

TITLE

SEARCHING PATIENTS AT RISK OF HARMING THEMSELVES OR OTHERS

SCOPE

Provincial: Emergency Departments, Urgent Care Centres

DOCUMENT

HCS-211-01

APPROVAL AUTHORITY

Clinical Operations Executive Committee

INITIAL EFFECTIVE DATE

June 8, 2018

SPONSOR

Emergency Strategic Clinical Network
Addiction & Mental Health

REVISION EFFECTIVE DATE

Not applicable

PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Searching Patients at Risk of Harming Themselves or Others
Policy (#HCS-211)

SCHEDULED REVIEW DATE

June 8, 2021

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.

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OBJECTIVES

- To promote a standard for conducting searches of the person, clothes and belongings of the **patient** at risk of harming themselves or others (for the remainder of this document, the “**patient at-risk**”) that respects the individual’s rights, dignity and consent (where possible), and employs the least intrusive approach, for patients presenting to an Emergency Department (ED) or Urgent Care Centre (UCC).
- To outline the appropriate steps to:
 - determine whether there are reasonable grounds of risk to the health and safety of the patient or others, and that a search is likely to minimize that risk;
 - gain informed consent for such a search where possible from the patient;
 - determine when and how to search the patient at-risk so as to identify and remove from the patient’s possession any **harmful and lethal means** which have the potential to be harmful to the patient, staff or others; and
 - appropriately secure any harmful and lethal means.

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. General Considerations

- 1.1 The principles of respect for persons, informed consent, least intrusive approach, patient choice with respect to gowning and safety shall be followed (see the Alberta Health Services [AHS] *Searching Patients at Risk of Harming Themselves or Others* Policy).
- 1.2 Proper assessment for reasonable grounds to conduct a search shall be undertaken (see the AHS *Searching Patients at Risk of Harming Themselves or Others* Policy).
- 1.3 A search of a **voluntary patient** at-risk may only be conducted when a **health care professional** determines that there are reasonable grounds to search and the patient consents to the search (see the AHS *Searching Patients at Risk of Harming Themselves or Others* Policy).
 - a) When the search is necessary to ensure the immediate health and safety of the voluntary patient, staff, and others, and there are reasonable grounds to search as well as reason to believe the voluntary patient lacks **capacity** to consent to the search, consent should be sought but is not required.
- 1.4 A search of an **involuntary patient** (which includes **formal patients**) at-risk may be conducted when a health care professional determines that there are reasonable grounds to search (see the AHS *Searching Patients at Risk of Harming Themselves or Others* Policy). The involuntary patient shall be asked to consent to the search, but consent is not required.
- 1.5 The patient's dignity should be safeguarded as much as possible during a search of the patient's person, clothing and belongings.
- 1.6 Patient safety is safeguarded by staff considering and mitigating risk factors in the immediate environment of the patient.
- 1.7 Staff and Physician safety is promoted by selecting the approach to service that best gains the co-operation of the patient, leads to a timely determination of reasonable grounds for a search, reduces access to potentially harmful or lethal means and enlists the direct aid of Protective Services or police as appropriate.
- 1.8 The least intrusive manner of search, as is appropriate for each patient's circumstance and clinical presentation, should be used. As clinically appropriate, patients should be informed about potentially harmful and lethal means and asked to hand over such items to the health care team. This will not necessarily preclude a search of the at-risk patients' person, clothing and belongings.
- 1.9 Harmful and lethal means shall be removed from patients at-risk to prevent their use for injury to self or others.

2. Reasonable Grounds to Search Patients at Risk of Harming Themselves or Others

- 2.1 Reasonable grounds to search any patient at-risk exist if there are reasons to believe:
- a) there is a risk to the health and safety of the patient or others; and
 - b) a search is likely to result in minimizing that risk.
- 2.2 Sources to consider when assessing risk may include, but are not limited to:
- a) the patient's behaviour or statements (or both);
 - b) the patient's history (for example, known possession or use of weapons);
 - c) information from the patient's family and/or friends;
 - d) the criteria under which any relevant form or certificate was issued, if applicable;
 - e) information from AHS staff, including Protective Services;
 - f) information from contracted service providers; and
 - g) information from police or others.
- 2.3 If reasonable grounds for a search do not exist, the search should not proceed and health care services should be provided per usual course.
- 2.4 The health care professional:
- a) shall assess (or re-assess, if asked to complete a second assessment) the patient at-risk as quickly as practical to find out if reasonable grounds for a search exist; or
 - b) may ask an ED or UCC Physician, Registered Nurse, or another health care professional to complete a second assessment.
- 2.5 The determination of grounds for a search and obtaining of consent to search may not be delegated by the health care professional to a person who is not a health care professional.
- 2.6 If reasonable grounds to search exist, the patient shall be asked to consent to the search.
- a) If the patient consents, the search may proceed.
 - b) If the voluntary patient refuses to allow a search and there is no reason to believe the patient lacks capacity to consent to the search, and staff or Physician(s) feel it is unsafe to provide care without it (see section 1.3

above and the AHS *Searching Patients at Risk of Harming Themselves or Others* Policy), the health care professional shall assess whether:

- (i) health care services can be safely provided with additional safety measures (e.g., changes to observation level, sending a bag or purse away with someone the patient chooses);
- (ii) the patient may choose to leave without being assessed or treated; or
- (iii) it is clinically appropriate to issue a mental health admission form (under authority of the *Mental Health Act* [Alberta]).

Note: Altering or threatening to alter a patient's status to involuntary for the purpose of conducting a search, except where clinically indicated, is considered coercive.

- c) If the involuntary patient refuses to allow a search (see section 1.4 above and the AHS *Searching Patients at Risk of Harming Themselves or Others* Policy), but it is determined that a search remains necessary since reasonable grounds to search exist, health care professionals and other staff shall employ verbal and non-verbal escalation prevention and de-escalation techniques before applying other behavioural measures, in order to complete a search.
- d) At all times, the principle of restraint as a last resort balanced against safety should be front-of-mind. See the AHS *Restraint as a Last Resort* Policy suite.

3. Roles and Responsibilities

- 3.1 The health care professional leading the search process shall consider if there is another, less intrusive way of minimizing the risk. The more intrusive a search, the higher the standard must be to establish reasonable grounds.
- 3.2 Accountability for the decisions associated with a search of the patient at-risk is held by the health care professional leading the search process. Responsibilities include, but are not limited to:
 - a) explaining the search policy's approach to the patient at-risk when obtaining consent or providing a verbal explanation of the reasons for the search;
 - b) assessing whether or not reasonable grounds exist for a search, as set out in section 2 above;
 - c) if reasonable grounds do exist, taking reasonable steps to obtain verbal, informed consent and co-operation for a search from the patient at-risk;

- d) obtaining assistance from others, including Protective Services or police, to conduct the search;
- e) conducting the search in a manner consistent with the principles outlined above and in policy;
- f) removing and securing any harmful and lethal means from the patient at-risk;
- g) taking reasonable steps to ensure the immediate vicinity of the patient is without harmful and lethal means, or implementing alternate safety measures (such as constant observation); and
- h) timely and complete documentation on the health record.

Note: As needed, please review section 2.6 above regarding the approach to voluntary or involuntary patients at-risk.

3.3 If the health care professional anticipates the need for Protective Services for the search, they should try to arrange for Protective Services to be present for the explanation on searching and discussion of consent with the patient at-risk. In locations without Protective Services, a request to police for assistance should be considered.

3.4 Protective Services may only provide assistance to the health care professional(s) with conducting searches when appropriate, given the safety concerns in a particular situation. Protective Services' role includes, but is not limited to:

- a) attending and contributing to the explanation on searching and discussion of consent with the health care professional and the patient at-risk; or
- b) explaining the search to the patient and seeking consent from the patient prior to commencing Protective Services' role in the search unless the patient is actively aggressive; and
- c) assisting health care professionals with conducting searches of at-risk patients when appropriate and in a manner consistent with the principles outlined above; and
- d) communicating with the patient as the search progresses, in a manner appropriate to that patient; and
- e) completing timely documentation in Protective Services' perspective report.

3.5 Whenever possible, at least two (2) health care providers or one (1) health care provider and one (1) Protective Services staff member should be present during a search.

- a) The health care professional shall make all reasonable efforts to use health care providers and Protective Services staff of the gender requested by the patient at-risk when searching the patient.
- b) If the patient at-risk is accompanied by a support person/family, the patient may choose whether that person should also be present (unless that person's presence will be disruptive to the process).

4. Preparation for Searches

- 4.1 If the patient at-risk was brought in by the police, verify if the patient has already been searched.

Note: This does not replace the need to search the patient, their clothing or belongings, where reasonable grounds exist, however it provides valuable information.

- 4.2 Staff shall take reasonable steps to reduce the risk of harm to the patient at-risk and others by:

- a) removing or appropriately modifying potential harmful and lethal means from the immediate environment; and/or
- b) setting levels of observation appropriate to the patient's assessed level of risk to self or others.

- 4.3 Patients at-risk should be given a verbal explanation, in a manner appropriate to the patient's condition and communication ability, about:

- a) why a search is going to be conducted (for example: "For your safety, and the safety of others, we need to search you, your clothing and belongings to ensure that there aren't any items that could harm you or others.");
- b) what will be searched (e.g., person, 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 confiscated items; and
- e) how legal items can be reclaimed.

- 4.4 Staff shall wear personal protective equipment that is reasonable (e.g., suitable protective gloves, mask, eye protection) when searching an at-risk patient's clothing and/or belongings.

- 4.5 Patients at-risk may be asked, but not forced, to change into hospital attire (pant-style bottoms may increase comfort for some patients) for the purpose of searching their clothing. Their clothing can be returned after the search is

complete and any potentially harmful items have been removed. Staff, preferably of the gender preferred by the patient, shall maintain visual observation of the patient throughout the clothing exchange.

Note: Other reasons to change into hospital attire include, but are not limited to, infection/prevention and control purposes, or where clinically necessary to complete a physical examination. Gowning for such reasons is out of scope of this procedure.

5. Search of the Person

- 5.1 If restraint of the patient at-risk is required for a search, the method and manner of restraint shall be in compliance with the principles of least restraint and any existing, related AHS policies or procedures.
- 5.2 The patient at-risk shall be asked if there are any sharp objects or other items in their possession that might pose a threat to staff undertaking the search. The patient shall be asked to hand over any potentially harmful or lethal means.
- 5.3 It is recommended that searches of the at-risk patient's clothes and belongings be done in the patient's presence and with their participation and assistance (if the patient's clinical condition permits this kind of participation).
- 5.4 Staff shall communicate with the patient at-risk as the search is being done, and alert the patient if the intrusiveness of the search shall change and when the search is completed.

6. Searching Clothing and Belongings

- 6.1 Where a patient at-risk has chosen not to change into hospital attire and employing the least intrusive method appropriate for searching, as clinically appropriate, the patient at-risk should be asked to assist the search by:
 - a) removing their jacket/outer layers;
 - b) emptying and turning out all pockets;
 - c) removing their hat;
 - d) lifting pant legs to show nothing is hidden;
 - e) taking off shoes and socks and removing laces;
 - f) turning their socks inside out;
 - g) un-tucking their shirt to show the waistline; and
 - h) removing their belt.

- 6.2 If the patient at-risk wishes to wear their own clothes, harmful and lethal means (which includes, among other things, shoelaces, belts, hoodies and/or other clothing strings) must be removed and confiscated.
- 6.3 Per section 2.6 above, if the health care professional or delegate believes that the above search may not have discovered all potentially harmful and lethal means, increased interference with the at-risk patient's person (body and belongings), such as "pat-down", is permitted.
- a) For sites with Protective Services present, a member of Protective Services shall conduct the search with a health care professional present.
 - b) For sites where Protective Services are not available, staff should contact local police services or the Royal Canadian Mounted Police (RCMP) and be present for the "pat down" procedure.
- 6.4 If the involuntary patient at-risk is uncooperative or it is clinically inappropriate to follow the process outlined above, a "pat-down" manner of search may be used to search the patient's clothing while on the patient's person.
- a) For sites with Protective Services present, a member of Protective Services shall conduct the search with a health care professional present.
 - b) For sites where Protective Services are not available, staff should contact local police services or the RCMP and be present for the "pat down" procedure.
- 6.5 If the "pat-down" manner of search is to be used, it shall be conducted by Protective Services, if available, or local police services or the RCMP. A health care professional shall be present during the search.
- a) The search should be conducted in a private location.
 - b) A head-to-foot search shall be completed, including patting down the front and rear of the body, around the legs and inside clothing folds, pockets, waistbands, socks and footwear.
 - c) The patient's clothing, including pockets, collar and linings should be searched before personal belongings.
- 6.6 When clinically appropriate, the patient at-risk should be encouraged to open and empty their belongings (e.g., suitcases, bags, purses, wallets) onto a clear surface. Items should then be turned upside down to ensure they are empty.
- 6.7 Staff shall search each of the articles, including pockets and linings, for potentially harmful and lethal means.

7. Items Confiscated During Search

- 7.1 Upon transportation of patients at-risk, either via Emergency Medical Services (EMS) or with facility-based transport teams, the ED or UCC staff shall:
- a) inform the receiving staff of:
 - (i) any patient items that have been confiscated from the patient in order to protect the patient or others from harm; and
 - (ii) the rationale for the confiscation; and
 - b) transfer the confiscated items (except weapons and illegal items) to the receiving staff via the EMS or other transportation staff. Confiscated items shall be kept away from the patient during transport.
- 7.2 Any weapon(s) or illegal substance(s) shall be handled in accordance with the AHS Protective Services *Evidence Control* Standard. If Protective Services is not available, staff shall notify the RCMP or local police services.
- 7.3 Any legal items that could potentially be harmful to the patient at-risk or others shall:
- a) be stored for eventual return to the patient; or
 - b) disposed of in accordance with AHS policies and other applicable protocols, if abandoned by the patient or if the return of the legal item to the patient would be contrary to the law (e.g., medication prescribed to someone other than the patient).

8. Documentation

- 8.1 Documentation of assessments, decisions and actions taken with regard to searches and the removal and safe storage or disposal of the at-risk patient's property shall be entered on the patient's health record by the attending health care professional. The following details shall be included:
- a) the patient's consent or refusal to allow a search;
 - b) observations and rationale for any initial determination that there is reason to believe the patient lacks capacity to consent to the search;
 - c) the grounds on which a search was initiated (if it was done);
 - d) the nature of the search;
 - e) the outcome of the search and a list of any items that were removed;
 - f) the patient's response to the search; and
 - g) the names and roles of staff performing all or parts of the search.

DEFINITIONS

At-risk means those patients who present with indications that there is a risk they may harm themselves or others. Such indications could include, but are not limited to:

- violent behaviour;
- suicide attempts or ideation;
- attempts or threats to self-harm;
- threats of harm to others;
- reports of patient experiencing delusions, hallucinations, et cetera, about harming self or others which the patient is unable to resist.

Capacity means 1) the patient understands the nature, risks and benefits of the procedure, and the consequences of consenting or refusing; and 2) the patient understands that this explanation applies to them.

In the context of treatment of a formal patient or a person subject to a Community Treatment Order under applicable mental health legislation, capacity is addressed in section 26 of the *Mental Health Act* (Alberta), which states that a person is mentally competent to make treatment decisions if the person is able to understand the subject matter relating to the decisions and able to appreciate the consequences of making the decisions.

Formal patient means a patient detained in a designated mental health facility under two admission certificates or two renewal certificates, in accordance with the *Mental Health Act* (Alberta).

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 Professions Act* (Alberta), and who practises within scope or role.

Involuntary patient means any patient who did not request a health service but who is required by court order or some other legal authority to attend for health service(s) (this group includes but is not limited to formal patients).

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Voluntary patient means a patient seeking health care on their own volition who is not required by court order or some other legal authority to attend for health service(s).

REFERENCES

- Alberta Health Services Governance Documents:
 - *Consent to Treatment/Procedures Policy* (#PRR-01)

TITLE	EFFECTIVE DATE	DOCUMENT #
SEARCHING PATIENTS AT RISK OF HARMING THEMSELVES OR OTHERS	June 8, 2018	HCS-211-01

- *Evidence Control Standard (Protective Services)*
- *Restraint as a Last Resort Policy suite (#HCS-176)*
- *Searching Patients at Risk of Harming Themselves or Others Policy (#HCS-211)*
- Non-Alberta Health Services Documents:
 - *Mental Health Act (Alberta)*
 - *Mental Health Act Forms Regulation (Alberta)*
 - *Public Health Act (Alberta)*

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