




CLINICAL SEARCH POLICY FOR SERVICE USERS in INPATIENT SETTINGS

Policy number and category	RS45	Risk & Safety
Version number and date	7	September 2024
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 and Quality	
Policy author <i>(if different from above)</i>	Advanced Practitioner (AVERTS) Reviewed by Zoe Cockbill – Head of Nursing and Allied Healthcare Professionals – Secure Care and Offender Health	
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 users and property.

The lawful process to be followed when conducting and recording searches.

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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. 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.

1.2 Scope (Where, When, Who)

- 1.2.1 This policy applies to all clinical staff within Birmingham and Solihull Mental Health NHS Foundation Trust working in all clinical areas including temporary staff, contractors, and seconded staff.

- 1.2.2 Contracted Security (meet and greet) where provided, will undertake safety checks of returning SU's 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 and lockers (where appropriate).

1.3 Principles (Beliefs)

- 1.3.2 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.

- 1.3.3 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.

- 1.3.4 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.

- 1.3.5 All searches will be undertaken with due regard to and respect for the person's dignity and privacy. Any search must be fully documented in the service user care record. Details of reporting searches can be found in **Section 3.6**

- 1.3.6 In areas where searches take place, copies of **appendices 1, 2 and 8** will be on open display for information and reference. The service user leaflet (appendix 6) **should be made available to all patients upon admission**, and the policy made readily available upon request.

1.3.7 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 service user's privacy. Special consideration must be given to cultural sensitivities and where search or confiscation of property includes articles of faith.

1.3.8 Search should adhere and reflect the contraband & restricted items reference lists contained in **appendix 10**.

Policy requirements by core service

Table 1

Acute and PICU	Medium Secure	Hillis Lodge (Low Secure)	Specialties	Older People	Steps to Recovery
On admission	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)				

2. POLICY

2.1 Prior to searching

2.1.1 Before any search of a service user takes place the staff member must take reasonable steps to give the person 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 service user to be searched will not give their consent then it will be prudent to plan how to notify the service user of the search to reduce any chance of discarding any concealed object(s).

2.1.3 Where random searches for those service users on unescorted leave are deemed to appropriate based on risk history then such searches should be conducted at **least once a week** and outcomes documented accordingly.

Conducting Personal and Other Searches

2.2 Consent

Formal (detained) Patients

2.2.1 The consent of the person should always be sought before a personal search of them, or a search of their possessions is attempted. If consent is given, the search should be carried out with regard to ensuring the maximum dignity and privacy of the person. 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 or not to consent to be searched 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 and under close observation while being informed of what is happening and why 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 documented in the progress notes in the clinical record of the patient.
- 2.2.6** Where a patient physically resists being personally searched, physical intervention should normally only proceed on the basis of a multi-disciplinary assessment, unless it is urgently required. A post incident review should follow every search undertaken where consent has been withheld.

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. **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 11** 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 service user are adhered to. Staff should be aware of any additional considerations with regard to **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 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 8 as part of the admission process, and Appendix 9 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 or unregistered nurse/nurse associate, 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 is given. These decisions should be clearly documented within care plan and MDT documentation.

- 2.3.4 Staff involved in undertaking 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.
- 2.3.5 For new staff, searching will be covered in their induction programme via the Learning Zone 'Introduction to Search' training programme or AVERTS personal safety and risk reduction- in-patients (for TSS and student's).
- 2.3.6 A comprehensive record of every search including the reasons for it and details of any subsequent risk assessment should be made. Personal searches/searches of belongings should be recorded on the Inpatient Portal. Appendix 6 should be used locally across wards.
- 2.3.7 Should a service user 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 would be uploaded to the care record. This may inform any decision to search a service user; however, best practice would indicate that the person is searched regardless.

3. PROCEDURE

3.1 The Method of Conducting a Search

- 3.1.1 Staff will utilise a Handheld Metal Detector (HHMD) or 'wand' to initially sweep the service user 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.
- 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 Management 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 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. [Access to Safeguarding Children and Young People Policy can be accessed here](#).
- 3.1.5 In an emergency (i.e. where there is immediate risk) and if there is no co-operation from the service user, 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 physical interventions and/or manual handling etc., and the force used must be proportionate to the risk. [The Prevention and Management of Violence Policy can be accessed here](#)

3.2 Post Search Actions.

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

3.2.2 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.

3.2.3 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.

3.2.4 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.

3.2.5 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.

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

- 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.
- 3.3.2 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.
- 3.3.3 If a patient is searched and contraband **is** found then report on ECLIPSE.
- 3.3.4 Point of access searches in forensic services will be recorded as laid down as established by locally agreed recording protocols.

3.4. Health and Safety

- 3.4.1 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.
- 3.4.2 Anti-allogeneic gloves clinical gloves will be worn by staff when conducting a search. This is for the purposes of infection control and dignity issues.

3.5. Support

- 3.5.1 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.
- 3.5.2 There should be opportunity for both service user and staff to debrief following a search episode that has occurred without the service user'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.
- 3.5.3 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

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

- 3.6.1 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.
- 3.6.2 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.
- 3.6.3 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.

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

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

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 training and 5 day AVERTS programme	
Service, Clinical and Corporate Directors	Responsible for ensuring that all episodes of searching 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 feedback to cited committees. Oversee annual audit of searches in inpatient clinical areas.	
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 and 13 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 log book.	
LSMS	To audit the use of police search dogs in the trust on a quarterly basis and report to Health and Safety Committee	

5. DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary	
Date policy issued for consultation	January 2024
Number of versions produced for consultation	1
Committees or meetings where this policy was formally discussed	
Circulated to all CGC's PPCEP CEG Relevant Forums	

Where else presented	Summary of feedback	Actions / Response
Via CGC	Ensuring interpreters are always available is unachievable.	Made reference to the 24hr interpreting service that is always available to staff.

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>	Hand Held 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
Accurate Reporting and Recording of Incidents of Searches	Deputy Director of Nursing and Quality	Health and safety annual report	Annually	Trust Health and safety Committee
		Search Audit	Annually	QPESc
		Regular review of searching	Quarterly	Reducing Restrictive

				Practice Steering Group RRPSG
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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 - Record of Search Form
- Appendix 7 - Searches Requiring the Removal of Clothing Protocol
- Appendix 8 - Service User Information Leaflet
- Appendix 9 - Search Procedure Body Map and Talk Through
- Appendix 10 - CGC Contraband List & Dynamic Risk Assessment Process
- Appendix 11 - Variation for mother and baby inpatient (perinatal) unit
- Appendix 12 - Capacity and Consent for a Search Flowchart

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	Zoe Cockbill	Role or title	Head of Nursing and Allied Healthcare Professionals
Division	SCOH	Service Area	SCOH
Date Started	25/1/24	Date completed	24/1/24
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?			
Service users and Staff			
Does the policy affect service users, employees or the wider community? <i>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</i>			
Yes, the policy is to protect both service users and staff. The policy is to ensure there is an equitable and safely applied process to support clinical searching of patients in inpatient settings. Clinical searching is always recorded in clinical notes and incident reported; 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? <i>How will these reduce inequality?</i>			
For service users 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.			
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 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 approach to clinical searching of children and young people and how to appropriately apply this intervention ensuring 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 different communication needs have been considered in the policy and the staff are required to consider this in the approach to consent and through out searching.
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 according to gender.
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			
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 appendices within the document that outlines the difference of process applied for perinatal inpatient searching to ensure sensitivity of approach bespoke to this need.
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			
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.
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			NA

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 and should be part of individualised care planning.
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.
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 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 debate, 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 intrusions.**

Record of Search form

Unit/ Area	
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Date	Time	Patient Initials*	MHA Status Formal/Informal	Reason for search	Consented? Y/N	Staff x 1 Name	Staff x 2 Name	Contraband found Y/N? <i>(Eclipse number if Y)</i>

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

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)

Service User Information Leaflet

What are my rights (continued....)

- 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.

What should I expect if I am to be searched?

- The staff member searching must be of the same gender.
- A full explanation of the process beforehand including the name and job title of the staff involved.
- 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., OT, Associate Nurse

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.

If you are unhappy with the process due to any reason do not hesitate to approach staff whom were not involved in the search. Following any search staff will offer time to you to discuss what happened and offer reassurance.

The Service User Development Team can also be approached if you require support. There will be a service user representative allocated to your ward. A representative from Patient Advocacy & Liaison Service (PALS) may also be approached.

PALS Contact Details

Patient Advice & Liaison Service
Birmingham & Solihull Mental Health NHS Trust
Freephone: 0800 953 0045
Main office phone: 0121 301 1325

A Service User Guide to being Searched by Staff

“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. In order to help us maintain a safe environment, please refrain from bringing prohibited items into hospital.

*** ‘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*

What should I not bring into hospital?

It is extremely important that illegal items are not to be bought 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, 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. Should you bring restricted items into hospital,

they will be stored in a secure place and can be accessed when it is safe to do so.

-

What are the different types of search?

Staff may need to search people either individually or they may need to search an individual's personal space (e.g. bedroom, bathroom). With individual searches, staff will perform a search similar to that of what you would expect if you were going through airport security, a football match, or on entry to places like the theatre or a nightclub. 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.

-

- *“It helps ensure that things like drugs don’t get in the building” **

-

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.

It may be necessary for searches to take place at the following points during your time receiving treatment:

- On entering the unit during admission.
- On return from escorted or un-escorted leave in some instances based on known risks (whether authorised or unauthorised).
- Evidence or suspicion of possession of a contraband and/or illegal item.
- Where staff have due concern for the safety of all on the unit
- Details of how searching will apply to you can be discussed with the unit staff as the approach may vary by service

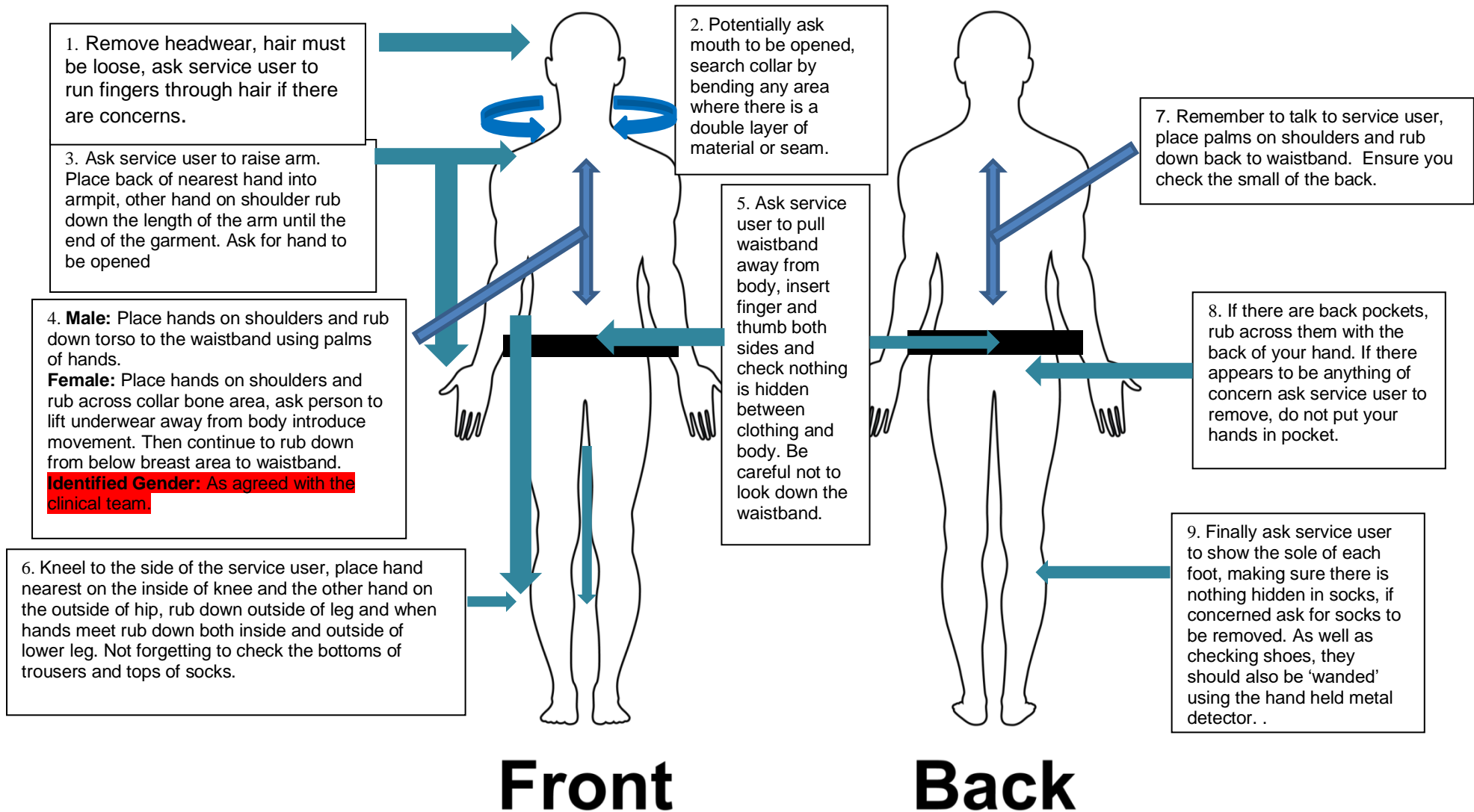
- *“It helps to keep things fair and stops some people bringing in contraband – there has to be some rules and regulations”**

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 pressured into being searched, the search may become illegal.

BSMHFT SEARCH PROCEDURE BODY MAP & TALK THROUGH

Appendix 9



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.

Searching a Detained Service User - Capacity and Consent Flowchart

