OBJECTIVES

- To provide direction to health care providers, when conducting a search of a patient and/or their clothes and belongings in a manner that employs the least intrusive approach and respects the individual’s rights, dignity, and consent (where possible), in the Alberta Health Services (AHS) Residential Addiction Treatment and Detoxification programs (including addiction treatment day programs offered in these shared settings) and the Protection of Children Abusing Drugs (PChAD) program.

- To provide health care providers with direction for the safe storage of patient belongings and handling of prohibited and restricted items.

APPLICABILITY

Compliance with this document 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).

ELEMENTS

1. Points of Emphasis
   
   1.1 Health care providers shall support the provision of a private, safe, respectful, and therapeutic environment by reviewing items brought into the facility.
1.2 A verbal explanation of routine facility safety precautions regarding searches of patients and their belongings shall be given to all patients preferably prior to 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 Prohibited items are items or substances that are:
   a) illegal; and/or
   b) have the potential for addiction and/or harmful and lethal means.

1.4 Restricted items are those that have the potential to:
   a) negatively impact the therapeutic environment (including privacy);
   b) negatively impact the experience of co-patients;
   c) act as distractors during treatment; or
   d) have significant monetary value.

1.5 Naloxone kits shall not be considered drug paraphernalia and shall be stored appropriately by the health care provider and documented in the patient’s health record, as per Section 7 below, until returned to the patient upon discharge or while on pass (See the AHS Patient Referral, Admission, Assessment, Treatment and Discharge Planning Procedure).

2. When a Search is Conducted and Patient Consents to a Search

2.1 At the time of patient admission, a health care provider shall:
   a) review with the patient the program’s rationale for searching patients, their belongings and bedside area;
   b) provide the patient with a list of prohibited and restricted items;
   c) offer to address any questions that the patient may have regarding the search;
   d) inform the patient that they may arrange for belongings to be removed from the premises; (refer to Section 6.3 below for illegal items or unidentifiable substances); and
   e) ask the patient to sign the appropriate facility consent form(s), consenting to the initial search upon admission and potential future searches.

2.2 For patients who present for detoxification services, consent for searching shall be obtained at the earliest clinically appropriate time.
2.3 If a patient does not consent to being searched, the health care provider shall review options with the patient, which at some Residential Addiction Treatment and Detoxification programs may include discharge.

a) If the PChAD patient refuses consent to a search, the health care provider shall employ verbal and non-verbal escalation prevention and de-escalation techniques before applying other behavioural measures, in order to complete a search.

   (i) PChAD health care providers shall place a patient on constant observation until they are willing to comply with a search.

   (ii) PChAD health care providers shall not permit patients to interact with other patients until the search is completed.

2.4 For subsequent searches of patients, their belongings and their bedside area, the health care provider shall:

a) review the program rationale for searching the patient and obtain patient consent;

b) inform the patient of the upcoming random search and provide them with the option to be in attendance for searches of their belongings and/or bedside area; and

c) if reasonable and probable grounds exist for a specific search, inform the patient and request that they be in attendance.

2.5 Reasonable grounds for subsequent searches are determined on a per patient basis. The more intrusive a search, the higher the standard is to establish reasonable grounds.

a) Reasonable grounds exist to search patients if there are reasons to believe:

   (i) the patient may possess a prohibited or restricted item; or

   (ii) there is a risk to the health and safety of the patient or others.

b) In addition to Section 2.5 a) above, there must be reason to believe that:

   (i) a search is likely to result in minimizing that risk; and

   (ii) there is no other, less intrusive way of minimizing the risk.

3. Preparation for a Search

3.1 Searching shall be conducted in a reasonable manner with the participation and assistance of the patient (whenever possible), in an area that promotes patient privacy, confidentiality, dignity, and health care provider safety.
3.2 Two (2) health care providers, shall conduct the search. Consideration should be given to the patient's preferences regarding the gender of these health care providers.

3.3 Health care providers conducting the searches shall observe standard safety precautions and wear appropriate personal protective equipment (e.g., gloves, masks).

3.4 At the time of the search, the health care provider shall remind the patient of the prohibited and restricted items list provided in the pre-admission package (per the AHS Patient Referral, Admission, Assessment, Treatment and Discharge Planning Procedure) and explain to the patient:
   a) why a search is being conducted;
   b) what will be searched (e.g., clothes, purses, backpacks);
   c) how the search will be conducted (e.g., visual inspection, emptying of pockets and belongings);
   d) what will happen to any prohibited or restricted items; and
   e) how other items may be reclaimed, if appropriate.

4. Search of Patient

4.1 Health care providers shall ensure that patient privacy and safety is respected during searches and follow local program processes regarding the use of institutional clothing (i.e., scrubs, pyjamas), if available.

4.2 Health care providers shall remind patients that any prohibited or restricted items in their possession that they would like to remove from the facility prior to the search must be done before patient admittance.

4.3 Health care providers shall employ the least intrusive method appropriate for searching, and shall ask the patient to assist in the search.

5. Search of Patient Belongings

5.1 Search of patient belongings shall be conducted in the presence of the patient respecting their dignity and privacy.

5.2 There shall be two (2) health care providers present when asking the patient to empty any bags, purses, toiletry bags, travel mugs, etc., onto a clean surface for inspection and to hand over any prohibited or restricted items in their possession.

5.3 Health care providers shall ask patients receiving or bringing packages into the facility to open those items in the presence of a health care provider for visual inspection.
6. Management of Prohibited and Restricted Items

6.1 With the patient’s consent, items taken or handed over shall be assessed by a health care provider to determine their suitability for:

   a) storage/safekeeping;
   b) destruction and/or disposal;
   c) handover to security/Protective Services or police; or
   d) removal from the facility by a family member or other person for safekeeping.

6.2 If an item is deemed to be a potential risk but is not included in the facility’s list of prohibited and restricted items, or is not identifiable, the health care provider shall refer the issue to the Supervisor/Manager. The Supervisor/Manager shall determine how the item is to be processed (see Section 6.4 below).

   a) Health care providers shall contact the Administrator On-call in the off-hours.

6.3 Protective Services, security or police shall be notified immediately and provided any illegal items or unidentifiable substances discovered during the search.

   a) Health care providers shall ensure that there are no labels on the item(s) which identify the patient from whom the item(s) originated.

6.4 If a patient does not consent to remove an item and the item is not illegal or an unidentifiable substance, the health care provider shall seek consent for destruction and/or disposal as follows:

   a) all loose pills/tablets/capsules and all medication prescribed to someone other than the patient shall be discarded in the biohazards container;
   b) all needles shall be disposed of in a sharps container;
   c) all liquids shall be poured down a sink in the presence of two (2) health care providers;
   d) drug paraphernalia shall be disposed of appropriately in the presence of two (2) health care providers;
   e) identifiable solvents and flammable liquids shall be disposed of per the appropriate Material Safety Data Sheet (MSDS); and
   f) all other items shall be temporarily confiscated, labelled, and securely stored.
6.5 If a patient is unable to remove a prohibited item and refuses consent for how to dispose of said item, the patient will be provided with the option to postpone treatment until such time the item can be managed.

7. **Storage of Patient Belongings**

7.1 Health care providers shall inform patients that AHS is neither responsible for, nor shall replace, items kept on their premises whether the items are lost, stolen or damaged.

7.2 Where storage of patients’ belongings can be accommodated, a health care provider, along with the patient, shall complete the appropriate form, listing prohibited and restricted items prior to storage.

   a) Patients shall sign and date the form.

   b) The health care provider shall witness with a signature and date and then file the form in the patient’s health record.

7.3 A patient may only access their stored items in the presence of a health care provider and as per facility processes. The health care provider shall check and document the items that are deposited or removed by the patient on the appropriate form and the patient shall co-sign this form.

8. **Lost, Damaged or Stolen Patient Items**

8.1 Health care providers shall assist patients in reducing the risk of lost or stolen items by advising patients to not bring items of value to the facility and by offering the use of the storage area (if available).

8.2 The appropriate health care provider, in consultation with the supervisor and patient, shall determine how to manage a patient complaint about lost or damaged items. The health care provider shall document the discussion and decision in the patient’s file.

   a) Health care providers shall inform the Manager if the patient states they are going to report the missing items to the Patient Relations Department.

9. **Management of Patient Belongings Left After Discharge**

9.1 When patient belongings, excluding medications, remain at the facility after a patient has left, health care providers shall follow the facility’s process.

9.2 When patient medications remain at the facility after a patient has left, refer to the AHS *Management of Patient’s Own Medications* Policy and Procedure, for direction.
10. Documentation

10.1 All searches shall be documented in the patient’s health record by the health care provider in charge of the search.

10.2 Documentation shall be in accordance with the AHS Clinical Documentation Directive and shall include:

a) the consent process;

b) the patient’s consent or refusal to the search;

c) details of the search (including participants and the search process);

d) the patient’s response to the search;

e) prohibited and restricted item(s) discovered;

f) steps taken for the management of prohibited and restricted item(s);

g) consultations with a Supervisor/Manager/Administrator On-call, under circumstances where clarity about or management of prohibited and restricted item(s) was required; and

h) any forms used.

DEFINITIONS

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 provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

Patient means all persons, inclusive of residents and clients, who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

a) a co-decision-maker with the person; or

b) an alternate decision-maker on behalf of the person.

Personal protective equipment (PPE) means any specialized clothing or safety items worn by individuals prior to contact with potential or identified hazards, such as from a direct exposure to blood, tissue, and/or body fluids.
# REFERENCES

- Alberta Health Services Governance Documents:
  - Clinical Documentation Directive (#1173)
  - Management of Patient’s Own Medications Policy and Procedure (#PS-98)
  - Patient Referral, Admission, Assessment, Treatment and Discharge Planning Procedure (#AMH-08-01)
  - Residential Addiction Treatment and Detoxification Programs Policy (#AMH-08)

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