

**REGIONAL GUIDELINES FOR
THE SEARCH OF PATIENTS,
THEIR BELONGINGS AND THE
ENVIRONMENT OF CARE
WITHIN ADULT MENTAL
HEALTH/ LEARNING DISABILITY
INPATIENT SETTINGS**

February 2014

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This guidance has been developed in a collaborative manner and sought to engage input from relevant stakeholders.

Contributors include:

- The five HSC Trust Mental Health Directorates;
- The Mental Health Service Users Groups within the five Trusts;
- The Bamford Monitoring Group (this group is made up of service users, carers and Patient Client and Council staff);
- Health & Social Care Board;
- Public Health Agency;
- BSO Legal Services.

An Equality and Human Rights Screening Assessment has been completed and the document updated on the basis of feedback received.

Full consideration has been given regarding the requirements of the Human Rights Act (1998) and the potential for 'unjustifiable breaches'.

Staff responsible for implementation and practice under this guidance and any Trust policy and procedure developed as a result, must ensure that where searches are conducted that any action taken is reasonable and proportionate to the given circumstance in which it is conducted.

1.0 Introduction

1.1 Purpose of Guidelines

The overarching purpose of these guidelines is to ensure the safety and promote the protection of patients, staff and visitors by ensuring that dangerous items or hazardous substances are not brought into the in-patient setting, including illicit substances, prescribed / over the counter medications, dangerous items and alcohol or any other hazardous or potentially hazardous item or substance (hereafter these items will be referred to as 'dangerous items and/or hazardous substances').

The guidelines will support staff to complete searches where there is a clear concern around patient, staff or visitors' safety.

Professional judgement will remain a key factor in any decisions made.

These guidelines apply equally to both Voluntary and Detained patients with the overarching premise focusing on safety.

It should be noted that searches of patients will only be carried out in '**exceptional**' circumstances in accordance with the guidelines noted within this document.

This document will be read in conjunction with the following Trust policies as applicable to individual Trusts:-

- Adverse Incident Policy;
- Promoting Quality Care Risk Assessment (PQC);
- Medicines Code;
- Prevention and Management of Aggression and Violence Policy;
- Therapeutic Engagement and Observation Policy;
- Substances in Inpatient Settings within Medium Security;

- Child Protection Regional Policy and Procedures;
- Mental Health Order NI (1986);
- Policy on admission/discharge;
- NMC code of professional conduct;
- Protection of Vulnerable Adults;
- Complaints policy; and;
- Restrictive Practices, DOLS Guidance.

(This list is not exclusive)

1.1.1. Within the Mental Health (NI) Order 1986 Code of Practice there is a requirement for managers of hospitals and nursing homes, admitting patients under the Order, to have a policy in place for searching patients and their belongings. Within the code of practice this is captured in the following way:-

“The purpose of these guidelines is to meet two objectives, which may at least in part, be in conflict. Firstly the creation and maintenance of a therapeutic environment in which treatment may safely take place; and secondly the maintenance of the security of the establishment and the safety of patients, staff and the general public.

The guidance may be extended to routine and random searching, but only in exceptional circumstances, for example, where the dangerous or violent criminal propensities of patients, creates a self-evident and pressing need for additional security.”

(Mental Health (NI) Order 1986 Code of Practice

1.1.2. It is the priority of each Trust to provide a safe therapeutic environment, reduce the risk of injury (to patients, staff and visitors) and prevent untoward incidents caused by any use of illicit substances/alcohol or dangerous items; this is achieved through staff having access to clear guidance and support in

instances where action needs to be taken due to suspected or actual possession of dangerous items and/or harmful substances.

Patients and visitors should be made aware of any items that should not be brought into a unit. This information should be available in standard written format as well as accessible formats to accommodate those with low literacy, communication barriers or sensory disability. On entering the unit the patient should be asked if they are in possession of any of these items and if so, to hand them over to staff.

1.2 Definitions & types of searches undertaken

A search is any scrutiny of personal possessions or of an individual that exceeds the expected norms of any clinical environment. The expected norm is specific to the care group.

A personal search is a systematic mechanical (body scanner), visual or “pat-down” inspection of a patient which ordinarily takes place with consent, but may be undertaken in some instances without consent. A personal search takes place with outer clothing removed i.e. coats/jackets/jumpers/shoes/socks.

Where a body scanner is used an explanation will be given to the patient in relation to how the scanner works and the procedure followed.

A search of personal property is considered to be anything exceeding usual routine checks of property during the admission process or return of a patient to the ward.

A unit search is a systematic search of the environment, to seek out a missing object, potential stolen goods or hazardous or potentially hazardous items or substances that may jeopardise

individual safety or the integrity of the unit. Patient movement may be restricted during the search.

1.3 Scope of Guidelines

These guidelines will be implemented across all Trust Adult In-patient Mental Health and Learning Disability units, with the exception of Shannon Unit which has a specific Search Policy relevant to that service.

Particular deliberation should be given to patients who are unable to give informed consent.

The guidance applies to patients who are admitted for assessment and treatment either in a voluntarily capacity or detained under the Mental Health (NI) Order 1986.

Searching visitors is not usual practice. However, this policy may apply to a search of visitors who may be suspected of having brought harmful items into the clinical environment. On that basis they will be asked to consent to a search (see Section 3.10).

Secure and Forensic Services have a specific protocol; the protocol has the same purpose, definitions and principles however the scope of this protocol extends beyond this policy in order to meet clinical need. Ref: Protocol 2.15: For Searching Patients' Property for Dangerous items, Unsafe Items, Alcohol and Illicit Substance in Inpatient Settings within Medium Security (Shannon Unit BHSCT).

1.4 Principles

All patients have the right to receive care in a safe environment. However, some patients may bring items into the in-patient environment which may be harmful to themselves or others.

The decision to search a patient and / or their belongings is an unusual occurrence and can only take place if there are reasonable grounds to believe that a search is necessary. This must be discussed beforehand within the team and the reason for the decision clearly documented. The risk of compromising the patient's dignity must be balanced by the risks involved if no action is taken.

Before any search is undertaken full consideration must be given to issues relating to the patient's race, gender, sexual orientation, spiritual belief, disability and age to ensure as far as possible privacy, dignity and personal choice is protected. All risks should be considered prior to any search being carried out.

Indicators that might lead to the decision to undertake a search would include:

- A patient with a known **relevant** history of carrying and/or hiding an offensive item/harmful substance;
- A patient expressing the view that she/he intends to injure her/himself or another person with an implement;
- Information received from other patients, staff or visitors that the patient has a dangerous item in their possession;
- A patient who is acting in a threatening and unpredictable manner; and
- There is reason to believe that the patient is in possession of items that are potentially dangerous to their own health and safety or that of others – for example, drugs, alcohol or hazardous items.

(This list is not exhaustive)

2.0 Duties

2.1 Director of Mental Health/Learning Disability Responsibilities:

To ensure provision and distribution of comprehensive, up-to-date guidelines, reflecting best practice which is fit for purpose.

2.2 Mental Health/Learning Disability Services Manager Responsibilities:

To ensure a clear statement regarding searches is included in the Trust Operational Policy and that these guidelines are referenced therein.

To ensure the Operational Policy includes the requirement to alert the policy sponsor of any difficulties in implementing the policy.

To ensure the guidelines are consistently implemented across all inpatient units.

To work with the ward sister/ charge nurse in monitoring the frequency of the policy being put into action and compliance with Section 75 monitoring data, bearing in mind that any change in frequency of use may indicate either; a misinterpretation or misuse of the policy or a more serious service issue (i.e. increased number of hazardous items being introduced to the unit).

2.3 Ward Sister/Charge Nurse Responsibilities:

To ensure staff are consistent in their application of the guidance and clear about their individual responsibilities.

To ensure all nurses have the relevant up-to-date skills to implement the guidance as per Trust Continuing Professional Development Programme.

To inform the Mental Health/ Learning Disability Services Manager on each occasion the guidance is implemented and the outcome.

To ensure an Incident Report is completed when a search has been undertaken.

To ensure the appropriate recording and reporting is completed using correct documentation as required by the Regional Guidance and Trust Operational Policy.

2.4 Clinical Team Responsibilities:

To ensure adherence to appropriate policies and procedures throughout the decision making process.

When making the decision to search a patient their Primary/ Key nurse or nominated deputy should be consulted where practicable. In exceptional circumstances, where it is believed that speed is of the utmost importance the decision may be made by the nurse in charge. The search, its rationale and outcomes will be discussed with the clinical team as soon as is reasonably practicable.

To ensure a full explanation is given to the patient, and where appropriate carer, as to why the decision to conduct a search has been taken.

To nominate a clinician to ensure consistency and clarity for the patient and where appropriate carer.

To ensure the rationale for and detail of the outcome of a search is recorded in the clinical notes and that the patients care plan and other relevant documentation is updated as appropriate.

3.0 Procedure for Searching

- 3.1** Once a decision has been reached to search the patient, he/ she will be closely observed until the search can be conducted. Every stage of the rationale, decision making process, clinical discussions, consent seeking and actions or searches undertaken must be fully documented in the patient's notes.

NB: Appendices 1, 2 and 3 contain flowcharts to guide the searching procedure.

- 3.2** In **all** cases, the consent of a patient will be sought before a search is attempted and the patient will be informed of the rationale for the search.

Special consideration will be given to those under the age of 18 (see section 5.2) and those who do not have capacity to consent (see section 5). Consideration will always be given to communication pathways, for example where the person is deaf, or does not have English as a first language. Access to information regarding the right to patient advocacy services will be provided.

An open dialogue will be maintained with the patient and carer, (where carer is present). Once the clinical rationale is outlined the patient will be encouraged to surrender any potentially harmful items they are suspected to have. When an item or items are surrendered the decision to implement a search will be reviewed.

- 3.3** Consideration will be given to the team's capacity to safely manage the search. The requirement for PSNI involvement should only be considered in exceptional circumstances and needs to be negotiated with the PSNI in terms of whether the PSNI need to be involved to prevent harm to the patient or others or a breach of the peace from occurring.
- 3.4** If the patient consents then the specified search will be carried out with due regard for the privacy and dignity of the individual.
- 3.5** If the patient is assessed as being unable to give consent please refer to section 5.

- 3.6** If the patient refuses to consent, the decision to carry out the search must be communicated to Senior Line Management with a full rationale of the reason for the search.
- 3.7** Any search that must be carried out without consent must be conducted with the minimum force necessary; the intrusiveness of a personal search must be reasonable and proportionate in response to the reason for the search (**NICE 2005**). All nurses involved in a search must have the appropriate training.
- 3.8** In the case of a search of patient's belongings, the owner of the property will be encouraged to be present. In rare circumstances a clinical assessment may indicate that it is not safe for a patient to be present.

When a patient's belongings are being searched the following should be checked:

- Individual bags;
- Items in lockers; the inside, top and underneath of the locker itself;
- Wardrobes and all personal effects including towels, flannels and toiletries; and
- Bedding, including pillows, pillowcases and all surfaces and edgings of mattresses.

(This list is not exhaustive)

- 3.9** In the case of personal searches users should be asked to remove all their outer clothing (e.g. jacket, shoes and jumper). A visual inspection will then be completed. Following a visual inspection, a search wand may be used. A "pat-down" may be performed only if significant concern remains. Items of removed clothing should be examined, including all pockets (see Appendix 6, 7 and 8).

3.10 Searching of Visitors

All visitors should be made aware of items which they should not take into the unit and that they may be searched if there is any suspicion that they are carrying banned or potentially hazardous items. This information should be provided in accessible formats.

Visitors may be asked to agree to a search of their property/ belongings and/ or a personal or pat down search if there is reasonable suspicion that they are in possession of potentially harmful substances or items. This will also be the case where there have been previous episodes where they have attempted to bring banned or potentially hazardous substances/items onto the unit.

Searches of visitors should be conducted with dignity and in a private area.

Where a visitor declines a search, staff have no right to insist upon one. However, a visitor may be asked to leave the premises on the basis that there is sufficient concern in terms of risk and safety.

If a visitor refuses to have a search carried out, they may be refused entry to the unit at that point in time and also may be refused entry in the future.

If necessary the PSNI should be called.

An incident form should be completed.

4.0 Personnel permitted to undertake searches

- 4.1** If a search of the patient or their belongings is to take place then at least two members of staff will conduct it, one will be of the same gender as the patient and one will be a Registered Nurse (RN).

Every effort will be taken to ensure the religion, belief and personal preference of the patient is respected when conducting a search. This may influence who conducts the search with specific reference to gender and as far as practicable consideration will be given to the items of clothing to be removed in the context of traditional dress.

- 4.2** There may be some situations where additional help or police assistance will be required. Police officers may be asked to attend Trust premises to prevent a breach of the peace, ensure the safety of all involved and to take any necessary actions on the outcome of the search; this must be negotiated with the PSNI.

5.0 Capacity to consent

- 5.1** If it has been determined that a patient will be searched but they have been assessed as lacking capacity to give their consent, consultation with a responsible person, relative, or an Independent Advocate should take place prior to a search being conducted unless it is considered there is immediate risk or it is not reasonably practicable in the circumstances.

The **appropriate adult** should be available to support the individual during a search unless it is not reasonably practicable in the circumstances. Full consideration must be given to the person's rights at all times.

Details of the capacity assessment specific to the decision about a search should be recorded on the appropriate documentation.

- 5.2** Where a patient under the age of 18 years is being cared for on an Adult Unit and the need for a search arises, the local Trust policy in relation to searching children/ adolescents should be adhered to.

6.0 Outcomes of the search

- 6.1** In circumstances where illicit substances or dangerous items have been found, they should be sealed in a transparent bag, clearly labelled with the name of the item, when and where it was found, the date and time and by whom. The item should be stored safely, preferably in a locked cupboard, until it can be handed over to police. The police should be called, who will then take possession of the item. If illicit substances are found staff can refer to the Trusts respective Pharmacy Codes for guidance.
- 6.2** The outcomes of the search must be fully recorded in the patient's notes and where illegal items are found this should be signed and countersigned in the patient's notes by two members of staff.

7.0 Post-Incident Management

- 7.1** The searching of patients or their property will be regarded as an incident and reported as such using the Trust's incident reporting processes. A general review of the incident may require the involvement of the Trusts Risk Manager or Lead Officer responsible for reviewing untoward incidents.
- 7.2** A clinical review of the patient will always be undertaken at the earliest opportunity following the search and, if the outcome of the search has altered the patient's clinical management then the care plan will be revised to reflect this.
- 7.3** With or without consent, this procedure is intrusive and staff, patients and carers involved will need time to reflect on the process and may need to have access to appropriate debriefing. The debrief should enable the individual to talk about the experience with the aim to reduce the likelihood of stress and psychological trauma associated with the incident.

If the patient expresses concerns that they were not treated with dignity and respect, they should be informed of the complaints procedure.

8.0 Development, consultation & ratification

These guidelines have been reviewed and developed in consultation with all interested parties including Clinical Staff, Service Users, General and Senior Management, and take into account national guidance (NICE 2005). Legal input has been sought from BSO and the document updated as appropriate.

9.0 Equality and Human Rights Screening Assessment

An Equality and Human Rights screening assessment has been undertaken prior to the dissemination of the guidance to ensure that it is compliant with the Human Rights Act and has no recommendations in relation to any adverse impact upon any individuals or groups.

<http://www.hscbusiness.hscni.net/services/2453.htm>

10.0 Monitoring Compliance

Mental Health/ Learning Disability Service Managers will have the responsibility to measure, monitor and evaluate compliance with the policy and procedure including taking an overview of the volume and frequency of searches.

Monitoring will be undertaken each time the policy is invoked. The Mental Health Service Manager/ Learning Disability Manager will report directly to the Assistant Director of Mental Health any deviance from the policy and procedure and where appropriate make further recommendations.

The Mental Health/ Learning Disability Service Manager will report directly to the policy sponsor any need to amend the policy in light of changing service need.

Identification of trends will be part of the monitoring process; if differential patterns emerge this will be explored further.

11.0 Document Review

This document will be reviewed in April 2015.

12.0 Dissemination & Implementation of the Guidelines

The guidelines will be circulated electronically to all Directors of Mental Health, Mental Health/ Learning Disability Service Managers and will be discussed at the Mental Health/ Learning Disability Service Manager's meeting. The document will be available on the intranet for all staff and services.

For existing staff, implementation will take place at a local level, team by team. Training needs will vary between practitioners and will be assessed by the Ward Sister/ Charge Nurse on an individual basis. The policy will be part of the local induction for all registered and non-registered nursing staff joining any inpatient team. Training will include use of the Search Wand and should be incorporated within MAPA updates.

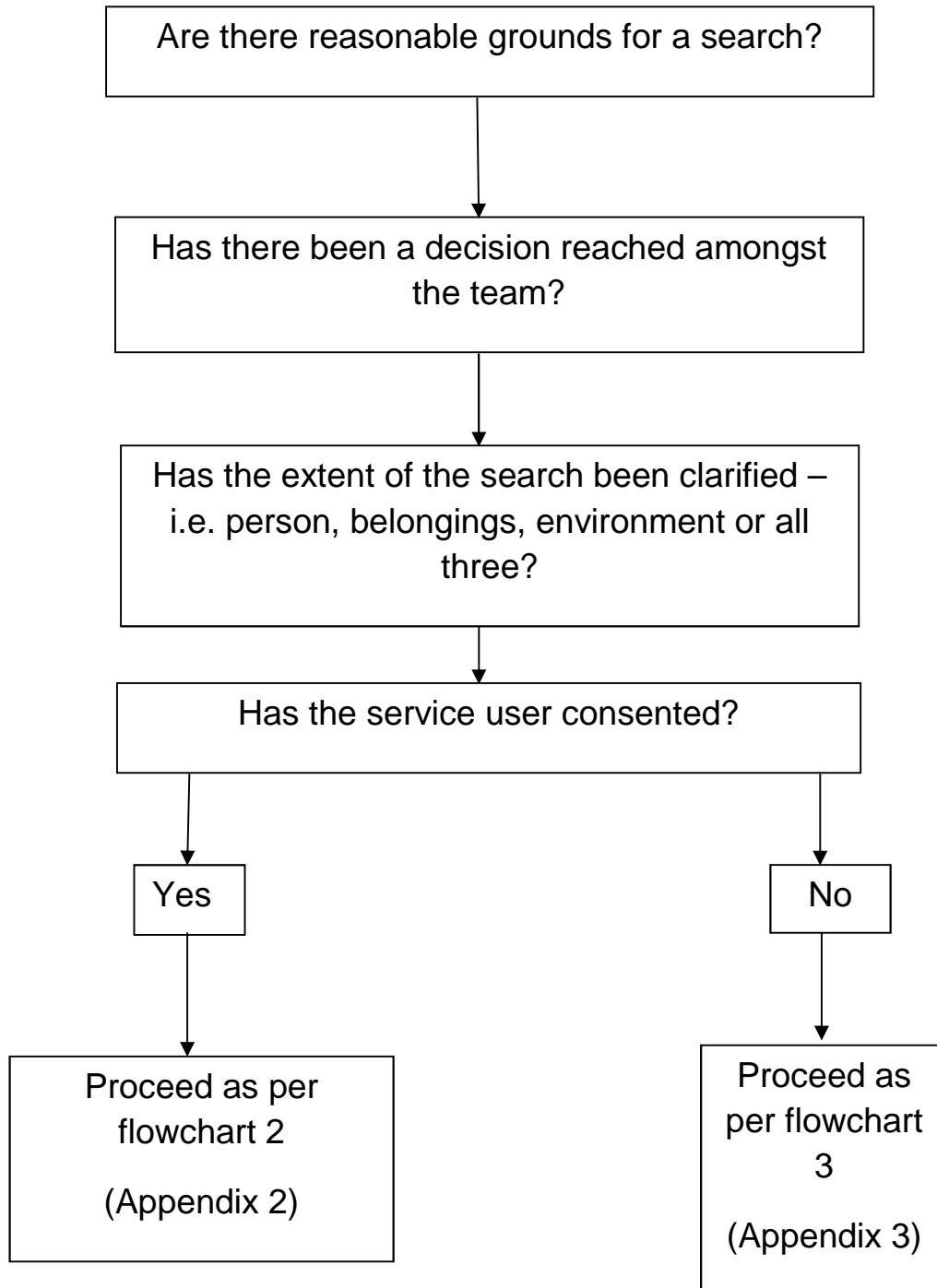
13.0 Document Control including archive Arrangements

This document will be stored and archived in accordance with the Trust wide policy for the development and management of procedural documents.

14.0 Bibliography

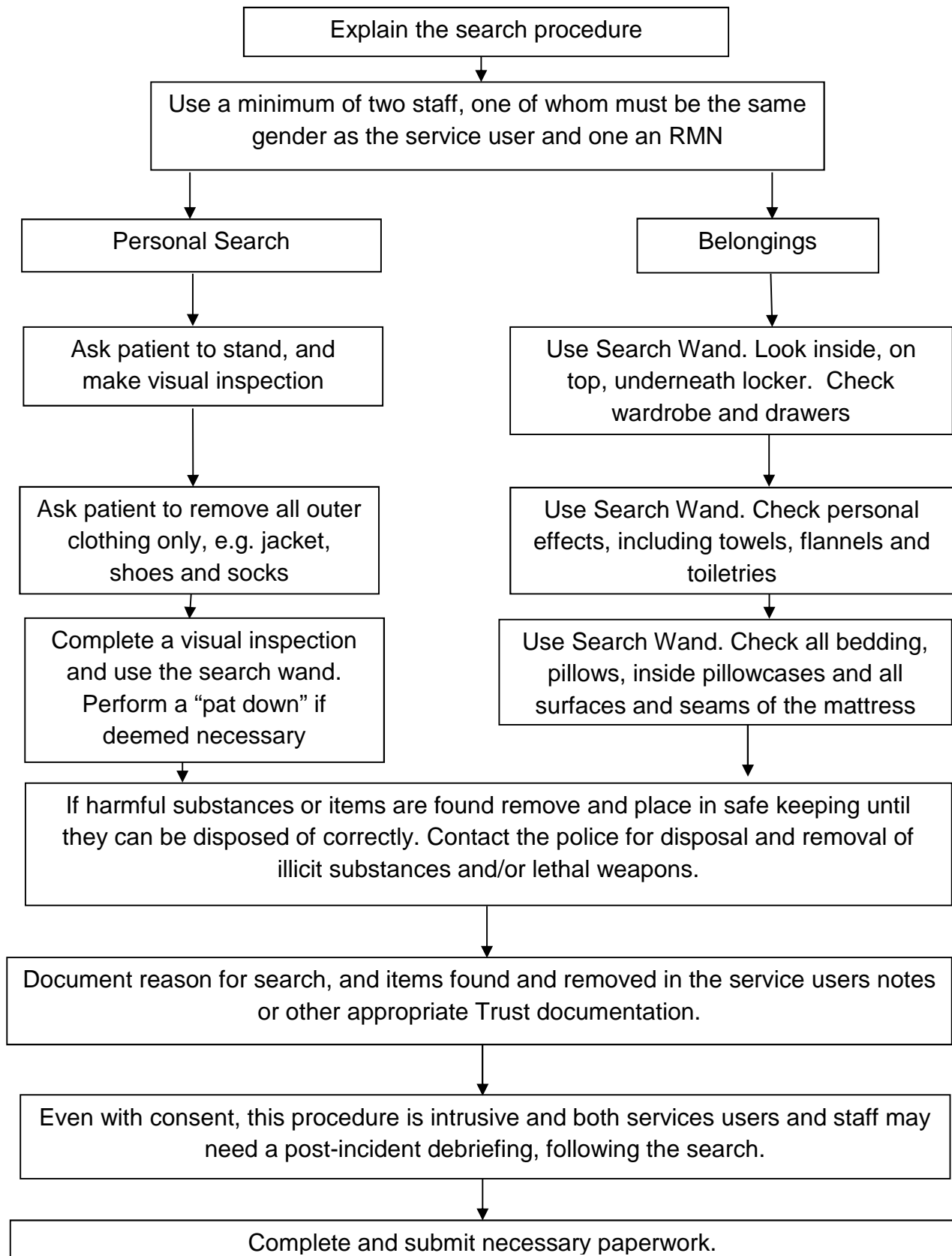
- National Institute for Health and Clinical Excellence (2005) Violence - The short-term management of disturbed/violent behaviour in inpatient psychiatric settings and emergency departments;
- DHSSPSNI Mental Health (NI) Order 1986 and the Orders - Code of Practice; and;
- Human Rights Act 1998.

FLOWCHART 1: THE SEARCH PROCEDURE FOR PATIENT'S



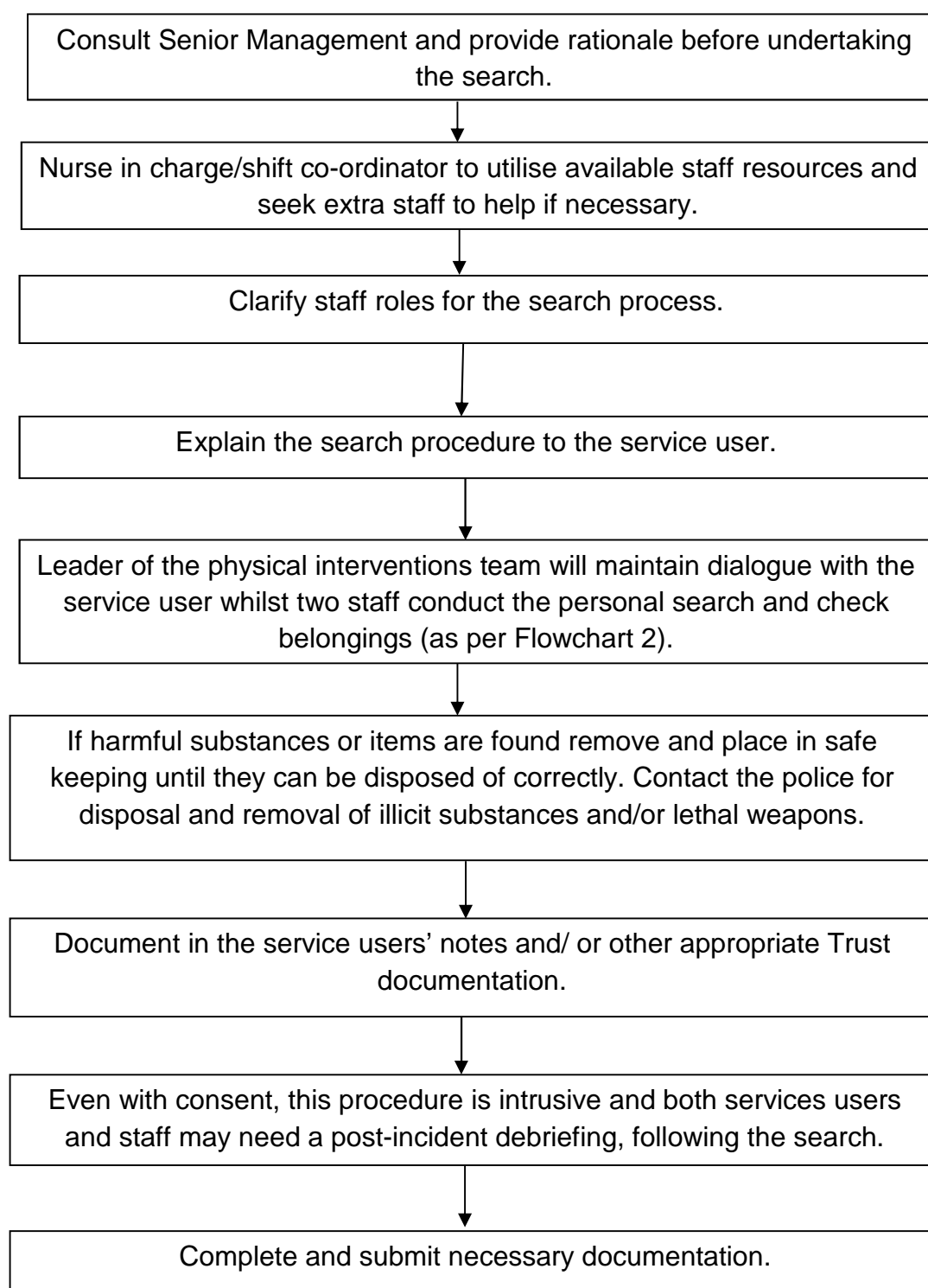
Appendix 2

FLOWCHART 2: SEARCH WITH PATIENT'S INFORMED CONSENT



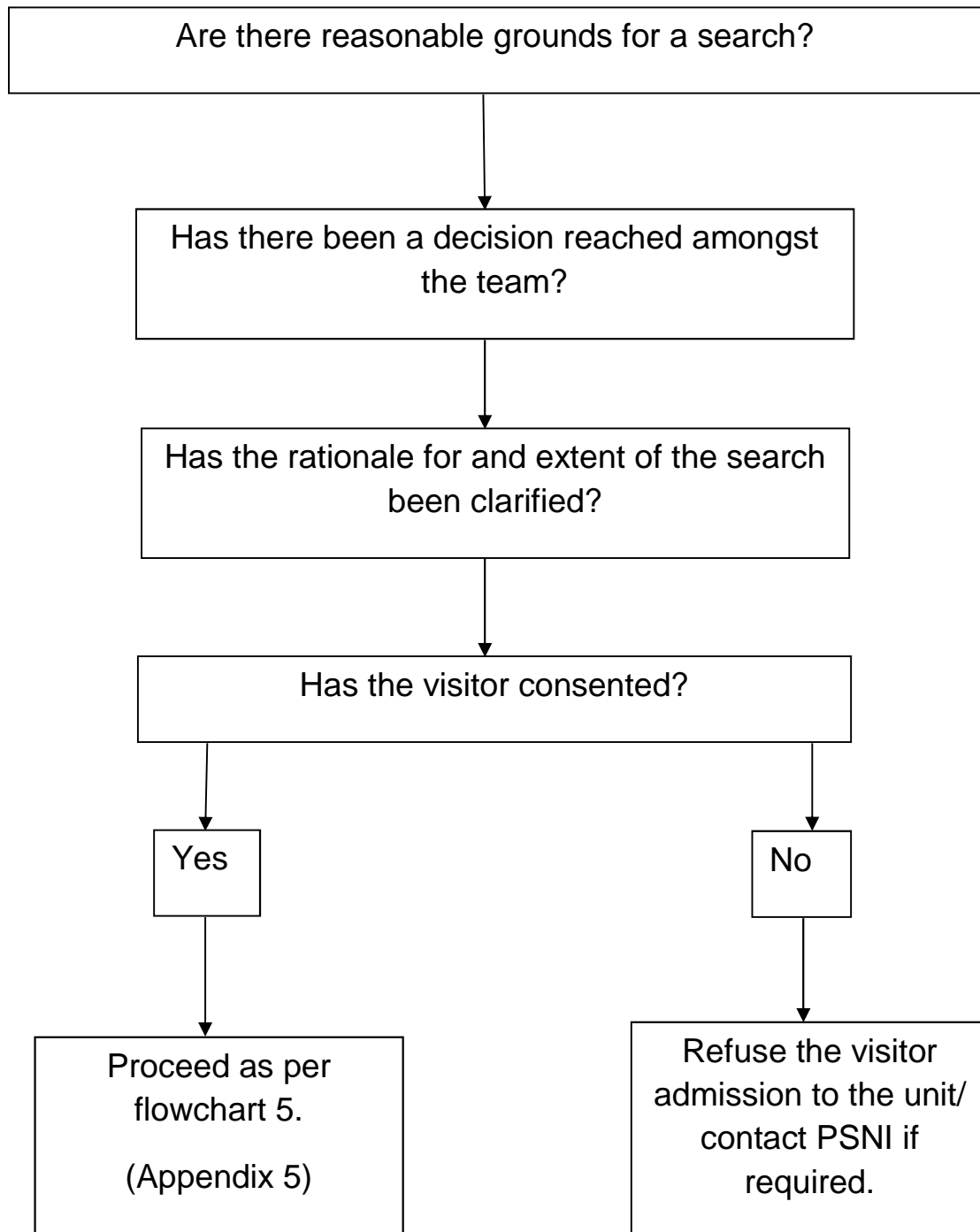
NB: This flowchart relates only to searching of patient's suspected of secreting dangerous or illicit items. If objects or dangerous items are being used in a physically violent way, the immediate area may need to be evacuated and the local police called to assist immediately.

FLOWCHART 3: SEARCH WITHOUT THE PATIENT'S CONSENT

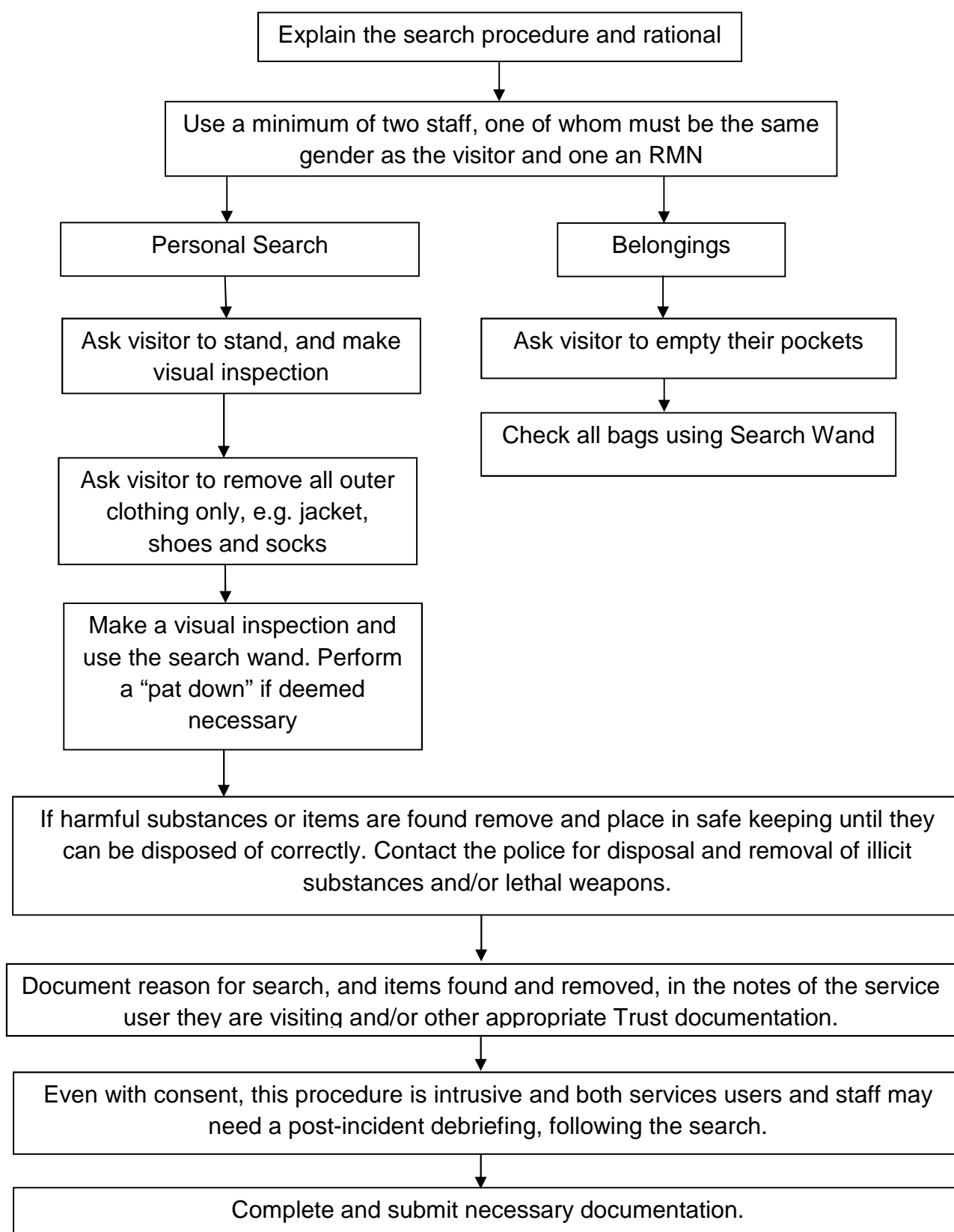


NB: This flowchart relates only to the searching of those patients suspected of secreting dangerous or illicit items. If objects or dangerous items are being used in a physically violent way, the immediate area may need to be evacuated and the local police called to assist immediately.

FLOWCHART 4: THE SEARCH PROCEDURE FOR VISITORS



FLOWCHART 5: SEARCH OF VISITORS



NB: This flowchart relates only to searching of visitors suspected of secreting dangerous or illicit items. If objects or dangerous items are being used in a physically violent way, the immediate area may need to be evacuated and the local police called to assist immediately.

Pat Down Search Procedure

1. Searches should be carried out in an area where there is room to carry out the search effectively.
2. All searches of a patient's/visitor's person must be carried out by a staff member of the same sex in the presence of a witness from staff of the same sex.
3. Where a staff member of the same gender is not available the search will be carried out using a handheld metal detector with one staff member carrying out the search and the other acting as a witness.
4. Hand held metal detectors should be available in each clinical area.
5. Colleagues should be informed of what you are doing and where you are.
6. Searches should be carried out away from public sight, away from other patients/visitors if possible and with due regard for the dignity of the patient/visitor.
7. It is important to approach the person to be searched in a friendly and courteous way as some people are quite uncomfortable with the invasiveness of a pat down search and may need to be reassured. A very officious approach may be misconstrued as confrontational.
8. When searching be aware that you are physically very close to the person being searched and therefore vulnerable to attack. Try to minimise the area of your body presenting a target by maintaining a side on stance when possible.
9. Keep your head up and your arms in a position where they are ready to be raised in defence. Maintaining a defensive stance does not need to be obvious. The act of searching will require your arms to be raised and by positioning your body tactically throughout a search you can reduce the risk of injury to yourself in the event of an attack.
10. **DO NOT PLACE YOUR HAND INSIDE POCKETS OR BAGS AS YOU SEARCH IN CASE OF NEEDLES OR OTHER SHARP ITEMS.** Always ask the subject to remove items for inspection.

- 11.** Any items removed should be recorded and the person informed of where they are being kept.
- 12.** When the patient is discharged/visitor leaves, all confiscated property should be returned to the patient/visitor unless the police have been involved in removing the item, such as illicit substances.

Pat down body search (Male)

1. Stand facing the subject.
2. Ask him if he is in possession of any banned items.
3. Ask him to empty all pockets. If he is wearing a coat or jacket, ask him to remove it after emptying any pockets.
4. If he is in possession of any bags ask him to place these to one side for searching after the pat down search.
5. Use Search Wand.
6. Search through items removed from pockets.
7. Placing the coat or jacket on a flat surface, run hands over the entire surface of the garment feeling for any lumps. This may indicate the presence of contraband. Check under the collar, sleeves and the lining of the jacket as well as the pockets.
8. If you discover a lump which could indicate concealed items, ask the subject to remove the item and place it with his other belongings so that you may identify it. DO NOT PUT YOUR HANDS INTO ANY POCKETS OR AREAS IF YOU CANNOT SEE WHAT IS IN THERE. DOING SO COULD RESULT IN A NEEDLE STICK INJURY OR SIMILAR.
9. Ask the subject to remove any headgear and pass to you for searching.
10. If his hair is long or thick ask him to run his fingers through his hair. Again, this is to prevent the risk of needle stick injury to you. Needles are sometimes hidden in the hair.
11. If the subject is wearing a tie ask him to remove it and search it using the same method as for a jacket.
12. Lift his collar and carry out a visual check before feeling around it.
13. Pat your hands over the top of the subject's shoulders.
14. Ask him to raise his arms level with his shoulders, keeping his arms straight, his fingers open and apart and his palms facing down. Step slightly to one side, and search that arm by running your hands along the upper and lower sides of the arm from shoulder to wrist. Check between the fingers and look at the palm and back of the hand.
15. Repeat for the other arm.

- 16.** Pat down the front of the body from neck to waist including the front of the waistband. Check both sides of the body from armpit to waist including waistband.
- 17.** Ask the subject to turn around so that his back is to you keeping his arms in the raised position.
- 18.** Search his back from neck to waist including the waistband and the seat of his trousers.
- 19.** Before searching the lower portion of the body assume a kneeling position, placing yourself side on to the subject with the forward knee on the floor and the furthest leg from the subject flexed and propping back thereby keeping a stable base. The process of searching will keep your arms in a raised position which could be used as a defensive posture should the need arise.
- 20.** Check one leg from crotch to ankle including the inside of the leg, the back of the leg and the outside of the leg. When searching the outside of the leg the search is from the waist to the ankle.
- 21.** Repeat for the other leg.
- 22.** Stand up.
- 23.** Ask the subject to turn and face you keeping the arms raised, palms down posture.
- 24.** Check the abdominal area of the subject.
- 25.** Use the same kneeling position and technique as before to search the front and sides of one leg.
- 26.** Repeat for the other leg.
- 27.** In the event that you feel or see anything to indicate hidden items during the search, ask the subject to remove the items for inspection.
- 28.** If you suspect that something is hidden inside footwear, ask the subject to remove them for inspection. **DO NOT PUSH YOUR HANDS INTO THE SHOE.** Carry out a visual check of the sole and heel of the shoe, as these can be adapted to carry contraband. First tap the heel of the shoe against the floor as this may cause any contraband to drop out. Carry out a check of the shoe by feeling for lumps from the outside and looking inside the shoe.
- 29.** Study the area around the subject for any items that may have been dropped before or during the search.

- 30.** Ask the subject to step to one side to check that he is not standing on anything he has dropped before or during the search.
- 31.** In cases where it is strongly believed that a patient may be hiding something harmful to their person or to others, but a pat down search has proven fruitless due to the restricted nature of the search, the Police should be contacted.

Pat down body search (Female)

1. Stand facing the subject.
2. Ask her if she is in possession of any banned items.
3. Ask her to empty all pockets.
4. If she is wearing a coat or jacket, ask her to remove it after emptying any pockets.
5. Use Search Wand.
6. If she is in possession of any bags, ask her to place these to one side for searching after the pat down search.
7. Search through items removed from pockets.
8. Placing the coat or jacket on a flat surface, run hands over the entire surface of the garment feeling for any lumps, this may indicate the presence of contraband. Check under the collar, sleeves and the lining of the jacket as well as the pockets.
9. If you discover a lump which could indicate a concealed item, ask the subject to remove the item and place it with her other belongings so that you may identify it. **DO NOT PUT YOUR HANDS INTO ANY POCKETS OR AREAS IF YOU CANNOT SEE WHAT IS IN THERE. DOING SO COULD RESULT IN A NEEDLE STICK INJURY OR SIMILAR.**
10. Ask the subject to remove any headgear and pass to you for searching.
11. If her hair is long or thick ask her to run her fingers through her hair. Again, this is to prevent the risk of needle stick injury to you. Needles are sometimes hidden in the hair.
12. If the subject is wearing a tie or scarf ask her to remove it and search it using the same method as for a jacket.
13. Lift her collar and carry out a visual check before feeling around it.
14. Pat your hands over the top of the subject's shoulders.
15. Ask her to raise her arms level with her shoulders, keeping her arms straight, her fingers open and apart and her palms facing down. Step slightly to one side, and search that arm by running your hands along the upper and lower sides of the arm from shoulder to wrist. Check between the fingers and look at the palm and back of the hand.

16. Repeat for the other arm.
17. Using the back of the hand search from the neck to the top of the bra.
18. AT NO TIME TOUCH THE BREASTS.
19. Using the back of the hand search directly beneath the bra.
20. Using the flat of the hand search from beneath the bra down the front and sides of the body to and including the waistband.
21. Ask the subject to turn around so that her back is to you, keeping her arms in the raised position.
22. Search her back from neck to waist including the waistband and the seat of her trousers or skirt.
23. Before searching the lower portion of the body assume a kneeling position presenting yourself side on to the subject, with the forward knee on the floor and the furthest leg from the subject flexed and propping back thereby keeping a stable base. The process of searching will keep your arms in a raised position which could be used as a defensive posture should the need arise.
24. Check one leg from crotch to ankle including the inside of the leg, the back of the leg and the outside of the leg. When searching the outside of the leg the search is from the waist to the ankle.
25. If the subject is wearing a skirt the search must be carried out by running the hands down both sides of the leg from the outside of the skirt (this makes it very difficult to search the tops of the legs and it may be necessary to use the hand held metal detector).
26. Repeat for the other leg.
27. Stand up.
28. Ask the subject to turn and face you keeping the raised arms, palms down posture.
29. Check the abdominal area of the subject.
30. Use the same kneeling position and technique as before to search the front and sides of one leg.
31. Repeat for the other leg.
32. In the event that you feel or see anything to indicate a hidden item during the search, ask the subject to remove the item for inspection.

- 33.** If necessary ask the subject to remove footwear and search shoes. **DO NOT PUSH YOUR HANDS INTO THE SHOE.** First, tap the heel of the shoe against the floor as this may cause any contraband to drop out. Carry out a check of the shoe by feeling for lumps from the outside and looking inside the shoe. If you suspect that something is hidden inside footwear ask the subject to remove it for inspection. Carry out a visual check of the sole and heel of the shoe as these can be adapted to carry contraband.
- 34.** Study the area around the subject for any item the subject may have dropped before or during the search.
- 35.** Ask the subject to step to one side to check that she is not standing on anything she has dropped before or during the search.
- 36.** In cases where it is strongly believed that a patient may be hiding something harmful to their person or to others but a pat down search has proven fruitless due to the restricted nature of the search, the Police should be contacted.