

NHS GG&C Mental Health Service Personal & Environmental Search Policy

Important Note:

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Any printed copies should therefore be viewed as ‘Uncontrolled’ and as such, may not necessarily contain the latest updates and amendments.

Document Number:	MHS 19
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Approved by:	MHS Quality & Clinical Governance Group
Date approved:	December 2024
Date for Review:	December 2027
Replaces previous version: [if applicable]	Personal & Environmental Search Policy 2011 V1.0 Personal & Environmental Search Policy 2016 V2.0

Revision/Amendment Information

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
1.0	2011	First approved version	M Richards F McGuigan C Sellar
2.0	Feb 2016	Updated and rationalised policy throughout	M Gillespie
3.0	Feb 2019	Minor changes to: Policy statement page 3 Link to Specified Person Policy updated	M Gillespie
4.0	Nov 2024	After a short consultation period, no changes made to the policy. Change in appendix numbers in policy.	M Gillespie, S McCulloch

Contents

1. Policy Statement.....	4
2. Introduction and Background.....	4
3. Scope.....	4
4. Policy Standards.....	4
5. Supporting Guidance.....	5
5.1 Communication with Service Users and Carers.....	5
5.2 Consent to Search.....	5
5.3 Legal Issues – Authority to Search.....	5
5.3.1 Informal service users.....	5
5.3.2 Detained Service Users.....	6
5.3.3 Human Rights.....	6
6. Types of Search.....	7
7. Assessing the Level/Scope of Search.....	8
7.1 Admission Process.....	8
7.2 Random Searches - Environment.....	8
7.3 Proactive Environmental Search.....	8
7.4 Reactive Environmental Search.....	8
7.5 Targeted Searches.....	9
8. Documentation.....	9
8.1 Clinical Records.....	9
8.2 Record of Search.....	10
9. Procedures.....	10
9.1 Scope of search/preparation for search.....	10
9.2 External Searches.....	10
9.3 Belongings and Property Search.....	12
9.4 Communal Areas.....	12
9.5 Personal Search.....	12
9.6 Guidance When Consent to Search Is Refused.....	13

Appendix 1 - Record of Search Form

Appendix 2 - Rationale & Scope for Search, Patient Dignity, Consent & Documentation of the Search Process

1. Policy Statement

This policy and associated guidance are intended to support staff in their practice regarding how, when, and why searches of individuals and their property can be facilitated. It has been developed in accordance with human rights and mental health legislation and considers the need to inform service users of all procedures being conducted and the need to accurately document interventions.

2. Introduction and Background

NHS Greater Glasgow and Clyde has a legal duty to service users to provide care and treatment in conditions which are safe and secure. It also has a statutory duty to provide a safe working environment for its employees and trainees, and a duty to protect visitors to its premises. Undertaking personal and environmental searches are an important activity in meeting these duties.

In addition to this, there is a need to ensure that there is a safe and therapeutic environment for all users of our mental health services. This will entail minimising the opportunity for individuals to possess or supply items which are either illegal or present a danger to themselves or others.

Considering the above, there is a balance to be maintained between the interests of care, treatment, the security/safety of the environment, and the human rights of service users and the extent that these may conflict. All service users in our care, whether informal or detained, have the right to be cared for within a safe, secure, and therapeutic environment.

This policy statement and supporting guidance is intended to apply to all service users. It also makes specific reference to interventions that may be considered under Part 18, Section 286 of the Mental Health (Care and Treatment) (Scotland) Act 2003 (herein referred to as the 2003 Act), which covers 'specified persons. Only patients subject to detention under the 2003 Act or the Criminal Procedures (Scotland) Act 1995 can be made a 'specified person'.

In all circumstances, practice must have regard for the principles within section 1 of the 2003 mental health act.

3. Scope

This policy, guidance and supporting procedures covers search activity that is above and beyond routine activity such as the checking and recording of patients' belongings at the point of admission (i.e. removal of restricted or prohibited items and in some areas the use of a search wand) or routine cleaning activity. It covers personal search, search of personal property and search of the clinical environment.

The policy, guidance and supporting procedures applies to all mental health, addictions and learning disabilities areas across NHS Greater Glasgow and Clyde (NHS GG&C).

4. Policy Standards

- 1 NHS GG&C will provide service users, visitors, and staff with an environment in which is safe, secure, and therapeutic.
- 2 NHS GG&C will ensure that clinical personnel understand when searches may be appropriate and/or justified, the procedures to be followed, and the legal basis/authority for conducting searches as described in this policy and supporting guidance.

- 3 NHS GG&C will ensure that staff consider the principles underpinning the 2003 Act, when exercising this function.
- 4 NHS GG&C will ensure that all mental health, addictions and learning disabilities practice is underpinned by a values base that is built on positive relationships, considers the individuals' rights, and respects the service user & their families/carers.
- 5 NHS GG&C will ensure that searching of a service user and/or their property should not be seen as a task and that this is an invasive procedure and should be conducted with due sensitivity and tact.

5. Supporting Guidance

5.1 Communication with Service Users and Carers

Each ward/department that uses this policy and supporting guidance needs to ensure that all service users and visitors are aware that from the point of admission, searches may be used in accordance with the policy to maintain the safety of service users, carers, and staff. Information leaflets should be readily available to service users, particularly if a search is being considered.

A full explanation of the reason for a proposed search of an individual must be provided. Depending on the care setting, this may be backed up by written communication, or pictorial aids. This will help enable the service user to provide informed consent at the time the search is proposed. The individual must also be given the opportunity to disclose a restricted or prohibited item prior to the search.

5.2 Consent to Search

In all cases the informed consent of the service user **MUST** be sought before any personal or property searches are undertaken. Staff must explain the following:

- what is happening?
- why it is happening.
- when it will occur
- how it will be conducted and by whom,
- what rights / redress the service user has available to them

Written consent should be recorded on the Record of Search (appendix 1). Staff should be mindful of the capacity of the service user if they are under the influence of illicit drugs and/or alcohol or have been formally assessed as having impaired capacity.

If verbal consent is given, the details of this must be documented in the care records, with appropriate reference to the process of obtaining consent i.e. discussions/ explanation by staff of need for search/service user's response.

If the service user refuses to give consent, staff should refer to Section 9.6 of this document for guidance.

5.3 Legal Issues – Authority to Search

5.3.1 Informal service users

Service users who are not detained, and who have capacity to refuse consent, should not be subjected to a search against their will. Staff should be mindful of capacity being.

potentially affected using illicit drugs or alcohol. If service users are not prepared to undergo the search, the following actions may be considered:

- The use of observations in temporarily managing any identified risk, considering the level of risk to self and/or others. (This may involve the use of the nurses holding power).
- Discussion with the Consultant Psychiatrist or on-call cover regarding discharge from care or review of legal status.

Consideration and discussion of the available MDT members to involve the police to facilitate a search if the informal service user refuses to allow them to search him/her and there are concerns that the service user has inappropriate items on their person. This action is particularly appropriate when discharge soon is not applicable and there are concerns as regards the safety and security of the individual and other service users and staff.

5.3.2 Detained Service Users

The regulations made under Section 286 of the Mental Health (Care and Treatment) Act 2003 allow for detained service users to be classed as Specified Persons and thus authorise a number of interventions, related to safety and security, to be carried out in line with the conditions laid out in the Act. This includes personal and property search.

The conditions are that:

- The service user is detained in hospital.
- The RMO has, in the last 6 months, recorded the reason for their opinion that the Specified Person has, or would seek to acquire, any item which is likely to be prejudicial to the health or safety of the person or the good order of hospital.
- Informed the Specified Person, their Named Person, and the Mental Welfare Commission. The Specified Person and their Named Person must be informed of the measures to be taken and their right to seek a review of the decision to 'specify' them.

For information on the restricted items list please see the appropriate section of the MHS 24 -Specified Person Policy & Procedure, the policy can be accessed using this link:

[MHS 24 - Specified Persons Policy & Procedure](#)

5.3.3 Human Rights

The European Convention on Human Rights was given further effect within Scots law by the Human rights Act 1998 and the Scotland Act 1998. This in effect meant that all subsequent legislation required to be compliant with the convention and that individuals could seek legal remedy through Scottish Courts. The human rights of an individual therefore are a principal factor in informing decision making as to whether to undertake a search.

Some human rights are qualified, which means that interference with that right can only be justified where what is done: -

- Has its basis in law.
- Is done to secure a legitimate aim set out in the Article, for example for the prevention of crime, or for the protection of public order or health.
- Is necessary in a democratic society, which means it must fulfil a pressing social need, and be proportionate to the aims being pursued.

A search could be seen as infringing the human rights of an individual, e.g.:

- **Article 3 – Right Prohibition of Torture** – “no one shall be subject to torture or inhuman or degrading treatment or punishment”.
- **Article 8 - Right to Respect for Private and Family Life** - It is important that staff always consider service user’s privacy and dignity.
- **Article 1 of protocol 1** – “Every natural or legal person is entitled to the peaceful enjoyment of his possessions.” (this is subject to conditions such as public interest)

The state however has a positive duty to act and the rationale for searching an individual could be based on.

- **Article 2 Right to Life** –to protect the right to life of the individual service user and the right to life of others that may come into contact withthem.
- **Article 3 Right Prohibition of Torture** – as above this would include any inhuman or degrading treatment. Service users must be kept safe, as far as possible, and not threatened by the actions of others.

In some situations, there will be competing human rights at stake, which may add additional complexity to clinical decision making. These rights should be carefully weighed up, along with other relevant considerations, to determine whether the search can be justified, on human rights grounds. Discussions regarding this should always be documented in the clinical record.

6. Types of Searches

a. Environmental Search

An environmental search is a search of any area within NHS GG&C premises, including any communal day area or sleeping area.

b. Belongings / Property Search

This involves search of a service user’s property, including all that is contained within suitcases, lockers, bags, and other means of storage, other than about their person.

c. Personal Search

This consists of two members of staff; one must be a registered staff member, searching the service user’s physical person, in a manner like that experienced as part of airport security checks.

This process does not involve the removal of clothing except outer wear e.g. coat/jacket and the removal of footwear. It allows staff to check if the service user has inappropriate items secreted about their person or within their clothing.

The types of searches set out above may be appropriate where there are grounds for concern that items which are either ‘illegal’ or which represent an unacceptable risk to service users or staff, have been secreted/brought onto NHS GG&C premises. This could include, for example, items that could cause harm to self or others, drugs/alcohol or other substances that could adversely affect mental or physical health, ignition sources (such as lighter fluid or matches) or items which the clinical team deem to be unsuitable in the healthcare environment.

Searches will only be undertaken provided sufficient grounds for the search exist, in accordance with section 3 of this policy and supporting guidance.

Note: For areas that use handheld metal detectors, separate local guidance will be made available to staff.

7. Assessing the Level/Scope of Search

It is essential that before staff undertake any form of search activity that they consider the level and scope of search that is required, and that there is sufficient justification for undertaking this activity. Having considered the relevant sections of this policy and supporting guidance, the decision to search must be adequately and appropriately recorded (Appendix 2).

The use of search may be considered in the following circumstances:

7.1 Admission Process

It is appropriate during the admissions procedure to undertake the following actions:

- Asking the service user if they have items, they wish to put into safe keeping such as prescribed medication, valuables, and personal documentations.
- Asking the service user if they have items that may pose a risk.
- Identifying and documenting property being brought into the ward/department, including an item-by-item check of an individual's personal belongings.

7.2 Random Searches - Environment

An explanation as to the process and rationale must be given to each person. The privacy and dignity of service users must be always considered when conducting these searches. Random searches of the ward environment may be **proactive** or **reactive** and are explained in more detail below:

7.3 Proactive Environmental Search

The use of proactive search may not always be prompted by evidence of specific risk but can be justified in the interests of maintaining a safe and therapeutic environment. The frequency of these must be proportionate to the assessed risk and/or be necessary to maintenance of security within the hospital. As the intent is not to target a specific patient or specific risk it is likely that any detained patient would not need to be specified for this search.

Proactive searches can only be conducted in relation to the internal and external environment. This will include search of all areas including toilets, bathrooms, sleeping areas and communal spaces. **This will not include search of the personal possessions of service users or personal searches.**

This process can be used on a regular basis to function as a deterrent and monitor safety. The frequency of these processes will be decided locally and monitored by Service Managers.

It is important to distinguish between pro-active search and routine 'cleaning' activities that are conducted by nurses on a regular basis. These activities typically involve the tidying of a service user's bedroom or bed area to remove any build up of waste, such as newspapers or old foodstuffs. This task is undertaken with the permission of the service user, and in their presence if they so wish.

7.4 Reactive Environmental Search

This process may be appropriate where there are general concerns about safety/security. There may be some evidence to support these concerns, but it may not be sufficient to justify a targeted search. To decide whether such a search might be appropriate, staff should.

consider:

- Has information been obtained that identified illicit / dangerous items maybe present on the ward?
- Has there have been observable changes to the clinical presentation of individuals or groups of service users?
- Have unauthorised individuals been seen entering the ward / department?
- Has structural alteration / damage has been made to the ward / department?

As the intent is not to target a specific patient or specific risk that any detained patient would not need to be specified for this search. However, if there is a necessity to search a detained patient or personal belongings this will require specification.

7.5 Targeted Searches

The use of targeted search may be appropriate where there are specific suspicions and/or risk information which relates to a particular individual or group of individuals.

Targeted searches include personal search, search of personal property and search of ward areas. In line with the principles of the 2003 Act, the least restrictive option should be conducted first, i.e. search of property, with personal search only proceeding as a last resort, if assessed, as necessary. The individual, or group, must be given the option to disclose or remove any hidden or illicit items prior to a search commencing. This offer must be recorded.

The decision to undertake a targeted search **MUST** be based on an assessment of risk by the nurse-in-charge of the ward that will include consideration of the following:

(i) Past history - The service user may have a history of harm to self or others, particularly related to use of psychoactive substances (drugs / alcohol), weapons or using sharps to self harm.
(ii) Present mental health presentation - The service user may have been assessed as currently posing a risk of harm to self or other.
(iii) Information received from relatives / carers / service users - Staff may have obtained information which highlights concerns regarding suicide, threat of injury to others, concealment of drugs, weapons, and/or sharp objects.
(iv) Unexplained changes in behaviour or clinical presentation - Staff may have observed sudden changes in behaviour which are either unexplained or only partly explained by assessment of the clinical presentation.
(v) Psychological or physical symptoms suggesting either substance abuse or self harm - These must be out with the pattern of 'normal' behaviour and could include, for example, slurred or excitable speech, unexplained irritability, poor co-ordination, unexplainable cuts to limbs / face or a decreased level of consciousness.

To consider undertaking a targeted search, staff must deem the risk to the individual or others as being significant and have considered the content of a current clinical risk assessment. As the intent is to target a specific patient or specific risk it is likely that any detained patient **would need to be specified for this search.**

8. Documentation

8.1 Clinical Records

It is essential that staff undertaking any search activity must be clear about their reasons for this, and clearly document them in the clinical record. Staff should outline their rationale for undertaking search, using the five headings described in section 5(c).

as a general guide, as well as risk areas identified in the clinical risk assessment. This record will provide a clear rationale for the process of searching.

The documented reasons for the search **MUST** be shared with the service user concerned and / or their Named Person, nearest relative or any person with welfare powers under the Adults with Incapacity (Scotland) Act 2000. The views of the service user should also be recorded whenever practicable.

8.2 Record of Search

It is essential that a record of all types of searches is kept on each ward. This will: -

- Provide evidence of procedures used and staff involved.
- Confirm appropriate measures taken.
- Allow monitoring to take place regarding rationale, types of searches undertaken, regularity and time of day.

(See Appendix 1 – Record of Search).

9. Procedures

Procedure for Searching

9.1 Scope of Search/Preparation for Search

Staff that are planning to undertake a search need to be clear about what they are looking for. This is important because there should be the minimum degree of invasion of privacy possible. If staff are not clear what they are looking for, the scope of the search may be wider than is necessary and justified.

Explanation regarding the need for the search must be given to the service user in terms which they are able to understand.

Where staff are unsure whether the service user has understood the explanation given, consideration should be given to obtaining an advocacy worker/appropriate adult to observe and/or explain process. This is not a legal requirement but is good practice and recommended. Where English is not a first language, then the use of interpreting services may be required.

The decision to undertake a search should be made by the person in charge of the area at the time. The decision should be based on criteria outlined below.

9.2 External Searches

Staff do not require specific evidence to undertake this procedure but do so to maintain a safe environment. Staff should: -

- Check fabric of walls including window frames, drainpipes, windows, and ledges to ascertain if there is any damage which could be used as a hiding place.
- Check paving, grassed area, sand and pathways for any recent disturbance or damage.
- Check horticultural areas, hedge rows, garden furniture and turfed areas for hidden substances or dangerous items. The search is only undertaken within the immediate vicinity of the departmental building.

Belongings and Property Search

- Dependent on size of area, staff should commence on the left-hand side of the room and search in a clockwise direction. Staff are looking for any areas of damage / disturbances where items could be hidden.
- The minimum number of staff required to conduct the search is two.
- Where a service user's sleeping area is being searched, the service user has the right to be present. Staff need to be mindful of the risk that this may pose.
- If the service user wishes to be present, they need to observe from just outside of the room / bed areas, but able to fully view the procedure.
- Staff will search items belonging to service user but not contained on the person. This could include the individual's locker, bags, and bed area.
- Particular attention should be paid to searching of mattresses.
- Staff will then proceed to search other property in a room. This could include light fittings, sink area and ceiling tiles.
- Whilst searching the fixtures and fittings the service user should not be present at that time (preventing service users gaining knowledge of how a search is conducted).
- Staff should offer the service user support / guidance through the process.
- All searches of service user's room and their property must be recorded in their clinical record.
- The search record (Appendix 1) which is kept in the ward must be completed as well as a DATIX report.

93 Communal Areas

- No consent required – staff can undertake this activity at anytime but should have regard to the convenience of service users, as far as possible in deciding when to conduct the search. The lesser the degree of urgency to complete the search, the more flexible staff can be to cater for the needs/preferences of service users.
- Staff must ask service users to vacate the local area.
- If items are found, a DATIX report must be completed.

94 Personal Search

Searching must be performed by a member of staff of the same gender as the service user and must be witnessed by another staff member (of either gender).

This procedure must be undertaken in a private area.

- Check head gear/jewellery.
- Commence the search at the head, paying particular attention to areas such as lapels using the flat open hand. This is a firm, continuous contact movement, rubbing movement rather than patting movement.
- The next step is to search the arms from the shoulders to the finger's tips, paying attention to arm pits and wrist bands on shirts and jumpers.

- Once arms are completed, commence search of front of body from neck to waist band (male). For female service users' staff must NOT search breast area but search from under the breast area to waist band.
- Following that, there should be a side of body search, from arm pits to waist band, and then repeat on the other side.
- Ask the service user to turn around and rub down their back from collar to feet, paying attention to rear pockets.
- Ask the service user to turn around, start at waist band rub down each leg from groin to the ankle (staff must NOT search genitals area).
- Once ankle area reached, if concern regarding substances that could be hidden, shoes can be removed and feet checked. Under normal circumstances shoes / footwear do not need to be removed. Attention should also be paid to the hems of trousers.
- Staff can ask people wearing religious head gear / facial covering to remove in private with gender appropriate staff. Awareness/respect for cultural norms is important, and further advice can be sought from the Corporate Inequalities Team.
- The search record (Appendix 1) which is kept on the ward must be completed, as well as a DATIX report.

95 Guidance When Consent to Search Is Refused

All decisions regarding search procedures within NHS GG&C need to consider the actions to be taken if a service user refuses to consent to a search. This is particularly important when there is an identified risk to the service user, other service users or staff.

To manage this, the service user should remain with staff in a safe and appropriate area away from the general ward environment. Staff should contact the service users R.M.O. / Consultant. It is also advisable to contact the site page holder/on-call and inform them of refusal.

Staff should make a further attempt to gain consent, following a full explanation in terms that the service user will understand. Where appropriate use:

- Diagrams to aid explanations
- Interpreters
- Signers/Lip Speakers
- Advocacy

Should refusal continue, the service user's Consultant/RMO should be contacted to obtain advice. The timescales to do this should be kept to a minimum, and the service user always kept under observation/engagement.

If the service user refuses to be searched, it may be decided that to continue at that point would be inappropriate. Any decision to either proceed with or terminate the search must be based on a risk assessment that will help identify and evidence any.

| potential risks to either service users and / or staff.

- This decision **MUST** be clearly documented in the clinical records.
- The clinical team needs to agree a plan of care to maintain a safe, therapeutic environment always.
- Advice / support should be sought from the Service Manager or via the on-call system when a decision not to continue with a search is made.
- The role of the police in supporting search should be discussed with patient's consultant and with a Service Manager or on call manager.

Record of Search

Patient's Name:	CHI No:
Ward/Area:	RMO:
Type of search:	

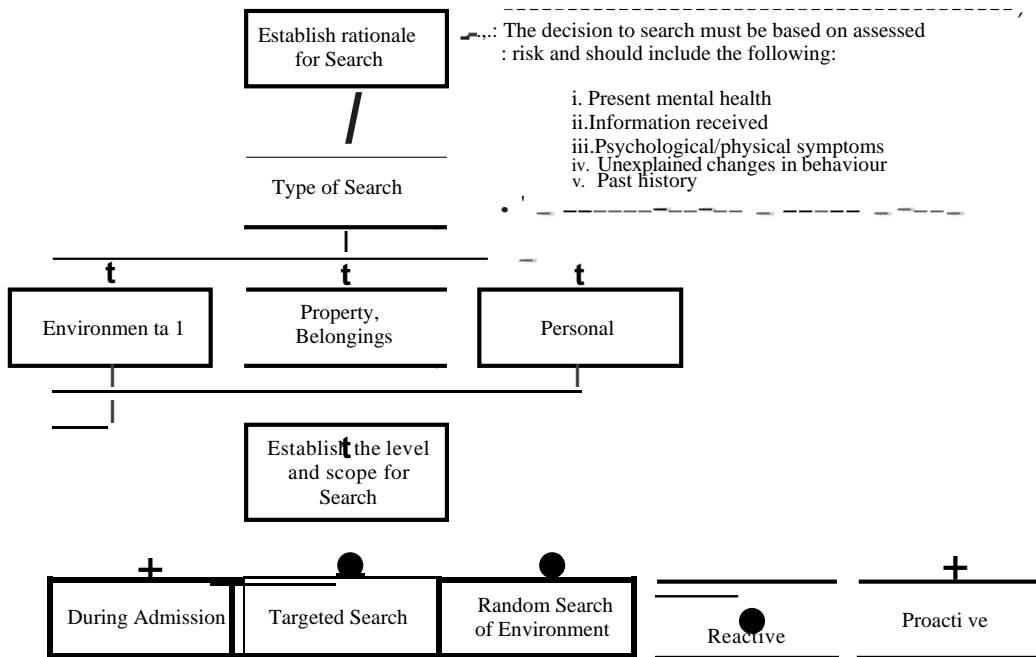
Legal Status:	
Has the patient given their informed consent? (patient signature)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reasons for Search:	
Name & band of Nurse initiating Search Procedure:	
Names, band & gender of Staff undertaking the Search:	
Outcome of the Search:	
Was a Clinical Risk Assessment completed prior to the search?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was a Clinical Risk Assessment completed after the search?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Had the patient's plan of care been updated, including record of search related discussions and outcomes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were the police contacted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was restraint necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the patient deemed a Specified Person under the Mental Health (Scotland) Act 2003?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the Consultant informed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the Service Manager/Lead Nurse or Site Page Holder been informed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the patient been given a receipt for any items removed as a consequence of the search?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>

Signature of Nurse in Charge: _____
 Medical Practitioner: _____
 Date: _____

File the original form in the patient's clinical record and forward a copy to the
 In Patient Services Manager/Lead Nurse or equivalent.

Rationale for Scope for Search



Patient Dignity, Consent for Documentation of the Search Process

