

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Searching Consumers and their Property
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	SESLHDPR/597
DATE OF PUBLICATION	October 2023
RISK RATING	Medium
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standard: Standard 1 – Clinical Governance Ministry of Health Emergency Department Security Implementation Plan 2017
REVIEW DATE	October 2026
FORMER REFERENCE(S)	Client and Patient Safety and Security Searching
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	General Manager, Corporate Services
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POSITION RESPONSIBLE FOR THE DOCUMENT	SESLHD Head of Security Services
FUNCTIONAL GROUP(S)	Workplace Health and Safety
KEY TERMS	Search, physical search, safety, consumer, voluntary, crush method, secreted objects, clothing search, belongings search
SUMMARY	When required and authorised, the Search of a consumer is conducted according to Ministry of Health Policy and NSW legislative requirements. Appropriately trained and competent clinical and security workers will provide for a safe and healthy work environment during searches of consumers by removing articles from consumers that may cause harm.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

Consumer Safety and Security Searching is conducted when it is risk assessed as required and has been authorised, in accordance with NSW Health [Protecting People and Property – NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies](#) to ensure the safety of the NSW Health Employees and the safety, wellbeing and dignity of the consumer during safety and security searches.

2. BACKGROUND

A note about the use of the term “**consumer**” as opposed to “**patient**”:

The National Safety and Quality Health Service Standards, Second Edition has a standard titled *Standard 2: Partnering with Consumers Standard*. It states, in part, that the intention of this standard is “To create an organisation in which there are mutually valuable outcomes by having: [...] Patients as partners in their own care, to the extent that they choose.” The Explanatory notes for this standard further state “Effective partnerships exist when people are treated with dignity and respect, information is shared with them, and participation and collaboration in healthcare processes are encouraged and supported to the extent that people choose.”

The term Consumer has been used throughout this document to reinforce that searching is to be done in partnership with the consumer, with dignity and respect as a collaborative process with information/explanation being clearly given at each stage of the process.

This procedure is applicable to South Eastern Sydney Local Health District (SESLHD) facilities and services.

The safety of consumers, visitors and staff of SESLHD is paramount, consumers should not have access to items that are dangerous, may lead to harm to self or others or assist in absconding during their inpatient stay.

SESLHD recognises the prevalence of trauma and its impact on individuals and communities, and all activities are underpinned by a recovery orientation and a trauma informed approach.

SESLHD is aware that searches are intrusive and may impinge upon consumers rights. Every effort should be made to prevent or defuse situations in which searches may need to be considered.

Searching should only occur when a risk assessment has identified that it is necessary. All consumers, regardless of their status under the NSW Mental Health Act (2007) should be considered to have capacity to consent to a search and be given the opportunity to do so.

The extent of any search should be compatible with the likelihood and gravity of the possible harm and should be the **minimum necessary** to address the possible harm.

Staff must ensure the consumer's right to privacy, dignity, safety and confidentiality are preserved during the search. This can be achieved by the following:

- Do not undertake the search in a public place, except in case of emergency.
- Do not undertake the search in the presence of other consumers/visitors.

There are limited circumstances where SESLHD staff can legally conduct a search. It should be noted that a search should not be conducted simply because the legislation may allow for it – prior to **ANY** search a risk assessment must be conducted. The limited circumstances where a SESLHD staff can legally conduct a search relate to:

- A consumer scheduled under the *Mental Health Act 2007* (NSW);
- Conditions of entry and right to remain onsite under the *Inclosed Lands Protection Act 1901* (NSW);
- Where a consumer is unable to give consent but is searched as part of their immediate medical care and treatment.

[NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies \(Protecting People and Property\)](#) provides guidance in relation to searching consumers, visitors and their property and searching consumers under the *Mental Health Act 2007* (NSW).

- SESLHD recognises that the safety of staff, and visitors is paramount. Searching consumers may need to be carried out to maintain safety. SESLHD recognises that searches are intrusive and may impinge on the consumers right's and cause re-traumatisation.
- Recognition that coercive interventions cause trauma /re-traumatisation and every care should be taken to ensure that a search, where it cannot be avoided, does not become a traumatic experience for the consumer.

Therapeutic relationships are key in the management of safety. Robust, mutually respectful and trusting, participatory relationships between the consumer and the service provider will contribute to that person's successful management of their own safety.

Providing an environment that is safe for people and responsive to the impacts of trauma requires mutually respectful communication and approaches.

It is essential to note that only NSW Police can search a person who is not under arrest on "reasonable suspicion" and that Security Staff only have the same legal rights and powers to searching as any other SESLHD staff.

The decision to search a consumer is based on concerns that the consumer may have items on their person that could cause harm to others or themselves **and a formal risk assessment supports these concerns.**

Considerations should include where there has been a threat to the safety of staff, if a weapon has been seen by staff or if the consumer has informed staff that they have a

weapon on their person. Trauma Informed principles do not allow for a history of carrying weapons or illicit substances to automatically indicate that a search is required. If there are valid safety concerns, a risk assessment should always be conducted before any search is decided upon.

All staff who may be required to undertake searching of an individual must receive instruction on searching. Workers identified as appropriate (eg. emergency staff, mental health staff, health and security assistants (HASA), and security officers) will attend a training in-service on client safety and security searching.

The following guiding principles must be observed:

- Interventions undertaken in NSW Health facilities are to maximise a person's choices, rights and freedom as much as possible, while balancing healthcare needs and safety for all through proactive prevention.
- People must be treated with compassion, respect, dignity and kindness
- Employees are to comply with the NSW Health CORE Values (Collaboration, Openness, Respect and Empowerment)
- Positive relationships between the people who deliver services and the people they support must be protected, preserved and promoted at all times
- Consideration must be given to clients from different cultures and any issues that may arise due to religious or cultural beliefs
- Since searches are intrusive and may impinge upon consumers right's, every effort should be made to prevent or defuse situations in which searches may need to be considered.

SESLHD employees may only conduct searches of outer clothing and/or belongings. Any other form of searching including inner garments/underwear that the consumer is wearing, the consumer's mouth or other cavities (aka intimate searching) is not permitted by SESLHD employees and, if risk assessed as necessary, should be referred to NSW Police.

3. RESPONSIBILITIES

3.1 Employees will:

- Comply with Work Health and Safety (WHS) and Injury Management (IM) procedures.
- Ensure continuous assessment of their safety while undertaking a search procedure.
- Undertake searching of consumers and their property as directed.
- Clinical staff will ensure searching of consumers and their property is documented in the consumer's medical record.

3.2 Line Managers will:

- Implement and comply with Work Health and Safety (WHS) procedures.
- Identify appropriate staff for, and ensure they are educated in, searching consumers and their property.
- Ensure PPE (latex-free gloves and gowns) are available for staff conducting searches

- Clinical line managers (or their nominated delegate after-hours) will provide clinical direction and authorisation for staff to conduct a Consumer Safety and Security Search
- Line managers will escalate issues to the most senior site manager for resolution where a consumer refuses to be searched.
- Consumer debrief must be offered post search when the clinical team feel it is safe to consider.

3.3 Head of Security Services/ Service Managers will:

- Assist employees and managers to implement this procedure.
- Provide considered advice on dealing with incidents where a consumer refuses to be searched
- Maintain communication lines with external agencies who may be called to assist with implementation of this procedure e.g. NSW Police.

3.4 Medical staff will:

- Provide clinical direction and authorisation for staff to conduct a search of a Consumer.

3.5 Security Staff will:

- Comply with Work Health and Safety (WHS) and Injury Management (IM) procedures;
- Ensure continuous assessment of their safety and the safety of others while undertaking a search procedure;
- Undertake trauma informed searching as determined by a risk assessment and led by a clinician;
- Have the same legal rights and powers to searching as any other SESLHD staff.

4. PROCEDURE

Communicating effectively is the first step to ensuring all parties are aware of the safety standards SESLHD seeks to maintain in its inpatient settings. SESLHD is responsible for establishing a safe environment for staff, visitors and consumers in terms of managing dangerous and inappropriate items and the potential for searches.

Signage and/or information sheets stating that consenting to a search is a condition of entry to SESLHD facilities should be provided.

Staff should be mindful that this may be the consumer's first time needing to be searched. Each search should be explained to consumers as though the consumer has never been searched before.

If any items are removed, staff should clearly explain to the consumer how their items will be secured and that their items may be returned to them when they are discharged as an inpatient. There may be circumstances where items are not returned to the consumer due to their illegality i.e. firearms, illegal weapons. These items should be stored securely by Security and handed over to NSW Police. The consumer should be advised if an item is being confiscated and that NSW police have been advised. There needs to be

consideration and consultation between staff of the risk in confiscating any item. NOTE: If the consumer is legally allowed to be in possession of a weapon, then you may need to secure the weapon until it is signed over to the relevant authority.

4.1 Important Notes:

- 4.1.1 Searching of a child under 18 shall not occur. NSW Police intervention is recommended or next of kin contacted to conduct a search of a minor.
- 4.1.2 Internal cavity searches shall not be undertaken by SESLHD workers. Where there is a lawful direction, this assessment can be aided by radiography (plain x-ray).
- 4.1.3 All consumers must be presumed to have capacity to give informed consent to be searched unless it can be demonstrated by the treating medical officer that the person lacks capacity at the time the decision needs to be made, in line with the [NSW Health Consent to Medical and Healthcare Treatment Manual](#).
- 4.1.4 Where a risk assessment has identified that a search is required and the consumer does not consent to the search, the search must not occur unless there is a lawful reason such as a schedule under the *Mental Health Act 2007* (NSW), or capacity assessment has been conducted.
- 4.1.5 Consent can be withdrawn at any time during a search. If consent is withdrawn you MUST start the process of risk assessing the situation and the requirement to search again. You do not have the authority to continue a search without consent.

4.2 When to search

A search should only be considered when:

- Clinical staff have undertaken a clinical risk assessment.
- The risk assessment has identified a tangible risk to the consumer, staff, or other third party.
- Staff have a reasonable belief that a search of the consumer, their room or belongings may yield objects or substances that may cause significant harm.

Some of the risk factors clinical staff may consider when assessing the need to undertake a search include:

- risk of suicide or self-harm
- recent incident on the Ward/Unit
- history of trauma
- history of violence involving weapons
- history of bringing dangerous or inappropriate items onto the inpatient unit
- history of substance use
- forensic history, for example, arson
- suspicion of concealing a weapon or a dangerous item or substance
- risk of vulnerability leading to coercion or manipulation by another person to conceal a firearm, weapon, illicit drugs and the like.

There are some specific times when searches occur, and the guiding principles outlined in Appendix A.

4.2 Consent to search

An assessment of the person's capacity and ability to understand and communicate their consent to the search must be undertaken prior to carrying out a search.

- It must be presumed that all consumers have the capacity to give informed consent, unless it can be demonstrated that the person lacks capacity at the time the decision needs to be made.
- Consumers with a mental illness may lack the capacity to consent to necessary psychiatric treatment and meet criteria for involuntary treatment yet, they may still have the capacity to consent to a search of their person.
- Capacity should be considered on a case-by-case situation, depending on the consumer and the circumstances.
- Consent should be sought respectfully, and staff should disclose all aspects of the search including that the search is voluntary and that consent can be withdrawn at any time.

Consent must not be obtained by duress, threats, granting or withdrawal of favours, or through misleading or intimidating conduct.

4.3 Refusal to consent

All attempts must be made to negotiate cooperation and consent with the consumer, however if a risk assessment indicates a search is required and a consumer refuses the following should be considered:

4.3.1 Voluntary consumers who refuse to be searched and are suspected to be in possession of restricted items may be discharged from the SESLHD facility.

- This should only be considered after consultation with the treating medical officer, the treating team and delegated staff member.
- Any suggestion to discharge a consumer because of safety concerns would have to be weighed against duty of care considerations and is to be made by the treating Consultant.

4.3.2 Involuntary consumers under the *Mental Health Act 2007* (NSW)

- When consumers refuse to consent to a search, or are unable to consent/lack the capacity to consent – and a discharge from hospital or refusal of service is unreasonable – staff are authorised under the *Mental Health Act 2007* (NSW) to search a consumer, provided the reason for the search is related to the direct care and treatment of the consumer and to the prevention of harm to the consumer or others.
- This should only be considered after consultation with the treating psychiatrist the treating team and delegated staff member.
- Any search must be proportionate to the level of risk assessed.
- The consumer's family or carer should also be consulted to ensure that adequate support arrangements can be put in place should the consumer be discharged.

4.4 Power to Search

The power to search an individual, their bags or other property in their possession, is restricted to narrow circumstances under certain legislative provisions and the *Mental Health Act 2007* (NSW).

- Under the *Inclosed Lands Protection Act 1901* (NSW), conditions of entry can be established however the consent of the individual is required. It should be stated to the individual that consent is not mandatory.
- If a formal risk assessment has been conducted and a risk has been identified, under the *Mental Health Act 2007* (NSW) (involuntary consumer scheduled under Division 2), a search can be implemented without the consent of the consumer however every attempt should be made to engage the consumer in the search.

Circumstances where a consumer may be unconscious and not able to give consent, but the treating medical team have completed a risk assessment and it is determined a consumer may have toxins in their possession the Clinical team can decide to search for possible toxins in consumer's possession.

Where a voluntary consumer refuses to comply with a search of their person and/or property, the most senior clinician should complete a risk assessment and escalate to the most senior site or service manager for advice regarding the appropriate clinical strategy. In certain circumstances, discharge of the consumer may be considered appropriate.

Where a risk assessment has determined that a search of a person being held under Division 2 of the *Mental Health Act 2007* (NSW) (ie an involuntary consumer) is required, for the consumer's safety or the safety of others such a search led by a clinician following trauma informed principles can be conducted by NSW Health employees, including security personnel. All consumers, regardless of their status under the *Mental Health Act 2007* (NSW) should be considered to have capacity to consent to a search and be given the opportunity to do so.

4.5 Conducting a search once a risk assessment has been completed and a risk has been identified

A minimum of two staff are required to conduct any search and at least one staff member must be from the treating clinical team. The consumer should be asked to nominate the gender of the person conducting the search. The appropriateness of the nomination should also be taken into consideration in consultation with the consumer.

Staff must ensure the consumer's right to privacy, dignity, safety and confidentiality are preserved during the search.

If a search is to be undertaken, a least invasive search should be completed where appropriate, that still provides the appropriate level of safety of staff and others. Searching options outlined below should be followed through in stages, and the clothing search only occurring for known risks of weapons:

- Using trauma informed principles, the person conducting the search should request the consumer to empty their pockets and any bags in their possession under the supervision of the staff member
- Consumer assisted search of property (consumer removes property from bags, pockets etc)
- Involuntary property search under the *Mental Health Act 2007* (NSW) (conducted in front of consumer)
- Clothing search (Involuntary search of consumer) only under the direction of a lead clinician. Prior to conducting a clothing search all other attempts at therapeutic engagement should be taken.

The extent of any search should be congruent with the likelihood and gravity of the possible harm and should be the **minimum necessary** to address the possible harm.

4.6 Search principles

4.6.1 Privacy

Recognition that coercive interventions cause traumatisation/re-traumatisation and every care should be taken to ensure that a search, where it cannot be avoided, does not become a traumatic experience for the consumer. Staff must ensure the consumer's right to privacy, dignity, safety and confidentiality are preserved during the search. This can be achieved by the following:

- Do not undertake the search in a public place, except in case of emergency
- Do not undertake the search in the presence of other consumers
- Do not discuss the search outcomes with other consumers.

4.6.2 Gender Diversity

Staff must consider gender issues so that the needs of consumers can be fully met.

This can be achieved by considering the following:

- Gender issues should always be a consideration, even where the search is of the consumer's room or belongings
- If a search requires the consumer to remove items of clothing, or where there will be contact with their body, the consumer should be given the option of selecting the gender of the staff member to search the consumer.
- If the consumer requests staff of a different gender to themselves, one staff member of the requested gender should perform the search while a staff member of the same gender as the consumer observes in a chaperone capacity.

In the event that the consumer is not given the option to choose the gender of the clinician conducting the search, the reasons for this decision must be clearly documented within the Consumer's eMR.

4.6.3 Cultural and religious diversity including Aboriginal cultural safety

Staff must consider cultural and religious issues so that the needs of consumers can be fully met. This can be achieved by:

- Effectively communicating to all consumers and visitors the requirement to provide a safe environment on the inpatient unit
- Using on-site interpreters (or the telephone interpreter service), and information brochures in community languages, to facilitate effective communication with consumers and visitors from culturally and linguistically diverse communities.

4.7 Prohibited, potentially dangerous, inappropriate items

Dangerous and inappropriate items are objects or substances that are seen as unacceptable possessions for consumers receiving treatment and care from a SESLHD facility because they have the potential to place themselves, visitors and staff at risk of harm to self or others.

4.8 Implementation and reporting

Consumer searches are part of a clinical response, not a security response. Where consideration is given to conducting a search, this will be a planned, nurse-led initiative, with an experienced and senior nurse/delegated staff member with positive leadership skills, attitude and values to reduce the trauma and harm associated with searching, to be nominated as the lead searcher by the Nurse in Charge of the clinical area.

Standards and procedures for the different types of searches are outlined below. All consumer searches need to meet these standards and procedures.

- All searches must be documented in eMR and reviewed with multi-disciplinary team if contraband is found.
- Consideration for lodging IMS+
- Consumers must be offered a debriefing post search and discuss reasons for search
- Family/nominated carer may be notified, as required

Strip searches or cavity searches are not supported under any circumstances!

4.9 Search types

4.9.1 Search of a consumer's belongings and room

A search of room and belongings only. This search should only be conducted with the consumer present. If there is a clinical reason or safety issue that requires the search to be conducted without the consumer present, the rationale for this decision should be clearly documented in the consumer's eMR.

4.9.2 Non-contact Search of a Person

No direct physical contact at any point.

A search that may require items of clothing to be removed. Items include jacket, hats, shoes or outer layer garments. Search of pocket or emptying pockets.

Assisted metal detector searches.

4.9.3 Contact Search of a Person

Description: A pat-down search involving quick running of hands over the person's outer clothing or partial removal of clothing (beyond that described in non-contact search).

There are several types of consumer searches that can be considered as outlined in Appendix B.

Nursing staff should always seek the consumer's continual consent for a search and select the least intrusive search method.

4.10 Visitors to the SESLHD Facilities

As a hospital is a public place, there is an implied permission to come onto the premises for particular purposes at particular times. Permission to enter may be subject to particular conditions, and may be revoked if a visitor behaves inappropriately. People entering the facility must be made aware of the conditions of entry through clear and appropriate signage.

Clear and effective communication is required when considering searching a visitor's belongings prior to entry to a clinical area. Just as searching a consumer is an individualised process determined by risk assessment and with consideration of the therapeutic relationship; the same principles apply to searching visitors to the facility.

As an alternative to searching visitors, the facility may provide lockers and require belongs to be placed in the locker prior to the visit or ask the visitors to show workers anything they want to bring into a clinical area.

If a visitor chooses to bring their belongings onto the clinical area, and the risk assessment identifies the need to search these belongings, a search can occur with express consent of the visitor.

It is suggested that if staff believe there is a reason to search a visitor's bags, that they should not touch the contents but request that the visitor remove them for inspection.

If the visitor declines to consent to a search, and declines to store their belongings, the visitor can be refused entry to the clinical area and, if necessary, asked to leave the facility.

If a visitor's belongings are excluded from entry the visitor must be provided with a clear explanation of the reason for such exclusion, and a secure place (such as a locker or a safe) in which to store the visitor's belongings.

The SESLHD facility should clearly communicate this policy to consumers and visitors in order to maximise compliance.

4.11 Items found during a search

Any prohibited items found during a search should be removed and either returned to the consumer’s carer, stored as per local storage procedures or surrendered to NSW Police/facility security and appropriate documentation completed in the consumer’s medical record, including an IMS+ notification.

4.11.1 Management of weapons

Where a weapon is found, or handed over by a consumer as part of the search process the following is to occur:

- Where practicable, the consumer is to be given a receipt for their property
- The weapon is to be handed over to security to manage/secure the weapon in a safe for later collection by the consumer (where applicable), or surrendered to NSW Police
- Should the person have lawful rights to that weapon or implement and it is necessary to return it to them on their departure from the premises then the usual practices for managing consumer’s valuables must apply
- The consumer must be advised that they have a period to claim the weapon after which time it will be destroyed – timing to be confirmed at time of confiscation, not more than 72 hours after date of discharge
- Details of discovery and removal of weapon to be recorded on ims+
- Security Officers must fill out an incident report describing all details.

Where any of the following concerns occur NSW Police are to be notified by security and the weapon is to be kept in safe storage until further advice or collection by NSW Police:

- There is a suspicion or concern that the weapon may have been used in a crime
- The weapon or implement falls into the category of a prohibited weapon, as defined by the [Weapons Prohibition Act 1998 \(NSW\)](#)
- Carrying the weapon is against the law (e.g. consumer under the age of 18 with a knife), or
- The nature of the weapon or implement (large knives, screwdrivers, slide hammers, etc).

4.11.2 Management of suspected illicit substances (SIS)

In providing a safe environment for consumers, staff should be mindful that the focus of care should be directed toward providing a therapeutic rather than a custodial environment.

Under the *Mental Health Act 2007* (NSW), consumers being admitted to an inpatient Mental Health Unit will be required to comply with [SESLHDBR/031 - Illicit substance and/or alcohol and other drug use within inpatient Mental Health Service](#).

For consumers in other units and wards being admitted or provided treatment the following process should occur.

There is no provision in the *Drugs Misuse and Trafficking Act 1985* (NSW) nor in the *Poisons and Therapeutic Goods Act 1966* (NSW) that gives power to a hospital staff member to remove a suspected prohibited substance from a consumer.

Where a SIS or implement associated with the use of an SIS is found, the SESLHD facility has the right to refuse to allow SIS/SIS implement on to the facility grounds. Where SIS are handed over to hospital staff or removed as part of an agreed search, these are to be documented and handed to Security who will notify NSW Police and arrange for safe collection and disposal.

5. DOCUMENTATION

Medical record
Security Report

6. AUDIT

Ministry of Health Emergency Department Security Audit – a search procedure is in place
IMS+ monitoring – documentation of the search, including staff undertaking the search

7. REFERENCES

- *Work Health and Safety Act 2011* (NSW)
- *Mental Health Act 2007* (NSW)
- *Inclosed Lands Protection Act 1901* (NSW)
- *Security Industry Act 1997* (NSW)
- *Crimes Act 1900* (NSW)
- *Health Records and Information Privacy Act 2002* (NSW)
- *Privacy and Personal Information Protection Act 1998* (NSW)
- *Law Enforcement (Powers and Responsibilities) Act 2002* (NSW)
- [Weapons Prohibition Act 1998](#) (NSW)
- [Work Health and Safety Regulation 2017](#) (NSW)
- [Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies](#)
- [NSW Health Consent to Medical and Healthcare Treatment Manual](#)
- [NSW Ministry of Health Policy Directive PD2020_004 – Seclusion and Restraint in NSW Health Settings](#)
- [NSW Ministry of Health Policy Directive PD2022_023 - Risk Management - Enterprise-Wide Policy and Framework – NSW Health](#)
- [NSW Ministry of Health Policy Directive PD2020_047 - Incident Management](#)
- [NSW Ministry of Health Policy Directive PD2015_049 - Code of Conduct](#)
- [NSW Ministry of Health Policy Directive PD2023_034 - Open Disclosure Policy](#)
- [SESLHDBR/080 - Search to maintain safety in SESLHD Mental Health Inpatient Facilities](#)
- [SESLHDBR/031 - Illicit Substances and/or Alcohol and Other Drug Use within Inpatient Mental Health Service](#)
- [Prince of Wales / Sydney-Sydney Eye Hospitals and Health Services Clinical Business Rule – Suspected illicit substances and implements associated with their use](#)
- [NSQHS Second Edition: Standard 1 Clinical Governance – Safe Environment: 1.30 Unpredictable Behaviours, Strategies to Minimise Harm](#)

SESLHD PROCEDURE

Searching Consumers and their Property

SESLHDPR/597

- [Review of seclusion, restraint, and observation of consumers with a mental illness in NSW health facilities \(December, 2017\)](#)

8. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
8 November 2017	Draft	Peggy Pollock, Manager Health Safety and Wellbeing
21 November 2017	Draft	Peggy Pollock, Manager Health Safety and Wellbeing
February 2018	Draft	Processed by Executive Services prior to progression to SESLHD Executive Council.
March 2018	0	Approved by SESLHD Executive Council for publishing.
26 October 2023	1.0	Major review with input from Mental Health and Security. Approved at SESLHD Executive Meeting.

APPENDIX A – When to carry out a search

Time of search	Description and guiding principles
On admission	<p>Health services are entitled to determine what items can be brought onto the premises. SESLHD facilities are encouraged to communicate expectations in this area using signage; information brochures provided to new consumers and visitors; and when meeting with consumers and visitors.</p> <p>As part of the admission process, staff should routinely review (with the consumer) any possessions a consumer has brought into the facility. The nursing staff may ask the consumer to hand over any valuable items for safe keeping, and any dangerous or inappropriate items for safe keeping or disposal, as appropriate. All items removed should be documented in detail and stored as per facility guidelines.</p> <p>This review of possessions at admission can be a collaborative, non-threatening process that may render a formal search of possessions unnecessary.</p> <p>Consumers should not be subjected to a contact search of their person on admission unless there is a lawful reason to do so.</p>
On return from short leave or on return from overnight leave	<p>Where there is a significant risk of a consumer returning from leave with items not permitted in the facility, or items that present a risk to the safety of consumers, visitors and staff. Consideration should be given to making a 'search on return' part of the conditions of leave.</p>
Consumer to consumer exchange of possessions	<p>Effective communication is required between consumers, visitors and staff to ensure there is no consumer-to-consumer exchange of possessions or items considered to be dangerous for the receiving party.</p> <p>If staff become aware that such an exchange has occurred, the item will be returned to the original owner, if appropriate. If the exchange happens again, the item may need to be confiscated and returned to the original owner upon discharge.</p>
On transfer between units	<p>Consumers may need to be searched on transfer, for any prohibited or dangerous items, in order to ensure their personal safety and that of the new environment.</p> <p>They should be asked if they have any dangerous or inappropriate items in their possession. Where a search is indicated on the basis of assessed clinical risk, the consumer will be asked to consent to a search, consideration of engagement and observation level increase may be required if the consumer refuses.</p>
On entry into special care areas	<p>Consumers may need to be searched on entrance to special care areas to ensure no prohibited or dangerous items to ensure safety in the special care environment.</p>

APPENDIX B – How to search

General requirements prior to any search

There are several types of consumer searches that can be considered as outlined in table below.

Discussion and approval from delegated staff member with positive leadership skills, attitude and values to reduce the trauma and harm associated with searching, to be nominated as the lead searcher by the Nurse in Charge of the SESLHD Facility.

Nursing staff should always seek the consumer’s consent for a search and select the least intrusive search method.

Provide adequate explanation prior to any type of search and allow consumer to ask questions and to be involved in process.

All searches should be carried out by a minimum of two staff are required to conduct any search and at least one staff member must be from the treating clinical team. The consumer should be asked to nominate the gender of the person conducting the search. The appropriateness of the nomination should also be taken into consideration in consultation with the consumer.

Post search actions and requirements for all searches

Offer the consumer a debriefing immediately or when safe to do so.

Document the search in the eMR, clearly stating:

- the reasons for the search
- whether and how consumer consent was obtained
- staff involved in the search
- actions taken (description of the search)
- the outcomes of the search
- whether a debriefing was offered and accepted
- arrangements for storing or disposing of any objects or substances found

Any prohibited items found during a search should be removed and either returned to the consumer’s carer, stored as per local storage procedures or surrendered to NSW Police/facility security, with appropriate documentation completed in the consumer’s medical record, including an Incident Management System (IMS+) notification.

Type	Description
Search of room or belongings	<ul style="list-style-type: none"> • Remember that this type of search must not involve any bodily contact with the consumer • The safety of staff conducting the search is of utmost importance • Consider the need to wear appropriate protective clothing (for example gloves). The consumer may also request that gloves be worn for the purpose of searching, in this case the clinician should ensure gloves are worn. • When searching belongings, ask the consumer to empty containers

SESLHD PROCEDURE

Searching Consumers and their Property

SESLHDPR/597

	<p>(such as pockets bags or backpacks) and ask them to disclose any dangerous or inappropriate items</p> <ul style="list-style-type: none"> • Never put your hands in blindly to areas that you cannot see or cannot see into. For example, bags, pockets or the sides of couches • Remove any dangerous or inappropriate items and either dispose of them or store them appropriately in accordance with local policies • On completion of a room search, assist the consumer to reorganise their room
Non-contact search of person	<ul style="list-style-type: none"> • Consider the need for protective clothing for example gloves. The consumer may also request that gloves be worn for the purpose of searching, in this case the clinician should ensure gloves are worn. • Explain the search process to the consumer and ask them to disclose any dangerous or inappropriate items • Take the consumer to a private area and check the consumer's person using a handheld metal detector or similar non-invasive screening device near the person • Remove any items that may pose a risk of safety to the consumer or others.
Pat down search of person	<ul style="list-style-type: none"> • Identify two suitably experienced clinical staff to conduct the search; these should be the same gender as the consumer unless the consumer requests otherwise – see "Search Principles" above • Consider the need to wear appropriate protective clothing (for example, gloves). The consumer may also request that gloves be worn for the purpose of searching, in this case the clinician should ensure gloves are worn. • Advise the consumer that the search can be undertaken in the presence of a person nominated by the consumer if they wish. • Explain the pat-down search process to the consumer and ask them to disclose any dangerous or inappropriate items. • Take the consumer to a private area and, in the presence of two staff, conduct a pat down of pocket areas and any areas that could be used for concealing items. • Remove any items that may pose a risk of safety to the consumer or others.
Partial removal of clothing from person	<p>NOTE: This is not a strip search. Even so, a partial removal of clothing search without consent can trespass upon the rights of consumers and therefore must only be considered in circumstances where there is a clear and present risk of serious harm to the consumer, staff or visitors, and reason to believe items may be concealed on the consumer's person.</p> <p>Alternatives to this search must be considered:</p> <ul style="list-style-type: none"> • It is not appropriate to conduct a removal of clothing search in response to a suspicion of theft or concealment of stolen property. Alternative interventions should be considered, which may involve NSW Police. • An increase in clinical observation must be considered first and unless there is a serious and imminent risk of harm to the consumer or another person, re-assess whether it is appropriate to conduct a search involving the partial removal of clothing and, if it is deemed to be so, provide the consumer with an opportunity to reconsider

giving consent.

If search needs to proceed:

- It should be conducted by two suitably experienced clinical staff members; these should be the same gender as the consumer unless the consumer requests otherwise – see “Search Principles” above.
- Consider the need to wear appropriate protective clothing (for example, gloves). The consumer may also request that gloves be worn for the purpose of searching, in this case the clinician should ensure gloves are worn.
- Advise the consumer that the search can be undertaken in the presence of a person nominated by the consumer if they wish.
- Explain the search process to the consumer and ask them to disclose any dangerous or inappropriate items.
- Take the consumer to a private area and ask them to remove their jacket or other outer garments. At no point should the consumer be asked to remove base layer clothing in the presence of staff.
- In certain circumstances it may be necessary to ask the consumer to change into a hospital gown so that their clothing can be searched. In this situation the consumer should be given privacy
- Remove any items that may pose a risk of safety to the consumer or others.
- A partial removal of clothing search must be recorded as an incident in the IMS+ system

Note:

If the consumer is a minor, a parent/carer should be asked to be present at the search and if this is not possible consideration should be given to postponing the search until the parent/carer is able to be present, if this can be arranged at short notice.