

WHITING FORENSIC HOSPITAL

OPERATIONAL PROCEDURE MANUAL

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 1:	Ethics, Rights and Responsibilities
PROCEDURE 1.11:	Patient Searches
Governing Body Approval:	8/27/18
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PURPOSE: To maintain a safe environment for all individuals served by Whiting Forensic Hospital (WFH) without unduly interfering with treatment, creating security risks, infringing on individual rights (as provided for in Connecticut General Statutes, Section 17a-548), or causing harm to the patient or others.

SCOPE: All Clinical Staff

POLICY:

It is the policy of WFH that the hospital maintains a safe, therapeutic environment for its patients and families. Having a safe environment for all is accomplished through periodic searches of the patient, his/her belongings, and/or the hospital environment. Searches are conducted to minimize or eliminate the presence of dangerous objects in the environment. Any exceptions to this policy must be approved by the Chief Executive Officer (CEO) or Chief Medical Officer (CMO) and documented in the patient's medical record, including the approval and rationale for the exception.

Definitions:

Emergency – A search may be conducted immediately only when there is a serious concern for patient or staff welfare and safety, or facility security. The object or item being sought has life-threatening potential if it is not found by the staff, or if it were to be found by non-staff.

Non-Emergency – A search that is conducted when there is no immediate threat to life or safety by the object or item being sought. *Examples:* money or personal property of another patient or staff member.

Individual Property Search – A search of personal items belonging to the patient.

Non-Emergency Search of Common Living Areas and Furniture – Applies to situations where there is no immediate threat to life and safety by the object or item being sought. The hospital's property is generally defined as those items integral to structure and décor, and/or intended for common use. Examples include, but are not limited to: lockers, wardrobes, bedside stands, furniture, and trash cans. A patient's personal property may be stored in and on some items of hospital property; such searches may be conducted on a routine or random basis depending on location and/or level of urgency.

Individual Body Searches – A physical examination of an individual body, from a simple "pat down" to a strip search (a removal of clothing and reviewing the clothing contents and the exterior body) to a "body cavity search". Each of these increasing levels of inspection is rigorously reviewed and authorized and is to be conducted with full respect for personal dignity and the right to privacy of the patient involved.

Medically Harmful - Items which are capable of inflicting serious mental or physical injury on the patient, or producing in the patient a disturbed mental state or impaired judgment which may be grossly detrimental to his physical or mental well-being.

Non-Permissible/Prohibited Items - Items not permitted on in-patient units which pose significant risk or are prohibited by hospital and Commissioner Policy. Such items may be returned to the sender, visitor or, where not otherwise disposed of, placed in the patient's "do not issue" storage area. Also included are items which may be illegal, including drugs, medications (prescribed or not prescribed), alcohol, weapons and sharps found on a patient, in a patient area or other unsecured location.

PROCEDURE:

Searches upon Admission, Transfer and Re-Admission

- I. Dutcher Service: Upon arrival on the unit, unit staff will ask patients to empty their pockets and remove their shoes and outer clothing (coat, hat, etc.) for screening.

It is the responsibility of the unit staff to conduct a search of the patient's property. Patients' belongings are to be stored in a secure area upon arrival and remain in said area until such time as unit staff can thoroughly complete the search. Search of property may include shaking out all clothing items, opening any containers, smelling any liquid/lotions bottles, flipping through books/magazines, examining footwear, etc. This list is not exhaustive and staff must use their judgment in completing a thorough search of patient belongings given the particular items accompanying the patient and the patient's particular risk factors.

The search should occur in a timely manner as to not cause the patient distress. Unit staff should explain the process and rationale for the search, including reviewing a list of prohibited items. The patient should be present while their belongings are searched. Should a prohibited item be found, it should be discarded or inventoried and stored until the patient is discharged from the hospital. Should an item of an illegal nature be found, agency police and the manager on duty are to be notified immediately. The manager on duty should notify the Nurse Executive and CEO (or designee(s)).

Body searches are not routinely conducted at the time of admission to the Dutcher Service. If there is concern that the patient has contraband on their person at the time of admission, the patient should be brought to the police sub-station and screened via the metal detector and wand. If there is further concern regarding contraband hidden on their body, the patient should be continuously monitored until such time as a decision can be made regarding a body search, following the patient search procedure noted below.

- II. Whiting Service: Property and body searches are conducted by DMHAS Police. All belongings are screened via x-ray and an agency officer goes through all items before the items are sent to the unit. Body searches are conducted by two same gender DMHAS Police. Patients who identify as transgender will be asked their preference regarding the gender of the officers to be present during the search.

Searches upon Return from Temporary Leave, Activities or Appointments/Court Appearances (on and off campus)

- I. Dutcher Service: Patients enter the Dutcher building via the Dutcher police sub-station and pass through the metal detector. If the metal detector sounds, the patient is wanded. Unit staff will ask the patient to empty their pockets and remove their shoes and outer clothing (coat, hat, etc.) for screening.

All bags are screened via the x-ray by agency police.

Any contraband found is held in the sub-station until such time as it can be discarded or stored. Should concern arise regarding the patient having contraband on their person, the patient is held in the sub-station until such time as a decision can be made regarding a body search (see patient search procedure below).

Upon arrival to the unit, staff conducts a second screening of bags before the property is permitted in community areas or the patient's bedroom.

If the patient is returning from non-staff escorted privileges off the unit, nursing staff (including MHAs) will ask patients to empty their pockets, and remove their shoes and outer clothing (coat, hat, etc.) for screening prior to entering their bedrooms or a community area.

- II. Whiting Service: Body searches are always conducted upon return to the Whiting building unless patient has been under the custody of agency police during the entirety of the trip out of the building. Searches will be conducted by two same gender DMHAS Police. Patients who identify as transgender will be asked their preference regarding the gender of the officers to be present during the search.

Property Searches: Whiting and Dutcher Services (routine and emergent)

- I. Property searches may occur on a random schedule or when there is reason to believe that a particular patient's property contains non-permissible/prohibited material and/or items that may threaten the health and safety of the patient, other patients or staff and/or building security.

Some searches are announced and some are unannounced if there is reason to believe that there are prohibited items in the area. These searches are conducted in common areas or patient occupied areas. Examples of such hazards include perishable food items that could cause illness if ingested after improper storage; food items or debris that would attract vermin; trash that may create a fire threat or contraband items like aerosol cans, matches or lighters.

- II. Searches for suspected contraband are typically conducted by nursing staff. The Unit Director, Nurse Supervisor or Director of Nursing may request agency police assistance depending on the nature of the suspected contraband and the area to be searched. If the assistance of the agency police is requested, they will be present to maintain safety while unit staff conducts the search.

Agency police must be notified if there is a suspicion of a weapon or sharp in the patient's property and in such cases the agency police will conduct the search. Agency police may conduct a random search of a patient's property and/or body (with Chief Executive Officer or Chief Medical Officer approval) if there is sufficient reason to believe that there is a situation that presents an imminent and acute risk of safety to patients, staff or the security of the hospital.

- III. Unit searches: Prior to conducting a search, a community room on the unit is first searched to ensure no contraband is present. Patients are then notified of the search and situated in that room. The bathroom is then searched to ensure no contraband is present so that patients can access the bathroom as needed during the full unit search. At this point, nursing staff and/or agency police will take individual patients to their bedroom and conduct a search of the bedroom in the presence of the patient. There are certain situations in which a patient may not be allowed to be present during his/her room search (see below). Following a full unit search, a community meeting must be conducted to discuss why the search was necessary, allow patients the opportunity to process the event and to reinforce the importance of maintaining a safe environment for patients and staff.

Bedroom search: The patient is notified of the reason for the search and is immediately taken to his/her bedroom by staff and/or agency police to ensure the patient does not have the opportunity to move suspected contraband.

Bedroom searches should include the following: remove and shake out linens, remove and examine mattress and pillow, shake out all clothing items, open any containers, smell any liquid/lotions bottles, flip through books/magazines, examine footwear, etc. This is not all-inclusive and staff must use their judgment in completing a thorough search of the room and patient belongings given the particular situation.

- IV. Exceptions: Patients are permitted to be present during such searches *with the exception of the maximum security building of the WFH, as provided for in the Connecticut General Statutes Section 17a-548 and by Commissioner's Policy #36.*

The right of Dutcher patients to be present during a search shall be denied only if the CEO or CMO, or their authorized representative determines that it is medically harmful to the patient to exercise such rights. An explanation of such denial shall be placed in the patients' medical record.

- V. Whenever any search results in discovery of significant prohibited items or a situation that would be deemed a critical incident, the CEO, CMO or their designee will be notified of the results of the search as soon as is reasonable.

Unless contra-indicated, the patient should be interviewed by the manager on duty in order to ascertain how the item entered the building, in order to prevent future occurrence.

Patient Searches: Whiting and Dutcher Services (emergent/non-routine)

- I. Individual body searches are conducted only when there is grave concern for the health and welfare of the patient, other patients, staff or facility security. Such body searches *require a physician order prior to any examination.*
- II. When such conditions exist, unit nursing staff will alert the attending physician, Nurse Supervisor, Unit Director/Director of Nursing, and senior DMHAS Police Officer that an object or item being sought has life-threatening potential if it is not found by the clinical staff, or if it were to be found by non-staff.
- III. Authorization and approval in *advance* by the CEO, CMO or their designee is required, with a doctor's order, unless an extreme, immediate or emergency situation exists. Where such a situation exists, these searches must be authorized by the Attending Psychiatrist or On-Call Physician, with immediate notification to hospital leadership (CEO and CMO or their designee(s)) as soon as the emergency has been reasonably resolved.

- IV. Individual body searches are permitted and are conducted for only the most serious of circumstances, and with careful and thoughtful consideration for full personal dignity and rights to privacy. Therefore, gender considerations regarding who will be present during searches are decided upon before the search is conducted, unless an extreme emergency precludes such consideration. Only in an extreme emergency, and with prior authorization by the CEO or their designee, will a patient be strip/body searched without a person of the same gender being present. Such searches are conducted by the RN, in the case of body searches, or by the RN and physician, in the case of body cavity searches.
- V. An observing nursing staff will be present, with agency policy stationed behind a screen should intervention be necessary. Any staff observing a body search must be of the same gender as the patient being searched (or the expressly preferred gender of a patient who identifies as transgender).

Mail and Packages

- I. Whiting Service: All packages are screened via x-ray. Upon clearance, patients are called to the agency police office and given their package, to open in the presence of agency police. Mail is delivered to the patient on their unit by DMHAS police. Mail is opened, in the presence of the patient, by police, to ensure there is no contraband. Mail is not read by agency police.
- II. Dutcher Service: All mail and packages are screened via x-ray by agency policy. Mail and packages are then sorted and brought to the respective units. Letters are placed in patient mailboxes. Packages will be opened by the patient, in front of nursing staff. If nursing staff have concern as to the contents of the package, they are to hold the package and notify a supervisor immediately.
- III. Non-permissible mail or packages will be returned to sender. Should the patient refuse to open the package, it will be returned to sender in its entirety. When a package is returned to the sender, a letter explaining the reason for the return along with the hospital's procedure on permitted and non-permissible items will be provided.
- IV. In the event that there is suspicion that an item of mail or package may contain illegal substances or dangerous weapons, the package will be held by DMHAS Police and the unit team and patient notified that this package is subject to consideration of a search warrant and hospital leadership will be notified. Should a search warrant be obtained, the DMHAS Police at the Whiting Forensic Hospital will search the package and all non-permissible items will be confiscated and legal action taken in cases where federal or state law has been violated. Hospital leadership will be immediately notified.

- V. DMHAS Police and/or staff will inform all visitors of hospital's procedure regarding bringing packages into the hospital as well as specific guidelines hospital staff must follow in allowing certain items into the hospital including permissible items and the need to screen or x-ray all packages before they are allowed onto the patient units. Visitors are also advised that all permitted items will be inventoried and listed in the patient's medical record.

- VI. When non-permissible/prohibited items have been found, the visitor will be asked to remove such items from the hospital building or, if not possible, have them stored in the reception area until the visit has ended. A copy of the hospital's list of permissible and non-permissible items will be provided to the visitor. If visitors decline to show the contents of the packages, they will be advised to remove such items from the hospital building or have them stored in the reception area for them until they leave.

- VII. DMHAS Police will assist the staff member assigned to visitation duty, with any problems regarding packages from visitors.

Smoking-related Contraband (Dutcher only)

In an effort to curtail patients bringing smoking/tobacco related contraband onto hospital units, nursing staff (including MHAs) will ask all patients returning from non-staff escorted privileges off the unit to empty their pockets, and remove their shoes and outer clothing (coat, hat, etc.) for screening prior to entering their bedroom or community area.

Any cigarettes, tobacco, matches, lighters or other smoking related contraband discovered as a result of this process will be confiscated and discarded by the staff. If the patient refuses to cooperate with the staff check for contraband, the MHA will inform the unit RN, who will in turn consult with the attending or on-call physician to determine necessary follow-up actions. The need for any additional interventions will be determined by the clinical team engaged in treating the patient.

For patients who are granted temporary leave (TL/TV) to a residential or family setting that permits smoking, the treatment team shall consider counseling regarding the risks and benefits of exposure to nicotine in the community setting. The treatment team shall review this policy regarding smoking contraband with the patient prior to the TL and document this discussion in the progress notes section of the medical record.

All smoking/tobacco related products will be confiscated by nursing staff upon admission and returned to the patient upon discharge along with other patient belongings.

