

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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KEY TERMS	Search, physical search, safety, client and patient, voluntary, crush method, secreted objects
SUMMARY	When required and authorised, the Client and Patient Safety and Security Search 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 client safety and security searches by removing articles from persons that may cause harm.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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Client and Patient Safety and Security Searching

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1. POLICY STATEMENT

To ensure that when required and authorised, Client and Patient Safety and Security Searching is conducted according to Ministry of Health Policy and NSW legislative requirements to ensure the safety of the workers and the safety, wellbeing and dignity of the clients during safety & security searches.

2. BACKGROUND

This procedure is applicable to SESLHD hospitals where inpatients are admitted, and/or there is an Emergency Department on site, and/or there are onsite community services.

This procedure has been developed to support Action 31 of the NSW Health Emergency Department Security Audit Implementation Plan (2017). 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, Drug and Alcohol staff, Health and Security Assistants, and Security Officers) will attend a training in-service on client safety and security searching.

The guiding principles in [NSW Ministry of Health Policy - PD2015_004 Principles for Safe Management of Disturbed and /or Aggressive Behaviour and the Use of Restraint](#) must be observed:

- Positive and proactive care is the main approach to client care.
- People must be treated with compassion, respect, dignity and kindness.
- Employees are to comply with the NSW CORE (Collaboration, Openness, Respect and Empowerment) values.
- 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 the issues in relation to religious or cultural beliefs.
- Since searches are intrusive and may impinge upon patients' rights, every effort should be made to prevent or defuse situations in which searches may need to be considered.

Definitions:

Search - to look into, or over, carefully or thoroughly in an effort to find or discover something, to examine for articles concealed on the person

Frisk Search - a search of a person conducted by quickly running the hands over the person's outer clothing or by passing an electronic metal detection device over or in close proximity to the person's outer clothing. An examination of anything worn or carried by the person that is conveniently and voluntarily removed by the person, including an examination conducted by passing an electronic metal detection device over or in close proximity to that thing.

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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 Client and Patient Safety and Security Searching as trained and directed
- Clinical staff will ensure Client and Patient Safety and Security Searching is documented in the client or patient medical record
- Security Officers and Health and Security Assistants will maintain client and worker safety in all circumstances while a search is underway.

3.2 Line Managers will:

- Implement and comply with Work Health and Safety (WHS) and Injury Management (IM) procedures
- Identify appropriate staff for, and ensure they are trained in Client and Patient Safety and Security Searching
- Ensure PPE (puncture-resistant nitrile gloves, latex-free gloves and gowns) are available for staff conducting searches
- Ensure appropriate documentation in the client or patient file regarding Client and Patient Safety and Security Searching
- Clinical line managers will provide clinical direction and authorisation for staff to conduct a Client and Patient Safety and Security Search
- Line managers will escalate issues to the most senior site manager for resolution where a client or patient refuses to be searched.

3.3 District Managers/ Service Managers will:

- Assist employees and managers to implement the Client and Patient Safety and Security Searching procedure
- Provide considered advice on dealing with incidents where a client or patient 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 Force.

3.4 Senior clinical staff will:

- Provide clinical direction and authorisation for staff to conduct a Client and Patient Safety and Security Search.

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4.1 Important Notes:

- 4.1.1** Searching of a child under 18 will not occur. Police intervention is recommended or next of kin contacted to conduct a search of a minor.
- 4.1.2** Internal cavity searches are not covered under this procedure. Cavity searches will not be undertaken by LHD workers, where there is a reasonable suspicion that a cavity search is required, it will be the responsibility of the clinical team to organise.

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- 4.1.3** All patients must be presumed to have capacity to give informed consent unless it can be demonstrated that the person lacks capacity at the time the decision needs to be made.
- 4.1.4** Where the patient does not consent to a search, the search must not occur unless there is a lawful reason.

4.2 Maintain a Safe Environment

Security officers and Health and Security Assistants will maintain client and worker safety in all circumstances while a search is underway.

4.3 Power to Search

- 4.3.1** The power to search an individual, their bags or other property in their possession, is restricted to narrow circumstances under criminal law and the Mental Health Act.
- Under criminal law (voluntary patient), the consent of the individual is required. It should be stated to the individual that consent is not mandatory
 - Under the Mental Health Act (involuntary patient scheduled under Division 2), no consent is required
- 4.3.2** Employees must not attempt to search a person without their consent, except in the limited circumstances outlined for clients that have been scheduled under Division 2 of the Mental Health Act 2007.
- 4.3.3** Where an authorised medical officer under the Mental Health Act has determined that a search of a person being held under Division 2 of the Mental Health Act (i.e. an involuntary patient) is necessary for their safety or the safety of others such a search can be conducted by NSW Health employees, including security personnel. Refer to [SESLHDBR/080 Search to maintain safety in SESLHD Mental Health Inpatient facilities](#).
- 4.3.4** Where employees (clinicians and/or Security staff) determine it is not safe to conduct a search of a person being held under Division 2 of the Mental Health Act, the Police are to be called to conduct the search.
- 4.3.5** Where a voluntary patient who refuses to comply with a search of their person and/or property, the most senior clinician will escalate to the most senior site or service manager for advice regarding the appropriate clinical strategy.

4.4 Commencing the search

- 4.4.1** Ensure the search has been authorised by a senior clinician or consent is given and NOT coerced.
- 4.4.2** Ensure search authorisation and details are entered into client/patients' notes:
- Reason for the search
 - Authorising person
 - Employee/s conducting the search

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- Witnesses to the search.

- 4.4.3** Search must be gender specific e.g. **Male search Male and Female search Female**. Where the client identifies as transgender, the client can choose who conducts the search.
- 4.4.4** The client is to be advised of the requirements and reasons for the search to be undertaken as per the Open Disclosure policy. The client should also be advised of the Facility processes for dealing with suspected illicit or unidentified substances or potential weapons.
- 4.4.5** The client search must be undertaken with consideration to client privacy, dignity and respect (away from public view) and with view to maintaining a therapeutic non-judgemental relationship with the Health service.
- 4.4.6** Ensure there is bench top or bed within reach for client's belongings. Ensure there is sufficient room to conduct the search safely and there are no trip hazards (clear the area).
- 4.4.7** Always use appropriate personal protective equipment, latex free gloves, puncture/slash resistant gloves (must be readily available and may require additional rubber gloving underneath), safety goggles, and gown (protection against bodily fluids, etc.).

4.5 Commence with verbal search instructions:

- 4.5.1** Ask the client if they are carrying any weapons or other items that may harm themselves or others and ask them to turn out their pockets.
- 4.5.2** Remove any cigarettes, lighters and/or matches.
- 4.5.3** Ask the client to remove any hats, hoodies, scarves, hair bands, necklaces, jewellery, belts etc.
- 4.5.4** Ask the client to remove their shoes and socks.
- 4.5.6** Any search must be conducted as quickly as is reasonably practicable.

4.6 Maintain control of the person during physical search

- 4.6.1** Instruct the client to:
- Place their chest against the wall. (For control purpose only, not pinning the client to the wall)
 - Arms stretched out at shoulder height.
 - Backs of hands against the wall.
 - Legs spread shoulder width apart.
- 4.6.2** The person conducting the search should then place their free arm/hand on the clients back (for control purpose only).

4.7 General principles in conducting a search

- 4.7.1** Use the "crush" method to establish the presence of any objects. Do not just "pat".

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- 4.7.2 Maintain communication with the client even if it is one way with you issuing all the instructions.
- 4.7.3 Do not place your hands where your eyes can't see - for example, do not put your hands into someone's pocket or handbag if you do not have a clear line of sight.
- 4.7.4 Do not become complacent when searching, stay alert and expect the unexpected.
- 4.7.5 Always maintain a good position e.g. bladed body stance - standing at 45° to your client with one foot forward and one foot back (well balanced) to reduce your body mass, to protect your core and allow for quick retreat.

4.8 Search sequence

Any search is to be systematic and have a methodology, with a definite starting and finishing point. The search is initially conducted from the rear of the client.

If available, a metal detector (wand) may be utilised prior to the physical search.

- 4.8.1 Commence the search at the clients head and hair. "Crush" their hair in the hand to establish the presence of any objects. A metal detector may be required if person being searched has dreadlocks or matted hair. Care must be taken when using this method that hair is not pulled or the client feels they are being "roughed up".
- 4.8.2 Move to their collar. (It is common for razor blades and other objects to be secreted under a collar)
- 4.8.3 Neck (checking collar and full length of hair if long)
- 4.8.4 Shoulders
- 4.8.5 Left arm, including underarm and between fingers
- 4.8.6 Right arm, including underarm and between fingers
- 4.8.7 Torso - check in body folds
- 4.8.8 Right leg, including foot and between toes
- 4.8.9 Left leg, including foot and between toes
- 4.8.10 Mouth - a search of the inside of the mouth can be undertaken by:
 - Asking the client to open their mouth
 - Getting the client to lift up their tongue
 - Pull bottom lip down
 - Lift top lip up, as well as exposing the roof of the mouth
- 4.8.11 Back:
 - Form a "knife edge" hand formation - by straightening out all the fingers and thumb on either of hand and then to utilising the part of the hand that runs from the little finger to the wrist (the knife edge) of the hand
 - Quarter the clients back
 - Search the client's entire back

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4.8.12 Chest and Abdomen - standing behind the client, using the “knife edge”, search their chest and abdomen area.

4.8.13 Waist area

4.8.14 Buttocks area, using the “knife edge” method

4.8.15 Front of legs and feet, using the “crush” method, including the arches

Note: These techniques can also be used with the client laying down on the bed or the floor. When using this technique ensure guidelines to prevent positional asphyxia are observed e.g. client may be placed on their back, apply no pressure to back, head and neck.

4.9 Finding a secreted object

4.9.1 Do not remove the object yourself.

4.9.2 Ask the client to remove object with one hand whilst maintaining the searching position or adjust clothing to identify object and remove.

4.9.3 Place object on bench and move away from person being searched for closer inspection if required.

4.10 Suspected illicit or unidentified substances

Where the client has been identified as having possession of or using suspected illicit or unidentified substances, local processes should be followed. Refer to:

Mental Health - [SESLHDBR/031 Illicit substance and/or alcohol and other drug use within inpatient Mental Health Service](#)

Prince of Wales/Sydney-Sydney Eye Hospital [Clinical Business Rule – Suspected illicit substances and implements associated with their use](#)

4.11 Potential or suspected weapon/s

Where the client has been identified as having possession of a suspected weapon, Security staff are to follow local processes.

4.12 Immediately after the search or as soon as practicable

The person conducting the search is to offer the client an informal debrief session, and confirm what is going to occur with the patient’s property (if removed/confiscated). Details of any legitimate personal property found are entered into the patient’s valuable book and stored appropriately.

5. DOCUMENTATION

Client/patient medical record

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6. AUDIT

Ministry of Health Emergency Department Security Audit – a search procedure and training are in place
IIMS monitoring – documentation of the search, including staff undertaking the search
My Health Learning – staff undertaking searches have been trained

7. REFERENCES

- [SESLHDBR/080 Search to maintain safety in SESLHD Mental Health Inpatient Facilities](#)
- [SESLHDBR/031 Illicit substance and/or alcohol and other drug use within inpatient Mental Health Service](#)
- [Clinical Business Rule – Suspected illicit substances and implements associated with their use](#)
- [Protecting People and Property – NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies](#)
- [NSW Ministry of Health Policy - PD2015_004 Principles for Safe Management of Disturbed and /or Aggressive Behaviour and the Use of Restraint](#)
- [NSW Ministry of Health Policy - PD2015_043 Risk Management - Enterprise-Wide Policy and Framework – NSW Health](#)
- [NSW Ministry of Health Policy - PD2014_004 Incident Management Policy](#)
- [NSW Ministry of Health Policy - PD2015_049 Code of Conduct](#)
- [Work Health and Safety Regulation 2017](#)
- NSW WHS Act 2011
- Mental Health Act 2007
- NSW Inclosed Lands Protection Act 1901
- NSW Security Industry Act 1997
- Crimes Act 1900
- Health Records and Information Privacy Act 2002 (NSW)
- Privacy and Personal Information Protection Act 1998 (NSW)
- Law Enforcement (Powers and Responsibilities) Act 2002
- Weapons Prohibition Act 1998

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
8 November 2017	Draft	Peggy Pollock, Manager Health Safety and Wellbeing
21 November 2017	Draft	Peggy Pollock, Manager Health Safety and Wellbeing
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March 2018	0	Approved by SESLHD Executive Council for publishing.