

# FORENSIC – SEARCH

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<b>Author/Lead Job Title</b>	Kirsty Colley Acting Health, Safety, and Security Lead
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**VALIDITY – All local SOPS should be accessed via the Trust intranet**

## CHANGE RECORD

Version	Date	Change details
	13/11/13	For review in January 2014 in order to describe agreed approach to using sniffer dogs.
	25/02/15	To clarify re CQC concerns
	1/9/16	To include information leaflet and revised MHA Code of Practice.
	13/10/16	Reviewed by Reducing Restriction Group (inc carers)
	5/9/17	Reviewed in line with new HFT Inpatient Search Policy
3.0	10.2.20	New SOP format, amendments to ward names
3.1	September 2021	Reviewed and corrected the date of next review to 3 years (confirmed by Paula Phillips' sign-off).
3.2	August 2024	Reviewed. Addition of section and appendix relating to metal detection technology and equipment. Approved at Security Committee (6 August 2024).

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## 1. INTRODUCTION

This procedure is intended to support the application of Trust Policy in the Forensic Mental Health & Learning Disabilities Service.

(Trust procedure for searches of patients and their belongings is available [here](#).)

The aim is to ensure that staff are aware of legal, policy and practical considerations when undertaking personal and / or environmental searches.

It is an integral aspect of forensic mental health care that security and safety are maintained in a secure environment. Consequently, the searching of patients, their belongings, environments and (occasionally) visitors will be undertaken by staff at the Humber Centre, Pine View, and South West Lodge.

The Humber Centre is a medium secure mental health unit. Pine View and South West Lodge are low secure units. All accommodate patients detained under the Mental Health Act and assessed to pose sufficient risk to warrant detention in conditions of either low or medium security. In line with the acknowledged risk profiles of this patient group, paragraph 8.31 of the Mental Health Act Code of Practice allows for the routine and random searching of patients, their accommodation, and their belongings. Indeed, it is the expectation of the commissioners of the service (NHS England) that such searches will be undertaken. The Best Practice Guidance: specifications for adult medium-secure services standard A43 recognises this practice and identifies contraband finds as evidence of good practice. It is with this rationale in mind that the application of 'blanket restrictions' (within the meaning of the Mental Health Act Code of Practice) is considered necessary and proportionate to maintain the safety of patients, staff, and visitors. There will be individual cases where such measures are reviewed in line with individual risk assessment.

This procedure will give guidance to staff concerning the effective and sensitive conducting of such searches, and is based on the following clear principles:

- the intention is to create and maintain a therapeutic environment in which treatment may take place and to ensure the security of the premises and the safety of patients, staff and the public
- the authority to conduct a search of a person or their property is controlled by law, and it is important that hospital staff are aware of whether they have legal authority to carry out any such search
- searching should be in line with required standards, proportionate to the identified risk and should involve the minimum possible intrusion into the individual's privacy, and
- all searches will be undertaken with due regard to and respect for the person's dignity and privacy.

Forensic services in Humber NHS Foundation Trust are underpinned by the Clarity clinical model. Clarity is a trauma-informed clinical care approach. Many service users have experienced trauma in their lives, and the team recognise that a trauma-informed way of working benefits all, even if they have not experienced specific trauma. At its core, trauma-informed working involves understanding that people's life experiences impact on them in their current life and provides ways to support people with potential negative impacts of this. The model is underpinned by the five core-principles of trauma-informed care: Safety, Trustworthiness, Choice, Collaboration, and Empowerment.

**Care Quality Commission (CQC)** – from April 2015 the Care Quality Commission (CQC) guidance Essential Standards of Quality and Safety and the 28 'outcomes' that it contained was replaced in its entirety by the 'Raising Standards putting people First' Strategy 2013-2016 which asked five key questions (Key lines of enquiry known as KLOEs):-

- Are we SAFE
- Are we CARING

- Are we EFFECTIVE
- Are we WELL LED
- Are we RESPONSIVE to individual's needs.

In 2021 a new strategy 'For the changing world of health and social care' was published using four themes (People and communities, Smarter regulations, Safety through learning, accelerating improvement) with 12 outcomes, but the five key questions (Safe, Caring, Effective, Well Led and Responsive) are still central to the way the CQC regulates services

## 2. SCOPE

This procedure applies to all staff working in the service who undertake (or are otherwise involved in) personal and environmental search as part of their practice.

## 3. DUTIES AND RESPONSIBILITIES

This procedure will be reviewed at the Security meeting. All staff will be made aware of it during search training and will practice in accordance with it.

All staff will be familiar with the Mental Health Act Code of Practice and, with reference to this procedure, particularly Chapter 8 "Privacy, safety and dignity".

All staff will be familiar with the Trust policy regarding search.

All ward managers will ensure that their Ward Safety & Security Profile includes the ward's approach to search of patients and their environment. This will be ratified at the Security meeting.

All ward managers will ensure that patients are aware of the ward approach to search. An information leaflet is attached to this procedure (Appendix C), either for use in itself, or to be included in the ward induction / welcome leaflet.

## 4. PROCEDURES

### 4.1. General

- All staff undertaking any search will do so in line with a duty of care and within the scope of secure service standards.
- All staff undertaking personal / environmental searches will have completed training in the theory and practice of the process.
- Personal / environmental searches will be undertaken with due consideration for the safety, privacy and dignity of the individual being searched. This will include searches being undertaken by staff of the same gender as themselves and at least two staff being present at any search procedure. This will also include consideration of consent and capacity.
- Considerations of issues relating to trauma need to be taken when planning how and who is to be conducting a search
- If there are any concerns about consent, capacity or necessity, the flow chart in Appendix B will be followed. Consideration should also be given to the isolation and / or enhanced observation of the patient pending any decision.
- All searches will be recorded in case notes and in documentation stipulated in the Trust policy.
- Searches on admission and those agreed as part of a patient's treatment plan do not require a Datix report; any other searches (i.e. targeted, in response to information / intelligence, must be reported on Datix).

- Every low and medium secure ward will describe its approach to search in its Ward Safety and Security Profile (WSSP).
- This procedure will be reviewed by the Security Committee.
- In line with principles of care delivery and secure standards, all patients and their belongings will be searched on admission to the unit. (This does not require a Datix report).
- Thereafter the ongoing need for the search of any patient or their belongings will be completed as per secure standards requirements. This will be on a random basis within the timescales set out in the standards. This will be clearly defined in the ward safety and security profile.
- Each patient will have an individual risk assessment to ensure that appropriate levels of search are in place. This assessment and any reviews / changes will be recorded in the patient's Safety Plan (including a review date).
- Where a patient is identified as not requiring this level of restriction, a less restrictive environment should be identified. Once a less restrictive environment has been identified, during the time the patient is awaiting transfer, the MDT can omit the patient from the ward search regime and implement an individualised searching regime, this regime will be informed by clinical assessment and authorised by the security committee to ensure that it does not pose a risk to other patients in the setting or to the integrity of security and safety of the ward environment.
- Should information/intelligence indicate that a patient may be in possession of any risk items/materials, then a patient and/or their belongings can and will be searched in accordance with Trust policy. This includes patients who have been assessed as not requiring routine or random searching. They can and will be subject to a targeted, intelligence-led search if required. (This requires a Datix report that clearly identifies the type of risk, who may be at risk, findings of the search and impact upon/ care of the patient being searched).
- See also flow chart at appendix C

#### **4.2. Personal Searches**

- Personal searches will be undertaken with due consideration for the privacy and dignity of the patient. Also, issues relating to trauma need to be considered.
- Where it is risk appropriate, personal search will include the use of a hand-held metal detector in order to enhance effectiveness and reduce physical contact wherever possible in line with trauma informed approaches. This action will be included in the patient's risk assessment.
- A portable walk-by metal detector (Metrasens Ultra) is available, where patients are deemed high risk or where larger areas are to be searched for secreted weapons, cigarette lighters etc. (see appendix D)
- It is not routine to search visitors, but in the event of a visitor being considered for search (which would include hand luggage and pockets only) a refusal to co-operate with the process will lead to consideration of the suitability of that individual to enter the building.
- Visitors may be banned from visits if they compromise the safety of patients/ staff or the service.
- A guide to personal searches is attached to this policy as Appendix A.

#### **4.3. Environmental Searches**

- Random and routine environmental searches will be described in each ward's WSSP.
- Focussed environmental searches will be undertaken when information/intelligence suggests that contraband/controlled items are in unauthorised circulation or are likely to become so. Depending on the scale of the search, it may be necessary to draw on staff from other areas to effectively undertake the search.
- During environmental searches being undertaken in patients' bedrooms, patients will be offered the opportunity to be present during the search, and the search will be undertaken with regard for the safety of patient's property.
- During room searches, patients will also be searched (see 4.2), as will any lockable patient cupboards / safes / drawers.

- Any patient's property removed will be accounted for in accordance with Trust policy (including the issuing of a receipt) and stored securely.
- Search kits will be used during all environmental searches in accordance with training received (see 4.4 below).

#### **4.4. Equipment**

- Designated search kits will be maintained and stored in the reception area at Pine View and the Humber Centre.
- The precise make up of each kit will be subject to local need, but a list of equipment contained within the kit will be maintained and routinely checked as part of the reception area security check. Guidance regarding equipment will be sought from the Security Committee.
- Each ward will carry a handheld metal detector, and an additional one will be retained in reception.
- The Metrasens Walk by metal detector should also be used when large areas or specific need is established.

#### **4.5. Illicit Substances and Contraband**

The Service follows Trust procedure for the safe & secure handling of medicines. Where specific search or circumstance reveals illicit substances or contraband the following action will be taken:

- If illicit substance misuse is indicated additional clinical assessment and engagement for patients will be implemented and documented. Medical support and pharmacy advice will be utilised.
- The area of discovery will be isolated from patients and general traffic.
- The area will be thoroughly searched, and the items removed from the clinical area where appropriate.
- An assessment will be made by the nurse in charge/ the co-ordinating manager or professional lead (following discussion) around whether the item is to be disposed of or the police contacted for removal. Where there are suspicions that the item is an illegal substance or there are risk implications that require police support the police should be contacted.
- The item will be held securely (if it can be reasonably and safely removed) away from the area or the area will be quarantined until the item/ substance can be safely and appropriately removed.

#### **4.6. Use of drug detection dogs**

Drug detection dogs are not routinely used at the Humber Centre or at Pine View, but such services are procured as and when required.

#### **4.7. Where there is clinical disagreement as to the need of personal search**

Refer to the flowchart in Appendix B.

#### **4.8. Variations of this procedure in individual cases**

- MHA Code of Practice Paragraph 8.8 reads as follows; "Within secure service settings some restrictions may form part of a broader package of physical, procedural, and relational security measures associated with an individual's identified need for enhanced security to manage high levels of risk to other patients, staff, and members of the public. The individual's need for such security measures should be justified to meet the admission criteria for any secure service. In any event, the application of security measures should be based on the needs of and identified risks for individual patients and impose the least restriction possible. Where individual patients in secure services are assessed as not requiring certain security measures, consideration should be given to relaxing their application, where this will not compromise the overall security of the service. Where this is not possible, consideration should also be given as to whether the patient should more appropriately be managed in a service that operates under conditions of lesser security."

- Additionally, there may be cases when additional measures to those usually applied on a ward are necessary.
- Any variation from this SOP or a WSSP will be agreed as part of an MDT decision and sanctioned at the Security Committee meeting. It will be fully recorded in clinical notes, and the variation to routine practice will be described in an MDT Care Plan.

## 5. REFERENCES

Inpatient Search Policy (HTFT, 2019)

Safe and Secure Handling of Medicines Procedures (Proc43)

MHA Code of Practice (DoH, 2015)

The Best Practice Guidance: specifications for adult medium-secure services (DoH, 2007)

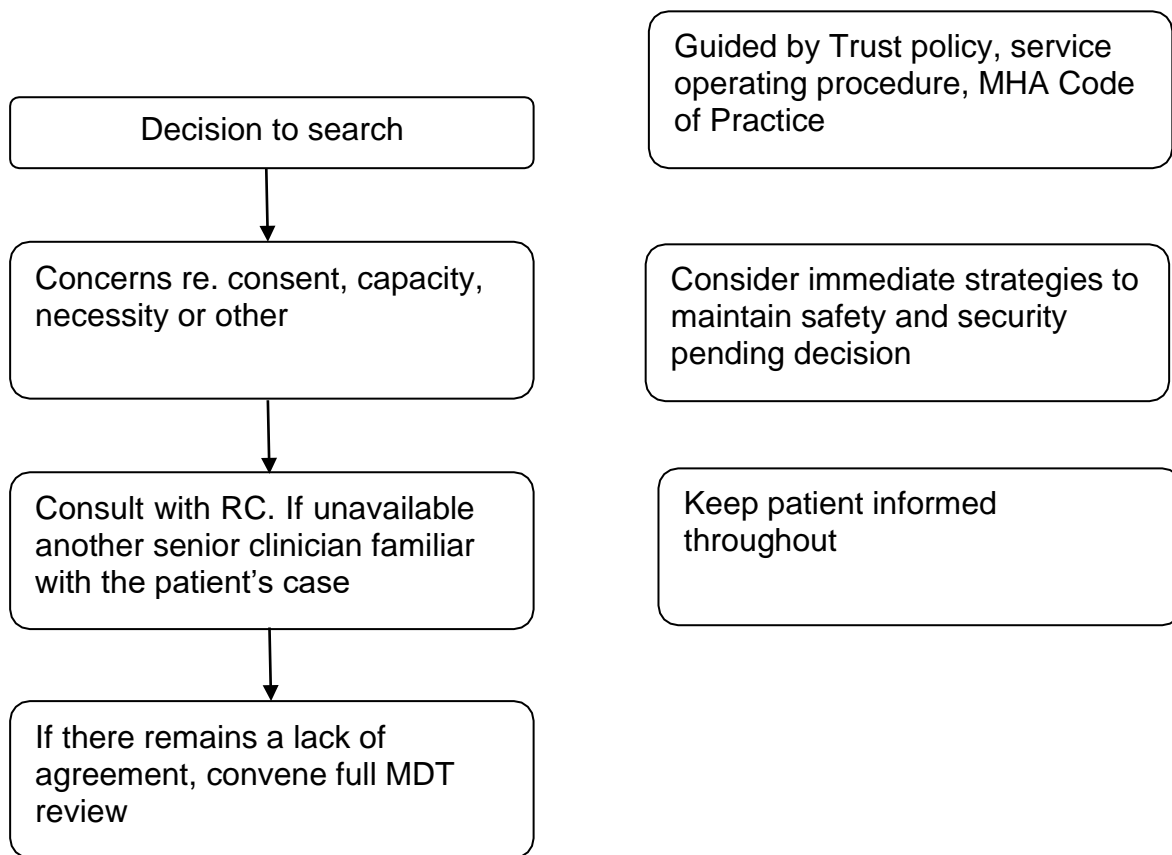
## Appendix A: A Guide to Personal Searches

### A Procedure for Searching Male Patients

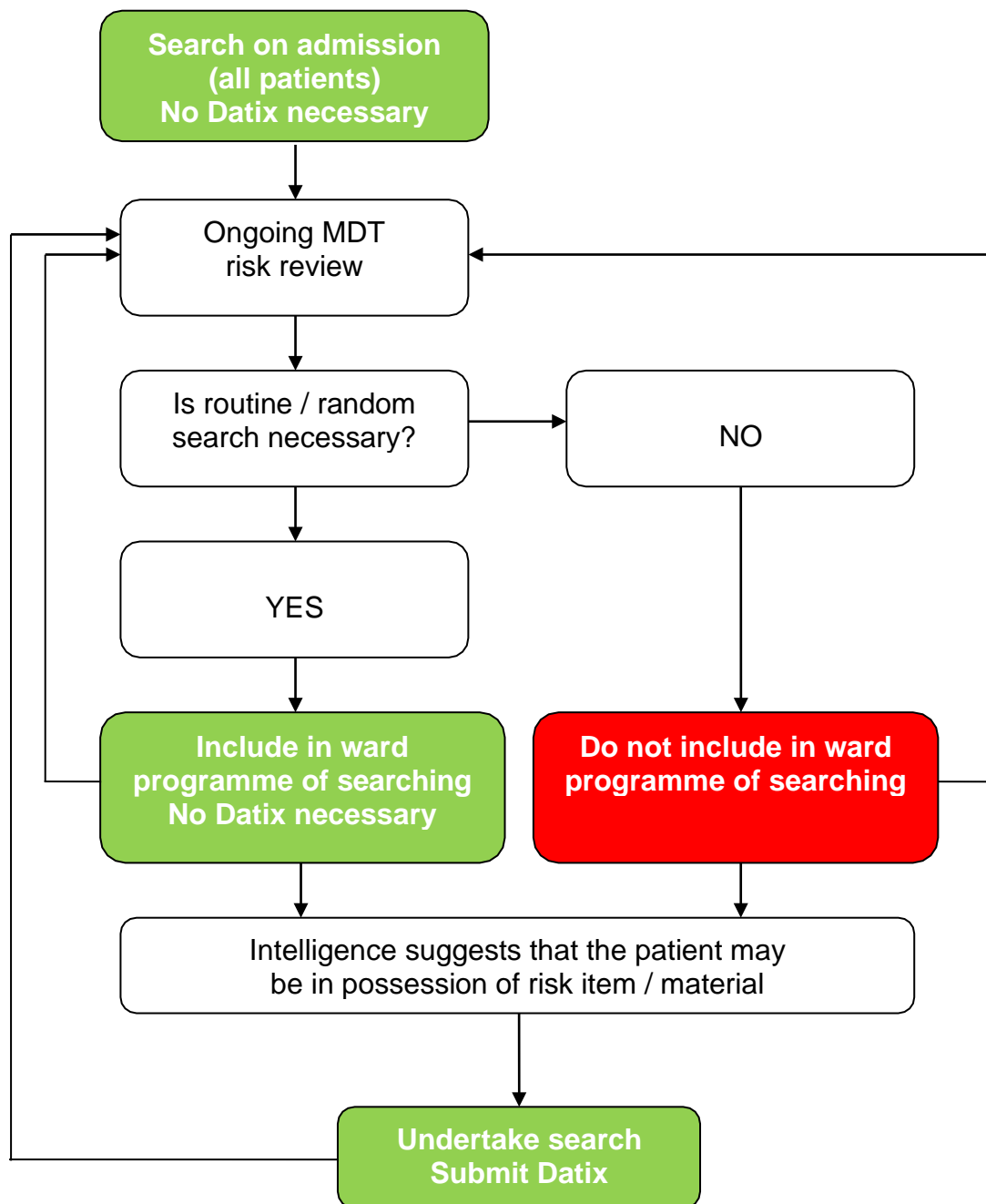
- Stand facing the subject.
- Ask if he has anything that he is not authorised to have.
- Ask him to empty pockets and remove any jewellery (including wristwatch).
- Search the contents of pockets, jewellery, and any other items, including bags, then place them to one side.
- Ask him to remove any headgear and pass it to you for searching.
- (hair).
- (ears, nose, mouth, under tongue).
- Lift collar, feel behind and around it and across the top of his shoulders (search any tie and ask him to remove it if necessary).
- Ask him to raise his arms level with his shoulders, palms facing down & fingers apart. Search arm by running your hands along upper and lower sides.
- Check between fingers and look at palms and back of hands.
- Check the front of his body from neck to waist, and the front of the waistband.
- Check his back from collar to waist, back of his waistband and seat of the trousers. You may need to ask him to turn around.
- Check the back and sides of each leg, from crotch to ankle.
- Check the front of his abdomen, and front and side of each leg.
- (footwear and soles of feet).
- Look at the area around him for anything he may have dropped before or during the search.
- Ask him to step to one side to ensure that he is not standing on anything he has dropped before or during the search.



## Appendix B: In the event of refusal, resistance, or clinical disagreement as to necessity



## Appendix C: Search Decision Process Flowchart





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## Appendix E: Search Procedures Information Leaflet

Security Committee  
Humber Centre for Forensic Psychiatry  
Willerby Hill  
Beverley Road  
Willerby, HU10 6AW

## SEARCH PROCEDURES

Information for Patients and Carers  
about the Service's Approach to Searching

### Patient Advice and Liaison Service (PALS)

Compliments, comments, concerns, or  
complaints: we want to hear from you.

#### **PALS and Complaints Department**

Humber NHS Foundation Trust  
Headquarters  
Willerby Hill  
Beverley Road  
Willerby  
HU10 6ED

#### **PALS can be contacted on:**

Tel. 01482 303966

Email. [HNF-TR.pals@nhs.net](mailto:HNF-TR.pals@nhs.net)

#### **Complaints can be contacted on:**

Tel. 01482 303930

Email. [HNF-TR.complaints@nhs.net](mailto:HNF-TR.complaints@nhs.net)

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## **Search at the Humber Centre, Pine View, and South West Lodge**

At the Humber Centre, Pine View South West Lodge we routinely undertake searches of all communal areas of the hospital.

Searches of patients, their bedrooms and belongings are undertaken in line with individual risk assessment. We do not routinely search all patients.

The intention is to create and maintain a therapeutic environment in which treatment may take place and to ensure the security of the premises and the safety of patients, staff, and the public.

We aim to undertake searches with due regard to and respect for the person's dignity and privacy.

The frequency of the search may vary, depending on the person or the ward on which they are receiving treatment.

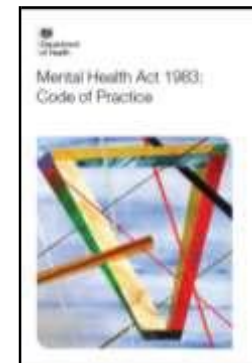
Patients do not have to consent to being searched, though the search will still go ahead if it is felt necessary by the Responsible Clinician or another senior clinician.

There is a policy on search, which has been scrutinised by the Care Quality Commission and which is regularly reviewed.

If you require more information about this subject, you can refer to the Mental Health Act Code of Practice (Department of Health, 2015), particularly paragraphs 8.29 – 8.46 (pages 69-71).

The Code of Practice provides statutory guidance to registered medical practitioners, approved clinicians, managers, and staff of providers, and approved mental health professionals on how they should carry out functions of the Mental Health Act in practice.

It is available online by searching for **MHA Code of Practice 2015**.



Or ask to speak to a member of the clinical team.