POLICY OF RESTRICTING PATIENTS’ BELONGINGS IN ACUTE IN-PATIENT AND INTENSIVE CARE UNITS

Berkshire Healthcare NHS Foundation Trust

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Re-issued: March 2011
Review Date: October 2011
Version: 4
### POLICY DEVELOPMENT

**CCR028 - Restricting Patients’ Belongings in Acute In-Patient and Intensive Care Units**

**History:**

- **Version 4** – Minor update to reflect NICE and CQC relevant outcome
- **Version 3** – All sections reviewed. Minor changes to section 2 - minor amendments to processes.
- **Section 3** - items added to prohibited items list, i.e., lighters and matches, any type of metal can and laptop/media devices.
- **Version 2** - All sections updated to bring policy more in line with current protocols.

**Designated Lead:** Deputy Director of Nursing (West)

**Policy Consultants:**

- Bill Johnston - Staff Nurse, Daisy Ward, Prospect Park Hospital
- Tricia Watcyn-Jones - Ward Manager, Sorrell Ward, Prospect Park Hospital

**Distributed for comments:** Policy Working Group - 28th September 2009

| Assessed for compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and the Care Quality Commission (Registration) Regulations 2009. | The policy supports compliance with the Care Quality Commission’s Essential Standards of Quality and Safety, Outcome 7, Regulation 11. |
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1. INTRODUCTION

This policy is to give guidance to staff and patients on what property must not be brought in by patients or visitors to the wards or what will be restricted access.

Although written with mainly the acute units and the psychiatric intensive care unit in mind, it may be appropriate that all services follow this policy in their local clinical areas such as other clinical in-patient units. The welfare and safety of everyone within the Mental Health units is important.

1.1 The Trust’s Personal Search Policy and Procedures states that:

Staff are empowered to ask patients, relatives, visitors, personal and/or professional, who present at the ward, to search their bags for any items that may be considered potentially hazardous to the health and safety of the ward environment and its staff and patients. Refusal to comply with this may lead to refusal of entry to the ward for visitors, and the implementation of the individual search procedure for the patient (this MUST be authorised by the shift co-ordinator, and the reasons why relevantly documented).

1.2 The Trust’s Losses of personal property of patients and staff policy states that:

Patients and staff are advised that the trust accept no responsibility for personal property lost or damaged in hospital premises, whether by fire, burglary theft or otherwise, with the exception of money, jewellery or other small articles which have been handed over to the Trust for custody and for which a receipt has been given.

1.3 The Trust’s Safe & Supportive Observation of Patients policy states that:

Any tools or instruments that could be used to harm self or others should be removed. To achieve this it may be necessary to search the patient and their belongings whilst having due regard for patient’s legal rights, and as per Trust policy for searching patients. It will be necessary to continually check any property / possessions that may be brought in for the patient, by relatives, friends or others.

2. PROCESS

- On admission, patients will have all their property checked for dangerous and/or prohibited items. Staff may also search the patient, if deemed necessary by the nurse in charge and two staff must be involved in this process (refer to Searching Patients Property CCR019) which is supported by NICE 2005: *The undertaking of necessary and lawful searches of both service users and visitors can make an important contribution to the effective management of disturbed/violent behaviour in psychiatric in-patient settings*”

- Patients should be requested to bring in the minimum necessary for their hospital stay. Excessive property may be removed if deemed to be a risk to the patient, others or the environment.
• Property removed will either be handed to the patients’ relatives or friend
to take away or retained in the ward until it can be taken away by a friend,
relative or care worker, or retained on the ward and used under
supervision. This will be documented on the appropriate forms.

• Informal patients must take responsibility for their own money and
valuables, unless their mental state is such that under the duty of care, it is
more appropriate for nursing staff to ask the patient to hand in their money
and valuables for safe keeping. Where the patient refuses to hand in
valuables in this circumstance, the advice of a senior manager and the
patients consultant should be sought.

3. PROHIBITED ITEMS

3.1 Acute Admission Wards
(This list is not exhaustive and is for illustrative purposes)

• Alcohol of any kind
• Illicit or street drugs or any form of non-prescribed medications
• Lighters/matches
• Knives/weapons of any description
• Sharp or pointed instruments of any kind, which includes scissors
• Toxic substances e.g. bleach, cleaning solutions, nail varnish remover,
aftershave or perfume
• Large amounts of money
• Valuables such as expensive jewellery
• Pornography of any kind
• Any literature or material that incites violence or racial, cultural,
religious or gender hatred
• Cameras, tape recorders
• Metal cans of any type
• Laptops/media devices

Other items will be removed either for safekeeping or to be destroyed. These
can include:

• All drugs, medications etc.
• Plastic bags
• Coat Hangers
• Flammable liquids e.g. Lighter fluids
• Razor blades

All patients need to be made aware that other items may be removed
according to the ward situation and the individual patient’s mental state and
their needs.

This will be assessed on admission and as required throughout admission.
The aim would be for patients to have an adequate amount of property, and
are able to have responsibility for, and for any risks to the patient, other
patients or staff to be reduced.
3.2 **Psychiatric Intensive Care Units (PICUs)**

Items banned specifically to the Psychiatric Intensive Care Unit include items listed above and:

- Aerosols of any kind
- Lighters
- metal drink cans
- Matches
- Glass in any shape or form
- Glue
- String, wool, rope
- Sewing & knitting items
- Mobile phones
- Cassette & CD cases
- Toiletries, which can have a harmful effect if swallowed
- Foil cake cases or foil containers
- Dressing gown cords, ties, belts and shoe laces for high risk patients

Some of these items may be retained on the ward and used under staff supervision, e.g. deodorants, razors.

Visitors to the Psychiatric Intensive Care Unit will be required to hand in any of the above items or any other item deemed a security risk. The property will be returned on leaving. If visitors refuse to hand items in this may lead to non-entry to the unit.

*These lists are not exhaustive and common sense should prevail, specific wards may alter the lists for specific patients.*

4. **REFERENCES**

<table>
<thead>
<tr>
<th>Source</th>
<th>Year</th>
<th>Description</th>
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<tbody>
<tr>
<td>Department of Health</td>
<td>1999</td>
<td>Safety, privacy and dignity in mental health units. Guidance on mixed sex accommodation for mental health services.</td>
</tr>
<tr>
<td>Sorrel Ward</td>
<td>2002</td>
<td>Sorrel Ward Operational Policy. Produced 'in-house'.</td>
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<tr>
<td>Prospect Park Hospital</td>
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<tr>
<td>Berkshire Healthcare NHS Foundation Trust</td>
<td>2002</td>
<td>Personal Search Policy and Procedures</td>
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### SECTION 1: INITIAL ASSESSMENT

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<tr>
<th>Policy Author:</th>
<th>Deputy Director of Nursing West</th>
<th>Date of Assessment:</th>
<th>October 2009</th>
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<tr>
<td>Title of Policy:</td>
<td>Restricting Patient’s Belongings in Acute In Patients and Intensive Care Units</td>
<td>Is this a new or existing Policy?</td>
<td>Existing</td>
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1. **Briefly describe the aims, objectives and purpose of the Policy:**

   This policy is to give guidance to staff and patients on what property must not be brought in by patients or visitors to the wards or what will be restricted access thereby protecting the welfare and safety of everyone within the Mental Health Units.

2. **Who is intended to benefit from the Policy and in what way?**

   All staff within the Mental Health Units, patients and visitors. Restricted access of items prevents incidents and thereby protects the welfare and safety of everyone working and entering onto the wards, whether it be members of staff, patients or visitors.

3. **Who are the main stakeholders in relation to this Policy?**

   As stated above. Staff, patients and visitors.

4. **Are there concerns that the Policy does, or could have, a differential impact due to any of the equality areas?**

   (Y/N - delete as appropriate)
   - Race: No
   - Gender: No
   - Disability: No
   - Sexual orientation: No
   - Age: No
   - Religious belief or non belief: No

5. **What existing evidence (either presumed or otherwise) do you have for this?**

   Not applicable

6. **Based on the answers given in questions 4 & 5 is there potential for adverse impact in this policy?**

   (Y/N - delete as appropriate)
   - No

   Please explain:

7. **Can this adverse impact be justified?**

   (Y/N - delete as appropriate)
   - Not applicable.

   Please explain:
If you have not identified adverse impact or you can justify the adverse impact, please do not complete this form further.

If you have identified adverse impact that cannot be justified, please continue to Section 2.

**Section 2: FULL IMPACT ASSESSMENT**

8. What experts/relevant groups have you approached to explore their views on the issues?
   Please list the relevant groups/experts, how they were consulted and when. (A list of experts/relevant groups is available on the Diversity pages of the Trust Intranet: [http://nww.berkshirehct.nhs.uk/page.asp?fldArea=1&fldMenu=6&fldSubMenu=0&fldKey=216](http://nww.berkshirehct.nhs.uk/page.asp?fldArea=1&fldMenu=6&fldSubMenu=0&fldKey=216))

Relevant groups/experts:

How were the views of these groups obtained?

Date when contacted:

9. Please explain in detail the views of these groups/experts on the issues involved:

10. Taking into account the views of the groups/experts and the available evidence, what are the risks associated with the policy, weighed against the benefits of the policy if it were to stay as it is:

    **Risks:**

    **Benefits:**

    If you have found that the risks outweigh the benefits you need to review the policy further and put together an implementation plan which clearly sets out any actions you have identified as a result of undertaking the EIA. These may include actions that need to be carried out before the EIA can be completed or longer-term actions that will be carried out as part of the policy or development.

11. Monitoring arrangements and scheduled date to review the policy and Equality Impact Assessment:

    **Review Date:** October 2011