
Searching Patients, their Property and Inpatient Units Policy

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	To set and define the safe and lawful practice of searching patients, their belongings and ward environments within Inpatient Units
Document Type	<input checked="" type="checkbox"/> Policy
Reference Number	SNHS/Policy/CLN024
Version	5
Name of Approving Committees/Groups	Policy Steering Group / Clinical Executive Group
Operational Date	November 2018
Document Review Date	December 2021
Document Sponsor (Job Title)	Chief Operating Officer Portsmouth
Document Manager (Job Title)	Richard Brown, Operations Manager
Document developed in consultation with	Clinical Services Mental Health Act Lead Local Security Management Specialists
Intranet Location	Policies / Clinical Policies
Website Location	FOI > Publication Scheme
Keywords (for website/intranet uploading)	Searching Patients Searching Patients Property Searching Inpatient Units CLN024 Policy

Summary:

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
1	March 2014	5	Removal of Substance Misuse Services	June 2017
2	March 2014	5	1.4 Format and language	June 2017
3	March 2014	5	1.6 Clear principles	June 2017
4	March 2014	8	3.2 Consent given	June 2017
5	March 2014	8	3.6 Search carried out by same sex staff.	June 2017
6	March 2014	8	3.7 Consent gained by means of a threat	June 2017
7	March 2014	8	3.9 Frisk changed to level 1 search	June 2017
8	March 2014	9	3.10 Search completed if items found	June 2017
9	March 2014	9	3.11 Latex-free added.	June 2017
10	March 2014	9	3.14 Lacking capacity	June 2017
11	March 2014	9	3.15 Police assistance	June 2017
12	March 2014	10	3.16 PMVA restraint training	June 2017
13	March 2014	10	3.18 Description of holds.	June 2017
14	March 2014	10,11&15	3.19, 3.26& 7.1 Restraint changed to physical intervention	June 2017
15	March 2014	13	3.50 Change of title of staff.	June 2017
16	March 2014	14	3.52 Locked medicine cabinet for storage.	June 2017
17	March 2014	14	3.53 Visitors lockers.	June 2017
18	March 2014	15	4.1.7 Audit of searches	June 2017
19	March 2014	15	5.2 Insertion of 'Trust' and addition of Physical Intervention Lead.	June 2017
20	March 2014	15	5.3 Annual refresher training	June 2017
21	March 2014	15	5.4 Training requirements	June 2017

Review Log:

Version Number	Review Date	Lead Name	Ratification Process	Notes
1	July 2013	Richard Brown	In readiness for dissemination to Service Managers for comment	Updated previous policy with new developments and formatting style
2	August 2013	Service Managers within AMH / OPMH / SMS and LD services MHA Lead LSMS	In readiness for submission to the various service essential standards meetings	Updates completed from the first draft of the policy to ensure legal and Code of practice compliance
3	October 2013	Divisional / Service Line Governance Meetings	Approval to submit to Policy Steering Group Subcommittee meeting	Updates completed from 2 nd draft of the policy to include the use of drug dogs in Baytrees and to ensure legal and Code of practice compliance
3	February 2014	Policy Steering Group Subcommittee	Approved to pass to Assurance Committee for ratification once minor changes completed	Minor wording changes completed.
4	March 2017 / June 2017	Robert Pollock	Review of policy	Updated in line with Mental Health Act guidelines 2015.
5	August 2021	Ben Martin-Lihou	Policy Steering Group – Chair’s action approved extension request by 1 month	To allow sufficient time to review policy

SUMMARY OF POLICY

This policy addresses the use of restrictive interventions around the searching of in-patients/ service-users, and the clinical environment, by members of staff within the Trust's care delivery services, primarily, this refers to the safety and security of these environments and ensures that prohibited items do not enter these environments.

The term 'restrictive interventions' is used here to reflect current terms used by the Department of Health and in order to encompass training systems currently employed by the Trust, namely the Prevention & Management of Violence & Aggression (PMVA). All use of restrictive interventions by employees must be lawful, necessary, reasonable in the circumstances, and undertaken in good faith. The policy details when an individual or area must be searched and incorporates relational as well as physical security.

The policy offers some context and guidance for staff, and reflects current national guidance relating to searching, and the prevention & management of violence & aggression when it does occur. It is underpinned by the Mental Health Act Code of Practice Guidelines 2015. Overall, it sets out Solent NHS Trust's approach to minimising the risk of harm to all persons in its mental health and learning disabilities units which may be exacerbated by prohibited items being present on clinical areas, (i.e. risks of harm to staff, visitors and to in-patients/ service-users).

Table of Contents

Item	Contents	Page
	Summary of Policy	4
1.	Introduction & Purpose	6
2.	Scope & Definitions	7
3.	Process/Requirements	8
4.	Roles & Responsibilities	15
5.	Training	15
6.	Equality Impact Assessment and Mental Capacity	16
7.	Success Criteria/Monitoring Effectiveness	16
8.	Review	17
9.	References and Links to other documents	17
10.	Glossary	18
Appendixes		
	Appendix Table	18
	Appendix A: Flow Chart of a Level 1 search	19
	Appendix B: Search Recording Form (Consent Given)	20
	Appendix C: Search Recording Form (Consent Not Given / Unable / Withdrawn)	21
	Appendix D: Equality Impact Assessment	22

Searching Patients, their Property and Inpatient Units Policy

1. INTRODUCTION & PURPOSE

- 1.1 Solent NHS Trust is committed to providing the highest standards of care for the people who use its services. Through its Clinical Governance structures, it will continue to ensure that patient safety is at the centre of the services it provides.
- 1.2 This policy describes the action staff in the Adult Mental Health (AMH), Older Persons Mental Health (OPMH), Learning Disability (LD), and Neurological Rehabilitation (NR) services must undertake when considering conducting an in-patient unit search, a personal search of a patient and/or their property. There are other Units within Solent NHS Trust that may require guidance from this policy.
- 1.3 The decision to search in patient settings, patients and/or their belongings is an unusual occurrence and can only take place if there is a clearly identified risk to staff and or patients safety. The loss of regard for the patient's privacy & dignity must be outweighed by the risks involved if no action is taken.
- 1.4 Within the Mental Health Act Code of Practice (2015) there are clear guidelines and requirements for Managers of Hospitals admitting patients under the Mental Health Act (1983) to have an operational policy in place for the searching of patients and their belongings. The code also states that equal consideration must be given to informal patients and clearly displayed and communicated to patients in a format and language they understand.
- 1.5 This policy applies equally to formal (detained) and informal (voluntary) patients.
- 1.6 The policy must be based on the following clear principles:
 - The intention is to create and maintain a therapeutic environment in which treatment may take place and to ensure the security of the premises and the safety of patients, staff and the public.
 - The authority to conduct a search of a person or their property is controlled by law, and it is important that hospital staff are aware of whether they have legal authority to carry out any such search.
 - Searching must be proportionate to the identified risk and must involve the minimum possible intrusion into the individual's privacy.
 - All searches will be undertaken with due regard to and respect for the person's dignity and privacy.
- 1.7 There are several indicators that may require a patient, their belongings or the ward environment to be searched in order to maintain a safe and therapeutic environment. These indicators may include:
 - Reasonable grounds to suspect that a patient is in possession of an item that is prohibited on the ward – e.g. illicit substances or weapons
 - Missing items that if found by a patient could be used to cause harm to either themselves or others – e.g. cutlery items.
 - Reasonable grounds to suspect that items belonging to one patient have been taken by another patient. This would involve more than one patients 'word' against another patient

- 1.8 When making decisions as to the need to search patients, their belongings or ward environments, practitioners must give due regard and consideration to the Code of Practice, particularly the five guiding principles:

Least restrictive option and maximising independence

Where it is possible to treat a patient safely and lawfully without detaining them under the Act, the patient should not be detained. Wherever possible a patient's independence should be encouraged and supported with a focus on promoting recovery wherever possible.

Empowerment and involvement

Patients should be fully involved in decisions about care, support and treatment. The views of families, carers and others, if appropriate, should be fully considered when taking decisions. Where decisions are taken which are contradictory to views expressed, professionals should explain the reasons for this.

Respect and dignity

Patients, their families and carers should be treated with respect and dignity and listened to by professionals.

Purpose and effectiveness

Decisions about care and treatment should be appropriate to the patient, with clear therapeutic aims, promote recovery and should be performed to current national guidelines and/or current, available best practice guidelines.

Efficiency and equity

Providers, commissioners and other relevant organisations should work together to ensure that the quality of commissioning and provision of mental healthcare services are of high quality and are given equal priority to physical health and social care services. All relevant services should work together to facilitate timely, safe and supportive discharge from detention.

- 1.9 Whilst these principles relate to patients detained under the Mental Health Act (1983, amended 2007), they can equally be applied for informal patients.
- 1.10 All inpatient units must display clear information for patients and visitors to the unit informing them that the unit undertakes searches of patients, their property and the ward environment. This must also be explained to patients during the admission process.

2. SCOPE & DEFINITIONS

SCOPE

- 2.1 This document applies to all directly and indirectly employed staff within Solent NHS Trust and other persons working within the organisation in line with Solent NHS Trust's Equal Opportunities Document.
- 2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

DEFINITIONS

- 2.3 **Formal Patients:** A formal (or detained) patient is one whereby the person is detained under the Mental Health Act and the care and treatment provided for this person has to be in accordance with the parameters of this Act. Engagement with the patient and their views and opinions about the care and treatment they receive must where practicable be sought and built into care planning.
- 2.4 **Informal Patients:** An informal (or voluntary) patient is one whereby the person consents to receive care and treatment in an inpatient setting or a patient that lacks capacity to consent and does not object and is not deprived of their liberty. As such, engagement with them and having their consent and agreement to receive the care and treatment planned and offered is paramount. At times, whereby the professionals providing this care and treatment feel that that the informal patient no longer has the capacity to consent to this care and treatment, the use of the Mental Health Act must be considered.
- 2.5 **Mental Health Act (1983, amended 2007):** An act of Parliament which primarily deals with the detention in hospital of people with mental disorders. It sets out the criteria that must be met before compulsory measures can be taken, along with protections and safeguards for patients.
- 2.6 **Multidisciplinary Team (MDT):** A group of clinicians from a variety of professional backgrounds who contribute to the care and treatment that a patient receives.
- 2.7 **Psychiatric Observations:** A routine clinical intervention whereby patients are monitored at regular intervals as per the clinical decision making process. It has two main purposes; firstly to promote therapeutic engagement between staff and patients and secondly, to meet the patients' needs and manage the risks that they pose.
- 2.8 **Psychiatric Observation Levels:** 4 predetermined observation levels to ensure that the staff team can meet the needs and minimise the risks posed by patients to either themselves or others.
- 2.9 **Responsible Clinician:** The Responsible Clinician (RC) replaces the term Responsible Medical Officer (RMO). The RC is an approved clinician with overall responsibility for the patients' care and treatment for persons detained under the Mental Health Act. This is usually a Consultant Psychiatrist, though can be persons from other professional groups.

3. PROCESS / REQUIREMENTS

SEARCHING PATIENTS AND THEIR BELONGINGS

- 3.1 The decision to search a patient and/or their belongings will be made by members of the Multi-Disciplinary Team (MDT). This must include the Nurse in Charge (NIC) of the ward and a member of the medical team. Should the search occur out of office hours, its rationale and outcomes will be discussed with the clinical team at the earliest opportunity. If there are any disagreements within the MDT as to whether the search should take place or not, then please refer to section 3.30 of this policy.
- 3.2 In **all** incidences of searching patients or their belongings, the patient must first be advised by a member of staff why a search may be required and given the opportunity to hand over any items of concern without the need for the search to take place. Furthermore, if a search is required, the staff member will attempt to gain the patients consent for the search to occur.

If consent is given, the search must be carried out with regard to ensuring the maximum dignity and privacy of the person. The patient will also be told if property other than their immediate clothing is to be searched. This must be documented on the Search Recording Form (Appendix B or C).

- 3.3 If the patient is not fluent in English and does not understand the rationale for the search then the services of an interpreter must be sought, if practicable.
- 3.4 The normal procedure is intended to be that searches only proceed with the patients consent. **Only in exceptional circumstances would it be envisaged that searches would proceed without the service user's consent. This will only occur if there is legal authority to undertake it.** Consent obtained by means of threat, intimidation or inducement is likely to render the search illegal. Any person who is to be searched personally or have their possessions searched must be informed that they do not have to consent.
- 3.5 Consideration will be given to the team's capacity to safely manage the search and whether the search can wait until a time when capacity is greater or if the police need to be contacted to prevent a breach of the peace from occurring.
- 3.6 When searching patients or their property, at least 2 members of staff must be present throughout the search process. One staff member must be the same sex as the patient, unless necessity dictates otherwise. The search must be carried out in a way that maintains the person's privacy and dignity and respects issues of gender, culture and faith. It is always advisable to have another member of the hospital staff present during a search, especially if it is not possible to conduct a same-sex search. Staff involved in undertaking searches must receive appropriate training and instruction including refresher training. Where available, a metal detector, or other metal detection device, may be used as part of the search if deemed appropriate.

SEARCHING PATIENTS

- 3.7 **If the patient consents** then the specified search will be carried out with due regard for the dignity of the individual and the need to ensure maximum privacy. Consent obtained by means of a threat, intimidation or inducement is likely to render the search illegal. Any person who is to be searched personally or whose possessions are to be searched must be informed that they do not have to consent.
- 3.8 The patient should first be taken to a private area with the staff members and the staff must clearly explain why they wish to search the patient and what item(s) they believe the patient may have concealed on their person. The patient must be given the opportunity to hand over any items not permitted on the ward at this stage.
- 3.9 If no items are given over by the patient, then the staff will explain to the patient that they will perform a level 1 search. Details of what this entails and how to complete this can be found in Appendix A.
- 3.10 If the patient hands over the items and staff believe that the patient no longer has any items of concern then the search will end at this stage and the staff will document in the patients notes what items were retrieved from the patient. Likewise, if during the completion of the search the risk items are found, then it may be appropriate to complete the search in case other items are concealed.
- 3.11 When undertaking all searches, staff members must be aware of the risks to themselves and must ensure they have access to and use any PPE equipment that may be required – such as

latex-free gloves or aprons. Staff **must risk assess** the likelihood of the patient concealing sharp items (needles/blades) on their person and must proceed with due caution in this regard. Wherever possible, staff must attempt to gain good eyesight into clothing/pockets before proceeding with a Level 1 search. If staff have good reason to believe that a patient is in possession of a sharp item and don't feel comfortable in proceeding with a level 1 search, the search must be suspended and the patient placed upon increased observations whilst further advice and assistance is requested from the senior nurse bleep holder / manager / police.

- 3.12 All searches undertaken by staff will be recorded on the Solent NHS Trust Search Recording Form (Consent Given) in Appendix B and recorded in the patients records. Patients shall also be given a receipt by the staff of which items were removed, where they are to be stored and when they are to be given back to the patient. If illegal items or weapons are discovered these must be safely secured by staff and the police contacted and an online adverse event form must be completed.
- 3.13 The patient must then be informed that the search is over and must be thanked for their co-operation.
- 3.14 **When a Detained patient does not consent or lacks capacity to decide whether or not to consent to the search** taking place then initially a discussion must take place within the MDT. This would include the nurse in charge of the ward, the senior nurse bleep holder (out of hours) and a member of medical staff – team doctor (in hours) or duty doctor (out of hours). The Responsible Clinician (or, failing that, another senior clinician with knowledge of the patient's case) must be contacted without delay, if practicable, so that any clinical objection to searching by physical intervention can be raised. See 3.30 to 3.32. The patient must be kept separated and under close observation, while being informed of what is happening and why, in terms appropriate to their understanding. However, searches must 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. **See Section 3.21 for guidance when informal patients refuse to give consent to be searched.**
- 3.15 This discussion must consider the safety of the patient, the other patients and staff members. This will include assessing the number of staff members required to safely carry out the search and there may be situations where police assistance will be required. If there are any disagreements within the team as to whether the search must proceed or not, then please see section 3.29 of this policy for the resolution of clinical objections to searches.
- 3.16 If the MDT discussion concludes that the search is to be carried out without the patients consent, then it will be carried out with due regard to the dignity of the individual. All staff members who carry out patient searches without the patients consent **must be** trained in the appropriate restraint training, (PMVA), used within the service/unit and only the minimum physical intervention necessary must be used.
- 3.17 Once the decision has been made to search a patient without their consent, the nurse in charge of the ward must allocate a staff member to observe the patient closely (usually Level 3, 1:1 observations) and the patient must have explained to them what is happening and why. The search will be planned to take place in an area that is out of sight of other patients / visitors.
- 3.18 The patient must be given one final opportunity to consent to a search or hand over the item(s) that are believed to be in their possession. If this is refused, then staff may restrain the patient using the least amount of physical intervention necessary, (secondary PMVA holds). The welfare, dignity and privacy of the patient must be maintained as much as is practicable by the ward staff.

- 3.19 The principles and guidelines of a Level 1 search apply to patients who are not consenting to the search, however, if physical intervention is required to safely manage the patients' behaviour then it is possible that not all areas of a Level 1 search could be covered.
- 3.20 Points 3.10, 3.11 and 3.12 above apply equally to searches of patient who don't consent to the search as they do for patients who do consent. The only difference is the recording form used. For patients that do not consent to the search taking place, staff will use the Search Recording Form (Consent Not Given/Unable/Withdrawn) within Appendix C.
- 3.21 Informal patients have the right to refuse a search of their person or belongings. In these circumstances the ward team have the following options available:
- Continue to explain to the patient why the search needs to occur to obtain their consent
 - Place the patient on close observations to monitor for any risks that may occur
 - Consider the use of the Mental Health Act if the criteria is met and the powers of the Act are needed to safely manage the patient
 - Inform the patient that they may be discharged if they do not permit the search to occur
 - In some circumstances an informal patient may lack capacity in relation to the search and it may be justified under the Mental Capacity Act, therefore the Mental Capacity Act policy must be consulted. If restraint is used as a part of this then the Mental Health Act Code of Practice states that this must lead to a review of the patients legal status.
 - In exceptional circumstances common law may provide sufficient authority for a search. This must be reasonably necessary and proportionate to protect others from immediate risk of significant harm. If, in exceptional circumstances, common law is used then the person's legal status must be reviewed.

Using physical intervention to search an informal patient without their consent would be considered unlawful unless there is legal authority to undertake it. Staff are responsible for ensuring they have this authority before undertaking a search. Alternatively, if the staff team have due cause to believe that the informal patient has items on their person or in their belongings that may cause a significant risk towards themselves or others, then the team must seek advice from the police.

SEARCHING PATIENTS BELONGINGS

- 3.22 At times, it may be necessary to search a patients belongings as opposed to the patient themselves or the clothes they are wearing. Staff are permitted to search patients belongings **only** if they have reasonable grounds to suspect that a prohibited item, a risk item or an item belonging to another patient is concealed within the patients belongings.
- 3.23 Before a search of patients' belongings is carried out, the MDT must be first made aware and agreement sought. If there are objections to this by the MDT, then please refer to section 3.30 of this policy.
- 3.24 Once a decision has been made to search a patients belongings, the patient must be told and explained what item(s) are believed to be in their possessions and given the opportunity to hand over the item(s) to the staff. The patients consent must be sought. Consent obtained by means of threat, intimidation or inducement is likely to render the search illegal. Any person who is to be searched personally or have their possessions searched must be informed that they do not have to consent.
- 3.25 If the patient consents to staff searching their belongings, then they must be encouraged to be involved throughout the search and to watch the actions of staff if they so wish. At least 2

members of staff, one of whom must be the same sex as the patient, must be present to conduct the search.

- 3.26 If a detained patient refuses consent to allow staff to search their belongings then the process set out between sections 3.14 and 3.20 must be followed. The minimum amount of physical intervention deemed necessary may be used to restrain the patient to enable the search to occur. If this should occur, then the patient (if they wished) must still be encouraged to be part of the search and have explained to them what and where staff are searching.
- 3.27 If a patient is informal, they have the right to refuse their possessions being searched. The guidance in 3.21 must be considered in these cases. However, it still may be possible to search an area that belongs to the hospital providing it does not involve the searching of a patient's possessions.
- 3.28 Throughout the search (either with or without the patients consent), staff must be vigilant to ensure that the search is thorough and comprehensive, covering all of the patients items (clothes, toiletries, bags, books etc.) as well as areas or items within the patients bedroom that may be used to conceal items (such as bedding, pillows, ensuite bathrooms, cupboards etc.). Staff will also explain to patients what items/areas they are going to search before the search is conducted.
- 3.29 As per 3.12, any items removed from the patient during this search shall be recorded and the patient will be given a receipt of these items and informed where the items will be stored and when the patient will have them returned.

CLINICAL OBJECTIONS TO SEARCHING PATIENTS

- 3.30 At times, a patient may refuse to have their person searched and there may be clinical objections or differing of opinions amongst the MDT as to whether the search must proceed or not without the patients consent.
- 3.31 In these circumstances, the objections must be discussed and hopefully with the aim of a common agreement, this can be reached about the action that will be taken. Factors that must be considered to facilitate this discussion include:
- The item(s) that are believed to be concealed on the patient
 - The patients history of aggression/violence/use of weapons
 - The possible outcomes of searching and also not searching and the risk this may pose. to the patient, other patients or staff
 - The immediacy that the search must occur
- 3.32 Ultimately, if a decision can still not be made as to whether a search of a patient who is not consenting should be carried out or not, the decision must be passed to the most senior clinician available at the time that the decision is required to be made, and a record of the discussions documented in the patient's records.

POST SEARCH SUPPORT

- 3.33 Following a search of a patient with or without their consent, the rationale, process and outcome of the search must be clearly recorded in the patients' records and on the Solent NHS Trust Search Recording Form paperwork (Appendix B or C).

- 3.34 A clinical review of the patient must be undertaken following the search to identify if any areas of the patients management, needs or risks have changed as a result of the search. If this has occurred this must be documented in the patients' records and a care plan written to reflect the updated management of the patients care.
- 3.35 With or without patient consent, searching patients is intrusive and potentially distressing for both staff and patients involved. Staff and patients must be given time to reflect on the process and have access to appropriate debriefing.

SEARCHING INPATIENT ENVIRONMENTS

- 3.36 Solent NHS Trust is committed to ensuring that its inpatient services provide a safe and therapeutic environment that provide comfort and support the recovery process for the people who use its services. In order to fulfil this, all inpatient services must commit to regular and 'spot check' searches of the inpatient environment.
- 3.37 Regular and spot check searches of the inpatient environment have the following clinical and environmental benefits:
- Ensuring that fixtures and fittings are in good working order
 - Enable the early detection of problems that will require maintenance attention
 - Promote the patient safety agenda by visibly ensuring a safe environment
 - Checking areas that may be used to conceal prohibited items
 - Keeping the area clean and hygienic and in line with infection control guidelines
 - Timely removal of risk items that may be used to cause harm to either self or others
- 3.38 Each inpatient team is responsible for ensuring that they have working practices that outlines how they will undertake environment searches both on a routine and spot check basis.
- 3.39 Searching the inpatient environment may also mean a search of patients' bedrooms, their belongings and/or the patient themselves. If this is the case, then the guidance given above must be followed.

USE OF DRUG DETECTION DOGS IN INPATIENT ENVIRONMENTS

- 3.40 On request by the Trust, suitably trained and managed dogs can be brought into Trust premises on a regular basis to search for illicit substances. This is undertaken as a way of deterring the possession of/and detecting illicit substances in order to prevent them being used in and around the in-patient wards.
- 3.41 Random detection dog searches can be undertaken in any property that is managed by the Trust, as a condition of entry.
- 3.42 Patient, visitors and staff must be informed immediately prior to the search commencing and given explanation as regards the rationale and procedure.
- 3.43 Staff must ensure that posters, advertising the periodic use of drug detection dog searches are permanently displayed both at the entrances to the building, wards/visitation rooms and around the wards themselves.
- 3.44 Staff must ensure that patients and visitors are supported throughout the process. Due consideration must be made of any individual who has a genuine phobia about dogs. In such

cases consideration must be given to removing them from the area during the search and requesting they submit to a personal search.

- 3.45 The police will make decisions regarding any prosecutions that are considered in accordance with the law. Any illicit substances found will be removed by the police. Each search undertaken by a dog handler will be documented in the search register.
- 3.46 Should the dog detect on the person or property of a member of staff, the police will deal with any such discovery in the normal course. This supports the sections of pre-existing policy, namely Appendix 1 of the Trust Disciplinary Policy (HR13) and paragraph 2.2 of the Substance Misuse Policy (PER025).
- 3.47 When unit managers feel there is a need for a detection dog to search the premises, based on recent activity, they must contact the Local Security Management Team, who will make arrangements for the Dog Handler to attend the unit. If a dog is required to search the person of an individual this must be notified to the LSMS as a very specific type of dog is required for this purpose.
- 3.48 The policy in regard to this facility is that it must be periodical and there must be no structured time table, so as to prevent individuals from circumventing the process.
- 3.49 In the event of the police or drug detection dogs attending an inpatient unit and substances being found on a patient or in their bed space/belongings, the clinical team must ensure that the patients clinical record is updated with the events that occur and any actions that result from the search.

POLICE INVOLVEMENT

- 3.50 In circumstances where the police have been called and either illicit substances or weapons have been found, a discussion with the police must be had as to how the matter will be resolved. Various options are available including – no further action, a formal warning, a caution or the patient may be charged. The latter two options may indicate the patient being arrested and detained at the police station. Should this occur, the senior nurse on duty must be contacted and a decision made as to whether to inform the on call duty manager. An Incident Report Form must also be completed.
- 3.51 If the patient is arrested and is to be transferred to the police station, consideration must be made as to whether the patient is mentally well enough to be transferred or if an agreement is made to leave the patient on the inpatient unit. If transferred to the police station, the patient will have the right to have an Appropriate Adult with them.
- 3.52 If illicit substances or weapons are discovered, then these must be impounded in the ward office, or if drugs, in the locked medicine cabinet in a sealed bag or a cardboard box and the contents labelled and signed by 2 staff. The removal of such items must be documented in the back of the Controlled Drugs book (in the case of illicit substances) and pharmacy must be informed of this during the next working day to arrange for their safe removal from the unit. The police may also choose to remove the items and recorded as such.

VISITORS

- 3.53 Visitors will not be searched under the remit of this policy. As occupiers of the premises, the Trust has the right to direct its staff to search any property being brought in to the ward by visitors for patients. If staff have any suspicions about visitors bringing in prohibited items for

patients, they can be refused access to the ward and asked to leave. Alternative options which may be considered by staff are supervision of visits or searching of the patient following the visit where a prohibited item is suspected of being passed over. Visitors can also be asked to leave their property in reception in a locker for which they will retain the key. Please see Solent NHS Trusts Mental Health Act Policy (MH01).

4. ROLES & RESPONSIBILITIES

4.1 Staff

- 4.1.1 The Chief Executive has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are adhered to.
- 4.1.2 The Chief Nurse is responsible for ensuring that this policy is clinically appropriate in ensuring that patient' needs and safeguards are met and that best practice is proposed.
- 4.1.3 The Clinical/Operational Directors who have inpatient service responsibilities have the responsibility of ensuring that this policy is cascaded down to the Heads of Service as appropriate for dissemination and implementation within the inpatient environments.
- 4.1.4 The Heads of Service are responsible for the dissemination and implementation and monitoring of this policy in the areas that they are accountable for.
- 4.1.5 Clinical Managers/Modern Matrons are accountable for ensuring that this policy is adhered to and implemented by their teams. They are responsible for ensuring that staff receive appropriate support and guidance on how to follow the guidance within this policy and will monitor for breaches of this policy and take action as appropriate to rectify this.
- 4.1.6 Inpatient staff are responsible for being aware of and following the guidance within this policy at all times. They must also raise potential clinical problems that may arise from this policy with their Line Manager to enable a review of its contents and suitability. They are also responsible for ensuring new starters to the team as well as Bank and Agency staff are aware of this policy.
- 4.1.7 The exercise of powers of search must be audited on a quarterly basis and the outcomes reported to the relevant managers.

4.2 Committees / Groups

- 4.2.1 The Assurance Committee has the responsibility of policy ratification and will seek assurances from clinical services that it represents best practice and is based upon current evidence based information. Ratified policies are then passed to the Trust Board for information only.
- 4.2.2 The Policy Steering Group Subcommittee will consider this policy following its presentation from the document manager to ensure that it complies with the format and content as stipulated in the Policy for the Development and Implementation of Procedural Documents (Solent NHST/Policy/GO/01) and agree to progress it to approval through the organisation.

5. TRAINING

- 5.1 Solent NHS Trust recognises the importance of appropriate training for staff. For training requirements and refresher frequencies in relation to this policy subject matter, please refer to the Training Needs Analysis (TNA) on the intranet.

5.2 In order for staff to provide effective and safe patient care whilst searching patients, their belongings or inpatient environments, staff must have attended training in the following areas:

- Risk Assessment and Management for all staff
- Trust specific physical intervention training for all staff
- Bespoke training in how to complete patient Level 1 search as provided by the Local Security Management Specialists in conjunction with the Physical Intervention Lead.

All staff members must maintain responsibility for not only attending such training sessions but that they remain in date with them to enable them to work to best practice guidelines at all times.

5.3 The bespoke training provided by the Local Security Management Specialist and Physical Intervention Lead will specifically train staff in how to undertake a Level 1 search. Appendix A covers what this entails. All inpatient staff will require this training must undertake it on at least an annual basis, and the training is available to other Units if clinically indicated.

5.4 There is a specific training requirement for staff members to enable them to carry out searches of patient belongings or the ward environments. This training will initially be part of local induction. However, those unfamiliar with the procedures or bank/agency staff must only undertake such searches with a regular member of staff who is familiar with these searches and has completed the training.

5.5 It is vital that the Modern Matrons, Clinical Managers, Lead Nurses and Senior Nurses accountable for their services can demonstrate that their staff members have attended the above training courses to search patients, their belongings and inpatient environments. This will be achieved through reviews, appraisals and audits of individual and team training records.

5.6 On the job shadowing, mentoring and support will be given to all new starters, Bank and Agency members of staff to ensure that they are aware of this policy and that they can be supported to achieve high standards of searching of patients, their belongings and inpatient environments. However, only those staff trained in Level 1 searches will be permitted to search patients in this way.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

6.1 The Equality Impact Assessment and Mental Capacity Act Assessment identified that this policy is unlikely to lead to discrimination against any particular group and that it takes the situations of service users who lack capacity to make decisions into account. The Impact Assessment can be seen in Appendix D.

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

7.1 The success criteria for this policy would be that when there is due cause to search a patient, their belongings or an inpatient environment, it is undertaken with regard for the privacy and dignity of the patients on the ward and that it promotes a safe and therapeutic environment for all concerned. This will include:

- Patients are only searched when clinically indicated and in the majority of cases with consent being given
- When patients are searched without their consent, that the minimum amount of physical intervention is used and the patients dignity maintained
- Patients' Human and Legal rights are protected and supported
- Inpatient environments being clean, in line with infection control guidelines and all fixtures and fittings of a good working order.
- There must be a notice displayed on all wards indicating the existence of this policy and how access to it can be achieved. This is for inpatients, Advocates, Carers and relatives.

7.2 Results from on-going audits and spot checks will be taken to staff team meetings and/or individual staff to raise awareness of good and bad practice that may be occurring. Issues relating to the implementation of this policy must also be taken to the service specific Essential Standards meeting so that these can be addressed accordingly. Individual services may also decide to share and address practice issues relating to searching via other service level meetings.

7.3 All staff members working for Solent NHS Trust or within inpatient areas run by Solent NHS Trust are expected to comply with the contents of this policy at all times. In rare circumstances, if staff members are **unable** to comply with this policy it must be immediately reported to the Line Manager who must consider what remedial steps will be taken to manage this risk. The Non-Compliance Form (Appendix 6 within the Policy for the Development and Implementation of Procedural Documents (Solent NHS / Policy / GO/ 01) must also be completed.

8. REVIEW

8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed on a 3 yearly basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

9.1 REFERENCES

- Department of Health, (1983) "Mental Health Act". HMSO. London.
- Department of Health, (2002) '*Mental Health Policy Implementation Guide: National Minimum Standards for general adult services in Psychiatric Intensive Care Units (PICU) and Low Secure Environments*'. London.
- Department of Health, (2015) 'The Code of Practice – The Mental Health Act (1983) TSO London.
- NICE Guideline [2005, revised in 2006] '*Violence: The short term management of disturbed/violent behaviour in psychiatric in-patient settings and emergency departments*'. NHS. London.
- Human Rights Act 1998 - Article 8-the right to respect for private and family life, home and correspondence.

9.2 LINKS TO RELATED SOLENT NHS TRUST DOCUMENTS

- Deprivation of Liberty Safeguards and Mental Capacity Act Policy
- Information Governance Policy
- Safeguarding Vulnerable Adults Policy
- Management of Violence Aggression and Abuse against Staff Policy

- Management of Violence and Aggression – Including Rapid Tranquilisation Policy
- Risk Management Strategy Policy
- Mental Health Act Policy
- Infection Prevention and Control Decontamination Policy
- Psychiatric Observations and Engagement Policy

Appendices

Appendix	Title
Appendix A:	Flow Chart of a Level 1 Level1 Search
Appendix B:	Search Recording From (Consent Given)
Appendix C:	Search Recording From (Consent not given/unable/withdrawn)
Appendix D:	Equality Impact Assessment

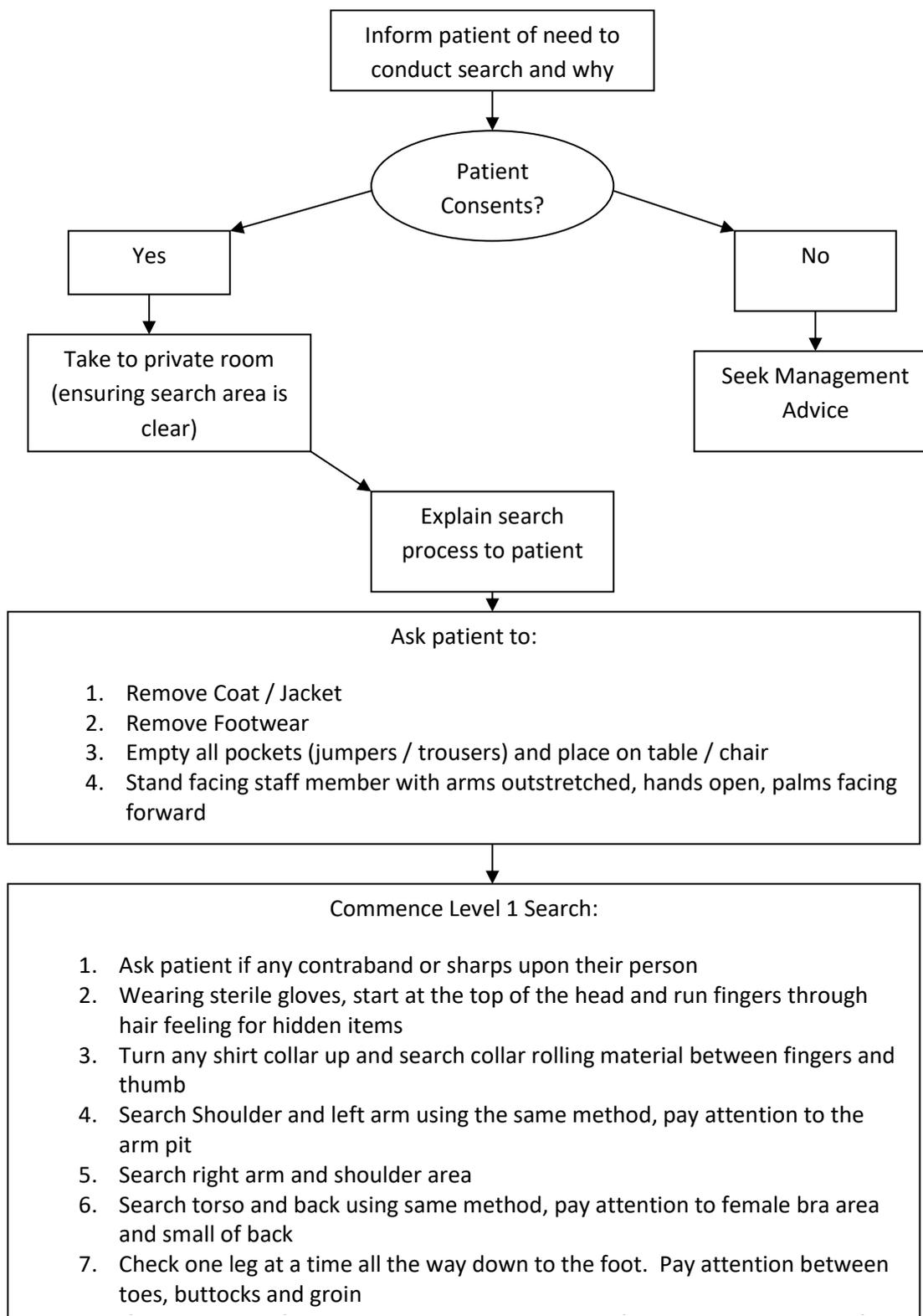
10. GLOSSARY

10.1

PMVA	Prevention of Violence and Aggression
AMH	Adult Mental Health
OPMH	Older Persons Mental Health
LD	Learning Disabilities
NR	Neurological Rehabilitation
MDT	Multi-Disciplinary Team
RC	Responsible Clinician
RMO	Responsible Medical Officer
NIC	Nurse in Charge
PPE	Personal Protective Equipment
NHS	National Health Service
TNA	Training Needs Analysis
NHST	National Health Service Trust

Appendix A

FLOWCHART OF LEVEL 1 SEARCH



Appendix B

Search Consent Form (Consent Given)

Part 1: To be completed by person subject to the search

Name:		Legal Status:	
D.O.B:		Ward:	

Iconfirm that I have had explained to me the reason why staff onward wish to search my person/room/belonging I agree to them completing this search.

Signed.....Name.....Date.....

Part 2: To be completed by staff

Pre Search:

Date and time of search:		Authorised by:	
Rationale for search including what item the search is expected to uncover and why the search needs to occur			

Post search:

Item removed and new location:	
Receipt given to patient:	
Arrangements for return of item:	
Entry made in clinical notes:	
Is it necessary to involve the Police:	

Signature by NIC.....Name.....Date.....

Appendix C

Search Recording Form (Consent Not Given / Unable / Withdrawn)

Part 1: Staff to complete:

Name:		Legal Status:	
D.O.B:		Ward:	

Ihave attempted to discuss with.....
the reasons why the staff team wish to undertake a search of his/her belongings/person/room.
..... has not given/does not have the capacity to give their consent
for this search. The following interventions have been attempted without success:

- Leaving the search until consent is given.
- Further explanation why the search is required

The MDT agrees that the search should continue in the absence of consent for the following reasons:

- Risk item maybe concealed that could be used to harm self/others
- Illegal or prohibited item on the ward
- Item that belongs to another patient.

The following staff agree that the search should occur for the reasons given above:

Name: Designation.....

Name: Designation.....

Name: Designation.....

Signed by NIC.....Name..... Date.....

Part 2:

Name:		Legal Status:	
D.O.B:		Ward:	

Date and time search occurred.....

What was searched: **Patient** **Belongings** **Room** (Please circle all that apply)

Was the patient given a final opportunity to consent to the search **Yes** **No**

Was restraint required: **Yes** **No**

If yes, please give details:

.....

.....

.....

Was PRN required: **Yes** **No**

If yes, please give details:

.....

.....

.....

Item removed and new location	
Receipt given to patient	
Arrangements for return of item	
Entry made in clinical notes	
Was the Police involved:	

Signature by NIC.....Name.....Date.....

Appendix D

Equality Impact Assessment

Step 1 – Scoping; identify the policies aims		Answer		
1. What are the main aims and objectives of the document?	To set and define the safe and lawful practice of searching patients, their belongings and ward environments within Inpatient Units. The aim is to ensure that inpatient environments are safe and therapeutic and support the individuals journey to recovery			
2. Who will be affected by it?	Potentially all patients admitted to a Solent NHS Trust inpatient unit			
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	The previous policy relating to searching patients, their belongings or inpatient environments was out of date. Much of the clinical detail and processes from that policy remain relevant for this policy. The Code of Practice guidelines gives clear indicators and measures that inpatient facilities must follow if the need to search is required. This policy is in line with these indicators and measures. The outcomes that are expected to be achieved are that patients can receive care and treatment, and staff can work in, safe and therapeutic environments. Should the need to search a patient, their belongings or inpatient environments be required then staff have clear guidance on how to complete this in a safe and lawful manner.			
4. What information do you already have on the equality impact of this document?	Currently there is no local evidence/statistics relating to the searching of patients, their belongings or ward environments so the equality impact is not known. This policy will provide assurance that decisions to search a patient, their belongings or ward environments are made solely on clinical grounds and are subject to stringent review processes.			
5. Are there demographic changes or trends locally to be considered?	None			
6. What other information do you need?	None			
Step 2 - Assessing the Impact; consider the data and research		Yes	No	Answer (Evidence)
1. Could the document act unlawfully against any group			x	By having this clear operational policy and ensuring the guidance and practice laid out within it is applied to all inpatients at all times, it ensures that no group could be unlawfully treated favourably or unfavourably compared to another.

2. Can any group benefit or be excluded?		x	As per the answer above.
3. Can any group be denied fair and equal access to or treatment as a result of this document?		x	As per the answer above.
4. Can this actively promote good relations with and between different groups?	x		By ensuring that the need to search patients, their belongings or ward environments is solely determined by the needs of the individual, it can show parity between different groups and fairness to all.
5. Have you carried out any consultation internally/externally with relevant individual groups?	x		All relevant staff have been consulted and have given feedback on searching practices in their inpatient area.
6. Have you used a variety of different methods of consultation/involvement	x		Different methods of consultation have included: <ul style="list-style-type: none"> • Policy Meetings • Team Meetings • Emails • Demonstrations/Walk through.
Mental Capacity Act implications			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)	x		MCA taken into account in the policy and supports the decision making identified within this policy to ensure patients' needs are represented and met.
External factors			
8. What external factors have been considered in the development of this policy?			The Mental Health Act Code of Practice guidelines were considered and used. Consultation with the Local Security Management Specialist.
9. Are there any external implications in relation to this policy?			None aware of.
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?			Visitors to the inpatient units and inpatients will be subject to the policy directly.

If there is no negative impact – end the Impact Assessment here.

Step 3 - Recommendations and Action Plans	Answer
1. Is the impact low, medium or high?	Medium.

2. What action/modification needs to be taken to minimise or eliminate the negative impact?	Ensuring that this policy is followed at all times by inpatient staff will eliminate the potential for negative impacts being caused by searches of patients, their belongings or ward environments
3. Are there likely to be different outcomes with any modifications? Explain these?	The requirement to search patients, their belongings and ward environments will be subject to continuous and stringent monitoring and reviews from all areas of Solent NHS Trust. As a result of this monitoring and reviewing process, different outcomes and modifications of either this policy or the practice of searching may occur.

Step 4- Implementation, Monitoring and Review	Answer
1. What are the implementation and monitoring arrangements, including timescales?	The policy will be commented upon and altered by the various teams within the AMH/OPMH/LD and SMS Services. Once a final version is agreed it will pass through the various service governance meetings before final approval at the NHSLA group. Once ratified by Solent NHS Trust, this policy shall be disseminated via the trust intranet. All relevant services will then be responsible for ensuring that the standards within this policy are followed by staff teams and incorporated into practice. Monitoring arrangements are documented within the main body of the text.
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	Each service will allocate a member of staff who will retain responsibility for the monitoring and regular review of the policy within their service area
Step 5 - Publishing the Results	Answer
1. How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	Attached to this policy and published as such on the intranet.