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## Personal Search and Seizure Procedure

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Effective: 3 May 2017

### 1. Guiding Principles

- 1.1 In the interest of patient, staff and visitor safety there may be times when it is necessary to conduct a personal search of a patient, search a patient's belongings and or a patients bedroom.
- 1.2 All patients are to have their belongings searched on admission to the unit. [BMHU Patient Admission Procedure](#).
- 1.3 A search may be undertaken when there is reasonable concern that a patient has dangerous items in their possession which may be used to cause harm to themselves and or others e.g. weapons, medications. The [WA Mental Health Act 2014 \(MHA\)](#) S160 Search and Seizure powers, provides clear direction for staff regarding search and seizure conduct.
- 1.4 Where a search is required the least restrictive option is used to conduct the search.
- 1.5 Staff members are to take universal precautions when conducting searches.
- 1.6 A metal detector may be used as a search option.
- 1.7 Under no circumstances is a cavity search to be conducted by staff.
- 1.8 Staff are to consider the patients cultural background, possible history of physical or sexual abuse, rights, privacy and dignity when conducting a search.
- 1.9 Where possible and appropriate, an Aboriginal Mental Health Liaison Officer (AMHLO) of the same gender should be present when conducting searches for Aboriginal patients.
- 1.10 For all patients including those of Aboriginal descent and Culturally and Linguistically Diverse (CALD) backgrounds understanding should be facilitated where appropriate by:
  - 1.10.1 utilising leaflets/signs
  - 1.10.2 involvement of an AMHLO
  - 1.10.3 using approved interpreter service
  - 1.10.4 involvement of a carer, close family member or other personal support person (PSP).

### 2. Procedure

#### 2.1 Decision to search

- 2.1.1 Where it is determined that a personal search of a patient or a search of a patients belongings or room is required, staff must inform the Shift Coordinator of the reasons for the need to conduct a search. Two staff members must be present where a search is conducted, one of whom must be the same gender as the patient.

## 2.2 Patient consent to conduct search

- 2.2.1 Staff must seek consent from the patient to conduct the search.
- 2.2.2 The Clinical Nurse Manager (CNM), Shift Coordinator or After Hours Hospital Coordinator (AHHC) may request police assistance where staff are unable to obtain consent to conduct the search and have reasonable suspicion:
  - That the patient has illicit drugs in his/her possession.
  - Where there is reasonable suspicion that the patient is committing an offence, is carrying a weapon relating to an offence or is carrying something that will afford evidence of the commission of the offence.
- 2.2.3 The patient must be notified of the intention to involve police in a search.

## 2.3 Taking into consideration least restrictive options, where a search is required staff are to:

- 2.3.1 Where possible, explain to the patient the reason/s why the search is being done.
- 2.3.2 Encourage that patient to conduct a self-search with staff present e.g. turn out pockets, relinquish dangerous items, open mouth to show contents.
- 2.3.3 Avoid touching the patient unnecessarily.
- 2.3.4 Will, as far as possible, ensure that the patient is present when a search of their belongings and or room is being conducted
- 2.3.5 Request that patient to change into alternative clothing. Removed clothing is then checked for dangerous items.

## 2.4 Patients admitted to the High Dependency Unit (HDU)

- 2.4.1 All patients who are admitted to the HDU are to have their clothing and property searched for dangerous items. Suitable clothing and personal items such as photographs will be available for the patient in his/her room and all other items are to be placed in the patient property store [BMHU Patient Property Procedure](#).

## 2.5 Patient Visitors

- 2.5.1 Staff may restrict unsuitable items that patient visitors bring onto the unit. [BMHU Patient Visitors Procedure](#).

## 2.6 Documentation

- 2.6.1 All searches must be clearly documented in the patient health record, including the reason/s why the search was required.
- 2.6.2 The staff member who searches the patient must complete *WA Mental Health Act 2014 (MHA14)* [Form 8A - Record of Search and Seizure](#) and follow the checklist on the back of the form.
- 2.6.3 A staff member who seizes any item must complete *MHA14* [Form 8B - Record of Dealing With Seized Article](#) and file the form in the patient health record.

### 3. Definitions

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|------------------------------|---|
| <b>Harm</b>                  | Where circumstances are such that there is concern for the safety, welfare or wellbeing of a person. Where harm occurs it may affect the health and safety of the patient or of another person or property damage.  |
| <b>Dangerous items</b>       | Dangerous items may include weapons and replica weapons; prescription and non-prescription medications; alcohol and illicit substances; aerosols; lighters and matches; razors and other sharp implements e.g. glass bottles or containers, aluminium cans. |
| <b>Universal Precautions</b> | An infection control practice of avoiding contact with patients bodily fluids by means of wearing gloves and if needed goggles and face shields.  |

### 4. Roles and Responsibilities

- 4.1 **Clinical Director**  
Has overall responsibility for ensuring that services are delivered in accordance with this procedure
- 4.2 **Consultant Psychiatrist**  
Is responsible for the medical management of patients in accordance with this procedure
- 4.3 **Clinical Nurse Manager**  
Is responsible for the implementation of this procedure
- 4.4 **All Staff**  
All staff are required to work within this procedure to make sure Broome Mental Health Unit is a safe, equitable and positive place to be.

### 5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) 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.

### 6. Evaluation

This procedure is to be reviewed every five years.

## 7. Standards

National Safety and Quality Health Care Standards: 1.2.2; 1.3.1; 1.5.2; 1.14.2; 1.17.2  
EQulPNational Standards: 12.3.1; 15.12.1  
National Standards for Mental Health Services: 1.4; 1.17; 2.1; 2.13; 8.7; 8.10  
National Standards for Disability Services: 1.1; 6.2

## 8. Legislation

WA Mental Health Act 2014  
Misuse of Drugs Act 1981 Section 23  
WA Weapons Act 1999 Section 13  
Criminal Investigations Act 2006 (Part 8)

## 9. Related Forms

Form 8A - Record of Search and Seizure  
Form 8B - Record of Dealing With Seized Article

## 10. Related Policy Documents

WACHS Adult Psychiatric Inpatient Services - Referral, Admission, Assessment, Care and Treatment Policy  
BMHU Patient Admission Procedure  
BMHU Patient Admission to High Dependency Unit Procedure  
BMHU Patient Property Procedure  
BMHU Police Attendance Procedure  
BMHU Patient Visitors Procedure

## 11. WA Health 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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|---------------------|-------------------------------------|------------------------|----------------|
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