



ST. JOSEPH'S CARE GROUP

Search of Client, Client Belongings and/or Living Area

POLICY

Number: **CL 1-70**

Manual: Global Clinical Manual

Approval Date: August 26, 2020

Section in Manual: Client Issues

Approved by: CSPIQ

Cross References: *CL 1-11 & CL 1-10 Consent to Treatment (Policy & Procedure), CL 1-46 Disagreement with Treatment Plan, CL 1-80 Disposing of Illegal/Unidentified Drugs, CL 1-60 Duty to Warn, Personal Medications (Medication from Home) PHA 04-090*

Purpose

This policy is to identify circumstances in which clients and/or their belongings, and/or their living area/unit, may be searched by staff, with the aim to prevent the entry of prohibited items that may have the potential to cause harm. Such a search is in the interest of the health, safety and security of the staff, clients and visitors within the therapeutic environment.

Scope

This policy applies to all clients of St. Joseph's Care Group (SJCG). Refer to site specific guidelines/policies for procedural differences that may vary amongst the organization.

Policy Statement

A search of a client, or his/her belongings, during admission, or after returning from an outing, is undertaken when staff have probable cause that the client may possess the means to harm himself/herself or others, may be in possession of a dangerous article or substance, or the safety and security of the client and others is at risk.

This material has been prepared solely for use at St. Joseph's Care Group (SJCG). SJCG accepts no responsibility for use of this material by any person or organization not associated with SJCG. No part of this document may be reproduced in any form for publication without permission of SJCG. A printed copy of this document may not reflect the current electronic version on SJCG's iNtranet.

In the circumstance that a client presents a weapon, refer to Code Silver – Person with Weapon on Intranet (site specific).

In the circumstance that a client becomes aggressive, refer to Code White – Aggressive/Violent Person on the Intranet (site specific).

When searches are necessary, they will be performed in a professional and respectful manner to preserve the client’s dignity and privacy as much as possible. Searches should not be performed in front of other clients, and other client’s on the unit, should not have any knowledge of the search.

Definitions

Probable Cause

“Probable Cause” includes a change in the client’s behaviour which appears to be potentially hazardous or aggressive; reason to suspect that a dangerous article/substance has been obtained during a community visit or from a visitor; and/or the realization that a potentially hazardous item has been misplaced or is missing and may be in the possession of the client.

Potential Dangerous Articles/Substances

“Potential dangerous articles/substances” are any item that may pose a safety hazard and threaten the safety and security of an individual and/or unit or is expressly prohibited by law. These may include, but aren’t limited to, alcohol, illicit drugs/paraphernalia, medications, tobacco related products, sharps (knives, scissors, etc.), toxic liquids, weapons and firearms. What is prohibited on any given unit/program may vary. Items should be declared by the client and clinicians made aware.

Personal Search/Safety Check

“Personal Search/Safety Check” is the process of searching a client, belongings or the environment to ensure that no prohibited items or items that could pose a safety risk, are contained on the person, in their belongings or in the environment.

Client Designate

“Client Designate” is a person selected by the client to receive and remove personal belongings including home medications from the hospital.

Guidelines for Obtaining Consent

- 1) Consent for a search is obtained before a search is conducted from the client if the client is capable of giving consent or from the substitute decision maker (SDM) if the client is not capable of giving consent. Consent may be expressed (e.g. oral, in writing, or sign language) or implied. Refer to Consent to Treatment Policy CL 1-10. If there is probable cause and urgency to conduct a search for the **immediate** safety of the client, staff and/or others in the therapeutic milieu, consent is not needed.
- 2) If it is not urgent to perform a search for safety and risk management purposes, and a client or the SDM refuses consent for a search, the search does not take place. Where a client refuses to give consent, if the staff have probable cause that the client has item(s) in his/her possession that could cause harm to self or others, the following steps may be taken as appropriate:
 - a) Consult Clinical Manager/Supervisor for further support and direction. If after hours, contact the Clinical Resource Coordinator (CRC) if applicable. Leadership Team may be notified by Clinical Manager or CRC as necessary.
 - b) If unable to reach the Clinical Manager/Supervisor or CRC, consult the Most Responsible Practitioner/Physician (MRP) and give a report on the situation using SBAR (Situation, Background, Assessment and Recommendation/Request) as applicable. MRP should then review the case and provide direction to the staff.
- 3) When documenting consent, it is recommended to have two staff present when obtaining consent and document accordingly on the client record and/or consent form.
- 4) The police may be requested to perform the search as a last resort, **but only in circumstances incidental to the police powers of arrest** (refer to Criminal Code R.S.C., 1985, c. C-46). The Clinical Manager, or CRC (after hours) should be notified

as soon as possible if police are called. In the event police are called, staff should always be considering the risk of psychological affect and trauma that may result with the client.

Guidelines/Conducting the Search

- 1) Clients and/or SDM (if applicable) will be given a rationale for the search. Clients should be present for the search if able and possible and do not impede the search. The search must be conducted in a reasonable way considering time demands and serious safety issues related to health of the client or others.
- 2) Assess for the possibility of a client becoming agitated or aggressive. If a client becomes aggressive, refer to a Code White (Code White – Aggressive/Violent Person, site specific) and do not proceed with search. If a client presents with a weapon, refer to a Code Silver (Code Silver – Person with a Weapon, site specific) and do not proceed with the search.
- 3) If a search is warranted, the least intrusive method of search should be used. Any search shall be conducted in a manner that affords the maximum degree of privacy, dignity for the client and will be aligned with trauma informed care principles.
- 4) No search is conducted where to do so may put staff at risk. The assistance of security may be requested in such circumstances when available. Security may be requested to be present during a room search or physical search of a client if available. Both Intervention and Security Guards could assist if a client becomes aggressive. All guards have de-escalation training and in the event of a violent confrontation may assist in calming the situation.
- 5) All searches are conducted by two staff members (of the same sex as the client if possible), for safety purposes. It is at the discretion of the staff, if the primary nurse will be part of the search, considering the effect on the therapeutic relationship. All articles will be put back in an orderly manner; any articles not belonging to the client will be returned to their rightful location or owner.
- 6) During a search/safety check, SJCG staff will:
 - a) Wear gloves

- b) Wear personal protective equipment (PPE) as needed (i.e. contact precautions)
 - c) Use judgment in completing the search (i.e. avoid placing hands in areas where the contents are unknown) and use caution if closely inspecting or manipulating any unknown substance or items. In the event of fear of injury to self (i.e. potential needle stick injury), **visually** inspect item(s) and/or ask client to remove items for inspection on own.
- 7) If the search/safety check requires the client to be touched (i.e. pat down) or exposed in any manner (i.e. changing into a hospital gown), it will be completed by two staff members of the same sex as the client as possible.
- 8) All items found that are hazardous to the client or others are removed immediately. Clinical staff will document accordingly the removal of prohibited items. Items that are considered legal but prohibited at SJCG will be returned to the client/family as soon as possible to be brought home. If items cannot be sent home immediately, they may be held temporarily in a secure area and sent home as soon as possible, or disposed of. Particular items to consider:
- a) St. Joseph's Hospital Pharmacy does not store any client's personal medications/substances. Client's own medications/substances found during a search, are encouraged to be sent home with client's designate, returned to client's community pharmacy or destroyed. For disposal of Illegal/Unidentified Drugs, refer to policy CL 1-80.
 - b) Weapons are surrendered to the police.
 - c) The client or his/her SDM are informed of the disposition of any of the items confiscated during the search.

Searches of Sacred Items and Other Indigenous Items

Any required security examination of religious and spiritual articles, sacred objects, and/or Indigenous medicine bundles/items, will be accomplished by having the client handle the item for visual inspection by the examining staff. In the client's absence, an Elder, an Elder representative (who is not a client) or a spiritual representative will inspect or handle the contents for inspection.

Documentation

Documentation in the client's health record is completed when a search is done. Documentation in the "Search of Client Report" Intervention should include:

- 1) Reason for the search
- 2) Client notification/type of consent obtained
- 3) Persons present during the search (including if client was able to participate)
- 4) Results of search (including storage or disposal of any items)
- 5) Reinforcement of the expectations/rules with the client and their relation to safety. Attempt to re-establish a working therapeutic relationship.

References

RELATED PRACTICES AND/OR LEGISLATIONS

Centre for Addiction and Mental Health, CAMH. (2018). Search or Safety Check of a

CAMH Client/Patient's Room, Belongings, or Person. Policy PC 2.19.4

Government of Ontario (1996) *Health Care Consent Act*. Last revised Dec. 2015.

Retrieved from: <https://www.ontario.ca/laws/statute/96h02>

Government of Ontario (1990) *Mental Health Act, R.S.O. c.M.7*. Last revised Dec. 2015.

Retrieved from: <https://www.ontario.ca/laws/statute/90m07>

Southlake Regional Health Centre. (2015). Searching Patients, Visitors and/or their

Property. Procedure S025.

Substitute Decisions Act (1992). Retrieved from

<https://www.ontario.ca/laws/statute/92s30>

