Search Policy
(patients and visitors; including personal property)
Version: 5

Summary
This policy sets out the procedure for searching of persons, property or premises for prohibited items to maintain a safe and secure environment for all patients, visitors and staff.

Keywords
Patients, Visitors, Search, Reasonable suspicion

Target audience
All staff employed by Southern Health NHS Foundation Trust; including services where there is a requirement to conduct search.

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September 2019

Approved & Ratified by
Patient Safety Group
Health and Safety Forum
Date of meeting:
18 April 2019
25 July 2019

Next review date
September 2023

Author
Clare Campbell, Special Services Security Nurse
Jan Macavoy, Local Security Management Specialist
Tracey Edwards, Security Management lead

Executive Director
Dr Karl Marlowe, Medical Director

Equality Impact Assessment (for policies only)
The Equality Impact Assessment has been completed. The assessment document is held centrally and is available by contacting policies@southernhealth.nhs.uk
### Change Record

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<td>Nigel Dowland</td>
<td>1</td>
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<td>Minor technical change added the words (including socks).</td>
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<td>May 2015</td>
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<td>20</td>
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<td>Clare Campbell, Laura Pemberton</td>
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<td>ALL</td>
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<td>June 2017</td>
<td>Jan Macavoy, Clare Campbell</td>
<td>3</td>
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<td>To include flowchart and authorisation for searching with dogs. To add flexibility to use local variations of template forms. To add flexibility to Level 2 – Personal Search procedure in Secure Services.</td>
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<td>December 2017</td>
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<td>3</td>
<td>4</td>
<td>Section 1, to add ‘and 2015’ to The Mental Health Act Code of Practice (1999 as amended 2008 and 2015)</td>
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<td>March 2018</td>
<td>Tracey Edwards</td>
<td>4</td>
<td>5</td>
<td>Privacy and Dignity section amended as per safer forum request and agreement</td>
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### Reviewers/contributors

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Version Reviewed &amp; Date</th>
</tr>
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<tbody>
<tr>
<td>Jan Macavoy</td>
<td>Local Security Management Specialist</td>
<td>V1, December 2012</td>
</tr>
<tr>
<td>Sue Hampton</td>
<td>Clinical Manager</td>
<td>V1, December 2012</td>
</tr>
<tr>
<td>Toni Scammell</td>
<td>Modern Matron, Lymington Hospital</td>
<td>V1, December 2012</td>
</tr>
<tr>
<td>Adam Collings</td>
<td>Clinical Risk and Security Liaison Nurse, Ravenswood House</td>
<td>V1, December 2012</td>
</tr>
<tr>
<td>Jane Rosindale</td>
<td>Clinical Risk and Security Liaison, Bluebird House</td>
<td>V1, December 2012</td>
</tr>
<tr>
<td>Nikki Bartlett</td>
<td>Ward Manager, MAU Lymington Hospital</td>
<td>V1, December 2012</td>
</tr>
<tr>
<td>Sally Ann Jones (Wilson)</td>
<td>Building Manager, Antelope House</td>
<td>V1, December 2012</td>
</tr>
<tr>
<td>Karen Smith</td>
<td>Charge Nurse, Willow Ward, Tom Rudd Unit</td>
<td>V1, December 2012</td>
</tr>
<tr>
<td>Katrina Cassey</td>
<td>Ward Manager, SOU Melbury Lodge</td>
<td>V1, December 2012</td>
</tr>
<tr>
<td>Julie White</td>
<td>SHFT Complaints &amp; PALS Administrator</td>
<td>V1, December 2012</td>
</tr>
<tr>
<td>Clare Campbell, Laura Pemberton</td>
<td>Security Nurse Manager, Area Lead Nurse, Specialised Services</td>
<td>V2, July 2016</td>
</tr>
<tr>
<td>Jan Macavoy</td>
<td>Local Security Management Specialist</td>
<td>V3, July 2017</td>
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<tr>
<td>Nicola Bennett</td>
<td>Senior HR, Best Practice Development</td>
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<tr>
<td>Ricky Somal</td>
<td>Associate Director, Specialised Services</td>
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<td>Equality and Diversity Lead</td>
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<td>Security Nurse Manager</td>
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<td>Ricky Somal</td>
<td>Equality and Diversity Lead</td>
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<tr>
<td>Liz James</td>
<td>Service Manager, Adult Forensic Teams</td>
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<tr>
<td>Nina Davies</td>
<td>Ward Manager, Oak and Beech Wards</td>
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<tr>
<td>Melissa Maddick</td>
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<tr>
<td>Tracey Edwards</td>
<td>Head of Clinical Risk and Security, Specialised Services</td>
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<td>Trust Lead Security Manager</td>
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</table>
Search policy (patients and visitors)

Information on a page

This page summarises the key information or key steps in a process to follow. This does not negate the need to be aware of and to follow the further detail provided in the document.

- Before commencing a search Service users should be informed of the reason for the search. Staff should fully understand the reasons why. Verbal consent should be sought where possible. Where there are concerns regarding the patient’s capacity to consent, then any decision to proceed must be based on the best interest of the patient or the safety of others.

- At least two members of staff – both search trained wherever possible - must be present throughout a search. In circumstances where only one search trained member of staff is available, the trained staff should conduct the search and the second member of staff should witness the search. However if no trained staff are available the search can still be carried out.

- Wherever possible, searching of patients will be carried out by staff of the same gender as the patient unless risk indicates otherwise’. A witness to a search may be of either gender.

- The level of search should be proportionate to the items of concerns and escalate through levels 1-3 as required.

A level 1 personal search is a search with either a hand held metal detector or a scanner such as Cellsense scanner, which may be carried out routinely. It is designed to be a non-intrusive search.

A level 2 personal search is a pat down search which may be carried out routinely. It is designed to be a non-intrusive but does include inspection of pockets on clothing, and the removal of any items of substantial outdoor clothing including shoes and socks.

A level 3 personal search is a search where some internal or ALL clothing is removed. A level 3 search should only be carried out if there is reasonable suspicion that a patient or person may be in possession of illicit substances, or a weapon, or if staff consider the patient or person to pose a risk of harm to themselves, to the safety of others, or to the security of the hospital. Please note where ALL clothing is removed to manage risk (e.g. assisted change to rip-proof clothing) this is a Level 3 Personal search and should be recorded as such.

All levels of personal searches will include a search of the person’s property, for example, any bag or package they have with them.

- Informal patients have the right to refuse a search of their person or belongings. However the senior member of staff on duty/RC where available will then decide whether the person should re-enter the unit or not. This will depend on risk factors to the patient and the other persons on the ward. This will give consideration to risk assessment, risk management, criminality, the requirements of the mental health act and patient need. This should be done in conversation with the clinical/managerial on call out of hours.

- If a detained patient refuses to give consent or cooperate with a search it may be necessary to keep the patient under observation and isolated from other patients and visitors. The Responsible Clinician (RC) may authorise the search if they feel it would not be detrimental.
to the patient’s wellbeing. If they are not available then the on call consultant in discussion with the team could make a decision.

- If staff have reason to believe a patient’s visitor(s) may be in possession of something harmful which they may pass to the patient, the Nurse in Charge of the unit has the right to ask permission of the visitor to allow a Level 1 and Level 2 search. A visitor may not be searched without consent. They can be refused entry to the unit if they refuse.
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Search Policy  
(patients and visitors including search of personal property)

1. Introduction

Southern Health NHS Foundation Trust (SHFT) is required to provide a safe, secure and therapeutic environment for patients, visitors and staff. There may be times when a service user or visitor brings into the hospital substances and/or items, which present a danger to themselves and/or others. In order to maintain a safe environment it will sometimes be necessary for staff to conduct a search and remove such substances or items.

Effective searching practices are an essential component of security. Searching can reduce the opportunity to supply or keep prohibited items and also helps us to deter, prevent and detect breaches, or potential breaches of security. The organisation will review and where appropriate make use of technology to prevent prohibited and restricted items from being brought into our services. Although the legality of searching has been upheld, it is essential that staff act appropriately and in good faith.

This policy sets out when and how searches should be conducted, and has been written with reference to the Mental Health Act (1983 as amended 2007); The Mental Health Act Code of Practice (1999 as amended 2008 and 2015) and the Human Rights Act (1998).

2. Who does this document apply to?

This policy relates to patients and visitors (and their property), within SHFT services where there is a requirement to conduct a search. This policy applies to all staff, including bank, agency or those contracted to provide services on behalf of SHFT.

3. Duties and responsibilities

Ward / area staff – all staff whose role involves participating in any search process are responsible for ensuring that they are well skilled and competent in searching practice, and that practice is in line with this policy and the training provided.

Security Liaison staff (where they are in post), Senior Clinical staff / Clinical Ward Mangers:
- are responsible for ensuring search is in line with this policy
- will monitor standards of searching and identify where deficits exist
- will carry out regular audits

Responsible Clinicians (in consultation with the wider multi-disciplinary team) - where available are responsible for ensuring that any decision made with regard to authorising a search of a non-consenting patient is done with due consideration for the wellbeing and dignity of the patient balanced with the need to ensure a safe and secure environment.

All Staff – involved in searches.

4. Main content

Decision to implement search
The decision to implement a search procedure will be based on one of the following;
• There is concern that a patient may be in possession of dangerous items or substances, which could prove harmful to themselves or others. (Reasonable suspicion could be based on intelligence or observation)

• Where procedures for management of potentially dangerous items; e.g. cutlery are in place and items are unaccounted for.

• If it has been discovered that prohibited / restricted items are on clinical areas.

• Where Trust or patient’s property is believed to be missing and there is reasonable suspicion that the person to be searched may have concealed missing property about their person or property. This may relate to a fellow patient or member of staff; however, where a staff member is to be searched then the process outlined in the staff search policy must be followed.

• Staff should make sure that searches are reviewed in MDT where the frequency of patient’s searches based on clinical risk/discharge pathway etc. can be discussed. Care plans should be completed to reflect the decision.

The level of search should be proportionate to the items of concern and escalate through Levels 1-3 as required.

All personal searches will include a search of the person’s property, for example, any bag or package they have with them.

Additional search procedures, including routine searching may apply in some environments (e.g. secure services). Each service will need to agree the parameters over when to search in line with the principles of least restrictive practice. Examples of search procedures that may apply in some environments are; when a patient is admitted, when patients go on leave and return from leave (including search of items obtained whilst on leave) and the searching of visitors (including any items to be given to the patient). Search of patient’s property (including items brought in by visitors) should be as per the procedure in Appendix D.

Handled with sensitivity, search procedures will reduce the risk of harm or injury to patients and demonstrates to patients the concern that staff have for their safety and wellbeing.

Before commencing a search staff should ensure that the patient/visitor has fully understood the reasons for the search and every effort must be made to obtain the verbal consent and cooperation when the person to be searched is a patient or staff member. Staff cannot insist that a visitor submits to a search and must follow the processes outlined in the search of visitors and property brought in by visitors.

Where there are concerns regarding the patient’s capacity to consent, then any decision to proceed must be based on the best interest of the patient or the safety of others. There should be a record of the assessment which took place. This should identify how incapacity was ascertained.

Privacy and dignity

Searching may be viewed with resentment by some patients. Staff must always act in a professional manner showing due consideration for the patients; their feelings, dignity and property. Staff must recognise the implications of actions and follow guidance as per the Equality Impact Assessment to manage issues relating to equality and diversity.

Any search should be conducted in such a way as to provide maximum privacy and dignity for the patient/person, i.e. wherever possible in a private room or at least out of view from other patients, visitors and staff. Due regard should be paid to gender, age, and cultural background.
At least two members of staff search trained wherever possible must be present throughout a search. In circumstances where only one search trained member of staff is available, the trained staff should conduct the search and the second member of staff should witness the search.

Wherever possible, searching of patients will be carried out by staff of the same gender as the patient unless risk indicates otherwise. A witness to a search may be of either gender. Where possible if a patient has a preference for two staff of the same gender this should be accommodated unless risk indicates otherwise.

In the case of a level 3 personal search where clothing is removed, both members of staff must be the same gender as the patient.

At the end of any search, it is good practice for staff to reiterate to the patient, the reasons for having undertaken the search. The patient should be informed of the right to discuss the search with a member of staff not involved with the search.

**Patient’s consent / refusal to cooperate – detained patients**

If a patient refuses to give consent or cooperate with a search it may be necessary to keep the patient under observation and isolated from other patients and visitors. The patient should be told what is happening and why, in terms appropriate to their understanding.

The Responsible Clinician (RC) where available may authorise the search if they feel it would not be detrimental to the patient’s wellbeing. In making this decision, the RC must consider:
- the interests of the patient
- the safety of staff, patients, visitors
- the security of the hospital

The decision to search a detained patient without consent must be recorded in the patient’s clinical record. If the RC is not available the senior clinical person on duty would make the decision.

Before proceeding to search a patient who has refused to cooperate, but the necessary authorisation to complete the search has been obtained, a further attempt to obtain consent must be made. The patient must be informed that in the absence of consent a search will be undertaken, if necessary, by using the minimum force necessary to conduct the search.

The process above will not apply where staff have reason to believe that a patient possesses an item(s) which poses an immediate risk to the patient’s own safety, or the safety of others. In such circumstances, a search may take place regardless of consent and support to conduct the search will involve the police.

**Patient’s consent – informal patients**

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 refusal to consent to the search is secondary to any mental health symptoms
• 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 should be consulted. If restraint is used as a part of this then the Mental Health Act Code of Practice states that this should 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
• However the senior member of staff on duty will then decide whether the person should re-enter the unit or not. This will depend on risk factors to the patient and the other persons on the ward. This will give consideration to risk assessment, risk management, criminality, the requirements of the mental health act and patient need. This discussion should be held with the clinical/managerial on call person if out of hours.

Using force 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 should seek advice from the police.

**Removal of items found during searches**

If any belongings are removed following a search, this should be documented on the search form and the patient should be informed as to the property’s whereabouts (as per local procedures).

In the event of medicines being found, they should be dealt with in accordance with SH CP 01 Medicines Policy.

In the event of illicit substances being found, they should be dealt with in accordance with SH CP 93 Dealing with the Suspected Possession of Illegal Substances by In-patients Policy and Procedure.

In the event of offensive weapons being found, the police should be contacted regarding safe disposal.

**Search of visitors and property brought in by visitors**

If staff have reason to believe a patient’s visitor(s) may be in possession of something harmful (such as illicit substances or items which could be used as weapons) which they may pass to the patient, the Nurse in Charge of the unit has the right to ask permission of the visitor to allow a Level 1 and Level 2 search.

If the visitor does not give consent to be searched, the Nurse in Charge should use their clinical judgement as to which of the following options should be pursued:

• refuse the visitor permission to enter the ward at that time;
• allow the visitor to enter the ward on the understanding that their bags are kept in safe custody at reception;
• allow the visit to go ahead with staff supervision. Physical contact between the visitor and patient should be closely monitored [restricted] to ensure that contraband or illicit substances are not passed over.

Staff should discuss with the Senior Nurse as to whether or not the police should be involved. In certain cases, it is recommended that the police are contacted, especially in the cases of concealed implements which may be used as a weapon or quantities of controlled substances.

In services where patients’ property is searched (e.g. secure services) any items brought in by visitors to be given to a patient must be searched as per the procedure in Appendix D.

**Searching with trained dogs**

There may be occasion where it is appropriate to use specifically trained dogs to detect illicit substances or accelerants. All handlers will be appropriately trained, SIA licensed and will have been DBS checked. The service will be provided under a Service Level Agreement through an agreed provider.

During any search with dogs, SHFT staff will be in attendance to provide support and guidance to ensure the search is conducted in line with this policy and that the search is suitably documented.

Dog searches can be undertaken in any property/service that is managed by the trust either; reactively – in response to information received or proactively on a random or routinely agreed basis.

Targeted searches must be agreed and authorised by the Operational Manager for the Service as per Appendix H and the flow chart followed to establish if a search is appropriate. If not a Security team arranged random search.

Patients, visitors and staff should be informed just prior to the search commencing and given adequate explanation as regards the rationale and procedure.

Dog searches will normally be undertaken of the environment however, there may be occasions where individuals are searched by dogs. This does not usually involve the dog making physical contact with the person.

Staff should ensure that patients and visitors are supported throughout the process.

Where any individual is afraid of dogs, then the dog will be muzzled to prevent risk of injury through being bitten and staff will provide additional support to the patient or person being searched.

Where a dog has indicated that a person (patient/visitor) is concealing or carrying items which are prohibited then the person will be asked to hand over the prohibited items. If the person refuses, then the search procedures will apply.

If the person refuses to consent to be searched by staff, then a decision will be required with regards to requesting the police attend and conduct a search.

**Recording and reporting of searches**

All searches must be recorded in the patient’s clinical record detailing the reason for the search and the outcome.
Please see Appendix E, Appendix F & Appendix G for search recording forms.

A Trust Incident Report form will be required as follows;
- routine searches where prohibited / restricted items are found
- searches in response to information/suspicious activity
- failure to search in line with local security procedures
- failure to search as per procedure

5. Training requirements

If any training associated with this policy forms part of the statutory and mandatory* training provision for the Trust or other training 'required by role'* then employees will complete this as per their role and contractual requirements. Please refer to your LEaD home page for all your statutory, mandatory and role requirements. If training associated with this policy is a professional and/or developmental requirement this will be identified with your line manager.

If the policy author/s have identified a need for an element of training associated with this policy to gain mandatory status then they must contact LEaD at LEAD@southernhealth.nhs.uk to ensure that they complete the relevant application form, follow the process for consideration for mandatory status, and where appropriate executive approval.

Any dogs used in searching, whether owned by the Trust or other agencies will be appropriately trained to conduct searches depending on what is being searched for. Handlers will be SIA licensed and hold suitable accreditation to meet BS 8517-2: 2009 - Security Dogs (Drugs and Explosive Detection Dogs).

6. Monitoring Compliance

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<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
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<tbody>
<tr>
<td>Procedure: All searches are conducted and documented in accordance with this policy.</td>
<td>Service / Clinical Manager</td>
<td>A sample of at least 3 random Search Records at Appendix E</td>
<td>Quarterly</td>
<td>Non-compliance will be reported through the H&amp;S Committee and the Q&amp;S Committee.</td>
</tr>
<tr>
<td>Training: All staff who conduct searches are appropriately trained.</td>
<td>Service / Clinical Manager</td>
<td>Staff training records &amp; PDR.</td>
<td>Half yearly</td>
<td>Line Management responsibility.</td>
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7. Document review

The document will be reviewed every four years or sooner if changes in legislation occur or new best practice evidence becomes available.

8. Supporting references

Mental Health Act 1983 (as revised 2007)

Mental Health Act Commission, Code of Practice, Chapter 16 – Personal and Other Searches pursuant to Section 118 of the Act

Mental Capacity Act

European Convention on Human Rights – Article 8
http://www.echr.coe.int/Documents/Convention_ENG.pdf

9. Definitions

<table>
<thead>
<tr>
<th>Term</th>
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<tr>
<td>Search</td>
<td>To examine the person or personal effects of a person in order to find something lost or concealed.</td>
</tr>
<tr>
<td>Reasonable Suspicion</td>
<td>An objectively justifiable suspicion that is based on specific facts or circumstances.</td>
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<tr>
<td>Level 1 Personal search: with metal detector / scanner</td>
<td>This is a search with either a hand held metal detector or a scanner such as the Cellsense scanner, which may be carried out routinely. It is designed to be a non-intrusive search.</td>
</tr>
<tr>
<td>Level 2 Personal search: pat-down</td>
<td>This is a pat down search which may be carried out routinely. It is designed to be a non-intrusive but does include inspection of pockets on clothing, and the removal of any items of substantial outdoor clothing including removal of shoes.</td>
</tr>
<tr>
<td>Level 3 Personal search: removal of ALL clothing</td>
<td>This is a search where some or ALL clothing is removed. A level 3 search should only be carried out if there is reasonable suspicion that a patient or person may be in possession of illicit substances, or a weapon, or if staff consider the patient or person to pose a risk of harm to themselves, to the safety of others, or to the security of the hospital. Please note where ALL clothing is removed to manage risk (e.g. assisted change to rip-proof clothing) this is a Level 3 Personal search and should be recorded as such.</td>
</tr>
<tr>
<td>Room/ward/area search: to include search of patients’ property</td>
<td>Searches of patient property, bedrooms, and ward communal areas may be carried out proactively, routinely or reactively. Reactive / intelligence led searches may be carried out in response to information received or following an incident where there is reasonable suspicion that a patient is in possession of an items(s) that pose a threat to health, safety or security.</td>
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Appendix A

**Level 1 Personal search:** search with a hand held metal detector

Using the hand held metal detector:

![Image of a hand held metal detector]

The hand held metal detector has a 3 way power switch – 2 ON positions and a central OFF position.

When the switch is pressed forward, the detector will sound an audible alert upon detection of any metal and the red light will appear.

When the switch is slid backward, the wand will vibrate upon detection of any metal and no sound will be heard even though the red light alert will appear. Power is turned off when the switch is in the central position.

- Scan the front of the body, passing the detector from the right shoulder, down to the ankles, and then back up to the left shoulder.

- Scan the back of the body, starting behind the head and follow the outline of the body, passing down the line of the spine.
Level 1 Personal search: search with Cellsense scanner

Cellsense is a scanner designed to detect mobile phones and other ferrous metallic items. These include items such as knives, razors, lighters and any other item containing ferrous metal. The Cellsense scanner can be helpful in detecting ferrous metallic items with much higher degrees of reliability than a hand held metal detector. It can also be helpful in detecting the item without need for clothing removal or particularly intrusive physical searches.

- The preferred scanning location can be any area in which the general movement of metallic items in the proximity of the scanner (approximately one metre) is kept to a minimum.
- Assemble the scanner by inserting the pole in the base and tightening the securing knob by turning it clockwise at the rear of the base unit.
- Turn on the Cellsense scanner with orange and amber field dials set to the 10/10 position.
- Wait for the scanner LED light indications to turn green and ensure that the Cellsense scanner is showing stable green before scanning.
- In order for the Cellsense scanner to remain green and stable, it is important that additional movement in the range of the scanner (approximately two meters) be kept to a minimum. This will require all doors to be still and other people to keep movement to a minimum at the moment of scanning.
- Any metal items being carried by the patient should be placed in a standard search tray held by a second member of staff.
- Depending upon the metals composition, this does not always require the removal of jewellery (Cellsense is sensitive to ferrous materials e.g. stainless steel, mild steel etc.)
- Request that the patient walk as close to the scanner as possible without touching it then turn around 360° and then walk away from the scanner.
- Request that the patient lift up each foot approximately half a meter in turn in front of the scanner.
- Should the Cellsense scanner show multiple orange fields (3 or more) and/or red then this indicates the presence of a significant item. The patient should be asked to identify and remove any other remaining metal items, which should also be placed in the standard search tray.
- Also remove footwear and scan separately.
- A second and 360° turn in front of the scanner should be attempted to identify whether or not the scanner still indicated amber or red fields.
- If amber and or red fields continue to show on the scanner then the staff member should note which part of the patient’s body is closest to the scanner at the point that the red or orange fields are displayed at their highest point, this will indicate an approximate position that the metallic item may be present.
- If the patient/person is unable to identify any further metallic items, and the scanner is still identifying the amber or red fields, then a level 2 rub-down search should be conducted.
- It should be noted that common places to attempt to conceal items are in the groin area. For males this includes high up in the pelvis with the item concealed between the top of the scrotum and inner thigh.
- If the groin area is suspected as a potential hiding place, then the patient should be asked to stand in front of the scanner, as close as possible, without touching the
scanner and move their hips forward towards the scanner without touching it. If amber or red fields are shown during the period of body movement, this is indicative of an item concealed in that area.

- Footwear and socks also represent common hiding places and should be inspected carefully.
- After use turn scanner off.
Appendix B

Level 2 Personal search: pat down search

Staff must maximise their own personal safety when conducting a search. Staff must always be mindful of the possibility of sharps injuries when searching patients/persons.

Non latex gloves must be worn during searches.

- Stand facing the person and ask for consent to be searched.
- Ask if they are in possession of any item which they are not authorised to have.
- Provide an opportunity to hand over voluntarily, any item that they are not authorised to have (be mindful of the risk of incomplete disclosure).
- Ask them to empty the contents of pockets and remove any large items of jewellery where an item could be concealed, including wristwatch. Ask them to remove belt.
- Search the contents of pockets, any jewellery removed, wristwatch and belt.
- Ask them to open any bags, containers, or other item being carried and examine them and any contents.
- Ask them to remove any items of substantial outdoor clothing that would prevent a rub down search being carried out effectively, and pass it to you for searching (i.e. – coats, jackets, scarves, gloves).
- Ask them to remove any headgear and pass it to you for searching. Ask them to shake hair out.
- Ask the person to stand with their feet apart and raise arms level with shoulders. The person’s fingers must be apart with palms facing downwards.
- Begin the search standing in front of the person and commence with the collar / neckline of clothing. Lift / feel around it.
- Check the front of the chest from shoulders to waist, using the flat of the hands and thumbs pointing upwards. Avoid the breast area in females (depending on the size of the person being searched, more than one sweep may be required to cover the whole of the chest area).
- Check the abdomen just below the waist band using the back of the hand to sweep across the area, in the direction of the fly, from one hip to the other.
- Standing to one side of the person, check the top of the nearest shoulder and then continue down the nearest arm, running the hands along the upper and lower sides. Check the wrist, palm and back of the hand between the fingers. Remember to check the cuffs.
- Place the outer edge of one hand into the armpit and use the flat of that hand to check down the side of the midriff between the armpit and the 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.
- 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.
- Check the front and back of the leg from waist to the ankle. Check the outside of the leg from the waist to the ankle and the inside of the leg from the crotch to the ankle. Feel around the ankle and remember to check hems and turn-ups of trousers.
- Ask them to remove their shoes. Feel around the upper part of the shoe, looking for any indications of inappropriate shape / fitting, or shoes that look like they have been tampered with. Check insoles and heels to see if anything appears loose.
- Stand to the other side of the person and repeat each step of the process on this side, except the collar / hair check.
- Finally, look around the person to see whether anything has dropped during the search. When the person has stepped to one side check to ensure that he was not standing on anything that he dropped before or during the search.

In secure services, items of concern will be any item on the prohibited and / or restricted lists.
Appendix C

**Level 3 Personal search: removal of some internal or ALL clothing**

- After the Level 1 and Level 2 search is completed if appropriate the patient is to be informed that a Level 3 search is required. The reasons for conducting the search will be explained to the patient. The patient will be asked voluntarily to surrender any risk items.
- The patient will be escorted to an area, which must ensure privacy throughout the procedure. The room will be prepared with adequate heating. A dressing gown must be available. If the room is not carpeted, a mat or towel must be provided for the patient to stand on.
- Two nursing staff of the same gender as the patient must be present during the procedure, at least one staff member must be a registered nurse. Where possible the search should be conducted by staff rostered on the patient's ward. All clothing above the waist will be removed first. Following a visual check of the upper body, including the mouth, ears, hair and underarms, the patient will be offered the dressing gown whilst the upper clothing is hand searched and checked with a hand held metal detector.
- All clothing below the waist will then be removed and hand searched and checked with a hand held metal detector. The patient will be asked to raise the dressing gown so that a visual check of the lower body can be carried out. The lower body must also be checked using a hand held metal detector.
- The patient will redress.

Please note where **ALL** clothing is removed to manage risk (e.g. assisted change to rip-proof clothing) this is a Level 3 Personal search and should be recorded as such (even though procedure may not include a visual check as described above).

A scenario where this may apply:
A patient is transferred from a ward area to a High Care Area following property damage where there is reasonable suspicion that the patient has retained about their person an item—Shard of broken plastic - that may be used to harm self or others.
Appendix D

Property search

- Property searches should be conducted by two search trained members of staff where available.
- The patient should (where practical) be invited and actively encouraged to observe the property search. Staff should speak to the patient and offer a narrative throughout the search.
- In the case of property brought in by a visitor – to be given to a patient – the visitor should (where practical) be invited to observe the search.
- Property should be searched systematically paying particular attention to items that can be used to secrete items e.g. clothing, bags, soft toys, cushions, shoes.
- Bags should be emptied of contents and each item searched. The empty bag should be carefully examined. Search items should then be returned to the searched bag.
- Each item of clothing should be carefully examined ensuring no item has been secreted within a seam. Clothing with multiple pockets should be searched systematically to ensure all pockets are thoroughly searched. Soiled / dirty items as well as clean items should be examined. In the case of extreme soiling, items may be washed and then searched.
- Every item of footwear should be carefully searched including (where possible) removing the in-sole (many trainers have an area beneath the in-sole where items can be secreted).
- Books and papers should be thoroughly searched by leafing through each page.
- All containers must be searched carefully to ensure that the container or contents has not been tampered with. Containers with false bottoms can easily be used to secrete items. Contents (e.g. moisturising cream) can also be used to hide small items (drugs, razor blades). Items secreted within contents can be detected by stirring the contents with a pencil.
- All electronic items with a battery compartment must be searched carefully to ensure no item has been secreted.
- Any item that may have a containing space (e.g. hairbrush with removable handle, cushions / bristles, deodorant with roller-ball) should be thoroughly searched.

Room search

- Room/Ward/Area searches should be conducted by two search trained members of staff.
- The patient should - where practical - be invited and actively encouraged to observe the search. Staff should speak to the patient and offer a narrative throughout the search.
- Staff conducting the search should wear disposable gloves.
- The room should be searched systematically, for example, starting from the left-hand side of the door and working your way around the entire room, top to bottom.
- Remove all items from the bed, including the bedding, one layer at a time. Inspect each sheet, pillowcase, quilt/duvet and cover separately.
- Inspect the base of the bed, underside of the bed, the mattress and any headboard.
- Inspect the window frames and radiators.
- Inspect all drawers and wardrobes. Remove drawers and inspect the underside of the drawer and the recess.
- Check any other freestanding furniture and its underside.
All clothing and personal items removed from the drawers and wardrobe should be searched systematically. On completion of the search, the items should be returned to the owner as found.

At the end of the search, staff should reiterate to the patient, the reasoning behind the search.

The duration of a patient room search should not normally exceed 20 minutes. Where an effective search is regularly exceeding 20 minutes this is an indicator that the volume of property in the room is too great and not conducive to effectively managing risk. Local arrangements for managing patient property should be reviewed.

**Ward/Area Search**

During the search, patients will be asked to remain in a central area. No unaccompanied movement will be permitted whilst searches are taking place.

**The Cellsense scanner may also be used when conducting property/room/ward/area searches.**

- The scanner should be assembled in an area with minimal movement close to the bedroom / accommodation being searched.
- Assemble the scanner by inserting the pole in the base and tightening the securing knob by turning it clockwise at the rear of the base unit.
- The preferred scanning location can be any area in which the general movement of metallic items in the proximity of the scanner (approximately two metres) is kept to a minimum.
- Turn on the Cellsense scanner with orange and amber field dials set to the 10/10 position.
- Staff members conducting the search should ensure that they themselves have no ferrous metallic items about their person when conducting the search. For the period of the search, this may require the removal of name badges, telephones, bleeps, keys, etc.
- Items which are non-ferrous metallic and within which it would be possible to conceal metallic items of concern or prohibited or restricted items e.g.
  - Bedding and quilts
  - Clothing
  - Books and papers
  - Plastic containers.
  - Wooden containers
- In the case of bedding, clothing etc., the items to be scanned should be gathered together in a manageable ball and moved back and forth in front of the scanner at around the mid-point of the scanner.
- Should the Cellsense scanner show multiple orange fields (3 or more) and/ or red then this indicates the presence of a significant item and further close inspection of the items should be completed to identify what is causing the scanner to aluminate.
## Appendix E

### Personal search recording form

<table>
<thead>
<tr>
<th>Searched on:</th>
<th>Searched by:</th>
<th>Witnessed by:</th>
<th>Level of Search (1,2,3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date (DD/MM/YY)</td>
<td>Time (HH:MM)</td>
<td>Name (print name in full)</td>
<td>Gender (M/F)</td>
</tr>
</tbody>
</table>

- **INSERT MEDICAL RECORD STICKER**
# Appendix F

## Room/Ward/Area search recording form

<table>
<thead>
<tr>
<th>Date (DD/MM/YY)</th>
<th>Time (HH:MM)</th>
<th>Patient Observed Search? (Yes or No)</th>
<th>List any items removed</th>
<th>Detail where items were removed to</th>
</tr>
</thead>
</table>

**Name of Lead Searcher**
Print: ………………………………………
Signature: ………………………………………

**Name of Second Searcher**
Print: ………………………………………
Signature: ………………………………………

**Name of Patient**
Print: ………………………………………
Signature: ………………………………………
Appendix G

Property search recording form

<table>
<thead>
<tr>
<th>Date (DD/MM/YY)</th>
<th>Time (HH:MM)</th>
<th>Patient Observed Search? (Yes or No)</th>
<th>List any items removed</th>
<th>Detail where items were removed to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Lead Searcher
Print: ........................................ Signature: .........................................

Name of Second Searcher
Print: ........................................ Signature: .........................................

Name of Patient
Print: ........................................ Signature: .........................................
# Appendix H

## Search using trained dogs; authorisation form

<table>
<thead>
<tr>
<th><strong>Authorisation request</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Request sent to</td>
<td></td>
</tr>
<tr>
<td>Unit to be searched</td>
<td></td>
</tr>
<tr>
<td>Reason for request</td>
<td></td>
</tr>
<tr>
<td>Previous actions that have been carried out prior to request for search using dogs to identify/locate contraband items</td>
<td></td>
</tr>
<tr>
<td>Actions taken to mitigate risk of suspected contraband being consumed or traded</td>
<td></td>
</tr>
<tr>
<td>Name of Contractor to be used to conduct the search</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Details of person making the request</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Position/Role</td>
<td></td>
</tr>
<tr>
<td>Contact details</td>
<td></td>
</tr>
<tr>
<td>Email address</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Authorisation</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I confirm / refuse* authorisation for the specified areas to be searched using trained dogs.</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

* Delete as appropriate
Search using trained dogs; flow chart

Incident occurs and concerns identified that patient[s] may have illegal or un-prescribed drugs.

Initial person search conducted in accordance with policy and Ulysses Incident report completed and submitted.

Drugs not found, but there is reasonable suspicion that they are being concealed by this or other patients.

Yes

Complete searching by dog’s request and have authorised by Service Manager as per policy.

Request authorised

Request search from approved contractor and document findings – complete Ulysses Safeguard incident report with findings. Drugs to be reported to the Police. Liaise with Police over sanctions and for drugs to be removed/destroyed and possible arrest

No

Document on RiO notes

Drugs found, but there is reasonable suspicion that there are others being held by this or other patients.

Yes

No further action.

No

Request declined