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8 March 2018

Freedom of Information Request – Ref: FOI 281-1718

Thank you for your recent Freedom of Information request about patient searches. Please find the Trust's response below.

- A copy of your patient search policy
  The Trustwide Policy for Searching patients is attached.
- The number of inpatients in your mental health units that have been subjected to search procedures during 2017. **The Trust does not hold this information.**
- The number of potential weapons that have been removed from patients during these searches. **4**

Should you have any queries in relation to our response in this letter, please do not hesitate to contact me. If you are unhappy with the response you have received in relation to your request and wish to ask us to review our response, you should write to:-

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If you are not content with the outcome of any review, you may apply directly to the Information Commissioner's Office (ICO) for further advice/guidance. Generally, the ICO will not consider your case unless you have exhausted your enquiries with the Trust which should include considering the use of the Trust's formal complaints procedure. The ICO can be contacted at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

Yours sincerely,

Lisa Evans

LISA EVANS
Information Governance Officer
²gether NHS Foundation Trust

Policy for Searching patients – Trust wide (Excludes Low Secure inpatient unit and Psychiatric Intensive Care Unit as they have a separate policy)

Version:	Version 6
Consultation	Care Practice Policy Group, Locality
Directorates	Directorates
Ratified by	Director of Quality
Date ratified	September 2016
Date issued:	September 2016
Review date:	September 2019
Audience	Staffing working within all inpatient and residential settings (excluding Low Secure service and the Psychiatric Intensive Care Unit as these services have a separate policy).

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Version History

Version	Date	Reason for Change
1	October 2002	Vikki Tweddle, Marianne Bubb-Sacklyn and Alan Metherall
2	October 2008	Policy review by Richard Hutson
3	August 2011	Police review to include Herefordshire Services, Vikki Tweddle
4	July 2012	Policy Reviewed by Richard Hutson
5	July 2012	Policy Reviewee by Richard Hutson & Simon Webster
6	September 2016	A review of the existing Trust wide policy has determined that a separate specific policy for inpatient and residential settings is required.

Section 1
Policy statement and context

1.   Policy Statement

1.1 Within the general Inpatient and Residential Care settings staff will undertake item management of service users and visitors which will involve different levels of searching a person or property. It is important that a clear legal framework is applied in such circumstances. This policy provides a procedural structure for staff to follow.

1.2 There is a separate Search Policy for the Low Secure service and the Psychiatric Intensive Care Unit.

2. Introduction

Using this Policy & Associated Procedures

2.1 This policy and its associated procedure should be considered in 2 separate although related parts, they are:

- Section 1 - Describes the legal and practice context within which this policy has been developed and now exists and the manner in which it shall be reviewed to ensure that it reflects best practice and ongoing developments in modern mental health practice.

- Section 2 – Describes the specific Standard Operating Procedures (SOP) for carrying out such searches which will include searches of people, accommodation and property.

2.2 "The undertaking of necessary and lawful searches, of both service users and visitors, can make an important contribution to the effective management of disturbed/violent behaviour in psychiatric in-patient settings. Unlawful, insensitive and unnecessary searches can also exacerbate disturbed/violent behaviour. Searches are the responsibility of nursing staff, save in exceptional circumstances where the assistance of others, including the police, may be sought." (NICE, 2004)

3.   Purpose

3.1 This policy outlines the procedures for searching the persons and/or property of informal and detained patients and visitors within the inpatient and residential areas managed by 2gether NHS Foundation Trust. The searching policy is implemented to maintain a safe and therapeutic environment for service users, staff and visitors and the principles set out in Chapter 8 of the 2015 edition of the Mental Health Act – Code of Practice.

4. Scope

4.1 This policy applies specifically to the search procedures employed within the Inpatient and Residential Care settings across the Trust.

4.2 As stated in Section 1.2, there is a separate Search Policy for the Low Secure service and the Psychiatric Intensive Care Unit.

5. Context

5.1 The balance between individual human rights including being treated with dignity and respect must be balanced with the Trust's duty of care to the safety of individual service users, as well as the health and safety of staff, must be maintained. This includes the need to undertake searches of services users in specific circumstances.

5.2 Where it becomes necessary to carry out a search, reasonable adjustments should be made to ensure that the information regarding searches is delivered/communicated wherever possible in a way that the service user/visitor would be able to understand. Reasonable adjustments will also be made to reflect other individual circumstances of service users, their visitors or staff.

6. Duties

6.1 Responsibility for the development, maintenance and review of this document lies with the Director of Quality. The Director of Quality has board level responsibility for the development of this document and may delegate this responsibility to a subordinate.

6.2 The Governance Committee will be notified of the ratification of this policy.

6.3 It is the responsibility of the Matron Manager, Ward Managers and Unit Managers to ensure that this policy is implemented. All inpatient and residential care staff within who have contact with service users are responsible for using the policy correctly to ensure patient safety.

6.4 It is the responsibility of the nurse in charge of the shift to ensure searches are carried out in accordance with the procedures outlined within this policy.

7. Definitions and acronyms

- **Restricted Items (RI - which will include prohibited items)** includes any item that is not allowed by the hospital rules or policies. They include the following items:

  o Knives.

  o Any type of firearm including replica / toys.

  o Any item intended for use as a weapon e.g. "knuckle duster" "baton" etc.

  o Scissors.

  o Any type of explosive including fireworks.

  o Personnel incapacitates e.g. pepper spray, CS gas etc.

  o Lighter fuels and combustible gas or liquid.

  o Matches.

  o Caustic chemicals e.g. bleach.

- o Poisons e.g. weed killer, pesticides etc.

- o Any type of drug or medication not prescribed by the unit.

- o Any kind of mind altering substance (legal or otherwise) that can be ingested.

- o Alcohol.

This list is not exhaustive and will be reviewed regularly as it needs to be responsive to items which become apparent during searches or where items have been handed in to staff.

- **Items of concern (IOC)** include any item that the person in charge of the unit/ward or who is in charge of the shift in consultation with other staff available, judge may represent a significant risk. This risk would be to an individual patient, other patients, to the staff, to the unit environment or may be illegal;

- **Standard Operating Procedures** - Standard Operating Procedures (SOPs) within the context of this policy are a written description of steps for all significant activities relating to the search of patient's property, person, accommodation or visitors that have been widely approved by clinicians and managers within a variety of forums;

- **CUESS** The procedure for Checks of Unit Environmental Safety & Security (CUESS) includes aspects of searching which are distinct from personal and personal property searches as defined by the MHA Code of practice 2015.

- **Search levels** refer to the search levels identified and defined in greater depth within the Standing Operating Procedures (SOP's) included within the appendices of this policy. The detail of the search may differ according to what is being searched for in order for the search to be proportionate and lawful e.g. where a search for a large item is required; the search team would not ask the individual to remove their shoes. The search levels are as follows:

  - o **Level 1** – Is a standard item management (Level 1 search) procedure applicable to patients and visitors;

  - o **Level 2** – Is implemented where there is some suspicion that an individual may be in possession of a Restricted Item or Item of Concern (RI, IOC) regardless of inpatient unit or as part of a random search process;

  (Levels 3 and 4 are predominantly utilised on either the Low Secure Unit (Montpelier or Psychiatric Intensive Care Unit (Greyfriars); however it is accepted that they may be required in some circumstances in general Inpatient and Residential Care settings

  - o **Level 3** – Is implemented where there are reasonable grounds to suspect that the person may have on his/her person or in his/her possession a RI or IOC which would cause reasonable concern to justify Level 3 searches;

  - o **Level 4** – Is implemented where the individual(s) have been witnessed or credibly reported to be in possession of a restricted item.

- **Restricted Item/Item of Concern agreement –** Is an agreement which has been developed to ensure that patients are familiar with items that are regarded as Restricted Items. This is signed by the patient to indicate that they are aware that searches can be performed where there is suspicion that such items are in an individual's possession. (See appendix 3)

- **SRS form** – Standard Record of Search form is completed after a search at levels 2-4 and is contained in appendix 2 of this document.

- **Visitors** – Patient, relatives or professionals who are not employed as a staff member on the inpatient ward/units.

8. Ownership & Consultation

8.1 Responsibility for the development, maintenance and ratification of this document lies with the Director of Quality and Medical Director.

8.2 Each policy will be sent to the Locality and Clinical Director/s, the Health and Safety Advisor and the Local Security Management Specialist for consultation. This will be for a one month period. This will then be notified to the Trust's Governance Committee. For this policy there has also been specific consultation with the staff working in the inpatient and residential care setting across the Trust.

8.3 All changes to the policy or its procedures will be consulted on and the review will be uploaded on to the intranet and notified at the next update.

9. Ratification Details

9.1 The Director of Quality has the authority to ratify policies. This can be delegated to the Deputy Director of Nursing. The Governance Committee will be notified of any care practice policy reviews.

10. Release Details

10.1 Care Practice Policies are not routinely placed on the Trust public website. Upon request most are available to members of the public.

10.2 This policy is on the Trust's intranet under Clinical Policies/Inpatient Wards/Units.

11. Review Arrangements

11.1 This policy will be reviewed annually to ensure that it is contemporaneous to modern mental health practice and research.

12. Process for Monitoring Compliance

12.1 This policy will be subject to at least an annual audit as part of the clinical audit programme. The results of the audit will be shared as a minimum with Unit Managers and the Training Team to determine actions required and to decide upon the frequency of subsequent audits.

Section 2.

Policy Implementation

1. On admission

1.1 On admission, and as part of the admission process, patient property should be unpacked collaboratively with the patient where consent is gained. The admitting team will make the patient aware of any RI or IOC before being admitted to the wards to support the item management policy. On admission to any unit/ward the ward staff will revisit the RI or IOC and will outline the need for searches that might occur and the circumstances that would lead to this being necessary in line with this policy. The list of Restricted Items as defined within this policy will be provided with an explanation as to the reason why these items are prohibited.

1.2 The principle of the review of patient property on admission is based on the method and expected outcome of the CUESS procedures. See below for SOP (Appendix 1) in conjunction with the training syllabus:

- Safety and security of people within the unit will be improved
- High levels of diligence are maintained regarding the content and order of communal areas of the unit
- High levels of diligence are maintained regarding the content and order of the patient's personal bedroom areas within the unit
- Staff are diligent in their activities and will notice, report and act upon anything untoward in the unit environment
- RI and IOC can be identified and removed as indicated
- Actions can be initiated on the basis of a RI / IOC identified to understand and manage any future ramifications.
- The procedures and practices described within this policy will promote a culture within each unit of patient and staff safety.

1.3 If consent cannot be gained then depending on the patient's current presentation, an initial discussion will take place with the shift co-ordinator and a decision will be reached as to what level of search might be required with reference to this policy. Where a discussion with the patient is not possible for clinical or practical reasons, it will occur at the earliest opportunity.

1.4 A receipt will be given for any item removed. It will be made clear by a member of staff that any Restricted Items need to be declared and handed to staff on duty at any time during the admission.

1.5 The RI/IOC process within the admission checklist procedure will be clear that, in line with the 4 search levels (as outlined in section 9.1), any search may include a search of:

- The person (Patient and/or visitor);
- Their property;
- Accommodation (including ward/unit wide searches).

1.6 In this context acute inpatient wards/units are more likely to utilise levels 1, 2 and level 3 with level 4 searches being used only on infrequent occasions. The Low Secure Unit (Montpelier) and Psychiatric Intensive Care Unit (Greyfriars) will need to utilise all 4 levels of search more frequently due to the fact that both units operate within higher levels of security than other inpatient facilities and, as such, have developed a specific policy and procedures to address this.

1.7 Visitors to acute inpatient wards or units will also be made aware where required of the list of Restricted Items. The information will be presented within the visitors leaflet and will be available) on the ward. There may be grounds to refuse access to a visitor where there is reasonable concern to do so i.e. where there is reasonable suspicion to believe that a visitor is in possession of substances or weapons. Action of this sort could include asking the visitor to leave the premises or, if necessary, contacting the Police for further assistance if the person is suspected to be involved in the committing of a crime or refuses to leave.

2. Decision to implement a search

2.1 The decision that a specific search is required will be based on suspicions giving rise to the need for the search to take place. Prior to the decision to implement a search an assessment should be made as to:

- What is the evidence that the patient possess a restricted item or item of concern?

- What are the consequences of their continued possession?

- Are the consequences only applicable to them or to other people as well?

- What is the likelihood of immediate danger to themselves or someone else?

- What is their current level of risk assessment for harm to self or others?

- Have they possessed or been suspected of possessing a restricted item/item of concern before and what was the outcome?

2.2 Staff will consider whether a specific search is necessary to maintain the health and safety of the patient, staff or others. Also staff will consider other means available that can be tried as an alternative to using a search; i.e. is there a staff member with a particularly strong therapeutic relationship with the individual who may be able to negotiate with them first.

3. Following the decision that a specific search is required

3.1 Once a decision has been reached that a specific search is required – staff should consider the following:

- Are there any inherent risks for the individual or staff members involved in the search (if so, see need for police support below);

- Whether the individual is likely to cooperate passively or actively resist the search;

- Whether there are any indications as to the effect the search may have on the individual's mental state and whether arrangements for their support post search is required.

At Wotton Lawn only: Search equipment is available on Greyfriars and Montpellier for higher level search as per training. A Cell Sense Tower and hand wand is also available in the emergency cupboard. All other sites will have their own arrangements and will be communicated separately outside of this policy.

4. What are you looking for when searching?

4.1 The items that any search is aiming to reveal will fall into 2 categories, they are:

- Restricted Items (RI) as defined Section 1; paragraph 7;

- Items of Concern (IOC) as defined Section 1; paragraph 7.

4.2 When recording searches on Standard Record for Search (SRS) forms or any record, no other overall definitions of any item removed, other than the 2 categories above, should be used.

4.3 When any Item of Concern is removed from a patient, a receipt will be issued. The item will then be assessed by the MDT which will result in one of the following outcomes:

- Judged not to be a significant risk based on the criteria detailed in the definition in section 2.1 above and is therefore returned to the patient.

- Judged to require specific safeguards although returned to the patient and documented within an agreed item management plan.

- Judged to represent a temporary risk to the individual patient or others because of the person's immediate mental state (e.g. means of ligature, lighter etc.) which may be removed and/or used only under supervision until the risk has been assessed to have diminished.

- Judged to be a significant risk to unit safety and security or it is illegal and therefore permanently removed and the item is added to the units restricted items list.

5. Random searching

5.1 Random searching will not (ROUTINELY) take place in the inpatient wards and units. Where a search is required it will be intelligence led in order to reach the decision to search.

6. Routine Searches

6.1 Routine searches in the inpatient wards and units are not normally required but where necessary the following principles will always apply:

6.2 Only in exceptional circumstances can routine searches (Levels 2 - 4) be carried out on detained patients without reasonable cause to suspect that they have a Restricted Item or Item of Concern, especially without their consent. Such searches may be necessary if the patients detained in a particular ward/unit tend to have dangerous or violent propensities which create a self-evident pressing need for additional security (MHACOP 8.31, 2015).

6.3 If such circumstances become apparent (i.e. patient(s) assessed to be presenting dangerous or violent propensities to the extent that would require routine searching)

consideration should be given to the patient's need for higher levels of security in the first instance rather than them staying on an inpatient unit. Following consultation with the MDT and senior managers, arrangements for routine searching may be made while the appropriate security levels for the patients contained accommodation are being determined.

6.4 Where it is felt necessary for routine searches to take place the Ward/Unit Manager must make a request for authorisation to the relevant Matron who will discuss this with the Lead Consultant.

6.5 Where routine searches have been authorised clear parameters must be specified such as the scope and duration of the authorisation. Authorisation for routine searches should not normally extend for more than 28 days. The duration should be the minimum necessary to achieve the desired outcome. If the outcome is achieved then the ongoing authorisation should be withdrawn immediately.

7. Need for Police support

7.1 Where a patient is believed to be in possession of a potential weapon or Restricted Item/Item of Concern (RI/IOC) and has refused to cooperate with a search or hand the weapon over, police attendance should be requested. The police should be involved in line with the policy entitled - **'Police Joint and Negotiated Responses to Emergencies in Inpatient Facilities - including the deployment of Taser – Gloucestershire (December 2014)**.'

7.2 Where a patient is believed to be in possession of a potential weapon or Restricted Item/Item of Concern (RI/IOC) the police should be called with the following considerations;

- The patient has refused to cooperate with a search.

- Refused to hand over/lay on the ground and walk away from any apparent weapon.

- Is obviously armed and threatening.

7.3 As far as is possible, the patient should be kept separated and under close observation, during the time it takes for police to arrive.

7.4 Where it is necessary to remove an item, and where there is a belief that the Police should be informed, staff will contact them where necessary.

8. Ward/Unit wide searches

8.1 Only on very rare and exceptional occasions would a unit wide search be necessary and authorised within the inpatient ward or unit.

8.1 A ward/unit wide search is so defined when more than one room or person requires searching in one clinical area. During this the movements of patients will be closely controlled.

8.2 Ward/Unit wide searches could take place at levels 2, 3 or 4 (See section 10) depending on the level of intelligence informing the need for the search and the nature of the items suspected to be present. The Matron Manager, Unit Manager or Ward Manager must be informed if a ward/unit search is required so that resources required can be established .

8.3 A ward/unit wide search is a serious and resource intensive procedure which may be necessary if:

- Reliable intelligence suggests that a Restricted Item and/or an Item of Concern may be at large within the ward/unit. If this is the case, serious consideration must be made about involving the police in this, e.g. large quantities of substances, a fire arm, other deadly weapon is suspected.

- Any other circumstances that puts the health and safety of all or a vast majority of the building's occupants at serious risk.

9.   Levels of searches

9.1 The process of the searches described will be initiated where Restricted Items and Items of concern are believed to be present. Searches will be intelligence led and will only apply in these circumstances within inpatient wards and units.

9.2 Search intensity is divided in to 4 levels that apply to searches of the person, property or accommodation. Each search level is accompanied by a Guidance Section (See section 10) and a specific Standard Operating Procedure for that level (see SOP's) - the search levels are:

9.3   Level 1

- Standard level of item management (Level 1 search) procedure applying to all identified patients entering the ward/unit.

- This requires, on admission, that each person is made aware and asked to consider the restricted items list to confirm that they do not have the items in their possession.

- On returning from leave, all patients must declare and hand in to safe storage any RI or any item they judge may be of concern (IOC) for assessment. This requirement will be explained as part of the admission process and prior to leave being agreed.

9.4   Level 2

- In addition to level the 1 procedure this requires the person

being searched to voluntarily empty their pockets, expose the contents of their belongings and/or step out of their shoes which can be inspected. This can also involve a visual inspection of person, property and/or accommodation without the need for physical contact between the staff member conducting the search and the individual being searched.

9.5 Level 3

- Searches to the person, property and/or accommodation are carried out by specifically trained staff and involves a physical search of the individual's person, their property and/or their accommodation to the standards of level 3 searches. This can also involve the use of metal detection equipment.

9.6 Level 4

- The highest standard of search requiring specifically trained staff to perform a very thorough close physical inspection in high detail including very close inspection of the person (not extending to internal inspection of anus or vagina), their clothing, and possible dismantling of fittings and/or equipment within accommodation. The use of specific search aids including metal detection, observation mirrors and/or search dogs. A level 4 search does not require a person to remove clothing to the extent that would expose private/genital areas.

10. Decision making on which level to conduct a search

10.1 Within the appendices there are a set of Standard Operating Procedures which are a written description of steps for all significant activities relating to the search of patient's property, person, accommodation. The decision points below should be made reference to in conjunction with these.

10.1 Level 1 search

- This is an item management (Level 1 search) procedure applicable to all identified patients all of the time as outlined within the admission checklist procedure.

10.2 Level 2 search

- There is **some suspicion** as defined by the principle that if the person conducting the search is asked for a reason that they could provide this and why this has led to **some suspicion** that an individual may be in possession of a RI or an IOC;

- This may include some cause for this suspicion as a result of the observation

of staff or information arising from relational security or;

10.3 <u>Levels 3 & 4 searches</u>

- Level 3 and 4 searches **are utilised predominantly in the Low Secure Unit (Montpelier) and the Psychiatric Intensive Care Unit (Greyfriars)** however there may be cause to carry out searches at level 3 and 4 as defined below within other inpatient wards and units. However, before this occurs specialist advice should be sought from an appropriately trained member of staff who has attended the full one day Search Training.

- It will occur where there are **reasonable grounds (Level 3) and significant grounds (Level 4)** as defined by the principle that if the person conducting the search is asked for a reason that they could provide one or more reasons, which are proportionate in terms of intensity and duration for the level of search.

<u>For a Level 3 Search</u> this would include suspicions that the patient may have on his/her person or in his/her possession a RI or IOC which would cause reasonable concern to justify a level 3 search. This would include:

- An article(s) that may be utilised as a weapon(s), or be used for escape purposes and/or pose a significant risk of harm to others

- An article(s) that is intended for deliberate self-harm

- Suspicious substances that he/she intends to ingest which may result in a significant deterioration in mental and/or physical health or increase violent propensities.

- Suspicious substances that he/she intends to supply to others.

<u>For a Level 4 Search</u>

- The individual(s) have been witnessed or credibly reported to be in possession of a restricted item.

- There are significant grounds for suspicion that a patient may have on his/her person or in his/her possession an article(s) that may be utilised as a weapon(s), or be used for escape purposes and / or pose a significant risk of harm to others.

- There are significant grounds to suspect that the patient may have on his/her person or in his/her possession an article(s) that is intended for deliberate self-harm

- There are significant grounds to suspect that the patient may have on his/her person or in his/her possession suspicious substances that he/she intends to ingest which may result in a significant deterioration in mental and/or physical health or increase violent propensities.

- There are significant grounds to suspect that the patient may have on his/her person or in his/her possession substances that he/she intends to supply to others.

11. Patient's Capacity

11.1 On each occasion a search is required the patient must be asked for their consent (MHACOP 8.33 2015) and their capacity to provide informed consent should be considered. This will be recorded on the Standard Record of Search form and within the patient health record.

11.2 Where there is uncertainty as to their capacity the Nurse in Charge must make a decision as to the individual's capacity to give informed consent to the search.

11.3 Where a patient lacks capacity to give consent to the relevant search being proposed and will cooperate with the search the search can go ahead if it is clearly within their best interests in terms of their health and safety and that of others.

12. Search Process with consent

12.1 Throughout the search staff should make reference to, and act in accordance with, the Standard Operating Procedures (SOP's) section in Appendix 1.

12.2 Searching will occur in a formal and systematic way. As a minimum number, staff will conduct the search in pairs where a search at levels 2 - 4 is required. Staff should be of the **same sex** as the patient unless absolute necessity dictates otherwise.

12.3 Every effort should be made to protect the patient's dignity and privacy. The nature of the search will be determined by the nature of the suspected item or items.

13. Detained Patients (Not Consenting)

13.1 Where a detained patient refuses to consent for search, their responsible clinician (or, failing that, another senior clinician with knowledge of the patient's case) should be contacted without delay, if practicable, so that any clinical objection to searching by force may be raised and recorded. (MHACOP 8.40 2015) (See also Section 7)

13.2 The patient should where possible be kept separate in an area that is suitable for this that will create the least disruption to other patients and under close observation, while being informed of what is happening and why, in terms appropriate to their understanding.

13.3 "*Searches should not be delayed if there is reason to think that the person is in possession of anything that may pose an immediate risk to their own safety or that of anyone else" (MHACOP 8.40 2015)* unless the criteria is met that would necessitate calling the police (See Section 7)

13.4 *"If a search is considered necessary, despite the patient's objections, and there is no clinical objection to one being conducted, the search should be carried out. If force has to be used, it should be the minimum necessary"* (MHACOP 8.41 2015).

13.5 All possible steps should be taken to resolve any disagreement or dispute where there is a clinical objection to a search this will include consulting with the site Matron, Manager or on call representative where necessary.

13.6 *"Where a patient physically resists being personally searched, physical intervention should normally only proceed on the basis of a multi-disciplinary assessment"* (MHACOP 8.43 2015)

13.7 This will be recorded in the Standard Record of Search form under the capacity statement which in turn will be uploaded to the patients electronic healthcare record.

14. Informal patients

14.1 There may be occasions where informal patients need to be searched. All such patients will have been made aware of the need for searches to occur as part of the admission procedure. In this instance a search should be carried out having first made the considerations previously outlined.

14.2 Informal patients cannot be searched without consent. Consent must be given at the time the search is to be carried out. Staff would need to consider whether a refusal to be searched would require the person to be discharged or their ongoing care managed differently ie: consider use of the MHA.

15. Post Search Support

15.1 Patient

15.1.1 As searching a person or their property can be distressing for the individual being searched appropriate support should be offered to the patient by a member of staff who has preferably not been involved in the search process. (NICE 2004)

15.2 Staff

15.2.1 Where a staff member has either carried out a search, or has witnessed one which has subsequently led to some concern or distress, suitable support in the form of a debriefing or other support services should be offered to them by a member of staff who ideally has not been directly involved in the search process.

16. Recording of searches

16.1 All patients should disclose any knowledge of RI's on their person or in the ward/unit and as explained to them they have agreed to hand in/identify any items the location of which is known to them (whether on the person, in the individual's bedroom or elsewhere in the ward/unit). This will be done at the point that they are admitted to the ward/unit as outlined previously within this policy.

16.2 Searches at level 2 – 4 must be recorded on the Standard Record of Search form (SRS appendix 2). The form should be scanned and up loaded to the patient's electronic healthcare record and a scanned copy uploaded into the clinical documentation section.

16.2 An entry that the search took place, its level and any other additional required detail must be entered in the daily progress notes of the patient's RiO record using the labels

RI or IOC to enable rapid search of the notes should this information be required at a later date.

17.   Safe Keeping of Property

17.1 **Patients**

17.1.2 At Level 1, the fact that an item management (Level 1 search) procedure has been carried out will need to be recorded within the progress notes of the patient's electronic healthcare record. At Level's 2 – 4 the Standard Record of Search form will be used and stored in keeping with the guidance previously outlined.

17.1.3 Where property has been removed from a patient this must be recorded in the Electronic Health Care Record and on a Standard Record of Search form (SRS – see appendix 2). A standard receipt for the item will be issued to the person from whom it has been taken.

17.1.4 Arrangements should then be made for the item to be safely stored and then returned to the individual on discharge (unless lawfully retained or destroyed - see paragraph 17.1.6). Should the item, that has been removed, be believed to have been used in a crime, the Police should be informed.

17.1.5 The patient must also be informed where the item(s) are to be stored. Each inpatient ward or unit must have access to appropriate secure storage for patient's personal items (8.45 MHACOP 2015).

17.1.6 Where suspicious substances or illegal items are removed refer to the appropriate policy for the correct safe keeping and disposal. (See POPAM – Section 09, Controlled Drugs, **Procedure for the Destruction of Controlled Drugs on Wards and Units**, (2012)

17.2 **Visitors**

17.2.1 Visitors to the ward/units will be provided with inpatient ward/unit information on restricted items and management of items which is included within the patient information leaflet

17.2.2 Where it is believed that a visitor might be in possession of a Restricted Item/Item of Concern (RI/IOC), staff will remind them of such items. Where a visitor denies having possession of Restricted Items /Items of Concern (RI/IOC) but there is some suspicion that this is incorrect, staff will make a decision as to whether the visit will continue. Visitors may be asked to leave in this instance which may require police support should they refuse.

18. Restricting Visitors

18.1 The ward/unit must make arrangements allowing for patients to receive visitors. In certain circumstances visitors may be restricted on clinical or security grounds.

18.2 Any decision to restrict a visitor(s) should be made by closely following the guidance

offered in paragraphs 11.4 – 11.22 in the Mental Health Act Code of Practice (MHACOP, 2015).

19. Training

19.1 Clinical Staff will complete Search Training as part of the Trust Prevention and Management of Violence and Aggression (PMVA) and Positive Behaviour Management (PBM) programmes and will be updated every three years. Onsite training is also available from specific authorised trainers based in practice areas.

19.2 All inpatient staff (Older Peoples, LD and Rehab services will have tailored programmes) will have received the full search training to undertake search at levels 3 and 4 based upon the following search modules:

- Levels of searching a room (s), including baggage and belongings.

- Levels of searching the person.

a. The training will be consistent with that provided within the Broadmoor training module in relation to searches. This will ensure that staff involved in the undertaking of searches receive appropriate training and refresher courses (*Code of Practice, 2015 8.38*).

b. The training is competency based to ensure that all searches are carried out in accordance with best practice and safety and are compliant with the guidance provided within this document. Competency training records will be held by the Training Department and by each unit manager.

c. It is the responsibility of managers and staff with appropriate expertise to ensure that initial training is completed and that refresher training is repeated every three years . Those responsible for delivering the training will ensure that it is adapted regularly to take account of any new or changed risk or methods of carrying out searches.

19.3 Where bank and agency staff are utilised on either the inpatient or residential care setting there will be a shift induction to ensure that they are familiarised with the specific Search Policy and procedures used and their responsibilities.

19   References

- National Institute for Clinical Excellence (2004) – Short term Management of Violent (Disturbed Behaviour in Adult Psychiatric In-patient and Accident and Emergency settings Guideline NCC-NSC 2nd consultation

- Department of Health (2015) Mental Health Act 1983 Code of Practice, Published 2015 pursuant to section 118 of the Act. TSO

20   Associated 2gether documentation

- Policy on Police Joint and Negotiated Responses to Emergencies in Inpatient Facilities - including the deployment of Taser (December 2014), [2]gether NHS

Foundation Trust

- Search of the person, property or accommodation training syllabus, Module 1 and 2 (2014), [2]gether NHS Foundation Trust.

- POPAM – Section 09, Controlled Drugs, Procedure for the Destruction of Controlled Drugs on Wards and Units, (2012)

Standard Operating Procedure (SOP) - **Checks of Unit Environmental Safety & Security (CUESS)**

To be used in conjunction with training syllabus

Procedure outline

CUESS involve the following:

- Specific recorded nightly safety & security checks of unit's communal areas
- Specific recorded weekly safety & security checks of unit's patient bedroom areas
- Promoting a general culture of environmental good order, safety & security.

CUESS are undertaken by operational staff – not hotel services staff (HS); although in the case that observations about possible Restricted Items (RI) / Items of Concern (IOC) or any other CUESS type issue are reported by HS staff in the course of their daily duties, then the action detailed in "*Procedure if issues are identified during the check*" (see below) of this procedure should be taken.

Expected outcome for CUESS Standard Operating Procedure

- Safety and security of people within the unit will be improved
- High levels of diligence are maintained regarding the content and order of communal areas of the unit
- High levels of diligence are maintained regarding the content and order of the patient's personal bedroom areas within the unit
- Staff are diligent in their activities and will notice, report and act upon anything untoward in the unit environment
- RI and IOC can be identified and removed as indicated
- Actions can be initiated on the basis of a RI / IOC identified to understand and manage any future ramifications.
- The procedures and practices described within this policy will promote a culture within each unit of patient and staff safety.

Checks of Unit Environmental Safety & Security

The procedure for Checks of Unit Environmental Safety & Security (CUESS) includes aspects of searching which are distinct from personal and personal property searches as defined by the MHA Code of practice 2015.

Personal and property searches which are led by individual risk assessment / intelligence and are governed by chapter 8 of the MHA COP 2015 and are described in Montpellier / Greyfriars unit's search policy.

Procedure for Communal Area CUESS

- During each night shift the shift coordinator will allocate a member of staff to each of the unit communal areas (areas to which the patients have free access) the name of whom will be entered into the relevant area of the unit map diagram attached.
- Operational staff undertaking the checks will be mindful of current trends and challenges within the patient population and be alert to potential opportunities for exploiting the fabric of the building and/or hiding IOC or RIs
- Each allocated staff member will complete a visual check of the room working in a systematic pattern (either clockwise or anti-clockwise) around the room
- A general visual check is made of the room's contents e.g. furnishings and fittings, items present etc.
- The staff member should look for any apparent evidence of damage, diminished integrity or tampering.
- The staff member should look for any apparent evidence for the presence of RI or IOC
- During the course of the inspection, any items not normally belonging to that area should be removed and returned to the appropriate location.
- During the course of the room check, effort should be made to ensure the room is in good order e.g. general tidy, re-positioning of furniture etc.
- At the completion of the check, the shift coordinator should sign off the map diagram of the areas checked.

Note

There may be times when the night shift is unexpectedly busy with unforeseen demands and it may not be possible to complete CUESS. If this is the case then no more than 3 consecutive nights may elapses without a CUESS being undertaken. Extra staff should be arranged to complete CUESS if required.

Procedure if issues are identified during the check.

- If any RI / IOC is identified, or if an item is damaged e.g. piece missing that may represent a risk, it should be removed
- Any removed RI / IOC should be and managed as described in sections 17 – 17.2.2 of the search policy
- A description of the RI / IOC should be written in the appropriate area on the unit map diagram in which the item was found
- An immediate assessment should be undertaken by the staff on duty as to the nature of any risk posed by the item and / or the process by which the item came to be present.
- An immediate assessment should be undertaken by the staff on duty as to the nature of any risk posed by tampering or damage and / or the possible reason that it may have occurred.

- Any immediate action judged necessary for the continued safety and security of the unit by the shift coordinator should be undertaken e.g. complete further personal / property or accommodation searches consistent with the level of intelligence available (see sections 10 – 10.4 search policy), Interviewing any potential informants who may be able to assist in an investigation etc.
- Any issue identified should be reported to the unit management to consider what further action may be required in response to the identified CUESS issue.

Procedure for Patient bedroom CUESS

- At least once during every 7 days, the shift coordinator will allocate a member of staff to each of the units occupied bedrooms the name of whom will be entered into bedroom CUESS form (see attached).
- Staff undertaking the checks will be mindful of current trends and challenges within the patient population and be alert to potential opportunities for exploiting the fabric of the bedroom for hiding IOC or RIs.
- Each allocated staff member will agree with the patient to undertake together a check of their bed room working in a systematic pattern (either clockwise or anti-clockwise) around the room.
- In the case that the patient will not agree to assist in the tidying / good order of their room with a staff member then, following appropriate negotiation and attention to risk, the activity should proceed.
- A general (discrete on the part of the staff member) visual inspection is made of the room's contents e.g. furnishings and fittings etc.
- The staff member should generally check for any apparent evidence of damage, diminished integrity, tampering.
- The staff member should generally check for any apparent evidence for the presence of RI or IOC.
- During the course of the checking, any items not normally belonging to the area should be removed and returned to the appropriate location e.g. cup from the dining area etc.
- During the course of the room check, effort should be made to ensure the room is in good order e.g. general tidy, re-positioning of furniture etc.
- At the completion of the check, the allocated staff should sign off the bedroom CUESS form (attached).

Procedure if issues are identified during the check.

- If any RI / IOC is identified, or if an item is damaged / piece missing that may represent a risk, it should be removed.
- Description of the RI / IOC should be written in the appropriate area on the unit bedroom CUESS form in which the item was found.

- An immediate assessment should be undertaken by the staff on duty as to the nature of any risk posed by the item or the process by which the item came to be present.
- An immediate assessment should be undertaken by the staff on duty as to the nature of any risk posed by tampering or damage and / or the possible reason that it may have occurred.
- Any immediate action judged necessary for the continued safety and security of the unit by the shift coordinator should be undertaken e.g. complete further personal / property or accommodation searches consistent with the level of intelligence available (see sections 10 – 10.4 search policy), Interviewing any potential informants who may be able to assist in any investigation etc.
- Consider any required changes / additions to the individual care plan of the occupant of the bedroom.
- Any issue identified should be reported to the unit management to consider what further action may be required in response to the identified CUESS issue.

Bedroom CUESS record Form

Date   --------------------------------------

Bedroom Number   --------------------------------------

Bedroom occupant's initials   --------------------------------------

Staff member completing CUESS   --------------------------------------

Issues to report   Yes   No

If yes describe in box below:

Standard Operating Procedures

Reasonable adjustments - Where it becomes necessary to carry out a search, reasonable adjustments should be made to ensure that the information regarding searches is delivered/communicated wherever possible in a way that the service user/visitor would be able to understand. Reasonable adjustments will also be made to reflect other individual circumstances of service users, their visitors or staff.

In this context inpatient wards/units are more likely to utilise levels 1 and 2 searches with the use of level 3 and 4 searches being used only on infrequent occasions. Ward/Unit wide searches would occur only on infrequent occasions within inpatient wards and units.

There is a separate Search policy for Low Secure Unit (Montpelier) and Psychiatric Intensive Care Unit (Greyfriars) where the staff need to utilise all 4 levels of search more frequently due to the fact that both units operate within higher levels of security than other inpatient facilities.

All 4 levels of search have been included for reference, however, before Search Levels 3 and 4 are used, specialist advice should be sought from an appropriately trained member of staff who have attended the full one day Trust Search Training.

Level 1

<u>Standard Operating Procedure (SOP) - Searches of the person, Property and/or accommodation</u>

Level (1) Item management - Standard level of item management (Level 1 search) procedure applying to all identified patients within the inpatient wards and units.

- All patients as soon as practicable at the point of admission will be provided with information which outlines Restricted Items/Items of Concern (RI/IOC) within which they are agreeing to hand in/identify any such items, the location of which is known to them. This is relevant whether the items are on the person, in the individual's bedroom or elsewhere in the ward/unit and will be done at the point that they are admitted to the ward/unit as outlined previously within this policy.

- When eligible for unescorted leave, all patients must be reminded that on return from leave they are advised to declare to ward/unit staff and hand in for safe storage any RI or item they consider may be of concern.

Recording the Search Outcome

Where a search at this level has occurred:

- A receipt will be issued for each item removed and a copy uploaded to the patient's electronic healthcare record.

- Patients will be informed where the item will be stored and informed that it shall be returned to them on discharge unless it has been legally destroyed or disposed of.

Level 2

<u>Standard Operating Procedure (SOP) - Searches of the person, Property and/or accommodation</u>

Level (2) Search – A search requiring the person in addition to level 1 item management procedure, to voluntarily empty their pockets, expose the contents of their belongings and/or step out of their shoes which can be inspected. This can also involve a visual inspection of person, property and/or accommodation without the need for physical contact between the staff member conducting the search and the individual being searched.

- All patients must at the point of admission be provided with information which lists Restricted Items and Items of Concern (RI/IOC) during which time they are agreeing to hand in/identify any such items, the location of which is known to them. This is relevant whether the items are on the person, in the individual's bedroom or elsewhere in the ward/unit and will be done at the point that they are admitted to the ward/unit as outlined previously within this policy.

- Informal patients cannot be searched without consent. Consent must be given at the time the search is to be carried out. Staff would need to consider whether a refusal to be searched would require the person to be discharged or their ongoing care managed differently

Procedure Preparation

<u>Staff involved</u>

- At least 2 members of staff, one of whom is search trained to at least Level 2 standards, will approach the patient.

- One member of staff will carry with them the standard search item inspection tray.

<u>Equipment required</u>

- Standard Search Tray and Standard Record of Search form.

<u>Patient information and consent</u>

- The service user should be given the reason for the search which could be as part of the standard random search program operated by the ward/unit

- The verbal consent of the person should be requested and recorded on the Standard Record of Search form and their capacity assessed.

<u>Location of the search</u> (if not accommodation)

- The patient should be asked to accompany the staff to a private area which, in the case of patients returning from leave, could be their room.

Note: Evidence often suggests that the volunteering of one item before the intention to search is declared is often followed by the discovery of more. Therefore, the search should continue and this may be indicative of the need of a higher search level.

Level 2 search of the person

- The service user should be given the opportunity to volunteer information pertaining to the search (as required in level 1).

- Request that person stand in front of one member of staff with the other observing from the side so that the back and the front of the person can be observed by the second member of staff.

- Searching will occur in a formal and systematic way. As a minimum number, staff will conduct the search in pairs where a search is required. Staff should be of the **same sex** as the patient unless absolute necessity dictates otherwise.

- The staff member to the side should be holding the search item tray.

- Request that the person empty their pockets, and place the contents in the search tray.

- In the case where the person is also carrying a bag or other containment vessel; they should expose the contents by laying out belongings in the standard search tray.

- The person is requested to step out of their shoes for the purposes of inspection.

Level 2 Search of accommodation

- Request that the patient accompany staff to their room.

- One member of staff will be holding the search item tray.

- Request that the patient exposes items on request and place them in the search tray for inspection.

- Request that the person open draws etc. and expose the contents for inspection.

- During a search of a service user's bedroom all property is to be treated with respect and the room must be returned to a respectable state on completion.

Recording the Search Outcome

- Record the search outcome on the Standard Record of Search (SRS) form and upload this to the patient's electronic healthcare record. A note should also be included within the progress notes with the label RI or IOC including a description of the item if an item is found.

- A copy of the receipt issued for any items found will also be uploaded to the electronic healthcare record.

- The Standard Record of Search form will be scanned an uploaded to the patient's electronic healthcare record.

Level 3

Standard Operating Procedure (SOP) Searches of the person, Property and/or accommodation

Before Search Level 3 is used, specialist advice should be sought from an appropriately trained member of staff who has attended the full one day Trust Search Training.

- All patients must at the point of admission be provided with information which lists Restricted Items and Items of Concern (RI/IOC) at which time they are agreeing to hand in/identify any such items, the location of which is known to them. This is relevant whether the items are on the person, in the individual's bedroom or elsewhere in the ward/unit and will be done at the point that they are admitted to the ward/unit as outlined previously within this policy. Where the patient has refused to sign the agreement, this will be considered and featured in the Risk Assessment care plan which will be uploaded indicating the patient refused to sign.

- Informal patients cannot be searched without consent. Consent must be given at the time the search is to be carried out. Staff would need to consider whether a refusal to be searched would require the person to be discharged or their ongoing care managed differently

Level (3) Search - There are grounds to suspect that the patient may have on his/her person or in his/her possession a Restricted/prohibited Item or Item of Concern which would cause reasonable concern to Justify a level 3 search. This would include:

- An article(s) that may be utilised as a weapon(s), or be used for escape purposes and/or pose a significant risk of harm to others

- An article(s) that is intended for deliberate self-harm

- Suspicious substances that he/she intends to ingest which may result in a significant deterioration in mental and/or physical health or increase violent propensities.

- Suspicious substances that he/she intends to supply to others.

Procedure Preparation

Staff involved

- At least 2 members of staff one of whom is search trained at least to level 3 standards approach the patient.

- One member of staff will carry with them the standard search item inspection tray.

Equipment required

- Standard search tray and Standard Record of Search form

- Other equipment as outlined in the training syllabus

Patient information and consent

- The service user should be given the reason for the search.

- The verbal consent of the person should be requested and recorded and their capacity assessed. In exceptional circumstances consent may not be requested but the reasons for this must be documented.

Location of the search

- The patient should be asked to accompany the staff to a private area, in the case of patients returning from leave this could be their room.

- In the case of searching accommodation, the patient should be asked to witness the search. However, there may be exceptional circumstances where it is preferable that the search be completed and the patient informed afterwards. Such circumstances should rarely occur and any explanation should be recorded in **all** cases where individual bedrooms are searched without the patient's knowledge or consent.

Note: Evidence often suggests that the volunteering of one item before the intention to search is declared is often followed by the discovery of more. Therefore, the search should continue and this may be indicative of the need of a higher search level.

Level 3 search of the person

- The service user should be given the opportunity to volunteer information pertaining to the search (as required in levels 1/2).

- Request that person stand in front of one member of staff with the other observing from the side so that the back and the front of the person can be observed by the second member of staff.

- Searching will occur in a formal and systematic way. As a minimum number, staff will conduct the search in pairs where a search is required. Staff should be of the **same sex** as the patient unless absolute necessity dictates otherwise.

- The staff member to the side should be holding the search item tray.

- Request that the person empty their pockets, and place the contents in the search tray.

- In the case where the person is also carrying a bag or other containment vessel; they

should expose the contents by laying out their belongings in the standard search tray.

- The person is requested to step out of their shoes for inspection purposes.

- The training of the search member of staff conducting level 3 personal searches will be consistent with the training syllabus.

- If a metallic Restricted Item is suspected use a metal detection device consistent with the training syllabus and current guidance in relation to suitable equipment used for this purpose.

Level 3 Search of accommodation

- Request that person accompany staff to their room.

- One member of staff will carry with them the standard search item tray.

- Staff will conduct the search systematically, consistent with the training standards for a level 3 search.

- During a search of a service user's bedroom all property is to be treated with respect and the room must be returned to a respectable state on completion.

Recording the Search Outcome

- Record search outcome on Standard Record of Search (SRS) form and upload to patient's electronic healthcare record. A note should also be included within the progress notes with the label RI or IOC including a description of the item if an item is found.

- A copy of the receipt issued for any items found will also be uploaded to the electronic healthcare record.

- The Standard Record of Search form will be scanned an uploaded to the Patient's electronic healthcare record.

Level 4

Standard Operating Procedure (SOP) Searches to the person, Property and/or accommodation

To be used in conjunction with training syllabus
(This specifies any equipment required and detail of search method)

Before Search Level 4 is used, specialist advice should be sought from an appropriately trained member of staff who have attended the full one day Trust Search Training.

Level (4) Search – The highest standard of search requiring specifically trained staff to perform a very thorough physical inspection including very close inspection of the person (not extending to internal inspection of anus or vagina), their clothing, and possible dismantling of fittings and /or equipment within accommodation. The use of specific search aids including metal detection, observation mirrors and/or search dogs. A level 4 search does not require a person to remove clothing to the extent that would expose private/genital areas.

- All patients must at the point of admission be provided with information which lists Restricted Items and Items of Concern (RI/IOC) at which point they are agreeing to hand in/identify any such items, the location of which is known to them. This is relevant whether the items are on the person, in the individual's bedroom or elsewhere in the ward/unit and will be done at the point that they are admitted to the ward/unit as outlined previously within this policy.

Procedure Preparation

Staff involved

- At least 3 members of staff, two of whom are search trained to level 4 standards, will approach the patient.

- One member of staff will carry with them the standard search item inspection tray, metal detection device and other equipment as required.

Equipment required

- Standard search tray and Standard Record of Search form

- Other equipment as outlined in the training syllabus

Patient information and consent

- The service user should be given the reason for the search.

- The consent and capacity of the person should be requested and recorded. In

exceptional circumstances consent may not be requested but the reasons for this must be documented.

- The patient should be asked to accompany the staff to a private area, in the case of patients returning from leave, this could be their room.

- In the case of searching accommodation, the patient should be asked to witness the search. However, there may be exceptional circumstances where is preferable that the search be completed and the patient informed afterwards. Such circumstances should rarely occur and any explanation should be recorded in all cases where individual bedrooms are search without the patient's consent.

- The service user should be given the opportunity to volunteer information pertaining to the search (as required in levels 1/2/3).

Level 4 search of the person

- Request that the person stand in front of one member of staff with the other staff members observing from the side so that the back and the front of the person can be observed. One of staff members standing to the side should be holding the search tray and metal detection equipment.

- Searching will occur in a formal and systematic way. As a minimum number, staff will conduct the search in pairs where a search is required. Staff should be of the **same sex** as the patient unless absolute necessity dictates otherwise.

- Request that the person empty their pockets, and place the contents in the search tray

- In the case where the person is also carrying a bag or other containment vessel; they should expose the contents by laying out their belongings in the standard search tray.

- Each individual item in the person's possession should be closely inspected to ascertain if it has been changed or amended in any way in order to conceal items or inflict injury on others.

- Any item that cannot be opened that has the capacity to conceal contents should be removed as an Item of Concern

- The person is requested to step out of their shoes for the purposes of inspection.

- Items of clothing that can be removed without unreasonably compromising dignity should be handed to a staff member for close inspection. This does not extend to a "strip search"

- The members of staff conducting level 4 personal searches will have received training consistent with the agreed training syllabus.

Level 4 Search of accommodation

- In most cases, request that person accompany staff to their room.

- One member of staff will be in possession of the standard search item tray(s).

- Staff will conduct the search systematically, consistent with the training standards for a level 4 search.

- During a search of a service user's bedroom all property is to be treated with respect and the room must be returned to a respectable state on completion.

Recording the Search Outcome

- Record search outcome on a Standard Record of Search (SRS) form and upload to the patient's electronic healthcare record. A note should also be included within the progress notes with the label RI or IOC including a description of the item if an item is found. The SRS form will also be uploaded to the clinical documentation section of the electronic healthcare record.

- A copy of the receipt issued for any items found will also be uploaded to the electronic healthcare record.

- The Standard Record of Search form will be scanned an uploaded to the patient's electronic healthcare record.

Ward/Unit wide searches

<u>Standard Operating Procedure (SOP) General unit and unit wide searches</u>

To be used in conjunction with training syllabus -
(This specifies any equipment required and detail of search method)

General ward/unit room search

Ward/Unit wide Searches

Unit wide searches would occur only on very rare occasions within inpatient wards and units.

- A ward/unit wide search is so defined when more than one room or person requires searching in one clinical area. During this the movements of patients need to be closely controlled.

- A ward/unit wide search is a serious and resource intensive procedure which may be necessary if:

    - Reliable intelligence suggests that a Restricted Item and/or an Item of Concern may be at large within the unit. If this is the case, serious consideration must be made about involving the police in this, e.g. large quantities of substances, a fire arm, other deadly weapon is suspected.

    - Any other circumstances that puts the health and safety of all or a vast majority of the building's occupants at serious risk.

- Ward/Unit wide searches could take place at levels 2, 3 or 4 depending on the level of intelligence informing the need for the search and the nature of the items suspected to be present.

Procedure Preparation

- The Matron Manager, Ward Manager or Unit Manager or their Deputy must be informed if a unit search is required so that resources can be established as necessary.

- A search coordinator (SC) and team will be identified. The SC will allocate roles to other search team members. At least three members of this team will have received dedicated search training (one of whom will record the search and one of whom will conduct the search).

- A suitable room must initially be identified as a holding area and thoroughly searched by the team. Once this has been assessed as 'clean' the patients who have been searched can be contained in this area. The patients who have not been searched will then be assembled in another area, contained and informed of the purpose and nature of the

search. The patient's capacity and consent should be assessed and they should be given the opportunity to volunteer information pertaining to the search.

- During a Ward/Unit Search it is essential that all non-necessary movement through the ward/unit entrance is stopped. This includes all staff not involved in the search and professional visitors. Patients must not leave the ward during a search.

- Patients who normally inhabit the ward/unit and who are elsewhere in the service must be searched on their return.

Room/Property Search:

- Patients will be invited to witness the search of their room or possessions. Their decision whether or not to uptake the invitation will be recorded on the appropriate Standard Record of Search form. If the patient wishes to witness the search they must do so from outside the room.

- The staff recording the search will stand with them by the doorway.

- The two search staff will then search the room as directed by the 'recorder', reporting any 'finds' to the recorder who will document this. The search will continue until the whole room area has been searched even if a RI/IOC has been located in one part.

- If the patient has declined to witness the search, the search will go ahead. Upon completion, the staff will report any findings to the patient; the patient will then require searching in a 'clean area'. It is suggested that the treatment room or the patient's own 'clean' bedroom is used for this purpose. Once this has been completed they can then be contained in the clean area.

- At no time should patients who have been searched be able to mix with those that have not.

- During this procedure every effort must be made to promote the dignity and privacy of patients, and access to drink and toilet facilities maintained.

- If a patient requires the toilet, they must be escorted and observed during the search period.

- Once all patients/rooms have been searched the initial containment room must be locked off and searched.

- The Matron or their Deputy must be informed at the earliest opportunity of the outcome of the search.

Recording the Search Outcome

- Record the search outcome on the Standard Record of Search (SRS) form for each individual patient and upload to patient's electronic healthcare record regardless of whether any items are found or not. If an item can be linked to an individual patient this should be noted on the SRS form. A note should also be included within the progress

notes with the label RI or IOC including a description of the item if an item is found.

Cultural Considerations

• **Religious artefacts and books** – These should be handled by a searcher wearing clean gloves. Objects should not be placed on the floor with shoes and underclothes. It would be ideal for the service user to identify religious items and staff to search them in the presence of the service user. If handling Buddha images these should not be picked up by the head or the 'Enlightened Flame'.

• Guidance on how to handle items can also be sought from the individual and/or chaplain.

• **Search Dogs** – If dogs are to be used in room searches, consideration must be given to some faiths in that they must be allowed to wash and change their clothes following the search. Religious artefacts should be removed from the room by the service user prior to the search. These items are then to be searched by supporting staff.

Visitors

Standard Operating Procedure (SOP) **Visitors**

Any decision to restrict a visitor(s) should be made by closely following the guidance offered in the Mental Health Act Code of Practice (MHACOP, 2015)

Visitors

- A patient information leaflet will be provided to visitors which advise of the RI/IOC list.

- A list of restricted items is available on request for visitors. A poster will be clearly displayed within the inpatient or residential care setting inviting visitors and patients to speak to staff if they have any concerns about items being brought on to the ward. This will be available in easy read format.

- Where there is reasonable suspicion to believe that a visitor is in possession of a Restricted Item/Item of concern, they will be reminded of the list of prohibited items.

- Where a visitor denies possession of a Restricted Item/Item of Concern (RI/IOC) but reasonable suspicion remains, staff will make a decision as to whether the visit can continue which could result in the visitor being asked to leave.

- Where the visitor refuses to leave after being requested to do so, support from the police may be required to ensure this occurs.

Appendix 3

Standard Record of Search (SRS) form

Standard Record of Search form (SRS)

Unit _____

Date: [   ]   **Time**: [   ]

Person being searched - Name _____

Room Name / Number _____

If a visitor: name of the person visiting _____

Staff conducting the search _____

Type of the search   Person [   ]   Property [   ]   Accommodation [   ]
(Tick all that are appropriate)

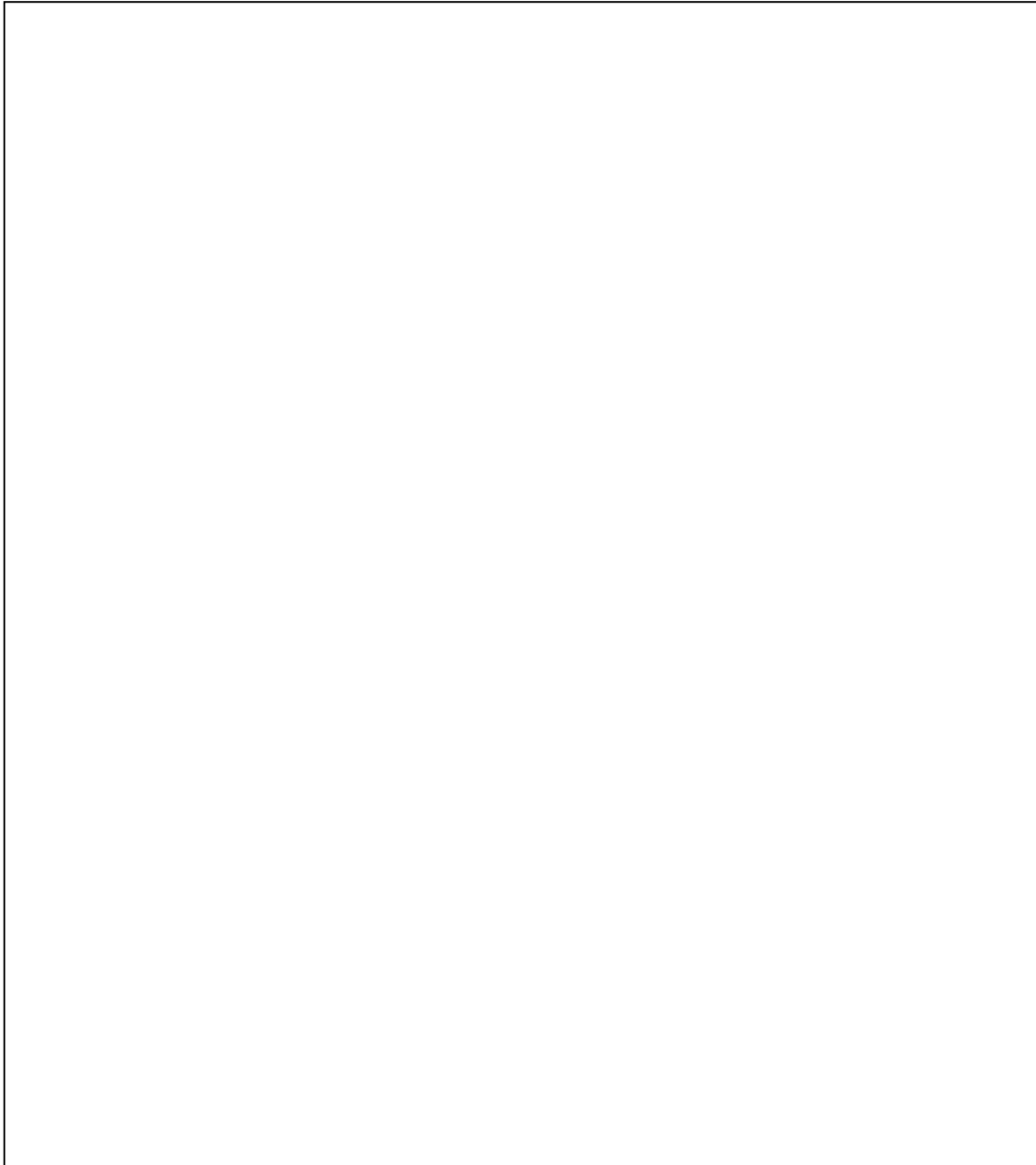**Search level**   2 [   ]   3 [   ]   4 [   ]

(Levels 3 and 4 are predominantly utilised on either the Low Secure Unit (Montpelier or Psychiatric Intensive Care Unit (Greyfriars)

Authorisation for search given by: _____
(If required for unit wide searches/accommodation)

Consent and capacity statement:

[   ]

Reason for search:

[   ]

Draw room layout below and enter in the position/location of any item(s) removed and identify them as Restricted Item (RI) or Item of Concern (IOC)

Description of items found: (Person, Property, Room/Accommodation)

Enter in position any item (s) removed and Identity as Restricted Item (RI) or Item of

Concern (IOC)

Other comment/observation (if required)

_____

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____

Scanned onto RIO: [ ]   **Date:** _____

Appendix 4

Visitor's information
(Available on request only for more detailed information about RI/IOC)

Please refer to visitors information leaflet available on all inpatient wards

Appendix 5

Patient information

Management of restricted items and items of concern patient information.

The ward/unit has a responsibility to promote the safety of the patients and staff who work within the Ward/Unit. In order to promote safety there are a number of items which are either restricted (not permitted in the ward/unit) or considered an item of concern requiring specific handling within the ward/unit.

It is a requirement that all patients upon admission, during your stay to read this information.

During your admission

- A member of staff will make available to you a list of restricted items and items of concern. A copy can be kept by me for future reference.

- A member of staff will talk through and discuss this list with you and will listen carefully to any views you put forward and answer any questions you may have.

- Any restricted item or items of concern within your possession will be kept within the ward/units secure procedures.

- At **no time** can you bring Restricted Items into the ward/unit. You should also advise visitors not to bring any of these items to the ward/unit.

- Any items of concern are handed into staff in order for their safe keeping and management.

- On admission or at other times during the stay in the ward/unit it may come to staffs' attention that a restricted item or an item of concern is in possession of a patient and may need to be removed either permanently or temporarily for health and safety reasons.

- Periodically there may be the need for you or your property to be searched for Health and Safety reasons.

- Any search of your belongings will be undertaken collaboratively with you on admission to the ward/unit.

Further information on restricted items/ items of concern (which will include prohibited items)

Restricted items

- o Knives.

- o Any type of firearm including replica / toys.

- o Any item intended for use as a weapon e.g. "knuckle duster" "baton" etc.

- o Scissors.

- o Any type of explosive including fireworks.

- o Personnel incapacitants e.g. pepper spray, CS gas etc.

- o Lighter fuels and combustible gas or liquid.

- o Matches.

- o Caustic chemicals e.g. bleach.

- o Poisons e.g. weed killer, pesticides etc.

- o Any type of drug or medication not prescribed by the unit.

- o Any kind of mind altering substance (legal or otherwise) that can be ingested.

- o Alcohol.

Items of concern

- o Any item that could easily be used as a weapon e.g. Cricket bat, baseball bat etc.

- o Mobile Phones.
- o Electronic tablets and computers.
- o Electrical equipment.
- o Cameras.
- o Sharps such as razors, nail clippers etc.
- o Lighters.
- o Aerosols.
- o Energy drinks.
- o Tools e.g. spanners, screwdrivers etc.
- o An item manufactured from glass e.g. jars ornaments etc.