



Mental Health Inpatient Search and Seizure Procedure

1. Purpose

WACHS Mental Health Services have a responsibility to ensure that Mental Health Inpatient Units (MHIU) provide a safe environment for all consumers, carers, visitors, and staff.

The purpose of the procedure is to direct clinicians in relation to their responsibilities in ensuring that all persons in a MHIU do not present a risk of harm to themselves or others by having access to potentially harmful or prohibited items. Refer to [Appendix A: Potentially harmful and prohibited items](#).

This procedure should be read in conjunction with the:

- [Mental Health Act 2014](#) (WA)
- MP 0181/24 [Safety Planning for Mental Health Consumers Policy](#)
- [Office of the Chief Psychiatrist's Sexual Safety Guidelines](#)
- [Personal Property Management Policy](#)

2. Procedure

2.1 Guiding Principles

- Consumers and visitors are provided with written or verbal information regarding potentially harmful and prohibited items and the search process.
- Consumers and visitors are to be given the opportunity to declare possession and relinquish items prior to a search.
- Consent is sought prior to a search.
- Consumers are provided with secure storage for personal belongings.
- Access and use of personal belongings is facilitated except where the item poses a risk of harm to the consumer or another person, or where determined to be an inappropriate item to store at the MHIU.
- Partnerships with consumers, carers, family members, and support persons are to be developed to assist in the safety and security of persons and property.
- Searches are conducted in the least intrusive and most respectful manner possible.
- Trauma informed care principles are to be upheld with consideration of dignity, privacy, gender, and sexuality.
- Searches are conducted in a manner that respects cultural, spiritual, and religious beliefs and practices.
- Where possible, Aboriginal consumers are offered the support of an Aboriginal Mental Health Worker (AMHW).
- A minimum of two clinical staff of an appropriate gender must be present during a search. Where possible, determination of 'appropriate gender' will be made in consultation with the consumer. The preferences of the consumer must be given due consideration.
- Standard infection control precautions are observed when performing searches.
- Sharp protection gloves are to be used whilst searching property.

2.2 Items Not Permitted

In accordance with the [Health Services \(Conduct and Traffic\) Regulations 2016](#) (WA) a person must not bring any prohibited item onto WACHS property unless the person has permission to do so.

Prohibited items include:

- Alcoholic beverages
- Firearms as defined by the [Firearms Act 1973](#) (WA) Section 4
- Controlled weapons as defined in the [Weapons Act 1999](#) (WA) Section 3
- Prohibited weapons as defined in the [Weapons Act 1999](#) (WA) Section 3
- Prohibited drugs as defined in the [Misuse of Drugs Act 1981](#) (WA) Section 3.

Other potentially harmful items may be restricted from access by consumers at risk of harm to self or others in the inpatient environment. Refer to [Appendix A: Potentially harmful and prohibited items](#).

2.3 Occasions and Indications for Search

A risk assessment approach should be adopted when initiating search and seizure processes. The likelihood and consequences of potential harm should be balanced against the personal impact for the consumer in not having access to their property.

Occasions and indications for a search may include:

- at time of admission to the MHIU
- on return to MHIU following a person being considered as “Missing” or “Absent Without Leave” (AWOL)
- on each occasion of entry to a high acuity ward or area e.g. Psychiatric Intensive Care Unit (PICU) or High Dependency Unit (HDU)
- where staff have reasonable suspicion that a consumer or visitor may have potentially harmful or prohibited items in their possession
- where a clinical risk is identified, including:
 - suicidal or self-harming ideation/behaviours
 - thoughts of harm to others
 - aggression and violent behaviour
 - drug or alcohol use issues
 - recent history of secreting potentially harmful or prohibited items.

2.4 Consent

Staff must work on the presumption that every adult consumer has the capacity to make decisions except where it can be shown otherwise by a clinical assessment. Capacity is decision specific and does not always correlate with the consumer’s legal status under the [Mental Health Act 2014](#) (WA).

Staff must provide relevant information on search rationale and procedures to all consumers and gain consent prior to initiation of a search. Where a consumer does not have capacity to consent, due regard is to be given to the consumer’s wishes.

If the consumer does not consent to the search the following processes should be followed.

Voluntary and Referred Consumers

Where a voluntary consumer does not consent to a property search, staff need to consider whether the consumer can be safely treated on the inpatient unit. Staff should calmly and rationally explain the reasons for the search and give the consumer further opportunity to consent. The consumer's family, carers, and support persons may be involved in the discussion. The treating/on-call psychiatrist in consultation with the Clinical Nurse Manager will determine if the voluntary consumer should be refused entry or admission to the MHIU, considered within the context of a clinical risk assessment.

Where a consumer who is Referred under the Mental Health Act does not consent to a search, the treating/on-call psychiatrist will be contacted to expedite the examination to determine whether the consumer meets the criteria for an involuntary treatment order or whether the referral is to be revoked. Additional safety measures are to be considered and implemented for conducting the examination of a person who has not been searched.

Involuntary or Detained Consumers

Where an involuntary consumer, or detained person does not consent to a property search, staff should calmly and rationally explain the reasons for the search and give the consumer further opportunity to consent. Staff can adopt other measures such as consulting with the treating/on-call psychiatrist.

If all other measures have been employed and the consumer does not consent, the consumer should be informed that under the [Mental Health Act 2014](#) (WA), the health service can lawfully conduct a search without the consumer's consent and that it intends to do so.

2.5 Consumer Involvement in the Search Process

Regardless of the type of search, the consumer should be involved as far as practicable in the search process. The involvement of the consumer in the search process helps in maintaining dignity and safety of the consumer, reduces risk of staff being injured by hazardous items, and ensures that the process is conducted in a manner that is respectful, and trauma informed.

The level of consumer involvement will depend on the clinical presentation, personal wishes of the consumer and the type of the search being conducted. Examples of how a consumer can be involved in search procedures include:

- removal of own clothing
- running of own hands through hair
- opening and unpacking of bags
- turning out pockets
- asking the consumer to identify and handle/move specific items (i.e. consumer self-identifying that a bag contains uncapped used syringes and transferring these items into a sharps container).

2.6 Conducting Searches

The [Mental Health Act 2014](#) (WA) requires that a person authorised to conduct a search is the person in charge of the authorised ward, or a person immediately authorised by the person in charge of the ward.

At the direction of the person authorising the search, security staff are lawfully authorised to give reasonable assistance to mental health service staff carrying out a search and may use reasonable force in doing so.

A chaperone must be offered to all persons before conducting a search. Refer to the WACHS [Chaperone Policy](#).

Where available and appropriate, an AMHW may be engaged to provide support to Aboriginal consumers and the multidisciplinary team to ensure cultural considerations are appropriately addressed in undertaking search and seizure processes.

Before performing a search, the person who will conduct the search must:

- identify themselves
- inform the person of the reason for the search
- request any potentially harmful or prohibited items be relinquished
- request the person's consent to being searched.

The level of intrusiveness of the search must be a reasonable and proportionate response to the reason for the search. Privacy should be facilitated during a search.

The personal search must be conducted as quickly as reasonably practicable, and the person be allowed to dress as soon as the search is finished. Where clothing items are seized, reasonably adequate replacement items will be provided.

Property searches are to be conducted by two clinical staff in the presence of the consumer where practicable. If a search is undertaken when the consumer is not present, the senior clinical staff member holds responsibilities for ensuring the process is followed, including verification and listing of property that is removed.

Staff should ensure their personal safety when undertaking a search. This includes avoiding reaching into an area that they cannot visually sight first and the use of sharp protection gloves.

When searching property, individual items are to be thoroughly inspected. Belongings are to be handled with care and consideration and should not be damaged by the application of force to enact the search.

The person conducting the search may:

- scan the person with an electronic or mechanical device
- remove the person's headwear, gloves, footwear, or outer clothing (for example a coat or jacket), but not the person's inner clothing or underwear, in order to facilitate a frisk search
- search anything being carried by or under the immediate control of the person
- direct the person to remove anything that might injure the person conducting the search from any article that the person is wearing
- direct the person to do anything reasonable to facilitate the exercise by the person conducting the search.

Searches for items within internal bodily cavities will not be performed and will require a medical review if there is a reason to suspect that any substance or item is concealed in a body cavity.

Health practitioners who perform searches unlawfully or without meeting the legislative provisions under the [Mental Health Act 2014](#) (WA) could potentially be liable to civil action under the Criminal Code.

2.7 Visitors

Visitors to the MHIU must not bring inappropriate items into the unit. Visitors are to be informed by signage and verbal advice from staff that certain items are potentially harmful or prohibited.

If staff hold a reasonable concern that a visitor is in possession of inappropriate items a staff member will request that the visitor relinquish the items or remove items from the premises prior to entry. The rationale for the request is to be provided by staff.

Where the visitor denies possession of inappropriate items, but reasonable suspicion is held to the contrary, staff may request the visitor consents to a search. A visitor may not be searched without consent, however, if the visitor does not consent to a search, the visitor can be refused entry to the MHIU. Alternative options to ensure safety may be considered where appropriate (e.g. supervised visits).

Staff can escalate the matter to the shift coordinator, on call psychiatrist which may result in notifying security or police if required.

2.8 Management of Seized Items

Patient's Own Medication

The patient's own medications are to be managed in accordance with the WACHS [Medication Handling and Accountability Policy](#).

Electronic Communication Devices

Electronic communication devices seized following a psychiatrist issuing an MHA Form 12C (Restriction on Freedom of Communication) are to be labelled with a consumer identification sticker and stored in the consumer's locker. Consumer access to the device is restricted until expiry or revocation of the MHA Form 12C.

Potentially Harmful Items

Potentially harmful items (see [Appendix A](#)) that have been seized are to be labelled and kept in the consumer's locker. Access to these items by the consumer is at the discretion of clinical staff following a risk assessment.

Prohibited Drugs

WA Police are to be notified of seized prohibited drugs and request for collection and disposal. Seized prohibited drugs are to be placed in a sealed bag and temporarily kept in secure storage until collected by WA Police for disposal.

Firearms and Prohibited/Controlled Weapons

Firearms, prohibited weapons, and controlled weapons found during searches are to be secured and surrendered to police.

2.9 Returning Property

On discharge from the MHIU staff must check property with the consumer using the Property Book to ensure all property is returned. Once completed staff are to sign the discharge checklist.

Consumer property not taken on discharge must have an identification label attached and be documented in the consumer's healthcare record.

Where property belonging to a discharged consumer is found, the consumer or a family member must be contacted to collect the items. This contact is to be documented in the consumer's healthcare record.

Property not taken on discharge may be returned to the consumer via mail where deemed appropriate by the Clinical Nurse Manager (CNM).

2.10 Disposing of Property

In accordance with the [Mental Health Act 2014](#) (WA) section 259, any personal possessions of a consumer left at an authorised hospital for more than six months after the day on which the consumer is discharged by the hospital may be sold or otherwise disposed of by the person in charge of the hospital, but only:

- after the person in charge gives at least one month's notice of the proposed disposal to a carer, close family member or other personal support person of the person, or
- if no carer, close family member or other personal support person of the person claims those possessions within that six-month period.

2.11 Documentation

All seized property that is stored by the MHIU is to be recorded in the property book. A copy of the record is to be provided to the consumer and a copy filed in the healthcare record.

The person conducting the search must make a record of the search, and a record of any items seized by completing the MHA Form 8A – Record of Search and Seizure.

Where an item is seized, the person in charge of the ward must ensure that a record of how a seized item was dealt with is made by completing the MHA Form 8B.

The search and seizure and completed MHA Forms must be documented in the health record. A copy of the completed MHA forms are to be provided to the consumer.

3. Roles and Responsibilities

The **Mental Health Clinical Director** is responsible for providing clinical leadership to the service by ensuring excellence in local clinical governance systems and defining clinical best practice.

The **Hospital Operations Manager / Mental Health Manager** is responsible for providing managerial support to the MHIU via clear expectations of operational unit role and ensuring that there are adequate resources to meet these. Monitoring the team performance against the agreed performance indicators.

The **MHIU Clinical Nurse Manager** is responsible for identifying and communicating organisational and local ward clinical governance structures. Provide day to day monitoring of the ward clinical governance processes.

The **Shift Coordinator** is to be responsible for supervising, monitoring, delegating, and communicating all operational processes of the ward and overseeing the provision of safe and effective nursing care.

Nursing staff are responsible for delivering care within the scope of practice for registration and competence. Undertaking tasks as delegated or as scheduled by shift coordinator instructions. Escalating to the shift coordinator any clinical, OSH, or security incidents, near misses, and consumer complaints. Communicating immediately with the shift coordinator if there is any deterioration in a consumer's condition or when the delivery of care is outside of the nurse's scope of practice or competence.

Aboriginal Mental Health Workers are responsible for providing support to Aboriginal consumers and the multidisciplinary team to ensure cultural considerations are appropriately addressed in undertaking search and seizure processes.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

4.1 Monitoring

Clinical incidents notified in clinical incident management system (CIMS) under this policy are monitored through regional mental health governance meetings and the Mental Health Central Office Safety, Quality and Risk Steering Committee.

Any incident that meets the criteria for a notifiable incident as defined by the [Mental Health Act 2014](#) (WA), must be reported to the Chief Psychiatrist in accordance with the [Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist](#). The Office of the Chief Psychiatrist actively monitors and reviews reported notifiable incidents for all Health Service Providers.

The Clinical Nurse Manager in consultation with the person in charge of the ward, is responsible for monitoring completed Mental Health Act forms 8a and 8b to ensure the requirements of the [Mental Health Act 2014](#) (WA) are met.

The Mental Health Advocacy Service (MHAS) is an independent body that has authority under the *Mental Health Act 2014* (WA) to review consumer care and advocate for the protection of consumer rights and responsibilities. Advocates will identify and raise systemic issues in mental health services affecting the health, safety or wellbeing of consumers.

4.2 Evaluation

Evaluation of this procedure is to be carried out by the WACHS Mental Health directorate in consultation regional WACHS Mental Health Services.

Evaluation methods and tools may include:

- staff feedback / consultation
- carer and consumer feedback / consultation
- survey
- compliance monitoring
- benchmarking
- reporting against organisational targets.

5. References

Morphet, J., Griffiths, D., Beattie, J., Velasquez Reyes, D., Innes, K. [Prevention and management of occupational violence and aggression in healthcare: A scoping review](#). Collegian, Volume 25, Issue 6, 2018, Pages 621-632, ISSN 1322-7696. [Accessed 30 December 2025]

National Institute for Health and Clinical Excellence (NICE). [Violence and Aggression: short term management in mental health, health, and community settings \(NG10\)](#). London, England: NICE; 2023 [Accessed 30 December 2025]

Standards Australia. [AS 4485.2:2021 Security for healthcare facilities - procedures guide](#). Sydney, Australia: Standards Australia – SAI Global; 2021 [Accessed 30 December 2025]

Victorian Department of Health. [Deter, Detect and Manage: A guide to better management of weapons in health services](#). Melbourne, Australia: Department of Health and Human Services; 2015 [Accessed 30 December 2025]

Victorian Department of Health. Chief Psychiatrist Guideline: [Criteria for searches to maintain safety in an inpatient unit – for patients, visitors and staff](#). Melbourne, Australia: Office of the Chief Psychiatrist; 2023 [Accessed 30 December 2025]

Western Australian Department of Health, North Metropolitan Health Service (NMHS). [Search of Person, Property, Environment and Seizure of Property Procedure](#). Perth, Australia: NMHS Mental Health, Public Health, and Dental Services; 2021 [Accessed 30 December 2025]

6. Definitions

Term	Definition
Authorised Hospital	An authorised hospital is as defined by the <i>Mental Health Act 2014</i> s. 541 and published in the WA Government Gazette. Refer to the Chief Psychiatrist’s Authorised Hospital Register
Consumer	Has the same meaning as “patient” under the <i>Mental Health Act 2014</i>
Referred person	A person who is referred for examination (MHA Form 1a) under the <i>Mental Health Act 2014</i>
Detained Person	A person detained as mentally impaired accused under the <i>Criminal Law (Mental Impairment) Act 2023</i>
Involuntary consumer	A person admitted to an “Authorised Hospital” on an involuntary treatment order under the <i>Mental Health Act 2014</i>
Voluntary consumer	A person admitted to an “Authorised Hospital” who is not an involuntary consumer or detained as mentally impaired accused under the <i>Criminal Law (Mental Impairment) Act 2023</i>

7. Document Summary

Coverage	WACHS Mental Health
Audience	Staff working in WACHS Mental Health Inpatient Units
Records Management	Clinical: Health Record Management Policy Non-Clinical: Corporate Recordkeeping Compliance Policy
Related Legislation	<ul style="list-style-type: none"> • Criminal Law (Mental Impairment) Act 2023 (WA) • Firearms Act 1973 (WA) • Health Services (Conduct and Traffic) Regulations 2016 (WA) • Mental Health Act 2014 (WA) • Mental Health Regulations 2015 (WA) • Misuse of Drugs Act 1981 (WA) • Weapons Act 1999 (WA) • Weapons Regulations 1999 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0175/22 Consent to Treatment Policy • MP 0171/22 Recognising and Responding to Acute Deterioration Policy • MP 0181/24 Safety Planning for Mental Health Consumers Policy • MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services Policy • Clinical Governance, Safety and Quality Framework • Mental Health Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Acute Psychiatric Unit Clinical Handover Procedure

	<ul style="list-style-type: none"> • Adult Psychiatric Inpatient Services - Referral, Admission, Assessment, Care, Treatment and Discharge Policy • Chaperone Policy • Medication Handling and Accountability Policy • Personal Property Management Policy • Recognising and Responding to Acute Deterioration (RRAD) Policy • Recognising and Responding to Acute Deterioration Procedure
Other Related Documents	<ul style="list-style-type: none"> • Office of the State Coroner WA – Inquiry into the Death of Warwick Andrew Ashdown (Ref No: 25/11)
Related Forms	<ul style="list-style-type: none"> • Mental Health Act Forms 8a and 8b
Related Training Packages	Available from MyLearning : <ul style="list-style-type: none"> • Mental Health Act Training (MH5 EL1) 2023
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3446
National Safety and Quality Health Service (NSQHS) Standards	1.10, 2.04, 3.01, 3.06, 4.01, 4.14, 4.15, 5.01, 5.31, 5.34, 6.09, 6.11
Chief Psychiatrist's Standards for Clinical Care	<ul style="list-style-type: none"> • Aboriginal Practice • Consumer and Carer Involvement in Individual Care • Risk Assessment and Management

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	14 October 2024	14 October 2024	<ul style="list-style-type: none"> • new procedure, supersedes: <ul style="list-style-type: none"> ○ Patient and Property Searches Procedure - Albany Hospital Acute Psychiatric Unit ○ Search and Seizure Procedure – Broome Mental Health Inpatient Unit
1.01	14 October 2024	14 October 2024	<ul style="list-style-type: none"> • Minor amendment – clarification around wording
1.02	28 November 2025	14 October 2025	<ul style="list-style-type: none"> • Minor amendment to correct typo in Appendix A
2.00	10 February 2026	10 February 2026	<ul style="list-style-type: none"> • Updated to ensure alignment with new Personal Property Management Policy and current terminology

9. Approval

Policy Owner	Executive Director Mental Health
Co-approver	Nil
Contact	Senior Project Officer - Policy
Business Unit	Mental Health
EDRMS #	ED-CO-24-42891
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This document can be made available in alternative formats on request.

Appendix A: Potentially harmful and prohibited items

The following information is intended to be used as a guide for staff. It is expected that staff work within legal parameters and apply clinical judgement in determining whether an item has potential to cause harm given the presenting risks and contributing circumstances.

An exhaustive list of potentially harmful items would not be practicable to produce, as some items that are not deemed dangerous may have been modified or held with intent to cause harm.

Potentially Harmful Items

Potentially harmful items requiring restricted access from consumers at risk of harm to self or others in the inpatient environment may include:

- highly flammable materials
- hazardous chemicals, poisons and solvents
- patient's own medications
- articles with the potential to be used as weapons, including sharp or blunt objects
- ignition sources, e.g. cigarette lighters and matches
- potential ligatures - scarves, belts, shoelaces, phone charger, cords, etc.
- mirrors
- spiral notebooks
- CDs, DVDs and covers
- keys
- plastic bags
- sharps – razors, scissors, pencil sharpeners
- metal cutlery, crockery or glassware
- ring-pull cans
- aerosol cans
- glass photo frames.

Prohibited Items

Prohibited items include:

- alcoholic beverages
- firearms as defined by the [Firearms Act 1973](#) (WA) Section 4
- controlled weapons as defined in the [Weapons Act 1999](#) (WA) Section 3
- prohibited weapons as defined in the [Weapons Act 1999](#) (WA) Section 3
- prohibited drugs as defined in the [Misuse of Drugs Act 1981](#) (WA) Section 3.

Knives with a blade longer than 75mm are considered illegal unless there is reasonable cause i.e. it is used for work/sport. Items seized must be stored securely until they can be collected by Police or returned to the owner if appropriate.

All firearms and incendiary devices are to be considered as loaded or live and are to be managed in accordance with Emergency Procedures, Code Purple or Code Black as appropriate.