools / items (e.g. cutlery sharps) are to be checked at the beginning of each session and at the end, before the patients leave the area (see Tools (SSOP 36) and Off-Ward Clinical Areas (SSOP 26) protocols). If any tools are found to be missing at the end of a session the procedures in Appendix 6 of this protocol must be followed.

13.11.2 The Family room toilet should only be used by visitors. It may only be used by a patient having a family visit in an emergency and then only if the escorting nurse searches the toilet before and after use.

## 14.0 RECORDING OF SEARCHES

14.1 All details of searches related to patients or their rooms should be documented on the relevant search forms. 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 on Mobius or by hand and scanned to Mobius, the patient electronic record.

14.2 Individual therapy and sports areas have their own search protocols and check inventories (***see Off Ward Therapeutic Activity Areas Protocol, SSOP 26 and its Appendix 1***).

14.3 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.

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- **For Wards -** All ward searches must be recorded on the appropriate form and kept in the ward search book.
- **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.
- **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. Searches of the north and south courtyards will be conducted by reception staff. All searches of these 'other' areas will be recorded and sent to the Head of Security by monthly return.

## 15. SEARCHING OF SOCIAL AND PROFESSIONAL VISITORS

15.1 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 the patient property and possession policy, SSOP 37. 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.

15.2 All visitors may be subject to a personal search (including child visitors) 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 through. 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 will be refused entry.

15.3 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 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.

15.4 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, Wood Lea Clinic and Edward House) This decision must be documented on the restriction of visitors' form, a copy of which will be sent to the Mental Health Act Administrator while retaining one in the patient's clinical record (see Visitors' policy - SSOP 28).

15.5 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. When visitors wish to bring items into Units for patients they must be asked if they purchased the items and packed the bags containing the items themselves and asked to confirm that the bags been in their possession at all times. They will be reminded that all other bags must be left in the lockers provided or in their vehicle. A record of all searches of visitors will be held in reception.

15.6 If upon searching a visitor (personal search or bag search) 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.

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15.7 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.

15.8 All searching is audited by the security department on a monthly basis and sent to the head of security.

15.9 Staff will be asked and reminded randomly at reception to check their own bags to ensure they have not brought in any prohibited or restricted items

## 16. NEWLY ADMITTED PATIENTS

16.1 Rooms for newly admitted patients must be searched prior to the patient's arrival.

16.2 Upon arrival, all newly admitted patients should have the hospital search policy explained to them.

16.3 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.

16.4 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.

## 17.0 REMOVED CLOTHING SEARCHES (APPENDIX 2)

17.1 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, a removed clothing search of a patient can be instituted on the authority of the RC where the patient consents to the search. Where the patient does not consent (and force 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.

17.2 Removed clothing searches will only ever be undertaken on the patient's ward and within the privacy of the ICS 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 he/she 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.

17.3 It is anticipated that such searches will be exceptional.

17.4 Any decision to carry out a removed clothing search including the reasons for the decision must be recorded in the patient's notes and the ward search book. A Datix form must also be completed. The, Security Lead should also be informed.

17.5 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 carrying out a removed clothing search, prior to the leave, if it is felt that conducting such a search would reduce the risks involved (see Appendix 2).

## 18.0 SIGNIFICANT RISK

18.1 For the purpose of this section and sections 10.1 to 10.4 (Routine searches) and section 11 (frequency of 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.

## 19.0 HAND HELD METAL DETECTORS

19.1 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.

19.2 As a routine**,** they should be used in the following situations:

- To assist with searching the property of newly admitted patients, (see section 14 above).

- To assist with searching patients prior to return to wards where a tool is believed to be missing from a workshop. (See Appendix 6).

19.3 The use of Hand Held Metal Detectors should follow protocol SSOP 19.

## 20.0 MOBILE PHONE DETECTOR

20.1 A mobile phone detector will be used if it is suspected that a mobile phone has been taken into Brockfield House. Security staff are authorised to use this following permission from the joint head of security, unit coordinator or ward sister/charge nurse. Should a phone be found on a staff member then this will be reported to the joint head of security and relevant line manager. Further action may have to be taken under the relevant Trust policy and procedure.

## 21.0 DEALING WITH CONFISCATED ITEMS

21.1 If a restricted or forbidden item is found during a search the procedure should be completed in case other items are hidden.

21.2 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 (at Brockfield House) or a senior clinical manager (at Robin Pinto, Wood Lea and Edward Houses) 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.

21.3 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.

21.4 In all cases**,** a Datix report should be completed. Seized items will be handed over to the security department (at Brockfield House) or duty manager (at Robin Pinto Unit, Wood Lea Clinic and Edward House) who will be responsible for storing the confiscated items securely and, in the case of illegal items such as drugs they will be handed over to Unit Coordinator who will place them in the bag provided and post in the drug pod. In the case of illicit drugs or weapons found in a search, the police will also be contacted.

## 22.0 SEARCH RETURNS (APPENDIX 7)

22.1 All wards and therapy 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.

22.2 All other areas to which patients have access will submit a return to the security department on a monthly basis. These returns will be completed by the staff with responsibility for each area, as designated in section 12.3.

22.3 All returns for wards or departments must be signed by the ward or area manager (or a nominated deputy).

22.4 Appendices 7 (or modifications of them) should be used for such search returns.

22.5 The security department at each site will retain central records of search returns. This information will be used to provide monthly reports to the Secure Services Senior Managers Decision Group.

**END**