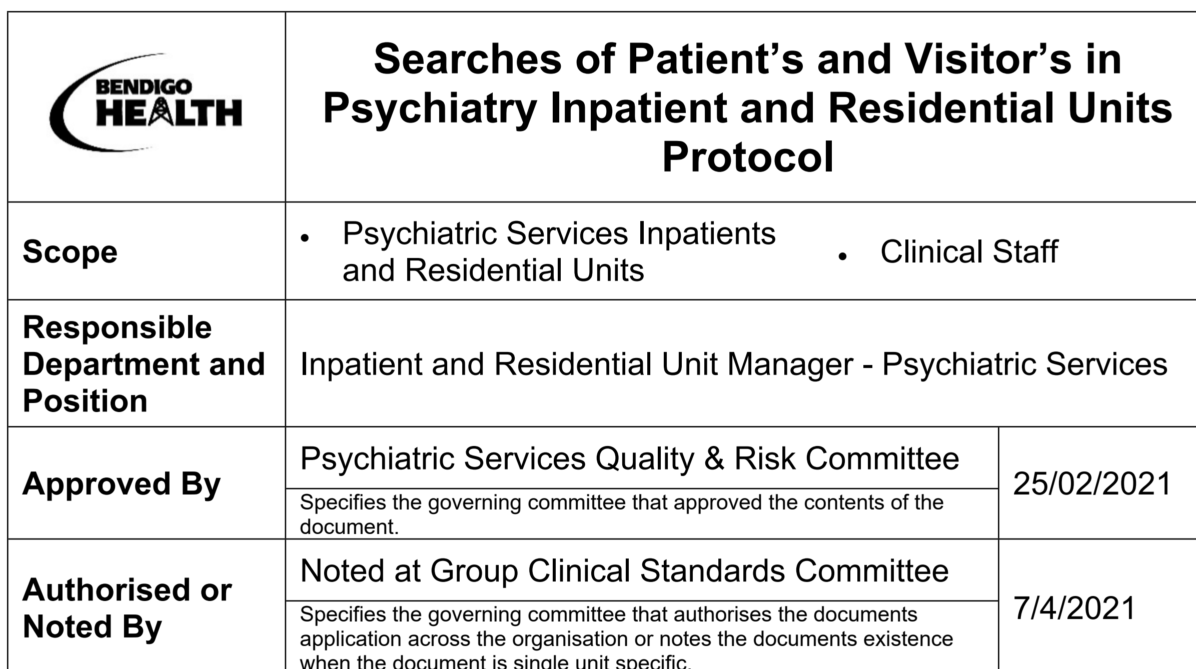

BENDIGO HEALTH	Searches of Patient's and Visitor's in Psychiatry Inpatient and Residential Units Protocol	
Scope	• Psychiatric Services Inpatients and Residential Units • Clinical Staff	
Responsible Department and Position	Inpatient and Residential Unit Manager - Psychiatric Services	
Approved By	Psychiatric Services Quality & Risk Committee Specifies the governing committee that approved the contents of the document.	25/02/2021
Authorised or Noted By	Noted at Group Clinical Standards Committee Specifies the governing committee that authorises the documents application across the organisation or notes the documents existence when the document is single unit specific.	7/4/2021

PURPOSE

- To provide information to staff on search processes that are permissible by law and can ensure clinical safety while respecting patient rights and dignity
- To provide an overview of relevant statutory provisions
- To provide instruction on searching the patient and their belongings
- To reflect the Office of the Chief Psychiatrist Guidelines

DEFINTIONS:

- The term 'patient' in this protocol denotes a patient of designated mental health services in Victoria who has been admitted to a Psychiatric inpatient or residential unit.
- Dangerous and inappropriate items are objects or substances that are seen as unsafe possessions for patients receiving treatment and care from a designated mental health service as they have the potential to place at risk the patient, visitors and staff. Refer to Appendix 1 for a list of items that may be deemed Dangerous or inappropriate. The features that make an item or substance potentially dangerous are to some extent related to the patient's diagnosis and current mental state, particularly for patients at risk of suicide or self-harm.
- While this protocol makes reference to dangerous and inappropriate items in order to illustrate aspects of the search process, it does not aim to provide a comprehensive listing of dangerous goods or substances

POLICY

- It is necessary for staff to convey these expectations to patients and visitors that the objective of any search is to ensure the safety of patients, visitors and staff in inpatient and residential units by restricting access to items that are dangerous or inappropriate during their admission.
- Searches must be reasonable and proportionate to the assessed risk of harm, and performed following lawful processes in a manner that protects patient dignity

- When determining whether or not to search a patient, areas that must be considered by the treating team include:
    - the patient's safety
    - past history of abuse/trauma
    - human rights
    - therapeutic relationship
    - environmental safety
    - Occupational health and safety
- The need to undertake a search of a patient's room or belongings or to undertake a physical search of their person, must be based on an assessment of the patient and the level of clinical or environmental risk to themselves, other patients, visitors and/or staff. This may occur at various points in an episode of care; for example:
    - on admission to an inpatient unit or residential program
    - following any planned or unplanned leave
    - prior to an episode of seclusion
- Whilst safety is the primary concern, human rights such as respect, privacy, dignity and confidentiality must be taken into account.
- The searching of a patient or their belongings is an invasive intervention that must only be used when it is the only reasonable and practicable course of action to avoid or prevent a serious risk of harm to a patient or to others.
- When a search is undertaken, every effort should be made to observe the patient's rights to the greatest extent possible under the circumstances
- The least intrusive option to ensure safety must be considered and the reasons why these options were or were not adopted documented in the clinical record
- Wherever possible, medical staff treating the patient should be involved in the decision-making when consideration is being given to patient searches
- Clinical staff should always seek the patient's consent for a search and select the least intrusive search method where a search is seen as necessary and consent has not been forthcoming
- There are several types of patient searches that can be considered (refer to Table 1: Overview of search types)

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The legal framework

Mental Health Act

The Mental Health Act 2014 (MHA14) does not provide direction on patient searches during an inpatient admission, including when a patient returns from leave. Section 354 of the MHA14 applies only to a person who is taken to or from a designated health service or any other place. If the patient is not being transported, the MHA14 cannot be used to support a search. Under the MHA14, a person may be searched before they are taken to or from a designated mental health service if there is a reasonable suspicion that the person is carrying anything that -

a) presents a danger to the health and safety of the person or another person or

b) could be used to assist the person to escape; while the MHA14 uses the term escape, *abscond* is the preferred term used within health care settings

Duty of care

Clinical staff may consider searching a patient to meet the standard of care the health service owes to its patients under its duty of care. Failure to observe duty of care may result in legal action for negligence being taken against those owing a duty of care.

Patient rights

While the purpose of conducting patient searches in mental health inpatient units may be to protect the safety and security of patients, visitors and staff, it is important

to remember that patient searches, particularly patient searches that involve bodily contact, can impinge upon the individual rights of patients.

Firstly, being subjected to any type of search can impinge upon a patient’s right to privacy. This right is enshrined in section 13 of the Charter of Human Rights and Responsibilities Act 2006, which provides that a person has the right not to have their privacy unlawfully or arbitrarily interfered with. The term ‘not arbitrarily interfered with’ should be interpreted so as to require staff working in public mental health facilities to have reasonable grounds for performing a patient search. For example, it would be acceptable for clinical staff to perform a patient search if they had reasonable grounds to suspect that the patient was concealing something which could pose a danger to themselves or another person.

Secondly, the right to privacy encompasses the right to bodily privacy, that is, a person’s right to determine what shall or shall not be done to their own body. A contact search of a patient’s person can impinge upon their right to bodily privacy. The right to bodily privacy is reflected in the criminal law through the offence of assault. Section 31 of the Crimes Act 1958 provides that it is an indictable offence for a person to directly or indirectly apply force to the body of, or clothing or equipment worn by another person without lawful excuse.

In conducting patient searches within public mental health facilities, a balance must be struck between the individual rights of patients and ensuring the safety and security of patients, visitors and staff. The more intrusive the search, the more this balance should be struck in favour of protecting the individual rights of patients.

Consent

Clinical staff have the authority to search a patient’s clothing and belongings if the patient gives informed consent to a search in circumstances where the patient is capable of giving informed consent (see page 7 for more detail).

Where the patient does not consent to a search, the search must not occur unless there is a lawful excuse.

Lawful excuse

- In order to lawfully perform an intrusive search of a patient’s person (that is, a search involving bodily contact or the removal of clothing), staff working in public mental health facilities must have a lawful excuse.
- In certain circumstances, staff could rely upon Section 462A Crimes Act to search a patient in order to prevent them from committing an indictable offence, such as an assault. The use of such force must be reasonable, necessary and proportionate to the risk posed by the patient.
- Section 463B of the Crimes Act provides that a person may use such force as is reasonably necessary to prevent the commission of a suicide or any act which would amount to suicide. In certain circumstances, staff could rely upon Section 463B to search a patient in order to prevent them from committing suicide. Again, the use of such force must be reasonable, necessary and proportionate to the risk posed by the patient.
- Under Part 3 of the Occupational Health and Safety Act, public mental health services must take steps to reduce health and safety risks in public mental health

facilities so far as is reasonably practicable. In some circumstances, the need to reduce health and safety risks to staff, patients and visitors may justify conducting a contact search of a patient's person. The action taken would need to be reasonable in the circumstances.

- Consent also constitutes a lawful excuse for performing a patient search that involves bodily contact. Clinical staff working in public mental health facilities may lawfully search a patient's person provided that the patient has consented to the search. In order to be valid, consent must be informed, voluntarily given and cover the act performed.

Searches

When to search

Searches should only be considered if clinical assessment identifies a serious risk to the patient, staff or anyone else, that a search of the patient, their room or belongings may yield objects or substances which may cause significant harm.

Some of the risk factors clinical staff will consider when assessing the need to undertake a search include:

- risk of suicide
- history of violence involving weapons
- history of illicit substance misuse
- forensic history, for example, arson
- suspicion of concealing a weapon or a dangerous item or substance
- risk of vulnerability leading to coercion or manipulation by another person to conceal a firearm, weapon, illicit drugs and the like.

Table 1: Overview of search types

Type of search	Description	Authorisation	Reporting/review
Search of a patient's belongings and room	Search of room and belongings only	Nurse unit manager or senior registered nurse of the shift	Document in clinical record
Non-contact search of a person	Requiring the person to remove outer layer items of clothing such as a jacket, hat or shoes, and emptying pockets	Nurse unit manager or senior registered nurse of the shift	Document in clinical record
Level 1: Contact search of a person	Quickly running hands over the person's outer clothing or use of metal detector (a Pat-down search)	Consultant Psychiatrist	Document in clinical record and lodge incident report
Level 2: Contact search of a person	Partial removal of clothing	Consultant Psychiatrist	Document in clinical record and lodge incident report

The Chief Psychiatrist does not support body cavity searches as part of the range of intervention strategies for dealing with dangerous or inappropriate items.

Seeking consent

Capacity to consent

All patients must be presumed to have capacity to give informed consent unless it can be demonstrated that the person lacks capacity at the time the decision needs to be made. Patients that meet criteria for compulsory treatment may still have the capacity to consent to a search of their person. Capacity should be considered to be decision-specific.

The law presumes that all adults have capacity. However, this presumption can be rebutted. A person's capacity to consent is determined by their ability to understand and appreciate information that is material to a decision. In the context of consenting to a search of their person, a patient who has capacity would be able to understand and appreciate the information which is material to their decision and the consequences of their decision; and be able to communicate their decision.

In the case of minors, the presumption of capacity is reverse: the law presumes that children under the age of 18 lack the capacity to consent. This presumption can be rebutted if a child has sufficient understanding and intelligence to fully understand what is proposed and the consequences of their decision. If a child lacks capacity, their parents or guardians may consent to a contact search of their person on their behalf. If a child has capacity, they themselves may consent to a search of their person, although parents should be involved if the child is less than 16 yrs old.

Minors and patients without capacity

In the case of minors or those without capacity, if consent cannot be obtained from the parent or guardian, the search can only take place if staff have a lawful excuse. In all other instances, staff should inform the authorised psychiatrist or the senior manager on call that a situation has arisen where a patient refuses to consent to a search which is indicated on the basis of a risk assessment. Consideration may need to be given to calling the police for assistance.

Always seek consent

In all cases the consent of the patient must be sought before a search is undertaken. Consent should be sought respectfully, and staff should disclose all aspects of the search. Once the patient provides consent, the search should be carried out with due regard for the dignity of the patient and the need to ensure maximum privacy. The person conducting the search must ensure that the patient to be searched is informed that the search is voluntary and that consent can be withdrawn at any time. Consent must not be obtained by duress, threats, granting or withdrawal of favours or through misleading or intimidating conduct.

If consent is refused

If the search of a voluntary patient is indicated in order to maintain safety on the inpatient unit for patients, visitors or staff, and the patient concerned refuses to consent to a search, consideration should be given as to whether they should be discharged from the unit. A person who refuses to consent can be asked to leave and a subsequent refusal to leave upon request may amount to the summary offence of trespass. The police should be called if the risk is considered to be significant and there are fears for the safety of staff or other patients. Alternatively, consideration should be given as to whether to discharge the person or deny him/her access to the ward/clinical area. This should only

be considered after consultation with the authorised psychiatrist. Any suggestion to discharge a patient because of safety concerns would have to be weighed against duty of care considerations.

When patients refuse, are unable or lack the capacity to consent—and discharge from hospital or refusal of service is unreasonable a search may be authorised without that person's consent provided the need for a search is indicated by the risk assessment (providing a lawful excuse) and provided the search is authorised as indicated in Table 1: Overview of search types. Any search must also be proportionate to the level of risk assessed.

How to search

Standards and procedures for the different types of searches are outlined:

- Appendix 2: Search of a patients room or belongings
- Appendix 3: Non-consent search of a patients person
- Appendix 4: Contact search of a patients person Level 1 Pat-down search
- Appendix 5: Contact search of a patients person Level 2 Partial removal of Clothing

A partial removal of clothing search without consent can trespass upon the rights of patients and therefore must only be considered in circumstances where there is a clear and present risk of serious harm to the patient, staff or visitors.

All patient searches need to meet those standards and procedures. This is to protect patient rights and to minimise the risk that the search becomes a traumatic experience for the patient. If in doubt, staff considering searching a patient should consult with senior medical staff.

Respecting patient privacy and dignity

Privacy considerations

- Staff must ensure that the patient's right to privacy, dignity, safety and confidentiality is preserved during the search, this can be achieved by considering the following:
  - do not undertake the search in a public place, except in case of emergency
  - do not undertake the search in the presence of other patients
  - do not discuss the search outcomes with other patients

Gender and Sexuality considerations

- Staff must consider self-identified gender or sexuality issues so that the needs of patients can be met, this can be achieved by considering the following:
  - gender and sexuality issues should always be a consideration, even where the search is of the patient's room or belongings
  - any search which requires the patient to remove items of clothing or where there will be contact with their body should be undertaken by staff members of the same gender as the self-identified gender of the patient or the patient's preference.
  - a past history of trauma should be considered and discussed with the patient. Staff should be aware that any search may trigger previous experiences of trauma

Cultural and religious considerations

- Staff must consider cultural and religious issues so that the needs of patients can be met, this can be achieved by:
  - effectively communicating to all patients and visitors the requirement to provide a safe environment on the inpatient unit
  - the use of on-site interpreters (or the telephone interpreter service) and information brochures in community languages will facilitate effective communication with patients and visitors from culturally and linguistically diverse communities

Searching minors

- Special conditions apply regarding searching patients who are 16 years or younger. Where minors are admitted on the basis of the consent of their parent(s) or guardian, the consent of the parent(s) or guardian to searching should be obtained. As outlined in Section 355 of the Mental Health Act 2014, those 16 years old or younger should be searched in the presence of a parent or the person or, if it is not reasonably practicable for a parent to be present, another adult. A competent young person may be capable of consenting to a search and clinical staff should always seek the consent of the minor as well as the parent or guardian
- In the case where a minor has a history of self-harm and concealing dangerous items, the extent to which they can be searched will need to be proportional to the age of the person, the degree of risk and the capacity of the patient. If there is a concern that the patient is concealing weapons or drugs clinical staff may need to call the police to conduct a search for these items
- Any partial removal of clothing search of a minor should only take place with the authorisation of the Consultant Psychiatrist and preferably in the presence of the minor's parent(s) or guardian. If the parents or guardian are unable to be present, staff must inform them of the reasons for the search.

Specific situations

Admission to an inpatient unit or residential program

- Health services are entitled to determine what items can be brought onto the premises. Expectation are communicated to patients and family/carers by staff and by signage and the Patient and Family/Carer service guide
- Patients can then be requested at admission to hand over any dangerous or inappropriate items for removal for safe keeping, if appropriate, or disposal
- Patients should not be subjected to a contact search of their person or possessions on admission unless there is a lawful reason to do so. Inpatient staff can conduct a non-intrusive search of patient belongings on admission and use the opportunity to discuss and list the belongings a patient has brought to hospital.

Admission or transfer to the high-dependency unit (HDU) or seclusion room

- Patients may need to be searched on being admitted or transferred to the high-dependency unit for any prohibited or dangerous items in order to ensure their personal safety and that of the HDU environment
- They should be asked if they have any dangerous or inappropriate objects in their possession. Where a search is indicated on the basis of assessed risk, the patient will be asked to consent to a search

- If the patient does not consent, clinical staff need to discuss the situation with the most senior nurse on the shift and review whether a lawful reason for the search exists. This deliberation (including a review of risks and benefits and the outcome) needs to be documented in the clinical record
- The search should be carried out by a minimum of two clinical staff members, with one staff member of the same gender as the patient. The search must be conducted in a way that ensures the dignity and privacy of the patient at all times.

Return from leave

- Where there is a significant risk of the patient returning from leave with items not permitted on the unit, consideration should be given to making 'search on return' part of the conditions of leave

Patient-to-patient exchange of possessions

- Effective communication is required between patients, visitors and staff to ensure that there is no patient-to-patient exchange of possessions or items considered to be dangerous for the receiving party
- If staff become aware that such an exchange has occurred, the item will be returned to the original owner, if appropriate. If the exchange happens again, the item may need to be confiscated and returned to the original owner upon discharge

Visitors to the unit or program

- As a hospital and hospital owned campuses are public places, there is an implied permission to come onto the premises for particular purposes at particular times. Permission to enter may be subject to particular conditions, and may be revoked if the visitor behaves inappropriately. All health services should consider developing, in consultation with their legal advisors, pamphlets or signage that reflect such an understanding. If a visitor fails to comply and refuses to leave the premises, security personnel or police can be requested to remove him or her. Thorough documentation on the reasons for exclusion, including any documentation of specific incidents, should be completed
- Any restriction of entry of a visitor’s belongings also requires that the visitor be provided with a clear explanation of the reason for such exclusion; and a secure place in which to store the visitor’s belongings. It is suggested that if staff believe there is a reason to search a visitor’s bags, that they should not touch the contents, but request that the visitor remove them for inspection. Searching should be with the express consent of the visitor. If a visitor refuses to consent to an inspection of his or her belongings, the visitor can be refused entry to the inpatient unit, and if necessary, asked to leave the facility
- In considering any action that may prevent a visitor or their belongings entry to the unit, the service should take into account the level of risk to the patient and the responsibility of the service to prevent harm to patients and staff. The level of intrusion or exclusion contemplated should be proportionate to the potential harm to be prevented. Staff will ensure reassurance is provided to the patient to mitigate any potential distress if the visit does not occur
- The service should document this policy clearly and communicate it to patients and visitors in order to maximise compliance

Use of restrictive interventions

- Every attempt should be made to establish and maintain a therapeutic environment that minimises factors that contribute to patient distress and where the use of intrusive interventions is kept to a minimum
- In spite of this preventive work it may at times be necessary to consider the use of restrictive interventions in situations where:
  - a contact search of a patient's person is indicated in order to maintain safety on the inpatient unit; and
  - the patient refuses to consent to the proposed search; and
  - the patient is displaying violent behaviour, or such behaviour can reasonably be expected on the basis of the patient's history; and
  - the person meets the criteria for compulsory treatment under the MHA14
  - Any use of restrictive interventions under those circumstances must be in accordance with the Act and the Restrictive Interventions Psychiatric Services
- protocol and must be documented in the clinical record and also reported to the Chief Psychiatrist in accordance with statutory requirements.
- At times it may be necessary to involve, under clinical leadership, security staff employed by the health service in order to ensure that the patient can be restrained safely. Bendigo Health include security staff in the approved training program for aggression management with modules on communication skills, preventive techniques, de-escalation skills and the provision of prone-free and pain-free restraint

When to involve police

- The disclosure of any health information must be made in accordance with section 346 of the MHA14. Disclosure of information is permitted under Health Privacy Principle 2.2(h) if it is necessary to lessen or prevent:
  - a serious and imminent threat to a person's life, health, safety or welfare
  - a serious threat to public health, safety or welfare
- T
- The Department of Health and Victoria Police Protocol for Mental Health (2010) stipulates that mental health staff will share personal information only 'with the consent of the patient, or where authorised under legislation, to prevent a serious threat to the health, safety or welfare of the person with a mental illness or others at risk of harm'
- The protocol lists a number of circumstances that may lead clinicians to request police assistance. These include:
  - there is a genuine and immediate risk of self-harm and injury to any person
  - a person is violent towards the clinician or any other person
  - a person is causing significant damage to property and if not contained may cause further damage
  - a person is believed to have committed a criminal offence
  - a person is armed with any weapon
  - there are other parties present who pose a threat, or are abusive or violent towards the clinician or any other person
  - the clinician has knowledge or experience of a person's recent history of violence and a police presence is reasonably necessary for the clinician's safety
- Deciding whether or not to request police assistance will require consideration of a number of factors including the seriousness and likelihood of the risk, the availability

of local supports and the likely impact upon the therapeutic relationship with the patient

- It is also important, in making this decision, to understand the range of response options police have at their disposal when contacted, police can be:
  - called and asked to provide telephone advice on a situation
  - asked to attend and undertake a search
  - asked to investigate a crime
- When police provide advice to a clinician over the telephone this will not normally result in follow-up action by police, unless this is requested by the clinician
- Police are able to conduct a search of public areas without a warrant; they require a warrant to undertake a search of restricted and/or locked areas
- When police are asked to investigate a crime
- Police are also required to be notified and provided with any seized items related to drugs of dependence or dangerous items that were found in a search.

Search outcomes

When a patient is found with a potentially dangerous item/s that needs removing, reasonable effort to understand how access occurred and reasonable steps to prevent access to such items in similar circumstances will be undertaken and this will be documented in the patient's medical record.

Documenting the search

All patient searches must be documented in the patient's clinical record and signed by the two staff members who conducted the search.

Handling of objects found during a search

Weapons and firearms

- If a staff member locates a weapon or firearm (including replicas and self-made items) in the patient's belongings or on their person they should notify the shift or team leader immediately and follow the procedures detailed in the health service's weapons policy
- Under section 354 of the MHA14, the firearm must be given to a police officer as soon as practicable
- The shift or team leader will be responsible for the proper disposal or storage of contraband. Illegal weapons will be placed in a safe for collection by Victoria Police

Alcohol, illicit or dangerous substances

- If a staff member locates alcohol or illicit and/or dangerous substances, or drug paraphernalia in the patient's belongings or on their person, they should notify the shift or team leader immediately and follow the procedures detailed in the health service's policies pertaining to alcohol, illicit substances and dangerous goods
- The shift or team leader will be responsible for the proper disposal or storage of such items. Illicit drugs will be placed in a safe for collection by Victoria Police. If Victoria Police decide not to collect illicit substances, the health service will dispose of them securely. Refer to your local policy about disposal of drugs or hazardous substances

Personal effects

- On occasions clinical staff can decide to confiscate a patient's personal belongings that are intrinsically harmless but potentially dangerous within the context of the patient's illness, or inappropriate within the context of an inpatient admission
- Examples include:
  - scarves, belts, headphone cords, loose button batteries (if swallowed) mobile phone or laptop chargers and sharp objects may need to be removed as they can be used in self-harm or suicide attempts
  - when checking personal effects it is worth considering that sharp items such as razor blades can be hidden in a variety of ways and an example of this is hiding them behind mobile phone and electronic device covers
  - mobile phones will be removed if a patient's risk assessment indicated they have been, or may be used to inappropriately photograph or record other inpatients, visitors or staff
- Any items removed from the patient following a search should be clearly marked with a patient ID label, registered in a log, stored in a safe or secure area for patient belongings and returned to the patient upon discharge. Care should be taken that items are not damaged in storage. The shift or team leader will be responsible for the proper disposal or storage of confiscated items.

Post Search Support

- Where a search has occurred, the patient must be offered reassurance and counselling. Whenever possible this should be conducted within 24 hours after the search. Clinical staff should make a note in the clinical record indicating whether reassurance and supportive counselling was offered and provided
- Reassurance and support may also need to be offered to the patient's carer or family, to fellow patients, or to staff in the unit
- In providing post search counselling to patients, clinical staff should consider the following:
  - arrange for a NAATI accredited interpreter to be present if the person needs help with English
  - arrange for a support person to be present if this is requested by the patient and if this can be arranged at short notice
  - provide reassurance about why a search was considered necessary (but do not let this turn into a 'justification after the fact' session; the primary focus should be upon active listening to the patient)
  - clearly state the outcomes of the search
  - ask the patient what the experience was like for them and how they feel following the search and whether they have any questions about the process
  - reassure the patient that their rights have only been limited for the duration of the search
  - reassure the patient that staff will continue to work with him/her to support their recovery
  - ask whether the patient wants to discuss any additional issues.
- In addition, discharge planning should, where applicable, include appropriate referral and effort directed towards engagement with alcohol and other drug (AOD) services.

Complaints related to searches

Patients or visitors may wish to lodge a complaint about the search process. Bendigo Health has in place an open, accessible and transparent mechanism for the reporting

and review of complaints. Information about the local complaints mechanism is incorporated in inpatient admission information brochures or kits.

REFERENCES and ASSOCIATED DOCUMENTS

Bendigo Health Policies and Protocols

- Weapons Policy
- Weapons Transfer Form
- Security Policy
- Illicit Substance Use in Psychiatry Inpatient and Residential Services Guideline
- Restrictive Interventions Psychiatric Services

Sate and Commonwealth Legislation

- Charter of Human Rights and Responsibilities Act 2006
- Crimes Act 1958
- Mental Health Act 2014
- Occupational Health and Safety Act 2004
- Department of Human Services (2009): Deter, detect and manage. A guide to better management of weapons in health services.

Standards and Codes of Practice

- Chief Psychiatrist's guideline: Criteria for searches to maintain safety in an inpatient unit – for patients, visitors and staff (2013)
- Restrictive interventions in designated mental health services (2014) Chief Psychiatrist's guideline
- Framework for recovery-oriented practice Victoria Department Health (2011)

MANDATORY INCLUSION

Personal information and health information as defined in the relevant Victorian law, which is required to be collected, used, disclosed and stored by BHCG in order to achieve the Purpose of this policy, will be handled by the Group and its employees in accordance with their legal obligations.

When developing this policy, BHCG has taken all reasonable steps to make its content consistent with the proper discharge of its obligations under the Charter of Human Rights and Responsibilities Act 2006.

APPENDIX 1

Dangerous or inappropriate items

Items deemed dangerous or inappropriate can include:

- drugs of addiction
- weapons, potential weapons and firearms (including self-made weapons and kitchen utensils, such as knives)
- explosives
- chemicals and other hazardous substances including loose button batteries (as can be harmful if ingested)

For patients admitted to an inpatient unit or residential program, **dangerous** items may also include:

- prescription and over-the-counter medication (which should be declared and handed over to staff at admission)
- objects that could be used to assist in a suicide attempt (for example, plastic bags, scarves, belts, shoe laces or headphone cords)
- objects that could be used to cause harm to self or others (for example, blades, syringes, sharp objects or glue)
- items that could be used to damage the facilities, potentially placing others at risk (for example, lighter fluid)
- Inappropriate items

For patients admitted to an inpatient unit or residential program, **inappropriate** items include:

- alcohol
- illicit substances and associated paraphernalia
- tobacco and lighters

APPENDIX 2

Search of a patient's room or belongings

Before the search:	• discuss the proposed search with the shift leader • identify two suitably experienced clinical staff to conduct the search • give the patient adequate explanation for the search before the search is undertaken, including discussing what you are searching for, allow the patient to ask any questions and ask them to consent to the search • remember that this type of search must not involve any bodily contact with the patient
How to conduct the search:	• consider the need to wear appropriate protective clothing (for example, gloves) • when searching belongings, ask the patient to empty containers (such as pockets, bags or backpacks, or concealed in a bag or other item such as a phone or electronic device cover) and ask him or her to disclose any dangerous or inappropriate items. Never put your hands in blindly to areas that you cannot see or cannot see into • remove any dangerous or inappropriate items and either dispose of them or store appropriately in accordance with local policies • on completion of a room search, assist the patient to reorganise their room
Upon completion of the search:	• offer the patient post search supportive counselling • document the search in the clinical record, clearly stating: – reasons for the search – whether and how patient consent was obtained – staff involved in the search – actions taken (i.e. description of the search) – outcomes of search – whether supportive counselling was offered and accepted – arrangements for storing or disposing of any objects or substances found ▪ where indicated, record the search as an incident

APPENDIX 3

Non-contact search of a patient's person

Before the search:	• discuss the proposed search with the shift leader • identify two suitably experienced clinical staff to conduct the search; these should ideally be the same gender as the patient • give the patient adequate explanation for the search before the search is undertaken and ask them to consent to the search • remember that this type of search must not involve any bodily contact with the patient
How to conduct the search:	• consider the need to wear appropriate protective clothing (for example, gloves) • advise the patient that the search can be undertaken in the presence of a person nominated by the patient if they wish • explain the search process to the patient and ask him/her to disclose any dangerous or inappropriate items • take the patient to a private area and check the patient's person using a handheld metal detector or similar non-invasive screening device near their person • remove any items that may pose a risk of safety to the patient or others • store or dispose of confiscated items appropriately • consider the need to don protective gloves or clothing
Upon completion of the search:	• offer the patient post search supportive counselling (see page 18 for suggestions) • document the search in the clinical record, clearly stating: – reasons for the search – whether and how patient consent was obtained – staff involved in the search – actions taken (i.e. description of the search) – outcomes of search – whether supportive counselling was offered and accepted – arrangements for storing or disposing of any objects or substances found where indicated • record the search as an incident

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APPENDIX 4

Contact search of a patient's person - Level 1: Pat-down search

Before the search:	• discuss the proposed removal of clothing search with the shift leader and senior medical staff (consultant psychiatrist). • identify two suitably experienced clinical staff to conduct the search; these should be the same gender as the patient • give the patient adequate explanation for the search before the search is undertaken and ask them to consent to the search
How to conduct the search:	• consider the need to wear appropriate protective clothing (for example, gloves) • advise the patient that the search can be undertaken in the presence of a person nominated by the patient if they wish • explain the pat-down search process to the patient and ask him/her to disclose any dangerous or inappropriate items • take the patient to a private area and in the presence of two staff and conduct a pat down of pocket areas and any areas that could be used for concealing items • avoid genital and breast areas unless previously agreed with the shift leader and consultant psychiatrist and conducted in the presence of clinical staff of the appropriate gender • remove any items that may pose a risk of safety to the patient or others • store or dispose of items appropriately
Upon completion of the search:	• offer the patient post search supportive counselling • document the search in the clinical record, clearly stating: – reasons for the search – whether and how patient consent was obtained – staff involved in the search – actions taken (i.e. description of the search) – outcomes of search – whether supportive counselling was offered and accepted – arrangements for storing or disposing of any objects or substances found • record the search as an incident

APPENDIX 5

Contact search of a patient's person - Level 2: Partial removal of clothing search

A partial removal of clothing search without consent can trespass upon the rights of patients and therefore must only be considered in circumstances where there is a clear and present risk of serious harm to the patient, staff or visitors	
Before the search:	• discuss the proposed removal of clothing search with the shift leader and senior medical staff (consultant psychiatrist) • consider alternatives, such as a pat-down search, or the use of a metal detector • it is not appropriate to conduct a removal of clothing search in response to a suspicion of theft or concealment of stolen property. Alternative interventions should be considered, which may involve the police • give the patient adequate explanation for the search before the search is undertaken and ask them to consent to the search • if the patient withholds consent, explain the proposed search procedure and request disclosure of harmful items • unless there is a serious and imminent threat of harm to the patient or another person, take some time to re-assess whether it is appropriate to conduct a search involving the partial removal of clothing and, if it is deemed to be so, to provide the patient with an opportunity to reconsider giving consent • if the patient is a minor, a parent/carer should be asked to be present at the search and if this is not possible consideration should be given to postponing the search until the parent/carer is able to be present • if the search proceeds, it should be conducted by two suitably experienced clinical staff members; these should be the same gender as the patient
How to conduct the search:	• consider the need to wear appropriate protective clothing (for example, gloves) • advise the patient that the search can be undertaken in the presence of a person nominated by the patient if they wish • explain the search process to the patient and ask him/her to disclose any dangerous or inappropriate items • take the patient to a private area and provide him or her with alternative clothing prior to and for the duration of the search • ask the patient to remove all clothing except underwear so that the clothing can be examined by staff to ensure it does not contain dangerous or inappropriate items. Ensure that only part of the clothing is removed at any one time. Patients must not be physically handled during this process • where there are reasonable grounds to suspect that the patient has concealed a potentially harmful object or substance in their underwear, a search of the underwear may be required. Such a search needs to be authorised senior medical staff. Personal dignity and gender sensitivity are to be maintained whilst the patient removes their underwear so a search of the underwear can take place. Appropriate arrangements should be made to ensure patient modesty in such circumstances. This may include the provision of a dressing gown, towel or new underwear. Every effort should be made to prevent this from being a debasing experience for the patient • remove any items that may pose a risk of safety to the patient or others
Upon completion of the search:	• offer and arrange patient post search supportive counselling as soon as practicable • document the search in the clinical record, clearly stating: – reasons for the search – whether or not and how patient consent was obtained – staff involved in the search – actions taken (i.e. description of the search) – outcomes of search – whether supportive counselling was offered and accepted – arrangements for storing or disposing of any objects or substances found • a partial removal of clothing search must be recorded as an incident