

POLICY TITLE:	Searching Patients and Visitors	
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Policy Owner:	Kris Irons, Specialist Director and Paul Cowans, Specialist Director	
Ratified by:	Colin Quick, Executive Director of Nursing and Quality	
Responsible Signatory:	David Watts, Director of Risk Management	
Outcome:	This policy: <ul style="list-style-type: none"> • Aims to ensure a safe and therapeutic environment in which treatment and care may take place and privacy and dignity are upheld. 	
Cross Reference:	H37	Prevention and Management of Behaviour that Communicates Distress in Adults
	H37.2	Banned and Restricted Items
	H37.3	Prevention and Management of Challenging/Distressed Behaviour in Young People
	H46	Arrangements for Visitors, including Visits by Children
	OP03	Complaints
	LE05	Service User Information Interview Requests from Police or other External Agencies

EQUALITY AND DIVERSITY STATEMENT

Priory Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email LegalandComplianceHelpdesk@priorygroup.com

SEARCHING PATIENTS AND VISITORS

1 SCOPE

- 1.1 This policy applies to all sites and services across England, Scotland and Wales. Where there are differences between nations, this will be clearly highlighted.

2 INTRODUCTION

- 2.1 Because of the nature of mental health hospitals and similar facilities, it may be necessary to search some patients in order to prevent banned or restricted items entering the environment. This helps ensure a safe and therapeutic environment for all patients, members of staff and members of the general public. The necessity of searching is universally recognised and is included in both NICE Guidance on Violence and Aggression: Short-Term Management in Mental Health, Health and Community Settings 2015 (para 1.3.1-1.3.9) which states that Health and Social Care Provider Organisations should have an operational policy on searching of service users, their belongings and the environment in which they are accommodated, and the searching of carers and visitors and the Mental Health Act Code of Practice revised 2015 Personal and other searches (paras 8.29-8.46).
- 2.2 The policy acknowledges the need for proportionality and discretion. All searching, whether it be of the patient's personal belongings or body, must be a reasonable and proportionate response to the reason for the search.
- 2.3 Searches should be undertaken in a way that promotes cooperation and maintains the patient's privacy and dignity and respects issues of gender, culture and faith.
- 2.4 This policy applies to all patients using Priory Healthcare services, whatever their age, in residence or day care.
- 2.5 The purpose of this policy is to meet two objectives that may, at least in part, be in conflict:
(a) The creation and maintenance of a therapeutic environment in which treatment may take place
(b) The maintenance of the security of the establishment and the safety of patients, staff and public
And to ensure that searching is:
(i) Applied lawfully in line with applicable legislation (England, Wales or Scotland);
(ii) Evidences least restrictive practice in order to manage risk; and
(iii) Evidences care and respect for those searched.
- 2.6 The terms "search" or "searches" within this policy does not include the periodic checking of rooms including patient/resident rooms for health and safety and environmental security checks.
- 2.7 There is a requirement to make it very clear, for the avoidance of doubt, what items are banned and restricted. This helps ensure understanding and will help facilitate cooperation from the point of the patient's admission onwards. Refer to Priory policy H37.2 Banned and Restricted Items for an outline of these items and ensure that the associated posters are clearly displayed.

3 LEGAL AND REGULATORY FRAMEWORK

- 3.1 NHS England Service Specifications (2018) Medium & Low Secure Mental Health Services (Adult)
Safeguarding Vulnerable Groups Act 2006
Mental Health Act Code of Practice England - 2015
Mental Health Act and its Code of Practice Wales - 2016
Mental Health (Care and Treatment) Scotland Act 2003

Mental Capacity Act 2005

NICE Guideline NG10 *Violence and Aggression: Short-term management in mental health, health and community settings 2015*

Use of Force in MH Units – DoH Guidance Dec 2021 (England)

3.2 **Powers to Search Patients –**

Detained Patients The legal power for staff to search patients derives from the respective Mental Health Act Codes of Practice for England and Wales and the Mental Health Care and Treatment - Scotland Act 2003. If a detained patient refuses consent or lacks capacity to consent to a search the Responsible Clinician (RC) (or another doctor who has knowledge of the patient's case) should be contacted without delay in the first instance, if practicable, so that any clinical objection to the search may be raised. The patient should be kept separated and under close observation, while being informed of what is happening and why, in terms appropriate to their understanding.

3.2.1 **Informal Patients** - The searching of informal patients is **only** permitted where a patient **has capacity and consents** to the search.

3.3 **CONSENT OF PATIENT** - As part of the process of obtaining the patient's (and, if applicable, the person who has parental responsibility) informed consent, a full explanation must be given to the patient as to why it is necessary to search them or their belongings. Should a patient refuses, again a full explanation must be given as to why a search is still going to take place. Throughout the procedure, each stage must be explained to the patient whilst giving them an opportunity to express their views and wishes but not become complacent in the effectiveness of the search.

3.3.1 In all cases the consent of the patient (and, if under the age of 18 years the person with parental responsibility) should be sought before a search is attempted. If consent is duly given, the search should be carried out with due regard for the dignity of the individual and the need to ensure maximum privacy.

(a) If the patient lacks capacity to consent, but it is deemed that such a search is necessary and urgent, consideration should be given as to whether the patient is detainable under the MHA 1983, based on their potential risk to themselves and/or others. It may be that they are not detainable given that their behaviour is not due to their mental disorder. In such cases, a search can only be carried if a capacity assessment and a best interest decision have been made and clearly recorded on CareNotes, confirming that the patient lacks the capacity to consent and that such a search is in the patient's best interests. Only the RC or another that knows the patient can make this decision having thoroughly carried out such assessments. Any liability would be covered by Section 5 of the Mental Capacity Act 2005 if the situation is sufficiently urgent and any restraint used was minimal and proportionate to the alleged risk.

(b) Where a patient has capacity and consents to a search, prior to the search, authorisation would be required from the RC (or another RC who knows the patient) for a reactive pat down, rub down or removed clothing search. A clear record must be made in CareNotes if such a search takes place explaining in full that the patient consents and why the search was necessary, by the authorising RC.

(c) Where a patient has capacity and does not consent, a reactive search cannot take place. Such an act would be deemed as assault. In this situation the following guidance is provided:

(i) Patient to be subject to close observations to ensure there is no risk to themselves or others.

(ii) The patient's RC or another RC who knows the patient is informed.

3.3.2 The patient's RC, or another RC who knows the patient, considers whether the patient is detainable under the MHA 1983 - given that they may pose a risk to themselves or others.

3.3.3 If the patient is not considered detainable given that their behaviour is not caused by their mental disorder and a risk remains, contact the police.

- 3.4 Searches should not be delayed if there is reason to think that the patient is in possession of anything that might pose an immediate risk to their own safety or anyone else.

4 FUNCTIONS OF SEARCH

- 4.1 Searches are conducted to achieve at least one of the outcomes below:
- (a) Detect breaches of policy.
 - (b) Deprive people of access to banned and restricted items. This includes disposing of items if aware a search is being conducted.
 - (c) As part of an individual patient's care plan, e.g. on return from leave.
 - (d) Deter patients from bringing banned and restricted items on to sites.

5 TYPES OF SEARCHES

- 5.1 **Routine Search** - A proactive search where the search is required as part of a site's routine processes or reactive searches in line with the requirements of an individual patient's care plan.

- 5.1.1 **Random Search** - A proactive search where the search is required as part of a site's random search processes or reactive searches in line with the requirements of an individual patient's risk management care plan. Some forensic units use randomisers to determine which patients will be searched following leave.

- 5.1.2 **Reactive Search** - Based on reasonable suspicion/grounds and conducted where there is evidence that a search is required in response to events or security intelligence, this should include a search prior to production at court and prison. Reactive searches are not limited to a single search as subject to individual patients' care plans; a number of searches may be considered appropriate to mitigate risk.

5.2 What constitutes a Justifiable Circumstance?

- (a) At the point of admission to the Hospital.
- (b) At the point of transfer from another establishment where the integrity of the security of that establishment can be reasonably called into doubt.
- (c) Prevention of serious harm to self, patients, staff or visitors. This would include the prevention of suicide, serious self-harm or violent acts towards others. (*This could include removing the means of self-harm from patients, potential weapons from violent/disturbed patients - or illicit substances which may cause harm to self or others*).
- (d) If it were strongly suspected that they have in their possession an object that they intend to use to abscond from the hospital.
- (e) On return from leave of absence if it is believed the person is in possession of a banned/restricted item.
- (f) On return from a period of AWOL.
- (g) Patients must be searched at the commencement of any seclusion episode.

- 5.3 There are four main types of searches that may be carried out. See Appendix 1

- (a) Searching the environment.
- (b) Searching patients' belongings.
- (c) Personal searches.
- (d) Searching of visitors.

6 PERSONAL SEARCH OF A PATIENT

6.1 Securing the patient's agreement to a Search

- (a) A senior nurse on duty (of Deputy CNL/Ward Manager grade or above) or the Senior Nurse on call must be informed if a situation has developed which may give rise to the need to search a patient.
- (b) The staff will ask the patient(s) if they have any item which is prohibited and does the patient wish to hand this over voluntarily.

- (c) A personal search is an invasive procedure that may damage the therapeutic relationship between nurse and patient. It is therefore important that the patient has the reasons for the search explained to them and the opportunity to give their agreement to this.
- 6.1.1 If the situation is not immediately dangerous, several attempts can be made to seek the patient's co-operation, each time providing them with a clear explanation as to why it is necessary. **The patient needs to remain under constant observation and isolated from contact with others until the matter is resolved.**
- 6.1.2 Searches should be undertaken by a minimum of two members of staff and at least one of whom is the same gender as the patient.
- 6.2 **Search Process**
This policy provides detail at **Appendix 1** about the process of conducting searches. However, it should be noted that Priory offers a wide range of facilities and it is not envisaged that, for example, some of the more intimate searching procedures will be used in many facilities. However, it is important to emphasise that all staff need to be fully aware of the types of searches and levels of intrusiveness involved. Staff need to be reminded that the intrusiveness of searches must be a reasonable and proportionate response to the reason for the search and that the privacy and dignity of each and every person to be searched must remain paramount at all times and that there should be an explanation throughout the search of what is being done and why. If the patient does not understand English an interpreter should be sought, if practicable. The specific needs of patients with impaired hearing or a learning disability and those of young people should be considered.
- 6.3 Where there is a disagreement within the multi-disciplinary team about the need to search a patient and a resolution cannot be reached, the RC must immediately refer the matter to the Medical Director or the Hospital Director.
- 6.3.1 If consent is refused, the RC for the patient should first be contacted so that any clinical objections to a search by force may be raised.
- 6.3.2 If a clinical objection is raised by the RC, but the person empowered to search wishes to proceed, the matter should be referred to the Medical Director or Hospital Director of the hospital for a final decision.
- 6.3.3 Any delay in respect of gaining the RC's or Medical Director's/Hospital Director's authorisation should be kept to a minimum. If the patient has already been asked to give his or her consent, he/she should be informed of the procedure and kept under observation and away from other patients. It may be necessary to undertake a search whilst a patient is in RRIT holds, pending the relevant authorisation.
- 6.4 **NOTE:** It must be emphasised that any form of search of a patient must only take place in exceptional circumstances and then only after every effort has been made to secure the patient's consent. The practice must not ordinarily become routine, however patients may behave in such a way as to constitute continuing or repeated exceptional circumstances. Routine and random searching without cause, if necessary without the consent of the patient may occur but only in exceptional circumstances for example if the patients detained in a particular unit tend to have dangerous or violent propensities which create a self-evident need for additional security.
- 6.5 Where an individual patient is to be subject to random or routine searches on a case-by-case basis; then this must be agreed by the RC and MDT and must feature as part of the patient's care plan.
- 6.6 Where a patient is to be searched upon return from section 17 leave as part of receiving that leave, then this must form part of the patient's treatment plan and the patient must be informed prior to taking the leave. Support should be offered to patients and staff who are

affected by the process of searching. This may be particularly necessary where a personal search has had to proceed without consent or has involved physical intervention.

6.7 Use of physical interventions to conduct a search

If a search is deemed 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. Please see H37 Prevention and Management of Behaviour that Communicates Distress in Adults.

6.8 Physical intervention should normally only proceed on the basis of a multi-disciplinary assessment, unless it is urgently required. A post incident review should follow every search undertaken where consent has been withheld.

7 USE OF HAND HELD METAL DETECTORS (HHMD) IN SEARCHING PATIENTS AND THEIR BELONGINGS

7.1 Hand held metal detectors (HHMDs) may be used during the above searches if deemed appropriate and useful. HHMDs should be used in conjunction with existing practice, as their use is not intended to replace it. The use of HHMDs may be appropriate in both a search of the patient and their belongings where the area to be searched would not require anything more than a (pat down and room) search.

7.2 Training on the use of HHMD should form part of the overall search training.

7.3 Guidance on the Use of HHMD

- (a) May be used in conjunction with current practice when searching specifically for metal item(s). This may be due to a specific item being lost or suspicion being aroused that a patient is in possession of a weapon or prohibited item.
- (b) Useful during a personal search if patient is wearing religious head wear or has very thick hair.
- (c) May be used to search coats/excess clothing already removed during a personal search.
- (d) May be used during a property search in conjunction with existing practice when searching through items that are not known to contain metal e.g. piles of clothing, letters, papers, books, bedding, curtain hems. It must be remembered that their use is limited as many items within the patients' rooms contain metal i.e. mattresses, cupboards and should therefore be used as an aid to existing practice.
- (e) The decision to use a HHMD must be undertaken by a nurse as a minimum.
- (f) Explain to the patient the nature of the search and the use of the HHMD.
- (g) Switch machine on and test it by holding it close to a metal object.
- (h) Hold the HHMD close to the patient being searched (ensure that the patient isn't standing near any walls and/or metal objects).
- (i) Face the patient and start at the head. Pass the machine over the head from one shoulder to other and from chin to nape of neck.
- (j) Ask the patient to raise their arms horizontally sideways.
- (k) Pass machine over top of arm to hand and alongside to armpit. Continue down the side of the torso and then the leg and ankle.
- (l) Ask the patient to raise their arms horizontally sideways again.
- (m) Make several passes up and down the front of the patient from neck to crotch.
- (n) Sweep machine over the front of the legs.
- (o) Repeat process for the back from neck to crotch.
- (p) Sweep machine over backs of legs and ankles.
- (q) Ask the patient to stand with legs slightly apart.
- (r) Sweep machine on the inside of legs.
- (s) Check both shoes.

8 REMOVAL OF ITEMS

8.1 Please see H37 Banned and Restricted Items Policy.

Healthcare

- 8.2 If items belonging to a patient are removed by staff, the patient must be informed why they have been removed, where they are being retained and given a receipt H Form: H53.
- 8.2.1 Patients must be given the right to appeal against any decision to remove items from them. In the first instance the multi-disciplinary team should respond. If the patient remains dissatisfied, they should be assisted to make a complaint as per the complaint policy (OP03).
- 8.3 For the lawful disposal of illicit substances, please refer to Priory Policy OP51 New Psychoactive and Illicit Substances.
- 8.4 If it is medicines/illit substances that are being removed H Form: 40 must be completed.
- 8.5 For the lawful disposal of firearms, the following procedure must be followed:-
- (a) Contact the Police immediately or the 'none urgent' police line 101.
 - (b) In the event of an emergency, i.e. where firearms are found, call (9) 999 in order for a firearms officer to be dispatched.
 - (c) If possible, the firearm should be left in situ until the firearms officer arrives, providing the area can be made safe, i.e. the room in which it was found can be kept locked and people kept away from the area.
 - (d) If there is a need to recover the firearm immediately due to a high risk of it being put to use, e.g. by a patient, then it should be removed to somewhere that can be secured and left in a safe manner, such as pointing the firearm towards a solid surface such as the corner of a room with a brick wall and away from doors etc. to minimise the risk of it being knocked.
 - (e) The removal/disposal of any items should be recorded in CareNotes.

9 RECORD KEEPING

- 9.1 Any decision to search must be comprehensively documented in the patient's notes indicating:
- (a) The reason for the search.
 - (b) Members of staff who undertook the search.
 - (c) The status of the consent of the patient and if applicable, the person with parental responsibility.
 - (d) Discussion with and decisions made by.
 - (e) The extent of the search and the outcome of the search.
 - (f) Complete **H Form: 40** Record of Medicines/Illicit Substances Removed during service user search **and/or H Form: 53** Property List.

10 EXCEPTIONAL CIRCUMSTANCES AND INFORMING THE POLICE

- 10.1 It must be emphasised that any form of search without the patient's consent must only take place in exceptional circumstances. Such practice must not be routine, although patients may behave in such a way as to constitute continuing or repeated exceptional circumstances.
- 10.2 There may be occasions when there is a reasonable suspicion that a patient may be in possession of items intended for criminal activity or stolen illegal goods or illicit drugs. On such occasions where there is no immediate concern about preventing serious harm to a patient, it would be appropriate to draw the matter/suspicion to the notice of the police.
- 10.3 The duty of care for a patient's mental and physical wellbeing is to be balanced against a duty of staff members, not only to take all reasonable precautions to ensure a patient's (and others) health, safety and welfare; but also to avoid doing anything to condone, permit or "aid and abet" the commission of an offence. The decision to inform the police should be made by the RC, Hospital Director and the senior management team.

11 SEARCHING OF VISITORS

- 11.1 a) All visitors should notify the ward upon their arrival.

- b) On arrival to the entrance of the ward an allocated member of staff should introduce themselves and greet the visitor.
- c) The member of staff of staff should orientate the visitor to the banned and restricted items list, which should be on display at the entrance to the ward.
- d) Visitors should be reminded that any already opened food or drink items may not be given to the patient.
- e) The member of staff then should ask the visitor if they have anything on their person or in their belongings which is on the list. If so, they should be asked to place these in the locker provided and be given a key.
- f) Dependent on the relevant service line, visitors may be asked to allow the member of staff to search through their handbags, additional bags and/or empty their pockets. During this process it is important to explain to the visitor the requirement of this process and necessity to maintain a safe and therapeutic environment for their relative/friend etc.
- g) In units where a hand held metal detector is available, they should be used routinely.
- h) Visitors will not be subject to a personal search.
- i) If visitors consent to a search and prohibited or **banned** items are found, the visitor should either be refused entry or be asked to leave the items with staff in a safe identified area if appropriate. This decision should be made by the Ward Manager or Nurse in charge.
- j) If visitors consent to a search and illegal or illicit items have been discovered i.e. street drugs, offensive weapon etc. or any such items are retained by staff that would suggest criminal activity or criminal offences, such instances should be immediately reported to the police. (Staff do not have the power to seize items from visitors)
- k) If visitors refuse the search to be carried out, it should be explained that a refusal may lead to visiting being suspended until further review by the MDT and/or the procedure regarding supervised visits being used. Any disruption to the rights of the patient to have visitors must be kept to the minimum possible.

12 TRAINING

- 12.1 All staff who conduct a search should have been assessed as being competent in doing so. The competency based assessment should be conducted by a qualified nurse, senior healthcare assistant or a site security lead who has also been assessed as competent in conducting a search.
 - 12.1.1 The assessment will comprise of both a practical demonstration and discussion with the assessor and the outcome of each element should be documented on H Form: 40A Personal search competency assessment..
 - 12.1.2 Sites should ensure that search training and assessment is part of staff induction. Reassessment of competency should be considered where concerns are raised.

13 MONITORING

- 13.1 Sites will receive a monthly report on incidents, which will include all searches conducted and reported. This should be reviewed in their monthly Clinical Governance Committee.

14 REFERENCES

- 14.1 Human Rights Act 1998
Mental Capacity act 2005
Mental Health (Care and Treatment) (Scotland) Act 2003
Safeguarding Vulnerable Groups Act 2006
- 14.2 **Guidance**
DH (2015) Mental Health Act 1983: Code of Practice
NHS England Service Specifications (2018) Medium& Low Secure Mental Health Services (Adult)
NICE (2015) Violence and Aggression: Short-term management in mental health, health and community settings. NG10

Welsh Assembly Government (2016) Mental Health Act 1983 Code of Practice for Wales Review
 Use of Force in MH Units – DoH Guidance Dec 2021 (England)

Legal and Regulatory Framework

15 ASSOCIATED FORMS

- 15.1 **H Form: 40** - [Record of Medicines/Illicit Substances Removed during service user search](#)
- H Form: 40A** - [Personal Search Competency Assessment](#)
- H Form: 53** - [Property List](#)

16 EQUALITY IMPACT ASSESSMENT

16.1

How is the policy likely to affect the promotion of equality and the elimination of discrimination in each of the groups?			
Protected Characteristic (Equality Act 20210)	Impact Positive/ Negative/ None	Reason/ Evidence of Impact	Actions Taken (if impact assessed as Negative)
Age	None		
Disability	None		
Gender re-assignment	None		
Marriage or civil partnership	None		
Pregnancy or maternity	None		
Race	None		
Religion or beliefs	None		
Sex	None		
Sexual orientation	None		
Other, please state:			
EIA completed by:			
Name:	Kris Irons, Specialist Director		
Role/ Job Title:			
Date completed:	03/03/2022		

17 APPENDICES

- 17.1 **Appendix 1** - Types of Search
- Appendix 2** - Search Procedure of Female Patients (clothing on)
- Appendix 3** - Search Procedure of Male Patients (clothing on)

APPENDIX 1**TYPES OF SEARCH**

Information about why a search is being undertaken and about what is being done must be communicated and reiterated during any search.

1 SEARCHES OF THE ENVIRONMENT

- 1.1 It may be necessary (albeit rarely) to make a search of the general environment of a Priory facility. In this case, the decision to search the environment rests with the Hospital Director or nominated Deputy, in consultation with other relevant personnel.
- 1.2 Patients should be assembled into a designated area within the ward/unit and observed at all times, while the more general environmental search is carried out. With regard to searching the bedrooms, the same principles apply as for searching the belongings, i.e. that the patient should be given the opportunity to be present and must be given a reason for the search and offered reassurance.
- 1.3 **Use of Search/ Passive Dogs** - If dogs are to be used for the purposes of searching the wards or the hospital, a local procedure must be in place and adhered to.

2 SEARCHING THE PATIENT'S BELONGINGS

- 2.1
 - (a) The nurse in charge of the ward can initiate the search of a patient's room if they have reasonable belief that there is an urgent need to do so, i.e. if there is an immediate risk to the patient or others.
 - (b) When there is not an urgent need, the merits of a search can be discussed by the Multi-Disciplinary Team at the patient's review.
 - (c) The reasons for the search will be explained to the patient.
 - (d) In each case, the patient's consent will be sought.
 - (e) The patient will be invited to be in attendance whilst the search takes place unless not clinically indicated.
 - (f) The room search will be conducted by two members of staff, where possible with one being of the same gender as the patient, and one of the staff members must be qualified (unless urgency dictates otherwise).
 - (g) Staff conducting searches should wear disposable gloves and be vigilant at all times due to the potential risk of, for example, needlestick injury, contact with other sharps, and contact with hazardous substances. Prior to the search, the patient should be asked to inform staff of any potential hazard that may be contained in their belongings. A negative response should not however be taken as an indication that it is safe to proceed without caution.
 - (h) The search will be conducted sensitively and with due respect for the patient's privacy and dignity.
 - (i) The staff will replace any objects, furniture or belongings in the places they were originally.
 - (j) The patient will be informed about any items that were removed/disposed of; they will be given a receipt for these and the items will be placed in safe storage.
 - (k) The patient's RC and the DCS will be informed of the search as soon as is practically possible.

3 SEARCHING THE PATIENT'S BELONGINGS ON ADMISSION

- 3.1 On admission or transfer, each patient's property must be searched and listed on **H Form: 53** Property List and a record of this is kept in Care Notes. Any restricted or banned items will be removed from the patient's possession at this point and (as appropriate). See Section 6. The patient would be issued with a receipt and the item(s) would be placed in safe storage (illegal items would be removed from site). Restricted items may be returned to the patient after a full risk assessment and the patient will be informed of this, some items may require an individual contract of use.

4 SEARCHING PATIENTS AT THE COMMENCEMENT OF ANY SECLUSION EPISODE

4.1 Patients must be searched at the commencement of any seclusion episode.

5 PERSONAL SEARCHES

Procedure for a Personal Search - To be co-ordinated by nurse-in-charge (see Appendices 1, 2 and 3):

- (a) Due care and attention must be paid to the patient's best interest, their dignity, privacy and self-respect.
- (b) Any search of a patient will be conducted by a minimum of two members of staff. One to search the patient who is the same gender as the patient, and the other to witness the search. The member of staff witnessing the search does not have to be the same gender as the patient.
- (c) The search will only proceed under the direction of a first level nurse.
- (d) The staff conducting the search must be informed of any health and safety implications prior to conducting the search (for example, possibility of the presence of sharps).
- (e) The search will be conducted only after the nurse in charge has consulted with a ward manager or a deputy ward manager, or the Director of Clinical Services
- (f) The search must be conducted in a private area.
- (g) The patient will be informed about any property that is removed from their person. See H Form: 53 Property List
- (h) A receipt will be given to the patient for any property removed.
- (i) Any property that is removed will be labelled and stored safely; the patient and the Nurse in Charge will be informed of this.
- (j) Illegal items such as weapons or non-prescribed drugs may be handed to the police.

5.1 There are three levels of personal search generally recognised:

- (a) Level 1: Pat Down.
- (b) Level 2: Rub Down.
- (c) Level 3: Removal of clothing search

While it is not envisaged that intrusive and personal searches will be frequently necessary, it is essential that staff members have a clear idea of what each level of search entails. Furthermore, it is worth repeating that all personal searches are subject to the need to be a reasonable and proportionate response to the reason for the search, in order to maintain patient safety and the safety of others. In all personal searches consent of the person should be sought and a full explanation of the reasons why the search is being undertaken must be provided. The person being searched should be provided with a summary of the Priory Healthcare H97 Searching Patients and their Belongings in a Treatment Environment. All searches are undertaken by two members of staff at least one of whom should be the same sex as the person being searched. The staff member of the same gender should undertake the search. Staff should explain what is done and why throughout the search. If there is a need to carry out such a search, the dignity and privacy of the patient concerned must remain paramount at all times.

5.2 PAT DOWN SEARCH (SOMETIMES CALLED LEVEL 1 SEARCH)

- (a) The patient is asked to remove all items from his/her pockets and such items, as well as the pockets themselves are then inspected.
- (b) Pockets and bulky items of clothing will be patted down to ascertain if anything is being concealed.

5.3 RUB DOWN SEARCH (SOMETIMES KNOWN AS LEVEL 2 SEARCH)

- (a) The patient is asked to remove all items from his/her pockets and such items as well as the pockets themselves are then inspected.
- (b) The patient is asked to stand with legs apart, arms outstretched and raised to shoulder height.
- (c) Lift outer garment collar and firmly but carefully feel around it. Move out from the collar to the shoulder and, using both hands, check each arm in turn, rubbing down from axilla to waist. Remember to check any cuffs and make sure that the hands are empty.
- (d) The patient is asked to open outer garment (any heavy jacket/coat-type garment may have to be removed in order to assist the search).
- (e) Place both your arms around the patient, under the jacket and with the fingers of both hands meeting at the collar, rub down the back of the waist. Then rub down the patient's sides and front. Inspect the waistband and belt by pressing with hands either side of the waistband.
- (f) Check lower half of body by pressing hands around each leg in turn and rubbing down from waist to ankle, remembering to check turn ups of trousers.
- (g) The patient must be asked to remove any headgear and, if considered necessary, shoes for inspection. If the patient has a hairstyle that could be used to hide items, this will also be searched.

5.4 Removal of Clothing Search (SOMETIMES KNOWN AS LEVEL 3 SEARCHING)

- (a) During office hours this may only be conducted following full discussion with the Hospital Director or the Director of Clinical Services and the patient Responsible Clinician (RC) or their nominated deputy. Out of hours this may only be conducted following a discussion with the senior on call manager and the on call consultant.
- (b) If applicable, the person with parental responsibility should be involved in the discussion.
- (c) Staff involved should wear disposable gloves.
- (d) The search should be conducted in an area that must ensure privacy throughout the procedure. The room must be adequately prepared with an appropriate level of heating.
- (d) The Patient is requested to remove all or some clothing under observation by a minimum of two same gender nurses. (For some patients it may be necessary for them to only remove their bra, if this has been used to previously secrete items).
- (e) A sheet or towel to be provided for privacy and dignity until dressing gown/alternative clothing is worn.
- (f) A dressing gown/clothing should be made available to the patient.
- (g) Removed clothing to be thoroughly searched paying particular attention to seams, cuffs, collars and waistbands.
- (h) Pocket articles to be thoroughly examined.
- (i) If items belonging to a patient are not returned to the patient Complete **H Form: 53** Property List.

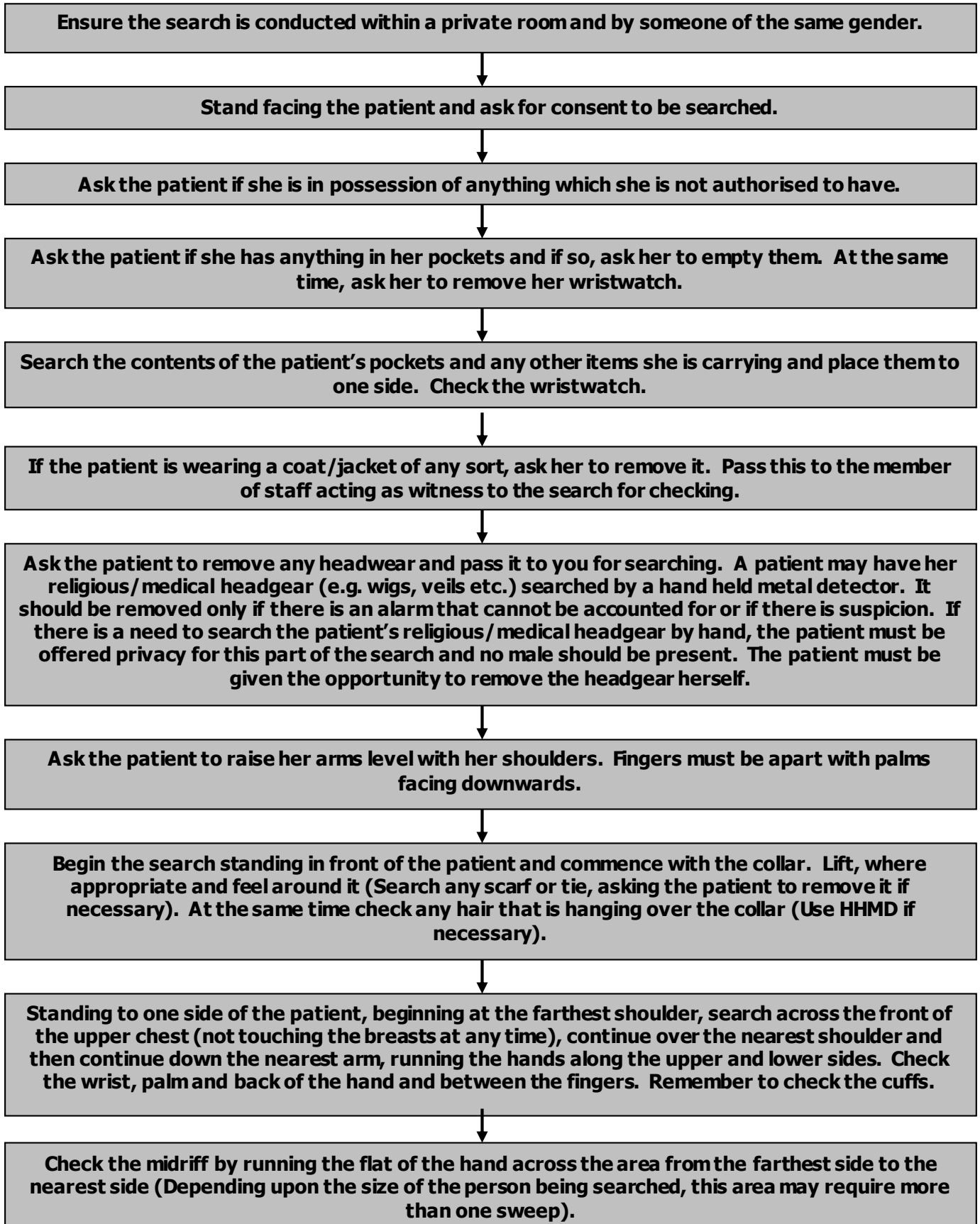
5.5 NOTE: Intimate body searches (i.e. orifices) must only be carried out as part of a medical examination and never during a personal search.

6 SEARCHING VISITORS

- 6.1 There is no statutory power to carry out searches of visitors without their permission. The visitor has the right to withdraw permission at any time.
- 6.2
 - (a) If a member of staff suspects that a visitor is concealing an item which may cause danger to a patient or others, e.g. weapons, drugs, alcohol, they can then ask the visitor to consent to a Level 1 search (after consultation with the Ward Manager).
 - (b) Searches should be carried out by two members of staff, one of whom must be of the same gender. The visitor will be provided with a summary of the organisation's policy on searching.
 - (c) If the visitor refuses to consent to a search, or does not agree to hand over said items, then access to the facility will be denied.
 - (d) Search of a visitor must be recorded on the electronic incident system, with the reason/justification, the identity of the authorising person and search outcome including nil find.

APPENDIX 2

SEARCH PROCEDURE OF FEMALE PATIENTS (Clothing On)



Healthcare

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Place the outer edge of the same hand into the armpit and use the flat of that hand to check down the side of the midriff between the armpit and waist. At the same time, position the other hand at the back of the nearest shoulder and check the near side of the back down to the waist. Follow with a repeat of this action to check the centre of the back from collar to waist.

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Check the waist by placing the hands on the front and back of the waistband (positioning just beyond the centre) and, with thumbs inside the waistband where possible, feel around the waist, drawing both hands to meet at the person's side.

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Check the abdomen just below the waist by sweeping the flat of the hand from the farthest hip to the nearest hip.

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Check the front and back of the leg from waist to the ankle, or to the hem of skirt. Check the outside of the leg from the waist to the ankle or the hem of the skirt and the inside of the leg from the crotch to the ankle. To search the inside of the leg when a skirt is being worn, place the flat of the hand on the front of the upper thigh and sweep the hand just below the natural 'Y' of the body line into the inner thigh and down to the hem. If trousers are being worn, feel around the ankle and remember to check hems and turn-ups of trousers.

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Feel around the upper part of the shoe, looking for any indications of inappropriate shape/fitting, or shoes that look as though they may have been tampered with.

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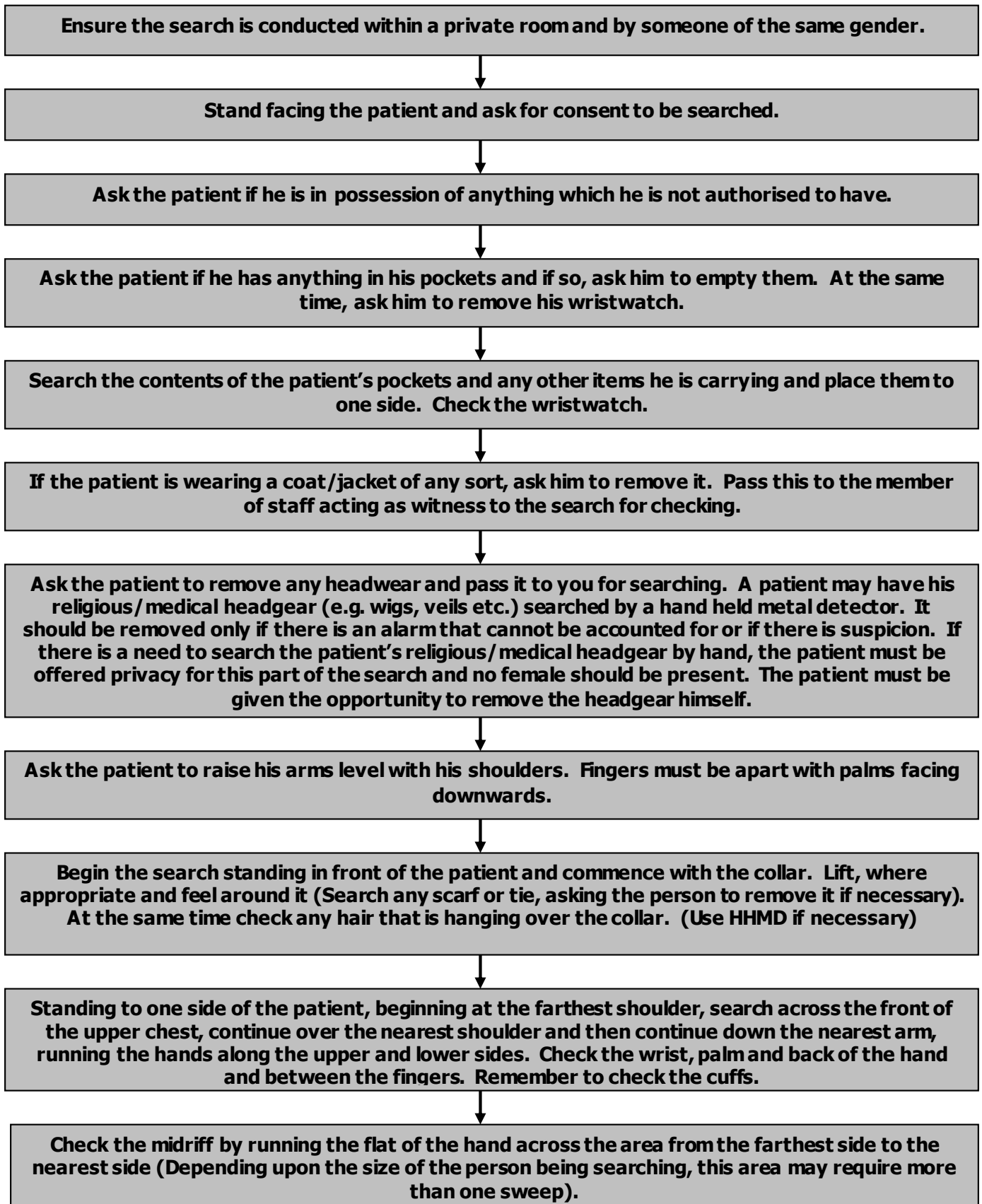
Stand to the other side of the patient and repeat each step of the process on this side, except the collar/hair check.

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Finally, look around the patient to see whether anything has been dropped during the search. When the patient has stepped to one side, check to ensure that she had not been standing on anything that she dropped before or during the search.

APPENDIX 3

SEARCH PROCEDURE OF MALE PATIENTS (Clothing On)



Healthcare

