

## **Searching of Inpatients and their Property Policy**

**For all Mental Health and Learning Disability Inpatient Settings**

This policy provides clinical staff within Leicestershire Partnership NHS Trust with clear directives for undertaking a search of inpatients and their property.

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## Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
One	10th June 2013	First working draft, discussed at working group meeting on 12 <sup>th</sup> June 2013.
Two	27th June 2013	Second working draft, amendments made following discussion at working group meeting on 12 <sup>th</sup> June 2013
Three	1st August 2013	Third working draft, amendments made following feedback and comments from individuals and groups as listed on page two.
Four	26th August 2013	Fourth draft, amendments made following feedback and comments from the Policy Group.
Five	27th September 2013	Final version
Six	30th January 2017	Review of policy, including: <ul style="list-style-type: none"> <li>· Addition of procedure for the use of hand held metal detectors (appendix 5)</li> <li>· Removal of core care plan, and addition of care planning requirements to section 6.9</li> <li>· Change of search terminology from rub/pat down to person search, in accordance with terminology used in training</li> <li>· Additional advice to reflect the LPT Smoke Free Policy</li> <li>· Addition of training section (section 6.10)</li> </ul>
Seven	28th February 2017	Amendments made following comments on version six, including: <ul style="list-style-type: none"> <li>· Clarification of training requirements for Mill Lodge staff (see section 6.10)</li> <li>· References to the needs of CAMHS patients (see sections 6.2 and 6.4)</li> <li>· Consideration of gender identity (see sections 6.5.1 and 6.6)</li> </ul>
Eight	January 2020	Amendments made following comments on version six, including: <ul style="list-style-type: none"> <li>· Appendices added for Phoenix Ward Searching Procedures.</li> <li>· Clarification of searching visitors (see section 6.8)</li> </ul> Reviewed at Trust Patient Safety Improvement Group. Minor amendments made. <ul style="list-style-type: none"> <li>- Use of Police dogs for environmental searches (see section 6.7)</li> <li>- Recording forms added in as appendices</li> </ul>

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## Definitions that apply to this Policy

<b>Capacity</b>	The ability to make a decision about a particular matter at the time the decision needs to be made. Some people may lack capacity to make a particular decision (e.g. to consent to treatment) because they cannot understand, retain, use or weigh the information relevant to the decision. A legal definition of lack of capacity for people aged 16 or over is set out in section 2 of the Mental Capacity Act 2005.
<b>Consent</b>	Agreeing to allow someone else to do something to or for you. Particularly consent to treatment. Valid consent requires that the person has the capacity to make the decision (or the competence to consent, if a child), and they are given the information they need to make the decision, and that they are not under any duress or inappropriate pressure.
<b>Person search</b>	A search technique that involves sliding the hands over a clothed person to identify any items of risk, such as concealed weapons or drugs (also known as ' <i>frisking</i> ', rub or pat down search).
<b>Body search</b>	A search technique that involves searching a person for items of risk or contraband suspected of being hidden on their body or inside their clothing, and not found by performing a person search or slide down, by requiring the person to remove some of his or her clothing (excluding underwear).
<b>Intimate search</b>	A search technique that involves the physical examination of a person's body orifices other than the mouth.  <b><u>Note:</u> Intimate searches must never be undertaken by LPT staff</b>
<b>Due Regard</b>	Having due regard for advancing equality involves: <ul style="list-style-type: none"> <li>• Removing or minimising disadvantages suffered by people due to their protected characteristics.</li> <li>• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.</li> <li>• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.</li> </ul>

## **Equality Statement**

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

## **Due Regard**

The Trust's commitment to equality means that this policy has been screened in relation to paying due regard to the Public Sector Equality Duty as set out in the Equality Act 2010 to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations.

Measures in place throughout this policy ensure that respect for the dignity of patients, carers and service users is maintained during the application of this policy. Please refer to the Trust Equality, Diversity and Human Rights Policy available on the intranet. To mitigate any adverse impact on relevant protected characteristics, the following examples can be provided;

- Recognition of the need to respect privacy, dignity and gender (including gender identity) requirements as part of the person, body and environmental searches (see section 6.5)
- Recognition of the need for an individualized approach to searching, and the development of an individualized care plan where routine or repeated searching is likely (see section 6.9)
- Acknowledgement of the needs of under 18s (see for example section 6.2)
- Consideration of the importance of items carried as a requirement of religion, belief or spirituality, for example religious swords, and how patients may safely observe their religions (see section 6.3)

In addition to the examples highlighted above, equality monitoring of all relevant protected characteristics to whom the policy applies will be undertaken. Robust actions to reduce, mitigate and where possible remove any adverse impact will be agreed and effectively monitored.

This policy will be continually reviewed to ensure any inequality of opportunity for service users, patients, carers and staff is eliminated wherever possible.

## 1.0 Summary

The searching of a person or their property is not routine and as such must only be carried out in exceptional circumstances, for example, where the risk presented by a service user creates a pressing need for additional security (Code of Practice Mental Health Act 1983, section 16.12 (Dept. of Health, 2008)). The exception to this is routine searching, for example in secure settings or as part of individual care plans (addressing risk as assessed by the multi-disciplinary team).

In such circumstances nursing staff have a statutory duty to provide a safe environment for service users and staff and to protect the public. Therefore searches are an essential and justifiable component for safe practice, and this policy outlines the parameters and procedures for staff undertaking such searches.

## 2.0 Introduction

This policy provides clinical staff within Leicestershire Partnership NHS Trust with clear directives for undertaking a search of patients and their property. Staff involved in the search process must take account of the individual needs of patients, for example disability, religious and cultural needs.

Searching must be conducted in a safe, reasonable and justifiable manner in order that it does not cause suffering or degradation to the individual. Its use must be in order to preserve safety and enable a reduction in risk to the patient and/or others.

Staff must be aware of the potentially harmful psychological consequences of searching, and wherever possible consent must always be sought in the first instance<sup>1</sup>.

Searching can be seen as a protective act towards the patient and others if it prevents or reduces the risk to themselves and/or others within the same area. The decision not to search in the event of an emergency needs to be recorded in order that it may be considered at a later review.

In order that searching can be justified, it must be seen as an interface with the individual's human rights that is proportionate to the intended purpose i.e. to avoid causing harm to the individual person or others.

The guidance contained in this document has been written giving consideration to the safety of the patient, Trust staff and others and any actions taken in respect of this document must not conflict with the rights of the patient under the provisions of the Human Rights Act 1998.

On occasion, where there is a history of violence or substance use, outpatient or other appointments may be set up with the condition that the patient is searched before commencement of the session. Such sessions will be pre-arranged, with the consent and involvement of the service user, the multi-disciplinary team and the consultant psychiatrist. The principles of this policy will apply.

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<sup>1</sup> Leicestershire Partnership NHS Trust – Consent to Examination & Treatment Policy 2015

### 3.0 Purpose

The purpose of this policy is to promote a safe and therapeutic environment for all service users, staff and the public by providing clinical staff who work within Inpatient Services with:

- A standardised method of conducting searches in areas of the Trust where there is a perceived risk
- Details of best practice, roles and responsibilities in relation to the searching of a person, or property
- A framework which promotes all service users involved in any form of search being treated with respect, and having 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.

This policy takes into account guidance issues within a number of documents, including the NICE guidance NG10, Violence and aggression: short-term management in mental health, health and community settings (May 2015) and the *Memorandum of Understanding between the Association of Chief Police Officers (ACPO) and the NHS Security Management Service* (2006). It also follows the clear principles laid out within the Mental Health Act 1983 Code of Practice (2008) section 8, which are:

#### **Conducting personal and other searches**

8.33 The consent of the person should always be sought before a personal search of them or a search of their possessions is attempted. If consent is given, the search should be carried out with regard to ensuring the maximum dignity and privacy of the person. Undertaking a personal search in a public area will only be justified in exceptional circumstances.

8.34 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 do not have to consent.

8.35 A person being searched or whose possessions are the subject of a search should be kept informed of what is happening and why. If they do not understand or are not fluent in English, the services of an interpreter should be sought, if practicable. The specific needs of people with impaired hearing or a learning disability and those of children and young people should be considered.

8.36 A personal search should be carried out by a member of the same sex, unless necessity dictates otherwise. The search should be carried out in a way that maintains the person's privacy and dignity and respects issues of gender, culture and faith. There should always be 2 staff present for any search to take place. It is always advisable to have another member of the hospital staff present during a search, especially if it is not possible to conduct a same-sex search.

8.37 A comprehensive record of every search, including the reasons for it and details of any consequent risk assessment, should be made.



8.38 Staff involved in undertaking searches should receive appropriate instruction and refresher training.

8.39 In certain circumstances, it may be necessary to search a detained patient or their possessions without their consent.

8.40 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 with knowledge of the patient's case) should be contacted without delay in the first instance, if practicable, so that any clinical objection to searching by force may be raised. The patient should be kept separated and under close observation, while being informed of what is happening and why, in terms appropriate to their understanding. This is particularly important for individuals who may lack capacity to decide whether or not to consent to the search. Searches should not be delayed if there is reason to think that the person is in possession of anything that may pose an immediate risk to their own safety or that of anyone else.

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

8.42 The policy should set out the steps to be taken to resolve any disagreement or dispute where there is a clinical objection to a search.

8.43 Where a patient physically resists being personally searched, physical intervention should normally only proceed on the basis of a multi-disciplinary assessment, unless it is urgently required. A post-incident review should follow every search undertaken where consent has been withheld.

8.44 There should be support for patients and for staff who are affected by the process of searching. This may be particularly necessary where a personal search has had to proceed without consent or has involved physical intervention (see paragraphs 8.40 – 8.43 and chapter 26 on use of physical interventions).

8.45 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 where the items will be stored, and when they will be returned.

8.46 The exercise of powers of search should be audited regularly and the outcomes reported to the hospital managers.

Mental Health Act 1983 Code of Practice (2015)

## **4.0 Duties within the Organisation and Training**

**4.1 The Trust Board** has a legal responsibility for the implementation of this policy and the monitoring of compliance. Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

**4.2 Service Directors, Heads of Service, Managers and Team leaders** are responsible for the dissemination and effective implementation of this policy within their areas of responsibility. Managers responsibilities include facilitating effective local induction arrangements for staff within their areas of responsibility and staff attendance at any training which is identified as necessary to equip them with the knowledge and skills to effectively implement this policy.

**4.3 Clinical Staff** have a responsibility to conduct their practice in line with this policy and in accordance with the principles set out within the Mental Health Act 1983 and its Code of Practice. Staff must complete a local induction and attend any training which is provided to promote the implementation of this policy. Staff must bring any issues which may affect the implementation of this policy to the attention of Senior Managers.

### **4.3 Training**

Searching patients at risk is a highly skilled activity and staff must be trained in the skills and competencies required and, where necessary, be supervised in their practice of this activity as they would with any other form of intervention. The nurse in charge retains accountability for the delegation of searching duties.

The trust will ensure that all registered and unregistered clinical staff are appropriately trained in line with the organisation's training needs analysis.

## **5.0 Justification for Document**

This policy addresses the MHA Code of Practice requirement to provide an operational policy on searching both informal service users and service users detained under the Mental Health Act, their belongings, surroundings and their visitors (Code of Practice Mental Health Act 1983, section 16.10).

### **5.1 Stakeholders and Consultation**

See page two for an overview of the involvement of relevant groups, committees and stakeholders during the course of the development of this document.

## **6.0 Procedure and Implementation**

### **6.1 Authority to Search and the Legal Context**

The authority to conduct a search of a person 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.

The 1983 Mental Health Act contains no express power for searching patients detained for treatment under its provisions. The MHA Code of Practice provides guidance on good practice when conducting searches and this procedure must be read in conjunction with that document whether or not the patient is detained under the provisions of the Act. It must be remembered that the Code applies to detained patients only.

The decision to search must be made by the nurse in charge of the shift based on their professional judgement about the level of risk. The decision must follow consultation with the duty coordinator or person in charge of the unit (unless searching has been identified as part of the patient's care plan and agreed with the patient's care team). In the event of an emergency or where the perceived risk (either to the patient or to others) does not allow this to occur, it may not be practical for the nurse in charge to wait for the agreement of the coordinator or care team.

### **6.2 Consent and Capacity**

Every attempt must be made to obtain the patient's consent to the search of their person or their property prior to the commencement of the search in line with the Policy for Consent to Examination or Treatment.

The reasons for the search and what it will entail must be fully explained to the patient. There may be times when it is not possible to gain consent, for example where the patient lacks capacity to understand the information being provided and the ability to make an informed decision. Patients must be informed that they do not have to give consent, and they have the right to refuse if they have capacity. For some under 18s, consent may at times be from parents or carers.

If there is any doubt regarding the patient's capacity to consent in relation to the decision to search at the time, then a full assessment of capacity must be undertaken. Decisions made to search patients without capacity must include a judgement about their best interests, their safety and the safety of others (Mental Capacity Act 2005).

Where possible efforts must be made to overcome language/communication difficulties via the use of interpreters and other aids or strategies for communication. The urgency demonstrated by the risk assessment would need to be weighed against the importance of taking time to ensure the patient is supported in understanding.

Where a patient with capacity does not consent to the search the nurse must negotiate with the patient (and carers, if appropriate) and try to understand the reasoning behind the refusal in the first instance. Consent obtained by means of threat, intimidation or inducement is likely to render the search illegal. If agreement cannot be reached and the level of risk is such that

the nurse considers the search to be necessary, a judgement must be made about the best way to proceed.

The responsible clinician, where practicable, must be contacted so that any clinical objection to searching without consent may be raised and a multi-disciplinary assessment may be undertaken. If the risk is assessed to be high and immediate and the clinical decision is that force has to be used, it must be the minimum necessary. The use of therapeutic observations may be considered as an interim, or alternative, approach to maintaining the safety of all patients and staff on the ward.

Where there is a clinical objection to a search, advice must be sought from the senior manager and clinical director.

It must be noted that, in **exceptional circumstances** only, detained patients may be subject to searching without consent. For example, such searches may be necessary if the patients detained in a particular unit tend to have dangerous or violent propensities which mean they create a self-evident pressing need for additional security (MHA Code of Practice, 2015).

If the patient is assessed as safe to leave the ward consideration could be given to making the search a condition of their remaining on the ward. If the level of risk is assessed as such that the patient must remain on the ward in spite of refusing to be searched, there is no statutory power to conduct the search. Continuing with the search in this situation must, therefore, be justified by the perceived level of risk.

Understanding of the particular ward environment and patient group will influence the process and conduct of the search. It must always reflect sensitivity, utilising the means whereby individuals can understand the reasons for the search and the appropriateness of those staff conducting the search.

Post-search support for all those involved must be provided (either psychological support or debrief).

### 6.3 Search procedure

In order to ensure a safe ward environment, nursing staff must inform patients of items that are not permitted on the ward. This must be done during the admission procedure when information must be relayed appropriately, ensuring the patient understands the procedure and the reasons for any search. This may be re-visited at any time during a patient's stay, but especially on return from unescorted leave.

The patient must be asked if he or she wishes to declare any item he or she has in their possession that might contravene this policy. If the nurse is not satisfied with the response, they must clearly document their concerns in the patient's case notes and carry out a risk assessment.

The Trust patient's property form must be completed for all inpatients on admission. Further guidance can be found in the LPT Patient Property Policy (LPT,2018).

Some high risk inpatient areas will have their own specific searching policies- see appendix 5

The following list identifies a number of items<sub>2</sub> that are either illegal or present a risk for a

patient to possess within a ward environment. The list must not be considered exhaustive:

- **Dangerous implements:** knives, scissors, metal nail files, razor blades or any other object considered dangerous or likely to cause injury.
- **Firearms:** any firearm, real or otherwise
- **Medication/drugs:** prescribed medication, non-prescribed medication, herbal remedies, preparations/alternative medications, illegal drugs or unidentified substances.
- **Smoking materials:** cigarettes, tobacco, matches and lighters
- **Miscellaneous:** alcohol, glass, electrical leads/flexes, aerosol cans/chemicals and any other items that may be considered a risk

The nurse conducting the risk assessment must give consideration to any other items, for example keys, mobile phones etc. that may be considered inappropriate for the patient to have in their possession at that time. Consideration must also be given to items carried for cultural purposes, for example, religious artefacts or lucky charms etc., and discussion must take place about how the patient's cultural needs can be safely met. One example of the importance which must be placed on this is the carrying of a knife or sword as a requirement of religion, belief or spirituality. This can be of great importance to the patient, however, some environments and situations will make this unsafe. This must be discussed with the individual who may be willing for the item to be kept safely. Advice can be sought through the Chaplaincy Service which has links with many faith communities and may be able to suggest ways in which the patient can safely observe their religion.

A receipt must be given for any item retained, and the patient must be told why they have been removed, where they will be stored and when the patient can expect them to be returned.

## 6.4 The Decision to Search

Having obtained authority as outlined in section 6.1, it is the responsibility of the nurse in charge to decide if it is safe to conduct the search and, if so, who will conduct the search. If it is not considered safe to conduct the search, because the patient is thought to be in possession of an offensive weapon, then the police must be called. Use of the Observation Policy may be considered if a search is considered to be inappropriate or unsafe.

The nurse in charge may delegate the search to a healthcare support worker who has been trained in the search procedure. As a minimum, two members of staff will conduct the search. One member of staff (and if possible both) must be the same gender as the patient. Consideration must be given to religion, belief, spirituality and cultural issues, and to ensuring that the patient's privacy and dignity are maintained throughout the search process. The patient must be searched in a private area accessible only to those conducting the search.

Parents, family members and carers should also be asked if they are aware of any contraband items the patient may have in their possession - CAMHS patients must be returned to the ward by an adult who has taken responsibility for them during their leave.

## 6.5 Physical searches

During any search, the patient must be kept informed of what is happening and why. If the patient is not fluent in English, then the services of an interpreter should be sought wherever possible. The specific needs of patients with impaired hearing or a learning disability must be considered.

### 6.5.1 Person search

A search technique that involves passing the hands over a clothed person to identify any concealed weapons or drugs (also known as 'frisking'). Prior to any search the metal detector (wand) must be used before placing hands on the person. All wards must purchase a metal detector wand and a mirror with a light, and staff will be instructed in their use during essential to role searching training.

This procedure involves gloved hands sliding and searching through clothing, feeling for abnormal shapes and textures which may indicate an illicit object under clothing.

This will involve emptying of pockets, removal and search of coats, removal and search of footwear, feeling hair, visual examination of the mouth and similar actions which do not uncover the person searched.

The genital areas and breasts are to be avoided unless there is strong suspicion that these areas are being used to conceal items. In the case of strong suspicion, consider the body search rather than a slide down of these areas.

There will be two nurses present for this search, one registered and the same gender as the patient. The second nurse will also be the same gender wherever possible. Consideration will be given to the gender identity of the patient and staff involved in the search. One of the two nurses will act in the role of chaperone and will be aware of the requirements of the LPT chaperone policy, and in particular the responsibility to reassure the patient and to provide protection to his or her colleague against unfounded allegations of improper behaviour.

### **6.5.2 Body search**

A search technique that involves searching a person for weapons or other contraband suspected of being hidden on their body or inside their clothing, and not found by performing a person search, by requiring the person to remove some of his or her clothing (excluding underwear). Towels or sheets will be available to protect the patient's dignity.

This procedure builds on the process of the slide down and is extended to include removal and search of clothing, excluding underwear. A visual examination of the underarms and uncovered skin is carried out.

The patient will be asked not to remove underpants and bra, as applicable. However, if suspicion remains, the patient may be given a new set of underwear and asked to swap it with the underwear they are wearing.

### **6.5.3 Intimate search**

A search technique that involves the physical examination of a person's completely unclothed body and body orifices other than the mouth.

**Intimate searches are not covered by this policy and must never be undertaken by LPT staff.**

NB: In the unlikely event that an intimate search needs to be considered, this would be undertaken by the Police or Accident and Emergency staff following their own assessment of the risk conveyed to them by LPT clinical staff.

## **6.6 Environmental searches**

Whenever possible and appropriate, searches of a patient's bed area must be conducted with the patient in attendance and secured from other patients entering. The search will be completed by at least two members of staff, one of whom must be a registered nurse and one of the same sex (or gender identity) as the service user. All items in the room will be replaced as originally found, except any dangerous items, drugs or alcohol, which will be removed and disposed of.

Environmental searches may also be undertaken in communal ward areas and gardens on either an ad hoc or planned basis. Consideration should be given to a regular schedule of planned searches as appropriate.

## **6.7 Police dogs**

From time to time LPT may request the assistance of the Police Drugs Dogs to search the Hospital grounds, patient rooms and communal areas. There is no set agreement between the Police and LPT regarding how often this happens and the Police are not contractually obliged to provide this service. The visits will be requested via the police partnership officer who will manage and keep record of past and planned Police Drugs Dog visits, the visits will be recorded as a Police nonattendance incident on their incident management system, currently STORM. LPT may also utilise civilian or trusted public companies offering a Drugs Dog service.

When the Police Drugs Dog arrives on site, its use will be managed and directed by the Clinical Duty Managers, Police Partnership Officer and the Police Dog Handler. The Police Dog Handler will maintain responsibility for the dog at all times and make a dynamic risk assessment as to whether the environment is safe for staff, patients and visitors to deploy the dog.

The Clinical Duty Manager will be responsible for liaising with LPT staff for the area or ward where the dog is requested to search. Before the drugs dog enters onto a ward, all patients should be moved into an area where they will not come into contact with the dog and if there is any risk of patients being exposed to the dog, then the ward staff should make the dog handler aware who will then make a risk assessment as to whether to deploy the dog on or off the ward. The dog handler will be directed around the ward by a member of LPT staff who will facilitate entry into areas that are required to be searched. If the dog handler informs LPT staff that the dog has provided a positive indication, a more thorough room search will need to be carried out by LPT staff in line with current guidance. LPT staff will make the Police Partnership Officer aware of their findings who will then seize any illegal items relating to an offence under Section 19 of the Police and Criminal Evidence Act PACE.

It will be the responsibility of LPT staff to make note of rooms where the dog has entered and to consider offering fresh bedding or linen where appropriate.

At the conclusion of the search, the Police Partnership Officer will be responsible for informing the Clinical Duty Manager of any positive indications or items found.

## **6.8 Action to be taken if a visitor is suspected of possessing a dangerous or illicit item**



This policy does not make provision for the searching of visitors. Visitors must be asked not to bring bags on to the wards or into family visiting areas where staff have concerns about dangerous or illicit substances being brought in.

All visitors will be discreetly observed whilst on the unit. A visitor suspected of carrying or supplying dangerous items will be challenged, and they will be asked to support staff to maintain a safe ward environment. Property being brought in will be searched before being given to patients. Plastic bags must not be brought on to wards for safety reasons.

A visitor **must not** be searched, although their bags may be searched upon request if the visitor gives their consent. If a visitor refuses for their bags to be searched staff must consider whether it is appropriate for restrictions to be placed on their visits (e.g. observed visit only) or if they should be prohibited from visiting. Consideration must be given to the impact that this may have on the patient, and as withholding visitors is a significant infringement of the patient's rights, the decision must be carefully considered and full agreement of the team must be reached.

## 6.9 Disposal of contraband, dangerous or illicit items

There are different requirements and practices for the safe storage and disposal of items found during a search. At all times the safety of staff and patients, and any other persons present are paramount. The following provides a guide only to the disposal and or/storage of items found during a search:

Item found	Method of disposal/storage	Return on discharge
Firearms and weapons	Any firearms detected must be reported immediately to the police.  The firearm must not be handled and the area in which they are found must be vacated and made secure until the police dispose of the item.	To be advised by the police
Suspected illicit substances	Drug paraphernalia including foils, needles and syringes - to be removed and stored in drug amnesty safes at the Bradgate Unit or the Willows (see illicit substances policy for full procedure).	If substance is confirmed as illicit it cannot be returned to the patient.
Scissors, nail files, razor blades, pen knives, swords (carried by some for religious reasons) etc.	To be stored in the sharps secure area of the ward.	Can be returned to patient on discharge, dependant on clinical judgment and risk assessment.

Prescribed and non-prescribed medication	To be removed and securely stored in the ward clinic room. Medicines management technicians will check any medication brought in by a patient, and if suitable they will place it in the drug trolley for use.	Any medication that is left at the point of discharge remains the patient's property, subject to risk assessment the nurse must ask the patient if they would like the medication returning or if they would like it to be returned to Pharmacy.
Alcohol	Give to carer to take home or ask patient for permission to dispose of alcohol. Alcohol cannot be stored on the ward due to fire and other risks.	Not applicable.
Cigarettes, matches and lighters	To be removed and stored by staff, and may be accessed in accordance with Trust smoke free policy	Can be returned to patient on leave or discharge

## 6.10 Documentation of the search process and care planning

The nurse in charge of the search is responsible for recording the process, and a comprehensive entry must be made in the healthcare record documenting the rationale for the search, the staff members present and the outcome and resulting risk assessment. If consent is not given, the search must be reported via an electronic incident form (eIRF).

There must be support (for example, psychological support or debrief) offered to patients and staff who are affected by the searching process, and this must be documented.

In the case of routine searching, or if a further search in the future is likely, a searching care plan must be developed. The aim of the care plan is to enable staff to fully assess the patient's mental state and level of risk, and to maintain a safe ward environment.

The individualised plan of care must include consideration of the following:

- Clear information on any multi-disciplinary discussion that has taken place, along with a summary of relevant risk and the agreed approach to managing the risks
- Any behaviour contract agreed with the patient
- The rationale for the search must be explained to the patient and his or her consent must be sought.
- Two members of staff will be present, one or more must be the same gender/gender identity as the patient.
- The search must be recorded in the healthcare record, including the rationale for the search, consent, the staff members present and the outcome.
- A receipt must be given for any item retained.
- If the patient does not consent and the nurse in charge assesses that due to the level of risk the search must go ahead, an eIRF must be completed.
- The patient's views must be sought and documented at each review.

When conducting an Environmental or Person search there must be a recorded document

completed (see appendix 7). In case of a search being undertaken the Responsible Clinician for the patient must be informed at the earliest opportunity. The form will need to be scanned and uploaded on to the electronic patient record until such a time where there is an electronic version of the form available on the patient records.

## **6.11 Training**

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy, this training has been identified as essential to role training.

A record of the event will be recorded on uLearn.

The compliance for training is monitored locally through the monthly workforce training reports.

All staff undertaking searches will be provided with training. The full training is one-off essential to role practical training with competence assessment, however, staff must undertake a brief refresher every three years.

Where concerns about competence are identified, a repeat of training with competence assessment will be undertaken.

Clinical staff at Mill Lodge will be exempt from undertaking the Checking and Searching of Inpatients training. This is due to the nature of the patient group at Mill Lodge. If the need should arise, a trained clinician from Stewart House will be expected to advise and to facilitate the search (either a person search or room search)

## **7.0 Monitoring Compliance and Effectiveness**

The Mental Health Act Code of Practice states the exercise of powers of search should be audited regularly and the outcomes reported to the hospital manager (8.46, p71).

The Trust will ensure that searching activity is regularly monitored and audited. Reports will be provided to local management teams.

The Ward Sister/Charge Nurse is responsible for ensuring that staff involved in searches are trained in up to date search techniques and that records of searches are maintained and the information is produced as requested by managers.

If, for any reason, there is any deviation from this policy, it is the responsibility of the nurse in charge of the ward or unit coordinator to ensure this is immediately communicated to the service manager or senior manager on call if it occurs out of hours. Additionally, an Incident Report Form (eIRF) must always be completed. This must detail what the deviation from the policy was, the reasons for this, and measures taken to prevent reoccurrence.

All searches, without exception, must be documented in the healthcare record and on the relevant recording forms in the appendices.

Additionally, Ward Sister/Charge Nurses will audit practice in their area on an ongoing basis with quality checks to ensure policy compliance within their sphere of responsibility. Any discrepancies or issues for practice identified during audit/ quality checks will be addressed

by the ward sister/charge nurses and escalated through the appropriate manager. Ward Sisters/Charge Nurses will discuss any concerns and share learning points at the relevant meetings.

It remains the responsibility of the Patient Safety Group to review the Searching of Inpatients Policy.

<b>Ref</b>	<b>Minimum Requirements</b>	<b>Evidence for Self-assessment</b>	<b>Process for Monitoring</b>	<b>Responsible Individual / Group</b>	<b>Frequency of monitoring</b>
6.11	The Ward Sister/Charge Nurse is responsible for ensuring that staff involved in searches are trained in up to date search techniques and that records of searches are maintained and the information is produced as requested by managers.	Training Records. Care plans. Healthcare record progress notes.	Ward Sister/Charge Nurse to monitor achievement on their wards.	Ward Sister/Charge Nurse.	Monthly.
<b>Ref</b>	<b>Minimum Requirements</b>	<b>Evidence for Self-assessment</b>	<b>Process for Monitoring</b>	<b>Responsible Individual / Group</b>	<b>Frequency of monitoring</b>
7.0	If there is any deviation from this policy, the nurse in charge must ensure this is communicated to the service manager.	An Incident Report Form (eIRF) must always be completed.  A review of any complaints received which relate to concerns about the search process will be made.	Incident reports.  Complaints.	Ward sister/charge nurse	Ongoing.
<b>Ref</b>	<b>Minimum Requirements</b>	<b>Evidence for self-assessment</b>	<b>Process for Monitoring</b>	<b>Responsible individual / Group</b>	<b>Frequency of monitoring</b>

7.0	Ward Sister/Charge Nurse will undertake quality checks of practice in their area on a regular basis to ensure policy compliance within their sphere of responsibility. Any discrepancies or issues for practice identified during quality checks will be addressed by the ward sister/charge nurses and escalated through the appropriate manager.	Completed eIRFs. Electronic patient record.	Cross-check of eIRFs and electronic patient records.	Clinical Audit Nurse	Monthly
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## 8.0 Links to Standards/Performance Indicators

This policy document links to Care Quality Commission (CQC) Regulations:

Regulation 9: Person Centered Care

Regulation 10: Dignity and Respect

Regulation 11: Need for Consent

Regulation 12: Safe Care and Treatment

### 8.1 Standards/Key Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
All searches are undertaken in line with best practice standards, and the rights, dignity and individual needs of patients are protected.	Incidents Complaints Audit reports Monthly record keeping spot checks Observations of staff completing searches.
Staff involved in searches are trained in up to date search techniques and records of searches are maintained.	Training records Audit reports Staff are asked how they applied the Searching Policy and asked to provide feedback.

## 9.0 References and Associated Documentation

This policy was drafted with reference to the following:

Department of Health (2015) Code of Practice Mental Health Act 1993

Department of Health (2014) Positive and Proactive Care: reducing the need for restrictive interventions

NICE guidance NG10, Violence and aggression: short-term management in mental health and community settings, issued May 2015

LPT Seclusion and Long Term Segregation Policy, October 2019

Management of Service Users who have Dual Diagnosis (Coexisting problems related to substance/alcohol use) Policy, LPT, June 2018

LPT Chaperone Policy for Adults and Children, February 2017

LPT Policy for Consent to Examination or Treatment, May 2018

LPT Safe and Therapeutic Observation of Inpatients Policy, November 2015

LPT Equality, Diversion and Inclusion Policy, November 2018

LPT Patient Property Policy, August 2018

All LPT policies are available on e-source

With acknowledgment to:

- Northamptonshire Healthcare NHS Foundation Trust (2011) Searching of Inpatients, Visitors and Rooms
- Southern Health Care NHS Foundation Trust

## Procedure for the use of hand held metal detectors

All patients subject to risk assessment and care plan are to be searched by metal detector and subsequent Person Search prior to the patient entering the clinical area.

- A Person Search should start with a search by hand held metal detector

### Using a hand held metal detector:

- Switch the Machine on and test it by holding it close to a metal object.
- When you are sure that it is working Stand at an angle in front of the patient, adopting a defensive stance
- Ask the patient if they have anything on them which they are not authorised to have.
- Ask the patient to remove any jewellery and empty their pockets. Ask them to remove their shoes and hat if they are wearing one.
- Hold the metal detector close to the person being searched.
- Start the search at the patient's head. Pass the metal detector over their head from one shoulder to the other and from their chin to the nape of their neck.
- Ask the patient to raise their arms horizontally sideways and stand with their feet slightly apart.
- Pass the metal detector over the top of their arm to their hand and along the underside of their armpit. Continue down the side of their torso and then down their leg to their ankle.
- Repeat this process on the other side of the patient.
- Pass the metal detector over the front of their legs from crotch to ankle.
- Pass the metal detector over the front of the patient (several passes may be necessary) from their neck to their crotch.
- Repeat this process from the back of their neck to their crotch
- Pass the metal detector over the backs of their legs from their crotch to ankle.
- Pass the metal detector over the inside of each leg.
- Ask the patient to lift a foot at a time and pass the metal detector over each foot.
- Check both shoes

If the arm sounds at any time:

- Ask the patient to explain what is setting the alarm off.
- Remove the article/item if possible and re-scan or examine area of concern

## Due Regard Screening Template

Section 1	
<b>Name of activity/proposal</b>	Searching of inpatients policy
<b>Date Screening commenced</b>	January 2020
<b>Directorate / Service carrying out the assessment</b>	Adult Mental Health and Learning Disability
<b>Name and role of person undertaking this Due Regard (Equality Analysis)</b>	Louise Short
<p><b>Give an overview of the aims, objectives and purpose of the proposal:</b>  <b>AIMS:</b> The purpose of this policy is to promote a safe and therapeutic environment for all service users, staff and the public by providing clinical staff who work within Inpatient Services with a standardised method of conducting searches in areas of the Trust where there is a perceived risk.  <b>OBJECTIVES:</b> This will include details of best practice, roles and responsibilities in relation to the searching of a person, or property and a framework which promotes all service users involved in any form of search being treated legally, with respect, and having their dignity maintained throughout the process.</p>	
Section 2	
<b>Protected Characteristic</b>	<b>If the proposal/s have a positive or negative impact please give brief details</b>
Age	<p>Measures in place throughout this policy ensure that respect for the dignity of patients, carers and service users is maintained during the search process. Throughout the development of this policy, careful consideration has been given to ensure that respect for the dignity of patients, carers and visitors is maintained.</p> <ul style="list-style-type: none"> <li>– Recognition of the need to respect privacy, dignity and gender (including gender identity) requirements as part of the person, body and environmental searches (see section 6.5)</li> <li>– Recognition of the need for an individualised approach to searching, and the development of an individualised care plan where routine or repeated searching is likely (see section 6.9)</li> <li>– Acknowledgement of the needs of under 18s (see for example section 6.2)</li> <li>– Consideration of the importance of items carried as a requirement of religion, belief or spirituality, for example religious swords, and how patients may safely observe their religions (see section 6.3)</li> </ul> <p>These considerations should be set in the context of a high risk activity where patient safety is paramount.</p>
Disability	
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion and Belief	
Sex	
Sexual Orientation	
Other equality groups?	
Section 3	
<p><b>Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.</b></p>	
<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B	Low risk: Go to Section 4.
Section 4	
<p><b>If this proposal is low risk please give evidence or justification for how you reached this decision:</b></p>	
Only small changes made	
<b>Signed by reviewer/assessor</b>	<b>Date</b> August 2019





Louise Short

*Sign off that this proposal is low risk and does not require a full Equality Analysis*

**Head of Service Signed –**

**Date 08/07/20**

**Patient Safety Group**

## Training Needs Analysis

Training Required	YES	NO
<b>Training topic:</b>	Checking and Searching	
<b>Type of training:</b> (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development	
<b>Division(s) to which the training is applicable:</b>	<input checked="" type="checkbox"/> Adult Mental Health & Learning Disability Services <input checked="" type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services	
<b>Staff groups who require the training:</b>	Nurses within inpatient areas, or other staff who will be undertaking checking and searching activity	
<b>Regularity of Update requirement:</b>	One-off training, with a brief refresher every three years	
<b>Who is responsible for delivery of this training?</b>	Clinical Trainers	
<b>Have resources been identified?</b>	Yes	
<b>Has a training plan been agreed?</b>	Yes	
<b>Where will completion of this training be recorded?</b>	<input checked="" type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify)	
<b>How is this training going to be monitored?</b>	Feedback from participants  Ward Sisters/Charge Nurses are responsible for ensuring that all staff re appropriately trained and supervised	

**The NHS Constitution**

**The NHS will provide a universal service for all based on clinical need, not ability to pay.**

**The NHS will provide a comprehensive range of services.**

<b>Shape its services around the needs and preferences of individual patients, their families and their carers</b>	<input checked="" type="checkbox"/>
<b>Respond to different needs of different sectors of the population</b>	<input checked="" type="checkbox"/>
<b>Work continuously to improve quality services and to minimise errors</b>	<input checked="" type="checkbox"/>
<b>Support and value its staff</b>	<input checked="" type="checkbox"/>
<b>Work together with others to ensure a seamless service for patients</b>	<input checked="" type="checkbox"/>
<b>Help keep people healthy and work to reduce health inequalities</b>	<input checked="" type="checkbox"/>
<b>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</b>	<input checked="" type="checkbox"/>

## **Local Operational Procedures**

### **Searching Male Patients and their Property**

#### **Phoenix Ward Herschel Prins Centre**

The purpose of this policy is to:

- Ensure that the routine searching of patients and their property in secure settings is conducted in a dignified manner with nursing staff having a statutory duty to provide a safe environment for service users and staff, and to protect the public.
- Ensure that searches are an essential and justifiable component for safe practice, and this policy outlines the parameters and procedures for staff undertaking such searches.
- Provide clinical staff within Leicestershire Partnership NHS Trust with clear directives for undertaking a search of patients and their property.
- Ensure searching is conducted in a safe, reasonable and justifiable manner in order that it does not cause suffering or degradation to the individual. Its use must be in order to preserve safety and enable a reduction in risk to the patient and/or others.

Definition of search types:

#### 1. Person search:

- A search technique that involves passing the hands over a clothed person to identify any concealed weapons or drugs (also known as 'frisking'). Hand held metal detectors may be used.
- This procedure involves gloved hands sliding and searching through clothing, feeling for abnormal shapes and textures which may indicate an illicit object under clothing.
- This will involve emptying of pockets, removal and search of coats, removal and search of footwear, feeling hair, visual examination of the mouth and similar actions which do not uncover the person searched.
- The genital areas and breasts are to be avoided unless there is strong suspicion that these areas are being used to conceal items. In the case of strong suspicion, consider the body search rather than a slide down of these areas.
- There will be two nurses present for this search, one registered and the same gender as the patient. The second nurse will also be the same gender wherever possible. Consideration will be given to the gender identity of the patient and staff involved in the search. One of the two nurses will act in the role of chaperone and will be aware of the requirements of the LPT chaperone policy, and in particular the responsibility to reassure the patient and to provide protection to his or her colleague against unfounded allegations of improper behaviour.

#### 2. Body search:

- A search technique that involves searching a person for weapons or other contraband suspected of being hidden on their body or inside their clothing, and not found by performing a person search, by requiring the person to remove some of his or her clothing (excluding underwear). Towels or sheets will be available to protect the patient's dignity.
- This procedure builds on the process of the slide down and is extended to include

removal and search of clothing, excluding underwear. A visual examination of the underarms and uncovered skin is carried out.

- The patient will be asked not to remove underpants and bra, as applicable. However, if suspicion remains, the patient may be given a new set of underwear and asked to swap it with the underwear they are wearing.

### 3. Intimate search:

- A search technique that involves the physical examination of a person's completely unclothed body and body orifices other than the mouth.
- Intimate searches are not covered by this policy and must never be undertaken by LPT staff. In the unlikely event that an intimate search needs to be considered, this would be undertaken by the Police or Accident and Emergency staff following their own assessment of the risk conveyed to them by LPT clinical staff.

### 4. Environmental searches:

- All patients on Phoenix Ward will have monthly routine random room searches as a minimum standard procedure. However, if risks dictate that this should be increased, room searches may be conducted randomly once a week following MDT discussions. Whenever possible and appropriate, searches of a patient's bed area must be conducted with the patient in attendance and secured from other patients entering. The search will be completed by at least two members of staff, one of whom must be a registered nurse and one of the same sex (or gender identity) as the patient. All items in the room will be replaced as originally found, except any dangerous items, drugs or alcohol, which will be removed and disposed of.
- Environmental searches may also be undertaken in communal ward areas and gardens on either an ad hoc or planned basis.

### What we are searching for:

- Items designed to cause injury to self or others such as weapons
- Ignition sources such as matches, lighters
- Drugs, alcohol, or other substances which may adversely affect a patient's mental state and interfere with the treatment process
- Items that present a health or hygiene hazard such as decaying foodstuffs
- Materials which could aid an escape

### Procedure of the Policy on Phoenix Ward:

- All patients returning from both escorted and unescorted section 17 leave will be subject to a person search upon return to the ward. This will be conducted by 2 members of staff with at least one being trained in checking and searching. Where possible, both members of staff will be of the same gender. The person search will be conducted by a staff member of the same gender and the second person will act as an observer.
- In extreme circumstances, where it is not possible for the search to be completed by the same gender, two members of the opposite gender may conduct the person search with

consent from the patient

- All searches will be conducted in the search room located within the airlock upon return to the ward and when newly admitted. The property of all new admissions will be searched and logged before being returned to the patient. Any prohibited items will be confiscated and either disposed of or returned to the patients family/friends upon request
- Patients will be asked to remove all items in their pockets and remove outer coats/ hoodies and footwear. These items will be searched separately.
- A metal detector will be used to 'wand' the patient as an added layer of security and patients will be asked to stand in front of the 'proscreen' enhanced detector to ensure no contraband items are entering the ward
- The search will be implemented in quarterly sections, making sure there's an overlap when doing the main trunk of the body.
- In the event of finding any prohibited item(s) these shall either be disposed of or stored for safe keeping in line with Trust policy.
- In the event of illicit drugs being found the police are to be informed immediately on 101 to report the incident.
- Confiscated Item(s) shall be placed in a clear plastic evidence bag (located in the police file in the reception area) and completed by the person finding the drugs and sealed with only the drugs inside (Appendix 4)
- The staff member should complete the police reporting page (Appendix 1), witness statement(Appendix 2) and capacity form (Appendix 3), again, located in the police file in reception area, and staple all documents to the outside of the evidence bag
- The drugs should then be stored in a locked cupboard temporarily and the Duty Manager (CDM) contacted to transport the drugs to the drug safe, and complete documentation/ sign exhibit bag
- Such items will be handed over to the police and any decision to prosecute will be taken by the Crown Prosecution Service.
- If patients refuse to be searched Nurse in Charge of the shift is to talk to the patient to ascertain the reasons why and this will be escalated to the CDM should the patient continue to refuse.
- Nursing team to consider risk management of the ward and safety of others should any patients continue to refuse the search procedure eg, line of sight observations (level 1 observations), nursing patient in a safer environment

#### Operational Procedure Sign Off

Author	Implementation Date	Review Date
Suzie Hall Deputy Ward Matron		12th May 2019
		May 2022

### DATA PRIVACY IMPACT ASSESSMENT SCREENING

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.

The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

<b>Name of Document:</b>	<b>Searching of inpatients and their property policy</b>	
<b>Completed by:</b>	<b>Louise Short</b>	
<b>Job title</b>	<b>Team Manager AMH inpatients</b>	<b>Date 4<sup>th</sup> September 2019</b>
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
<b>1.</b> Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	N	
<b>2.</b> Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	N	
<b>3.</b> Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	N	
<b>4.</b> Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	N	
<b>5.</b> Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	N	
<b>6.</b> Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant	N	

impact on them?		
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	N	
8. Will the process require you to contact individuals in ways which they may find intrusive?	N	
<p><b>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via</b>  <b>Lpt-dataprivacy@leicspart.secure.nhs.uk</b>  <b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>		
<b>Data Privacy approval name:</b>		
<b>Date of approval</b>		



**Personal & Environmental Search  
Recording Form**

Insert Patient Sticker Here

Guidance note: This form, together with any attachments is strictly confidential. You are required to fill it in as comprehensively as possible.

**PART A**

Name of staff searching (if environment add all staff names)				
Designation/Occupation (if environment add all staff)				
Staff member completed relevant Checking & Searching Training				
Name of staff observing (person search)				
Designation/Occupation				
Date of Search				
Time of Search				
Location of search				
Name of RC/Duty Dr Contacted				

**PART B**

Please answer the following questions;

**Give your reasons for suspicions that led to the search being carried out? (include details of what is expected to be found)**

**Is the patient Informal or detained under the Mental Health Act? (please state which section)**

**Informal / Detained (erase as appropriate)**

**Did the patient consent to the search?**

**Yes/No**

<p><b>If Yes patient to sign here:</b></p> <p>I agreed to this search being carried out: .....</p>
<p><b>If No give reasons for authorising the search. (Risk profile, Care Plan)</b></p>
<p><b>If this was a room search was the patient present:</b></p> <p>Yes/No</p>
<p><b>Did you use the wand prior to placing hands on the patient?</b></p> <p>Yes/ No</p> <p>If No Why Not?</p>
<p><b>Were contraband items found during the search?</b></p> <p>Yes/No</p> <p>If Yes, list items:</p>
<p><b>Please confirm the patient was informed of the disposal of contraband or where the items would be stored of appropriate?</b></p> <p>Yes/No</p> <p>If No why Not?</p>
<p><b>Has the search been documented in the Patient Electronic Records?</b></p> <p>Yes/No</p>
<p><b>Name and Signature of Staff completing Part A and Part B</b></p>