**Purpose**

- To facilitate the provision of a safe environment for patients, staff and visitors within acute mental health units.
- Facilitate protection for patients at risk of harming themselves and/or others;
- Outline the appropriate procedure of searching patients and their belongings that respects individual rights, dignity, autonomy and consent (where possible), with the least restrictive approach;
- Provide clear guidance for searching of patient belongings and removing potentially Lethal Means/Harmful Items/Substances* from patients, to prevent their use for injury to self, or others; and
- Ensure the prompt identification and remedial action of all items that could be used by patients at risk of self harm and/or risk of harm to others including potential ligatures and ligatures points.

**Policy Statement**

As part of the admission process, and as soon as possible after arriving on the unit, the belongings of newly admitted patients (and when deemed appropriate the patient’s person) shall be searched and all items that have the potential to be harmful or dangerous (hereafter referred to as ‘Lethal Means/Harmful Items/Substances*’)) will be removed from the patient. Family members, visitors or alternate decision makers may be asked to take harmful or dangerous property out of the hospital. If property is removed or access restricted from patients due to elevated risk of suicide, it is recommended that the decision to resume access be discussed in patient conference.

Searches may also occur any time during the patient’s stay when there are reasonable and probable grounds to believe that the patient may have acquired lethal means/harmful items/substances.

Visitors and family members to the unit may be asked by staff to open gifts, packages and other items, before the contents are given to a patient. At the staff member’s discretion, visits may be supervised. Items other than mail (post) may be refused.

**Applicability**

This policy and procedure applies to all acute inpatient mental health programs, and the staff and physicians working within those programs.

**Responsibility**

Identified within procedure.

* See definitions section.
Principles

Voluntary patients will be asked for their consent prior to search of their personal belongings, their bedside area, and/or their person. Voluntary patients are free to decline searches, however, this may result in the patient being discharged.

Staff will also strive to gain the consent and cooperation of certified patients prior to search of their person and/or property however in these instances consent is not required.

Staff will make every effort to protect the patient’s dignity during a search of a patient and/or patient property.

Procedure

1. **On Admission to Unit:**
   1.1 Provide an explanation to the patient and/or his/her agent, guardian, nearest relative or family member(s) regarding the rationale for searches and removal and/or securing of specific items of personal property and outline the unit safety precautions.
   
   1.2 Decisions by the health care provider to remove/restrict access to property will vary by patient dependent upon clinical presentation and the results of Suicide Risk Screen and/or Assessment.
   
   1.3 Search all personal belongings (preferably with two staff members present) prior to the patient being shown to a room for an assessment.

2. **Searching Patient’s Property/Personal Belongings**

   2.1 Based on the professional judgement of staff, a patient’s property may be searched at times other than upon admission (e.g., upon return from a privilege or pass). As on admission, the clinical presentation of the patient and the results of a Suicide Risk Screen/Assessment will influence decision making to restrict access to property

   2.2 The health care professional shall consider consulting Protective Services and/or police, as appropriate, regarding a search when staff have reason to believe that there is a considerable safety risk.

   2.3 Wear appropriate personal protective equipment (e.g., Kevlar gloves) when undertaking a search of a patient’s personal belongings.

   2.4 Check for, remove and secure sharp objects or items that pose a risk/threat.

   2.5 Check water containers and travel mugs. Dispose of any opened containers.

   2.6 Remove all prescription and over the counter medications, including herbal and naturopathic products.
2.7 Alternates to searching patient property could be:
  ➜ to send all property home with the patient’s family, or
  ➜ place belongings in secure holding and deny access until discharge
(NOTE: ensure belongings are labelled, “Not Searched”)

3. **Searching Patient’s Person**

3.1 Staff will use their professional judgement in assessing whether the patient’s physical person requires searching to prevent self-harm. Proceeding without patient consent in this case is only appropriate if the patient is considered a formal patient under the Mental Health Act, or by court order.

3.2 Should a search of a person be deemed necessary, it will be done in as private a setting as practical, maintaining patient and staff safety.

3.3 Where it is deemed necessary to search a patient and the clothing they are wearing, the patient will be asked to change into hospital pajamas or a hospital gown. Staff of the same gender as the patient (where possible), will remain with the patient during the clothing exchange.

3.4 Body cavity searches can only be conducted if this level of intrusiveness is warranted and justifiable in the opinion of the most responsible health practitioner. Excluding visual inspection of the mouth, a search of a patient’s body cavity shall be conducted only by the most responsible health practitioner.

4. **Documentation of Searches**

4.1 Document actions taken with regard to searches and/or the removal and safe storage of patient property or personal belongings in the patient care record, including:

  4.1.1 The patient’s consent or refusal to consent to a search
  4.1.2 The grounds on which the search was initiated, eg. upon admission
  4.1.3 The outcome of the search and any items that were removed – including prescribed medications, over-the-counter medications, and any herbal naturopathic products

4.2 A written copy of the items of property secured and being held by staff should be provided to the patient or their family member/agent/guardian as applicable, where this is possible.

5. **Visitors**

5.1 As appropriate, visitors should be informed of safety precautions as soon as possible upon entry to the unit.

5.2 Staff may request visitors to open bags, purses, gifts, packages and other items for visual inspection for safety purposes, except for written
communications to the patient which should be given to the patient unopened, as per the Mental Health Act.

5.3 If staff identify that an item brought to the unit by a visitor may be harmful to the patient or others, staff shall:
- direct the visitor to remove the item from the unit; or
- require that the item(s) be stored, if possible; and
- discuss unit safety concerns in order to prevent future occurrences.

5.4 If visitors do not agree, staff may, at their discretion:
- require that the item(s) be stored, if possible, and returned upon their departure;
- supervise the visit;
- cancel or deny the visit.

5.5 Protective Services may be called to assist staff if the visitor is non-compliant and is not willing to leave the unit.

6. **Securing and Safe Storage of Patient Property**

6.1 Document and track safe storage and/or disposition of patient property, personal belongings and valuables removed from the patient’s possession.

**NOTE:** When any patient property is provided to a patient’s agent, guardian, nearest relative or family member, the item(s) should be documented on the Patient Valuables Tracking form, along with the name and signature of the person to whom the items were transferred for safe keeping.

6.2 Inform the patient of the rationale for the removal of items and discuss the options regarding the secured items with the patient wherever possible (subject to the patient’s clinical condition).

6.3 Secure personal hygiene items (eg. razors, scissors, mirrors, files). These items will be used under staff supervision.

6.4 Secure other personal items that may pose a risk to the patient (eg. belts) for a minimum of 24 hours. Items may be returned once staff determine that the item(s) does not pose a risk to the patient (patient risk assessment). Staff will use their professional judgement in determining when personal items may be returned to the patient.

6.5 Options for securing property removed from a patient:

1. Store the item(s) on the unit.

2. Give the item(s) to the patient’s agent, guardian, nearest relative or family member family member. Examples may include,
   - valuables (eg. jewelry, important documents, and money)
   - unopened alcohol
   - all prescription medications, over the counter medications and
Definitions

**Lethal Means/Harmful Items/Substances** means those items and substances that have the potential to be harmful or can be made harmful by a patient.

The following list is not exhaustive and is provided to give staff examples of items which can be considered to be dangerous. Each item must be considered on its individual merits. Items include: weapons, belts, waist drawstrings, hoodie strings, shoelaces, electrical cords, intravenous tubing, oxygen tubing or other medical equipment, toxic substances, sharp objects, illicit substances, prescription and over the counter medications, herbal or naturopathic products, razors, mirrors, matches, lighters, scissors, mouthwash, acetone (fingernail polish remover), cleaning chemicals, metal or plastic utensils, pull cords at the side of bed, linens, panty hose, suspender belts, long socks, scarves, ingestible chemical or inflammable products, plastic bags, and alcohol.

Note that the source of Lethal Means/Harmful Items/Substances may be from the patient's personal belongings, another patient/visitor who may provide access to these items, or other source.

**Most responsible health practitioner** means the health care professional who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Covenant Health to perform the duties required to fulfill the delivery of such a treatment/procedure(s), within the scope of his/her practice. *(published)*

**Passes** means that the patient is allowed to leave the premises or facility grounds for a specified period of time, either accompanied or not.

**Privilege** means that the patient is allowed to leave the unit and remain on premises or facility grounds for a specified period of time, either accompanied or not.

**Related Documents**

Covenant Health Policy #VII-B-200, *Suicide Risk Screening, Assessment and Management*

Patient Valuables Tracking form

**Revisions**

October 15, 2012

herbal and naturopathic products

(3) Dispose of the item (if appropriate):
- for example, immediately discard opened containers of alcohol in the presence of a staff witness; documented the disposal on the patient’s health record.

(4) Turn items over to Protective Services / Police Services.
- this applies to illicit drugs, firearms, explosives, knives and weapons. Document the items/details on the patient’s health record. Refer to Edmonton Acute policy #V-C-1, *Illegal Drugs or Weapons, Patients.*
# Patient Valuables Tracking Form

<table>
<thead>
<tr>
<th>Date:</th>
<th>Valuables on Admission</th>
<th>Returned/Taken Home</th>
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<tbody>
<tr>
<td></td>
<td><strong>Money</strong></td>
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<td></td>
<td><strong>Safe Keeping Env.</strong></td>
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<td><strong>Wallet Contents</strong></td>
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<td>□ SIN □ Bank Card(s)</td>
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<td></td>
<td>□ D.I. □ I.D □ Credit Card(s)</td>
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<td></td>
<td>□ Alberta Health Care Card</td>
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<td>□ Birth Certificate</td>
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<td><strong>Keys</strong></td>
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<td><strong>Watch</strong></td>
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<td></td>
<td><strong>Jewelry</strong></td>
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<td></td>
<td><strong>Cell Phone/Chargers/Cords</strong></td>
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<td></td>
<td><strong>Electronics/Cords</strong></td>
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<td><strong>Glasses</strong></td>
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<td><strong>Dentures</strong></td>
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<td><strong>Hearing Aid(s)</strong></td>
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<td></td>
<td><strong>Walker / Cane/Wheel Chair</strong></td>
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<td></td>
<td><strong>Footwear</strong></td>
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<td></td>
<td><strong>Medications</strong></td>
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</tbody>
</table>

During a patient's stay, essential cash and or valuables may be held for safekeeping. **Covenant Health does not take responsibility for loss of, or damage to, any personal valuables, and the valuables are left at the patient’s own risk.**

Any unclaimed items will be sent to protective services. A reasonable attempt will be made by Covenant Health Staff to contact the patient.

Patients Signature: ___________________________ Date: ___________________________

Staff Signature: ___________________________ Witness Signature: ___________________________ Date: ___________________________
**Signing In and Out of Valuables**

Place "valuables" in the patient labeled plastic bag.
Please sign in and out the "valuables" that are placed in the locker.
*On patient discharge, reconcile items returned with the patient on the "valuables tracker" located in the "discharge section" of the chart.*

<table>
<thead>
<tr>
<th>Date</th>
<th>Item Description</th>
<th>Out</th>
<th>In</th>
<th>Patient Signature</th>
<th>Witness Signature</th>
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