

TITLE

SEARCHING PATIENTS AND/OR PATIENTS' PROPERTY AND VISITORS' BELONGINGSSCOPE

Provincial: Addiction & Mental Health Inpatient Units

DOCUMENT

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APPROVAL LEVEL

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Patient Safety

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this procedure, please contact the Policy & Forms Department at policy@albertahealthservices.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, and practice support documents.

OBJECTIVES

- To promote an approach to searching patients, patients' property and visitors' belongings that respects rights, dignity, autonomy and consent (where possible), and utilizes the least intrusive approach.
- To facilitate protection from harm for patients at risk of harm to themselves and/or others by describing the processes regarding the removal of potential **harmful and lethal means**.

APPLICABILITY

Compliance with this procedure is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary) working in Addiction & Mental Health Inpatient Units.

PROCEDURE ELEMENTS**1. Consent and Parameters for a Search**

- 1.1 Consent provisions must be satisfied prior to a search of a patient or his/her belongings.
- 1.2 A verbal explanation of routine unit safety precautions regarding searches of patients and their property shall be given to all patients and/or their **alternate**

decision-maker (e.g., **guardian, agent, nearest relative**), as appropriate, and preferably prior to a planned admission, or at the time of admission to the unit. The explanation provided must include the reason for removal and safe storage (or disposal) of items that could compromise the safety of the patient and the safety of other patients, staff and visitors.

- 1.3 Upon admission to the unit, all patients shall be asked to undergo a search of their person and their property for harmful or lethal means.
 - a) A search of the patient shall occur before the patient can be unaccompanied on the unit.
 - b) Additional safety measures (e.g., observation levels, temporary storage of patient's personal property) should be taken until the patient's property can be searched. The search shall be conducted as soon as possible, so that personal items not deemed to be a potential source of harm to self or others may be returned to the patient.
- 1.4 Reasonable attempts, including the use of interpreters, shall be made by staff to obtain verbal consent and co-operation from all patients, voluntary and formal, prior to any search of the patient, their personal property including clothing, and the patient's bedside area.
- 1.5 Voluntary patients with the capacity to give consent may decline searches of their person or property. In this event, staff shall explore a number of options with the patient, as appropriate and without coercion.
 - a) Clinical consideration shall be given to whether or not care can be provided in a manner that is safe to the patient, staff, Physicians and visitors without searching the patient's property but with additional safety measures in place, until the patient consents to a search or the property can be sent home.
 - b) If the patient's property is to be stored, it must be sealed in the presence of two (2) staff members and witnessed by the staff members via their signature on the seal.
 - (i) Where section 1.5 a) is not possible or practical, the patient may be asked to choose between discharging against medical advice or consenting to the search.
 - c) The patient may be issued an admission certificate in accordance with section 2 of the *Mental Health Act*.

- 1.6 Whenever there are reasonable and probable grounds to believe that the formal patient may possess means which could cause harm to self or others, consent should still be sought from the patient if they have the capacity to understand the request. However, searches of the formal patient and/or the patient's personal property may be conducted by staff without patient consent.
- a) If a court order specifically authorizes random searches of the patient, then reasonable and probable grounds are not required prior to the search.
- 1.7 After admission and based on the judgment of the patient's **health care professional**, patients and/or their property may be subject to additional searches, e.g., upon returning to the unit after an off-unit privilege or pass, after a visit.
- a) At the earliest opportunity, Physicians shall be informed of the decision to conduct an additional search of a patient and/or his/her property and the outcome of the search.
- 1.8 The health care professional shall consider consulting security/Protective Services and/or police, as available, regarding a search when staff have reason to believe that there is a considerable safety risk.
- 1.9 Protective Services shall only provide assistance in the search of a patient and/or his/her property within the bounds of Protective Services' authority.

2. Searching the Patient

- 2.1 Staff shall make reasonable efforts to protect a patient's dignity during a search of the patient and/or the patient's property and searches shall be conducted in as reasonable a manner as possible.
- 2.2 In keeping with the principles of safety and least intrusive searches, the patient's health care professional shall use his/her professional judgment in assessing how to search a patient.
- a) Searching may involve a series of steps, taken from least intrusive to more intrusive. For example, the health care professional may ask patients to:
- (i) remove outer layers (e.g., jacket, sweater over clothing), hats, shoes, and socks, turn socks inside out, turn out pockets, lift up their pant legs, and lift up their shirt to show their waistline; or
- (ii) the health care professional may ask (but not require) patients to change into hospital attire for a thorough search of personal clothing.

- b) If the health care professional reasonably believes that the search in section 2.2 a) (i) did not reveal all items, or the patient is uncooperative with the process in section 2.2 a) (i), or it is clinically inappropriate to conduct a search per section 2.2 a) (i), then the health care professional may proceed with a pat-down search.
- 2.3 Searches of a patient's body cavity, excluding visual inspection of the oral cavity, shall be conducted only by a Physician or Nurse Practitioner. Body cavity searches can only be done if this level of intrusiveness is necessary and justifiable, in the judgment of the Physician or Nurse Practitioner.
- 2.4 Searches shall be done in as private a manner as possible and maintain patient and staff safety. Searches should be conducted by two (2) staff members, both preferably the same gender as the patient.
- 3. Searching Patient Property**
- 3.1 Searches of a patient's property shall include all personal property (i.e., sweaters, coats, toiletries, travel mugs, or other personal property).
- 3.2 Staff shall conduct the search of the patient's property in the patient's presence (where the patient's clinical condition allows) with two (2) staff members present, both preferably the same gender as the patient.
- 3.3 For their own protection, staff shall wear personal protective equipment and take any other appropriate protective measures (e.g., asking about sharps) when undertaking a search of a patient's personal property.
- 4. Security, Safe Storage and Return of Patient Property**
- 4.1 With patient consent, property taken from a patient shall be assessed by staff for suitability for:
- a) storage;
 - b) destruction and/or disposal;
 - c) handover to security/Protective Services or police; or
 - d) giving to a family member or other person for safekeeping. This step may also require the consent of the patient's trustee or attorney under a power of attorney.
- 4.2 The patient, as clinically appropriate, shall be involved or informed of the rationale for the above decisions and the conditions for the possible return of personal items to the patient, the patient's family members or other persons.

- 4.3 A process for the tracking and safe storage of property removed from the patient's possession shall be established by the unit. This includes a process for handing over property to a patient's family members or other persons, with the patient's (or his/her trustee or his/her attorney under a power of attorney) consent. The unit may require the person to sign a receipt for the property.

Note: See Appendix A: *Safe Handling and/or Storage of Inpatients' Personal Items* for details on handling of items, including but not limited to, medications, alcohol and/or weapons.

5. Documentation

- 5.1 Documentation of searches and/or the removal and safe storage of patient property shall be entered in the patient's **health record** including:
- a) the patient's consent or refusal to a search;
 - b) the grounds on which the search was initiated (e.g., a routine search upon admission, a search based upon reasonable and probable grounds); and
 - c) the outcome of the search and any items that were removed from the patient.
- 5.2 Documentation shall detail the consent, storage, disposal or removal (by family members/other persons) of the patient's property. The name and signature of the person who agreed to accept the items shall be maintained in the health record.
- a) A written list of the items of property secured and being held by staff should be provided to the patient or his/her guardian, agent, or nearest relative, as applicable, and when possible.

6. Visitors

- 6.1 An explanation regarding routine safety precautions shall be provided to all visitors, including family members, as soon as possible at their time of entry to the unit.
- 6.2 Staff shall request visitors to the unit to open bags, purses, gifts, packages and other items for visual inspection for safety purposes, except for written communications to the patient which should be given to the patient unopened, per the *Mental Health Act*.
- a) If visitors do not agree, staff may, at their discretion:
 - (i) require that the item(s) be stored, if possible, and returned upon their departure;

- (ii) supervise the visit; or
 - (iii) cancel or deny the visit.
- b) If staff identify that an item brought to the unit by a visitor may be harmful to the patient or others, staff shall:
- (i) direct the visitor to remove the item from the unit; or
 - (ii) require that the item(s) be stored, if possible; and
 - (iii) discuss the unit's safety precautions with the visitor and patient, as appropriate, in order to prevent future occurrences.

6.3 Security/Protective Services may be called as needed.

DEFINITIONS

Agent means the person(s) named in a Personal Directive who can make decisions on personal matters according to the wishes expressed by the patient.

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, a specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta).

Guardian means where applicable:

For a minor:

- a) as defined in the *Family Law Act* (Alberta);
- b) per agreement or appointment authorized by legislation (obtain copy of the agreement and verify it qualifies under legislation) (e.g., agreement between the Director of Child and Family Services Authority and foster parent(s) under the *Child, Youth and Family Enhancement Act* (Alberta); or agreement between parents under the *Family Law Act*, or as set out in *Child, Youth and Family Enhancement Act* regarding guardians of the child to be adopted once the designated form is signed);
- c) as appointed under a will (obtain a copy of the will; also obtain grant of probate, if possible);
- d) as appointed in accordance with a Personal Directive (obtain copy of Personal Directive);
- e) as appointed by court order (obtain copy of court order; e.g., order pursuant to *Child, Youth and Family Enhancement Act*); and
- f) a divorced parent who has custody of the minor.

For an adult: An individual appointed by the court to make decisions on behalf of the adult patient, when the adult patient lacks capacity.

Harmful and lethal means means items and/or substances that have the potential to cause significant harm or death, either accidentally or deliberately. Identification of harmful and lethal means should consider multiple modes of use, including but not limited to asphyxiation, ingestion and laceration/puncture.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta), and who practises within scope and role.

Health record means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

Nearest relative means, in the *Mental Health Act* (Alberta) and in this document, with respect to a formal patient, or a person who is subject to a Community Treatment Order:

- a) the adult person first listed in the following list, relatives of the whole blood being preferred to relatives of the same description of the half-blood, and the elder or eldest of two or more relatives being preferred, regardless of gender:
 - spouse or adult interdependent partner;
 - son or daughter;
 - father or mother;
 - brother or sister;
 - grandfather or grandmother;
 - grandson or granddaughter;
 - uncle or aunt;
 - nephew or niece;

OR

- b) any adult person the Alberta Health Services Governing Body designates in writing to act as nearest relative if there is no nearest relative within any description as above, or if, in the opinion of the Alberta Health Services Governing Body, the nearest relative would not act or is not acting in the best interest of the formal patient or the person subject to a Community Treatment Order.

REFERENCES

- Appendix A: *Safe Handling and/or Storage of Inpatients' Personal Items*
- Alberta Health Services Governance Documents:
 - *Consent to Treatment/Procedure(s) Policy* (#PRR-01)
 - *Consent to Treatment/Procedure(s) Formal Patients and Persons Subject to Community Treatment Orders Under the Mental Health Act Procedure* (#PRR-01-04)
 - *Inpatient Observation Levels Procedure (Addiction & Mental Health)* (#AMH-01-01)
 - *Safety Precautions Policy (Addiction & Mental Health)* (#AMH-03)

- *Use of Observation, Privileges and Passes Policy (Addiction & Mental Health) (#AMH-01)*
- Non-Alberta Health Services Documents:
 - *Adult Guardianship and Trusteeship Act (Alberta)*
 - *Health Information Act (Alberta)*
 - *Health Professions Act (Alberta)*
 - *Mental Health Act (Alberta)*

VERSION HISTORY

Date	Action Taken
November 23, 2011	Initial approval/effective
December 02, 2015	Revision approved
April 1, 2016	Revision effective date
March 16, 2017	Non-substantive change
December 2018	Scheduled for Review

APPENDIX A

Safe Handling and/or Storage of Inpatients' Personal Items

1. Medications (prescription, over-the-counter medications, including herbal and naturopathic products):
 - a) Staff shall remove and secure the types of medications named above.
 - b) Staff shall attempt identification of all loose pills, engaging with Pharmacy Services if a Pharmacist is available.
 - i. Identifiable over-the-counter medications shall be:
 - labelled and held in safekeeping for return upon the patient's discharge; or
 - properly disposed of, with the patient's consent.
 - ii. Substances that are likely illegal in nature shall be turned over to police or Protective Services without any identifying patient information.
 - iii. All remaining loose unidentifiable medications or substances shall be packaged and held until pre-discharge discussion with the patient. Staff, at the time of discussion, should offer to appropriately destroy the contents or, at a minimum, should discuss safety issues with the patient about keeping unidentifiable medications and substances.
 - c) Preparation for discharge should include identifying any discontinued medications and seeking patient consent to destroy same. Otherwise, all medications shall be prepared for return to the patient upon discharge.
 - d) Return of medications that are to continue after discharge should be in accordance with the patient's safety plan.
 - e) Medication prescribed to someone other than the patient shall be discarded in a biohazard container, per Environmental Services processes.
2. Personal hygiene items which may cause harm (e.g., razors/scissors/mirrors/files): Such items shall be removed from the patient and stored in a safe storage area to be returned and used when clinically appropriate, under staff supervision.
3. Valuables: When the patient's clinical condition permits, staff shall discuss removing valuables such as jewelry, important documents, and money from the unit. Items are to be handed over for safekeeping, with the patient's (or his/her trustee or his/her attorney under a power of attorney) consent, to a patient's family member or other individual.

APPENDIX A continued

4. Alcohol: With the patient's consent, all open alcohol or other open bottles of potentially harmful liquids shall be disposed of in the manner appropriate to the unit. One staff member shall dispose, while another witnesses. Documentation is to be completed by both. When the patient's condition permits, staff shall discuss removal (with consent) or disposal of any unopened bottles of alcohol or other potentially harmful substances (e.g., nail polish remover). With the patient's consent, one staff shall dispose of the substance in the manner appropriate to the unit while another staff witnesses. If the patient does not consent to disposal or removal, it must be stored for return to the patient upon discharge.
5. Drug paraphernalia: With respect to the patient's personal drug paraphernalia (e.g., pipes) staff shall seek to balance the therapeutic benefit of a harm reduction strategy and the potential adverse health consequences of drug paraphernalia that have potentially had multiple users. Staff shall consult Infection Prevention & Control (IPC) as appropriate. With the patient's consent, staff shall dispose of paraphernalia as a biohazard. If the patient does not consent to disposal or removal, it must be stored for return to the patient upon discharge.
6. Illegal items (including but not limited to illegal drugs, firearms, explosives, knives, and other weapons): Such items shall be turned over to Protective Services or the police without identifying patient information (per local site process where applicable). The attending Physician/on-call Psychiatrist shall be informed and documentation shall be completed on the patient's health record.