



THE STATE HOSPITALS BOARD FOR SCOTLAND

SEARCH POLICY AND PROCEDURE

Policy Reference Number	SP09	Issue: 16.1
Lead Author	Clinical Security Liaison Manager	
Contributing Authors		
Advisory Group	Security, Resilience, Health & Safety Oversight Group	
Approval Group	Policy Approval Group	
Implementation Date	22/12/2021	
Revised Date	30/01/2024	
Next Review Date	22/12/2024	
Accountable Executive Director	Director of Security, Estates & Facilities	

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REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)

Changes required to policy (evidence base checked)

Summary of changes within policy:

REVIEW DECEMBER 2021:

Section 1.2: Removed reference to informing named person when 'target' searches are carried out. The regulations state that the named person should be notified of the entry in the notes when the measure is applied. This is stated in regard to any application of any measure, which is clearly impractical and so presumably refers to the application of the 'measure' in respect of specifying a person for a particular measure allowed under the regulations, which is not applicable within the State Hospital, as all patients are specified for all measures on admission.

Section 1.2: included a requirement to record searches carried out without the individual's consent in the clinical record as well as search documentation.

Section 2.1.2: (authorisation of searches where the patient is not consenting) Clarified that the patient must be kept under constant observation.

Section 2.3 (Recording of Searches): Expanded to give clarity on documentation relating to searches.

Section 4.3: Expanded to clarify that, when doing a monthly room search, the rub down and locker searches must be completed before the room search & as soon as the patient is informed that the search will be taking place.

Section 4.6: expanded to clarify that all written materials will be inspected during room searches, except that where the material is privileged correspondence (as identified in the mail policy) it will only be checked so far as is necessary to identify the identity and address of sender to ensure its legitimacy.

Section 4.7: Paragraph that adds the requirement for random checking of A/V media items / files when conducting room searches.

Section 7.1.3: Removed the stipulation for the 10% search in the Skye Centre to be 'over a 7 day period'. This is because this would be difficult, if not impossible to calculate, so the 10% should be from each movement as per other areas of the Hospital.

Section 7.1.4: Clarified that the statement 'Where a group of less than 10 patients leave the area at least one patient will be searched' also means that where a single patient moves they must also be searched.

Section 7.2.5: Same clarification added for searches when moving from wards as per 7.1.4 above.

Section 7.3.3: Same clarification added for searches following sessions using tools in hub areas (i.e. kitchen).

Section 7.4: Paragraph added to explicitly refer to the searching expectations for empty / vacant rooms & areas.

Section 8: New section added titled 'dealing with items found' giving instruction on dealing with finds.

Appendix 1: Removed requirement for patients to be taken to a room out of sight of other patients to preserve dignity and privacy. As this is not necessary in the vast majority of random / routine rub downs (e.g. access / egress searches) and it will be preferable in most instances (with the obvious exception of clothing removal searches) for searches to be carried out in view of CCTV cameras (when activated). Instead a more general duty to conduct searches with due regard to privacy and dignity has been added.

Removed requirement for shoes to be removed during access / egress searches and added stipulation that they must be removed during searches conducted as part of monthly room search, weekly rub down & locker search and target searches.

Appendix 6: Transgender guidance amended in response to consultation comment to incorporate a more inclusive definition of transgender people and clarity added to the process.

REVISED JANUARY 2024:

Section 1: Authorisation for Searches. Paragraph 1.3: Staff and Volunteers updated to provide clarity around the governance of the procedure relating to prohibited items being brought into the hospital by staff/volunteers.

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1 AUTHORISATION FOR SEARCHES

The State Hospital, as a public authority, has a **positive obligation** to ensure that respect for Human Rights is at the core of their day to day work. Legally, Human Rights should not be compromised without justification. However, the Human Rights (Scotland) Act 1998 demands that limiting these rights and freedoms can only be when it is '**necessary in a democratic society**' and '**proportionate**'. The rights and freedoms in the Act may be restricted in order to achieve an important objective, e.g. protecting public health or safety. The right to respect for privacy and family life is integrated within the Human Rights Act, however, within the confines of the State Hospital some of these rights require to be restricted.

The State Hospital has a duty to provide a safe environment for patients, staff, volunteers and visitors. To achieve this duty a number of security measures are taken which include the searching of individuals entering and leaving the Hospital and the searching of patients and their belongings. Routine searches are an essential and justifiable component of our security practices and are therefore included in this document.

Security within the State Hospital is integral to the therapeutic process and 'facilitates safe treatment and rehabilitation' ¹

Searching is an intrusive measure. Consent must be sought for each search and the search must be carried out with due regard to the person's dignity, privacy and the law.

The policy regarding searching patients, their belongings, their room and their lockers is accompanied by rules regarding the prohibition and restriction of items. Information regarding types of item and the reasons for their restriction or prohibition is supplied in leaflets given to patients and their named persons when the patient is admitted. There are also notices displayed at the reception area of the hospital. In restricting these items, the State Hospitals Board has given due consideration to its powers and duties under sections 1 and 286 of the Mental Health (Care and Treatment)(Scotland) Act 2003 (hereafter referred to as "The Act") and the Mental Health (Security and Safety)(Scotland) Regulations 2005 (Hereafter referred to as "The Regulations").

1.1 Tobacco Products

Following medical advice, the State Hospitals Board has decided that use of any tobacco products on the hospitals premises is not permitted. The Board has made this decision under the powers granted to it under the National Health Service (Scotland) Act 1978.

In addition to the ban on the use of tobacco products these items are also not allowed on site. The Board has made this decision after consideration of its powers and duties under sections 1 and 286 of the Act and under the Regulations.

1.2 Patients

All patients admitted to The State Hospital are deemed to be Specified Persons under the Act. The State Hospital is required to inform patients and their named persons that under the Act and Regulations specified persons are subject to searches, taking of samples, restriction of possessions, prohibition, restriction and searching of visitors and surveillance. Each patient will be informed on admission that they will be subject to random and targeted searches. The notification to patients and named persons will also explain the patient's right to request a review by the Responsible Medical Officer of the risks that make the specified person measures necessary, as well as the ability to raise areas of concern about their care and treatment with the Mental Welfare Commission.

Random searches form part of the Hospital's duty under the Regulations to maintain the safety and security of patients, staff and visitors within the hospital and the security and good order of the hospital.

Targeted searches are directed by an incident or intelligence. Where these occur they will be noted in the patient's clinical record as well as recorded in the appropriate security documentation.

It may be necessary for the safety of all under this regulation to conduct a search of a patient without their consent. If this occurs, the purpose and rationale for the search will be written within the search documentation and clinical record.

1. p351 Crichton, M (2009) 'Defining high, medium and low security in forensic mental healthcare: the development of the Matrix of Security in Scotland', Journal of Forensic Psychiatry and Psychology, Vol 20, No3, June 2009, 33-353

1.3 Staff and Volunteers

The authority to carry out searches on staff is contained in the contract of employment letter which outlines the terms and conditions of employment. The Volunteer Agreement highlights this authority in respect of The State Hospital volunteers.

Staff/volunteers may be asked to undergo a search of their person, or any items in their possession, by Security staff at any time when entering or leaving the Hospital. Failure to comply with a request to undergo a search will result in immediate withdrawal of permission to enter the hospital until an investigation has taken place. Any subsequent investigation may result in disciplinary action.

Members of staff/volunteers must keep to a minimum the amount of items they take into the Hospital for ease of searching.

Lockers are available for staff, volunteers and visitors but availability cannot be guaranteed.

Staff/volunteers may request a private search of their person or belongings if they wish; this will take place in an unobserved area with a second member of security staff present.

Restricted items that staff/volunteers are allowed to bring into the Hospital, with prior written approval from the Authorised Signatory for their Directorate/Department, and agreed by the Director of Security, are to be listed on a restricted item form which will be held at reception.

Members of staff/volunteers who are authorised to bring restricted items into the Hospital must not under any circumstances carry any restricted items for other members of staff/volunteers who are not authorised to bring them into the Hospital.

If any member of staff/volunteer is found to have a prohibited/restricted item on their person, they will be asked to place it in a locker or return it to their vehicle. Security staff will record the details of the find, a DATIX will be completed and their line manager will be informed via email within the 24hrs. The DATIX will include the following information - the type of item found, its whereabouts and what kind of search resulted in the find (e.g. Rubdown, X-ray etc.). The line manager, once informed, will meet with the member of staff/volunteer to review the incident and advise that any future incidents of the same nature may result in further action in accordance with the Once for Scotland Workforce Policy for Conduct or the Volunteering Policy. The line manager will feedback the outcome of the meeting to the Head of Security within 28 days of receiving the email.

1.4 Visitors, contractors and visiting children/vulnerable adults

The Hospital managers have the right under the Regulations to search visitors and anything they bring with them into the Hospital. The conditions are:

- the search shall be a rub down search

- the search shall only take place if the visitor consents to it or in the case of a child of insufficient understanding the authorisation of the parent or guardian accompanying the child
- where the child is of sufficient understanding to make such an informed decision, and where the child refuses consent, the consent of any adult on behalf of the child will not be relied on so as to permit the search
- a child may only be searched in the presence of an adult accompanying the child
- vulnerable adults will be asked for their consent based on their capacity to make an informed choice
- the search of a visitor is to be carried out with due regard to the dignity and privacy of the person being searched, and shall be carried out by a member of staff of the same sex as the person being searched and witnessed by another member of staff.

Visitors may request a private search of their person and or belongings if they wish; this will take place in an unobserved area with a second member of security staff present.

If consent is refused, then the only permitted action is to refuse entry to the Hospital. Further information on the management of child visits is contained in the Child Contact Policy CP02.

1.5 Parcels, bags and personal possessions

All of the above items will be x-rayed and may be subject to search before being allowed into the Hospital.

Visitors will not be permitted to enter the Hospital without a security check of the above items. Visitors will be offered the option of stowing their belongings in a reception locker if they do not consent to a search.

The Hospital's managers have no other option than to deny entry to visitors who do not comply with these security procedures.

1.6 Vehicles

Vehicles will be checked for unauthorised persons both on arrival and departure and for illicit or potentially dangerous items that are not required by the occupants for the tasks that they will be performing within the secure area.

2 PERSONAL SEARCH PROCEDURES

2.1 Rub-Down Search

2.1.1 Rub down search means the personal search of a person and the contents of the person's pockets without the removal of the person's clothing except for footwear, coats, jackets or bulky clothing and can include the use of metal detectors and other non-invasive detection equipment. The procedure is detailed in Appendix 1.

2.1.2 If a patient does not consent to a rub down search he should be kept under constant observation and isolated from other patients and the nurse in charge of the hub informed. If they are not on their ward they should be returned to their ward under separate escort. The patient's RMO should be contacted and may give approval for the search to proceed without the patient's consent under **Mental Health Act 2003 (Safety and Security) (Scotland) Regulations 2005 Regulation 6(2) (b)**. The patient must be told what is happening and why in terms appropriate to his understanding.

2.2 Removed Clothing Search

2.2.1 A removed clothing search should only be carried out where there is evidence to indicate that the patient may have a prohibited item concealed on their person.

2.2.2 The patient must be informed of the circumstances and asked if any prohibited article is hidden on their person (any article found should be dealt with as above). If a prohibited article is given up, or even if none is produced, but there is strong evidence that the patient may still be in possession of such articles, their consent to a removed clothing search must be obtained. Approval for such a search (whether the patient consents or not) must be obtained from the Responsible Medical Officer or Duty Responsible Medical Officer in their absence.

2.2.3 If, following a risk assessment, it is determined that the search should be carried out whilst the patient is being restrained, this should be made clear to the authorising RMO when authorisation is being sought. Please see also PMVA Physical Intervention Policy CP02.

2.2.4 Removed clothing searches should be conducted by at least one qualified male member of nursing staff under the supervision of the nurse in charge, who must also be male or a senior male nurse.

2.2.5 Removed clothing searches must only be carried out in a ward or where strict privacy can be maintained. Where it is necessary to remove a patient to a ward for such a search, the search must be carried out in such a manner that any concealed article is not disposed of or used to the danger or injury of the escorting staff. In some cases, it may be considered appropriate to take the staff conducting the search to the patient bearing in mind the circumstances and the strict need for privacy.

2.2.6 The procedure for a compliant patient where the risk of harm to staff and patient has been assessed as low is detailed in Appendix 2. Where the risk has been assessed as high and approval to carry out the search under restraint has been given the search must be carried out using the procedure shown in PMVA training, this is detailed in Appendix 3.

2.2.7 If a patient refuses to co-operate with a removed clothing search, the RMO authorising the search must be informed and be involved in resolving the situation (Appendix 3). The patient should be kept under observation and isolated from other patients. The patient must be told what is happening and why in terms appropriate to his understanding.

2.3 Recording of Searches

It is essential that an accurate record of all searches is maintained. This must include (i) type of search; (ii) if a random search without consent or removed clothing search, the name of the RMO and (iii) the signatures of two staff present during the search (also their full names in block capitals).

Each ward / area maintains a folder for the recording of searches and security checks including; documentation for random Monthly Rub down, locker & room searches, random weekly rub down and locker searches, random access / egress searches, Pre / Post Visits searches and target searches.

A record of the search must also be made in the medical/nursing note.

3 HOSPITAL PREMISES AND GROUNDS SEARCH PROCEDURE

3.1 Introduction

The Chief Executive (or, if unavailable, the Security Director/Nominated Deputy or on-call Director) is responsible for authorising expanded search operations and ensuring that this is supported by adequate security precautions. It may be necessary for extra staff to be in attendance and in such cases the Clinical Operations Manager or Security Manager will contact the Lead Nurse/Senior Cover stating the requirements.

3.2 Search of Premises

The decision for an expanded search operation of any premises or area rests with the Chief Executive (or, if unavailable, the Security Director or Nominated Deputy).

Lead Nurse/Senior Cover, in conjunction with the Security Manager, will decide whether patients in the affected hub are to be moved to (a) an adjoining ward, or (b) to restrict their movement by confining them to an area of the ward. If the decision is to move them to an adjoining ward, a rub-down search of all patients will be carried out prior to the movement.

3.3 Search Responsibilities

When instructions have been issued by the Chief Executive (or the Security Director/Nominated Deputy) for a full or part search operation of the premises the responsibility for organising the search within the premises and surrounding area rests with the Security Manager, in conjunction with the Security Director or Nominated Deputy. If necessary, additional staff support will be arranged by the Lead Nurse/Senior Cover at the request of the member of staff in charge of the search. Lead Nurse/Senior Cover will co-ordinate resources with other Heads of Departments. Searches involving the Hospital periphery and grounds will be the responsibility of the Duty Security Manager.

If the Estates Department is required to assist in a full search operation, the Security Manager will make the necessary arrangements. A plan of action must be devised by the nurse in charge of the affected premises and the Security Manager before a full search operation is carried out.

Staff must be informed of the reasons for the search and if possible made familiar with the suspected / missing items.

All patients in that area should be kept informed about what is happening to ensure their cooperation with the arrangements.

To ensure that no area is overlooked, the premises should be divided into areas with a minimum of two staff assigned to an area of search.

On completion of an area of search, staff will report their findings to the nurse or manager in charge.

Hand held metal detectors and other equipment will be made available to assist in the search.

4 RANDOM WARD SEARCHES

4.1 Searches of patients' lockers and bedrooms; day rooms and shared spaces; private and Hospital property; and building perimeters, will be conducted on a frequent but irregular basis and should not follow any pattern. The purpose of the search is to ensure that patients have no articles in their possession which constitute a significant risk to security and safety.

4.2 The nurse in charge will inform the patient of the intended search and their right to be present during the search and seek their consent; if not obtained, then refer to paragraph 2.1.3 above. The reason for the search should be fully explained to the patient. To reduce the opportunity of prohibited items being hidden either on the patient or their locker the room search should be carried out in conjunction with:

- A rub down search
- A search of any outdoor clothing and bags out with the patient's bedroom
- Search of any lockers where the patient stores property out with the bedroom

4.3 These procedures should be carried out even where the patient declines to attend the room search and should be completed prior to searching their room and as soon as the patient is informed that their room is to be searched. This is in order to negate any possibility of the patient secreting any contraband items.

4.4 Two members of staff will be delegated the task as a safeguard against any allegations of damage or theft. They must be fully conversant with all aspects of searching and the relevant risk factors for the patient being searched. The procedure is detailed in Appendix 4.

4.5 A limited amount of patient possessions are allowed within the patient's bedroom (see Patient Property Policy SP05). All items entering or leaving the ward pack store will be checked and searched at the time and inventory records updated.

4.6 Searching, including random and routine searching, shall include inspection of written material to ensure its bona fides and that it does not contain inappropriate material (contrary to health and/or safety/security). If such material contains privileged communications mail (internal or external) between the patient and "listed persons" such as his solicitor, his RMO, Advocacy, a MP or MSP, a Social Worker or the Complaints Officer may not be read, copied or removed. Inspection shall be the minimum necessary to ensure the identity and address of the sender or recipient is genuine (and not for any other purpose so that the confidentiality of privileged communication is maintained). For more information on mail, see the Mail Policy.

4.7 Whilst undertaking a random room search staff will also check audio visual / digital media items. E.g. CDs / DVDs will be selected at random and checked and where the patient has a mass storage device (e.g. Xbox, Freeview box with recording facility, or similar), searching staff should select files at random to check content. Where staff are unable to access the material advice may be sought from the IT department via the Security Manager.

5 OFF-WARD PATIENT AREAS: SKYE CENTRE & FAMILY CENTRE

5.1 To avoid undue disruption to Hospital routine, searches of the Skye Centre, where possible, will be programmed for periods when there are no patient activities scheduled.

5.2 In some areas, it may be necessary to close down a section for part of a day to enable thorough searches to be carried out by staff. In this case the department staff will inform the appropriate wards to ensure that patients are not sent to the department during the period of the search. The Departmental Manager will also inform the Security Manager on the working day prior to the search of the intention to close a particular department for this purpose. As far as is possible, not more than one department is to be closed at any one time for such searches to be conducted. It is important that the searches do not become uniform or patterned.

6 RANDOM HUB SEARCHES.

6.1 Searches of the Hubs,

Where possible, can be programmed for periods when there are no patient activities scheduled to avoid undue disruption to Hub/Ward routine.

6.2 Action Plan

An Action Plan will be devised by the staff assigned to the task before searching begins.

6.3 Hub Therapy Rooms

6.3.1 In order to ensure a complete and thorough search of a room it is necessary to organise the areas of search into:

- a) Furniture and contents
- b) Fixtures (e.g. built in cupboards and shelves)
- c) Installations (e.g. plumbing/electrical equipment)
- d) Security hardware - windows, doors and locks
- e) Curtains
- f) Ceilings and walls
- g) Flooring
- h) Inventories/Checklists

6.3.2 Any concerning items will be removed, reported and handed to the Hub Co-ordinator.

6.3.3 Any findings or items that constitute a threat to security and safety must be reported immediately to the Duty Security Manager.

6.3.4 Security forms for the four therapy rooms are kept within a folder in its own area. These forms are for daily use per session and do not alter or affect the master search documents already in place and held at Hub Reception.

7 FREQUENCY OF SEARCHING

The search frequencies detailed below are a minimum standard, and may be more frequent depending on risk.

7.1 Skye Centre, Family Centre and Tribunal

7.1.1. All Departments must be searched monthly.

7.1.2 External departmental environments (i.e. perimeter search) must be searched weekly.

7.1.3 A rub down search is to be carried out on at least 10% of patients leaving the area.

7.1.4 Where a group of less than 10 patients leave the area at least one patient will be searched. This also means that where a single patient leaves an area, that patient must be searched (e.g. patients on special escort).

7.1.5 An increased level of searching may be agreed following a departmental risk assessment carried out jointly by the designated Security Manager and the department manager.

7.1.6 All patients must be searched before leaving The Family Centre or Skye Centre following a visit and or leaving the Tribunal Centre.

7.1.7 The Department Manager is responsible for ensuring that all search procedures are maintained and monitored and recorded.

7.1.8 Any items under construction by a Patient must be subjected to physical examination during searches. If perceived as a security risk such items must be subjected to an x-ray examination.

7.2 Wards

7.2.1 All patient rooms must be searched monthly.

7.2.2 All other areas of the ward must be searched fortnightly.

7.2.3 Ward external perimeter must be searched weekly.

7.2.4 All patients leaving the Hospital for external outings must undergo a rub down search before and after the outing.

7.2.5 A rub down search is to be carried out on all patients at least once per week and at least 10% of patients must be searched prior to leaving the ward. Where there are less than 10 patients at least one of them should be searched. This also means that where a single patient leaves an area, that patient must be searched (e.g. patients on special escort).

7.2.6 Any patients carrying a bag or holdall will have them searched prior to leaving the ward and on their return.

7.2.7 Each patient who receives a visitor will be subject to a rub down search immediately after seeing the visitor, and at any time when they leave the area.

7.2.8 The Senior Charge Nurse is responsible for ensuring that all search procedures are monitored and maintained and recorded.

7.3 Hubs

7.3.1 All Hub areas will be searched at least fortnightly.

7.3.2 The Senior Charge Nurse/Hub Security Liaison Manager is responsible for ensuring that all search procedures are monitored, maintained and recorded.

7.3.3 For hub sessions involving any tools 10% of patients will be given a rub down search before leaving the session; in groups of less than ten at least one patient will be searched. This includes single patient sessions.

7.4 Pre-Occupation/Vacant room searches

7.4.1 Any room designated for a new admission or transfer to the ward, or when a patient is being moved from one room to another, must be thoroughly searched prior to occupation, this search as with all room searches, must also take into account - fixtures, fittings, and the integrity of the fabric of the room itself and must include the bed being lifted and checked. Any vacant rooms on a ward must also be searched at the same frequency as occupied rooms, and must be kept locked when not in use.

7.4.2 In the case of a building/area where significant works have been carried out, there must be a search carried out, before the area can be occupied / re-occupied.

8 DEALING WITH ITEMS FOUND

8.1 There may be finds that require a close examination of the scene by the police. In these situations, it may be appropriate that the evidence is not handled and that the scene is sealed and/or the area or evidence is not contaminated pending their arrival. If staff are unsure advice may be sought from the security manager.

8.2 In the event that a suspicious substance/item is found, it must be placed in an evidence bag (gloves must be worn & handling must be minimal – e.g.: held on a corner by fingertips). It must also be subject to the minimum number of handlers possible in order to maintain the chain of evidence. It must not be tested or otherwise handled in any other way, until a decision is made about whether the find is to be referred to the Police. This decision will be made by the Director of Security or nominated deputy.

8.3 All finds must be reported to the person in charge of the ward/area. Finds of any item that may constitute a breach of security (e.g. weapons, escape materials, drugs, pornographic material) must also be reported to the Duty Security Manager and Senior Clinical Cover.

8.4 A written report must be entered in the patient's clinical record. The appropriate search and Datix forms must be completed on every occasion.

8.5 Any item found which may constitute a security and/or safety risk must be submitted to the Security Department. All other items are to be dealt with in accordance with normal hospital procedures. Patients will be informed of the location of any personal items that are removed.

9 EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Carers / Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient's care (where the patient has consented) and / or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy".

The volunteer recruitment and induction process supports volunteers to highlight any barriers to communication, physical disability or anything else which would prevent them from contributing meaningfully to patient care and / or engage in other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

10 STAKEHOLDER ENGAGEMENT

Key Stakeholders	Consulted (Y/N)
Patients	Y
Staff	Y
TSH Board	Y
Carers	Y
Volunteers	Y

11 COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW

This policy will be communicated to all stakeholders within The State Hospital via the intranet and through the staff bulletin.

The Person Centred Improvement Service will facilitate communication with Patients, Carers and Volunteers.

The Security, Resilience, Health & Safety Oversight Group as the policy advisory group will be responsible for the implementation and monitoring of this policy and appropriate audits will be scheduled to monitor impact.

Any deviation from policy should be notified directly to the policy Lead Author. The Lead Author will be responsible for notifying the Advisory Group of the occurrence.

The policy will be formally reviewed every 3 years.

Appendix 1: Search Procedure

Rub-Down Search (patient)

Random rub-down searches must be carried out to eliminate the possibility of secreting unauthorised items. Whilst it is difficult to discover small items during a rub down search, large, bulky items or small items carelessly concealed should always be found.

Two staff members should be present during a rub down search. One member of staff will carry out the search and one will observe to maintain the integrity of the procedure. The member of staff searching will be male.

Rub-down searches must be carried out after visits or if the patient leaves the visiting area e.g. W.C. If for any reason patients require to be returned to their respective wards during off ward placements, then a rub-down search must be initiated.

The following procedure should be adopted.

- a) The patient's consent should be sought before a search is undertaken and due regard should be given at all times to the dignity and privacy of the patient.
- b) The patient should be asked to empty the contents of pockets on to a surface, to stand with feet apart and arms outstretched.
- c) Remove outer garments including headgear, with cognisance of any culturally sensitive issues. Shoes must also be removed when carrying out monthly (room search) or weekly (rub down & locker) searches and target searches (including post visit searches and pre / post suspension of detention searches)
- d) Lift inner garment collar and firmly but carefully feel around it. Move out from collar to shoulder area, then using both hands check each arm in turn, rubbing down from axilla to wrist. Check the cuffs and ensure the patient's hands are empty.
- e) Place both arms around the patient and with the fingers of both hands meeting at the collar rub down the back to the waist. Then rub your hands down the patient's side and front.
- f) Inspect the waistband.
- g) Check lower half of the body by placing both hands around each leg in turn and rubbing down from waist to ankle remembering to check hems and turn-ups of trousers.
- h) Maintain good communications with the patient throughout the procedure.
- i) Check outer garments, shoes, belongings and contents of pockets before they are returned to the patient.

Rubdown Search (Staff Volunteers and Visitors)

Before a search is carried out the operator must ensure the person has removed outer jacket, hat, scarf, gloves and placed any metal objects/belongings in a tray to be x-rayed.

The search will be carried out by a member of security staff the same sex as the person to be searched.

The person to be searched will be asked to consent to the search before it begins and asked to stand with their feet apart and their arms outstretched with open hands facing down.

The search will begin with the operator starting by checking the collar by firmly but carefully feeling round it.

Move out to the arms by placing both hands around the arm and firmly but carefully feeling down the length of the arm to the wrist checking the individual is not holding anything in their hand and that any watches or other items worn on the wrist are not prohibited.

Run both hand down the persons back paying particular attention to the small of their back.

Move both hand down the front and side of the person to the waist band and check around the waistband and in any pouches.

Check lower half of the body by placing both hands around each leg in turn and rubbing down from waist to ankle remembering to check hems and turn-ups of trousers.

If during the search the operator detects an item they must stop the search and ask to see the item.

Once the item has been removed recommence the search from the area where you stopped.

Appendix 2: Removed Clothing Search (Low Risk / Compliant)

General Principles

Approval to carry out a Removed Clothing Search must be obtained prior to initiating this procedure (i.e. authorisation cannot be obtained retrospectively).

A Certificate of Search must be completed and full details of the search must be recorded in the patient's nursing notes, in the daily 24-hour report and on the Datix incident recording system. Details should include the reason for carrying out the search, the name(s) of the authorising personnel, the name and designation all staff members who were present at any point during the search, whether the patient was under restraint whilst the procedure was carried out, and details of the location and nature of any items found during the search.

Prior to commencing the search, the patient must be informed that a Removed Clothing Search is required. The procedure and reason for the search must be explained and this information must be conveyed in terms appropriate to the patient's level of understanding.

The patient's privacy and dignity must be maintained throughout the procedure, and consideration must be given to cultural, religious and gender issues.

The Removed Clothing Search must be carried out by male staff.

The search must be conducted under the supervision of the nurse-in-charge (or a nominated senior nurse if the nurse-in-charge is not the same gender as the patient).

At least one member of staff involved in conducting the search must be a First Level Registered Nurse.

Unless contra-indicated following risk assessment, and with the exception of situations where the risk assessment indicates that the patient must be restrained throughout the procedure, no more than three members of staff (including the nurse-in-charge who is supervising the procedure) should be present during a Removed Clothing Search.

Staff conducting the search must be PMVA level two trained in accordance with the PMVA policy (i.e. within the specified refresher period and competent to execute the procedure). The search must be conducted in an area where strict privacy can be maintained and must be out of sight of other patients. The area must be prepared in advance of the search (i.e. windows closed, curtains/blinds drawn, dressing gown or replacement clothing available, disposable gloves, hand-held metal detector and evidence bag in situ). A mat or similar item must be provided for the patient to stand on during the search.

The search must be conducted in a systematic fashion from head to toe. Staff conducting the search must wear disposable gloves. No invasive procedures (i.e. searching of rectal or genital orifices) should be undertaken by nursing staff. If required, such procedures must be carried out by medical personnel only.

Removed clothing must be thoroughly searched, paying particular attention to seams, linings, cuffs, collars, waistbands, shoes and pocket items.

The staff member supervising the procedure (i.e. the nurse-in-charge or senior nurse) must position themselves so they can observe everything that takes place during the procedure to ensure the search is carried out safely and effectively and to refute any allegations of impropriety.

Procedure for Low Risk Situations (i.e. no physical restraint applied)

Staff Member 1	Staff Member 2
1. Responsible for controlling the search, communicating with, and observing the patient throughout the procedure. (Stand to the front of the patient to observe them.)	Responsible for receiving clothing and other items from the patient and searching them. (Clothing and other items are handed over via Staff Member 1.)
2. Ask the patient if they have any prohibited/unauthorised articles on their person. Pass any items declared to the nurse-in-charge/senior nurse overseeing the procedure.	
3. Ask the patient to remove any jewellery (including wrist watch), to empty their pockets, and to hand over any bags or other items being held. Pass each item to Staff Member 2.	Search the contents of the pockets and jewellery then place them to the side. Search any bags or other items then place them to the side.
4. Sweep a handheld metal detector over the patient's body.	
5. Ask the patient to remove any headgear (including hair pins, etc). Pass each item to Staff Member 2.	Search each item of headgear then place them to the side.
6. Ask the patient to run their fingers through their hair. Visually check around and inside the patient's ears, nose and mouth. Ask the patient to lift their tongue so that you can look underneath it. If the patient has dentures, ask them to remove them and visually check the mouth again.	
7. Ask the patient to remove all items of clothing above the waist. Pass each item to Staff Member 2.	Search each item of clothing then place them to the side.
8. Ask the patient to hold up their arms and turn round while you visually check the upper body. Ask them to remove any plasters, dressings etc and replace as necessary. Ensure that you also check their hands.	
9. Provide a pre-searched dressing gown and ask the patient to put it on. This should remain on for the rest of the search.	
10. Ask the patient to remove their shoes and socks. Pass each item to Staff Member 2. Ask the patient to lift each foot and visually check the soles of their feet.	Search the shoes and socks then place them to the side.
11. Ask the patient to remove all remaining items of clothing below the waist. Pass each item to Staff Member 2.	Search each item of clothing then place them to the side.
12. Ask the patient to raise the dressing gown to their waist and to stand with their legs apart. Visually check the front of their lower body and their legs. Ask the patient to turn around and visually check the back of their lower body and their legs. Ask them to	

Staff Member 1	Staff Member 2
remove any plasters, dressings etc and replace as necessary.	
13. Ask the patient to step to the side to ensure that they are not standing on anything that may have been dropped before or during the search.	
14. Return the clothing to the patient and allow the patient time to put their clothing back on.	

Appendix 3: Removed Clothing Search (High Risk / Non-Compliant)

A search of this nature is very rare and would only be carried out if the patient refused to cooperate with a Removed Clothing Search and/or the risk assessment indicates that for safety and security reasons the patient must be restrained throughout the procedure.

Those present during the procedure would include the nurse-in-charge/senior nurse who is supervising the procedure, the 3-person restraint team, and an additional member of staff who will assist in searching items of clothing, etc as they are removed from the patient.

Restraint Team Lead (No. 1)	Additional Staff Member
1. The restraint team lead (i.e. No. 1) is responsible for controlling the search, communicating with the patient, communicating with and leading the restraint team, and observing the patient throughout the procedure.	Responsible for receiving clothing and other items from the No. 1 and searching them.
2. The patient should be escorted, under restraint, to the prepared search area by the restraint team.	Sweep a handheld metal detector over the patient's body.
3. Initiate a Stage 1 takedown (i.e. take the patient down onto their knees). Remove any headgear (including hair pins, etc). Pass each item to the additional staff member.	Search each item of headgear then place them to the side.
4. Search the patient's hair section by section, particularly if it is long. Visually check around and inside the patient's ears, nose and mouth. Ask the patient to lift their tongue so that you can look underneath it. If the patient has dentures, ask them to remove them and visually check the mouth again. (Do not put your fingers into the patient's mouth.)	
5. Remove all items of clothing above the waist. Pass each item to the additional staff member. Remember when removing clothing that can't be unzipped, and needs to be taken over the patient's head, to take the clothing from the front of the patient's head to the back to ensure that the patient's airway is not restricted or compromised.	Search each item of clothing then place them to the side.
6. Visually check the upper body and under each arm (starting at the front then moving round to check the patient's back). Remove any plasters, dressings etc and replace as necessary.	
7. Loosen and remove the patient's shoes and socks. Pass each item to the additional staff member. Visually check the patient's feet, including the soles and between the toes.	Search the shoes and socks then place them to the side.
8. Move round to the front of the patient and loosens the patient's trousers (i.e. open belts, zips, buttons, etc). Lower the patient's trousers and underwear down to their knees. Visually check the genital area and front thighs. Remove any plasters, dressings etc and replace as necessary.	

Restraint Team Lead (No. 1)	Additional Staff Member
9. Initiate a Stage 2 takedown (i.e. take the patient into a prone position on the floor). Place a sheet/blanket over the patient's torso. Move round to the back of the patient and remove the patient's trousers and underwear. Pass each item to the additional staff member. Lift each leg (one at a time) and visually check the inner thighs, buttocks, groin area and lower legs. Remove any plasters, dressings etc and replace as necessary.	Search each item of clothing then place them to the side.
10. If deemed necessary, sweep the handheld metal detector over the patient's body for a further final check.	
11. If the patient is being secluded following the Removal of Clothing Search, initiate the staff withdrawal procedure. Otherwise, return the clothing to the patient (or provide alternative clothing) and allow the patient time to put their clothing back on.	

On completion of the search the staff involved must report their findings to the nurse-in-charge, record full details of the search in the appropriate nursing and security documents, and hand over any items found that are prohibited or considered a risk to safety and security. The nurse-in-charge must discuss any items found with the patient to enable him/her to arrive at a decision as to intent, storage and disposal. Any items found that constitute a threat to safety and security must be reported immediately to the Duty Security Manager. In the event of illegal substances/items being found during the search, care must be taken to preserve the chain of evidence.

Appendix 4: Random Ward Searches

A plan of action as to who does what should be devised by the staff assigned to the task before searching begins.

Lockers

A table should be utilised for this purpose. If present, the patient is requested to open their locker. If not, the master key will be made available by the nurse in charge to the staff designated this task.

One member of staff will remove all the locker contents item by item and place them on the table for examination. Inspect the internal security aspect of the locker for false structures. When staff are satisfied with the outcome of the search, the patient, if present, is permitted to return the contents to their locker. Otherwise it is the responsibility of the staff conducting the search to do so. Any items of concern will be removed and handed to the nurse in charge, the patient to be advised of this action.

Suitcases or boxes

The same procedure for lockers should be followed if the patient elects not to be present during the search.

Rooms

In order to ensure a complete and thorough search of a room it is necessary to organise the areas of search into:

- a) Furniture and contents.
- b) Bed and bed linen.
- c) Fixtures (e.g. built in cupboards and shelves).
- d) Installations (e.g. plumbing/electrical equipment).
- e) Security hardware - windows, doors and locks.
- f) Curtains.
- g) Ceilings and walls.
- h) Flooring.

This should only be undertaken by staff trained in room searches.

Any concerning items will be removed and handed to the nurse in charge, the patient should be advised of this course of action.

Completion of search

On completion of any search the staff involved will report their findings to the nurse in charge and hand over any items considered not to be in the interests of security and safety. The nurse in charge will discuss with the patients any concerning findings or items to enable them to arrive at a decision as to intent, storage and disposal. Any findings or items that constitute a threat to security and safety must be reported immediately to the Duty Security Manager.

Appendix 5: Religious and Cultural Considerations

1 THE PERSON

1.1 Rub-Down Searches

1.1.1 Male

In many faiths, a male will find it unacceptable to be searched by a female member of staff. Searches of males with a genuine religious or cultural objection to being searched by a female member of staff must be carried out by a male member of staff.

1.1.2 Female

In many faiths, a female will find it unacceptable to be searched by a male member of staff. Searches of females with a genuine religious or cultural objection to being searched by a male member of staff must be carried out by a female member of staff.

N.B. The State Hospital's Search Policy only permits searches to be carried out by staff of the same gender as the person being searched.

1.1.3 Chaplains / Spiritual and Pastoral Care Volunteers

Members of the Spiritual and Pastoral Care Team must be treated in the same way as staff and will therefore be subject to security checks and searching. Refusal on their part to allow a proper search will mean that they are refused entry.

Spiritual / faith related emblems that could pose a potential safety / security risk e.g. the Sikh Kirpan (small knife), alcoholic altar wine, etc are not permitted to enter the Hospital.

1.2 Headwear

1.2.1 Males

Persons should normally be allowed to wear religious/cultural headwear, including Sikh turbans, Jewish yarmulkes, Muslim caps, and Rastafarian hats etc. Such headwear is subject to searching, but care must be taken to treat it with respect. All persons can have their religious headwear searched by a hand held metal detector. Religious headwear should only be removed if there is an alarm that cannot be accounted for or there is suspicion of concealed items.

This must be done in private and by staff of the same sex. Staff should not attempt to unwind or remove headgear. The person should be given the opportunity to remove it or unwind it them self.

1.2.2 Items Concealing the Face

Some females, particularly those of the Muslim faith, may wear veils or other face coverings for religious reasons. They must not be made to uncover their faces or hair in public or in front of a man as this could cause serious offence and distress. When required for security or identification purposes, the removal of the veil or face covering must be done in private with only female staff present. Following its removal, the person must be given the opportunity to use a mirror and to have privacy and time to put it back on.

1.3 Removed Clothing Searching of Muslim-Patients

The Qur'an forbids the nakedness of Muslims in front of others. However, in accordance with the set procedure for a full search, no person subject to a full search will be completely naked at any time. As part of a full search, the individual will be asked to remove his/her upper clothes for an inspection of the upper body and asked to replace them before continuing with the search of the lower body. Full searches are permitted under Islamic law when such a search is necessary for the maintenance of security and safety.

1.4 Drug Dogs

Care must be taken that drug dogs do not touch patients or visitors whose beliefs would make this offensive to them.

2 ROOM SEARCHES

2.1 General

Patients should be encouraged to identify religious artefacts from their room so that staff can search them by hand. Bedding should be changed following the search where the patient feels that it has been defiled.

Holy books and religious artefacts of any faith, while being subject to search, must be treated with respect. They should not be handled by dirty hands. Gloves must be worn if a staff member handles any religious artefacts. Such objects should not be put on the floor or with shoes or underclothes.

2.2 Searches Using Dogs

If dogs are used in a room search they should not be allowed to touch holy books and artefacts. In some faiths, most notable Muslim, if dog hair or saliva comes in contact with patient's clothing or religious artefact, it renders these items defiled. If a dog touches such a patient, he must be permitted to undertake ritual ablutions and change clothes if requested.

Good Practice

Patients should be encouraged and supported to cover holy books and artefacts in a clear plastic pouch to prevent dogs from touching them directly.

2.3 Multi Faith Rooms

For routine searching arrangements a member of the Spiritual and Pastoral Carer Team should be involved in drawing up a search plan for the Multi Faith Rooms.

Good Practice

All areas used to facilitate worship must be treated with respect. It is disrespectful to walk on prayer mats and this should be avoided unless essential.

Radios should be fitted with earpieces to respect patient dignity during worship

Appendix 6: Transgender Guidance

Trans gender / Trans Individuals

The term Transgender / trans is an “umbrella term for a range of people whose gender identity or gender expression differs in some way from the gender assumptions made by others about them when they were born”, including: transsexual people, people with a non-binary gender, crossdressing/transvestite people, and others.

Morton, J et al. (2012) ‘Changing for the Better: How to include Trans People in your workplace’, *Scottish Transgender Alliance & Stonewall Scotland*, p.31 Available at: <https://www.scottishtrans.org/resource/guides/>

Guidance for staff

Trans Gender (Trans) patients

In recognition of the legal gender of a patient, rub down / body searches will normally be undertaken by male staff. However, in collaboration with the patient (based on capacity to engage) and staff, agreement will be reached as to the appropriate gender of person carrying out the search.

Trans Gender (Trans) Visitors, Volunteers, Staff and Students

It is important that trans staff, students, volunteers and visitors are afforded the same respect and dignity as any other members of the public. There is also a requirement to be sensitive to the dignity of staff called upon to carry out procedures such as searches.

Legally, the sex of a person is that which was registered at the time of birth, except as provided for under section 9 of the Gender Recognition Act 2004. A rigid adherence to this principle has, however, been found to be too inflexible and can lead to unnecessary distress and confrontation. Dealing with people with respect and consideration increases the likelihood of their cooperation and decreases the level of risk and vulnerability posed.

Searches

Security staff should adopt the following approach when establishing whether the person concerned should be treated as being male or female for the purposes of searches and related procedures.

If there is no doubt that the person concerned should be treated as being male or female, security staff should deal with them as being of that sex.

If at any time there is doubt about whether the person should be treated, or continue to be treated, as being male or female, security staff should consider the following stages:

1. Ask the person

Security staff should ask the person what gender they consider themselves to be. If they express a preference to be dealt with as a particular gender, security staff should ask them to indicate their preference, subject to paragraph 2 below, security staff should treat the person according to their preference. Security staff must not ask the person whether they have a gender recognition certificate (GRC).

2. Grounds for doubt

If there are grounds to doubt that the expressed preference accurately reflects the person’s predominant lifestyle, for example, if they ask to be treated as woman but documents and other information make it clear that they live predominantly as a man, or vice versa, security staff should treat them according to what appears to be their predominant lifestyle and not their stated preference.

3. Unwilling to express their preference

If the person is unwilling to express a preference, security staff should contact the Security Team Leader / Duty Security Manager who may need to make efforts to determine their predominant

lifestyle and treat them in accordance with this. For example, if they appear to live predominantly as a woman, they should be treated as being female.

4. Respect and consideration

Once a decision has been made about which sex a trans person is to be treated as, the staff member who will carry out the search should be advised of that decision, and the reasons supporting it, prior to carrying out the search. This is important in order to maintain the dignity of the staff member concerned. Sensible application of the above principles should protect staff and help to minimise the risk of conflict and embarrassment.

Further information can be found in the [Meeting the Needs of Transgender Patients at The State Hospital](#) guidance available on the intranet on the Person Centred Improvement Service page, as well as in the Equality Act (2010) and Gender Recognition Act (2004).

Appendix 7: Protocol for the use of Cut Resistant Gloves

The hospital has purchased Cut Resistant gloves to be used when searching areas where there may be a risk of staff coming in contact with sharp objects such as searching a room following a disturbance where there are sharps present i.e. broken glass, wood or metal.

Due to the construction of these gloves they are not suitable for body rubdown searches.

These gloves are not single use gloves and therefore nitrile gloves should be worn under the cut resistant gloves.

These gloves will be stored within security and issued when required by the Security Manager.

To request these gloves, contact security.

While these are cut resistant gloves they are not cut proof, care should still be taken when searching areas where sharps may be present.