



Public – To be published on the Trust external website

Searching of adult in-patients, their property, the environment, and visitors

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1 Introduction

Staff will make every attempt to create and maintain a therapeutic environment in which treatment may take place using the principles of Positive Behaviour Support and least Restrictive Practice, there are occasions where staff need to ensure the security of the premises and safety for all.

TEWV understands that this type of intervention has the potential to cause harm and distress to a patient, as such it must only be undertaken when necessary and when no other alternative can be identified, it is to be monitored and reviewed throughout.

Staff must inform the patient of the concern; this is to be inclusive of how this search will take place and why this is important. The patient must receive the opportunity to hand over any concealed item or disclose its location within an environment.

The decision to carry out any non-routine searching of an inpatient (detained or informal) must act on the knowledge or reasonable suspicion of potential risk posed to themselves and/or others, including the environment. Thought will be given to the potential risk in initiating said search and appropriate justification is to be given to the patient prior.

The decision to search a patient will occur based upon the individual's risks.

The authority to search detained patients is done so under implied powers expressed in the Mental Health Act (1983): Code of Practice. If a suspected item is unlawful e.g., a weapon or an illicit substance, staff have the authority to search under 'common law' or have an option to involve the police. As a public authority, decisions to carry out searches will also consider the human rights of a patient.

When determining whether to search a patient, issues that must be considered will include the patient's safety, history of abuse/trauma, human rights issues, therapeutic relationship, and environmental safety. Less intrusive options to ensure safety must be considered and decisions recorded in patients' clinical records.



Searches will only be carried out if it's a proportionate means of achieving a legitimate aim. A legitimate aim of the Human Rights Act 1998 can include 'the protection of other people's rights'



Staff carrying out a search should consider an individuals protected characteristics i.e. Sex, Age, Religion and Belief, Race, Gender Reassignment, Pregnancy and Maternity, Sexual Orientation and Disability to ensure that the search is carried out in a way that does not impact negatively on them. For example, searches should only be carried out and witnessed by members of the same gender as the patient

1.1 Our journey to change

This policy is critical to the delivery of Our Journey to Change and our ambition to co-create safe and personalised care that improves the lives of patients. It helps us deliver our three strategic goals as follows:

It supports the trust to co-create a great experience for all patients, carers and families by ensuring the provision of outstanding and compassionate care by ensuring a safe environment for patients, staff and visitors. We do this by following the principles set out in this policy to maintain a therapeutic environment in which treatment may take place by managing outstanding and compassionate care, all the time.

This policy supports the trust to co-create a great experience for our colleagues it helps by giving clear instructions on when/how to search, it also demonstrates to staff how their work is meaningful and enable them to work in an environment that is safe and fit for purpose.

2 Why we need this policy

2.1 Purpose

This policy outlines the rationale and guidance underpinning the use of searching and should be read in conjunction with the 'Personal and other searches' section of the Mental Health Act Code of Practice (2015)

The policy aims to:

- Ensure the safety and wellbeing of the patient;
- Involve patients in the decision making;
- Ensure and protect the dignity and rights of patients and / or visitors
- Ensure that use of searching is considered under the organisations commitment to reducing of all forms of restrictive intervention
- Ensure the patient receives the care and support rendered necessary both during and after a search has taken place;
- Ensure all staff are aware of their roles and responsibilities and provide safe guidelines
- Set requirements for recording, monitoring and reviewing the use of searching and any follow up action.
- Provide guidance in respect of the searching of visitor's property
- Provide guidance that will cover informal patients and patients subject to detention under the Mental Health Act

2.2 Objectives

- To promote a safe and therapeutic environment.
- To prevent and/or manage items that pose a risk to a patient and others from entering the clinical environment.

3 Scope

The policy is intended for all Trust adult inpatient wards but the policy recognises that secure inpatient services need higher levels of security and reference will be made to dedicated searches for these areas only.

3.1 Who this policy applies to

This policy applies to all employees of the Trust where authority to search patients or their property due to identified risk to themselves or others is required to fulfil their role.

3.2 Roles and responsibilities

Role	Responsibility
Managing Director	<ul style="list-style-type: none"> Executive responsibility for ensuring that this policy is implemented
Group Director/General Manager /Modern Matron	<ul style="list-style-type: none"> Ensuring that the policy is adhered to within their area.
Clinical staff	<ul style="list-style-type: none"> Implementing this policy within the inpatient setting.

4 Policy

4.1 Consent



Interpreters including British Sign Language for patients who are deaf or have a hearing impairment must always be sought where practicable if the patient requires this service, to ensure effective communication of what is happening and why

The Mental Health Act 1983: Code of Practice requires that consent from a patient should always be sought before a personal search of them or their possession's is attempted.

The Mental Health Act 1983: Code of Practice states that random or routine searches of detained patients if necessary, without consent can only be carried out in exceptional circumstances but it is essential that consent is always attempted. (For further guidance on consent, refer to the Trust's Consent Policy).

The patient has a right to be consulted and informed of the reasons for the search. Staff must be specific as to the scope of the search when seeking consent from patients.

The Mental Health Act 1983: Code of Practice states that consent obtained by intimidation, a threat or inducement could prove illegal. Patients must be informed that they do not have to consent.

The Mental Health Act 1983: Code of Practice states that 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 and privacy and dignity for the patient should be maintained at all times to avoid breach of Article 3 of the Human Rights Act "Right not to be tortured or treated in an inhuman or degrading way".

Clinical staff will always work with the patient to identify ways of managing the search, for example: asking the patient to consent to search an item themselves with staff observing could be an option rather than staff having to make contact. This is subject to the safety of the patient and others not being at an increased risk.

4.1.1 Lack of capacity

Where a patient lacks capacity to give consent, staff must discuss the situation with the patient's Approved / Responsible Clinicians. If a patient has been deemed to lack capacity to consent, authority to search is dependent on Mental Health Act 'implied powers' for a patient who is detained or a 'duty of care' for informal patients and the decision to search must be based on level of risk to self and others.

4.1.2 Lack of consent

If a patient refuses to consent to a search, the health professional in charge at that time must discuss with the patient's Approved / Responsible Clinician to ensure that any clinical objections to a search without consent are discussed.

If a patient lacks capacity to consent, authority to search is dependent on Mental Health Act 'implied powers' for a patient who is detained or a 'duty of care' for informal patients and the decision to search must be based on level of risk to self and others.

Consent for the search to go ahead must come from the Approved / Responsible Clinicians or on call Senior Clinicians if out of hours and documented in the patient's electronic records.

The General Manager or Modern Matron must also be informed of the event.

If the Approved / Responsible Clinicians object and the nurse in charge feels they need to proceed, refer to the Associate Clinical Director/Clinical Director within hours or the Director on call for support with the decision out of hours.

Whilst decisions about a search of a patient refusing to consent to such are being made, the patient must be placed on an observation and engagement level suitable to manage that of the

potential presenting risk. This would be a level above that of Intermittent Observations and Engagements (Within Eyesight or Within Arm's Length).

4.2 Searching patients' property

The purpose and goal of the patient's property search must always be to retrieve items that may risk to the patient or others or confirm that an item is not present. As this is in response to a potentially hazardous situation, it is important that the search is conducted thoroughly. In some services searching may also extend to identify items that may be used for escape from a secure perimeter or risk the integrity of the environment.

The frequency of property and environmental searches will be determined by clinical areas and will be proportionate to identified risk. For example, some wards within Secure Services may conduct regular proactive and/or reactive searches more often than other areas of the site in which searches are exceptional due to the presenting risk of the patient group.

Routine property searches may take place but only in exceptional circumstances and be proportionate to risks posed such as harm to self or others. Routine searching is restrictive and must be reviewed in line with the appropriate governance structures within the clinical area. The clinical areas will capture this within Blanket Restriction Documentation.

The searching of a patient's property or room should be carried out by two members of staff as a minimum. The patient must be asked if they wish to be present during the search and an explanation of what is happening and why should be offered. Consideration should be given to the patient's ability to understand the information being given to inform their choice to attend.

In the case of an item or items being removed due to risk or local protocols render them prohibited, the patient will be informed of its removal, the location in which it will be stored, and it will be made clear if the item is appropriate to be returned during the hospital stay. If items are illicit staff must contact the police to surrender the item.

Informal patients will only be subject to a search of their property in exceptional circumstances and only if it's deemed that they have a significant risk item that may be harmful to themselves or others.

Please see [Appendix 3](#) for Searching patients' property procedure.

4.3 Searching patients

4.3.1 Principles of Use

The instigation by staff of the searching of a patient is a highly restrictive intervention. This restriction must only be used when all other interventions have been attempted to support the patient in reducing behavioural disturbance and attempts of self-harm. The application of the least restrictive option should always be considered.

The MHA 1983 Code of Practice (CoP) provides guidance on 'Personal and other searches' - Key points include:

- 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.
- The authority to conduct a search of a person or their property is controlled by law, and it is important that hospital staff are aware of whether they have legal authority to carry out any such search.
- Searching must be proportionate to the identified risk and should involve the minimum possible intrusion into the individual's privacy
- All searches will be undertaken with due regard to and respect for the person's dignity and privacy.

Searching can have a significant negative impact on a patient. The patients Human Rights must always be upheld, and the approach should be Trauma Informed. The removal of clothing can leave patients feeling degraded and could expose them to significant psychological risk; but this needs to be balanced with that ability to ensure safety. The impact on patients must be a high priority in decision making and ways to maintain the patient's privacy and dignity at all times considered.

Patients will ordinarily have a personal search as part of a bedroom search. The search must be carried out in a way that maintains the person's privacy and dignity. There may be other situations that a patient receives a personal search such as on return from leave or following an unsupervised visit. Personal searches will only be performed in accordance with an identified risk.

Proactive personal searches for example on return from leave may be detailed in the Leave section of the Safety Plan and have the agreement of the patient during the leave risk discussions prior.

If an informal patient possesses a high-risk item that may be harmful to themselves or others and they cannot be persuaded to hand over the item, staff must ensure the safety of others by encouraging them away from the situation in hand. The patient is to be always supported by allocated staff members at a minimum of Within Eyesight Observations and Engagements. The Nurse In Charge or appointed deputy will escalate to the Approved/Responsible Clinician either through allocation or on call and the manager or on call manager to determine a course of action. Due to a duty of care for the patient and others, a decision may involve contacting the police to remove the items, detainment under the MHA or the patient being escorted from the ward or discharged.

Leaflets detailing the search policy will be available for patients in a format and language that can be clearly understood. Interpreters will also be made available for patients whose first language isn't English to ensure effective communication is maintained.

Staff must be aware of the potential negative impact of searching a patient who have a protected characteristic. Due regard of the Equality Act 2010 and the 9 protected characteristics must be considered. Whilst all steps to mitigate its impact must be taken, it may not be removed; as a result, such significant impact should only ever be considered in the context of both imminent and significant risk to self or others.

A patient's expressed wishes where available (through Advance Decision making for example) should be considered before personal or environmental searches take place. Consideration should be made to the needs of the individual and highlight sensitive issues such as privacy & dignity / gender / previous trauma / culture.

Please see [Appendix 4](#) for Personal/Room down search procedure.

Please see [Appendix 5](#) for Removed clothing search procedure.

4.4 Searching Visitors

The Trust does not advocate the physical searching of visitors.

In environments where lockers are provided for visitors, these must be used. Visitors should be given an explanation about why this is necessary and information regarding what they are required to place in the lockers should be given.

In Secure In-patient Services if visitors have items which they want to give to patients, this will be assessed by the MDT for suitability and risk to the individual and their care. For some patients, items must be searched by at least two members of staff. Any dangerous items must be given back to the visitor to leave the site unless police involvement is required (see section 4.5).

If visitors refuse to leave their belongings in a locker, or if they refuse to allow staff to search items they intend to give to the patient, access to the clinical area could be denied. The senior member of staff on duty will be informed and the incident recorded in the patient's records for MDT review. Safeguarding consideration may be required.

Individual clinical areas will have information regarding items that are not approved for patient visitors to bring into the care setting.

4.5 Involving the Police

A patient refusing to consent to a search is not reason to involve the police. Police involvement should be considered if staff believe the following is present/occurring on site (with Patient or Visitor):

- Possession of an offensive weapon or other illegal items
- Being in possession of another person's belongings
- Being in possession of illicit substances

If a patient is reported as missing from the ward, the police may request to search the patient's room for information. Staff and/or the police may in these circumstances search the patient's room to collate intelligence in respect of the patient's whereabouts or plans. This intervention will take place with due regard to Article 8 of the Human Rights Act (1998), 'The right to respect for private and family life, home and correspondence'.

4.6 Searching Facilities Management and Contractors

Before Facilities Management or contractors' access or exit high risk clinical areas, any tools in their possession must be checked and documented to account for and highlight any loss of items that would pose a risk of harm to self, others, or the environment.

They should also be made aware, before entering clinical environments, of items that are not permitted or require close observation.

When in clinical areas, Facilities Management and contracted staff may be escorted and observed to ensure that no tools or equipment are dropped/lost or left behind. This is also to ensure the safety of both the patients and the staff undertaking the works.

4.7 Dedicated Search

Dedicated searches are performed when a dangerous item is found to be missing or it is suspected that a patient has secreted a dangerous item within the clinical environment.

Only Secure In-Patient Services use dedicated searching. Should another clinical area feel there is a requirement to undertake a dedicated search this exception should be agreed by the requesting services General Manager/Group Director and be in conjunction with the Secure Inpatient Security Managers. Due to the number of trained staff required from the Secure Service to undertake the search, General Managers and Group Director may need to discuss this between themselves regarding potential impact.

Dedicated Searching of a clinical area suspends all the patient movement (unless medically required) and is therefore restrictive for all patients inhabiting an area. Alternative options may be considered, inclusive of involvement of Detection Dogs and/or liaison with the local Police force.

Training is currently only available to staff within Secure Inpatient Services.

4.8 Record Keeping

A record relating to the search must be made, this will include:

- Decisions made prior to the search
- If a patient was given opportunity to hand an item in if a certain risk item was being searched for
- Rationale for completing the search
- Consent status of the patient regarding the search
- How the patient was consulted about their preferences in relation to how, when and where they wanted the search to happen
- What was searched
- Who conducted the search and others present

- What (if anything) was found and what happened to items found
- Evidence of post incident discussions and support to the patient and staff

Individual services must determine the escalation process for reporting and monitoring of searching within their environments.

4.9 Post Search/Incident Support

Support must be offered to the patient and staff following the conclusion of searching (not required for pre agreed rub downs on return from leave). If a dedicated search or restraint related search has occurred a post incident review must take place and will be escalated to those clinically responsible if not involved/out of hours.

5 Definitions

Term	Definition
Items that might be deemed a risk to an individual or others	Any item or substance which the health professional in charge has reasonable grounds to suspect, based on the assessment of the situation, could adversely affect the health, safety and security of the owner or others. This may include dangerous or offensive weapons, prescribed and non-prescribed medication, smoking related items illicit drugs, alcohol, solvents, and volatile substances.
Dedicated Search (Ridgeway)	An advanced level of searching used within Secure services at Ridgeway. There is a two-day training course which must be completed before a member of staff becomes eligible to be a member of the dedicated search team. It involves a more in-depth search of a physical environment. The principles of dedicated searching are covered during the training.
Rubdown / Personal	A systematic method of physically searching patients.
Environmental	Involves the searching of a physical environment which could include patient's bedrooms, day areas and courtyards.

6 Related documents

[Visiting Policy \(General\)](#)

[Substance Misuse - Management of substance misuse in inpatient settings](#)

[Nicotine Management Policy](#)

[Harm Minimisation Policy](#)

[Advance Decisions to Refuse Treatment and Statements Made in Advance Procedure](#)
[Mental Capacity Act 2005 Policy](#)

[Blanket restrictions: Policy on the use of Global Restrictive Practices \(Blanket Restrictions\) in In-Patient Units Ref: CLIN-0089-v2](#)

[Safe use of physical restraint techniques](#)

[Privacy and Dignity Policy](#)

[Human Right, Equality Diversity and Inclusion Policy](#)

7 How this policy will be implemented

- This policy will be placed on the Trust's intranet and is accessible to Clinical areas that may be required to carry out searching of a patient, their property and environment.
- Managers working in clinical areas where staff may require search training can contact the Secure In-patient services manager to organise training.
- This policy will be published on the Trust's intranet and external website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.
- Searches should be undertaken by staff who have received appropriate instruction which is repeated and regularly updated (NICE 2005).
- The Trust will provide appropriate staff with search training.
- Managers at all levels are responsible for ensuring that staff are aware of the location of this policy and that this information is given to all new staff on induction. They are also responsible for assisting staff to keep up to date with any changes to this policy, although individuals have ultimate responsibility for their own practice. Different channels may be used to ensure staff awareness is raised including comprehensive circulation lists, verbal briefing within current committee forums, use of the Trust intranet and established Trust communications.

7.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Line managers will disseminate this policy to all Trust employees through a line management briefing.	Awareness and understanding	4 Weeks	Line Managers	
Staff in secure inpatient will receive search training on induction	Skills to Search	Ongoing	Ridgeway Security Managers	Training records

7.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Clinical staff	Personal and Room Search	1.5 hours	Once only, preferably on induction
Clinical staff trained via the Secure Inpatient Services	Dedicated Search	2 days	Initially 2 days, then yearly updates if they haven't taken part in active searches.

8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Audit of ward staff who have received appropriate instruction to search measured against requirements of this policy. A sample of staff across different units will be taken. 100% of all staff audited must meet the required standard, any staff failing must have re-training.	Frequency – monthly Method - visual observation Responsible – security officers	Ridgeway Security Committee
2	100% of SIS clinical staff must have completed search training by completion of security training on first day on site.	Frequency – each cohort of new staff Method – assessment of scenario based Responsible- security officers	Ridgeway Security Managers

9 References

NICE (2005) Clinical Guideline 25. Violence: The short-term management of disturbed / violent behaviour in in-patient psychiatric settings and emergency departments. 1005

Code of Practice – Mental Health Act 1983 (2015). Department of Health

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	20 December 2023
Next review date	20 December 2026
This document replaces	Policy for the Searching of Patients, Patients Property, Patient Areas and Visitors CLIN-0005-v6
This document was approved by	SIS Speciality Meeting
This document was approved	05 December 2023
This document was ratified by	Management Group
This document was ratified	20 December 2023
An equality analysis was completed on this policy on	06 April 2023
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
5	4 Feb 15		Withdrawn
6	8 Feb 17	Amended to reflect requirements of Mental Health Act 1982: Code of Practice	Withdrawn
7	03 Mar 2021	Wording changes and completion of sections 13,14 and EA	(Ratified subject to amendments which were not made. Therefore v7 was not published)
8	20 Dec 2023	Full review with amendments: <ul style="list-style-type: none"> • Whole policy template changed/updated • Names/Job Titles changed • Content changes in sections: <ul style="list-style-type: none"> ○ 4.1 Consent, 	Ratified

		<ul style="list-style-type: none"> ○ 4.2 Searching patients' property, ○ 4.6 Searching Facilities Management and Contractors ○ 4.7 Dedicated Search ○ 5 Definitions ○ 7.2 Training needs analysis ○ 8 How the implementation of this policy will be monitored ○ 10 Document control <ul style="list-style-type: none"> ● Section 1.1 OJTC added ● Section 6 – Related documents - Links updated ● Completed the Equality Analysis Screening Form <p>Note – version 8 directly replaces version 6. Version 7 was not published.</p>	
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Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Trust Wide Inpatient Settings
Title	Searching of Patients, their property, the Environment and Visitors
Type	Policy
Geographical area covered	Tees, Esk and Wear valleys NHS Foundation Trust
Aims and objectives	To promote a safe environment To prevent contraband and dangerous items from entering the clinical environment
Start date of Equality Analysis Screening	23 rd Feb 2023
End date of Equality Analysis Screening	6 th April 2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Patients, Staff and Visitors
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) YES • Disability (includes physical, learning, mental health, sensory and medical disabilities) YES • Sex (Men, women and gender neutral etc.) YES • Gender reassignment (Transgender and gender identity) YES • Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.) NO

	<ul style="list-style-type: none"> • Age (includes, young people, older people – people of all ages) YES • Religion or Belief (includes faith groups, atheism and philosophical beliefs) YES • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) YES • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families Yes • Human rights Yes
Describe any negative impacts	<p>There have been some identified potential negative impacts for seven of the nine protected characteristics of the Equality Act 2010. To mitigate against any potential negative impact occurring, the search policy will only be used in relation to individual need / individual risk assessments and adapted accordingly in relation to individuals needs and protected characteristics. Any reasonable adjustments that need to be made to ensure that negative impact does not occur for those with protected characteristics will be recorded in the patients clinical record, removing the potential of any unlawful discrimination.</p> <p>When identifying individual risk and need to search patients in line with the policy, clinical staff will be assessing individual need in relation to level of risk to ensure that it is only carried out when the risk to life is real and immediate and that the use of the system for each service user is proportionate, legitimate and lawful due to the restrictions we are placing on Article 8 of the Human Rights Act 1998 ‘Right to Respect for Private and Family Life’, Article 3 ‘Right not to be tortured or treated in an inhuman or degrading way’.</p> <p>Staff must be aware that all patients should be asked whether they have a preference as to who (which gender) undertakes the search.</p>

Examples of the potential negative impact identified are as follows, although the list is not exhaustive:

- Gender Reassignment – Concern that a search may be carried out on someone who has transitioned i.e. a Trans woman who may not have medically transitioned or a Trans man who may use breast bindings and the process ‘outs’ them.
- Disability – The effects of being searched and the removal of clothing may have a negative impact on a service user’s mental health and wellbeing. In addition, a patient with a learning disability may not be able to fully understand the impact on their privacy and dignity and also may not be able to consent.
- Age – An example being that a female within MHSOP had an expressed preference that younger females did not undertake intrusive acts of care due to fear of her aging body being judged or not understood.
- Race – There is a potential for negative impact for the Gypsy and Traveller community in that women are only ever seen unclothed by their husband. The gender of the member of staff carrying out the search must therefore be made a priority to reduce the negative impact this could have.
- Religion and Belief – There is a potential for negative impact in relation to the Muslim community. A woman who may wear a Hijab, Burqa etc. to retain her modesty around males external to her family and to conform to Islamic standards of modesty may choose to remove it in the privacy of their own bedroom. The gender of the member of staff carrying out the search must therefore be made a priority to reduce the negative impact this could have.
- Sex – There is a potential for negative impact if a female/Trans Male patient is menstruating when a search requires that underwear needs to be removed. The

	gender of the member of staff carrying out the search must therefore be made a priority to reduce the negative impact this could have.
Describe any positive impacts	<p>There are several identified potential positive impacts on the protected characteristics of the Equality Act 2010 and also in relation to Human Rights Act 1998 in relation to Article 2 'Right to Life' via the use of the 'Searching of Patients their Property Environment and Visitors' please see below, although the list is not exhaustive:</p> <ul style="list-style-type: none"> • Ensures the security of the premises and the safety of patients, staff and the public • Positive impact on patient safety, self-harm and suicide • Searching patients may support saving lives of service users that are high risk • Reduce the risk of injury • Reduce the effects of unlawful substances / alcohol

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	<p>Human Rights Act 1998 Equality Act 2010 NICE (2005) Clinical Guideline 25. Code of Practice – Mental Health Act 1983 (2015). Department of Health</p>
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	There has been brief consultation with service users through Reducing Restrictive Interventions Group within Secure In-patient services

If you answered No above, describe future plans that you may have to engage and involve people from different groups	
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Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Clinical staff involved in the searching of patients, their property or Environments must receive appropriate training
Describe any training needs for patients	No
Describe any training needs for contractors or other outside agencies	No

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	Rationale		
	Are reasons for development of the document stated?	Y	
3.	Development Process		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4.	Content		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	y	See ref section
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
6.	Training		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Y	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9.	Approval		
	Does the document identify which committee/group will approve it?	y	
10.	Publication		
	Has the policy been reviewed for harm?	y	
	Does the document identify whether it is private or public?	Y	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	

Appendix 3 – Property Search

1. Concern identified regarding patient and their environment.
2. Consideration given to the role of searching both the patient and their environment and source appropriate permissions via Approved/Responsible Clinician or appropriate on call clinicians.
3. Discuss with the patient the identified need to search their property and obtain their consent. Explain the reasons why and give the patient the opportunity to hand over any items. The patient should be asked if they wish to remain present.
4. On entry to the room, staff should examine areas visually for adjustments or differences in the layout of beds, furniture etc.
5. Ask to see any electrical equipment and check if these items are working before and after examination.
6. Remove bedding one layer at a time; examine each sheet, pillowcase, quilt etc, placing examined items on a chair, not on the floor.
7. Examine mattress and pillows for signs of damage or wear and for holes or repairs.
8. Examine bed case, legs and headboard for signs of concealment of dangerous / illicit items.
9. Examine all other furniture as well as curtains, rugs etc. in the room.
10. Examine window frames, doors and fire exits.
11. Examine any locks/observation windows
12. Remove all clothing and possessions from wardrobe and drawers / lockers. Examine the wardrobe and drawers / lockers.
13. Examine each item of clothing / possession and replace carefully.
14. Examine any electrical sockets for signs of damage or tampering
15. Examine the physical integrity of fixtures and fittings in the en-suite area.
16. Beds should be returned to their normal state and all possessions replaced in their original position.
17. Discuss openly with the patient any items found during the search and document the search and its rationale in full. Record any items removed in the patient's property book, explaining the return procedure or surrender to Police as required.

Appendix 4 - Personal/Rub down search

Personal/Rub down searches are an intrusive act, deemed proportionate to manage any potential risk to self, others and the environment. To minimise the impact of said searching, patient cooperation and engagement is paramount. At times of distress, patients may struggle to consent to such and approval will be required to be sought. Negotiation with the patient as to who is present, who undertakes the search and where this occurs is crucial to involving the patient in reducing both the risk associated with the search and the encouragement of obtaining risk items without restrictive intervention.

The patient should be asked to hand over any dangerous or prohibited item they may have before the search.

There may be occasions where a patient requires a personal search using physical restraint. This must proceed following a multi-disciplinary team decision unless an exceptional circumstance dictate that an urgent personal search is necessary.

The protected characteristics of an individual must always be considered to avoid a negative impact. Ideally staff will have gained an understanding of the patient's preferences in line with any protected characteristics they may have, and this will be documented in the clinical record. This will ensure that searches are carried out in a way that does not unlawfully discriminate against patients as steps have been put in place to manage any negative impact.

There must be two members of staff present during a personal/rub down search. The searching of a person must be carried out by staff members of the same sex unless there is significant risk or the patient's plans detail otherwise.

If the patient is in the process of gender reassignment, the patient will be asked the gender of the staff member they would prefer to conduct the search. There may however be times when staff may not be aware that a Trans patient is on the ward. The transitioning process can be social and not involve any medical intervention, therefore a Trans woman who has not undergone medical intervention undergoing a search maybe 'outed' because of this intervention. Support of the patient must be offered, and their confidentiality, privacy and dignity always maintained.

Those who have undergone full gender reassignment will be searched according to their gender presentation. Sufficient privacy can be ensured using curtains or by accommodation in a single side room next to a gender appropriate ward.

In addition to these safeguards, where staff are unsure of a person's gender, they must, where possible, ask discreetly which gender the person would prefer or be most comfortable being searched by. They must then comply with the patient's preference immediately or as soon as is practicable, unless there are genuine concerns in relation to staff safety.

If there are any issues or concerns about searching patients, regardless of gender, a multi-disciplinary team decision will be taken to ensure that the dignity of the service user and staff safety are considered before the search takes place.

1. Patient to be approached tactfully and advised that a search of their pockets and 'rub down' of their clothing is to take place. The patient must be informed of the reasons for the search and asked to hand over any items.

2. One member of staff must observe the procedure whilst the other carries out the search.
3. The patient must be taken to a room where privacy and dignity can be maintained.
4. Ask the patient to remove all pocket items, turn pockets out and inspect all items.
5. If the patient has a coat or jacket on ask them to remove this and search it separately.
6. Stand facing the patient and ask them to outstretch their arms to the side.
7. Maintain appropriate verbal communication with the patient.
8. Search through the hair (this can be done by asking the patient to rub their fingers down their own hair).
9. Lift garment collar and gently but firmly feel around collar. Move out from collar to shoulder area along the top of arms to wrists, return under arms from wrist to armpit. Rub down the side of the garment and down the back. Inspect pockets and any tears in fabric or lining.
10. Ask the patient to open outer garment, place your arms around the patient and rub down the back from collar to the waist working around from back to front.
11. Inspect the waistband and belt of the garment closely by pressing with fingers either side of the waistband. For female patients, examine the seams of brassiere and run hands to sides and under breast using the back of the hand only.
12. Rub down outer legs, inspect pockets or outer seams around trouser or skirt bottom.
13. Rub down inner legs from crotch to ankle. If the patient is wearing a dress or skirt, staff must run hands over the outside of the garment.
14. Ask the patient to remove shoes and inspect.
15. Rub over the sock area, if any suspicious items are detected ask the patient to remove socks and inspect further
16. Discuss openly with the patient any items found. Thank the patient for any co-operation given throughout the procedure. Record any items removed in the patient's property book, explaining the return procedure.

Appendix 5 - Removed Clothing Search

Consideration of the patients Human Rights needs to be considered. The removal of clothing can leave patients feeling degraded and expose them to significant psychological risk; but, this needs to be balanced with that ability to protect the safety of patients, staff and visitors.

The protected characteristics of an individual must always be considered to avoid a negative impact. Staff will have gained an understanding of the patient's preferences in line with any protected characteristics they may have, and this will be documented in the care plan. This will ensure that searches are carried out in a way that does not unlawfully discriminate against patients as steps have been put in place to manage any negative impact. For example, a Muslim woman who wears a burka may request that the removal of the burka is in the presence of female staff only.

If the patient is in the process of gender reassignment, the patient will be asked the gender of the staff member they would prefer to conduct the search. There may however be times when staff may not be aware that a Trans patient is on the ward. The transitioning process can be social and not involve any medical intervention, therefore a Trans woman who has not undergone medical intervention undergoing a search may be 'outed' because of this intervention. Support of the patient must be offered, and their confidentiality, privacy and dignity always maintained.

Those who have undergone full gender reassignment will be searched according to their gender presentation or personal preference of searching staffs gender. Sufficient privacy can be ensured using curtains or by accommodation in a single side room adjacent to a gender appropriate ward.

In addition to these safeguards, where staff are unsure of a person's gender, they should, where possible, ask discreetly which gender the person would prefer or be most comfortable being searched by. They must then comply with the patient's preference immediately or as soon as is practicable, unless there are genuine concerns in relation to safety.

It is crucial to reducing the psychological impact of the search that the staff involved are familiar with the individual being searched and have a therapeutic relationship with the patient.

The procedure must be carried out in a warm private environment upholding the dignity of the patient.

1. Patient to be approached tactfully and advised that a removed clothing search is to be carried out. The patient should be informed of the reasons for the search and asked to hand over any items.
2. The patient should be taken to a private space where dignity can, as far as possible, be maintained.
3. Ask the patient to remove their shoes and socks / tights and hand them over for examination. They should be asked to lift each foot in turn so that the soles of their feet may be checked.
4. Search through the hair (this can be done by asking the patient to rub their fingers down their own hair).
5. Ask the patient to remove all their clothes, but not their underclothing. **The patient should never be totally naked during the search.** If the patient is not wearing any underclothing, they must be asked to wear a previously searched item.
6. Ask the patient to hold out their arms to the sides and observe their body from the front and back.

7. Give the patient a previously searched dressing gown to wear or fresh towel / sheet to preserve dignity and ask him / her to remove underclothing. Examine all clothes.
8. In extreme circumstances only (i.e. considered an extreme risk), ask the patient to lift their gown or sheet to waist height and stand with their legs apart to allow genital and anal areas to be observed.
9. Return the patient's clothing without delay and discuss openly with the patient any items found. Thank the patient for any co-operation given throughout the procedure. Record any items removed in the patient's property book, explaining the return procedure. Engage patient in post incident support.