



TITLE

**SEARCHING PATIENTS AT RISK OF HARMING THEMSELVES OR OTHERS**

SCOPE

Provincial: Emergency Departments, Urgent Care Centres

DOCUMENT #

HCS-211

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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.

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**OBJECTIVES**

- To provide clear guidance on searching **patients** at risk of harming themselves or others, who present to Emergency Departments (ED) or Urgent Care Centres (UCC).
  - For areas other than EDs and UCCs, existing program policies shall continue to guide staff and Physicians.
- To promote consistency in the decision-making process regarding searching of the patient at risk of harming themselves or others (for the remainder of this document, the “patient **at-risk**”).
- To provide a balance between trying to ensure a safe environment for those working in, presenting to, or visiting an ED or UCC, and protecting the rights and dignity of each patient.

**PRINCIPLES**

Alberta Health Services (AHS) is committed to facilitating a safe environment for patients, **families**, visitors, staff, and Physicians within the EDs and UCCs.

**Health care professionals** shall use appropriate procedures to search patients at risk, respecting individual rights, dignity, autonomy, and consent (where possible).

**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. Principles

- 1.1 Respect for Persons – The patient’s rights and dignity shall be respected at all times. Informed consent or informed refusal, and the principle of honouring patient choice, are applied in all practical circumstances. Decisions with respect to searches of patients at-risk are made on a case-by-case basis.
- 1.2 Consent – All reasonable attempts shall be made by the health care professional to obtain verbal informed consent from a patient at-risk, prior to a search of any of their person, clothes, or belongings.  
  
**Note:** No health care professional or other staff shall coerce a patient to consent to a search.
- 1.3 Least Intrusive Approach – Staff shall communicate to patients at-risk about what is considered potentially **harmful and lethal means**. To minimize harm, staff shall ask patients to hand over such items. When searching is determined to be a necessary intervention, it will be conducted in a sensitive, least intrusive, appropriate and reasonable manner given the assessed circumstances.
- 1.4 Patient Choice for Gowning – In the ED and UCC, patients at-risk may be asked, but not forced, to change into hospital attire for the purpose of searching their person or clothing. Alternatives to gowning include a patient-assisted clothing search or pat-down search, as appropriate in the circumstances.
- 1.5 Safety – Searching the patient at-risk and removing and securing harmful and lethal means enhances the safety of patients and other persons in the ED or UCC.
  - a) Staff and Physicians who reasonably believe that providing care to a patient would pose imminent danger, as described in the *Occupational Health and Safety Act* (Alberta), shall report their concerns immediately to the ED or UCC Manager or delegate.
  - b) Depending on the nature of the perceived danger, additional safety measures may be utilized.

### 2. Decision-making Components

- 2.1 Reasonable grounds for a search are determined on a per patient basis.
  - a) Consider if there is another, less intrusive way of minimizing the risk. The more intrusive a search, the higher the standard shall be to establish reasonable grounds.
  - b) Reasonable grounds exist to search **voluntary patients** or **involuntary patients (formal patients** are a type of involuntary patient) at-risk if there are reasons to believe:

- (i) there is a risk to the health and safety of the patient or others; and
  - (ii) a search is likely to result in minimizing that risk.
- 2.2 When an assessment is necessary to determine whether there are reasonable grounds for a search of a patient, it should be completed as quickly as practical by an ED or UCC Physician, Registered Nurse or other health care professional (for safety purposes, in conjunction with Protective Services, local police services or Royal Canadian Mounted Police [RCMP], where possible or necessary).
- 2.3 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 (e.g., known possession or use of weapons);
  - c) information from the patient's family and/or friends;
  - d) any relevant form or certificate issued, if applicable;
  - e) information from AHS staff, including Protective Services;
  - f) information from contracted service providers; and
  - g) information from police or others.
- 2.4 Health care professionals shall employ verbal and non-verbal escalation prevention and de-escalation techniques to avoid crisis and to gain optimal co-operation from the patient at-risk.
- 2.5 For the voluntary patient:
  - a) if reasonable grounds to search do not exist, the search should not proceed and health care services should be provided per usual course;
  - b) if reasonable grounds for a search exist, the 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, the health care professional shall assess whether:
    - (i) health care services can be safely provided with additional safety measures;
    - (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; or
  - c) when a search is necessary to ensure the immediate health and safety of the patient, staff or others and there are reasonable grounds for a search

as well as reason to believe that the voluntary patient lacks capacity to consent to a search, consent should be sought but is not required.

- 2.6 For an involuntary patient, who is also considered to be a patient at-risk:
- a) consent for a search should be sought wherever possible, although it is not required in the case of an involuntary patient;
  - b) it may be reasonable to conduct a minimally intrusive search prior to the provision of care, in which case, reasonable grounds for a more intrusive search shall still be established; and
  - c) as for any patient, the higher the risk, the more intrusive or detailed a search may need to be.

### 3. Roles

- 3.1 Health care professionals shall determine and document in the patient's health record, whether a search of a patient at-risk is required, whether the patient will co-operate and to what extent, and what safety measures will be needed regardless of patient consent.
- 3.2 Protective Services, where available, are responsible to assist in maintaining safety before, during, and after any assessment or actual search, to help with a search, and to document per the normal Protective Services protocols or standards.

### 4. Documentation

- 4.1 Documentation of assessments, decisions and actions taken with regard to searches of patients at-risk, and the removal and safe storage of the patient's property shall be entered on the patient's health record by the health care professional.

### 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.

**Family(-ies)** means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

**Formal patient** means a patient detained in a designated mental health facility under two (2) admission certificates or two (2) 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 and procedures (#PRR-01)
  - *Evidence Control* Standard (Protective Services)
  - *Searching Patients at Risk of Harming Themselves or Others* Procedure (#HCS-211-01)
- Non-Alberta Health Services Documents
  - *Mental Health Act* (Alberta)
  - *Mental Health Act Forms Regulation* (Alberta)
  - *Occupational Health and Safety Act* (Alberta)

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