



Patient and Property Searches Procedure

Effective: 21 October 2020

1. Guiding Principles

The Great Southern Mental Health Service, Albany Acute Psychiatric Unit (APU) has a responsibility to provide a safe environment for patients, visitors and staff.

The APU will take all reasonable steps to ensure that admitted patients, detained persons and persons presenting at a mental health service do not present a risk of harm to themselves or others by having inappropriate items in their possession and/or bringing them into mental health inpatient unit.

APU staff are to collaborate with the patient to assist in the safety and security of property. The APU is responsible for any patient property kept in the patient lockers. When a patient is assessed as competent they are responsible for any property that is retained in their possession.

Patients are to be encouraged to minimise the amount of property brought to the APU.

Patients should be informed that valuables including jewellery, expensive equipment or belongings and excessive cash should not be brought into the unit.

In collaboration with the patient staff must determine whether jewellery such as wedding rings can be kept on their person.

Staff must wear personal protective equipment when performing searches, including use of safety gloves.

The APU does not take any responsibility for losses of property if not secured in accordance with this procedure.

APU staff must adhere to the *WA Mental Health Act 2014* (MHA14) with respect to searching and seizing property as required.

For all patients/carers of including those of Aboriginal or CALD backgrounds understanding is to be facilitated where appropriate by:

- Utilising leaflets/signs
- Using an approved interpreter service
- Involvement of an Aboriginal Liaison Officer
- Involvement of a carer, family member or personal support person (PSP).

2. Procedure

On admission or following leave from the APU, staff must ensure there are no inappropriate items that will compromise safety of the patient, visitors or staff.

Consent

Staff must request that patients consent to a search of property on admission or following leave. If the patient does not consent to the search the following processes should be followed.

Voluntary Patients

Where a voluntary patient or person presenting to the APU does not consent to a property search, staff need to consider whether the patient can be admitted. Staff should calmly and rationally explain the reasons for the search and give the patient further opportunity to consent. The patient's family and carer may be involved in the discussion. The treating psychiatrist should be consulted to determine if the person should be refused entry or admission to the APU, considered within the context of a clinical risk assessment.

Involuntary Patients

When an involuntary patient or detained person does not consent to a property search staff should calmly and rationally explain the reasons for the search and give the patient further opportunity to consent. Staff can adopt other measures such as consulting with the treating psychiatrist. If all other measures have been employed and the patient does not consent, the patient should be informed that the health service may lawfully conduct a search without the patients consent and that it intends to do so.

Documentation

Patient property is to be recorded in the Patient Property Book. This is to include any items of value, such as electronic devices, jewellery or items of significance identified by the patient. Items such as glasses, dentures and hearing aids should also be recorded. A copy of the record is to be given to the patient, the original copy remains in the Patient Property Book.

Valuables and Money

Patients are to be encouraged to give valuables and money, especially amounts over \$100, to a family member or PSP. This is to be documented in the Patient Property Book and medical record.

Valuables, money, electronics such as laptops and significant small items are to be recorded, labelled and stored in the patient locker.

All money kept in the patient locker is to be recorded in the Inpatient Cash Register. All transactions with patient money are to be signed by two staff members, or a staff member and a patient with capacity.

Electronic Devices

Electronic devices can be retained by patients at the discretion of clinical staff. Patients have access to all means of communication unless it is being misused or determined that the rules of confidentiality are being breached. A psychiatrist can prohibit or limit access to means of communication using MHA 14 Form 12C.

Patients who possess a mobile phone that has the capacity to take and store photographs are to be advised that they are not to use this facility while within the APU.

Electronic device chargers are to be labelled and remain in the store room. No cords or chargers are permitted in patient bedrooms.

Keys and Vehicles

All patient car and house keys are to be labelled and put in the key register. Keys are to be kept in the key locker in the storeroom. Patients are not permitted to drive during admission in the APU ([Patient Vehicle Access Procedure-Albany Hospital Acute Psychiatric Unit](#)).

Medications

Patients own medications are to be labelled and stored in the patient locker. Patient own Schedule 4R and Schedule 8 medications are to be entered into the relevant Schedule books and stored in sealed tamper evident plastic bags in the restricted cupboard.

Prohibited and Controlled Weapons and Illicit Substances

Suspected illicit substances are to be placed in a sealed bag and kept in the Schedule 8 restricted cupboard. 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 Western Australian [Weapons Legislation 1999](#). MHA 14 Form 8A and 8B are to be completed and an entry documented in the patient's medical record.

Potentially Dangerous or prohibited items such as razors, scissors, tweezers, soft drink cans, cosmetics, alcohol, aerosol sprays/perfume and any article that may present as a ligature risk are removed and labelled and kept in the patient locker. Access to these items by the patient is at the discretion of staff following a risk assessment.

Returning Property

On discharge from the APU staff must check property with the patient using the Patient Property Book to ensure all property is returned. Once completed staff are to sign the discharge checklist.

Patient property not taken on discharge must have an identification label attached and be documented in the patient health record.

Where property belonging to a discharged patient is found, the patient or a family member must be contacted to collect the items. This contact is to be documented in the patient health record.

Property not taken on discharge may be returned to the patient via mail where deemed appropriate by the Clinical Nurse Manager (CNM).

Visitors

Visitors to the APU must not bring inappropriate items into the unit.

Visitors are to be informed by signage and verbal advice from staff that certain items are inappropriate.

If staff hold a reasonable concern that a visitor is in possession of inappropriate items a search of their belongings may be necessary.

If the visitor does not consent to a search of their belongings and staff remained concerned that the visitor is in possession of inappropriate items, the visitor can be refused entry to the APU. Staff can escalate the matter to the shift coordinator, on call psychiatrist which may result in notifying security or police if required.

Disposing of Property

Legal requirements for disposal of patient property left on the APU in accordance with the MHA 2014 section 259:

Any personal possessions of a patient left at an authorised hospital for more than 6 months after the day on which the patient is discharged by the hospital may be sold or otherwise disposed of by the person in charge of the hospital, but only:

- After the person in charge gives at least one month's notice of the proposed disposal to a carer, close family member or other personal support person of the person
- If no carer, close family member or other personal support person of the person claims those possessions within that 6-month period.

Patient Searches

Staff are to ensure that personal searches are conducted in the least intrusive, dignified and respectful manner possible, and are to provide dignity and privacy with awareness to issues of gender, sexuality, religion, culture and trauma informed care.

The level of intrusiveness of the personal search must be a reasonable and proportionate response to the reason for the search. The least intrusive measure is adopted at all times.

The Mental Health Regulations 2015 define that a person authorised to conduct a search is the person in charge of the ward, or a person immediately authorised by the person in charge of the ward.

Security staff are lawfully authorised to give reasonable assistance to mental health service staff carrying out a search, and may use reasonable force in doing so.

Prior to a personal search the patient should be asked to relinquish any items that may be inappropriate.

Before performing a search the person who will conduct the search must, if reasonably practicable, identify themselves to the person, inform the person of the reason for the search and request the person consent to being searched.

The person performing the search must, if practicable, be a person of the same gender as the person to be searched and a minimum of two staff should be present for all patient searches.

The person conducting the search may do all or any of these things:

- Scan the person with an electronic or mechanical device, whether hand held or not, to detect any thing.
- Remove the persons headwear, gloves, footwear or outer clothing (for example a coat or jacket), but not the persons inner clothing or underwear, in order to facilitate a frisk search.
- Search anything being carried by or under the immediate control of the person.
- Order the person to do remove anything that might injure the person conducting the search from any article that the person is wearing.
- Order the person to do anything reasonable to facilitate the exercise by the person conducting the search.

The search must be conducted as quickly as is reasonable practicable, not be any more intrusive than is reasonably necessary in the circumstances.

The person must be allowed to dress as soon as the search is finished and must be provided with a reasonably adequate replacement for any article of clothing or footwear seized.

For any article seized MHA 14 Form 8A and 8B are to be completed and an entry documented in the patient's medical record.

Health practitioners who perform searches unlawfully or without meeting the legislative provisions under the MHA 2014 could potentially be liable to civil action under the Criminal Code.

3. Roles and Responsibilities

Clinical Director

Clinically lead the service by ensuring excellence in local clinical governance systems and defining clinical best practice.

Manager, GS Mental Health Service

Provide managerial support to the APU via clear expectations of operational unit role and ensuring that there are adequate resources to meet these. Monitor the team performance against the agreed performance indicators.

Acute Psychiatric Unit Clinical Nurse Manager

Identify and communicate organisational and local ward clinical governance structures. Provide day to day monitoring of the ward clinical governance processes.

Shift Coordinator

The Shift Coordinator is to be responsible for supervising, monitoring, delegating, and communicating all operational processes involving the provision of safe and effective nursing care.

Clinical Nurses, Registered Nurses and Enrolled Nurses

Deliver care within the scope of practice for registration and competence. Undertake tasks as delegated or as scheduled by shift coordinator instructions. Escalate to the shift coordinator any clinical, OSH, or security incidents, near misses, and patient complaints. Communicate immediately with the shift coordinator if there is any deterioration in a patient's condition or when the delivery of patient care is outside of the nurse's scope of practice or competence. Liaise with the shift coordinator to communicate the patient's condition and care, including use of discretionary/prn medications.

All Staff

All staff are required to work within policies and guidelines

4. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

5. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

6. Evaluation

Monitoring of compliance with this document is to be carried out by the Clinical Nurse Manager through ongoing auditing of available tools and monitoring of patient care.

7. Standards

[National Safety and Quality Health Service Standards](#) - 1.1; 1.25; 1.10; 1.15; 1.11; 4.1
[National Standards for Mental Health Services](#) - 1.1; 1.2; 1.3; 1.4; 1.8; 1.9; 1.17; 2.1; 2.13; 6.5; 8.7; 8.10; 10.5.6

8. Legislation

[Medicines and Poisons Act 2014](#)
[WA Mental Health Act 2014](#)
[Criminal Code Act Compilation Act 1913](#)
[WA Weapons Regulations 1999](#)
[Mental Health Regulations 2015](#)

9. References

[Clinicians' Practice Guide to the Mental Health Act 2014](#)

10. Related Forms

[MHA 2014 Form 8A Record of Search and Seizure](#)
[MHA 2014 Form 8B Record of Dealing with Seized Article](#)
[Risk Assessment and Management Plan SWMHMR905 \(RAMP\)](#)
[APU Admission & Discharge Checklist \(MR 20.2\)](#)

11. Related Policy Documents

[Admission of Mental Health Patients Procedure - Albany Hospital APU](#)
[Medication Administration Policy](#)
[Patient Vehicle Access Procedure - Albany Hospital Acute Psychiatric Unit](#)
[Security Procedure - Albany Hospital Acute Psychiatric Unit](#)
[Security Procedures Manual - Albany Health Campus](#)
[Visitor Procedure - Albany Hospital Acute Psychiatric Unit](#)

12. Related WA Health System Policies

[Granting & Management of Leave for APU Inpatients Guideline – Mental Health](#)

13. Policy Framework

[Mental Health Policy Framework](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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