



Patient Property and Valuables Procedure

1. Purpose

To ensure the safe management of patients' property and valuables within Bunbury Hospital.

This procedure applies to all emergency department patients, inpatients, and day procedure patients. This procedure does not apply to patients in the outpatient clinics. Whilst some property kept by the patient is done so at their own risk, the health service has duty of care to assist patients to secure valuables or to care for personal items e.g. dentures/glasses.

2. Procedure

2.1 Admissions

Equipment involved:

- Property Book HA180 – Record of Patients Clothes, Money and Valuables
- valuables envelope
- property bags
- admission documentation specific to ward.

Key Points:

- Documentation of patient property and valuables is the responsibility of the admission nurse.
- Any property kept by the patient, inclusive of aids of daily living such as hearing aids, glasses, dentures etc. must be documented in the Property Book HA180.
- The health service in general is not responsible for any property misplaced or lost by the patient during their admission. The health service has a duty of care to assist patients to secure important items.
- On admission, the patient is offered the option of:
 - having their valuables, removed from the hospital by a relative or friend (this is the preferred option)
 - keeping their valuables at their own risk
 - placing their valuables in a valuables envelope and having the envelope stored in a designated locked cupboard/safe.
- The patient's preferred option is indicated on the relevant documentation specific to ward.

Inpatient and Emergency Department Process:

- All clothing and property taken from the patient must be placed in the blue property bags and labelled with the patient's name.
- The bag is to be kept with the patient or given to the patient's relatives to take home.
- All property and valuables to be documented in the HA180 Record of Patients Clothes, Money and Valuables book.
- On discharge, ensure property is taken home with patient if not already taken home with relatives.

- Document in nursing notes if property is:
 - sent with patient to ward.
 - sent home with relative.
- Document and record in the HA 180 Record of Patients Clothes, Money and Valuables book exactly what the patient has elected to keep with them.
- Patient and relatives will be informed that the health service does not take any responsibility for patient property or valuables that are kept with the patient.
- Staff will advise of the availability of a valuables safe which is in the security office.
- Once documented in HA 180 Patients Clothes Money and Valuables Book, place the white copy in the medical record, give the yellow copy to the patient, and the green copy stays in the book.

2.2 Valuables

The Manager Administration and Support Services has overall management of valuables including ensuring that unclaimed valuables are sent to the police each month.

If a patient requests valuables be held for safe keeping:

- all valuables to be documented in the HA 180 Record of Patients Clothes, Money and Valuables book
- the patient places the valuables in a non-see-through envelope and seals the envelope
- if unable to do so, two nurses will place the valuables into the envelope
- an addressograph label is placed on envelope
- if an addressograph is not available, the patient's details can be handwritten onto the envelope
- date and patient's ward/department also documented on envelope
- the envelope is sealed and witnessed by two (2) people i.e. patient and nurse or two nurses, ensure there is at least one signature across the seal of the envelope
- security officers to collect the valuables from the ward coordinator or patient flow coordinator.
- the valuables envelope is put inside a tamper-evident bag, labelled with patient information, sealed and deposited in the safe in the security office and entry made in the security hard copy valuables book to document item being placed into safe.

2.3 Weapons, Illicit Substances and Alcohol

If a patient is found to be in possession of weapons, illicit substances and/or alcohol, or are suspected to be in possession of such, staff are to contact Bunbury Hospital security officers and ensure the following:

- Under no circumstances are staff to dispose of any item or substance.
- Suspected illicit substances are to be placed in a sealed bag and stored in the safe in the security office. Police are to be notified. MHA 14 Form 8A and 8B are to be completed and an entry documented in the patient's medical record.
- Prohibited and controlled weapons found during property searches are to be secured and surrendered to police. Weapons listings are as in Schedule 1 Prohibited weapons and Schedule 2 Controlled weapons of the [Weapons Act 1999 \(WA\)](#). MHA 14 Form 8A and 8B are to be completed and an entry documented in the patient's medical record.
- Security staff will be responsible for contacting police where police assistance is deemed necessary.

- Nursing staff may have to contact the police if security not available.
- Weapons may include firearms, illegal and controlled weapons, and dangerous items, i.e. cricket bats, razors, kitchen knives.

Refer to the [Firearms Act 1973](#) (WA) and the [Weapons Act 1999](#) (WA).

2.4 Management of Large Amounts of Cash

Process for dealing with large amounts of cash:

- At least two nursing staff to count cash and verify the total. Two staff seal the cash along with a duplicate copy of the Property Book register into a non-see-through envelope then sign and label the envelope with a patient addressograph. Ensure there is at least one signature across the envelope seal.
- A second person is to witness this process and is to co-sign the appropriate forms.
- The ward/department nurse contacts Security Officer on:
 - security mobile #1 - 0413 802 048 or
 - security mobile #2 - 0409 379 187
- A Security Officer and witness place the valuables envelope into a tamper-evident bag and either affix patient details label or writes patient details on envelope before locking the envelope in the safe in Security office. Security Officers are not to be informed of the contents/value of items in envelopes.
- Security safe contents register book is updated with patient details and date/time when valuables envelope is locked in the safe.
- The items will be returned to the patient on discharge where identity can be verified through proof of ID. There may be scenarios where valuables cannot be collected by the patient (eg. patient has deceased) and authorised next of kin/family member may collect where identity can be verified through proof of ID.
- Security safe contents register book is updated to record details of person (patient/NOK) and date/time when valuables envelope is removed from safe and returned.

2.5 Front Reception Role

The role of front reception is to:

- Support patients in collecting lost (recovered), found items and held items for collection.
- Support patient enquiries around lost, found, valuables items.
- Support administrative duties – contacting patients via telephone, updating lost and found database, preparing and sending mail merge letters for collection of items.
- Receive patient property items found in clinical wards/departments, store and maintain the patient property storage cupboard in the returned equipment room next to main reception. Items to be stored alphabetically by surname.
- Regularly check for property items unclaimed after 2 months and take follow-up steps to contact patient/NOK/family members.
- Liaise with patient flow coordinator, security and additional staff as needed.
- Found items that have potential cultural significance for Aboriginal and Torres Strait Islander people are to be reported to Bunbury Hospital based Aboriginal Liaison Officers for assessment. Any found items of cultural significance not claimed after two months are to be provided to Bunbury Hospital based Aboriginal Liaison Officers.
- Assist with any additional requests as required to support this process.

2.6 Storage of Clothing and Large Articles

Clothing and large articles are to be dealt with as follows:

- Place in an appropriately sized plastic property bag and label with a patient addressograph. If any items are soiled, separate the soiled items and seal in a separate plastic property bag before storing with other items. (Ward staff are to use discretion when deciding to return excessively soiled or damaged items).
- Store bagged clothing in the patient property storage cupboard in the returned equipment room next to main reception.
- Large articles or property that is unable to fit in a property bag are required to have a secure property tag placed on and stored in a designated area – such the hospital equipment shed.
- Property to be stored alphabetically by patient surname.

2.7 Deceased Patient's Property

If a patient is deceased, the process for dealing with their property is as follows:

- Two nurses list every item (clothing, valuable and non-valuable) in the ward HA 180 Record of Patients Clothes, Money and Valuables book.
- The nurses then request for the items to be stored in the patient property storage cupboard in the returned equipment room next to main reception. The main reception staff retains a copy of the details of the deceased persons.
- The nurse contacts the next of kin to arrange collection of the property at Main Reception between 9:00am – 4:30pm Monday to Friday.
- If not claimed within two months, the property is to be disposed of as per unclaimed property.

2.8 Lost Property

Lost property is to be dealt with as follows:

- Lost property is to be reported to ward clerk or reception.
- Ward clerk to complete a thorough search of the ward area where the item was reported lost/missing. If the item is not found, notify the ward Clinical Nurse Manager.
- Ward clerk to register item on the Patient Property database.
- A detailed investigation is to be undertaken by the Clinical Nurse Manager and Manager Administration and Support Services.
- The report/claim, detailing who conducted the investigation, findings and recommendations, to be sent to the Director of Nursing & Midwifery.
- The Director of Nursing & Midwifery is then to determine an outcome, taking into consideration all available information at the time. Options include:
 - if they believe there is clear evidence of hospital negligence, they can submit a claim to RiskCover who will make an independent enquiry. This may or may not result in payment.
 - approval for payment for the loss and if they think there is a chance of making a successful claim for reimbursement, send it to RiskCover. The hospital may or may, not get reimbursed.
 - pay for the loss and take no further action. This would be the most desirable option if there is insufficient evidence of negligence, but it would seem the hospital is responsible in some way (e.g., if a patient had to move rooms several times and the item was lost in transit).

- advise the patient that the hospital is not responsible, and they will not be reimbursed.

The Ward/Unit staff should **not** decline a claim and then tell the patient to submit it to our insurer. If there is no clear evidence of negligence, the hospital will not submit the claim.

2.9 Found Property

If property is found it is to be dealt with as follows:

- If the owner of the property is known (e.g. discharged patient), every effort should be made to contact the patient or next of kin for reclamation.
- Send all found items to Main Reception during business hours 8:30am – 4:30pm, items are to be listed on the lost and found database and items to be stored in the patient property cupboard.
- Valuables are to be sent to Security office for storage in the safe. Valuables are **not** to be held at ward/unit level.
- After hours, found property is to be handed to the patient flow coordinator who is to complete found property notification slip and place at front reception.
- Front reception to process found property notification slip, enter on database and store accordingly.
- When a claimant identifies the property, it is to be returned by the patient flow coordinator or front receptionist maintaining the necessary documentation detailing the found item(s), claimant's signature and date of recovery on the release of property form.
- Found items that have potential cultural significance for Aboriginal and Torres Strait Islander people to be reported to Bunbury Hospital based Aboriginal Liaison Officers for assessment. Any found items of cultural significance not claimed after two months to be provided to Bunbury Hospital based Aboriginal Liaison Officers.
- Update Patient Property database.

2.10 Storage of Items in Patient Property Cupboards

Items are to be:

- stored in patient surname alphabetical order
- stored in patient property bag, with patient identification label if patient details known
- labelled with date found and location if owner unknown.

2.11 Unclaimed Items

When non-valuable property remains unclaimed after a period of **two months**, the item(s), at the discretion of the Director of Nursing & Midwifery, may either be disposed of, be given to a charity organisation or returned to the finder. If the finder claims possession, the finder must be prepared to return it to the rightful owner, should the person claim it at a later date.

Valuable property not claimed after **two months**, will be handed over to the police by the Manager Administration & Support Services. The police will issue a receipt which is then attached to the patient property form.

3. Roles and Responsibilities

The **Director of Nursing & Midwifery** is responsible for determining the outcome of a lost property report/claim.

The **Clinical Nurse Manager** and **Manager Administration and Support Services** are responsible for investigating lost property.

The **Manager Administration and Support Services** is responsible for overall management of valuables and sending unclaimed valuables to the police.

Clinical staff are responsible for:

- documenting all patient property and valuables in the HA180 Record of Patients Clothes, Money and Valuables book
- following procedures where a patient requests valuables to be held for safe keeping and requesting assistance from Security Officers to deposit valuables into the safe.

The **admission nurse** is responsible for documentation of patient property and valuables.

Security staff are responsible for contacting police where police assistance is deemed necessary and assisting staff with depositing valuables into the safe.

Administrative staff are responsible for:

- maintaining security of property storage
- following procedures to support patient enquiries around lost, found and valuable items
- contacting patients to collect lost items and arrange collection of held items.

All Bunbury Hospital staff are required to follow this procedure to ensure safe management of patients' property and valuables at Bunbury Hospital.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

This procedure has been implemented to centralise safe storage of patients' property and valuables. Monitoring and evaluation is to be carried out by the Manager Administration and Support Services using records such as the Property Book, security safe contents register book, Record of Patients Clothes and the Money and Valuables book

5. References

Nil

6. Definitions

Term	Definition
Lost property	Item/s that are lost that the patient, consumer, family or staff are unable to locate.
Found property	Item/s that are found by patient/s, consumers or staff that are handed in to the hospital.
Valuables	<p>Items classified as valuable have a monetary value of more than \$200.00 or are a valuable document.</p> <p>Valuables may include but are not limited to:</p> <ul style="list-style-type: none"> • cash • credit/debit card/pensioner medical entitlement card • cheque book/bank books • personal documents (e.g. driver's license, passport, wills, power of attorney/guardianship, advanced health directives, voluntary assisted dying) • jewellery and watches • portable electronic devices • house/car keys • Handbag/wallet • mobile phone and charging equipment • medical devices and equipment (including dentures and hearing aids).
Illicit Substances	A drug which a person possesses unlawfully. Illicit substances can be found in many forms such as tablets, liquids and powders and may not be easily identifiable

7. Document Summary

Coverage	Bunbury Hospital
Audience	All staff at Bunbury Hospital
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy
Related Legislation	Disposal of Uncollected Goods Act 1970 (WA) Firearms Act 1973 (WA) Weapons Act 1999 (WA)
Related Mandatory Policies / Frameworks	Nil
Related WACHS Policy Documents	<ul style="list-style-type: none"> Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard
Other Related Documents	Nil
Related Forms	Mental Health Act 2014 Forms
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3417
National Safety and Quality Health Service (NSQHS) Standards	2.11, 2.13
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	11 February 2025	11 February 2025	New procedure

9. Approval

Policy Owner	Executive Director South West
Co-approver	Nil
Contact	Manager Administration and Support Services
Business Unit	Hotel/Support Services
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