

## MENTAL HEALTH SERVICES BUSINESS RULE SESLHDBR/080

<b>Name</b>	Search to maintain safety in SESLHD Mental Health Inpatient facilities		
<b>What it is</b>	A business rule that outlines the operational requirements for searching consumers and visitors entering SESLHD mental health inpatient facilities.		
<b>Risk Rating</b>	Medium	<b>Review Date</b>	January 2029
<b>What it is not</b>	A substitution for risk assessment and Safe Work Practice.		
<b>Who it applies to</b>	All mental health staff in inpatient facilities within SESLHD.		
<b>When to use it</b>	Applicable to all inpatients on admission, or returning from leave, and all consumer visitors on each visit.		
<b>Introduction</b>	<ul style="list-style-type: none"> <li>• The safety of consumers, visitors and staff of mental health services 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.</li> <li>• The service 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.</li> <li>• The Mental Health Service 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.</li> <li>• Therapeutic relationships are key in the management of safety. Robust, mutually respectful and trusting, participatory relationships between the person with mental health concerns and the service provider will contribute to that person's successful management of their own safety.</li> <li>• Providing an environment that is safe for people and responsive to the impacts of trauma requires mutually respectful communication and approaches.</li> </ul>		
<b>Responsibilities in communication</b>	<ul style="list-style-type: none"> <li>• Communicating effectively is the first step to ensuring all parties are aware of the safety standards the health service seeks to maintain in its inpatient settings. This includes careful use of language and tone of voice.</li> <li>• Whenever feasible, translations of the prohibited items list into commonly used languages should be available and provided.</li> <li>• The Mental Health Service 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.</li> <li>• Easy to understand signage and/or information sheets stating that consenting to a search is a condition of entry to the unit should be provided and made available in a language or format that best meets the consumer's needs (e.g. large text for vision impaired persons).</li> <li>• Staff should be mindful that this may be the consumer's first time needing to be searched. Each search should be explained to</li> </ul>		

	<p>consumers as though the consumer has never been searched before.</p> <ul style="list-style-type: none"> <li>• Explain to the consumer how the search will be conducted. Ask the consumer if there is anything they should know prior to the search being conducted.</li> <li>• If any items are removed, staff should clearly explain to the consumer how their items will be secured and that their items will be returned to them when they are discharged from the Inpatient Unit. The consumer should be given the option to use their phone to photograph any items being removed for their own records.</li> </ul>
<b>Consent</b>	<p>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.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Capacity should be considered on a case by case situation, depending on the consumer and the circumstances.</li> <li>• Consent should be sought respectfully, and staff should disclose all aspects of the search including that the search is voluntary and that <u>consent can be withdrawn at any time</u>.</li> <li>• Consent must not be obtained by duress, threats, granting or withdrawal of favours, or through misleading or intimidating conduct. (such as suggesting the consumer's leave entitlement may be impacted if they do not consent to a search)</li> </ul>
<b>Refusal to consent</b>	<p>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:</p> <p><b>Voluntary consumers</b> who refuse to be searched and are suspected to be in possession of restricted items may be discharged from the unit.</p> <ul style="list-style-type: none"> <li>• This should only be considered after consultation with the treating psychiatrist, the treating team and delegated staff member.</li> <li>• 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 consultant psychiatrist.</li> <li>• Consideration should be given as to whether to discharge the consumer or deny them access to the unit if they have capacity to consent but refuse to do so.</li> </ul> <p><b>Involuntary consumers</b></p> <ul style="list-style-type: none"> <li>• 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 NSW Mental Health Act (2007) 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.</li> <li>• This should only be considered after consultation with the treating team and in charge staff member. Any search including the</li> </ul>

	<p>number of staff must be proportionate to the level of risk assessed and involve as few staff as safe to do so.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>
<p><b>Search principles</b></p>	<p><b>Privacy</b> 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:</p> <ul style="list-style-type: none"> <li>Do not undertake the search in a public place, except in case of emergency</li> <li>Do not undertake the search in the presence of other consumers</li> <li>Do not discuss the search outcomes with other consumers.</li> </ul> <p><b>Gender Diversity</b> Staff must consider gender issues so that the needs of consumers can be fully met. This can be achieved by considering the following:</p> <ul style="list-style-type: none"> <li>Gender issues should always be a consideration, even where the search is of the consumer's room or belongings</li> <li>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. <ul style="list-style-type: none"> <li>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.</li> </ul> </li> </ul> <p><b>Cultural and religious diversity including Aboriginal sensitivity</b> Staff must consider cultural and religious issues so that the needs of consumers can be fully met. This can be achieved by:</p> <ul style="list-style-type: none"> <li>Effectively communicating to all consumers and visitors the requirement to provide a safe environment on the inpatient unit</li> <li>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.</li> </ul>
<p><b>Prohibited, potentially dangerous, inappropriate items</b></p>	<p>Dangerous and inappropriate items are objects or substances that are seen as unacceptable possessions for consumers receiving treatment and care from a public mental health service because they have the potential to place themselves, visitors and staff at risk of harm to self or others.</p> <p>The <i>SESLHD MHS Prohibited Items List</i> must be clearly displayed at the entrance to each unit. This list will be reviewed annually and is the minimum standard for prohibited items across the District and must be complied with.</p>

	<p>Additionally, if the unit acuity requires it, each inpatient facility may develop, and display at the entrance, a further list of dangerous and inappropriate items which cannot be brought onto the unit (in addition to the SESLHD MHS Prohibited Items List). This list is to be appropriate to the care setting, approved by the local Clinical Governance Committee, and reviewed annually.</p>
<p><b>Implementation and reporting</b></p>	<p>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 Mental Health Inpatient Unit.</p> <p>Standards and procedures for the different types of searches are outlined below. All consumer searches need to meet these standards and procedures.</p> <p><b>All searches must be documented in eMR.</b>  <b>Consideration for lodging IMS+</b>  <b>Consumers must be offered a debriefing post search and discuss reasons for search</b>  <b>Family/nominated carer may be notified, as required</b></p> <p><b>Strip searches or cavity searches are not supported under any circumstances</b></p> <p><b>Search types</b>  <b>Search of a consumer’s belongings and room</b>  A search of room and belongings only. This search should only be conducted with the consumer present. The consumers belongings should be left as neat as possible. If there is a clinical reason or safety issue that requires the search to be conducted without the consumer present, the rational for this decision should be clearly documented in the consumer’s eMR.</p> <p><b>Non-contact Search of a Person</b>  No direct physical contact at any point.  A search that may require items of clothing to be removed. Items include jacket, hats, shoes or out layer garments. Search of pocket or emptying pockets.  Assisted metal detector searches.</p> <p><b>Contact Search of a Person</b>  <u>Description:</u> 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 C.  Nursing staff should always seek the consumer’s consent for a search and select the least intrusive search method.</p>
<p><b>When to search</b></p>	<p><b>A search should only be considered when:</b></p> <ul style="list-style-type: none"> <li>• Clinical staff have undertaken a clinical risk assessment.</li> <li>• The risk assessment has identified a tangible risk to the consumer, staff, or other third party.</li> </ul>

	<ul style="list-style-type: none"> <li>• 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.</li> </ul> <p>Some of the risk factors clinical staff may consider when assessing the need to undertake a search include:</p> <ul style="list-style-type: none"> <li>• risk of suicide or self-harm</li> <li>• recent incident on the Unit</li> <li>• history of trauma</li> <li>• history of violence involving weapons</li> <li>• history of bringing dangerous or inappropriate items onto the inpatient unit</li> <li>• history of substance use</li> <li>• forensic history, for example, arson</li> <li>• suspicion of concealing a weapon or a dangerous item or substance</li> <li>• risk of vulnerability leading to coercion or manipulation by another person to conceal a firearm, weapon, illicit drugs and the like.</li> </ul> <p>There are some specific times when searches occur and the guiding principles outlined in Appendix B apply.</p>
<b>Visitors to the Unit</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Clear and effective communication is required when considering searching a visitor's belongings prior to entry to an inpatient unit. 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 unit.</li> <li>• If a visitor chooses to bring their belongings onto the inpatient unit, and the risk assessment identifies the need to search these belongings, a search can occur with express consent of the visitor. If a visitor refuses to consent to an inspection of their belongings, they should be offered a secure place (such as a locker or a safe) in which to store their belongings.</li> <li>• 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.</li> <li>• If the visitor declines to consent to a search, and declines to store their belongings, the visitor can be refused entry to the inpatient unit 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.</li> <li>• The service should clearly communicate this policy to consumers and visitors in order to maximise compliance.</li> </ul>
<b>Items found during a search</b>	<p>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 as per <a href="#">SESLHDBR/031 Illicit</a></p>

	<a href="#">Substances and/or Alcohol and Other Drugs Use within Inpatient Mental Health Services.</a>
<b>Why the rule is necessary</b>	This business rule is necessary to standardise and articulate responsibilities of all staff providing support to consumers of SESLHD MHS. To ensure compliance with the NSW Mental Health Act (2007).
<b>Who is responsible</b>	The business rule applies to all SESLHD staff who interact with consumers and are required to ensure the safety of consumers, visitors, and staff within inpatient mental health facilities. All Inpatient Service Managers are responsible for implementation of the business rule. All mental health staff are responsible to comply.
<b>Ministry of Health / SESLHD reference</b>	<ul style="list-style-type: none"> <li>• <a href="#">NSW Mental Health Act (2007)</a></li> <li>• <a href="#">NSQHS Second Edition: Standard 1 Clinical Governance – Safe Environment: 1.30 Unpredictable Behaviours, Strategies to Minimise Harm</a></li> <li>• <a href="#">National Standards for Mental Health Services 2010</a></li> <li>• <a href="#">Protecting People and Property – NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies (March 2022)</a></li> <li>• <a href="#">NSW Health Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities</a></li> <li>• <a href="#">Mental Health Safety and Quality in NSW: A plan to implement recommendations of the Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities</a></li> <li>• <a href="#">SESLHDBR/031 Illicit Substances and/or Alcohol and Other Drugs Use within Inpatient Mental Health Services</a></li> </ul>
<b>Functional Group</b>	Mental Health
<b>Executive Sponsor</b>	Clinical Director, Mental Health Service
<b>Author</b>	Mental Health District Education

## Revision and Approval History

Date	Revision Number	Author and Approval
January 2014	4	Review of former 'Searching Patients in Mental Health Inpatient Facilities' Business Rule No 006_12 and aligning with SESLHD Policy Officer requirements for District Procedures.
June 2014	0	Endorsed by members of MHS District Document Development and Control Committee (DDDCC).
July 2014	0	Endorsed by MHS Clinical Council
March 2017	0	Reviewed SESLHDPR/367 'Searching Patients in Mental Health Inpatient Facilities' Procedure SESLHDPR/367. Updated Document Type from Procedure to Business Rule 006_12.
June 2017	0	Updated the management of prohibited items section. Consulted with Site Clinical Operation Managers. Endorsed by MHS DDDCC
July 2017	0	Endorsed by District MHS Clinical Council.
August 2017	0	Formatting reviewed by Executive Services.
January 2018	1	Reviewed by SESLHD MHS policy officer and updated by Clinical Nurse Manager; included section on 'Prior to and/or during the implementation of seclusion'.
February 2018	1	Endorsed by DDDCC with minor amendments. Endorsed by MHS Clinical Council with no amendments. Document to replace SESLHDBR/021 Seclusion Safety Search.
April 2018	1	Processed by Executive Services prior to publishing.
May 2019	2.1	Minor amendment made to wording by TSH COM & CNC 3
April 2021	3	For review by Sue Garcia
May 2021	3	EOI sent out for Consumers to review. Prohibited items list also being reviewed to standardise across the MHS
June/July 2021	3	Consumer feedback received and incorporated. Document review placed on hold due to COVID Operational Priorities. Standards updated to Second Edition.
December 2021	3.1	Further consumer feedback conducted.
January 2022	3.2	Reviewed by the Project Manager Zero Suicides in Care – no additional feedback. Sent to DDCC for review and feedback. Endorsed DDCC for progression to publication.
February 2022	3.2	Endorsed Executive Sponsor.
13 January 2026	4.0	Routine review commenced. EOI for consumer consultation issued. (01/25). Incorporates consumer feedback. Sent to DDCC for review and feedback. (10/25). Incorporated DDCC feedback. Sent to Clinical Council for endorsement. (11/25). Prohibited items list endorsed by PSQMs and added to BR and SPO. Local Prohibited items lists made obsolete.

# Prohibited Items

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### SESLHD Mental Health Service

- Alcohol, Illicit drugs or drug paraphernalia
- Aluminium cans
- Any item of equipment or clothing creating an asphyxiation risk e.g. mobile phone chargers, electric shavers, belts/drawstrings, scarves, pantyhose/stockings, shoelaces (this includes clothing items with short cords), cables
- Cigarettes, vapes or tobacco products
- Ignition sources e.g. lighters, matches, lighter fluid, gas, aerosol cans
- Flammable liquids of any kind e.g. nail polish remover, lighter fluid
- Glass containers e.g. bottles, vases, perfume, mirrors, drink bottles, cans, perfume bottles
- Medications, prescriptions and medical equipment e.g. insulin pumps, lancets syringes. Herbal prescribed or over the counter supplements
- Plastic bags and packaging
- Ropes
- Sharp items e.g. knives, tweezers, scissors, nail clippers, nail files, knitting needles, razors, razor blades
- Steel cap boots
- Weapons e.g. knives, tools, firearms
- Any other object that staff assess, on screening, to be a potential risk to safety. E.g. Musical instruments, large pieces of personal equipment

Patients will be screened, both on admission and on return from any period of leave.

Visitors will also be screened and are requested to place any belongings they wish to exclude from screening into the lockers provided in the Reception Area prior to entering, retaining the locker key whilst visiting. This includes mobile telephones.

Any items not placed in the locker will be screened by staff. Items intended to be given to patients (e.g. clothes, toiletries, food), should be specifically noted to staff on entry for risk assessment and screening purposes. These restrictions are in place to ensure a safe environment for all patients, staff and visitors. Safety is our priority, and as a result no exceptions can be made. We apologise for any inconvenience this may cause. Compliance with this screening process is a non-negotiable condition of entry, and your understanding and co-operation will be appreciated.

## APPENDIX B – 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. Mental health inpatient services 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 unit. 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 unit 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 on the unit, 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 objects 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 the seclusion room	<p>Consumers may need to be searched on entrance to the seclusion room to ensure no prohibited or dangerous items to ensure safety in the seclusion environment. Engagement and observation level 1 is required for all consumers in a seclusion room.</p>

## APPENDIX C – 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 Mental Health Inpatient Unit.

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 clinical staff members, with at least one staff member of the same gender as 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"><li>• Remember that this type of search must not involve any bodily contact with the consumer</li><li>• The safety of staff conducting the search is of utmost importance</li><li>• 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.</li><li>• When searching belongings, ask the consumer to empty containers (such as pockets bags or backpacks) and ask them to disclose any dangerous or inappropriate items</li><li>• 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</li><li>• Remove any dangerous or inappropriate items and either dispose of them or store them appropriately in accordance with local policies</li><li>• On completion of a room search, assist the consumer to reorganise their room</li></ul>

<p>Non-contact search of person</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Explain the search process to the consumer and ask them to disclose any dangerous or inappropriate items</li> <li>• 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</li> <li>• Remove any items that may pose a risk of safety to the consumer or others.</li> </ul>
<p>Pat down search of person</p>	<ul style="list-style-type: none"> <li>• 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</li> <li>• 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.</li> <li>• Advise the consumer that the search can be undertaken in the presence of a person nominated by the consumer if they wish.</li> <li>• Explain the pat-down search process to the consumer and ask them to disclose any dangerous or inappropriate items.</li> <li>• 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.</li> <li>• Remove any items that may pose a risk of safety to the consumer or others.</li> </ul>
<p>Partial removal of clothing from person</p>	<p><b>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.</b></p> <p><b>Alternatives to this search must be considered:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>If search needs to proceed:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Advise the consumer that the search can be undertaken in the presence of a person nominated by the consumer if they wish.</li> </ul>

- 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.