



CLINICAL SEARCH POLICY FOR SERVICE USERS in INPATIENT SETTINGS (including personal, property, post & parcels and environmental searching)

Policy number and category	RS45	Risk & Safety
Version number and date	8	September 2025
Ratifying committee or executive director	Trust Clinical Governance Committee	
Date ratified	October 2024	
Next anticipated review	October 2027	
Executive director	Executive Director of Quality and Safety (Chief Nurse)	
Policy lead	Deputy Director of Nursing for Policy, Practice and Professional Standards	
Policy author (if different from above)	Advanced Nurse Practitioner RRP/ RPI (AVERTS)	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

POLICY CONTEXT

To ensure that searching of a patient and their property and complies with the Trust wide risk and safety assessment, Health and Safety legislation and guidance in the Mental Health Act Code of Practice, [and Use of Force Act \(2018\)](#).

POLICY REQUIREMENT

Adherence to the legislative framework permitting searching of service user.
Adherence to the legislative framework and best practice guidance for the searching of environments, property, parcels & post.

The lawful process to be followed when conducting and recording any search.

CONTENTS

1	INTRODUCTION.....	3
1.1	Rationale (Why).....	3
1.2	Scope (Where, When, Who).....	3
1.3	Principles (Beliefs).....	3
2	POLICY.....	5
3	PROCEDURE.....	12
4	RESPONSIBILITIES	16
5	DEVELOPMENT AND CONSULTATION PROCESS	17
6	REFERENCE DOCUMENTS	18
7	BIBLIOGRAPHY.....	18
8	GLOSSARY	19
9	AUDIT AND ASSURANCE	19
10	APPENDICES	20

INTRODUCTION

1.1 Rationale (Why)

The Trust is committed to ensuring the safety and welfare of its employees, service users and others, as far as is reasonably practicable. At times it may be necessary in the interests of maintaining a safe and therapeutic environment. This policy specifically states the arrangements for the clinical searching of inpatients, the environment, personal possessions, personal letters and parcels. It should be read alongside the [Trust Security Policy](#) which gives further information on security measures taken to protect patients, staff and visitors.

- 1.1.2** The Mental Health Act Code of Practice (DH, 2015) paragraph 8.29 requires that the Trust should have an operational policy on the searching of detained patients and their belongings, surroundings, and their visitors. It also states that there should be guidance for searching informal service users. This policy covers both.

1.2 Scope (Where, When, Who)

- 1.2.1** This policy applies to all clinical staff working in all in-patient clinical areas within Birmingham and Solihull Mental Health NHS Foundation Trust. This is to include including temporary and seconded staff.
- 1.2.2** Contracted Security (meet and greet) where provided, will undertake safety checks of returning patients utilising passive metal detection equipment, for contraband items. Where individuals are non-compliant or it is not possible to identify the cause for any activation of detection equipment, then support will be sought from the relevant clinical team where the clinical search policy will be implemented.
- 1.2.3** The term "personal search" applies to searching of the body i.e. rub down searches It does not apply to body cavity searches. Searching may include areas such as clothing, belongings, room and bed area, lockers, parcels, postage and other delivered items (such as food bought in from an external source) (where appropriate).
- 1.2.4** This policy applies to all in-patient service areas regardless of the age of person receiving care and treatment and the type of in-patient service where the care is being received.

1.3 Principles (Beliefs)

- 1.3.2** Searching a person and their belongings is a requirement on admission in order to maintain a safe and therapeutic environment. Where an informal patient refuses to have their person or property searched, a discussion must happen with the MDT to discuss alternative arrangements to hospital admission.
- 1.3.3** The intention is to create and maintain a therapeutic environment in which treatment may take place and to ensure the security of the premises and the safety of patients, staff, and the public.
- 1.3.4** The authority to conduct a search of a person or their property is controlled by law, and it is important that staff are aware of whether they have legal authority to conduct a search.

- 1.3.5** All CYP services and forensic CAMHS will have local protocols in place to ensure children in those services are searched within appropriate legal frameworks under the MHA 1983 and Safeguarding Children.
- 1.3.6** Searching should be proportionate to the identified risk and should involve the minimal intrusion into the individual's privacy taking account of table 1 below.
- 1.3.7** All searches will be undertaken with due regard to and respect for the person's dignity and privacy. Any search, whether personal, property or delivered items must be fully documented in the patients care record and logged on the in-patient portal. Details of reporting searches can be found in [Section 3.5](#)
- 1.3.8** In areas where searches take place, copies of **appendices 2, 3 and 8**, will be on open display for information and reference. The search information leaflet (appendix 7) **should be made available to all patients upon admission**, and the policy made readily available upon request.
- 1.3.9** The Trust recognises that the right to privacy and respect for personal property are key principles of the Human Rights Act 1998 (Protocol No 1 of Article 1 and Article 8.). Powers of search and the confiscation of property will be fully and clearly justified before being implemented as they may significantly interfere with a patients privacy. Special consideration must be given to cultural sensitivities and where search or confiscation of property includes articles of faith.
- 1.3.10** The Mental Health Act Code of Practice default position is that blanket restrictions should be avoided unless they can be justified as necessary and proportionate responses to the risks identified for individuals.
- 1.3.11** Searching a person and their belongings is a requirement on admission in order to maintain a safe and therapeutic environment. Where an informal patient refuses to have their person or property searched, a discussion must happen with the MDT to discuss if there are suitable alternative arrangements to hospital admission.
- 1.3.12** Access to items will depend on several factors, some of which are fixed (No alcohol, illicit substances, weapons etc.) and others that are subject to change.
- 1.3.13** Risk assessments and access management for items that may pose a security risk should take an individualised and procedural approach, wherever possible this should be in collaboration with the patient.
- 1.3.14** Search should adhere and reflect the contraband & restricted items reference lists contained in [appendix 9](#).

Policy requirements by core service- Personal search

Table 1

Acute and Urgent care, PoS and PICU (Adult and CYP)	Medium Secure	Hillis Lodge (Low Secure)	Specialties	Dementia and frailty	Steps to Recovery
On admission If CYP are not searched on admission a rationale for the decision must be documented on in-pt portal and in progress notes.	On admission	On admission	On admission	On admission	On admission

On return from un-escorted leave based upon individualised risk assessments	Unescorted Community Leave: All patients will be searched on return from unescorted community leave. Patients will be searched on return from escorted community leave based on individualised risk assessments.	Unescorted Leave: Random searching based upon individualised risk assessments (for example where the patient has a history of contraband, weapons or sharps)	On return from un-escorted leave based upon individualised risk assessments	On return from un-escorted leave based upon individualised risk assessments	On return from un-escorted leave based upon individualised risk assessments
On transfer from one unit to another (including building transfers)	On transfer from one unit to another (excluding inter building transfers)				

Policy requirements by core service- Environment, property and delivered items.

Table 2

Acute and urgent care, PoS and PICU (Adult and CYP)	Medium Secure	Hillis Lodge (Low Secure)	Specialties	Dementia and frailty	Steps to Recovery
Property- on admission	Property- on admission	Property- on admission	Property- on admission	Property- on admission	Property- on admission

Property- on return from unescorted home leave and items detailed in property log. Unescorted community leave: if items have been purchased and it is indicated in the individualised risk assessment (for example where the patient has a history of contraband, weapons or sharps) Escorted Community Leave: Patients property will be searched on leave based on individualised risk assessments. Food items either ordered or brought in by family will be searched as indicated in the individualised risk assessment (for example if there is a	Property- on return from unescorted home leave and items detailed in property log Unescorted community leave: All patients' property will be searched on return from unescorted community leave. Escorted Community Leave: Patients property will be searched on leave based on individualised risk assessments. Food items either ordered or brought in by family will only be allowed if an authorised provider or visitor.	Property- on return from unescorted home leave and items detailed in property log Unescorted community leave: Random searching of property based upon individualised risk assessments (for example where the patient has a history of contraband, weapons or sharps) Escorted Community Leave: Patients property will be searched on leave based on individualised risk assessments. Food items either ordered or brought in by family will only be allowed if an authorised provider or visitor. Items bought in by	Property- on return from unescorted home leave and items detailed in property log Unescorted community leave: On return from un-escorted leave based upon individualised risk assessments (for example where the patient has a history of contraband, weapons or sharps) Escorted Community Leave: Patients property will be searched on leave based on individualised risk assessments. Food items either ordered or brought in by family will be searched as indicated in the individualised risk assessment. (for example, if there is a	Property- on return from unescorted home leave and items detailed in property log Unescorted community leave: On return from un-escorted leave based upon individualised risk assessments (for example where the patient has a history of contraband, weapons or sharps) Escorted Community Leave: Patients property will be searched on leave based on individualised risk assessments. Food items either ordered or brought in by family will be searched as indicated in the individualised risk assessment. (for example, if there is a	Property- on return from unescorted home leave and items detailed in property log Unescorted community leave: On return from un-escorted leave based upon individualised risk assessments (for example where the patient has a history of contraband, weapons or sharps) Escorted Community Leave: Patients property will be searched on leave based on individualised risk assessments. Food items either ordered or brought in by family will be searched as indicated in the individualised risk assessment. (for example, if there is a
---	---	--	---	---	---

history of illicit substance misuse, contraband, weapons or sharps).	Items bought in by community professionals or family members. All property will be searched and logged.	community professionals or family members. Property will be searched and logged	history of illicit substance misuse, contraband, weapons or sharps).	history of illicit substance misuse, contraband, weapons or sharps).	history of illicit substance misuse, contraband, weapons or sharps).
Items bought in by community professionals or family members. Property will be searched and logged	Post, parcels and delivered items will be opened in the presence of 2 staff (other than official letters that can be opened in private)	Post and parcels; should be opened in the presence of 2 staff (see policy) where indicated by individualised risk assessment other than official letters that can be opened in private.	Items bought in by community professionals or family members. Property will be searched and logged	Items bought in by community professionals or family members. Property will be searched and logged	Items bought in by community professionals or family members. Property will be searched and logged
Post and parcels; should be opened in the presence of 2 staff (see policy) where indicated by individualised risk assessment other than official letters that can be opened in private.			Post and parcels; should be opened in the presence of 2 staff (see policy) where indicated by individualised risk assessment other than official letters that can be opened in private.	Post and parcels; should be opened in the presence of 2 staff (see policy) where indicated by individualised risk assessment other than official letters that can be opened in private.	Post and parcels; should be opened in the presence of 2 staff (see policy) where indicated by individualised risk assessment other than official letters that can be opened in private.

2. POLICY

2.1 Prior to searching

2.1.1 Before any search of a patient takes place the staff member must take reasonable steps to give the person who is to be searched the following information:

- The staff member's name and discipline.
- The rights of the staff to search,
- A clear explanation of the purpose of the search in terms of the article or articles for which it is intended to search,

- In the case of powers requiring reasonable suspicion the nature of the suspicion and of any necessary authorisation and the fact that it has been given. Staff must ask patients if they have any items, they would like to declare prior to a search being carried out
- 2.1.2** If it is felt that the patient will not give their consent to be searched then it will be prudent to plan how and where best to notify the patient of the search to reduce any chance of discarding any concealed object(s).
- 2.1.3** Where random searches for those patients on unescorted leave are deemed to be appropriate based on risk history then such searches should be conducted at **least once a week** and outcomes documented accordingly.
- 2.1.4** Clinical areas should consider the takeaway food outlets that patients are ordering from. The use of specific approved takeaways may be prudent in some clinical services whereas to enforce such a blanket restriction in other areas of the service could be a deprivation of an individual's liberty and an infringement of a person's human rights. Consideration should be given to who is delivering the food items and where they have originated from. If there are concerns regarding the potential for a patient to source contraband from a food outlet, this should be clearly documented in the individualised risk assessment.
- 2.1.5** Clinical areas should regularly discuss the need for effective searching with patients during the scheduled 'mutual help meetings' (or equivalent). The meeting should discuss the rationale for conducting personal, environmental, property and postal searches and offer reassurance to the patient population regarding the maintenance of a safe environment and wanting to ensure that personal items do not go missing. The need for regular searching of property on return from overnight leave should also be discussed. Patients should be advised of the ability to access advocacy for any concerns regarding the process of searching.

Conducting Personal, property, post and delivered items and personal space (environment) searches

2.2 Consent

Formal (detained) Patients

- 2.2.1** The consent of the person should always be sought before a personal search of the person, their property, post, parcels or personal possessions is attempted. If consent is given, the search should be carried out ensuring the maximum dignity and privacy of the person. Specific regard should be given to those with cultural and/or religious beliefs.
- 2.2.2** Consent obtained by means of 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.
- 2.2.3** If a detained patient refuses consent or lacks capacity to decide whether to consent to the search on that occasion, their responsible clinician (or failing that another 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 from peers or the property/ possessions that require searching and remain under close observation while being informed of what is happening and why. All communication should be in terms appropriate to their

form of understanding. Searches should not however 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.

- 2.2.4** 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 must be used, it should be the minimum necessary.
- 2.2.5** If there is any disagreement or dispute where there is a clinical objection to a search and there is reasonable suspicion that the individual may have a weapon or sharp with which they could cause harm the individual's therapeutic observation level should be reviewed, considering the risk (which may include continuous observations) until a decision is reached. This should be clearly documented in the patients progress notes.
- 2.2.6** Where a patient physically resists being personally searched, restrictive physical intervention should normally only proceed based on a multi-disciplinary assessment, unless it is urgently required. A post incident review should follow every search undertaken where consent has been withheld.

Informal Patients

- 2.2.7** Informal patients may only be searched if they provide their consent. If a search is undertaken without their consent this would amount to an assault. If an informal service user is refusing consent, an urgent MDT discussion should occur to determine the most appropriate way to deliver care whilst not compromising safety for the wider in-patient community. **A search of a patient with capacity may be justified in exceptional circumstances where it is necessary and proportionate to protect self and/or others from an immediate risk of significant harm.** If a patient lacks the capacity to consent to a search, capacity being decision specific, then the principles of the Mental Capacity Act would apply, and a search should be undertaken if it is considered to be in the best interests of the patient. The four-stage test would need to be carried out, completed and documented. If a patient with capacity refuses a search, then staff should escalate to the Responsible Clinician to consider if treatment should be provided in the community or if the patient should be formally detained under the MHA (1983). The flow chart in [appendix 13](#) will assist staff in this process.

2.3. Ensuring a Safe and Dignified Physical and Therapeutic Approach to Searching

- 2.3.1** Personal searches should be undertaken in a private area ensuring the dignity and respect of the patient are adhered to. Staff should be aware of any additional considerations regarding [safeguarding adults and children and young people](#) and individuals who may have been subject to [domestic violence and abuse](#). Undertaking a personal search in a public area will only be justified in exceptional circumstances.
- 2.3.2** A person being searched or whose possessions are the subject of a search must be kept informed of what is happening and why. If the person does not understand or are not fluent in English, the services of an interpreter or BSL trained individual should be sought. Staff should utilise the approved Trust interpretation services that may include using electronic AI or 24hr telephone interpreting service where a physical representative is not available. Service users should understand the search process and interpreting services and accessible information should be utilised if the information given is not retained or understood. If the service user understands the information being presented this should be clearly documented in the service users

care record. The specific needs of those with learning disabilities and young people should also be considered as part of the search process. All service users must be given the information leaflet in appendix 7 as part of the admission process, and Appendix 8 discussed in Mutual Help/Community Meetings.

- 2.3.3 A personal search** should be carried out by at least 2 members of staff, one of whom must be of the same sex unless necessity dictates otherwise, one of whom who should have completed the Trusts in house personal search training. The staff conducting a search could be a registered nurse/nurse associate, Health care support worker, an occupational therapist, a doctor, psychologist, or other allied health professional. This is especially important if it is not possible to conduct a same-sex search or there is reasonable suspicion to suggest that the individual carries inherent risk. Where service users identify differently to their biological gender, an individualised MDT discussion should take place to ensure appropriate care and consideration is given to who should undertake the '*rub down*' part of the searching process. These decisions should be clearly documented within the patient's care plan and MDT documentation.
- 2.3.4** Staff involved in undertaking personal 'rub down' searches must have completed the on-line 'Introduction to Search' training programme and at least one member must have undertaken the five day AVERTS training programme. All new staff who are expected to undertake searching as part of their duties should be directed to the 'Learning Zone' to complete the 'Introduction to Search' training programme or AVERTS personal safety and risk reduction- in-patients (for TSS and students) whilst awaiting a space on the AVERTS 5-day programme.
- 2.3.5 Searching property, personal space, and delivered items** should be carried out by a minimum of 2 members of staff. The process should take a logical progression and specific training in the searching of environments and personal possessions can be delivered by the AVERTS department on request. The same principles applied to personal searching should be always be applied and property should be handled in the same way as described in the AVERTS 'Introduction to Search' training programme. If property/ personal items have been bought in by health care professionals at the request of the patient, the property should be handed over to unit staff and the property should be thoroughly searched prior to being handed over to the patient. This should be logged on the in-patient portal.
- 2.3.6 Searching post and parcels** should be carried out by 2 members of staff, at least one of the members of staff should be a registered health care professional. The decision to search personal post and parcels will be governed by the individual risk assessment of the patient, with clear documentation covering the justification and necessity for the search in the patients care record. In addition, a record of the staff members present, the person or company who delivered the parcel and what was contained within the parcel should be documented on the in-patient portal, the service users care record and locally held post books (where appropriate).
- 2.3.7** If the individualised risk assessment necessitates, and a patient refuses to consent to open a parcel/ post or delivered item in front of staff, staff should withhold the item until consent is given or send the parcel/ post unopened with family/ carers/ health care professionals back to the service users place of residence (wherever possible). This needs to be clearly documented in the service users care record.
- 2.3.8** Only in **exceptional circumstances**, based on specific and individualised assessment of risk that is clearly documented within the clinical record and in the patients care and management plan, staff may be required to open a parcel on behalf of the patient. 2

staff must be present (at least one should hold a professional registration). The opening of parcels/ post must be necessary and proportionate to the identified risk. The search should not amount to the interference with the postal item and the mail should not be read in any circumstances. If in doubt, the preference would be to follow the step outlined in 2.3.7.

- 2.3.9** A comprehensive record of every search regardless of type or reason should be recorded on the Inpatient Portal; where necessary an additional entry should be documented on the patients care record within the progress notes. If for any reason a search is not undertaken when indicated, a documented rationale should be provided. Where necessary individual risk assessments should be amended and reviewed especially when contraband or restricted items are recovered. In addition to the individual patient documentation.
- 2.3.10** Should a patient arrive at Place of Safety or be returned to the unit via Police or prison then **staff must clarify** if a search has been undertaken. Staff should secure a copy of any search documentation completed by the Police or prison staff and this should be uploaded to the care record. **Staff should still undertake a personal search** of the person and their belongings regardless of whether they have been reportedly searched elsewhere.
- 2.3.11** A patient should be provided with the opportunity to discuss any concerns regarding the search process and the management of risk with a professional advocacy service. This should be routinely offered and if a patient declines, this should be clearly documented in the patients care record.

3. PROCEDURE

3.1 The Method of Conducting a Personal Search

- 3.1.1** Staff will utilise a Handheld Metal Detector (HHMD) or 'wand' to initially sweep the patient and their belongings. This will not negate the search process from taking place if the grounds for searching as stipulated in this policy are met. **ALL** in-patient services will have access to an HHMD. The HHMD should be tested before each use to ensure that it is in good working order. Each unit should ensure that the HHMD is checked as part of the routine equipment checks, and document accordingly.
- 3.1.2** Electronic and other security systems and equipment will be provided to support staff to search effectively and consistently. Staff are advised to refer to the [Trust Security Policy](#).
- 3.1.3** When conducting a search staff will be aware of their own personal safety and that of their colleagues and utilise on-going risk assessment and observation when undertaking the task.
- 3.1.4** All CYP services and forensic CAMHS will have local protocols in place to ensure children in those services are searched within appropriate legal frameworks under the Mental Health Act 1983, Mental Capacity Act 2005, The Children's Act 1989 and Safeguarding Children.
- 3.1.5** In an emergency (i.e. where there is immediate risk) and if there is no co-operation from the patient, then "reasonable force" used as a last resort if necessary to conduct the search.

Reasonable force is clearly defined by the Criminal Law Act 1967 Section 3 (1) as whereby:

“A person may use such force as is reasonable in the circumstances in the prevention of crime, or in effecting or assisting in the lawful arrest of offenders or suspected offenders or of persons unlawfully at large”.

In this situation staff must comply with existing policies on the use of restrictive physical interventions and/or manual handling etc., and the force used must be proportionate to the risk.

3.2 The Method of conducting an environmental/ personal belongings search

3.2.1 Staff will utilise a Handheld Metal Detector (HHMD) or ‘wand’ to initially sweep the patients belongings. This will not negate the search process from taking place if the grounds for searching as stipulated in this policy are met. **ALL** in-patient services will have access to an HHMD.

3.2.2 Environmental Search – Step by Step Guide

3.2.3 Where the search is of the general ward environment, two staff will conduct the search

1. The patient will always be invited to observe the search if it is in their personal space, providing the patient is not in seclusion.
2. The patient may decline, if you suspect they have an item on their person, they will need to be kept separated from other patients until room and personal search are completed
3. Where the patient chooses to witness the search, 3 staff will be needed, 3rd staff member is required to explain the process to the patient.
4. Where the patient declines to witness the search, 2 staff can complete the search of the area, the patient can request to witness at any point, then a 3rd member of staff will need to be present, service user cannot take items in and out of the room until the search is complete
5. Firstly, staff should identify a sterile area, this could be a tray the staff have with them, the desk, the bed, where it is an item already in the room, best practice is to search the area first, every front has a back, every top has a bottom.
6. Staff will wear gloves for duration of the search, they will have access to HHMD, inspection mirror and a torch, ensure the HHMD is in good working order prior to conducting the search.
7. To search under an item (e.g., a desk), use Inspection Mirror and torch, likewise, to search above head height.
8. To search within an item (e.g., Mattress or Jacket) use HHMD prior to using method of bends and breaks (where practicable).
9. Once sterile area is identified and search complete where necessary, staff to divide room into quarters, starting from left of door.
10. Staff 1 will commence search of quarter 1 and staff 2 will commence search of quarter 2, remember principle of every top has a bottom, every front has a back; remember where necessary to use search equipment
11. Where staff are unsure of an item, they are to place it in sterile area for further inspection
12. Where items are of cultural significance to the patient, work with the patient to ensure it is respected throughout search process.
13. Repeat process for quarter 3 (staff 1) and quarter 4 (staff 2)

14. Any items placed in sterile area can now be double checked by both staff and where necessary NIC.
15. Room is to be left as found, if not better, remake bed, replace items as found etc.

3.3 The Method of observing the opening of post, parcels and delivered items

- **Staff involvement:** The patient will open the parcel in front of two staff members. If the patient refuses consent, consideration should be given to the withholding of the parcel/ postal item until either consent has been granted, or it can be returned to the service user's home address unopened by a carer/ relative/ healthcare professional. There may be exceptional circumstances, based on specific risks identified in relation to the patient and where necessity dictates, where staff may need to open the parcel on the patient's behalf. The justification for undertaking such actions must be clearly documented in the patient's care record. At least one of the staff members should be a substantive / regular member of staff and at least one of the staff members should hold a professional registration.
- **Location –** To be designated by each ward not within a communal space or patient bedroom.
- **Documentation:** The following details must be recorded on the in-patient portal and RiO progress notes.
 - Date and time of opening
 - Patients name and ward
 - Description of the item(s) received
 - Actions taken (e.g. item retained, returned to sender, destroyed).
 - Signatures of both staff members present to be recorded in the units Post book.
 - Name of Sender/ delivery company (if a drop off).
- **Patient Involvement:** Whenever possible, the patient should be present during the opening of their post or parcel. The patient should be informed of the reasons for any actions taken regarding the items received.
- **Handling of Items:**
 - Items deemed safe and appropriate may be given to the patient.
 - Items that pose a risk should be retained by staff and stored safely and securely and in the case of illegal items West Midlands Police must be contacted.
 - **Lack of co-operation:** where a risk has been identified and the patient refuses to open the parcel or post, staff will retain the item and hand it over to relatives or carers where appropriate. Where this is not possible the package should be held onto and handed over to the service user on discharge.

3.4 Post Search Actions.

- 3.4.1** Where items are recovered during a search the retention or disposal of such items needs to be considered. If items belonging to a patient are removed, and the items are such that they can be returned to the patient on discharge, the patient will be given a receipt for the items and informed where they are being kept. If the article is part of the individual's cultural/religion/belief, this should be clearly documented, and care taken in ensuring respectful storage.

- 3.4.2** If it is inappropriate to retain confiscated articles such as secreted medication, illicit substances, or offensive weapons then they must be disposed of in the appropriate manner i.e. via Pharmacy or West Midlands Police Service (WMPS), and a record kept of the means of disposal. The service user will be informed of the disposal.
- 3.4.3** Staff are advised to refer to the [Trust Offensive Weapon Guidance](#) if a weapon is discovered during the process of a search. Care must be taken to give due respect to articles of faith that are at risk of being considered offensive weapons (e.g. Kirpan – a ceremonial knife often carried by members of the Sikh community), with Spiritual Care Team support being offered to the service user at the earliest opportunity.
- 3.4.4** Where controlled drugs or suspected controlled drugs are found then the Misuse of Drugs Act 1971 Section 5(4) (a) must be adhered to. This legislation creates a defence to unlawful possession of drugs which will apply to a member of staff who takes possession of a controlled drug or suspected controlled drug if they can show:
- (a) That knowing or suspecting it to be a controlled drug he took possession of it for the purpose of preventing another from committing or continuing to commit an offence in connection with that drug and that as soon as possible after taking possession of it he took all such steps as were reasonably open to him to destroy the drug or deliver it into the custody of a person lawfully entitled to take custody of it; or
 - (b) That knowing or suspecting it to be a controlled drug he took possession of it for the purpose of delivering into the custody of a person lawfully entitled to take custody of it and that as soon as possible after taking possession of it he took all such steps as were reasonably open to him to deliver it into the custody of such a person.
- 3.4.5** Whether items are recovered or not a search will be used as an opportunity for therapeutic engagement with the service user. There will be clear communication and explanation of the steps being taken throughout the process in a manner or format that is understandable to the service user.

3.5 Reporting (When a search or post-search becomes an incident)

- 3.5.1** All searches need to be logged on the in-patient portal and where necessary additional documentation should be provided in the service users care record. Not all searches constitute an incident. Only those where contraband, restricted items or items posing risks to others (for example, weapons), and instances where a search has been conducted without consent should be recorded on ECLIPSE.
- 3.5.2** If a contraband item is handed over prior to staff commencing physical search then this will be recorded on ECLIPSE as 'Contraband found – no search required'. This will not however negate a continuation of a planned physical search of the service user or their environment.
- 3.5.3** If a patient is searched and contraband **is** found then report on ECLIPSE.
- 3.5.4** Point of access searches in forensic services will be recorded as laid down as established by locally agreed recording protocols, please see [appendix 14](#).

3.6 Health and Safety

3.6.1 The risks involved in conducting searches include those from needle stick injuries and searching will be included on environmental risk assessments for in-patient units. Staff can reduce the risk of sustaining a needle stick injury by asking the individual being searched if there are sharp/pointed objects in pockets/bags etc. prior to commencing a search, a sweeping the pockets with a HHMD.

3.6.2 Anti-allogeneic gloves clinical gloves will be worn by staff when conducting any kind of search. This is for the purposes of infection control and dignity issues.

3.7 Support

3.7.1 Searching can be an emotive issue, and staff will be supported to manage any issues that arise from the implementation of this policy through normal management and supervision arrangements.

3.7.2 There should be opportunity for both patients and staff to debrief following a search episode that has occurred without the patient's consent, and if physical intervention was used as a last resort. The purpose of the debrief enables co-discussion about the incident that has taken place and any plans for managing a situation in the future.

3.7.3 In addition specialist advice on policy and search techniques can be obtained from the AVERTS team located at the Uffculme Learning Centre on 0121 301 3979

3.8 Reporting (When a search or post-search becomes an incident)

3.8.1 A record of every search, including the reasons for it and details of any consequent risk assessment, should be made. This in keeping with the Mental Health Act Code of Practice (1983) ([DH, 2015, p. 70, para, 8.37](#)). Staff will use the Inpatient portal to record this and provide further detail as a progress note on RiO should it be required.

3.8.2 As per 3.3.1 -not all searches constitute an incident. Only those where contraband, restricted items or items posing risks to others (for example, weapons), and instances where a search has been conducted without consent should be recorded on ECLIPSE.

3.8.3 If a contraband item is handed over prior to staff commencing physical search, then this will be recorded on ECLIPSE as 'Contraband found – no search required'. This will not however negate a continuation of a planned physical search of the service user or their environment.

3.8.4 If a patient is searched and contraband is found, then report on ECLIPSE.

3.8.5 Point of access searches in forensic services will be recorded as laid down as established by locally agreed recording protocols.

3.9 Monitoring and review of Searching Processes within the Trust

3.9.1 All clinical areas should monitor their incidents of searching and compile a quarterly report for the respective CGC and RRPSPG as part of their RRP update.

3.9.2 Clinical areas should undertake an audit of searching practices within their clinical services a minimum of twice yearly as stipulated in NICE CG 10- Violence and Aggression: short term management in mental health, health and community settings.

3.9.3 If a clinical area is concerned regarding the confidence or competence of staff in completing a search, the AVERTS team should be contacted to discuss arrangements for providing additional support to the member of staff.

4. RESPONSIBILITIES

Post(s)	Responsibilities	Ref
All clinical staff as determined by TNA	Responsible for adhering to the procedures as laid out in this policy and report any deviations in keeping with risk the management policy. Ensure they receive local induction, on-line search training and 5 day AVERTS programme	
Service, Clinical and Corporate Directors	Responsible for ensuring that all episodes of searching are recorded on the in-patient portal and any that result in the removal of contraband are reported as an incident on Eclipse. Responsible for ensuring reports are appropriately escalated and are assured that immediate actions are taken to respond to incidents, support staff and service users / carers.	
Policy Lead	Monitor the appropriate application of the policy via Eclipse reporting system and the restrictive intervention reporting suite providing feedback to cited committees.	
Ward Managers	Ward Managers have a responsibility for ensuring the accuracy of incident reports and determine / confirm that appropriate action been taken in response to the incident and to initiate any additional action as necessary. Ensure that materials contained in appendices 2, 3, 8 and 17 are on open display on their ward areas where searching takes place. All have a responsibility to support staff and escalate reporting of the incident in line with risk. Support Policy Lead with exercising duty to search audit bi-annually by providing a quarterly report of searches in their area by auditing the in-patient portal and reviewing the incident data on the Restrictive Intervention reporting Suite.	
Matron or nominated individual	To complete an audit of searching within the clinical area they cover utilising the data obtained via the in-patient portal and Restrictive Intervention Reporting Suite utilising the questions developed via AMaT. Results will be shared with local CGC, Trust RRPSG, Trust H&S committee and QPESc where appropriate.	
ANP Risk and Security or nominated matron	Where services enlist the services of CSL, a 6 monthly review of searches involving search dogs will be provided to the local CGC and Trust RRPSG.	

5. DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary	
Date policy issued for consultation	July 2025
Number of versions produced for consultation	1
Committees or meetings where this policy was formally discussed	

Circulated to all CGC's RRPSG Health and Safety committee NAC Relevant Forums		
Where else presented	Summary of feedback	Actions / Response
HOPE Action Group 14 th August	Use a single term for policy (Patient/ service user) and do not use interchangeably. Consider patient as policy also refers to detained individuals. A couple of typos' s were identified. Clarification on a couple of points. Patient information leaflet to be reviewed and amended	All necessary amendments made and information leaflet will be reviewed by Participation and Experience team and EBE's.
Feedback from Dr Kennedy	Policy is too long and staff need an easy read version. All patients should have all post and parcels searched.	Appendix 13 created as a flow chart for staff. The policy is reflective of risk assessment and clinical decision making. To insist that all post and parcels are searched could be considered a blanket restriction.
RRPSG		
NAC	Sarah-Jane Smith fed back suggestions to make some points more explicit and to ensure staff check the functionality of the HHMD prior to each use.	

6. REFERENCE DOCUMENTS

- A [BSMHT Care Records Management Policy](#)
- B [Code of Practice, Mental Health Act 1983, \(DoH\) 2015](#)
- C [Human Rights Act 1998](#)
- D [Misuse of Drugs Act 1971](#)
- E [Health and Safety at Work etc. Act 1974](#)
- F [BSMHFT Mental Capacity Act 2005 Policy](#)
- G [BSMHFT Offensive Weapon Guidance](#)
- H [RSS06T Visitors to Secure Service](#)
- I [RSS01 Men's Service Security Operational Guidance](#)
- J [RSS08 Men's Service Search & Locker Guideline.](#)
- K. [CQC Brief guide: The use of 'blanket restrictions' in mental health wards. \(DH, 2019\)](#)
- L. [BSMHFT Security Policy](#)
- M. [BSMHFT Adult Safeguarding Policy](#)
- N. [BSMHFT Safeguarding Children and Young People Policy](#)
- O. [BSMHFT Domestic Violence and Abuse Policy](#)

7. BIBLIOGRAPHY

As above.

8. GLOSSARY

<i>Accountable professional</i>	an individual holding a current registration with a professional body; or an individual employed by the Trust in a substantive role on Pay Band 5 or above.
<i>Approved Clinician</i>	Terminology used in Mental Health Act 2007 replacing “registered medical practitioner” as used in Mental Health Act 1983
<i>HHMD</i>	Handheld Metal Detector.
<i>Responsible Clinician</i>	Terminology used in Mental Health Act 2007 replacing “responsible medical officer” as used Mental Health Act 1983

9. AUDIT AND ASSURANCE

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements
Recording and reporting of searching on in-patient portal;	RRP lead	Formal Search Audit registered on AMaT	Annually	QPESc, H&S committee, Trust CGC
Personal Searching - On admission - Return from Section 17 leave/ informal leave - Seclusion	B7 RPI (AVERTS consultants)	Regular review of searching via restrictive interventions reporting suite/ in-patient portal data	Quarterly	Local RRP groups, local CGC & RRPSG
Environmental searching - Property and belongings on admission - Property and belongings bought in by visitors or other health care professionals - Personal space (bedrooms)	B7 RPI (AVERTS consultants)	In-pt portal	Quarterly	Local RRP groups, local CGC & RRPSG
Post and Parcels		In-pt portal	Quarterly	Local RRP groups, local CGC & RRPSG
Seclusion Personal search on commencement		In-pt portal	Quarterly	Local RRP groups, local CGC & RRPSG

Environmental search of seclusion environment	B7 RPI (AVERTS consultants)			Local RRP groups, local CGC & RRPSG
Training competency; have staff undertaken the necessary training and are they in date. - Personal Search - Environmental search Ad hoc audits of staff conducting a personal search on a patient	Unit managers LD bookings Matron, unit manager, senior nurse	Training records held by LD bookings and accessible via traffic light. AVERTS competency assessment sign off. TBD Personal search audit tool Appendix 17	When required Annually when attending AVERTS 5-day or refresher course TBD	FFP, MET SME group, MET, letters to unit managers. Feed back to unit manager- arrange for additional AVERTS support/ training where required. Local governance and RRP meetings.
Service user experience	Participation and Experience leads, matrons and AVERTS consultants	Annual RRP service user questionnaire	Annual	RRPSG, Local CGC, Trust CGC, QPESc.

10. APPENDICES

- [Appendix 1](#) - Equality Analysis Screening Form
- [Appendix 2](#) - Personal Search Protocol (Male)
- [Appendix 3](#) - Personal Search Protocol (Female)
- [Appendix 4](#) - Guidelines for Searching Rooms
- [Appendix 5](#) - Searching for Missing Items and Contraband
- [Appendix 6](#) - Searches Requiring the Removal of Clothing Protocol
- [Appendix 7](#) - Service User Information Leaflet
- [Appendix 8](#) - Search Procedure Body Map and Talk Through
- [Appendix 9](#) - CGC Contraband List & Dynamic Risk Assessment Process
- [Appendix 10](#) - Search variation for mother and baby inpatient (perinatal) unit
- [Appendix 11](#) - Professional Standards Guidance Post and Parcels- Acute & Urgent Care
- [Appendix 12](#) - Professional Standards Guidance- Post and Parcels- Steps 2 Recovery
- [Appendix 13](#) - Searching Aid memoir
- [Appendix 14](#) - Capacity and Consent for a Search Flowchart
- [Appendix 15](#) - Tourmaline Protocol for Corridor Swipe Cards Including Return from Leave Searching.
- [Appendix 16](#) - RSS 08 – Men’s Service- Search and Locker Guidance
- [Appendix 17](#) - Personal Rub Down Search Audit Checklist

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Policy	Clinical Searching of Service Users		
Person Completing this policy	Samantha Howes	Role or title	ANP AVERTS and RRP lead
Division	People and Culture	Service Area	Learning and development
Date Started	02/09/2025	Date completed	02/09/2025
Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.			
To provide a supportive and safe environment for both staff and service users in inpatient settings.			
Who will benefit from the proposal?			
All in-patients and Staff			
Does the policy affect service users, employees or the wider community? Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward			
Yes, the policy is to protect both patients and staff. The policy is to ensure there is an equitable and safely applied process to support clinical searching of patients, their property and other belongings in inpatient settings. Clinical searching is always recorded in clinical notes, on the inpatient portal and data is available on the restrictive intervention dashboard. Where contraband is found, an incident report is completed; as such the intervention and application of policy can be monitored for appropriateness and equity data.			
Does the policy significantly affect service delivery, business processes or policy? How will these reduce inequality?			
For patients with protected characteristics who may be subject to clinical searching as a restrictive intervention, this policy sets out the standards of practice to ensure that they and the staff remain safe and protected. Auditing search practice will identify any health inequalities that can be brought to the attention of relevant service areas.			

Does it involve a significant commitment of resources? <i>How will these reduce inequality?</i>				
No				
Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
This policy can be related to restrictive practices such as Restrictive physical intervention and Seclusion				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this policy promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>			<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>	
Please click in the relevant impact box and include relevant data				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age			x	The policy addresses the different approaches to clinical searching of individuals, their property, post and parcels and covers the age spectrum for the services that BSMHFT provide. The policy takes into account age, vulnerability and appropriateness of search, and how to consistently apply the intervention ensuring risk management and patient and staff safety.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability			x	People with Learning disabilities and individuals with different communication needs have been considered in the policy and the

				staff are required to consider how they gain consent and ensure information has been understood both before, during and after the process of searching. Service areas should consider a safe and appropriate environment to conduct a personal search that considers an individual's sensory needs and alternative versions of the information leaflet will be produced.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender			x	This policy acknowledges the importance of gender sensitivity in the application of this clinical searching approach and gives a structured approach to an appropriate intervention taking into account gender differences. Wherever possible the individual being searched will be searched by a staff member of the appropriate gender unless risk dictates otherwise. Individuals who are non-binary should have discussions with the MDT and there should be documentation to state which gender the searching staff should be.
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy?				
Marriage or Civil Partnerships	x			The policy should be applied consistently and fairly across all service users with reasonable adjustments made to ensure information that is given is understood.
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity			x	There is an appendix within the document that outlines the difference of process applied for perinatal inpatient searching to ensure sensitivity of approach bespoke to this need. For staff members who are pregnant, a

				risk assessment will be completed and updates regarding the tasks that can be performed.
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation to pregnancy and maternity?				
Race or Ethnicity	x			The policy takes into account an individual's cultural heritage and the policy should be applied fairly and consistently across all service areas. The Reducing restrictive interventions reporting suite will monitor the protected characteristics of patients subject to all forms of restrictive intervention and service areas will be expected to review the data around protected characteristics. Discussion with the information Team to ensure the protected characteristics for searching will be included on the restrictive intervention reporting suite.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	x			Searching of service users with different cultural or religious beliefs is considered including the handling of articles of faith that may be considered as contraband. Training includes the need to be sensitive to an individual's cultural beliefs and searching needs to be applied consistently across the service user population. Reasonable adjustments to the staff members present need to be considered but balanced against the risk of delaying the search. Service users should be kept separated from their peers whilst attempts are made to address the religious requirements to enable to removal and searching of religious items and articles of faith.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				

Sexual Orientation	x			The policy should be applied consistently for all service users regardless of sexual orientation.
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	x			This has been considered within the policy. Searching that is supported by a risk assessment and MDT discussion should form part of individualised care planning and discussions within the MDT and with the service user should address preferences and strategies to meet the individual needs of the service user. This should be supported by with appropriate documentation in the care record.
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your policy or service?				
Human Rights			x	This policy will protect the service user and staff completing the intervention by setting out the appropriate procedure to safely manage clinical searching with vulnerable people. Human Rights have been fully considered throughout the policy and whilst non absolute articles may be temporarily impacted, there must be clear cogent reasons for the completion of a search supported by a current up to date risk assessment. The safety of staff, service users and visitors is of paramount importance and may justify a temporary derogation from non-absolute articles. Failure to conduct a comprehensive, structures search as taught on training could impact the safety and levels of risk within services.
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				

If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
		No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				x
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding. If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead.				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
n/a				
How will any impact or planned actions be monitored and reviewed?				
Monitoring of clinical searching through the Restrictive intervention reporting suite, twice yearly search audits and eclipse incident reporting system to understand the trends of searching across the organisation paying particular attention to those with protected characteristics will identify if inequalities are occurring and inform action needed to support addressing this.				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
Reporting clinical searching data into the Reducing Restrictive Practice Group for advice and assurance, recommendations, escalations and clinical action.				

Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis

Personal Searching (Male)

Searches must be carried out by members of staff of the same gender as the person being searched. Considerations will be made when searching service users where there are transgender issues.

A rub down search must be carried out by single member of staff wearing disposable gloves and every instance witnessed by a second member of staff.

- Special consideration must be given for the searching of headwear or outer clothing worn for religious or medical reasons (e.g. wigs, Sikh turbans, Jewish yarmulkes, etc.)
- Consideration must be given for any person considering or undergoing gender re-assignment and/or any binding that may be required.
- An individual may have this religious/medical headgear or clothing searched by a hand-held metal detector (where available). The headgear or outer clothing will only be removed if there is a detection that cannot be accounted for, or if there are further suspicions.
- If there is a need to search the subject's religious/medical headgear or clothing by hand, you must offer the individual privacy for this part of the search. The subjects must be given the opportunity to remove the item themselves and, for a turban, unwind it themselves. Care should be taken to ensure that no part of the turban touches the floor, fresh gloves are used, and surfaces are cleaned within sight of the service user prior to removal or inspection.

The search must be undertaken using open hands with fingers spread out. The procedure is as follows.

- Stand facing the service user
- Ask him if he has anything on him that he is not authorised to have
- Ask him to empty and turn out his pockets and remove jewellery, including wristwatch.
- Search for contents of pockets, jewellery and any other items, including bags he is carrying, and then place to one side.
- Ask him to remove any headwear and pass for searching.
- Ask him to ruffle hair with fingers where appropriate
- Lift his collar; feel behind and around it, and across the top of his shoulders (search any tie and ask him to remove it if necessary). Ask him to raise his arms level with his shoulders. His fingers must be apart with palms facing down.
- Search each arm by running your hand along the upper and lower sides.
- Check between his fingers and look at the palms and back of his hands.
- Check the front of his body, from neck to waist, the sides, from armpits to waist and front of the waistband.
- Check his back from collar to waist, back of waistband and seat of the trousers. Ask him to turn around.
- Check the back and sides of each leg starting from hip and the knee on the inside to the ankle.
- Check the front of his abdomen and the front and side of each leg.
- Look at the area around him for anything he may have dropped before and during the search.
- Ask him to step to one side to ensure he is not standing on anything he has dropped before or during the search.

Personal Searching (Female)

Searches must be carried out by members of staff of the same gender as the person being searched. Considerations will be made when searching service users where there are transgender issues. A rub down search must be carried out by single member of staff wearing disposable gloves and, in every instance, witnessed by a second member of staff.

Special consideration must be given for the searching of headwear or outer clothing worn for religious or medical reasons (e.g. wigs, turbans, hijab, jilbab, etc.). Consideration must be given for any person considering or undergoing gender re-assignment and/or any binding that may be required.

- Stand facing the service user
- Ask her if she has anything on her that she is not authorised to have.
- Ask her to empty and turn out her pockets and remove jewellery including wristwatch (optional).
- Search for contents of pockets, jewellery and any other items, including bags, she is carrying, and place to one side.
- Ask her to remove any headwear and pass it to you for searching.
- Ask her to ruffle or brush hair where appropriate.
- Lift her collar; feel behind and around it, and across the top of her shoulders (search any scarf or tie and ask her to remove if necessary).
- Ask her to raise her arms level with her shoulders. Her fingers must be apart with palms facing downwards. Search each arm by maintaining constant contact with the arm, running your hands along the upper and lower sides.
- Check between her fingers and look at the back and the palms of her hands.
- Run the flat of your hand's underneath and from the shoulders to the top of her bra at no time touching the breasts.
- Request the female service user to hold under the wire or elastic at the bottom of her bra and move the bra away from the skin.
- Utilise the HHMD to check around the breast area.
- Check her sides and the abdomen from underneath breasts to and including the waistband.
- Check the back and sides of each leg starting from hip and the knee on the inside to the ankle.
- Check the front and sides of each leg. (If she is wearing a skirt, it is more difficult to search the top of the legs. Run hands down both sides of each leg outside the skirt. Use a metal detector if necessary).
- Ask the service user to turn around and check her back from collar to waist, back of waistband and seat of her trousers or skirt.
- Ask the service user to pick up one foot at a time to check the soles of the socks
- Look at the area around her for anything she may have dropped before or during the search.

Guidelines for searching of rooms.

- The staff conducting the search will wear disposable gloves.
- Two members of staff will carry out room searches.
- The service user will be invited to observe the room search.
- Any electrical items need to be tested to establish they are or are not working correctly prior to searching
- The room will be searched systematically, starting from the left-hand side of the door, working around the entire room.
- The level of detail of the search will always be dependent on the items being searched for.
- Remove all objects from the bed, including bedding one layer at a time; inspect each sheet, pillowcase, quilt, and covers.
- Inspect the base of the bed, underside of the bed, the mattress and headboard.
- Inspect window frames and radiators.
- Inspect all drawers and wardrobes. Remove all drawers and inspect the underside of the drawers and recess.
- Books, bags and other items will be searched individually and can be placed on the bed until their original location has been searched when they can be replaced.
- Items which are identified by the service user as being of cultural or religious importance must be treated with the utmost respect. Service users should be given the opportunity to hold any sacred texts (Bible, Qur'an, Guru Granth Sahib, etc.) whilst staff respectfully search these items for any contraband.
- Check any other freestanding furniture and their underside.
- All clothing and other items removed from drawers and wardrobe will be done so in orderly fashion and with respect to the owner. They can be placed on the bed until the wardrobe/cupboard/drawer is empty whereupon, the items will be returned as found.
- Any items removed will be recorded in the property book and where possible, signed for by the service user and/or two nursing staff.
- The room will be left as before with items replaced and the bed remade when the search is concluded.
- The search will be recorded as per policy.

Searching for missing items/ contra band within in-patient services

- When a search is necessary for a missing item it is the responsibility of the nurse in charge to instigate the search. The senior clinician on duty will be informed of the decision along with the respective Approved Clinician if the search is to extend beyond just trust property. In accordance with the relevant sections as laid out within this policy
- Service user(s) movement will be restricted whilst the search is being carried out. If the service user must leave the unit/ward, then steps will be taken to make sure the item is not being taken out.
- A search of the perimeter of the building may be necessary particularly by windows where items may be dropped/ hidden
- All rooms on the unit/ward area will be locked to prevent movement of the item and a systematic and methodical search be made. Service user's rooms will be searched last.
- After each separate locked area has been searched it will if possible, remain locked and/ or inaccessible until completion of the search.
- **Following the incident, a community ward/ unit meeting will be held to discuss matters arising and to allay any unnecessary anxieties and/or fears created by such intrusion**

Procedure for Searches Requiring the Removal of Clothing

The service user will be informed that a search requiring the removal of clothing is required.

- The service user will be escorted to a single room, which has been prepared for the procedure.
- **Two** members of staff both of the **same gender** as the service user will conduct the search.
- The service user will be reassured at all times.
- Staff conducting the search will wear disposable gloves.
- The service user will **never** be completely naked at any time. A blanket or sheet will be available for the service user's use.
- Staff will not inspect any intimate orifices.
- All clothing above the waist will be removed and searched. A visual check of the service user's upper body will be made including a check of the mouth, ears, nostrils and hair. The service user will then be allowed to re-dress.
- All clothing below the waist will be removed after a visual check of the lower body, the service user will be allowed to redress.
- Removed clothing must be thoroughly searched, paying particular attention to seams, lining, cuffs, collars, waistbands, shoes, and pocket items.
- In secure areas, where any items are missing from a ward, e.g., cutlery, and several service users are searched, the floor area of the room will be checked between searches. Searched service users will be encouraged to remain in a room that has previously been checked.

This process is to be completed under the guiding principles of the Mental Health Act Code of Practice (MHA, 1983, Chapter One, p. 5-6)

What should I expect if I am to be searched?

- The staff member searching must be of the same gender or as outlined by the multidisciplinary team.
- A full explanation of the process beforehand including the name and job title of the staff involved. You can request to see the detailed searching process that is contained within the staff search policy. Please ask a member of staff to see this.
- A valid and clear reason why the search is taking place. Without this, staff are not entitled to search you or your belongings.
- A minimum of two staff should be present for the search, one of whom should hold a professional qualification. For example, a registered nurse, occupational therapist or nursing associate.
- You should expect to have a debrief after every search.
- Staff may at times feel it inappropriate to conduct searches and may involve outside agencies such as the Police. In such events, staff will advise you accordingly.

Support for you

We acknowledge that the process of searching can feel uncomfortable and intrusive. Following any search, staff will offer time to you to discuss what happened and offer reassurance.

If you are unhappy with the process due to any reason, do not hesitate to approach staff who were not involved in the search.

If you have any concerns, you can also discuss this with your named nurse, advocacy or our Customer Relations team.

Website:
<https://www.bsmhft.nhs.uk/service-users-and-carers/customer-relations/>

Telephone: 0800 953 0045

Opening hours: Monday to Friday,
 8am to 4pm (excluding bank holidays)

Text: 07985 883509

Email: bsmhft.customerrelations@nhs.net

Main switchboard: 0121 301 0000
www.bsmhft.nhs.uk



NHS
 Birmingham and Solihull
 Mental Health
 NHS Foundation Trust

A service user guide to being searched

“A safe environment for all”

Your safety is our main priority during your stay in hospital. We need to maintain a safe environment for everyone and on occasions, it may be necessary for staff to search individuals and/or their belongings.

What service users have said to staff:

“When people go out on leave, they could bring anything in. The searches are for everyone's benefit, and I think most people don't mind being searched.”

MG, Service User



What should I not bring into hospital?

It is extremely important that illegal items are not to be brought onto our premises at any time (e.g., weapons, drugs). Many of you have already commented that you want to receive treatment in a safe and secure place free of these items. Some items, which may not be illegal, e.g., razor blades, may still be restricted in order to keep everyone safe.

If you are unsure about these items, do not hesitate to ask a member of staff for the restricted items/contraband list. Should you bring restricted items into hospital, these will be stored in a safe place and can be accessed when it is safe to do so.

What are the different types of searches?

Staff may need to search people either individually or they may need to search an individual's personal space, (e.g., bedroom or bathroom). With individual searches, staff will perform a search called a rubdown. This is where staff will maintain continuous contact with your body, however staff must avoid intimate areas. Clothing, shoes and bags will be searched and a handheld metal detector/wand will also be used.

If staff are required to search your bedroom or any other personal

belongings, they must do so carefully and with respect. Where possible we would encourage you to be present during the search and notify staff of any items of value.

How often do searches take place?

All wards/units will have procedures in place for searching; these should be explained to you by a member of staff on admission and during service user meetings. It may be necessary for searches to take place at the following points during your stay:

- On entering the unit during admission.
- On return from escorted or unescorted leave in some instances, based on current risks.
- Evidence or suspicion of a possession of a contraband and/or illegal item.
- Where the staff have due concern for the safety of all on the unit.

"It helps to keep things fair and stop some people bringing in contraband – there has to be some rules and regulations."

MG, Service User

What are my rights?

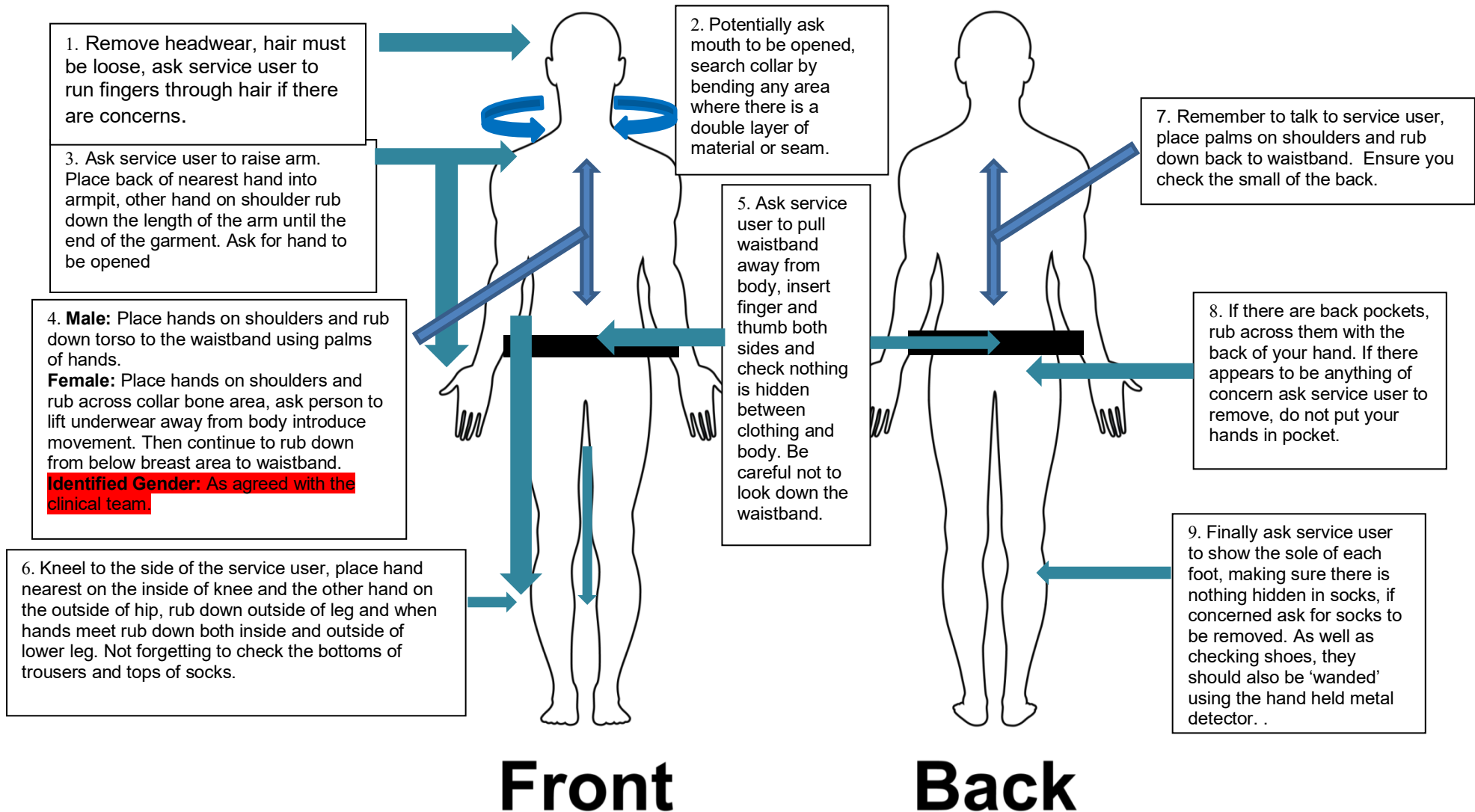
- Searches should be done in a dignified and private manner.
- With all searches, you must be informed of your right to either agree to the search or refuse the search.
- If you feel pressurised into being searched the search may become illegal. Please see the support section at the end of this leaflet.
- However, in rare circumstances where staff have very serious concerns about the safety of either you or anyone on the premises, a search must take place regardless of consent or legal status.

"It helps that things like drugs don't get into the building."

MW, Service User

BSMHFT SEARCH PROCEDURE BODY MAP & TALK THROUGH

Appendix 8



Contraband items

All mental health inpatient services have some prohibited or 'contraband' items. Inspectors should not challenge the enforcement of such prohibitions as a blanket restriction. The following are typically banned in all inpatient services:

- Alcohol and drugs or substances not prescribed (including illicit and legal highs)
- Items used as weapons (firearms- real or replica, knives or others sharps, bats)
- Fire hazard items (flammable liquids, matches, incense)
- Pornographic material
- Material that incites violence or racial/cultural/religious/gender hatred
- Clingfilm, foil, chewing gum, blue tack, plastic bags, rope, metal clothes hangers
- Laser pens
- Animals
- Equipment that can record moving or still images (camera, web cameras)

Although CQC encourages secure services to adopt the least restrictive approach to IT items commensurate with the security requirements of the unit, secure mental health units may also prohibit:

- Mobile phones (though may be allowed in some rehabilitation low secure units)
- Computers, tablets, games devices with hard drives or sharing capabilities
- Items with voice recording capabilities
- Other items with enabled WiFi/internet capabilities
- Items considered as an escape aid

Restricted items

Restricted items are items where the access is controlled and may be directed according to policy and individual risk assessment. Examples of items that may fall into this category include:

- Disposable cigarette lighters
- Toiletries- aerosols, razors
- Identity documents, bank cards, items of stationery
- Cutlery, tinned materials, glassware

Risk assessments and personalised care related to restricted items

Access to items will depend on many factors, some of which may be fixed and others subject to change. The risk assessment and ensuing management of access to security items should take a procedural and individualised approach, where possible in collaboration with the patient, which avoids the implementation of unreasoned blanket bans. For items that may be considered suitable only for restricted use, staff should complete a thorough risk assessment and provide the patient with a transparent rationale that explains the management outcome.

A dynamic and personalised risk assessment considers:

1. **Personal risk:** individual's historical risk and current mental state
2. **Interpersonal risk:** direct risk to others- patients and staff
3. **Environmental risk:** ward dynamics; general service safety (level of security, rehabilitative/acute)
4. **A common sense consideration** of the item in question Items can then be categorised:

GREEN- access to the item can be facilitated with a collaboratively formed care plan in place with the patient. A service may choose to have a standardised approach for the item which can then be adapted to the individual's need.

AMBER- with the information provided and risk assessment completed so far, it is inconclusive whether access to the item can be safely facilitated. Refer the issue for further assessment and discussion to the MDT/ward round or security liaison nurse.

RED- personalised risk assessment has determined that access to the item cannot be safely facilitated. The patient is provided with an explanation for the restriction, and if applicable a timeframe for when the access can be reviewed.

Variation for mother and baby inpatient (perinatal) unit

The following has been agreed specifically for the Mother and Baby Inpatient Unit as an addition to the policy rather than a replacement.

The searching of adults admitted to perinatal inpatient unit will be managed in line with Trust standard policy. This addendum will address the issues around the personal search of infants classed as healthy guests

Background

Women who need inpatient care for a mental health problem within 12 months of childbirth should normally be admitted to a specialist mother and baby unit, unless there are specific reasons for not doing so (Nice 2014).

Symptoms of mental illness may impact on a mother's capacity to parent and therefore meet their infant's physical, emotional and developmental needs. This may place infants on the ward at risk and therefore; in order to safeguard infants on the ward, the perinatal team have a duty to assess the risk posed to infants and intervene to mitigate these risks.

On admission

Within 4 hours of admission, it is standard procedure to assess the wellbeing of an infant admitted to the ward by carrying out an infant body map. This should be used as an opportunity to identify any items that may pose a risk to baby, mother, other service users, staff visitors.

Infants will be prescribed an observation level on admission – see Therapeutic Observations policy appendix 3 Variation for Mother and Baby Inpatient (Perinatal) Unit. This may include Level 3 continuous observations and support where the mother may have been assessed as presenting an immediate risk or the risk may be unpredictable, and therefore she is unable to keep their infant safe and/or meet their physical and emotional needs. This level of observation may be used where there is limited information about the parenting capacity of the mother or how their current thoughts about baby. This could therefore be used for period of time following admission as part of the initial assessment.

All property will be searched on admission to the unit, and this will include items brought in for the infant such as pushchairs, car seats, changing bags etc.

Routine searching

As per Trust policy adult service users may be searched, subject to risk assessment, on return from a period of leave. Subject to risk assessment consideration also needs to be given to the searching of an infant alongside the mother's care plan relating to personal searches. It is however recognised that personal searching of an infant needs to be treated with extreme sensitivity and where it is deemed risk is high enough that an infant would require routine searching on return from leave consideration should be given to alternative measures of reducing risk such as providing a staff escort for baby when on leave, or discontinuing leave until such a time that risk has reduced. Routine searching of infants will never form part of the risk management plan unless it has been discussed and agreed by the Chamomile Suite MDT and all parties with legal parental responsibility. It will never be acceptable to include a search of an infant's nappy area in a routine management plan.

Searching of an infant where there is reason to believe that contraband may be found

Where staff have reason to suspect contraband having been brought on to the unit via concealment around an infant's body or in their clothing, in the interests of safety for infants, mother, staff or members of public the ward team reserves the right to carry out a personal search of the infant. Consent should first be sought from the mother and / or all parties with legal parental responsibility. Should consent not be gained the mother and / or infant will be placed on constant observations (see Therapeutic Observation Policy including appendix 3 Variation for Mother and Baby Inpatient (perinatal) unit).

Where there is reason to believe an item has been concealed around an infant's body or in their clothing such as a weapon, sharp or any other such item which by its nature or by the method of concealment may cause immediate harm to the infant, it may be necessary to proceed with a personal search of the infant without delay and in exceptional circumstances without the consent of the mother or those with legal parental responsibility. This decision will be made by the nurse in charge and the responsible clinical will be informed at the earliest possible time (out of hours this will be the on-call consultant). It is likely that this situation will be an indicator that risk to infant is at a high level and therefore consideration will be given at this point to making a referral to children's social services.

Following any personal search of an infant where this is not part of the routine management plan there will be an immediate MDT review to consider the risk management plan. This may include consideration of ending the placement in the interests of safety to the infant, mother, other service users, staff or members of the public.

The method of conducting a search on an infant

- As with adults, personal searches on infants should be undertaken in a private area. Undertaking a personal search in a public area will only be justified in exceptional circumstances. The mother and / or secondary care giver should always be given the opportunity to remain present during the search unless it is deemed that this in itself would increase the risk
- The mother and / or secondary care giver must be kept informed of what is happening and why. Specific needs should be considered such as the provision of an interpreter.
- A personal search should be carried out by at least 2 members of staff, one of whom who should have completed their AVERTS 5 day/1 day refresher training. The staff conducting a search could be a registered or unregistered nurse, an occupational therapist, a doctor, psychologist, or other allied health professional. Both members of staff conducting a search on an infant must be trained to level 1 safeguarding children.
- Staff will utilise a Hand Held Metal Detector (HHMD) or 'wand' to initially sweep the belongings and the infant. This will not negate the search process from taking place if the grounds for searching as stipulated in the Trust policy are met.
- Staff will perform a rub down search of the infant's body. This will not routinely include the nappy area. If the infant is wearing layers consideration will need to be given to removing outer layers whilst ensuring that the infant remains warm and comfortable. In the event that staff has reason to believe there are contraband items concealed in the nappy area consideration will need to be given to the risk that this may cause to the infant. If there is no concern about a concealed item causing harm to the infant the infant should be placed on continuous observations until such a time that the nappy is removed and therefore staff may safely remove items from the nappy. If there is reason

to suspect that there may be an item concealed in the infant's nappy that could cause the infant harm staff will conduct a nappy change during the search allowing them to remove any contraband or inappropriate items.

- Any contraband items found will be managed as per Trust policy

Post search actions

All searching of infants that does not form part of a routine plan will be recorded as an incident even in the event that no contraband is found.

Records should include details of the reason for the search, details of consent from mother and / or those with legal parental responsibility, how the search was carried out and who by, contraband found where applicable, and risk assessment and management plan review post search.

Professional Standards Guidance

Rechecking and Opening of Post/Parcels for Patients on Acute Mental Health and PICU Inpatient Units.

Guidance Scope

This standard applies to all patients admitted to acute mental health inpatient units and PICUs within BSMHFT and is intended to provide a framework for the safe and ethical handling of patient post and parcels. It should be adapted to fit the specific needs and circumstances of individual inpatient units and PICUs.

This document includes any clinically focused member of staff who is at work and on duty in an inpatient ward, for example, Registered Nurses, Consultants, Health Care Assistants, Occupational Therapists, Occupational Therapy Assistants, Psychologists and Psychology Assistants.

Guidance Statement

Incoming post and parcels are not subject to blanket restrictions. Each item will be assessed based on a comprehensive risk assessment, considering the patient's clinical presentation, history and current risk factors.

There are no restrictions on service users' mail, it is expected however, that MDT teams will include the right to inspect an incoming service user's post or parcels as an integral part of the service user's admission and treatment plan. This must be justifiable and be proportionate to the risk identified.

If it is deemed necessary based on the above factors for a service user's post or parcels to be checked, the below guidance is to be followed.

This guidance will be explained to patients on admission and knowledge of the guidance will form part of staff local induction.

Risk Assessment and Care Planning

Individual Risk Assessment: Prior to the opening of any post or parcel, a thorough risk assessment must be conducted. This assessment should consider:

- Patient's current mental state and risk of self-harm, suicide or harm to others.
- History of substance misuse or possession of contraband.
- Previous incidents involving misuse of items received via post or parcels.
- Any other factors deemed relevant by the multi-disciplinary team.

Care Plan Integration: Outcomes of the risk assessment should be documented in the patient's care plan with clear guidance on the handling of post and parcels. This should include:

- Specific instructions on which items can be retained by the patient.
- Items that require staff safekeeping
- Items that are prohibited.

The risk assessment and care plan should be reviewed regularly and updated as necessary, particularly following significant changes in the patient's condition or following incidents involving post or parcels.

Procedure for Opening Post and Parcels for Identified Patients

- **Staff involvement:** The patient will open the parcel in front of two staff members. There may exceptional circumstances, where based on specific risks identified in relation to the patient, staff may need to open the parcel on their behalf. One staff member should be a registered nurse or healthcare professional, and the second can be a healthcare assistant or support worker.
- **Location –** To be designated by each ward not within a communal space or patient bedroom.
- **Documentation:** The following details must be recorded.
 - Date and time of opening
 - Patients name and ward
 - Description of the item(s) received
 - Actions taken (e.g. item retained, returned to sender, destroyed).
 - Signatures of both staff members present.
 - Name of Sender (if a drop off).
- **Patient Involvement:** Whenever possible, the patient should be present during the opening of their post or parcel. The patient should be informed of the reasons for any actions taken regarding the items received.
- **Handling of Items:**
 - Items deemed safe and appropriate may be given to the patient.
 - Items that pose a risk should be retained by staff and stored safely and securely and in the case of illegal items West Midlands Police must be contacted.
 - Lack of co-operation: where a risk has been identified and the patient refuses to open the parcel or post, staff will retain the item and hand it over to relatives or carers where appropriate. Where this is not possible the package should be held onto and handed over to the service user on discharge.

Drop offs

Where possible, drop offs should be avoided and items brought in either during visits or when patients are out on leave as the Section 17 Leave of Absence policy. It will be explained to service users that this is for exceptional circumstances only. All items brought in by a drop off will follow the same guidance as parcels and mail, the name of the individual dropping off the parcel will be logged on the monitoring form by the staff member receiving.

Staff Training and Competence

All staff involved in the handling of post and parcels must receive training in:

- Risk assessment
- Documentation practices
- Legal and ethical considerations, including patient rights and confidentiality.

Intervention in Case of Harmful Items

Should a patient receive an item that could cause harm to themselves or others:

- **Immediate Action:** Staff should intervene promptly and safely to remove the item from the patient.
- **Use of Avert Techniques:** If necessary, staff should employ appropriate de-escalation techniques to manage the situation safely.
- **Documentation:** The incident must be thoroughly documented, including the nature of the item, the patient's reaction and the actions taken by staff. It should also be reported on Eclipse.

- Seek specialist support – it may be necessary to get additional guidance and advice from Health and Safety, Estates, Police etc to safely deal with the item.

Legal and Ethical Considerations

- Patient Rights: Patients have the right to receive mail and parcels unless there is a clear, documented risk to their safety or the safety of others.
- Confidentiality: Staff must respect the confidentiality of the contents of post and parcels. Opening items should only occur when there is a justified clinical reason.
- Legal Compliance: All actions taken must comply with relevant legislation, including the Mental Health Act 1983 and the Human Rights Act 1998.

Monitoring and Review

- Audit: Monthly Ward Manager Audit of the practice standard to be undertaken via AMAT system and identified actions monitored through CEAG.
- Feedback: Patients and staff should be encouraged to provide feedback on the process to inform continuous improvement.
- Review: This practice standard should be reviewed annually or following significant incidents or national learning to ensure its effectiveness and relevance.

Guidance Intention

To ensure the safety and well-being of patients and staff by managing incoming post and parcels in a manner that balances patient rights with the need to mitigate risks associated with self-harm, suicide, harm to others, and contraband.

These standards aim to re-iterate the critical role of patient safety and professional practice, outlining a clear, fair and consistent approach whilst providing guidance on how staff can be supported to meet their responsibilities, ensuring accountability whilst fostering a culture of collaboration and shared responsibility.

The process seeks to provide support in line with 'just culture' principles. The philosophy of 'just culture' promotes a culture of safety, learning and accountability. It recognises that human error is inevitable and that organisational systems should be designed to prevent and mitigate errors and promote learning. Just Culture emphasises shared accountability, encouraging open reporting of errors and near misses without fear of blame, while also holding individuals accountable for their choices and actions. Further information on Just Culture and guidance on decision making can be found via NHSE/I.

Professional Standards Guidance

Rechecking and Opening of Post/Parcels for Patients on Steps 2 Recovery Units

Guidance Scope

This standard applies to all Steps 2 Recovery Units within BSMHFT and is intended to provide a framework for the safe and ethical handling of patient post and parcels. It should be adapted to fit the specific needs and circumstances of individual inpatient units, including CRU, CCU and HDU.

This document includes any clinically focused member of staff who is at work and on duty in an inpatient ward, for example, Registered Nurses, Consultants, Health Care Assistants, Occupational Therapists, Occupational Therapy Assistants, Psychologists and Psychology Assistants, Activity Coordinators.

Guidance Statement

Incoming post and parcels are not subject to blanket restrictions. Each item will be assessed based on a comprehensive risk assessment, considering the patient's clinical presentation, history and current risk factors.

There are no restrictions on service users' mail, it is expected however, that MDT teams will include the right to inspect an incoming service user's post or parcels as an integral part of the service user's admission and treatment plan. This must be justifiable and be proportionate to the risk identified.

If it is deemed necessary based on the above factors for a service user's post or parcels to be checked, the below guidance is to be followed.

This guidance will be explained to patients on admission and knowledge of the guidance will form part of staff local induction.

Risk Assessment and Care Planning

Individual Risk Assessment: Prior to the opening of any post or parcel, a thorough risk assessment must be conducted. This assessment should consider:

- Patient's current mental state and risk of self-harm, suicide or harm to others.
- History of substance misuse or possession of contraband.
- Previous incidents involving misuse of items received via post or parcels.
- Any other factors deemed relevant by the multi-disciplinary team.

Care Plan Integration: Outcomes of the risk assessment should be documented in the patient's care plan with clear guidance on the handling of post and parcels. This should include:

- Specific instructions on which items can be retained by the patient.
- Items that require staff safekeeping i.e. Restricted Items (Particular consideration for HDU and CCU)
- Items that are prohibited.

The risk assessment and care plan should be reviewed regularly and updated as necessary, particularly following significant changes in the patient's condition or following incidents involving post or parcels.

This should be managed through MDT and Dialog+ Action Plan, with weekly reviews as part of the named nurse Role.

For Consideration for S2R CRU and CCU units:

If a patient can access the front door to the unit alone, we need to ensure that there has been prior MDT discussion with the patient to make them aware that we expect that they log their mail/ parcels with staff in the ward post book. This reminder also needs to remain a standing Agenda item within Mutual Help meetings and patient Forums.

Procedure for Opening Post and Parcels for Identified Patients

- **Staff involvement:** The patient will open the parcel in front of two staff members. There may exceptional circumstances, where, based on specific risks identified in relation to the patient, staff may need to open the parcel on their behalf. At least one of the staff members should be a substantive / regular member of staff.
- **Location** – To be designated by each ward not within a communal space or patient bedroom.
- **Documentation:** The following details must be recorded.
 - Date and time of opening
 - Patients name and ward
 - Description of the item(s) received
 - Actions taken (e.g. item retained, returned to sender, destroyed).
 - Signatures of both staff members present to be recorded in the units Post book.
 - Name of Sender (if a drop off).
- **Patient Involvement:** Whenever possible, the patient should be present

during the opening of their post or parcel. The patient should be informed of the reasons for any actions taken regarding the items received.

- **Handling of Items:**

- Items deemed safe and appropriate may be given to the patient.
- Items that pose a risk should be retained by staff and stored safely and securely and in the case of illegal items West Midlands Police must be contacted.
- **Lack of co-operation:** where a risk has been identified and the patient refuses to open the parcel or post, staff will keep the item and dispose of it safely.

Deliveries.

In our HDU, any items brought in for the patients by visitors should be checked by staff to ensure that there are no potentially hazardous items or items deemed as contraband. All items brought in will need to be visually checked by 1 staff member.

Staff Training and Competence

All staff involved in the handling of post and parcels must receive training in:

- Risk assessment
- Documentation practices
- Legal and ethical considerations, including patient rights and confidentiality.
- Any New starters, TSS, or Students should be made aware of this guidance, and all other local Risk Protocols, as part of their Induction to the unit. Students are not Authorised to check Post/ Parcels as part of this protocol.

Intervention in Case of Harmful Items

Should a patient receive an item that could cause harm to themselves or others:

- **Immediate Action:** Staff should assess the immediate risks and intervene promptly to minimise the risk of harm.
- **Use of Avert Techniques:** If necessary, staff should employ appropriate de-escalation techniques to manage the situation safely.
- **Documentation:** The incident must be thoroughly documented, including the nature of the item, the patient's reaction and the actions taken by staff. It should also be reported on Eclipse.
- **Seek specialist support** – it may be necessary to get additional guidance and advice from Health and Safety, Estates, Police etc to safely deal with the item.

- Consider increasing Supportive Observations to 1:1 or 2:1 if increased observations are required to help mitigate risks.

Legal and Ethical Considerations

- **Patient Rights:** Patients have the right to receive mail and parcels unless there is a clear, documented risk to their safety or the safety of others.
- **Confidentiality:** Staff must respect the confidentiality of the contents of post and parcels. Opening items should only occur when there is a justified clinical reason.
- **Legal Compliance:** All actions taken must comply with relevant legislation, including the Mental Health Act 1983 and the Human Rights Act 1998.

Monitoring and Review

- **Monitoring:** To be a standing Agenda Item within S2R Quarterly Health and Safety Meetings, Standing Agenda item within individual unit staff meetings until such time we are confident that this process has been fully embedded within teams. This should also remain on Agendas within patient mutual help and forum meetings. The Nurse in charge on each shift is responsible for ensuring that this process is followed.
- **Feedback:** Patients and staff should be encouraged to provide feedback on the process to inform continuous improvement.
- **Review:** This practice standard should be reviewed annually or following significant incidents or national learning to ensure its effectiveness and relevance.
- Ward leadership should complete spot-checks to ensure that post/parcel log books are being used appropriately.

Guidance Intention

To ensure the safety and well-being of patients and staff by managing incoming post and parcels in a manner that balances patient rights with the need to mitigate risks associated with self-harm, suicide, harm to others, and contraband.

These standards aim to re-iterate the critical role of patient safety and professional practice, outlining a clear, fair and consistent approach whilst providing guidance on how staff can be supported to meet their responsibilities, ensuring accountability whilst fostering a culture of collaboration and shared responsibility.

The process seeks to provide support in line with 'just culture' principles. The philosophy of 'just culture' promotes a culture of safety, learning and accountability. It recognises that human error is inevitable and that organisational systems should be designed to prevent and mitigate errors and promote learning. Just Culture emphasises shared accountability, encouraging open reporting of errors and near misses without fear of blame, while also holding individuals accountable for their

choices and actions. Further information on Just Culture and guidance on decision making can be found via NHSE/I.

To support dissemination and understanding of this alert, a briefing session will be held on June 25th at 3pm for Matrons and Ward Managers.

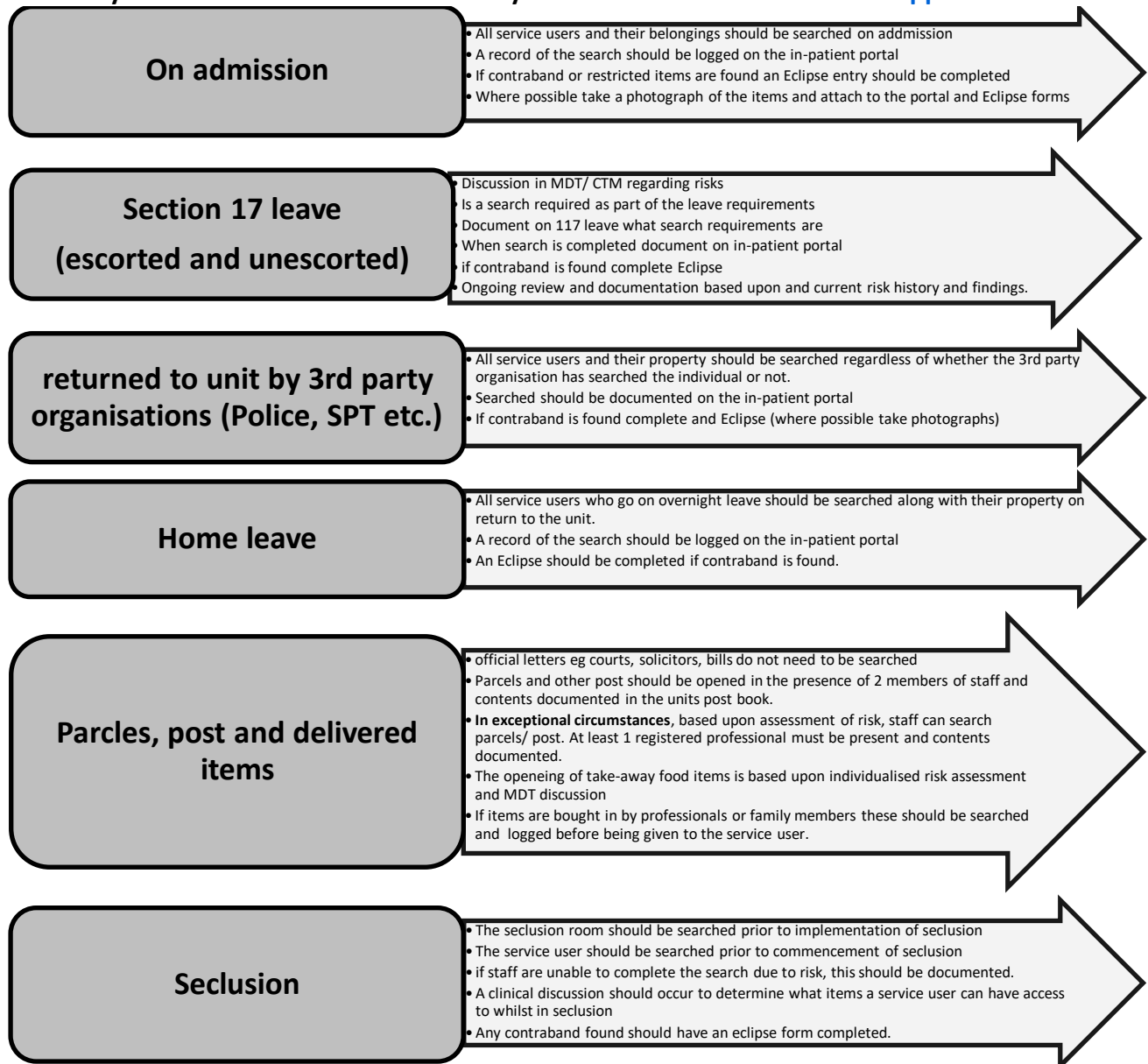
Actions Required:

- CNMs to read and then disseminate to all staff
- CNMs to immediately add this practice alert to all local induction processes
- Ward Managers and Matrons to attend the session on June 25, 2025
- Ward Managers to ensure all staff have read and signed to acknowledge receipt of the alert.
- Please return completed response sheet at Appendix 1 below to the Health and Safety inbox – bsmhft.healthandsafety@nhs.net by July 2, 2025

All actions also apply to TSS staff

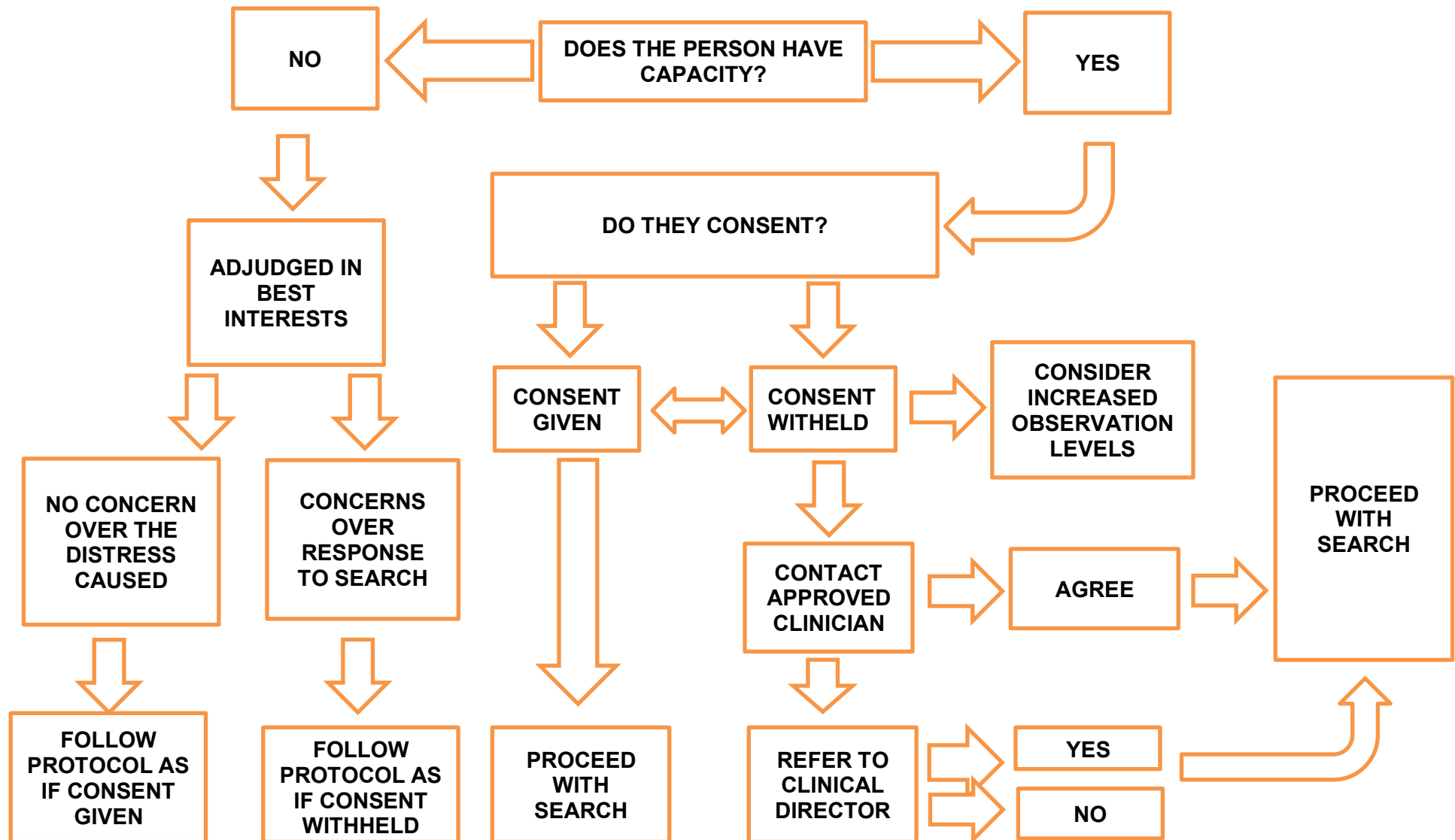
Summary Flowchart of Clinical Search Policy for Service Users

Appendix 13



Notes/ points to remember

- Searching is a restrictive intervention; all searches will form part of the Trusts relational security and risk reduction strategy. Searching helps to maintain a safe and therapeutic environment for all.
- The need for searching should be discussed as part of the regular mutual help meetings/ community meetings, providing a forum whereby service users can understand the rationale for searching and discuss any concerns.
- Staff who complete personal rub down searches should have completed and be in date with their AVERTS full course. Staff who complete environmental and belongings searches should have completed as a minimum the search e-learning that is available on the learning zone.
- If staff are opening parcels/ post without a service users' consent, at least 1 registered professional should be present, and a rationale/ justification must be documented on RiO.
- All searching practices (including where a search is not completed) must be recorded on the in-patient portal, including the legal justification for the search. A record of staff who complete the search should also be made.
- Individualised searching schedules should be based upon risk assessment and the type of service. Discussions should occur in the MDT/ CTM in collaboration with the service user, discussions should be recorded in the progress notes.
- Service users should be provided with access to advocacy and the complaints procedure should they wish to complain about search processes.
- If an informal service user refuses to have their person or property searched, an MDT discussion needs to occur as soon as practical, and alternative treatment options should be considered.



Tourmaline Protocol for Corridor Swipe Cards Including Return from Leave Searching.

Introduction:

In 2019 Ardenleigh Women's Service became an NHS England pilot site for the Women's Secure Blended Service. The idea for this pilot arose from a series of 'design thinking' workshops facilitated by NHS England and attended by clinicians, service users and carers. Our blended service at Ardenleigh will prevent women entering secure care needing to move between different levels of security at times of increasing or decreasing risk. It also aims to facilitate out of area patients returning to Ardenleigh to support community transition to their home area. Over the duration of the 2 year pilot across 2019 and 2020, the service will change to meet the needs of women who currently require both medium and low secure care. It is intended to build upon the existing good clinical care and area of practice, rather than undertake major service reorganisation.

Rationale:

"The Trust is committed to ensuring the safety and welfare of its employees, service users and others, as far as is reasonably practicable. At times it may be necessary for the interests of maintaining a safe and therapeutic environment. This policy specifically states the arrangements for the clinical searching of inpatients. It should be read alongside the Trust Security Policy which gives further information on security measures taken to protect patients, staff and visitors." BSMHFT Policy, 2018

Internal corridor pass will allow the service user to leave Tourmaline Ward unescorted and make their way to the main reception area to exit the building for leave purposes.

Local procedure for Tourmaline:

- Service users will be risk assessed by the clinical team when considering the issuing of an internal corridor pass.
- Once authorisation is given by the clinical team the ward Manager or member of staff in charge will contact the security team by e-mail, (ardenleighsecurity@nhs.net) requesting an access card to be produced. Security department will keep a copy of e-mail requests for audit purposes.
- Conditions of section 17 leave will include an agreement with service users not to bring contraband items on their return from section 17 leave.
- Service users will be provided with the contraband list (visible posters on the ward, entrance of the ward and within the search room.) appendix 1
- Service user access pass will be formatted by security to allow them uninterrupted access to the main reception; the service user access pass will be restricted to only the doors leading from Tourmaline Ward to main reception.
- Prior to the service user leaving Tourmaline ward, ward staff will contact reception, informing them of the name of the service user who is leaving the ward to go to reception.
- Service user will sign out their access pass and ward staff will verify this by signing.

- Service user will hand in their access card to reception at the reception airlock, reception will store the access card until the service user returns from leave.
- On returning from leave, reception will make contact with the ward informing them that the service user has returned. Reception will issue the service user with their access card which will allow them to access the corridors unescorted back to Tourmaline Ward.
- On arrival to Tourmaline Ward, Service users will alert ward staff of their presence by the use of the front Door Bell.
- On arrival to the search room, the service users will return their door pass to staff prior to search.
- The service user and staff will sign the access pass back in.
- 2 staff (1 x AVERTS trained and 1 x gender appropriate) will welcome the service user to the ward and they will be immediately directed to the search room (Room 1).
- Access passes will be stored in a secure safe within the office when not in use.
- Access passes will be checked on each handover to check their location and integrity of the pass
- As per Trust Search Policy, consent from the service user to be searched must be gained before commencing the search process.

“Informal patients may only be searched if they provide their consent. If a search is undertaken without their consent this would amount to an assault. A search of a patient with capacity may be justified in exceptional circumstances where it is necessary and proportionate to protect self and/or others from an immediate risk of significant harm. If a patient lacks the capacity to consent to a search then the principles of the Mental Capacity Act would apply and a search should be undertaken if it is considered to be in the best interests of the patient. If a patient with capacity refuses a search then staff should escalate to the Responsible Clinician to consider if treatment should be provided in the community or if the patient should be formally detained under the MHA (1983). “

- With service user agreement, search will be completed including relevant paperwork as per Trust Search Policy. Appendix 2
- Any contraband items found will be confiscated and incident report (ECLIPSE) completed by ward staff involved in the search process.
- Refusal to comply with the search will result in the implementation of procedure as per the Trust Search Policy with an escalation to the DOSSN via the Nurse in Charge.
- Whilst service user refuses to be searched they will not be permitted to enter the main ward, until discussion with NIC and DOSSN.

- Service users who refuse to be searched will be nursed on Therapeutic Observation Level 3 (staffing ratio will be determined by the outcome of a dynamic risk assessment)
- If a service User losses or damages their access card, then an incident form (ECLIPSE) must be completed by a member of Tourmaline ward staff. The loss or damage reported to the security team so they can cancel the access card and produce a replacement.
- Throughout the course of the day security will check a minimal of 4 times a day the corridor between Tourmaline and Reception. This will be to ensure no contraband or risk items are hidden in this area.

Restricted Items	Prohibited Items
· Aerosol sprays · Safety razors · Solvents · Tin cans · Caffeinated energy drinks · Aftershave/Perfume · Dental floss · Sexually explicit material · Glass bottles · Pipes for tobacco and related items · Cutlery · Scissors · Craft knives and tools · Gardening equipment · Knitting needles · Kitchen utensils e.g. knives · Computer portable data storage e.g. USB · Video tapes/CDs/DVDs · Voice recordable device e.g. MP3 · Lighters · Adhesive tape · Rope, string, cord or flex cable · Therapy equipment e.g. Wheelchair/Walking Stick · Cameras/photographic equipment · Dictaphones · Binoculars · Televisions – maximum 28"	· Alcoholic beverages (drinks which are governed by UK licensing laws) · Cans of butane fuel, liquid lighter fluids or similar flammable liquids · Matches · Non-prescribed drugs, including all illicit substances · Mobile phones. · Weapons of any kind · Substances where the container seal has been broken · Tobacco from outside UK without receipt and gift only. · Open bottles · Open packets of food products · Communication devices (e.g. IWatch) · Any container or object that is damaged/broken · Illegal copies of music or video tape/CD's/DVD's · Chewing gum/Blu-tac/Sellotape · Non-professional visitor baggage · Electronic cigarettes (E-Cigs) · Legal Highs · Illegal sexual material

Declaration

I _____ have read and understood the above prohibited and Restricted item lists. I agree that by **not** abiding to these, may result in being denied entry to Ardenleigh in the future.

Signed:

Date:

Witness Declaration

I _____ have witnessed the above person, read and sign the prohibited and restricted item lists.

Signed:

Date:

Record of Search Form

Unit/Area	
-----------	--

Date	Time	Patient	MHA Status Formal/ informal	Reason for Search	Consented Y/N?	Staff Name	Staff Name	Contraband Found Y/N? Eclipse number if Y

***If two service users have the same initials, then please write the Christian name plus initial of surname (i.e. John, D.)**



**BSMHFT SECURE CARE
CLINICAL GUIDELINES**

RSS 08 - MEN'S SERVICE
SEARCH & LOCKER GUIDANCE

APPLICABLE TO	Men's Service
RATIFYING COMMITTEE	Men's Service Clinical Governance Committee
DATE RATIFIED	March 2024
NEXT REVIEW DATE	March 2027
GUIDELINE AUTHOR	Andy Spicer – Acting ANP Risk and Security Tamarind Tina Patel – ANP Risk and Security Reaside
FORMULATED VIA	Men's Service Clinical Governance Committee
RELEVANT TRUST POLICIES	BSMHFT Policy MHA 05 BSMHFT Policy RS45 Search policy
RELATED GUIDELINES	☐ RSS 01 Security General Guidelines ☐ RSS 06 SCCS Visitors ☐ The Contraband List – T&R.
Guideline Context & Key Points This guideline provides expanded guidance in areas not fully covered by the BSMHFT Policy specific to the Men's secure Hospitals in areas of ☐ Environmental search (Residential) ☐ Search room guidance; ☐ Personal search ☐ Searching visitors; ☐ Searching Service Users after ground/community leave ☐ The use of Cell sense Detection	
ARE SERVICE USERS ALLOWED TO READ THIS GUIDELINE?	YES

Procedures covered in this document

- ▢ Environmental search (Residential);
- ▢ Search room guidance;
- ▢ Personal search;
- ▢ Searching visitors;
- ▢ Searching Service Users after ground/community leave; and
- ▢ The use of Cellsense Detection.

Table of Contents

1.1	Property Search	3
1.2	Personal Search.....	3
2.1	General Search: Environmental.....	4
2.2	Search Room Guidelines.....	5
2.3	Guidelines for searching of Service Users on their return from escorted/unescorted external leave	7
3.1	Rub Down	9
3.2	In addition should the search be carried out under restraint:	9
3.3	In addition should removal of clothing be required:.....	9
3.4	In addition if body cavity search be considered:	9
4.2	On Arrival	11
5.1	Introduction	12
5.2	Screening in a fixed location:.....	12
5.3	Mobile Cellsense being brought to specific location:.....	13
6.1	Introduction	14
6.2	Searching of Service Users at Hillis Lodge on returning from unescorted leave	14
6.3	Intermittent Searches	14
6.4	Individual Planned Searches	14

This guidance should be read in conjunction with the following:

- ▢ RSS 01 Security General Guidelines;
- ▢ RSS 06 SCCS Visitors; and
- ▢ The Contraband List – T&R.

1 Definitions

1.1 Property Search

- 1.1.1 It may be necessary in the interest of the health or safety of the Service User or others to search or examine their property or their hospital bedroom. Any search should be conducted in a manner that affords the maximum degree of privacy and dignity. **If practicable**, consent should always be sought before a personal search of their possession is carried out and an explanation given to the service user as to why staffs are conducting the search.
- 1.1.2 Service users should be aware that where they may refuse and risk to self or others is deemed high, that a search may need to be carried out without their consent in order to maintain the safety of everybody in the building. Any search should be conducted with a minimum of 2 staff members, on an Eclipse form completed and **recorded on 'In-Patient Portal recording of Service User Searches'**. Following a search, the Service user should be offered the opportunity to discuss any issues, thoughts and feelings that they may have experienced.

1.2 Personal Search

- 1.2.1 In BSMHFT Policy RS45 the term “personal search” applies to searching of the body i.e. rub down search over clothing, belongings, room, bed area and lockers.
- 1.2.2 The Trust policy does not cover searching of body cavities. Where a search of body cavities is clearly justified discussion with senior medical staff is required for consideration of transfer to general hospital for further imaging and examination.
- 1.2.3 Any examination without consent should only be undertaken in exceptional circumstances where there is urgent necessity in the interest of the Service User's health and safety or protection of others. A multi-disciplinary discussion should take place prior to the search being undertaken and this should be documented on RIO.

2 Guidelines for Search Procedures

2.1 General Search: Environmental

- 2.1.1 When a search is necessary either as a routine action around maintaining security or for a missing/suspected contraband item it is the responsibility of the nurse in charge to instigate the search following contact with the Duty Senior Nurse/Security Liaison team **(security staff to support/participate in the search where possible)**.
- 2.1.2 Access on and off the ward/unit by Service Users should be restricted whilst the search is being carried out. If Service Users must leave the ward/unit, steps should be taken to arrange for them to be escorted to ensure that any suspected item is not being removed.
- 2.1.3 All rooms on the ward/unit should be locked to prevent movement of the item and a systematic search made.
- 2.1.4 Individual Service Users' rooms should be searched last.
- 2.1.5 After each separate locked area has been searched it should remain locked and inaccessible until completion of the search.
- 2.1.6 When searching Service Users' bedrooms and belongings, two staff must be present, there should ideally be at least one male staff member. **If possible** the Service User should be present and be informed of the reason for the search. This should be undertaken in a respectful manner and staff should replace property tidily. The search must be documented on the Duty Senior Nurse report, an Eclipse form completed and the **In-Patient Portal recording of Service User Searches completed**. It should also be documented in full in RIO progress notes.
- 2.1.7 Following the search, a community meeting should be held to discuss matters arising and to allay any unnecessary anxieties and fear created by such intrusions.
- 2.1.8 Where a whole service search is to be undertaken, Service Users will be required to remain on their wards/units whilst other hospital areas are searched.
- 2.1.9 Search tools are to be used by staff, such as the metal detectors, mirrors, Cellsense machine.

2.2 Search Room Guidelines

2.2.1 Searching of Service Users will be carried out with due regard for:

- ▢ Dignity of the individual;
- ▢ The need for privacy; and
- ▢ Maintenance of a safe environment.

2.2.2 There is an allocated search room for the searching of Service Users:

- ▢ On their return from unescorted external leave (of if there are concerns raised whilst on escorted leave)
- ▢ For an out-patient attending an appointment where due to identified risks the clinical team have requested a personal rub down search is completed prior to the appointment. The Responsible Clinician should inform the Security Staff in advance prior to arrival that a decision has been made to carry this out, to ensure that staff are available. Where a Community Treatment Order (CTO) has been instigated, conditions relating to re-entering Trust premises and an agreement to a search being undertaken in accordance with Trust Policy etc. should be incorporated within the CTO. Ultimately, if there are any serious safety concerns then there should be consideration as to whether an outpatient appointment is appropriate.
- ▢ Informal patients may only be searched if they provide their consent. If a search is undertaken without their consent this would amount to an assault. A search of a patient with capacity may be justified in exceptional circumstances where it is necessary and proportionate to protect self and/or others from an immediate risk of significant harm. If a patient lacks the capacity to consent to a search then the principles of the Mental Capacity Act would apply and a search should be undertaken if it is considered to be in the best interests of the patient. If a patient with capacity refuses to be searched, then staff should escalate to the Responsible Clinician to consider if treatment should be provided in the community or if the patient should be detained under the Mental Health Act 1983 (amended 2007).

2.2.3 The search room should be furnished with the appropriate resources to complete a safe and effective search:

- ▢ Gloves of various sizes; and
- ▢ Seating (to allow Service User to sit when removing footwear, the need to sit due to their physical state).

2.2.4 Search forms as per BSMHFT Policy MHA RS45 (appendix) **and/or In-Patient Portal recording of Service User Searches** - for staff to complete after each search:

- ▢ Search wands;
- ▢ Breathalyser/Alcometer – should only be used when directed as part of the Service User's care plan from the clinical team.

2.2.5 It should also display relevant document/policies (**BSMHFT Policy MHA RS45 "Searching of Service Users"**) in poster form with illustration of personal search process, the Service User guide **"why staff may need to search"** and the current contraband list.

- 2.2.6 At Tamarind and Reaside CCTV cameras are present. The Service User should be informed of this. The camera records live images which are stored for 30 days. The cameras are not monitored and images are only accessed in the event of a complaint or untoward incident investigation with authorisation from the Clinical Nurse Manager. Management of the CCTV system is dealt with under the Trust CCTV Policy. CCTV signs are displayed in all areas where there are cameras

2.3 Guidelines for searching of Service Users on their return from escorted/unescorted external leave

- 2.3.1 All Service Users on their return from unescorted leave will be scanned by the Cellsense machine (See **Page 10** of the use of this machine) before having a rub down search in the search room. At the Tamarind the cell sense is located within the reception airlock, and at Reaside this is located in the search room. Service users will be scanned first, then be subject to a rub down search.
- 2.3.2 A search wand is also present in the search room and should also be used during any search that takes place; paying particular attention to the areas that staff do not physically rub down.
- 2.3.3 Service users returning from escorted leave will only be searched if the escorting staffs have concerns that the patient may have secreted a contraband item, or they go out of sight while on leave. This search will follow the same procedure as for unescorted leave.
- 2.3.4 There is a notice informing all unescorted Service Users that they will be subject to a rub down search on return from leave.
- 2.3.5 The search will be carried out in the allocated search room by two members of staff, one of whom must be of the same sex unless necessity dictates otherwise. One of whom should have completed their AVERTS 5 day/1day refresher training. The staff conducting a search could be a registered or unregistered Nurse, an Occupational Therapist, a Doctor, Psychologist or other allied health professional.
- 2.3.6 On returning from leave patients will store any tobacco, lighter or matches in designated lockers in the search room/reception area. Mobile phones have designated lockers in the reception area. They should not be taken onto the ward.
- 2.3.7 Personal items of the Service Users returning from escorted or unescorted leave will be subject to a visible search by a member of the security team or a suitably qualified member of staff. This is to minimise the risk of contraband or restricted items being brought into the hospital.
- 2.3.8 Agency staff should not be sent by the wards to conduct searches because they have not received the Trust approved Search Training.
- 2.3.9 Service Users will be asked prior to commencement of the search if they have items on them that would be seen as contraband/restricted. If contraband/restricted items are handed over, the items will be removed, placed in safe storage and fully documented within the search documentation (MHA RS45) and their case notes (RIO).
- 2.3.10 If any items are found which are contraband/restricted (illicit substances, weapons) consideration should be given as to whether the Police should be informed. This will be discussed with the RC, CNM, Clinical Lead or Clinical Director or the on-call senior Nurse/Consultant out of hours. The Service User will be informed that the police may be involved.
- 2.3.11 All searches are to be recorded on the record of searches contained in the BSMHFT Policy MHA RS45. An incident form (Eclipse) should be completed where there is an untoward incident.
- 2.3.12 The Cellsense plus Detection machine is in use within the men's service, they will support the search process. Please see **Page 12**.

2.3.13 There may be occasions whereby searches may include a change of clothes search.
Please see page 9, regarding removal of clothing.

3 Guidelines for Personal Searches

3.1 Rub Down

- 3.1.1 Staff will utilise a hand held detector or wand to initially sweep the Service User. When conducting a search staff should be aware of their own personal safety and that of their colleagues and utilise on-going risk assessment.

3.2 In addition should the search be carried out under restraint:

- 3.2.1 There should be clear documentation as to who conducted the search and the reason for it being carried out under restraint; and
- 3.2.2 This should also be clearly documented within the incident form relating to the restraint and the clinical records.

3.3 In addition should removal of clothing be required:

- 3.3.1 There may be times when a change of clothes search is required for example security concerns across site or if there are suspicions that a patient may have secreted contraband items on their person and there is a risk of harm to self or others:
- 3.3.2 On the wards, should concerns be raised that a service user has contraband items on their person, and there is concern that there is a risk to self and others, staff should liaise with the Duty Senior Nurse. A thorough risk assessment should take place, and clear documentation as to why the change of clothes search needs to occur, followed by completion of an Eclipse form and a debrief when appropriate with the service user.
- 3.3.3 At times service users returning from unescorted external leave maybe asked to change clothing, if there are suspicions that the service user has an item concealed which is either detected by use of the cell sense, wand or during the personal pat down search. The Duty Senior Nurse should be contacted to inform them that staffs have concerns and will be asking the service user, an Eclipse form completed, **recorded on In-Patient Portal recording of Service User Searches and** documented clearly on RIO
- 3.3.4 There may be other occasions whereby based on intelligence or contraband items being found on site, and a suspicion that items are being brought in from external leave that services users returning from unescorted leave will randomly be asked to engage in a change of clothes search. This should be recorded on RIO progress notes. Security will also keep a record of all searches using Appendix 5 Record of Search Form **and/or the In-Patient Portal recording of Service User Searches**, from Trust Search Policy

3.4 In addition if body cavity search be considered:

- 3.4.1 The Responsible Clinician or on-call Consultant must be informed immediately;
- 3.4.2 The Duty Senior Nurse and the on call senior Nurse should be informed if out of hours;
- 3.4.3 It would be appropriate to consider further assessment and imaging within a general hospital. **It would not be attempted within a forensic unit.** Consideration to be taken to escorting service user to general hospital to perform body cavity examination if deemed necessary.
- 3.4.4 The search, and its outcome, must be documented in the Service User's case notes by the Nurse in charge;

3.4.5 An Eclipse form should be completed;

3.4.6 The reasons for, and outcome of, a personal search should be discussed at the multi-disciplinary clinical team meeting and in the Senior Nurse meeting where appropriate.

4 Guidelines for Visitors Search

- 4.1.1 Within the Visitors guidance (RSS06 R&T), Appendix 2 provides information for visitors and the contraband list which all visitors must comply with.
- 4.1.2 In order to ensure compliance, visitors are informed before and on arrival that any items they bring in will be subject to a search by security or any other designated staff. They will be informed that any contraband items must be placed in a locker and taken away by the visitor at the end of the visit.

4.2 On Arrival

- 4.2.1 Upon arrival in Reception the reception staff will confirm with the visitor who they are visiting.
- 4.2.2 The visitors will be shown the contraband list (Reaside and Tamarind), as well as the Notice to all Visitors (Reaside only) by Reception Staff.
- 4.2.3 The Reception staff will check the approved visitors form to confirm the visit has been approved. If approved they will notify the appropriate ward/unit of the visitor's arrival.
- 4.2.4 The security or escorting staff will check with the visitor to see if he/she has bought in any of the items listed in the contraband list. If the visitor has brought in any such items, the visitor will be asked to place them in the lockers provided. Staff must not under any circumstances handle any of the visitor's property being deposited in the locker. The visitor will retain the storage locker key throughout the visit.
- 4.2.5 Ward/unit staff will attend reception and escort the visitor.
- 4.2.6 The security or designated control room staff will ensure the visitor signs the visitor's form which is making a declaration that they fully understand the procedure for visiting. This is only applicable to service user visits.
- 4.2.7 Professional visitors and visitors of service users can use the Visual Management System (VMS) in which they will have a photo taken in reception and this will be stored on the system. This is for ease for regular visitors to speed up the process of booking people into the building, and for easier recognition of such individuals.
- 4.2.8 If any items are found that are illegal (illicit drugs, weapons) consideration should be given as to whether to contact the Police. This should be discussed with the CNM, Clinical Lead or Clinical Director, or the on call senior Nurse/Consultant out of hours, before the Police are contacted. The visitor should be informed that the Police may be involved.
- 4.2.9 Should any concerns be raised during a visit, such as suspicion of passing contraband items the facilitating staff member has the authority to terminate the visit. An explanation should be given to the service user and visitor. The staff member should request for assistance if needed, the visitor should be escorted back to the airlock in order to leave the building. The service user should be searched in the search room before returning back to the ward to ensure any items do not enter clinical areas. The DSN should be informed and an Eclipse form completed.

5 The use of Cellsense Detection

5.1 Introduction

- 5.1.1 This guidance is intended to support the Tamarind/Reaside and Trust guidance for searching Service Users. It is intended to guide the use of Cellsense in the following scenarios:
- 5.1.2 Intelligence led personal searching;
- 5.1.3 Routine searching patients, new admissions and patients returning from leave; and
- 5.1.4 Room/accommodation searches.
- 5.1.5 Cellsense is designed to detect mobile phones and other ferrous metallic items commonly restricted in mental health settings. These include items such as knives, razors, lighters and any other items containing ferrous metal. It is also possible to discreetly tag non-ferrous metallic items so that they can also be detected by Cellsense.

5.2 Screening in a fixed location:

- 5.2.1 Turn on Cellsense with **orange** and **red** field dials set to the 10/10 position;
- 5.2.2 Stand back at least two meters and watch the beacon display. If more than one **orange** bar flickers regularly, reduce both **orange** and **red** controls to the nine position;
- 5.2.3 Stand back again and repeat if the beacon continues to flicker reduce both controls to the eight position;
- 5.2.4 Repeat this procedure reducing the setting by one each time until the system is steady on **green**;
- 5.2.5 In order for Cellsense to remain **green** and stable, it is important that additional movement in the range of the screener (approximately two meters) is kept to a minimum. This will require all doors to be kept shut and people near the unit to keep movements to a minimum;
- 5.2.6 Ask the Service User if they have any metal objects to place on the shelf;
- 5.2.7 Ask the Service User to walk as close to the device as possible without touching it and then turn 360 slowly then walk away. If **green** proceed as per search policy re rub down;
- 5.2.8 If the device indicates **orange** or **red** fields then this indicates metal is present;
- 5.2.9 Ask the Service User to identify and remove any other remaining metal items and place on the shelf;
- 5.2.10 Ask the Service User to lift up each foot approximately half a meter in turn in front of the scanner. If they are unable to do this then they should remove their shoes and socks and pass them in front of the scanner; and
- 5.2.11 A second walk past and 360 turn to be repeated.

5.3 Mobile Cellsense being brought to specific location:

- 5.3.1 Transport Cellsense and the base unit to the preferred screening location;
- 5.3.2 The preferred screening location can be any area in which the general movement of metallic items in the proximity of Cellsense (approximately one metre) is kept to a minimum. In addition should it be required for the patient to remove articles of clothing it is also advantageous that the location be relatively private;
- 5.3.3 Assemble Cellsense by inserting the pole into the base and tightening the securing knob by turning it clockwise at the rear of the base unit;
- 5.3.4 Turn on Cellsense with **orange** and **red** field dials set to the 10/10 position;
- 5.3.5 Stand back at least two meters and watch the beacon display. If more than one **orange** bar flickers regularly, reduce both **orange** and **red** controls to nine position;
- 5.3.6 Stand back again and repeat if the beacon continues to flicker reduce both to eight position;
- 5.3.7 Repeat this procedure reducing the setting by one each time until the system is steady on **green**;
- 5.3.8 In order for Cellsense to remain **green** and stable, it is important that additional movement in the range of the screener (approximately two meters) is kept to a minimum. This will require all doors to be still and people near the unit to keep movements to a minimum at the moment of screening;
- 5.3.9 Ask the Service User if they have any metal objects to place on the shelf;
- 5.3.10 Ask the Service User to walk as close to the device as possible without touching it and then turn 360 slowly then walk away. If **green** proceed as per search policy re rub down;
- 5.3.11 If the device indicates **orange** or **red** fields then this indicates metal is present;
- 5.3.12 Ask the Service User to identify and remove any other remaining metal items and place on the shelf;
- 5.3.13 Ask the Service User to lift up each foot approximately half a meter in turn in front of the scanner. If they are unable to do this then they should remove their shoes and socks and pass them in front of the scanner;
- 5.3.14 A second walk past and 360 turn to be repeated;
- 5.3.15 If the scan still shows **orange** or **red** fields the ward will need to be informed and a physical search is required. The Service User is to remain in the search area for further instruction; and
- 5.3.16 After use turn screener off.

6 Hillis Lodge Low Secure Service – Searches when returning from unescorted community leave

6.1 Introduction

- 6.1.1 Hillis lodge is a 14 bedded low secure service; many of its service users have unescorted leave and are close to being discharged into generic settings. To assist in the assessment of service users it is felt that security at Hillis Lodge should be less restrictive than that of a medium secure setting. Therefore searching should be less frequent to assist in their transition to a generic setting in a safe and controlled manner

6.2 Searching of Service Users at Hillis Lodge on returning from unescorted leave

- 6.2.1 Service users undertaking escorted leave will not be subject to being searched, unless concerns are raised by escorting staff during the leave.
- 6.2.2 All service users prior to being granted leave will undergo a full and comprehensive risk assessment as part of the regular Clinical Team meeting. The team will consider risks to self and others both inside and outside of Hillis Lodge.
- 6.2.3 There are 2 types of searches that the service user may be subject to:

6.3 Intermittent Searches

- 6.3.1 An intermittent search will not be applicable as a principle unless the risk assessment is documented and the appropriate care plan is written and signed in agreement by the patient.
- 6.3.2 Whilst intermittent searches may be granted by the clinical team, should Nursing staff believe that there is an indication that a search is required e.g. change in mental state, use of alcohol or other substances a search can still be undertaken for that individual on return.
- 6.3.3 Should an intermittent search be undertaken and contraband is found on the individual further leaves will be suspended until a full review can be made.
- 6.3.4 Intermittent searches will be decided by the roll of a dice within Nurse base.
- 6.3.5 The service user will pick two numbers, if the dice lands on either of those numbers, the service user will be searched
- 6.3.6 If there is no search to be carried out, this will be recorded in the search folder
- 6.3.7 If a search is carried out then the approved Trust policy will be followed

6.4 Individual Planned Searches

- 6.4.1 Service users just obtaining unescorted leave will be subject to being searched each time unescorted leave is taken until assessed by the clinical team that it is appropriate based on the updated risk profile of that individual.
- 6.4.2 Any item found that is considered contraband will be managed

accordingly and unescorted leave reviewed by the clinical team at the earliest opportunity.

- 6.4.3 All searches, planned or intermittent, will be carried out in line with Trust Search policy.

Personal Rub Down Search Audit checklist

Please indicate in the appropriate column whether each aspect of search process has been carried out, if unable to or not applicable to complete any aspect please give explanation in comments box.

Service User RiO number:

Unit:

Date:

Time:

Search Area	Yes	No	N/A	Comments	
Handheld metal detector (check working prior to use)					
Outer clothing removed & searched					
Pockets emptied (Contents searched also including any bags)					
Belt & Shoes Removed and searched					
Relevant Jewellery removed					
Headwear removed & searched					
Hair Ruffled (if required)					
Visual Check of mouth					
Collar area					
Arms, Cuffs & Hands					
Chest & Stomach Area Male/ female version					
Waistband (Front)					
Legs, front pockets, trouser hem & socks					
Back					
Waistband (Back)					
Back Pockets (use back of hand)					
Back of legs (If required)					
Soles of Feet					
Check of Search Area					

Staff signature:

Auditor signature:

Date: