Leicestershire Partnership NHS Trust

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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1.0 Quick Look 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.

Who can be searched?

- All inpatients on mental health and learning disability inpatient wards.
- Where there is a care plan linked to a recognised risk of secreting objects that are a risk to themselves or others
- Where there is a concern that a patient is secreting an item on entrance to an inpatient ward.

What are we looking for?

- Items listed on the banned and restricted items list.
- Items that can harm themselves or other people.

Where can a patient be searched?

- In a room designated for searching.
- Should that room be unavailable – use a private area i.e. bedroom.

How are we searching patients?

- Where scanners are available (HPC), the patient must be asked to walk through this.
- Staff must complete a search with a wand before using hands to complete a body search.

What is not permitted?

- Staff must not complete any intimate searches.
- Staff must not ask the patient to remove all clothing at the same time.
- Patients with pacemakers should not have a wand waved over their pacemaker site.

Who can do the searching?

- All staff that have completed the searching of inpatients and their property training and have an up to date competency
- Staff who have not completed the training, can witness a search.

What to complete following a search.

- An eIRF and Personal and Environmental Search Recording form on Systmone must be completed for patients who are non-consenting, outside of routine care planned searches and where contraband is found,
- An entry should be completed within the patient's record on all occasions.

What if there is a delay in searching a patient where there is a concern?

- The patient must be placed on level 3 or 4 observations while the search is being organised to mitigate the risk of further secretion.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY

1.1 Version Control and Summary of Changes

Version number	Date	Comments
One	10th June 2013	First working draft, discussed at working group meeting on 12th June 2013.
Two	27th June 2013	Second working draft, amendments made following discussion at working group meeting on 12th 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: · Addition of procedure for the use of hand held metal detectors (appendix 5) · Removal of core care plan, and addition of care planning requirements to section 6.9 · Change of search terminology from rub/pat down to person search, in accordance with terminology used in training · Additional advice to reflect the LPT Smoke Free Policy · Addition of training section (section 6.10)
Seven	28th February 2017	Amendments made following comments on version six, including: · Clarification of training requirements for Mill Lodge staff (see section 6.10) · References to the needs of CAMHS patients (see sections 6.2 and 6.4) · Consideration of gender identity (see sections 6.5.1 and 6.6)
Eight	January 2020	Amendments made following comments on version six, including: ·Appendices added for Phoenix Ward Searching Procedures. · Clarification of searching visitors (see section 6.8) Reviewed at Trust Patient Safety Improvement Group. Minor amendments made. - Use of Police dogs for environmental searches (see section 6.7) -Recording forms added in as appendices

Nine	November2023	Updated following Checking & Searching QI Project 2022/2023. - Inclusion of guidance for informal patients - Visual check of all items coming into wards. - Information for patients and visitors on banned and restricted items.
9.1	November 2026	Ext until January 2027 to allow time to go through committee

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1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Quality Forum	Trust Board

1.4 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.

1.5 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.

1.5 Definitions that apply to this Policy.

Capacity	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.
Consent	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.
Person search	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 '*frisking*', rub or pat down search).
Body search	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).
Intimate search	A search technique that involves the physical examination of a person's body orifices other than the mouth. **<u>Note:</u> Intimate searches must never be undertaken by LPT staff**
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

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.

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 the patient's individual record and an eIRF must be completed, 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.

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)

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4.0 Duties within the Organisation

4.1 The Trust Board

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.

Ward Leaders should demonstrate the importance of searching patients and their property within their day to day practices to cascade the importance of searching patients and the consequences of failure to do so.

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.

4.4 Agency staff

and will not carry out any searching of patients and property unless they can provide confirmation of attendance at training.

4.5 Student Learners

will not be asked to be part of the searching process, however, can act as a third person observer.

4.6 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).

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, (or, failing that, another senior clinician with knowledge of patient's case) 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 must be implemented 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 through the senior clinical routes e.g. ward sister, Clinical Duty Manager, On-Call Consultant.
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).

The Seclusion and Long Term Segregation Policy (2021) states that patients must be searched prior to episodes of seclusion for hazardous items and a rationale documented should this not be carried out.

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 Informal Patients

By definition of patients being informal, they must have capacity to consent to their admission and the expectations of the ward and its procedures including having banned and restricted items, as well as items that may cause harm to themselves and others.

On admission, informal patients should be made aware of items that they will be unable to have with them and that they should not bring these on to the ward for themselves or other people.

As informal patients, they are likely to have unescorted leave, which comes with the opportunity to bring in items on a frequent basis. However, patients who are admitted informally, may still have factors that increase the risk of wanting to have items upon their person that could be used for harming themselves or others.

If an informal patient has an identified risk, which may cause harm themselves or others by secreting banned items, they should be asked to consent to a search of their person and property. If an informal patient declines a search and then goes on to be found to have banned/restricted items or items that may harm themselves or others, this should be discussed in their MDT about the appropriateness of their admission and their informal status, as soon as practicably possible. If at the point where the patient declines, staff have assessed the risk of them having a banned item as high, the patient should be placed on level 3 or 4 observations to manage the risk, until a long-term management plan is agreed.

6.3 Search procedure

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

All patients will be asked on return from leave if they have any banned or restricted items upon their person and a visual check of belongings brought onto the ward.
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,2023).

The following list identifies a number of items that are either illegal or present a risk for a patient to possess within a ward environment. Wards must display a list of their banned and restricted items on the entrance to the ward to inform patients, visitors and temporary staffing about the expectations of what items are allowed on ward. (Appendix 8)
All ward welcome packs will include information related to banned and restricted items and search procedures.

Items being brought on to the ward:

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, 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.

Items removed from a patient, which are appropriate to be returned on discharge, will be stored safely and documented within the patient's electronic patient record where it is stored.

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 Supportive Observation and Engagement of Inpatients Policy (2021) 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 must be sought wherever possible. The specific needs of patients with impaired hearing or a learning disability must be met wherever possible, which may also include an interpreter."
. Please refer to the Chaperone Policy for Adults and Children (March 2021).

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 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 for Adults and Children (March 2021), and in particular the responsibility to reassure the patient and to provide protection to his or her colleague against unfounded allegations of improper behaviour.

Consideration must be made for patient's ethnicity and staff members providing search, as in some instances the staff will have greater cultural awareness of that patient's spiritual and cultural needs. Staff need to remain mindful of patient's trauma and how the practice of searching patients may be retraumatising. Staff should make time post search to support the patient.

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 <u>never</u> 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. If there is a risk of aggression from the patient, they can stand at the door and view through the observation panel. 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. An eIRF should be completed if ward searches are conducted as this is outside of care planned interventions.

Staff will use mirrors with lights on to search under beds and high wardrobe spaces.

6.7 Items brought onto the wards

Items may come on to the ward in a variety of ways e.g. patients using leave, visitors bringing items or deliveries (either via post or delivery service). All items will checked by staff prior to being given to the patient to ensure that no banned/restricted items are being brought onto the ward.

6.8 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 lead. The dog handler will be directed around the ward by at 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. Should the police dog indicate a positive reaction, staff should carry out a person search on the person who's room indicated a positive result.

6.9 Visitors coming on to the ward

This policy does not make provision for the searching of visitors.

A visitor **must not** be searched, although their bags may be visually checked upon request if the visitor gives their consent. If the visitor is bringing items for a patient, these should be handed over to staff on arrival, so the items can be searched before being returned to the

patient. If a visitor refuses for their bags to be visually checked 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. If any decision is made to restrict visits, this must be reviewed at the earliest opportunity.

Visitors may be asked to bring in items by patients, which seem like an innocent request, however, it has been known that these items can hide dangerous items. It is important that all items being brought in for patients are checked by staff for appropriateness for the ward.

There will be clear signage and information in visitors' information about what can be brought on to the ward.

6.9 Action to be taken if a visitor is suspected of possessing a dangerous or illicit item

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. Any illicit substances found following a visit, will be reported to the police

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.

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:

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.
Electronic Incident Forms (eIRFs) need to be completed for all searches, where the patient does not consent or contraband is found from the search. Ongoing routine searches should be evaluated within the patient's care plan.

There must be support (for example, psychological support or debrief) offered to patients and staff who are effected 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:

- Types of items that the patient requires a search for. (A patient bringing in alcohol will hide things in a different place to somebody bringing in an item to harm themselves)
- 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.
- If contraband is found, 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 on Systmone. (see appendix 8). In case of a search being undertaken the Responsible Clinician for the patient must be informed at the earliest opportunity.

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

Ref	Minimum Requirements to monitor	Evidence for Self-assessment	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
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
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	Incident reports. Complaints.	Ward sister/charge nurse	Ongoing.

Ref	Minimum Requirements to monitor	Evidence for Self-assessment	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
		process will be made.			
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

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 Bibliography

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, January 2021

Management of Service Users who have Dual Diagnosis (Coexisting problems related to substance/alcohol use) Policy, LPT, February 2023

LPT Chaperone Policy for Adults and Children, March 2021

LPT Policy for Consent to Examination or Treatment, May 2023

LPT Safe and Therapeutic Observation of Inpatients Policy, May 2021

LPT Equality, Diversion and Inclusion Policy, October 2021

LPT Patient Property Policy, November 2022

All LPT policies are available on LPT public website.

With acknowledgment to:

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

- Southern Health Care NHS Foundation Trust

Appendix 1

Procedure for the use of handheld 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

Patients with pacemakers should not have handheld metal detectors placed directly over their pacemaker. If necessary, conduct a person search.

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

Appendix 2 Training Requirements

Training Needs Analysis

Training topic:	
Type of training: (see study leave policy)	☐ Mandatory (must be on mandatory training register) ☐ Role specific ☐ Personal development
Directorate to which the training is applicable:	☐ Mental Health ☐ Community Health Services ☐ Enabling Services ☐ Families Young People Children / Learning Disability Services ☐ Hosted Services
Staff groups who require the training:	Nurses within inpatient areas, or other staff who will be undertaking checking and searching activity
Regularity of Update requirement:	One-off training, with a brief refresher every three years
Who is responsible for delivery of this training?	Clinical Trainers
Have resources been identified?	Yes
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	☐ ULearn ☐ Other (please specify)
How is this training going to be monitored?	Feedback from participants Ward Sisters/Charge Nurses are responsible for ensuring that all staff re appropriately trained and supervised

Appendix 3 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.

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

Appendix 4 Due Regard Screening Template

Section 1	
Name of activity/proposal	Searching of inpatients policy
Date Screening commenced	January 2020
Directorate / Service carrying out the Assessment	Adult Mental Health and Learning Disability
Name and role of person undertaking this Due Regard (Equality Analysis)	Louise Short
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: 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.	
OBJECTIVES: 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.	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age Disability Gender reassignment Marriage & Civil Partnership Pregnancy & Maternity Race Religion and Belief Sex Sexual Orientation Other equality groups?	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. – 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 individualised approach to searching, and the development of an individualised 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) These considerations should be set in the context of a high risk activity where patient safety is paramount.

Section 3	
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.	
Yes	No

High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Signed by reviewer/assessor		Date	
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	T. Ward	Date	08/07/23

Appendix 5 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.

Name of Document:		
Completed by:		
Job title		**Date**

Screening Questions	**Yes / No**	**Explanatory Note**
1. 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	
2. 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	
3. 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	
4. 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**	
5. 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	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	N	
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**	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	
Date of approval	

Leicestershire Partnership NHS Trust

Appendix 6

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.**		
Name of Document:	**Searching of inpatients and their property policy**	
Completed by:	**Louise Short**	
Job title	**Team Manager AMH inpatients**	**Date 4th September 2019**
Screening Questions	**Yes / No**	**Explanatory Note**
1. 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. **2.** Will the process described in the document compel individuals to provide information about them? This is information in excess of what is	No	

required to carry out the process described within the document.		
3. 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?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. 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.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
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	No	

people would consider to be particularly private.		
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via **Lpt-dataprivacy@leicspart.secure.nhs.uk** **In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.**		
Data Privacy approval name:		
Date of approval		

Appendix 7 – **Personal & Environmental Search Recording Form - Now available on Systmone**

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**

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

Appendix 8 – Poster for Banned and Restricted Items

Items not allowed on the ward

To keep eveyone safe, please do not bring any of the following items into the ward.

- Valuable jewellery
- Large amounts of cash
- Weapons of any kind
- Alcohol
- Non-prescribed or illicit drugs
- Any offensive materials
- Aerosols
- Any sharp instruments or tools
- Cigarettes or other tobacco products
- Animals
- Cans of drink
- Any type of plastic bag
- Glass bottles of any description
- Energy drinks
- Lighters and matches
- Solvents



Wherever possible we encourage all patients to be responsible for their own possessions. Lockers are provided on the wards to keep small sums of money and belongings safe.

We cannot accept any responsibility for loss of or damage to personal property, including money, unless you have been given an official receipt from the Trust.

Any medication that you have brought in with you will be securely stored away by the ward nurse.

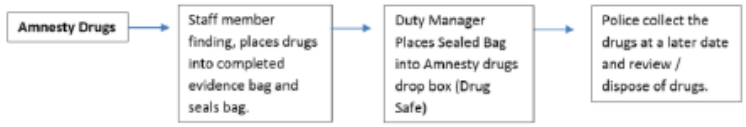
Appendix 9 – Information for disposal of illicit drugs

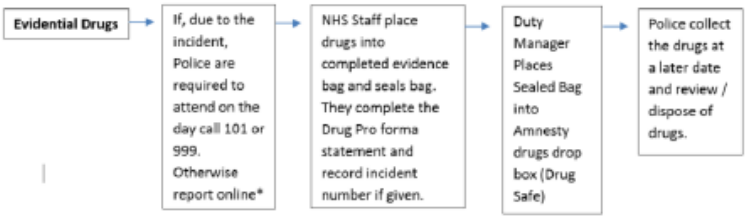
Amnesty Drugs:

- Any Joints / Spiffs / Rolls
- Insignificant amounts, ie crumbs and remanence
- Drugs that cannot be linked to a person, ie found in the garden.
- Drugs that have been found on initial admission onto the ward
- Small amounts of Psychoactive Substances ie Black Mamba
- Drugs recovered where the patient's actions are seen not to cause harm to other patients and there would be no interest in pursuing a prosecution.

Evidential Drugs

- Drugs or Psychoactive Substances that are of a significant amount
- Drugs or Psychoactive Substances where there offender is a repeat offender
- Drugs or Psychoactive Substances where the patient's offending causes harm to other patients and there would be a public interest in pursuing a prosecution.





* www.leics.police.uk/report-online

NOTE – when reporting online, there is no need to list a victim as this drugs are considered a crime against the state.

Appendix 10 – Infographic for different types of searches

Check and search

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.

At a glance user guide

Visual Check

All patients and visitors will be asked if they have any banned or restricted items upon their person and a visual check of belongings brought onto the ward E.g. bags checked.

The following searches will require an eIRF if conducted outside of patient's individual care plan or if contraband is found.



Environmental searches

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.

Staff will use mirrors with lights on to search under beds and high wardrobe spaces.



Person search

Prior to any search the metal detector (wand) must be used before placing hands on the person.

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).



Body search

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 'frisking', rub or pat down search).





Intimate search

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

Note: Intimate searches must never be undertaken by LPT staff