

Beth Israel Deaconess Medical Center
Manual of Clinical Practice

Title: Patient Search Policy

Policy: PR-08

Policy Statement/Purpose: Our goal at BIDMC is to preserve the health, safety and welfare of the patients and staff and to provide a safe environment for all patients. In pursuing this goal, it may, at certain times, be necessary to search some patients who, based upon individual assessment, are determined to be at risk for causing harm to self or to others. This policy is intended to guide clinicians in the requirements for searches of patients' belongings and/or room, as well as searches of the person. This policy is also intended to guide clinicians in situations where a patient does not consent to a requested search or is uncooperative in the process. Patients may refuse to remove their clothing unless they are at imminent risk of injuring themselves or others and all other reasonable alternatives have been exhausted.

Guideline(s) for Implementation:

GUIDELINES FOR SEARCHES:

- Searches will not be conducted without specific justification for the search. The justification for all searches must be clearly documented in the patient's record.
- The scope and method of all searches must be related to the objective of the search and must not be more intrusive than necessary to accomplish the goal of protecting the patient and others by removing items that may be potentially harmful.
- Any patient subject to a search must be informed of the reason for the search. Every effort must be made to accomplish all searches in a consensual, non-forcible manner with the cooperation and participation of the patient. Every effort should be made to complete the search in a voluntary manner before considering proceeding with an involuntary search. When appropriate under the circumstances, a patient representative, social worker, or administrative clinical supervisor may be contacted to speak with the patient about the need for the search.
- If a patient does not consent to a request to perform a search, the patient may not be restrained for purposes of accomplishing the search unless there is compelling evidence that the patient is at imminent risk of harming himself, herself or others and all other reasonable alternatives have been exhausted. This includes the restraint of a patient for purposes of removing clothing to conduct a search in a hospital gown. If there is any question as to the level or immediacy of the risk posed by the patient and his or her condition, other sources and providers should be consulted. Refusal to comply with a

request does not, in and of itself, justify restraining a patient for purposes of proceeding with an involuntary search.

- **If holding or restraint is necessary to accomplish the search of a patient determined to be at imminent risk of harm to self or others, staff must implement the guidelines contained in the hospital restraint policy, CP-28: Use of Restraints and/or Seclusion.**
- Prior to a search whenever possible under the circumstances, clinicians should gather an assessment of possible trauma and sexual abuse history. In cases of where a patient has a history of past sexual abuse, a condition such as post-traumatic stress disorder, or a physical or mental disability, reasonable accommodations to this policy should be considered to the extent the patient's history, condition or disability is relevant to or may be impacted by the manner in which the search will be conducted or the patient's reluctance to consent to a search. In such situations, the clinician should weigh the risks and benefits of proceeding under the policy. Resources to consult in such a situation include social workers, nurse specialists and psychiatrists.
- All searches must be fully documented in the patient's medical record so this can be communicated to subsequent providers of care.

WHEN SEARCHES ARE REQUIRED:

A voluntary search must be initiated in the following situations:

1. When a registered nurse or physician or both have assessed a patient to be a danger to self, has ordered the patient to be observed, and has placed the patient on suicide precautions.
2. When a registered nurse or physician has assessed a patient to be a danger to others and has ordered the patient to be observed.
3. When a patient is going to be admitted for in-patient psychiatric care (a setting where there may be other patients who are a danger to self or others, making the presence of potentially dangerous objects or medications dangerous even if the patient does not present a danger to self).

GUIDELINES FOR IMPLEMENTATION

There are two types of searches that may be appropriate in a given situation:

1. Search of a Patient's Room/Living Space and/or Belongings:

Such a search may be authorized by an RN or a physician where the clinical staff have a reasonable and justified belief that a patient has a potentially hazardous item(s) in his or her room or living space. The search shall include a thorough inventory of the patient's belongings (including suitcases, purses and bags). If indicated, the patient's room/living space should also be searched. Whenever possible, the search should be

conducted in the presence of the patient. Two staff members must participate in this type of search and one must be the same gender as the patient. Security staff is available to assist. In the case of a search of belongings, the goal of achieving a safe environment may also be achieved by removing the belongings and sending them home with a person designated by the patient or storing them in a secured area away from the patient (valuables envelope or locked storage). If belongings are removed from a patient without being searched, they must be searched before returning them to the patient if the patient is still under treatment at the medical center and the grounds for the search still exist. If the patient is reluctant to comply with this request, he or she should be informed of the right to refuse.

2. Search of the Person

Such a search may be authorized where the clinical staff have a reasonable and justified belief that a patient has a potentially hazardous item(s) on or in his or her person. There are three types of searches under this search category. The type of search is justified by the situation and the clinical judgment of the clinician.

a) External Search

An external search of the person may be authorized by a physician or RN. The clinician will request that the patient empty the contents of his or her pockets and turn the pockets inside out. A staff member who is the same gender as the patient will pat down the patient (keeping hands outside of the patient's clothing) to ensure no hazardous objects or substances are concealed. If the patient is reluctant to comply with this request, he or she should be informed of the right to refuse.

b) Search in Hospital Gown

A search of a patient in a hospital gown may be authorized by a physician or an RN. The patient will be asked to change into a hospital gown or other hospital clothing provided by the clinician in the presence of a clinician who is the same gender as the patient. If the patient is reluctant to comply with this request, he or she should be informed of the right to refuse. (NOTE: There may also be medical conditions requiring a patient to change into hospital clothing to facilitate an examination and appropriate medical treatment.) Clothing should be searched and returned to the patient as soon as reasonable under the situation.

c) Body Cavity Search

A body cavity search may only be authorized by the attending physician who has reviewed the clinical rationale and believes that this level of search is warranted. This is the most intrusive level of search and may only be authorized if there is a significant clinical situation justifying it. This type of search may only be conducted by a physician in the presence of at least one

other clinician. Either the physician or the other clinician must be the same gender as the patient. If the patient is reluctant to comply with this request, he or she should be informed of the right to refuse.

PROCEDURE FOR HANDLING OF ITEMS FOUND DURING SEARCH

1. Any medication, sharps, or potentially harmful objects or substances that have not been destroyed pursuant to the hospital's policies must be labeled and placed in locked storage until the patient is discharged or the items are removed by a person designated by the patient.
2. If the patient has or if there is any suspicion that a patient has weapons/firearms, contact security immediately. Do not attempt to remove weapons/firearms from a patient. (See Security Policy #PR3: Handling of Fire Arms and Dangerous Weapons).
3. Any suspected illicit drugs must be disposed of pursuant to the "Disposition of Drug or Substance Suspected of Being Illegal" policy, Manual of Clinical Practice PA-05.
4. If a patient is being transferred to a locked psychiatric facility, the patient's belongings should be given to unit or ambulance staff, not to the patient, during transport.

DOCUMENTATION

The Search shall be documented in the patient record and documentation shall include:

1. The clinical rationale for instituting the search;
2. The staff involved in the decision making and the actual search;
3. A description of any objections found, and disposition (example: White powder in a plastic bag, green pill, disposed of according to hospital policy.); and
4. Where/with whom any objects/substances have been secured.

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