

Inpatient Search Policy (M-013)

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1. Policy Statement

The purpose of this policy is to promote a safe and therapeutic environment for patients, staff and the public by providing clinical staff working within inpatient mental health and Learning Disability services with:

- Clear roles and responsibilities in relation to the searching of a person, or property.
- A framework which promotes the principle that patients involved in any form of search are treated with respect, and have their dignity maintained throughout the process.
- An awareness of the legal framework and principles that surround the searching of property or a person so that they can act accordingly.

The Mental Health Act Code of Practice (2015) Guiding Principles: 1.6 state that Restrictions that apply to all patients in a particular setting (blanket and global restrictions) should be avoided. There may be settings where there will be restrictions on all patients that are necessary for their safety or for that of others. Any such restrictions should have a clear justification for the particular hospital, group or ward to which they apply. Blanket restrictions should never be for the convenience of the provider. Any such restrictions, should be agreed by hospital managers, be documented with the reasons for such restrictions clearly described and subject to governance procedures that exist in the relevant organisation.

All patients will have a property search on admission due to high levels of patient safety incidents occurring within inpatient units involving controlled items. This will include planned admissions, emergency admissions and admissions under Section 135/136. Patient to be present during search of their property unless a risk assessment has been carried out as to why this is not safe to do so. This search will also constitute the patient possession list on admission of items retained by the Trust during admission. The Trust will support this blanket rule/restriction as a necessary and proportionate response to risks identified to patient and staff safety.

All Trust premises must display appropriate posters at the point of entry to inform patients, staff, visitors and contractors of items of contraband; that patients may be searched on entry to the ward/unit, and visitors may be asked to leave if they do not comply with the policy.

The Patient's Property Procedure will be followed.

Thereafter any additional belongings, room or personal searches for any patients returning from leave in any of the inpatient services will **only be undertaken in line with the patient's individual risk assessment**. Routine searching of patients or their belongings on return from leave is NOT supported.

Above and beyond the approaches to search described in this policy, certain services will be supported in undertaking random and routine searches due to the additional risks posed by the patients they are expected to admit;

PICU and low secure – any random/routine search will be supported by an individual rationale in the safety plan of the patient(s) concerned.

Medium secure – a routine and random searching programme will be described in a local procedure. All patients will be individually risk assessed regarding their need to be included in that programme. It is anticipated that patients who are progressing towards discharge will be subject to fewer searches; this may be reflected in the ward on which they are resident, in an individualised care plan, or in the decision that they do not need to be searched at all (unless intelligence dictates otherwise).

Seclusion - Due to the escalation of risk to self and staff the Trust supports the routine searches of those people accessing designated seclusion suites. Reasons for completing/ not completing the search will be documented in the patient record. The Trust will support this blanket rule/restriction on the basis of overall patient safety.

2. Scope

This policy applies to all clinical staff in inpatient and residential mental health and learning disability services where there is an identified need to search patients on the grounds of safety or security due to the behaviour or risk presented by the patient; this includes the S136 suite.

With regards to any searches to be considered which are outside the scope of this policy guidance should be sought from the Positive Engagement Team/Mental Health Legislation. If urgent and in relation to potential crime then the police should be contacted immediately.

3. Introduction

The searching of a person or their property should only be carried out when there is cause for concern or an identified need, for example, where a risk assessment indicates a search is a reasonable and proportionate response to the identified threat/risk. In such circumstances nursing staff have a statutory duty to provide both a safe living and working environment for patients and staff within the unit.

The Mental Health Act Code of Practice (2015 section 8.29) places a duty on Hospital Managers to provide an operational policy on searching patients detained under the Mental Health Act, their belongings, surroundings and their visitors and that when preparing such a policy the position of informal patients should be considered. This policy is intended to support staff to meet and maintain the Care Quality Essential Standards in providing dignity and respect (regulation 10) alongside safe care and treatment (regulation 12).

This policy takes into account relevant guidance including *Violence and Aggression: Short term management in Mental Health* (NICE, 2015) and Police and Criminal Evidence Act 1984 (PACE).

For the purpose of searching a detained patient this policy adheres to the clear principles laid out within the Mental Health Act Code of Practice 2015 section 8.30, which are:

- 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 should be proportionate to the identified risk and should involve the minimum possible intrusion into the person's privacy and dignity.
- To undertake all searches with due regard to and respect for the patient's dignity.

As an organisation staff will be sensitive to any religious, cultural or other needs, such as sensory needs of autistic people, that may make search problematic for the individual and where necessary seek guidance

Only staff who are trained in Search Procedures are approved by the Trust to undertake Searches of person, belongings or rooms.

4. Duties and Responsibilities

Chief Executive

The Chief Executive has overall responsibility to ensure that policies and processes are in place for the care and treatment of the patients subject to this policy.

Medical Director

The medical director as lead director has responsibility to ensure that this policy is understood and adhered to by all medical and clinical staff and that all the processes are in place to ensure the policy is fully implemented.

Executive Director of Nursing, Allied Health and Social Care Professionals The executive director of nursing/Caldicott Guardian is responsible for ensuring that this policy is understood and carried out by clinical staff involved in the implementation of this policy.

Clinical Director

Has responsibility for ensuring that all clinical staff within the Trust are familiar with the requirements of the policy and are able to implement them.

General Managers and Clinical Leads

Have responsibility for ensuring that all clinical staff within their division are familiar with the requirements of the policy and are able to implement them.

Modern Matrons

The modern matrons have the responsibility to ensure that all nursing staff working within inpatient mental health and learning disability areas comply with the policy and ensure it is implemented effectively and safely. The Matron will be responsible for ensuring that information is made available to patients and visitors regarding this policy and should routinely be included in ward patient information.

Responsible Clinician/Approved Clinician

Has specific responsibilities for leading and supporting the multi-disciplinary team (MDT) in decision making for both formal and informal patients within the scope of this policy.

Charge Nurses/Registered clinical staff/other clinical staff

- Must be aware of and comply with their responsibilities to implement the policy.
- Must complete the personal and environmental search training, refreshed in line with DMI training.
- Must ensure each patient has a **property search on admission due** to high levels of patient safety incidents occurring within inpatient units involving controlled items. This search will also constitute the patient possession list on admission of items retained by the Trust during admission.
- Must ensure that their ward has the items listed in 5.6 (search equipment) in order to conduct the search.

5. Procedures relating to the policy

5.1. Training

All staff involved in the search of a patient and/or their belongings must have completed the Trust's personal and environmental search training and have updated in line with requirements.

All staff undertaking a personal or environmental search must have completed the personal and environmental search training as delivered by the PET team.

The PET team will deliver packages of personal and environmental training that will include personal search, search of belongings, search of environments and spaces. This training will include relevant policy and guidance, and the use of necessary tools and equipment.

5.2. Authority to Search

The legal powers for staff to search patients have not been expressly laid down in statute. However, the principle established in the Mental Health Act Code of Practice 2015 is that staff acting in good faith and with reasonable care, are entitled to conduct searches to maintain appropriate security, safety of premises and prevent harm to individuals.

It is important that staff appreciate that guidance is included in the Code of Practice (2015) that in the absence of **lawful justification** the personal search of patients or their property without consent would constitute a trespass to the person. Information relating to this should be provided to patients and carers. Therefore, all searches should either be random or led by intelligence concerning individual or groups of patients

The Mental Health Act does not explicitly empower mental health staff to undertake restraint related interventions or search. There is implied authority for patients detained under section 2, 3 and 37 of the MHA.

The Appeal Court has held that the express power of detention carries with it a power of control and discipline to include where necessary a power of search (R-v-Broadmoor Special Hospital Authority ex parte S [1998]). The appeal court case concerned a high security hospital, but the implied power to search is not limited to high security environments.

The above stated case provides legal authority to conduct such a search.

Staff must always be aware that searches should occur to safeguard patients and others and that it should only occur where there is clinical justification.

It is appropriate for persons to enter hospital for treatment to be requested to participate in a property search on admission and to be requested to not enter hospital with items which could endanger themselves or others.

It is also appropriate to request search of patients, who following a period of absence from the ward, and who following a risk assessment are assessed as having a history of

- Hiding or carrying an offensive weapon
- Or expressing views that they may injure themselves or others
- Or where there is information that a patient may have an offensive weapon or other items with which they could harm themselves or others.
- Or who are acting in a threatening manner
- Or there is reasonable belief that they may be in possession of items which are dangerous (i.e. drugs or alcohol)

Within mental health and learning disability settings, appropriately trained NHS staff can request searches of patients. However, this must be an action that is both proportionate and justifiable in relation to the perceived risk. The justification for searching will usually be the risk of harm to the individual or others, and/or reasonable grounds for suspecting criminal activity that would compromise the safety of others, e.g. weapons, or a wider social problem, such as a chronic substance misuse problem in the clinical area (Association of Chief Police Officers (ACPO)/NHS SMS, 2006).

If staff have a reasonable belief that a patient is in possession of dangerous or controlled items such as weapons, tools, drugs, alcohol or ignition sources (see full list below at 5.2.1)

they have the authority under common law and duty of care to take reasonable measures to prevent the patient from possessing these items. Hence, search practices constitute a reasonable preventative measure.

Any search should ideally be conducted with the consent of the patient. Consent which is obtained by way of threat, intimidation or inducement is likely to render the search illegal. In the absence of consent, the decision to search is based on the common law premise of duty of care. The following legislation may provide guidance to support the decision to search property:-

- The Criminal Law Act (1967) empowers staff to take reasonable measures to prevent a person from keeping dangerous articles in their possession if they believe a crime might be committed with them
- The Criminal Law Act (1967) authorises the use of such force as is reasonable in the circumstances in the prevention of a crime
- Section 139 of the Mental Health Act may provide indemnity for staff and the Trust, provided that any actions carried out were reasonable and in good faith.
- The Mental Health Act code of Practice (**8.33 - 8.46**) provides guidance for the searching of property or person detained under the act where consent has been given or refused.

All searches of Property/Person must be recorded. All searches conducted with the use of appropriate restraint must be recorded on a Trust Adverse Incident Form and followed by a post incident review (see MHA Code of Practice Section 8, para 8.43).

Identifying Prohibited and Controlled Items

Whilst the prohibited and controlled items listed below apply Trust wide for in-patient services, there may be items which are identified as prohibited and controlled items for particular wards/units, or individual patients. It is essential that staff are aware of and implement the prohibited/controlled list applicable to the area in which they work. It is also essential that staff inform patients and visitors of the prohibited/controlled list applicable in the areas in which they receive care or visit.

The following items are considered as prohibited/controlled and may therefore be removed from any patient's possession upon admission or during treatment if brought on to the ward. These will usually be returned upon discharge. Removal of controlled items would follow individual risk assessment of each patient, whilst prohibited items are to be automatically removed on admission. These measures have been taken to provide safety for patients, staff and visitors.

NB: UNDER NO CIRCUMSTANCES WILL ILLICIT OR DANGEROUS ITEMS (weapons or illegal drugs) BE STORED AND RETURNED. NOR WILL ANYONE BE COMPENSATED FOR THE LOSS OF SUCH ITEMS (see 5.11). For alcohol also see 5.11.

Prohibited Items:

- Knives (those with a blade of longer than 3” are classed as an offensive weapon and should be reported to the police if found in the possession of a patient, following MDT discussion and advice from the LSMS). It is recognised that some individuals may wish to hold a knife for religious reasons. This will be discussed with the patient and an individualised risk assessment agreed and updated on a regular basis.
- Firearms whether toy, replica or imitation. Other items that can be used as weapons such as other sharps / bats
- Tools
- Solvents/glue
- Lighter fluid or gas
- Lighter/matches
- Material that incites violence or racial/cultural/religious/gender hatred
- Plastic bags
- Prescribed or non-prescribed medicines, including over the counter herbal, homeopathic remedies
- Unused TTO/leave medicines
- Drugs and drug paraphernalia
- Suspected or actual controlled substances/illegal drugs, including psychoactive substances commonly known and sold as “Legal Highs”
- Laser pens
- Rope/string
- Alcohol
- Cigarettes/tobacco - the policy supports the Public Health Guidance PH48 which prohibits smoking on Trust premises and grounds. This blanket restriction is Trust approved. Full details can be found in the Trust Smoke Free Policy.

Controlled Items:

- Sharps e.g. scissors, metal nail files, nail clippers, etc
- Glass bottles, glass items, mirrors
- Ceramic ornaments
- Ring binders
- Needles
- Electrical appliances
- Electrical leads/wires where risk identified
- Supplements / protein shakes etc
- E-cigarettes
- E-liquids
- Razors
- Aerosols
- Pornographic magazines/films and violent films (see below for guidance)
- Electronic games (see below for guidance)
- Where assessed as a risk any objects which could be considered weapons/dangerous or likely to cause injury to the individual or another person e.g. belts, disability aids, medical devices etc.
- Recording devices
- Clingfilm, foil
- Chewing gum, blue tack
- Non-medical use magnets

Mobile phones may be confiscated if they are abused or used inappropriately, particularly using them to take photos or videos of other patients, staff or visitors (see Mobile Phone and Device Use on inpatient units (non-secure) SOP).

This list is not meant to be exhaustive and only acts as a guide to staff and patients. Any other items brought onto the ward that may be considered to be a prohibited/controlled item will be discussed with individuals at time of admission. The needs of each patient will be assessed on an individual basis and any item may be removed if the nursing staff believe that it poses a credible threat to safety.

Forensic Services Contraband

Additional items are prohibited within secure forensic services due to the level of security and risk matrix. Full details can be found in the Forensic SOP 20-025 Prohibited and controlled Items.

The Forensic Services operate a broader contraband list and as a minimum this will include the following items:

- Blue Tac
- Chewing gum
- Mobile telephones
- Cameras

Pornographic and Violent Films

Pornographic and other 18 related films, for example films with a violent content / offensive material, not available on general television are prohibited.

Before patients are allowed to use Trust laptops or iPads for social activity, they will be asked to ensure they do not use the equipment to access sites with pornographic / offensive material or illegal content, otherwise their future use may be restricted.

Pornographic Magazines

Magazines which are generally available from high street retailers and garages which may contain pictures of men and women in erotic poses are not prohibited. This refers to magazines such as Nuts, Loaded, Zoo etc. A risk assessment should be considered for patients wishing to read pornography or “top shelf” magazines also available from high street retailers. All magazines must be clearly labelled, remain intact and stored in bedroom drawer, with no posters or sharing allowed. Magazines must be appropriate to the age group on the unit.

Electronic Games/DVDS

Games available to buy in high street retailers are not prohibited, however, a risk assessment should be considered for patients wishing to play games with a sexual or violent content. Games should be clearly labelled, not shared and only played in the patients’ bedroom. Games must be appropriate for the age group of the ward.

5.3. Decision to Search

If staff members suspect that a patient is in possession of a dangerous or controlled item within the clinical area which could prove harmful to themselves or others, then staff should make a decision if a search is safe to undertake. If the risk is high or if the patient is in possession of a weapon, the staff member must consider the potential consequences of taking action and if there is a need to request police presence to undertake the search; as outlined in the Memorandum of Understanding (College of Policing, 2017).

The Memorandum of Understanding (MoU) gives an example of an appropriate request for a Police Response regarding **Offensive weapons**: *A patient has told staff upon return from leave that they have a knife on them for their own protection because they believe that nursing staff will harm them by giving them more drugs. It is known the patient has a history of possessing offensive weapons or sharply pointed implements.*

It is important to note that the MoU deals with a known threat; **not** suspicion. The difference is about someone having a weapon or someone **possibly** having one.

Due to the wards not being a public place the police have no powers of search (unless a person is detained under S135/136). The responsibility for search is for Trust staff to take the lead with police assistance if necessary.

In reality MH and LD services should be prepared for known eventualities and only call the police if it is a very dangerous situation and there is a risk of serious harm to others.

Anyone detained to a Trust PoS under s135/136 can be searched but only within the legal power available.

Any intelligence driven decision to search should be based on a risk assessment and professional judgement. For information relating to searching of mail or parcel deliveries to patients please see Patient's Correspondence SOP.

Staff should follow trust guidance, CoP, and refer to personal and environmental search training but ultimately the decision to search is a clinical decision that should be reasonable and proportionate to the risk presented to ensure justification of action taken. In some situations it may be more appropriate and less restrictive to utilise other methods for example increasing supportive engagement or supervising visits. Ongoing issues should be discussed within the MDT.

As stated in 5.2 it is also appropriate to request a search of patients following a period of absence from the ward, who are risk assessed as having a history of being in possession of dangerous items such as drugs or alcohol. If continued search following further periods of leave is deemed to be necessary, this must be agreed via the MDT and the rationale appropriately explained in the patient's care plan. Following return of the patient from each period of leave staff will carry out a risk assessment to consider whether search is required at that time and attempt to gain consent where search is felt necessary. The continued consideration of search after every period of leave should be reviewed regularly to ensure the need remains. In the absence of consent, all less intrusive methods should be attempted first. If the risks are so severe as to warrant search without consent, the lawful justification is based on the common law premise of duty of care.

5.4. Consent

The consent and cooperation of the person should always be sought before a personal search of their person or a search of their possessions is attempted. Direct admissions, detentions under S135/6 and transfers from out of area will be subject to patient property search at point of admission and will not require the completion of the Patient Agreement to Search Consent Form (Appendix 1); if items are removed then this must be logged on the patient property list. Likewise, the property list would need to be checked on transfer to another unit. Patient to be present during search of their property unless a risk assessment has been carried out as to why this is not safe to do so.

If escalation in levels of security i.e. 136, Humber Centre, PICU, Seclusion or Long Term Segregation, then a personal search would be required and this would warrant the completion of the Patient Agreement to Search Consent Form (Appendix 1) in all cases, where the patient consents. For instances where patient does not consent see 5.3.3.

The search should be carried out with regard to ensuring the maximum dignity and privacy of the person and in the presence of an appropriate adult (as defined in the PACE codes of practice) for persons under 18.

For persons under 18:-

Like adults, if a person (aged 16 or 17) has been assessed as lacking capacity and is therefore unable to give their consent for a search to be carried out, this should only be carried out if it is deemed to be in their best interests. Details of the capacity assessment specific to the decision about a search should be recorded on the appropriate documentation and within medical records.

Similar to adults, children under the age of 16 can also consent to the search if they are assessed as being competent. For a young person to be 'Gillick competent', he or she must have 'sufficient understanding and intelligence to enable him or her to understand fully what is proposed'. This must be assessed on a case by case basis depending on the nature of the treatment proposed. Age should never be a factor in determining competence.

Unless it is considered there is an immediate risk, consultation with a responsible person or relative or an Independent Mental Capacity Act Advocate (IMCA) should take place prior to a search being conducted.

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 should be informed that they are not obliged to consent. This does not mean that a search will/should not take place, and staff should be guided by the sections below on consent not given.

Patients who lack capacity/competence to consent to the search being conducted

In the event that a patient is deemed to lack the capacity to consent to a search being undertaken, a formal assessment of their capacity to make this specific decision will need to be completed by the most appropriate person and clearly recorded on the Trust approved form. If the outcome of this assessment is that they lack capacity to consent to a search a best interest decision will then need to be made, involving all individuals concerned, and recorded on the Trust approved form in line with Trust policy.

Consent not given – DETAINED patients

In certain circumstances, it may be necessary to search a detained patient or their possessions without their consent. If a detained patient refuses consent or lacks capacity to decide whether or not to consent to the search, their responsible clinician (or, failing that, another senior clinician ideally with knowledge of the patient's case) should be contacted without delay in the first instance, so that any clinical objection to searching without consent may be raised. The patient should be kept separated and under close observation, while being informed of what is happening and why, to support their understanding. This is particularly important for those who may lack capacity / competence to decide whether or not to consent to the search.

The management of the situation should be discussed by the MDT to decide on whether the risk or harm is so serious as to warrant search without the patient's consent. If refusal to cooperate continues, a further attempt to obtain consent must be made and if unsuccessful the patient must be told that in the absence of consent a search will be undertaken and, if necessary, by using the minimum amount of force necessary in order to conduct the search.

In the exceptional circumstance that it is deemed necessary to use physical interventions in order to conduct the search due to the patient being uncooperative or attempting to prevent or deter a search, the Trust approved restraint techniques must be adhered to.

The Patient's Refusal of Consent Form (Appendix 2) must be completed in all cases.

- A visual inspection of patient should occur, no clothes should be removed but pockets, waistbands, and shoes and socks searched. Pockets would be searched using the wand to identify any metallic objects and personal search procedures, to find any other objects.

Consent not given – INFORMAL patients

If an informal patient does not consent to staff searching their person or their possessions then the Patient's Refusal of Consent Form (Appendix 2) must be completed, and the following process should be followed:

Staff request that the patient hand over any dangerous or controlled items. If the patient refuses or denies possession of any such items, continued concerns are evident and capacity to consent to the search is doubted, staff should assess the patient's capacity to withhold consent and document the outcome appropriately on the Trust approved paperwork. If it is deemed that the person lacks capacity then it may be necessary to carry out an assessment under the MHA or a best interest's decision should follow and again the outcome documented on Trust approved paperwork.

If the patient is deemed to have capacity then the Consultant Psychiatrist should be contacted and an MDT convened to discuss the possibility of discharge and removal from the ward environment. Appropriate use of the Mental Health Act 1983 should be considered where applicable. Where issues arise out of hours and there is a necessity for an urgent response the on call RC/AC will be contacted for advice.

If discharge is not appropriate the MDT may consider increased supportive engagement, proportionate to the risk identified in the interests of safeguarding the patient, other patients and staff.

If the risk is assessed as significant and immediate a search can be carried out without consent if this is proportionate to the risk identified, staff should seek to agree action with the MDT and/or on-call psychiatrist out of hours and record the decision clearly within the clinical record. Obviously the greater the assessed risk the more likely it is to request the assistance of the police to undertake this search. NB the police have limited search powers whilst on our premises and would only be able to respond where search was necessary to retrieve items that would cause serious injury or potential serious damage.

The patient should be kept under increased engagement, while being informed of what is happening and why, to support their understanding. This is particularly important for those who may lack capacity to decide whether or not to consent to the search.

5.5. Accountability and Limitations

This policy recognises that accountability will be shared across the staff, patient and visitors of the units and further recognises that contraband and prohibited items may be concealed in areas of the body or items of clothing and/or property that may be beyond staff search abilities and/or the guidance of this policy.

If staff entertain suspicion of contraband and/or prohibited items, particularly if there are concerns that these items may pose risk to self or others, continued communication would ensue to try and obtain risk, intent and potential of contraband/prohibited items. Utilising primary prevention models and strategies, Trauma Informed and Person Centered Care, considering factors such as right staff for right patient, i.e. age, gender, cultural aspects.

If least restrictive practices are without success, increase of restrictive interventions may be necessary to mitigate suspected or confirmed risk, inclusive of but not exhaustive of;

increased supportive engagements including constant engagements, restricted ward access and restrictions of visitors, these restrictions will only be out in place in order to maintain safety of all patients, staff and visitors to the unit. These strategies and interventions in relation to security, search and necessary restrictive interventions, acknowledges that risk may not be eradicated, however evidences care and intervention strategies to mitigate risk to all within staffs abilities.

5.6. Information about the Search Procedure

A person being searched or whose possessions are the subject of a search should be kept informed of what is happening and why. Use of trauma informed language would be helpful for those having to be searched...using phrases such as “are you able to empty your pockets”, which sounds less direct and might prevent a defensive reaction from those who are sensitive to ‘demand’ language e.g. those who are autistic and have difficulties with demand avoidance.

Patient to be present during search of their property unless a risk assessment has been carried out as to why this is not safe to do so. If required and practicable the services of an interpreter should be sought. The specific needs of people with impaired hearing or a learning disability should be considered.

When items are removed patients need clear information about the difference between prohibited and controlled items, and it should be explained to patients whether / if they will receive the item back on discharge or whether it will be kept in a personal box that they can access with supervision etc.

Information leaflets are available from the Trust and all wards should ensure these are available for patients and/or their carers (see hyperlinks on page 8).

5.7. Gender Reassignment Patients

As a guiding principle, everyone will be treated as an individual and gender should not be a barrier. All patients should have a choice as to who searches them; asking them to name their gender may be more unsettling. Staff should always address people according to the gender role in which they present themselves. Staff should consistently maintain a professional manner in their dealing with any patients and accord them the highest level of dignity. This simple courtesy consistently fosters cooperation and trust.

5.8. Search Equipment

All inpatient wards will have access to search equipment which includes, but is not limited to, the following:

- Search tongs (litter picker)
- Search Needlestix gloves
- Adams ER3000 hand-held metal detector
- Disposable gloves
- Search mirror for use in environmental searching (for hard to access places)
- Bags for placing contraband items: at no time should staff place these items in their pockets.

Ward managers must ensure a process is in place that ensures the equipment is held in an appropriate place, is known to staff and is replaced when damaged. Procurement will identify the preferred provider to ensure standards are maintained for equipment in use.

5.9. Documentation

As the Trust has approved the blanket policy of searching:

- all **patient belongings** on initial admission to inpatient wards
- all patients and their belongings on admission in Forensic Services and PICU

There is no requirement to complete a Datix for this level of search providing the patient consents to the search and no items are found that require removal.

Any deviation from the above searches must be treated as an incident and the following will apply:

- A comprehensive record of every search, including the reasons for it and details of any consequent risk assessment, should be made in the patient record by the nurse in charge.
- A record of staff present at the search, consent and capacity of the patient and items removed must be completed by the Search approved staff member.
- Complete and submit a Datix.
- Explain to the patient that any controlled items will be disposed of.
- For any other items removed the Patient's Money and Property Procedures must be followed.
- Ensure the patient has the information leaflet which includes how to make a complaint if they are unhappy with the care and treatment received.

Where a patient's belongings are removed during a search, the patient should be told why they have been removed, given a receipt for them, told how (not where) the items will be stored, and when they will be returned if indeed they are to be returned (please refer to patient's property policy).

If an item is handed over the following procedure must be followed:

- The patient will be offered the opportunity to discuss the incident.
- The RC/AC in charge of the patient's care will be informed at the earliest opportunity.
- The nurse in charge of the ward will make a decision as to whether or not they believe all items have been handed over and whether a person or room search is necessary.

5.10. Action to be taken if a Visitor is Suspected of Possessing a Controlled Item

All Trust premises must display appropriate posters at the point of entry to inform visitors of prohibited items that will not be permitted within Trust Premises. These posters inform readers that staff have the right to refuse visitors admittance to the area where breaches of the Search policy are suspected or there is a failure to comply with the Policy. The posters also inform visitors that proof of identification may be requested, this is to ensure the safeguarding of a vulnerable client group, assist staff in identifying any visitors who may be banned from the premises and/or provide information on the identify of visitors. If visitors are unable to provide identification then staff, if concerned i.e. visitor is suspected of bringing drugs onto ward, the visitor may be denied admission on the advice of the lead member of staff.

If staff believe that visitors are in possession of prohibited items e.g.' illicit substances, weapons, or controlled items, e.g. lighters, phone chargers, the Nurse in Charge will discuss staff suspicions with the person concerned, explaining why the items are not allowed onto the ward and ask them to hand in anything they may have on them.

If the person refuses to hand in any controlled items, staff will deny them access to the ward and ask them to leave, explaining their reasons. The patient they had come to visit will be informed why the person was not allowed access to the ward. A Datix will be submitted.

The Consultant Psychiatrist of the patient whom the person had come to visit will be informed. A decision will then be taken whether the visitor may visit the patient again, this will be a multi-professional decision lead by the Nurse in Charge of the ward or Matron along with the Consultant.

Due regard when making the decision must be given to the maintenance of a safe environment for all patients and staff. The decision will be fully documented within the clinical records and will also have a process for review included.

A letter will be issued to the visitor to outline the rationale in writing for denial of visiting; this should also be made available to the patient for reference.

NB There may be circumstances where a visitor has to be excluded, but these instances should be exceptional, and any decision should be taken only after other means to deal with the problem have been considered and (where appropriate) tried. Any such decision should be fully documented and include the reasons for the exclusion, and it should be made available for independent scrutiny by the CQC or service commissioner and explained to the patient.

Any refusal by the Trust to allow a visitor to visit a detained patient must be reported to the Mental Health Legislation Team, (see MHA COP 19.12-16).

5.11. Disposal of Dangerous and Illicit Items

If the search uncovers evidence of serious criminal activity or where a need arises to preserve evidence then the items should be:

- handled as little as possible to preserve and avoid the contamination of any evidence.
- secured in a place of safety (away from the patients)

The Police and the Security Management Specialists are to be contacted for further advice on how to preserve evidence.

Search dogs - The Search with Dogs SOP supports staff in deterring the use and supply of illegal and illicit substances within In-patient units throughout the Trust on the grounds of safety and security, with a pro and re active frequency intelligence led approach. These visits will aid in the promotion and maintenance of a safe and secure environment for patients, staff, visitors and the public.

Alcohol removed from the patient will be disposed of by 2 staff members with the patient present, if they wish. The alcohol will be poured down the sink and the bottles/cans safely disposed of. A record is to be made in the clinical records indicating what was disposed of and by whom.

Each inpatient unit will have a sign at the entrance to say any alcohol brought onto the unit will be destroyed unless taken home, at the time of admission, by a relative/friend for safe keeping.

Illegal drugs and drug paraphernalia

- Patients are strictly prohibited from bringing illicit drugs or drug paraphernalia onto inpatient wards/units with HTFT.
- Any such substances or equipment found will be confiscated, will not be returned, and may be reported to the police.

Disposal of illicit substances:

Suspected illicit substances should be removed from the patient, stored in the controlled

drug cabinet and recorded in the back of the controlled drug book. Police should be contacted to determine if they wish to collect the substance, if they decline the substance should be destroyed by pharmacy and the means of disposal recorded.

Drug paraphernalia should be removed from the patient and stored in a locked area. Depending on the item, this should be disposed of appropriately.

Smoking – please see the smoke free policy regarding the storage of cigarettes and lighters etc.

Prescription/over the counter drugs removed from a patient remain their property and will not normally be destroyed or otherwise disposed of without their agreement. In the event that the patient is unable to consent to the disposal or not of these medicines agreement can be sought from their carer.

Following the recording of all patient own medication staff should follow Self Administration of Medicines Procedure (SAM) regarding the continued use of patient own medication.

If the patient/relative/carer/significant other refuses to agree to the disposal of the medicines they can either:

- Be taken home by the relative/carer/significant other
- Be held in a sealed bag in a separate section of the medicines cupboard from other stock until they can be returned to the patient on discharge.

However, the patient and or their relative/carer/significant other must be advised that as the treatment regime will be reviewed whilst the patient is on the ward it is likely that the supplied discharge medication will be different, and that this may pose a real risk that the wrong medication may be taken in future.

If there are safety concerns in relation to the medication being returned home, the Nurse in Charge in consultation with the Consultant Psychiatrist may make a decision to refuse to return the medicines and have them destroyed.

For the safe disposal of any medicines, staff should refer to the guidelines issued by the supplying pharmacy or Trust Pharmacy staff.

All actions taken should be fully documented within the patient's clinical record.

Weapons

Small sharps can be disposed of in the ward sharps bins, but with regard to any guns, hunting knives or other items that staff are unsure about, the police should be notified, who will collect and dispose of the item. An entry will be made in the patient's clinical record indicating what was disposed of, when and by whom.

NB: UNDER NO CIRCUMSTANCES WILL ILLICIT OR DANGEROUS ITEMS BE STORED AND RETURNED. NOR WILL ANYONE BE COMPENSATED FOR THE LOSS OF SUCH ITEMS.

6. Dissemination and Implementation

This policy will be disseminated by the method described in the Document Control Policy (C-003).

The implementation plan details the training, equipment availability and lead time to

implement this version of the Search Policy.

Issue	Action
Training	The Trust patient engagement team (PET) deliver the personal and environmental search training in addition to their DMI training. Only approved DMI trainers, or those who have received the ‘train the trainers’ course will be approved by the Trust to cascade personal and environmental search training to inpatient staff
Equipment	Unit managers must ensure that the stated equipment is available to staff in their units should the need for search arise. As indicated in the policy, some units are not required to undertake personal searches unless risk assessments indicate necessary.
Implementation of Policy and Procedures	Implementation as soon as revised policy version available on intranet.

The implementation of this policy requires no additional financial resource.

7. Monitoring and Compliance

The Trust has approved the blanket policy of searching

- all **patient belongings** on initial admission to inpatient wards
- all patients and their belongings on admission in Forensic Services and PICU

There is no requirement to complete a Datix for this level of search providing the patient consents to the search and no items are found that require removal. **Any deviation from the above searches must be treated as an incident** and will be recorded via the Trust Incident Reporting System (Datix) and a summary of search incidents reported monthly to the Reducing Restrictive Intervention Group. A quarterly report will be taken to the Trust Clinical Risk management group.

This policy will be monitored via untoward incidents or complaints and feedback team that arise as a result of the use of the policy and reported to Humber NHS Foundation Trust which will then be processed at the Operation Risk Management Group and dealt with.

The Mental Health Legislation Committee receive a quarterly report including data pertaining to the adherence of the Mental Health Act, and an assurance report, which meets the monitoring requirements of the Mental Health Act Code of practice (2015). The Mental Health Legislation Committee will identify additional actions/scrutiny as required to achieve satisfactory assurance on behalf of the organisation.

The Mental Health Legislation Team will feed back any subsequent recommendations through the Mental Health Legislation Steering Group in order for action plans to be implemented and disseminated through the care groups.

General managers and clinical leads will be responsible for ensuring that any system or practice changes are implemented and for lessons learnt to be shared to all clinicians working to this policy.

The search kit should be stored in a centralised location (each ward to determine where this will be) and it will be checked weekly – anything missing will be escalated to the Charge Nurse. Matrons to check compliance as part of the monthly Matron’s audits.

8. References / Related Trust Documents

Department of Health (2015) Mental Health Act Code of Practice. London TSO

Jones. R. (2023) Mental Health Act Manual (26th Edition) London. Sweet & Maxwell

National Institute for Clinical Excellence (NICE) (2011) Clinical Guidance 136 - Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services.

Police and Criminal Evidence Act 1984 (PACE) guidelines

Clinical Management of Drug and Alcohol Users in Mental Health Community and Inpatient Settings Policy

Clinical Risk Management Policy

Consent Policy

Entry and Exit for Non-Secure Mental Health and Learning Disability Inpatient Units Policy

Seclusion and Long-Term Segregation Policy

Use of Force Policy

Missing patient procedure and section 18 AWOL

Inpatient Leave Policy

Physical Restraint Policy

Safe and Secure Handling of Medicines Policy

Patients Property Procedure

Nicotine management and smoke free procedure

Searches with dogs SOP

Mobile Phone and Device Use on inpatient units (non-secure) SOP

9. HYPERLINKS

[Search Procedures Leaflet \(Inpatient Services\)](#)

[Search Procedures Leaflet \(Forensic Services\)](#)

Appendix 1 – Consent Form
PATIENT AGREEMENT TO SEARCH

Name:

Gender: Male Female

Search(es) to be carried out:

‘Rub-down’ Property Room search

Statement of Patient’s Consent

I agree to allow staff to carry out the above searches. I understand that I can withdraw my consent at any time during the process.

I understand that the search may take place without my consent if I am currently detained under a section of the Mental Health Act.

I have been informed of the reasons for the above searches being carried out.

I have been offered the opportunity to discuss any concerns regarding the above searches with the nurse in charge.

I have listed below any limitations to my consent and any procedures I do not consent to.

.....
.....
.....
.....
.....

Patient’s Signature:

Date:

Items removed (if applicable):

.....
.....
.....
.....
.....

Appendix 2 – Patient’s Refusal of Consent

Patient’s Refusal of Consent:

Name:

Patient’s objection(s) to search:

.....
.....
.....

Discussed with responsible clinician? YES / NO

Police Involvement Requested? YES / NO

Patients detained under section of the Mental Health Act only:

- Search to be carried out without patient’s consent? YES / NO

Statement of Health Professional (to be filled in by health professional carrying out the search(es)).

- I have explained to the patient the procedures I will be carrying out.
- If applicable I have explained to the patient that the search may take place without their consent.
- The above search(es) have been deemed to be necessary following a full risk assessment and are proportionate to the risks indicated in this risk assessment.
- I have explained to the patient the reasons for the procedures being carried out.

Signature:

Date:

Name of Health Professional:

Job title of Health Professional:

Address:

Was an interpreter used? YES / NO If so, which language(s):

Incident must all be recorded on Datix and in patient clinical record. Outcome of search must be recorded in Datix (items found or nil found).

Items removed (if applicable):

.....
.....
.....

Appendix 3 – Property/Person Search of Patient– Staff Guidance Notes

The purpose of searching patients and their belongings is to prevent the movement of contraband items onto Trust wards in order to 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 and that any such actions are carried out in reasonable and good faith. The Criminal Law Act (1967) empowers staff to take reasonable measures to prevent a person from keeping dangerous articles in their possession if they believe a crime might be committed with them. It is therefore essential that patients are made aware of the Trust's Personal Search policy at time of admission and leave.

The following guidelines should, whenever possible, be adhered to for the searching of property and service users:

Preparing for Search

- Rules of leave are explained, reminder of contraband items and for those individuals who have signed a Property/Person consent form the agreed level of search is discussed, before and after leave has taken place. Patients should be asked to hand over any items of contraband. Search should be discussed with patient giving a clear rationale as to why a search is required, i.e. terms of entry onto unit.
- Posters at point of entry to the unit informing the reader of contraband items, that the Trust employs the use of search dogs in deterring the use and supply of illegal and illicit substances within In-patient units throughout the Trust on the grounds of safety and security, with a pro and re active frequency intelligence led approach. Posters should inform the reader that there will be a search of property on admission and that requests may be made for a search of person in certain circumstances and that searches may be carried out without the person's consent if risk is deemed to be high.

Ask the person if they are willing to be searched, if consent is not given every effort should be made to attempt all less intrusive methods first, but at no time should the patient be made to feel threatened, intimidated or induced to consent as this would render the search non-consensual. All searches will be undertaken with regard to the person's dignity.

- If a detained patient refuses consent, their responsible clinician should be contacted (or, failing that, another senior clinician with knowledge of the patient) should be contacted without delay, if practicable, to ascertain if there is a clinical objection to a search taking place. During this time the patient must be kept separated and under observation, while being informed of what is happening. Searches should not be delayed if there is reason to think the person may be in possession of anything that may pose immediate risk to their own safety and that of others. If there is no clinical objection and a search is considered necessary, the patient must be informed that a search can be conducted with the use of appropriate physical interventions and once again negotiation should take place to gain consent. All decisions made by the multi-disciplinary team should be recorded in the patient's notes and a post incident review should follow any search undertaken where consent is withheld.
- Where possible, the patient will be given sufficient notice that the search will need to go ahead, with the reasons that include to make sure that they are safe, so that there is some adjustment / reflection time on what needs to happen.

- If the patient is not detained under the Act and again there is no clinical objection and the patient is suspected of being in possession of anything that may pose immediate risk to their own safety and that of others then a search may be carried out under either the Criminal Law Act or under duty of care, dependent on the situation. All decisions made by the multi-disciplinary team should be recorded in the patient's notes and a post-incident review should follow any search undertaken where consent is withheld. If there is a clinical objection to the search, the Divisional Clinical Lead or Matron should be contacted to make a final decision (On Call Manager or On Call Consultant out of hours).
- A hands on search should take place in a private room with a clear floor space
- The search should be conducted by two members of staff of the same gender as the person being searched (see 5.5 above for gender reassignment patients)
- The staff member conducting the search should be appropriately gloved to reduce the risk of contamination of blood borne viruses
- A hand-held wand/metal detector should be available
- Container available for placing contraband items and evidence bags.

Property Search

- Before the search takes place ask the person again if they have any items on them that contradict hospital policy: alcohol, drugs, sharps etc.
- Ask the person if they are willing to be searched but explain the search may occur regardless if the risk is deemed to be high as staff have a duty of care to protect the patient and others on the ward. If consent is not given refer to the above.
- Begin by searching bags etc., ask the patients if there are any sharp or hazardous items in the bag which may cause harm, proceed with a visual check of the bag followed by a scan with the search wand **before** putting hands into any item to be searched. Staff should proceed with caution if needles are thought to be present as search wands will not detect these items. If staff feel there is justification, i.e. person being searched has previously brought contraband onto a ward, or needles may be present, it may be necessary to carefully empty bags onto a table and turn inside out (look out for hidden pockets including pockets in straps)

On completion of the search the patient should be thanked for their co-operation and a note made of the search on the individual's clinical chart.

Metal Detector Scan

- If deemed necessary (dependent on the unit) once the property has been searched the hand held metal detector will be used to scan the patient from head to toe beginning at the head and working down the body. Ask the person if they would empty their pockets and remove all their jewelry including watches (check everything that has been removed). The patient will be asked to stand with arms outstretched to the side and legs apart to enable the detector to cover the whole body.

Hands on Search

There always needs to be justification for a hands on search – i.e. items of contraband have been discovered in bags, the level of search is identified in the clients care plan, or patient has tested positive for illegal substances. Before placing hands on the person again ask if they have any sharps or hazardous items on their person.

- Face the patient
- Ask the patient to empty their pockets - Pockets would be searched using the wand to identify any metallic objects and personal search procedures, to find any other objects.
- Ask the person to remove jacket/coat/gloves/head gear and any jewelry, (except those worn for religious reasons) to enable them to be searched by hand.
- If felt necessary, ask for shoes/boots to be removed to enable them to be searched by hand.
- Begin from the head (checking the hair) and search around collar and tops of shoulders.
- Ask the patient to raise arms level with shoulders, with fingers apart and palms downwards.
- With both hands, using flat open hand, smooth down the length of each arm and check hands.
- Using both hands smooth down, from the armpit down the sides and across the torso (avoiding the breast area in females - at NO time touch the breasts)
- Check the sides and front of patient's abdomen from underneath the breasts to and including the waistband of trousers/skirt.
- Check back from collar to waist, back of waistband and seat of trousers / skirt.
- Work down the body, pay particular attention to collars, cuffs and waistbands.
- Again, using both hands smooth down the legs and over pocket areas in trousers (avoiding the genital area), where skirts are being worn, smooth down both sides of the leg outside the skirt (again avoiding the genital area) (it is recommended that the back of the hand is used to smooth over the buttock and pocket area)
- Check front and outside of each leg and check front of waistband.
- Check bottom of feet
- Ask the patient to step to one side and observe area around the patient for any dropped items.

When the search has been completed the patient should be thanked for their cooperation and a note of the search should be made on the individual's clinical chart.

Removal of Clothing Search

Personal searches that require the removal of clothing will only be instituted on the instruction of the Responsible Clinician and/or Unit Manager or Duty Manager, or consultant on call. There must be reasonable evidence for believing that the patient is concealing on their person an illegal substance or item, which could adversely affect the safety and or/ security of themselves or others, on the ward and in a private place. The patient must be kept under observation in an allocated search room away from other patients until the situation has been resolved.

An adverse incident form outlining the reason for the search must be completed. The form must outline who authorized the search and why. An entry must be made in the patient's clinical chart.

Where a perceived risk to staff exists and the person is believed to have concealed on their person an illegal substance or weapon, which would require a removal of clothing search, the team must ensure that appropriate level of staff is present, taking into account the risk assessment. The search should be conducted by two members of staff of the same gender as the person being searched (see above for gender reassignment patients). In relation to weapons the team would proceed as per guidelines and notify the police.

If a firearm is recovered then the search room should be evacuated, locked and a guard posted at the door, the police should be informed immediately **staff should not attempt to disarm the firearm.**

The removal of clothing search should be conducted as follows:

- Inform the patient that a removal of clothing search is required and that a change of clothing will be provided to them.
- In addition to the two members of staff conducting the search a third member of staff should be positioned outside the search room to maintain contact between the staff conducting the search should the situation escalate to require emergency staff intervention.
- There should be continuous reassurance for the patient
- Patient to change into the provided clothing: staff will not observe this however the patient will be in an area where their removed clothing will be able to be passed to staff as they change.
- All clothing should be closely inspected once it has been removed, paying particular attention to seams, linings, cuffs, collars, waistbands, shoes and pockets.
- Searching of body orifices, i.e. rectum, should never be undertaken by staff. If a patient is suspected of secreting a substance or weapon within the rectum or vagina then consideration should be given to the patient being removed to A&E for a full medical examination as this may pose a serious health risk to the patient.

On completion of the search the patient should be thanked for his/her co-operation and a record of the search should be made in the individual's clinical Notes.

Appendix 4 – Information for visitors on Search of Property and Person

Thank you for visiting Humber Teaching NHS Foundation Trust today.

It is our aim to provide a safe haven, a calm and therapeutic environment in which our patients can be treated. It is essential that each unit knows who is on the unit at any given time, and what items those individuals may be bringing onto the unit with them. In order to achieve this, you may be asked for identification when entering a unit, each unit will have a number of items classified as contraband; this will range from obvious items such as illegal drugs and alcohol to every-day items such as plastic bags, scissors and over the counter medicines. There may also be items which are not on the contraband list but may be deemed contraband for individual patients based on risk.

As part of the on-going process of keeping contraband items off of our units, searching of the units, patients and their property take place and can include the use of the Trust's Narcotics Search Dog. You will be informed of the list of contraband items for this unit and asked not to take any of those items onto the ward with you. If you have any sharp items in your bags or on your person, please inform staff. By entering the ward, you are agreeing to abide by the Trust Inpatient Search Policy which may include being asked for a form of identification.

Please be aware that staff have the right to refuse visitors admittance to the ward and to terminate visits. The reason for these decisions will be explained to both the visitor and the patient.

Appendix 5 – Information for patients on Search of Property and Person

Humber Teaching NHS Foundation Trust aim to provide a safe haven, a calm and therapeutic environment in which you can receive treatment. In order to achieve this each unit will have a number of items classified as contraband; this will range from obvious items such as illegal drugs and alcohol to every-day items such as plastic bags, scissors and over the counter medicines. There may also be items which are not on the contraband list but may be deemed contraband for individual patients based on risk.

As part of the on-going process of keeping contraband items off of our units, searching of the units, patients and their property take place and can include the use of the Trust's Narcotics Search Dog. You will be informed of the list of contraband items for this unit and asked to hand over to staff any of the above items you may have in your possession. If contraband items are found in your possession, dependent on the item, you will either be offered a secure place to store your items during your stay with us, asked to send those items home with a relative/friend or the item may be disposed of or reported to the police. If you have any sharp items in your bags or on your person, please inform staff.

On admittance to the ward your property will be searched as part of the admission process. You may be asked for your consent to carry out a personal search depending on an individual risk assessment. Please be aware that the search MAY occur regardless if the risk is deemed to be high as staff have a duty of care to protect you and others on the ward. As part of the process for leave you will be risk assessed and dependent on that assessment you may be asked to sign a Patient Agreement to Search Form. You do have the right to refuse to consent to a search taking place. If you refuse to consent to a search staff may take a varied course of action dependent on your mental health status. If you are an informal patient, you will be reminded of the Trust policies and procedures and that should you fail to adhere to the contract you may be discharged from the service. If you are detained under the mental health act and refuse a search your clinician or another senior clinician will be contacted to establish if there is a clinical objection to you being searched, if not, staff will inform you that a search may take place with the use of appropriate physical interventions, you will be given time to consider your options and consent will again be sought from you. Please note that the Mental Health Act 1983 states that all hospitals should ensure that they have an operational policy on searching patients. The Criminal Law Act (1967) empowers staff to take reasonable action to prevent a person from keeping dangerous articles in their possession if they believe a crime may be committed with them.

A search may include the following:

- A search of your bags – this may involve a visual search of any bags, a metal detector scan of any bags and if appropriate the careful emptying of the bag in order to check the contents
- If necessary you may be asked to empty your coat/jacket pockets and remove your coat/jacket in order for it to be scanned with a metal detector. You will then be asked to empty your clothing pockets, stand with your arms outstretched and legs apart in order to be scanned with the hand held metal detector.
- If there is justification, and this will be explained to you by the staff, i.e. you may have brought contraband items onto the unit previously, you will be asked to consent to a hands on search, staff will ask you to remove your coat/jacket if you are wearing one so that it can be searched by hand, you may also be asked to remove hats, shoes, gloves and scarfs. Once these items have been search you will then again be asked to adopt the arms outstretched legs apart stance so that staff can search the hair,

collar, cuff, waist band and turn-ups of clothing. Then using a smooth down motion with the hands a check of the arms, shoulders and torso area, legs and pocket areas in trousers/skirts will be conducted.

- A removal of clothing search will only be instituted on the instruction of the Responsible Clinician and/or Unit Manager or Duty Manager or consultant on call. There must be reasonable evidence for believing that you are concealing on your person an illegal substance or item, which could adversely affect the safety and or/ security of yourself or others, on the ward and in a private place. You must be kept under observation in an allocated search room away from other patients until the situation has been resolved.
- The search should be conducted by two members of staff of the same gender as yourself with a third staff member positioned outside the door. You will be asked to remove your clothing in order for it to be searched; staff will not observe this however you will be in an area where your removed clothing will be able to be passed to staff as you change. You will be provided with a change of clothing
- If staff suspect that you have hidden items internally (i.e. the rectum) consideration will be given to you possibly being removed to A&E for a full medical examination as this may pose a serious health risk to you.
- Once the searched has been completed record of it will be made in your patient clinical record.

Appendix 6 – Document Control Sheet

Document Type	Policy		
Document Purpose	<p>The purpose of this policy is to promote a safe and therapeutic environment for patients, staff and the public by providing clinical staff working within inpatient mental health and Learning Disability services with:</p> <ul style="list-style-type: none"> • Clear roles and responsibilities in relation to the searching of a person, or property. • A framework which promotes the principle that patients involved in any form of search are treated with respect, and have their dignity maintained throughout the process. <p>An awareness of the legal framework and principles that surround the searching of property or a person so that they can act accordingly.</p>		
Consultation:	Date:	Group / Individual	
<i>list in right hand columns consultation groups and dates -</i>	10.02.26	Reducing Restrictive Interventions Group	
	10.03.26	Reducing Restrictive Interventions Group	
	18.03.26	Mental Health Legislation Steering Group	
Approving Body:	QPAS	Date of Approval:	12.03.26
Date of Board Ratification:	N/a (minor amends)		
Training Impact Analysis:	None []	Minor [x]	Significant []
Financial Impact Analysis:	None [x]	Minor []	Significant []
Capacity Impact Analysis:	None [x]	Minor []	Significant []
Equality and Health Inequalities Impact Assessment (EHIA) undertaken?	Yes [x]	No []	N/A [] Rationale:

Document Change History:

Version Number	Type of Change (full/interim review, minor or significant change(s))	Date	Details of Change and approving group or Executive Director (if very minor changes as per the document control policy)
1			
2	Full review	April 2017	Overhaul of policy, identification of Trust approved blanket restriction.updated to Code of Practice 2015. New training scheme approved and dissemination. Go live planned 1.6.17 with trained teams and equipment in place.
3	Full review	April 2019	Full review with consideration of legal implications for CAMHS inpatient unit. Clear guidelines about search based on individual risk assessment, updated training requirements, controlled items removed. Approved at MHLC – 19 May 19 Ratified at Trust Board – 22 May 19
3.1	Review	April 2022	<p>Review with following additions made:</p> <ul style="list-style-type: none"> • personal and environmental search training • patient property search at point of admission will not require the completion of the Patient Agreement to Search Consent Form (Appendix 1) Patient to be present during search of their property • Authority to search and legal powers for searching patients • Identification of contraband and controlled items • Decision to search and appropriate involvement of the police • Legislation around incoming mail • Search equipment additions and monitoring • Reference to Search with Dogs SOP • Addition of appendix 3, 4 and 5: information for staff, patients and visitors with regards to a step by step guide of how a search should be carried out <p>Approved by Director Sign-off at MHLC – 18 May 22 (EMT Notified) Minor changes only, as amends are for clarification rather than practice.</p>

3.2	<i>Full Review – to include review by co-production group (people with lived experience)</i>	<i>November 2024</i>	<i>Amendments made to ‘contraband’ list (Page 7 and 8). Management of pornographic / offensive material (page 9) Additional considerations about search following periods of leave (page 10) Use of trauma informed language (page 12 and 20) Additional information to ensure patients are informed that search may occur without consent if risk is high (Page 21 and 25). Approved at QPaS (31 October 2024) and EMT (12 November 2024) and ratified at Board (27 November 2024).</i>
3.3	<i>Minor amendments Minor Amendments with co-production.</i>	<i>February 2025 May 2025</i>	<i>Clarified about storage and return of illegal items or weapons (5.2.1 on page 7) in response to action from Initial Incident Review: 2025 - 037 Following PSIA 2024 – 07 (Action 4), 5.5 Now included to recognise shared accountability and limitations of staff in relation to search as well as agreed actions when limitations are recognised (Page 12 and 13). Approved at QPaS (15 May 2025).</i>
3.4	<i>Minor amendments</i>	<i>June 2025</i>	<i>Addition of ‘non-medical use magnets’ to controlled list (page 8) Approved by Director sign-off (Kwame Opoku-Fofie – 22 June 2025).</i>
3.5	<i>Reviewed with minor amendment</i>	<i>Feb 2026</i>	<i>Addition of management of illicit substances (Pages 15 and 16). Approved at Quality and Patient Safety Group (12 March 2026).</i>

Appendix 7 – Equality and Health Inequalities Impact Assessment (EHIA) Toolkit

Equality and Health Inequalities Impact Assessment (EHIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Inpatient Search Policy
2. EIA Reviewer (name, job title, base and contact details): Michelle Nolan, Mental Health Legislation Lead
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Policy

<p>Main Aims of the Document, Process or Service</p> <p>The purpose of this policy is to promote a safe and therapeutic environment for patients, staff and the public by providing clinical staff working within inpatient mental health and Learning Disability services with:</p> <ul style="list-style-type: none"> • Clear roles and responsibilities in relation to the searching of a person, or property. • A framework which promotes the principle that patients involved in any form of search are treated with respect, and have their dignity maintained throughout the process.
<p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the proforma</p>

<p>Equality Target Groups</p> <p>This toolkit asks services to consider the impact on people with protected characteristics under the Equality Act 2010 as well as the impact on additional groups who may be at risk of experiencing inequalities in access, outcomes and experiences of health and care.</p>	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Positive = evidence of positive impact Neutral = little or no evidence of concern (Green) Moderate negative = some evidence of concern (Amber) High negative = significant evidence of concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ul style="list-style-type: none"> • who have you consulted with? • what have they said? • what information or data have you used? • where are the gaps in your analysis? • how will your document/process or service promote equality and diversity good practice?
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Equality Target Group	Definitions (Source: Equality and Human Rights Commission, 2024)	Equality Impact Score	Evidence to support Equality Impact Score
Age	A person belonging to a particular age (for example 32-year-olds) or range of ages (for example 18- to 30-year-olds).	Neutral	Applicable across the lifespan, to all ages who are admitted to our inpatient units (excluding early years).
Disability	A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	Neutral	This policy is consistent in its approach regardless of disability. For individuals who have a communication need or have English as their second language information will be provided in the appropriate format to support understanding. Policy is sensitive to ensure privacy and dignity when undertaking search.
Sex	Man/Male, Woman/Female.	Neutral	The MHA Code of Practice details the need for non-discriminatory practice and application of the MHA as well as highlighting the requirement for awareness of, sensitivity to and appropriate accommodation of any gender related preferences, needs or requirements.
Marriage/Civil Partnership	Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples.	Neutral	The policy applies equally regardless of marriage or civil partnership status.

Pregnancy/Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a person unfavourably because they are breastfeeding.	Neutral	There is no procedure in the application of policy that would affect pregnant/antenatal women
Race	A race is a group of people defined by their colour, nationality (including citizenship) ethnicity or national origins. A racial group can be made up of more than one distinct racial group, such as Black British.	Neutral	This policy is consistent in its approach regardless of race. It is acknowledged however that for any patient whose first language is not English, as information needs to be provided and understood, staff will follow the Trust interpretation procedure.
Religion or Belief	Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	Neutral	The MHA Code of Practice details the need for non-discriminatory practice and application of the MHA as well as highlighting the requirement for awareness of, sensitivity to and appropriate accommodation of any preferences, needs or requirements related to religious or other belief systems.
Sexual Orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	Neutral	The MHA Code of Practice details the need for non-discriminatory practice and application of the MHA as well as highlighting the requirement for awareness of, sensitivity to and appropriate accommodation of any preferences, needs or requirements related to sexual orientation.
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Neutral	This policy is consistent in its approach regardless of the gender identity.
Poverty	People on welfare benefits, unemployed/low-income, fuel poverty, migrants with no recourse to public funds	Neutral	This policy is consistent in its approach regardless of income or living standards.
Literacy	Low literacy levels, including includes poor understanding of health and health services (health literacy) as well as poor written language skills	Neutral	The policy applies regardless of literacy level. There is no identified impact on people with low literacy levels.
People with English as an additional language	People who may have limited understanding and/or ability to communicate in written or spoken English	Neutral	This policy is consistent in its approach regardless of language. It is acknowledged however that for any patient whose first language is not English, as information needs to be provided and understood, staff will follow the Trust interpretation procedure.
Digital exclusion	People who can't or don't want to use digital technology due to cost, access to connectivity or devices, digital skills or lack of confidence or trust in digital systems	Neutral	This policy is consistent in its approach regardless of digital skills or access.
Inclusion health groups	People who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. This includes:	Neutral	This policy is consistent in its approach regardless of inclusion health group. Taking a trauma informed approach to handling the need for search will support people from this group, many of whom will have histories of complex trauma.
	<ul style="list-style-type: none"> • People who experience homelessness 	Neutral	This policy is consistent in its approach regardless of housing status.
	<ul style="list-style-type: none"> • Drug and alcohol dependence 	Neutral	This policy is consistent in its approach regardless of drug / alcohol dependence.
	<ul style="list-style-type: none"> • Vulnerable migrants 	Neutral	This policy is consistent in its approach regardless of the person's country of origin/migration status.

	<ul style="list-style-type: none"> Gypsy, Roma and Traveller communities 	Neutral	This policy is consistent in its approach regardless of ethnic background or community.
	<ul style="list-style-type: none"> Sex workers 	Neutral	This policy is consistent in its approach regardless of the person's occupation.
	<ul style="list-style-type: none"> People in contact with the justice system 	Neutral	This policy is consistent in its approach regardless of the person's involvement with the justice system.
	<ul style="list-style-type: none"> Victims of modern slavery 	Neutral	This policy is consistent in its approach regardless of the person's experience with modern slavery.
Rurality	People who live in remote or rural locations who may have poor access to services.	Neutral	This policy is consistent in its approach regardless of geographical location.
Coastal communities	People who live in coastal communities which may experience unemployment, low educational attainment, poor social mobility, poor health outcomes and poorer access to services.	Neutral	This policy is consistent in its approach regardless of geographical location.
Carers	Carers and families of patients and service users, including unpaid carers and paid carers	Neutral	This policy is consistent in its approach regardless of any identified involvement of carer / family of the patient. This policy considers carer's / families' involvement in relation to provision of information regarding search of their loved ones and also any prohibited and controlled items.
Looked after children	A child or young person who is being cared for by their local authority. They might be living in a children's home, or with foster parents, or in some other family arrangement.	Neutral	The policy applies regardless of looked after status.
Veterans	Anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations.	Neutral	This policy is consistent in its approach regardless of veteran status.
Neurodivergence	People with alternative thinking styles such as autism, attention deficit hyperactivity disorder, dyslexia, developmental co-ordination disorder (dyspraxia), dyscalculia.	Neutral	The policy applies regardless of Neurodivergence.
Other	Any other groups not specified in this toolkit who may be positively or negatively impacted	Neutral	N/A

Summary

Please describe the main points/actions arising from your assessment that supports your decision above	
<p>The standards and principles described within the Policy prompt the clinician to have regard to individual holistic needs of the patient in relation to the search process. The principles of this Inpatient Search policy are to remove blanket practices of searching individuals without a clear risk rationale documented in the patient record. All staff will be trained in search techniques and appropriate equipment provided to support the implementation of the policy. Staff must carry out mandatory Equality, Diversity and Human Rights training via e-learning. The search policy is in place to support the management of inpatient services and reduce the risk of controlled items causing harm or damage to patients, visitors or staff.</p>	
EIA Review: Michelle Nolan	
Date Completed: 24.02.25	Signature: M. Nolan