



# Canberra Health Services

## Policy

### Searching of a Consumer's Person or Property

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## Policy Statement

The searching of a consumer's person or their property may be necessary to protect the consumer, visitors and Canberra Health Services (CHS) staff and to ensure all reasonable steps are taken to address any foreseeable injury or loss in the provision of a safe care environment. CHS has a non-delegable duty of care to ensure that reasonable care is taken of consumers (both inpatients and outpatients), visitors and CHS staff whilst they are on hospital premises.

Searching of a consumer's person or their property must be conducted in accordance with this policy, associated policies, procedures and in accordance with the risk management framework outlined in the *Protective Security Policy* and measures must be taken in circumstances where it is reasonable to prevent physical injury.

Searching of a consumer's person or their property should only occur in specific circumstances and should only be carried out if it is determined it is the most appropriate measure to manage an identified risk of certain harm to consumers, visitors and CHS staff. The incident of searching a consumer's person or property is documented in the consumer's clinical records. If the searching of a consumer's person or property occurs within the Emergency Department, the *Searching of a Consumers Person or Property* clinical form 30033 located on the CHS Clinical Forms Register should be completed and placed in the consumer's clinical record.

The act of searching a consumer or their property must be reasonable and proportionate having regard to the gravity and risk (both the nature and degree) of harm to consumers, visitors and CHS staff. Physical contact of a consumer must be justified for the purposes of preserving life or safety. Any unlawful search of a consumer, or their property, does encroach upon fundamental common law rights, being the right to privacy and the right to liberty. Unlawful searching may constitute a criminal offence/assault.

CHS recognises that consumers may have cultural practices or previous experiences that will require sensitivity and consideration in relation to searching of their person or property.

### **Where searches of a consumer's person or their property can be performed:**

CHS staff are permitted to undertake searches of a consumer's person or their property:

- Within the Alcohol and Drug Withdrawal Service
- Within the Mental Health Inpatient Unit and Mental Health Short Stay Unit. Refer to *Adult Acute Mental Health Services Procedure*
- Within the Canberra Hospital Emergency Department. Refer to *Emergency Department and Mental Health Interface Procedure*
- Within the Gawanggal Mental Health Unit ),
- Within the Dhulwa Mental Health Unit (DMHU) (Refer to *Dhulwa Mental Health Unit Searching Policy* and *Dhulwa Mental Health Unit (Dhulwa) Searching Procedure and Dhulwa Mental Health Unit: Security Policy and Procedures*)

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- Within Canberra Hospital clinical wards for admitted adults receiving treatment for eating disorders. Refer to *Adults with Eating Disorders – Medical Management of (Inpatients) Guideline*
- In an emergency situation, for example where duty of care provides for clinical staff to search an unconscious consumer to determine their identity or possible cause of their medical condition
- Within the Paediatric Unit (Refer to *Paediatric Mental Health Management Plan clinical form 65030* on the CHS Clinical Forms Register).

### Searching of visitors not permitted

CHS staff are not permitted to search visitors or their property (only exception is persons visiting DMHU). If CHS staff believe that a visitor poses a risk to consumers or staff they can be asked to leave the premises or be managed through the *Protective Security Policy* and related procedures.

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## Alerts

- Prior to searching a consumer, you must have reasonable belief (see Definition of Terms) that the consumer has on them, or in their possession, an item(s) that is a risk to themselves or others. To help determine reasonable belief it may be:
  - a physical presentation
  - something said by the consumer or about the consumer by another person
  - other information (e.g., multiple recent presentation(s) with a weapon).
- Consistent with the *Human Rights Act 2004*, *Crimes Act 1900* and the *Australian Charter of Healthcare Rights*, CHS staff are permitted to undertake searches of a consumer's person or their property in specific circumstances in order to provide a safe environment
- All CHS staff must exercise due diligence to ensure they comply with this Policy
- Any duty or obligation attached to CHS extends to its staff.

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## Purpose

The purpose of this policy is to promote a safe care environment for all consumers, visitors and CHS staff by providing:

- an overview of the legal framework and principles which underpin CHS staff lawfully undertaking a search of a consumer's person or their property
- a standardised approach to ensure that CHS staff undertake a search of a consumer's person or their property with respect, dignity, and consideration.

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## Scope

This policy applies to all clinical staff and security staff within CHS. All clinical staff includes but is not limited to medical officers, nurses, allied health and wards persons.

Within this policy, the term 'search' is defined as a range of non-clinical activities carried out by CHS staff such as:

- asking a consumer to remove their belongings from inside their bags, and empty out their pockets for CHS staff to inspect
- inspecting a consumer's bags
- inspecting a consumer's bedding, locker and the immediate area which may be considered their private living space
- searching a consumer's person for a non-clinical purpose, including a "pat down" search.

**Note:** A personal search (also known as strip searches) of consumers is only permitted within the DMHU on compelling grounds. Refer to *Dhulwa Mental Health Unit Search Policy and Dhulwa Mental Health Unit (Dhulwa) Searching Procedure*.

If the above activities are initiated by the consumer, for example, asking a CHS staff member to retrieve an item from their toiletries bag, it does not constitute a search and therefore may be conducted by CHS staff. However, CHS staff must be mindful of their own safety.

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## Roles & Responsibilities

### Chief Operating Officer (COO) CHS

The COO is responsible for the implementation of this policy and the monitoring of compliance.

### All Managers

All managers including:

- Executive Directors
- Directors
- Assistant Directors
- Clinical Directors
- Operational Managers
- Clinical Nurse Consultants
- Clinical Nurse Managers
- Protective Services within Operational Support Services

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are responsible for the dissemination and compliance with this policy within their areas of responsibility.

Managers of areas where searches of a consumer's person or their property would reasonably be expected to occur, should also ensure that their staff undertake appropriate training in de-escalation techniques and managing aggressive or challenging behaviours *Occupation Violence Training available on HRIMS Learning.*

### All Clinical staff

All clinical staff (including but not limited to medical officers, nurses, allied health and wards persons) must exercise due diligence to ensure they comply with this Policy

**Note:** Staff should not place themselves at risk by conducting a consumer search. If it is felt that there is imminent danger to staff or others, the situation should be escalated through the treating team, or a more senior staff member, or manager, for guidance and assistance. Refer to *Occupational Violence Policy and Procedure*. CHS staff are bound by the *Work Health and Safety Act 2011* and must take reasonable care for their own health and safety and the health and safety of others.

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## Consent

Before commencing any search (except in an emergency situation), every reasonable effort must be made to:

- explain the process and the reason for the search of the consumer's person or their property
- obtain the consumer's verbal consent and cooperation for the search. Note consent may be withdrawn at any stage and the consumer should be informed of this prior to a search being undertaken.

**Note:** Where consent is withdrawn by the consumer the only recourse open to CHS is to ask the consumer to leave the hospital premises (also see below that consumer can be refused treatment if it is safe to do so)

If the consumer appears to have difficulty in understanding the rationale for the search, or the requirement to provide consent (or refusing to consent) follow the processes outlined below.

### The conduct of searches without consent and what staff are authorised to do if the consumer refuses to give consent.

#### 1. Consumer not able to consent to a search

If CHS staff determine that a person does not have capacity to consent to a search there are a number of avenues CHS staff can follow to support their decision-making to ensure the

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search of a consumer, or their property, is lawful and is not a violation of the consumer's human rights and will not constitute a criminal offence.

Consumers may not be able to provide consent for several reasons, including for religious or cultural reasons; impaired decision-making capacity; impaired mental state; impaired hearing; communication difficulties or consumers may be from a non English-speaking background. Under these circumstances, support and additional information can be found via:

- area specific policies and procedures
- the Aboriginal and Torres Strait Islander Liaison Office (ALO)
- the use of Advance Agreements; Advance Consent Directions; and Mental Health Orders as well as the involvement of Guardians, Carers, and Nominated Persons (refer to the *Mental Health Act 2015* and *CHS Advance Agreements, Advance Consent Directions, and Nominated Persons under the Mental Health Act 2015 Operational Procedure*)
- a carer and/or family member of a consumer where understanding may be a barrier due a hearing impairment; or those with intellectual disabilities. It is recommended that communication and consent procedures occur under these circumstances with a carer and/or family member present
- an interpreter via the Telephone Interpreter Service
- children aged 13 to 15 years of age can only consent if they are assessed as having the maturity and intelligence to fully understand the nature of the request to search, the options, the risk involved and the benefits. A child who has such an understanding is considered to be Gillick competent.
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Note: In the case of minors (less than 18 years of age), a parent, carer, nominated person or someone known to the young person, should be present whenever possible. Care and Protection Orders may also need to be considered

## **2. Consumer not able to consent to a search where consumer is unconscious**

CHS staff can search a consumer and their property where duty of care provides for clinical staff to search an unconscious consumer to determine their identity or possible cause of their medical condition

## **3. Refusal of consent by a person without a mental illness or mental disorder**

If a consumer refuses to consent to a search, the consumer's decision-making capacity and clinical status must be reviewed by the treating team or Consultant Psychiatrist on call. If after assessment, a consumer is deemed to have capacity to provide consent, the consumer cannot be searched without their consent. If the consumer refuses consent for a search:

- the consumer may be refused care if it is safe to do so and must be advised of alternative care options. The consumer must be informed of this in a form and manner a reasonable person would understand

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- a clinical decision may be made by the treating team, Clinical Director or Executive on-call to allow admission and/or ongoing care without a search. Any decision not to proceed with a search must be made on clinical judgement and acknowledging that to do so may put the consumer, visitors and CHS staff at risk. The decision needs to be balanced between the practical option of providing treatment while minimising the risk to the safety of CHS staff. See Definition of Terms for Treating a Consumer without a search. A risk assessment must be completed and documented in the consumer's clinical records along with a rationale for this decision
- the consumer, if they meet the criteria, may be detained on Emergency Detention or a Mental Health Order under the *Mental Health Act 2015* and then can be searched without consent
- a consumer subject to section 309 of the Crimes Act, is in the custody of CHS per section 81(1) of the Mental Health Act 2015 can be searched if there is reasonable belief that the have an time that poses a risk to themselves or others
- CHS staff may need to conduct a search if they reasonably believe that the search is necessary to preserve the consumer's life, health or well-being
- CHS staff may need to conduct a search if they reasonably believe that the consumer represents a risk to others and as such, CHS staff will be unable to treat the consumer if the consumer is threatening the safety of the environment. CHS staff must inform the consumer that the will be unable to treat the consumer in a form or manner that a reasonable person would understand.

**Note:** To perform a search without the consent of the consumer, and in the absence of any indication for necessity of the search, could result in a claim of battery or trespass, especially if the search involves physically touching the consumer and it may consistute a criminal assault

#### **4. Refusal of Consent by a consumer with Mental Illness or Mental Disorder who is a Voluntary Patient**

There are no specific powers under the *Mental Health Act 2015* for people who are being treated as voluntary patients to be searched without their consent. If a consumer with a mental illness or mental disorder, who is a voluntary patient, refuses to consent to a search, the treating team or Consultant Psychiatrist on call must review their clinical status. If the consumer is assessed as having capacity to provide consent to a search and still refuses consent:

- The consumer may be refused care if it is safe to do so and be advised of alternative care options. The consumer must be given this information in a form and manner a reasonable person would understand
- A clinical decision may be made by the treating team, Clinical Director or Executive on-call to allow admission and/or ongoing care without a search. Any decision not to proceed with a search must be made on clinical judgement and acknowledging that to do so may put the consumer, visitors and CHS staff at risk. A risk assessment must be completed and documented in the person's clinical records along with a rationale for this decision.

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- If the consumer meets the criteria, they may be detained on Emergency Detention or a Mental Health Order under the *Mental Health Act 2015* and can then be searched without consent.
- CHS staff may need to conduct a search if they reasonably believe that the search is necessary to preserve the person's life, health or well-being
- CHS staff may need to conduct a search if they reasonably believe that the person represents a risk to self or others and as such, CHS staff will be unable to treat the person if the person is threatening the safety of the environment. The consumer must be informed of this in a form or manner a reasonable person would understand

#### **5. Refusal of consent by a consumer with Mental Illness or Mental Disorder who is an Involuntary Patient.**

Under the *Mental Health Act 2015*, consumers may be detained in a mental health service if they meet certain criterion. This includes the necessity to protect the consumer's safety or the safety of others. However, any interference with rights, privacy, dignity and self-respect must be kept to a minimum.

Note: to ensure the safe detention of a consumer who is an involuntary patient under a restriction order, a search may be permitted of their property without consent

If a consumer with a mental illness or mental disorder, who is an involuntary patient, refuses consent to a search, the treating team or Consultant Psychiatrist on call must review their clinical status. If it is determined that the situation represents a danger to the consumer or others, a search (without consent) may proceed in order to provide a safe environment for the consumer, visitors and CHS staff.

#### **6. Refusal of consent by a person without a mental illness or mental disorder who has been asked to leave the hospital premises**

When a consumer refuses consent for their person and property to be searched and as a result has been refused care (when safe to do so), they can be asked to leave the hospital premises.

If the consumer remains on the premises without permission CHS Security Officers should be contacted. CHS Security Officers have the right to exercise the use of legal force to carry out this commitment. Note a consumer will not become a trespasser until they have had a reasonable chance to leave.

The lawful use of force is only exercised in accordance with ACT legislation, 'duty of care', common law and when lawfully justified. The use of legal force is only used:

- as a measure of last resort to preserve life or human safety
- when the force used is in line with legislative requirements
- when any consequent breach of human rights is reasonable and proportionate to the risks being addressed, and is for the minimum time necessary.

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## Safeguards for Consumers and CHS Staff during a search

A search of a consumer's person or their property has the potential to create anxiety, trigger previous trauma or negatively escalate a situation. Therefore, the following safeguards must be implemented to prevent unnecessary stress to consumers or staff.

### Safeguards for consumers:

- Prior to conducting any search, CHS staff should make all reasonable attempts to ensure that the search is necessary. Refer to the Alert section within this Policy.
- Searches must be conducted in as private a space as possible.
- Consumers should be present during a search of their property (if able)
- Any religious and/or cultural items or practices should be treated with sensitivity and respect noting the consumer's religious or cultural beliefs.
- Sensitivity to the cultural needs and preferences of Aboriginal and Torres Strait Islander consumers continue. Where appropriate the relevant Aboriginal and Torres Strait Islander Liaison Officer (ALO) should be contacted to provide support before, during and after the search. Refer to the Consent section within this Policy.

### Note:

There is both a Mental Health ALO and an Alcohol and Other Drugs ALO. When consent has been declined, an ALO must be notified. The ALO cannot be responsible for conducting the search. It is also appropriate that a male is present for a male person and a female is present for a female person when a search is conducted.

- Should it be necessary to remove the consumer's headwear worn as part of religious practices during a search, this must be done in maximum privacy commensurate with the risk posed and in the presence of an CHS staff member of the same gender as the consumer. A member of staff must not attempt to unwind or remove headwear. The consumer must be given the opportunity to remove or unwind it personally and to have privacy and time to reassemble it after the search is completed.
- The search should be conducted by a CHS staff member of the same gender as the person. If this is not possible another person of the same gender should be present for the duration of the search wherever possible.
- For consumers who identify as Lesbian, Gay, Bisexual, Transgender or Intersex, any search, wherever possible, will be conducted by CHS staff of the same gender identity as the consumer or a gender nominated by the person. Where this is not possible, a CHS staff member of the same gender identity, or gender identity nominated by the person will be present during the search.
- Consumers with experiences of trauma and/or sexual abuse may find a search more traumatic and additional support should be considered.
- A person under the age of 18 can only be searched in the presence of an adult who is not a police officer. Where possible this should be a parent, carer, nominated person or someone known to the young person.



- A CHS staff member of the same gender as the consumer must conduct pat down searches.

#### **Safeguards for staff:**

- Two CHS staff members should be present when a search is required
- Personal Protective Equipment (PPE) must be worn where applicable
- Searches of a consumer's person by CHS staff may include:
  - An ordinary search, which requires the consumer to remove an overcoat, coat or jacket and any gloves, shoes, or hat; and an examination of those items. An ordinary search of items, including removal of any headwear, jackets and contents of pockets should be conducted before a pat down search occurs.
  - A pat down search (also known as a frisk search) which is conducted by an CHS staff member quickly running their hands over the consumer's outer garments and examining anything worn (refer to Attachment 1 for further details).
- For property searches, CHS staff should ask the consumer to present their property for inspection. This may consist of:
  - Asking the consumer to hand over items that may be of risk; any sharps should be placed directly by the consumer into a suitable sized sharps container provided by the staff member
  - Asking the consumer to empty their belongings from any bags or pockets onto a suitable surface for staff to inspect.
  - Asking the consumer to remove an external item of clothing to visually check for a concealed item.
- CHS staff are, wherever possible, are required to tip out the contents of the belongings when conducting a property search. Be aware of potential sharps, proceed with caution and comply with the *Blood Borne Virus – Management of Occupational Blood and Body Fluid Exposure Procedure* and any other area specific infection control protocols.
- CHS staff must not conduct or continue a search if they feel any risk of violence or harm to themselves through the process. CHS staff must refer to the *Occupational Violence Policy and Procedure* so that appropriate action can be taken.

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## **Additional search requirements**

### **Documentation**

Once a consumer's person or property search is conducted, the search must be documented, including the consent (or otherwise) provided in the consumer's clinical record.

Any issues that occur during any search must also be documented in the consumer's clinical record and all adverse findings or events must be entered into the clinical incident management system within CHS.

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### Consumers valuables

When an item of value is found during a consumer's person or property search, the consumer should be encouraged to ask a family member, nominated person or carer to look after the item. If required, the item may be placed in safekeeping e.g. in the work area Safe or Hospital Safe (whichever is more appropriate). CHS staff must complete a *Patient valuables receipt and transaction record* available from the Clinical Records Forms Register to document this safekeeping (see *Valuables and Property Procedure – being developed*).

### Alcohol or Illicit Drugs found in the consumers possession

If any alcohol or illicit drugs are found CHS staff must refer to the *Responding to Consumer Use of Alcohol and or Other Drugs (AOD) Procedure* so that appropriate action can be taken.

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## Other approaches to providing a safe environment

CHS staff should also use these approaches to provide a safe environment for consumers, visitors and staff:

- Communicate openly with consumers, their family members, and carers to advise of items that are prohibited within CHS facilities prior to admission, at admission or while care is being provided. The *Guide to the Canberra Hospital and University of Canberra Hospital*, located on the CHS Policy Register, outlines what to bring and what not to bring to hospital.
- If a consumer is suspected of consuming non-prescription drugs or alcohol during their admission, CHS staff must refer to the *Responding to Consumer Use of Alcohol and or Other Drugs (AOD) Procedure* so that appropriate action can be taken.
- If an CHS staff member believes a consumer possesses a weapon (or an item that poses a risk to themselves and others) and is at risk of harming others, refer to the *Occupational Violence Policy and Procedure*. If CHS staff believe a consumer poses an immediate threat to the safety of themselves, staff or others, call a Code Black, site security or dial 0-000 as appropriate.

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## Evaluation

### Outcome

- Searching a consumer's person or their property is carried out in accordance with this Policy, related policies, procedures, guidelines and legislation
- When a consumer is able to provide verbal consent this occurs, and if unable to provide verbal consent processes outlined in this Policy are followed
- No unlawful searching of a consumer's person or property is undertaken
- When searching a consumer's person or property their religious and cultural practices are considered

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- Sensitivity to the the cultural needs and preferences of Aboriginal and Torres Strait Islander is considered and, where appropriate, an Aboriginal and Torres Strait Islander Liaison Officer is contacted to attend and provide support
- Provision of a safe care environment for consumers, visitors and CHS staff
- Incidents of occupational violence
- Searching of a consumer's person or property is documented in the consumer's clinical record
- The Searching of a Consumer's Person or Property in the Emergency Department form is completed and documented in the consumer's clinical record
- No prohibited items are are bought onto CHS campus by consumers who have been admitted for inpatient care
- A reduction in consumer complaints.

### Measures

- Evaluation through patient experience questionnaires and consumer feedback data
- Clinical incident management data is reviewed and evaluated
- Twelve monthly reviews undertaken related to the Protective Security Policy and adherence to the ACT Government Protective Security Policy Framework (physical safety).

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## Related Policies, Procedures, Guidelines and Legislation

### Policies

- Nursing and Midwifery Continuing Competence Policy
- Informed Consent Policy
- Protective Security Policy
- Security Services - Use of Force Policy
- Restraint of a Person – Adults Only Policy
- Dhulwa Mental Health Unit (DMHU) – Searching Policy
- Patient Identification and Procedure Matching Policy
- Occupational Violence Policy

### Procedures

- Healthcare Associated Infections Clinical Procedure
- Patient Identification and Procedure Matching Procedure
- Prohibited Substances Management
- Security Services - Use of Force Procedure
- Emergency Department and Mental Health Interface procedure
- Dhulwa Mental Health Unit: Security Policy and Procedures
- Dhulwa Mental Health Unit (DMHU) – Searching Procedure
- Dhulwa Mental Health Unit (DMHU) Use of Force
- Dhulwa Mental Health Unit Prohibited and Restricted Items

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- Adult Acute Mental Health Services Procedure
- Blood Borne Virus – Management of Occupational Blood and Body Fluid Exposure Procedure
- Care of Persons Subject to Psychiatric Treatment Order (PTOs) Procedure
- Responding to a Consumer's Use of Alcohol or Other Drugs (AOD) Procedure
- Occupational Violence Procedure
- Prohibited Substances Management Procedure
- **Guidelines**
- Challenging Behaviour Guideline
- Adults with Eating Disorders – Medical Management of (Inpatients) Guidelines
- Eating Disorders Anorexia Nervosa Paediatric Inpatient Management (Paediatric Wards)
- Guide to Canberra Hospital and University of Canberra Hospital

### Frameworks and Plans

CHS Risk Management Framework

Emergency Management Plans – Code Black

### Legislation

- *Health Records (Privacy and Access) Act 1997*
- *Human Rights Act 2004*
- *Work Health and Safety Act 2011*
- *Discrimination Act 1991*
- *Children's and Young Persons Act 2008*
- *Mental Health Act 2015*
- *Crimes Act 1900*

### Other

Australian Charter of Healthcare Rights

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## Definition of Terms

**Consumer** – refers to any person using CHS services and is interchangeable with the term 'patient'.

**Ordinary search** – refers to a search which requires the person to remove an overcoat, coat or jacket and any gloves, shoes or hat; and an examination of those items.

**Pat down search** (also known as a frisk search) – refers to a search which is conducted by an CHS staff member quickly running their hands over the persons' outer garments and examining anything worn.

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**Reasonable belief:** for a belief to be reasonable, the basis of the belief must be objectively just and appropriate in all circumstances. There must be evidence, in physical presentation, or something said by the consumer or about the consumer by another person, to support the belief that they have an item that poses a risk to themselves and others. It is not necessary that the person conducting the search personally witnesses the event which might give rise to reasonable belief, but can conduct the search based on information provided by others.

**Search** – refers to a range of non-clinical activities such as:

- Asking a consumer to empty out bags, belongings or pockets for staff to inspect,
- Looking in a consumer's hand bags and carry bags,
- Looking in a consumer's bedding, locker and the immediate area which may be considered their private living space, and
- Searching a consumer's body for a non-clinical purpose.

**Treating a Consumer without a search** - a consumer who has refused to consent to a search (without a mental illness or mental disorder) and the clinical decision is to treat the consumer, could pose a risk to CHS staff, volunteers and visitors. If a consumer is found to be in possession of a item that could pose a risk (a weapon) this could breach CHS' duty of care to CHS staff, volunteers and visitors

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## References

1. National Health Services Rotherham Doncaster and South Humber. Searching of a Person (Patients and Visitors) or their Property Policy and Procedure. April 2016.  
<http://www.rdash.nhs.uk/wp-content/uploads/2014/04/6-Searching-of-a-Person-PV-Policy-v6.2.pdf>, accessed 10/01/2018.
2. Australian Commission on Safety and Quality in Healthcare. Australian Charter of Healthcare Rights: a guide for patients, consumers and families 2020. [Understanding My Healthcare Rights: a guide for consumers | Australian Commission on Safety and Quality in Health Care](#)
3. Commonwealth of Australia v Introvigne (1981) 150 CLF 258 at 259.

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## Search Terms

Search, Consumer, Patient, Consent, Belongings, Valuables, Property, Person, Searching, Involuntary, Voluntary

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## Attachments

Attachment 1 – Search of a Consumer flowchart

Attachment 2 – Pat Down Search Overview

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*Policy Team ONLY to complete the following:*

<i>Date Amended</i>	<i>Section Amended</i>	<i>Divisional Approval</i>	<i>Final Approval</i>

*This document supersedes the following:*

<i>Document Number</i>	<i>Document Name</i>

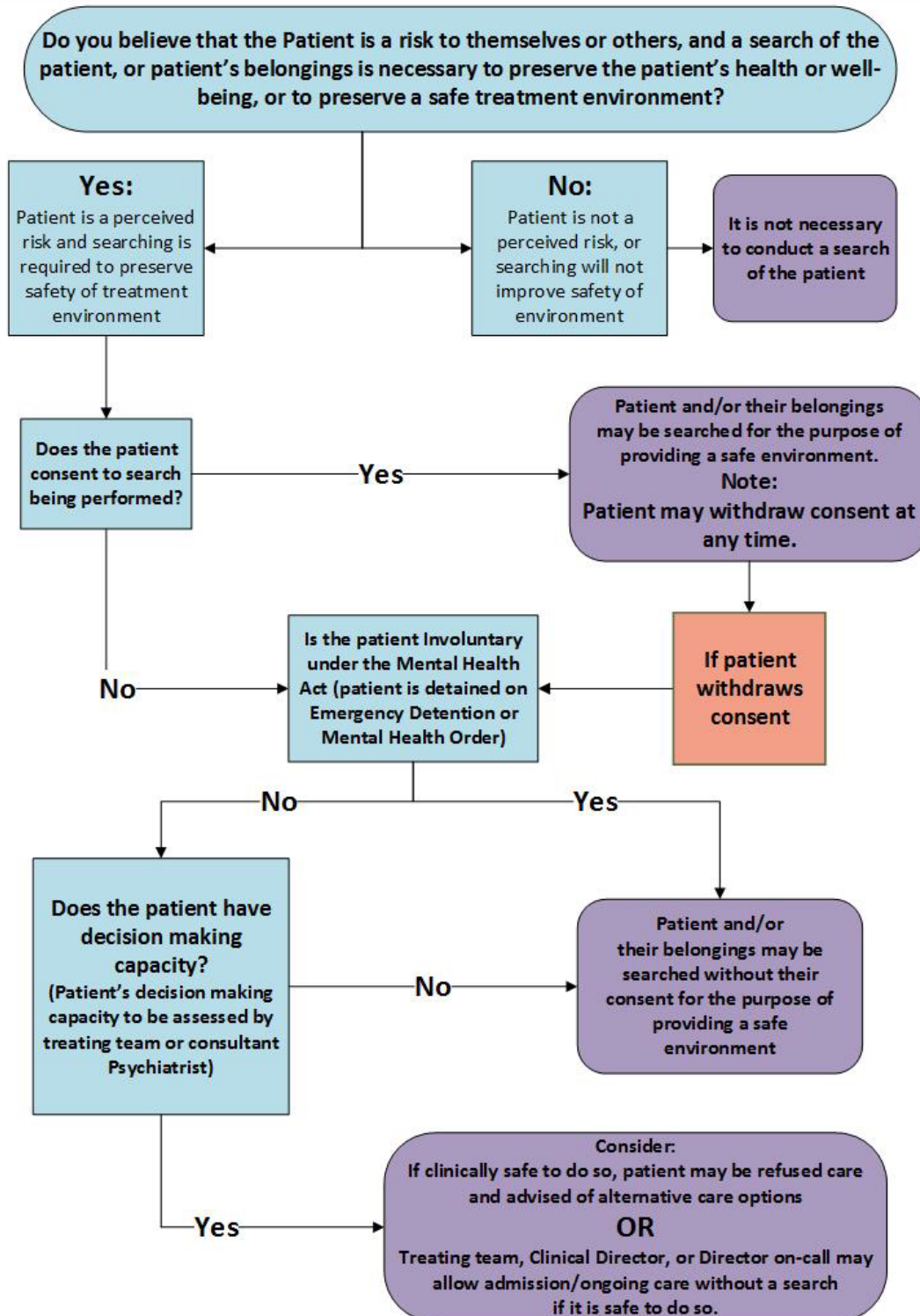




**Attachment 1 Searching a Consumer Flowchart**

**Searching Consumers: Flowchart**

September 19, 2019



**In Paediatrics, consent may be obtained from the legal guardian**

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## Attachment 2 – Pat Down Search Overview Information

- The consumer's consent should be sought before a search is undertaken.
- Prior to a pat down search an ordinary search is to be undertaken, including shoes and socks. All items to be removed from pockets (these may be checked by a second member of staff).
- Provide reassurance to the consumer and maintain good communications throughout the procedure. Conduct with confidence. This is an intrusive search and such close proximity poses inherent risks.
- Request consumer to surrender any prohibited or unapproved items they may have on their person.
- Consumer to be asked to stand with legs apart, arms outstretched and raised to shoulder height.
- Staff are to observe consumer's facial expression and to be alert to verbal or non-verbal cues of apprehension or anxiety. Provide reassurance as necessary.
- Lift outer garment collar and firmly but carefully, feel around it. Move out from collar to shoulder area, then using both hands, check each arm in turn, rubbing down from armpit and shoulder to wrist. Remember to check the cuffs and ensure that consumer's hands are empty.
- Ask consumer to raise their outstretched arms to shoulder level (model if required); place both your arms around the consumer with the fingers of both hands meeting at the consumer's collar, pat down the back to the waist. Then rub your hands down the consumer's sides and front. (NB. with female consumers, do not run your hands over the breasts but pat down the area below breasts to waist).
- Inspect waistband and belt by pressing with fingers either side of the waistband.
- Check lower half of body by placing both hands around each leg in turn and rubbing down from waist to ankle remembering to check hems and turn-ups of trousers. For female consumers wearing skirts or dresses, check each leg over the dress and then the hems. Hands should never be placed under the skirt or dress.
- Whilst it is difficult to discover small items during a pat down search, large, bulky items or small items carelessly concealed, should always be found. If you have any doubts or suspicions during or after completing a pat down search, inform the nurse in charge, or other senior staff member remembering not to leave the consumer unobserved.

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