



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### CONTRABAND AND SEARCHES

**Effective Date:** January 25, 2016

**Policy:** SF-02

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- I. PURPOSE:** To provide staff with guidelines for conducting searches of patients and their living areas to prevent the entry of prohibited items (contraband) into the therapeutic environment and to keep Montana State Hospital (MSH) staff, patients and visitors safe from items that may harm or have the potential to harm anyone residing on or visiting our campus. These items or similar items would be banned from the campus unless these items are supervised by staff or only allowed in certain areas of the campus.
- II. POLICY:**
  - A. MSH recognizes that patients have a right to privacy, dignity, and to be free from unreasonable searches. Patients, staff, and visitors also have the right to a safe and therapeutic environment which under certain circumstances necessitates taking steps to ensure patients are not in possession of items that may present a hazard to personal safety or the therapeutic environment. Searches of patients and their living areas are permitted in order to prevent patient possession of potentially dangerous items or to recover stolen or missing property.
  - B. When it is necessary to conduct a search, it will be carried out in a professional and courteous manner recognizing the intrusion to personal privacy that occurs. When working with patients who have been victims of physical or sexual abuse, staff should request guidance or assistance from other clinical staff to minimize adverse effects. The search may not be any more intrusive than necessary to ensure the patient is not in possession of any contraband.
  - C. Persons visiting civilly committed patients will not be searched by hospital staff, but will be asked to allow staff to inspect items brought into the hospital. Persons visiting forensic patients may be subject to additional search procedures.
  - D. By banning contraband items from the MSH we, as a facility, are seeking to enhance the safety of all who come to our campus. Prohibited items which are considered a danger or potential danger to patients or others shall either be banned from campus, used only under direct supervision of staff and locked in a secure location when not in use, and only be allowed if considered appropriate or necessary for the proper care of individual patients by the Treatment Team.
  - E. MSH employees and contractors are prohibited from introducing contraband items to the treatment units or campuses. While on the campuses, employees/contractors or

their possessions may be subject to search and contraband may be confiscated. Employees/Contractors found to be in possession of contraband on the campuses that compromises the safety of the hospital environment may be subject to disciplinary action.

**III. DEFINITIONS:**

- A. **Contraband:** Items which patients are prohibited from owning, purchasing or having in their possession. This is an item that constitutes a safety or security concern, which can be denied or confiscated. These items pose a serious threat to the hospital; are never approved for possession or admission to the hospital; or present a health, fire or safety hazard. Contraband items include but are not limited to tobacco products, lighters or matches, weapons of any kind, illicit drugs or narcotics, other sharps such as needles, straight or safety pins, scissors, razors, metal nail files, combs or letter openers, plastic bags and steel toed boots or high heeled shoes. Any devices that have recording capabilities will not be made available to patients to ensure confidentiality during hospitalization. Any exceptions to contraband items must be approved by the Hospital Administrator or their designee. See Attachment for a list of contraband.
- B. **Controlled or supervised items** are materials or tools which are to be used only under direct staff supervision.

**IV. RESPONSIBILITIES:**

- A. All staff are responsible for enforcement of this policy. The lack of action by any employee who discovers violations of this policy is subject to disciplinary action up to and including termination of employment.
- B. **Direct Care Staff** – Conduct and document searches of patients and their living areas in accordance to the following guidelines.
- C. **Licensed Independent Practitioner** – Provides authorization for conducting searches for contraband when deemed necessary. Orders, performs, and documents body cavity searches.
- D. **Registered Nurse** – Performs and documents body cavity searches upon receipt of physician's order.
- E. **Program Manager/Nurse Manager** – Provides authorization for conducting searches for contraband when deemed necessary.
- F. **Treatment Units** – may implement more specific contraband rules with the permission of the Treatment Team and approval of the Program Manager and Hospital Administrator.

G. ***Dietary Department*** – will have specific protocols for the handling/disposal of sharps and metal cans. (Attachment)

H. All staff members.

1. Foods or drinks in metal containers are not allowed on the campuses. If a staff member purchases food or drinks in metal containers, they will be expected to bring them on campus in plastic containers.
2. Empty metal containers that are discovered on any unit are to be disposed of properly as identified in the department or living unit. Accepted disposal will be where patients will not have access to them.
3. All visitors will be asked if they have any metal cans with them when they visit and they will be informed of the hospital's prohibition of metal can/lids on the MSH campuses. Hospital Operations Specialists and staff on the units will reinforce the no metal cans/lids policy/practice to all visitors.

**V. PROCEDURE:**

A. Upon admission, a patient and their property will be searched for contraband. Two or more people will be present during the search and staff will communicate to the patient which items are contraband and what will be done with them.

B. Whenever possible, staff members will obtain authorization from a Licensed Independent Practitioner, nurse manager, or program manager prior to conducting a search for contraband. If there is an imminent threat to personal safety created by reasonable suspicion that a patient possesses contraband which could be used to harm themselves or someone else, the search may be carried out by staff members and notice provided to the Licensed Independent Practitioner, nurse supervisor, or program manager immediately afterward. Searches may also be conducted when indicated in accordance with the Suicide Precautions Policy, and the Management of Patient's Personal Effects Policy. At least two staff members must be present when conducting searches of patients or their living areas.

C. Whenever possible, patient room searches will be conducted with the room's occupants present. However, if a patient is uncooperative, they may be removed to another location for the duration of the search. A search may also be conducted without the patient present if staff has reasonable cause to believe a dangerous item may be hidden in the room. A systematic inspection will be made of the room and its contents. Non-contraband articles must be put back in an orderly manner.

1. New items brought to the hospital will be inspected as part of procedures for recording personal effects. The patient will be asked to open packages while staff observe and record contents.
2. Patients are requested to open their mail in the presence of staff so the contents of packages and envelopes can be viewed for contraband. Staff are not to read mail unless requested by patients. Patients have an unrestricted right to receive sealed

mail from their attorneys, private physicians and other professional persons, the mental disabilities board of visitors, courts, and government officials.

- D. Common areas such as day halls, bathrooms, activity yards, and group rooms may be searched without restriction.
- E. Patient searches will be conducted in a location which affords reasonable privacy. Two staff members must be present when searching a patient. Patient cooperation should be solicited by explaining the reason for the search and using a sensitive, straightforward approach.
  - 1. Pat Search:
    - a. Instruct the patient to remove shoes, hat, coat or jacket, and empty pockets – turning them inside out. Check pockets to ensure they are empty and closely examine any items that have been removed.
    - b. Closely examine the patient’s hair and look behind the ears to locate any possible concealed items. If necessary, run hands through the hair.
    - c. Ask the patient to stand with legs apart and arms extended outward. Conduct a systematic head-to-toe search as follows:
      - 1) Observe closely for inappropriate bulges or areas the patient is reluctant to reveal.
      - 2) Run hands under shirt collar, across shoulders and down upper part of each arm to the wrists.
      - 3) Using back of hand, run hands inside waistband, back pockets and down each leg. Check each sock and shoe.
      - 4) Sweep hands down the patient’s back from the shirt collar to the waist.
      - 5) If appropriate, ask to look inside the patient’s mouth.
  - 2. Only ask the patient to remove articles of clothing if there is reasonable suspicion the patient is concealing an item that cannot be detected through pat search procedures. Under most circumstances, this will not be necessary.
  - 3. Any search of body cavities other than the mouth or ears, must be authorized by a Licensed Independent Practitioner’s order specifying the type of search. A body cavity search must be conducted by a physician, Licensed Independent Practitioner, or registered nurse.
- F. Hand held or floor mounted metal detectors may be used when available to assist with search procedures. Forensic patients will pass through the metal detector in accordance with routines established by the treatment teams.
- G. Missing or stolen items will be returned to the rightful location or owner.

H. Documentation that search procedures have been conducted will be entered into Nursing Supervisor Reports. If contraband is found an Incident Report form must be completed and forwarded to the Safety Officer. Additionally, documentation will be entered into patient records whenever contraband is found or when searches are conducted in accordance with a physician's orders. Documentation entered into the medical record will include:

- Date, time and location of search.
- Information shared with the patient(s) prior to the search.
- Result of the search.
- Patient response and actions taken.

I. All supervisory personnel are to be well versed in the definitions of contraband materials and monitor all employees, patients and visitors for compliance. Non-compliant behaviors are to be reported to the next level of management and the Safety Officer for review and further action/investigation.

J. It shall be the staff's responsibility that all items are used for the purpose intended and not altered. Supervised items must be accounted for and secured after their use.

K. Contraband items may be sent to a forwarding address at the patient's expense, stored in the patient property safe, or destroyed. Items made of glass (except eyeglasses), alcohol-based food/drink, or metal cans shall not be permitted. Currency of any type will be considered contraband, and will be placed in the patient's account for use upon the Treatment Team's approval, per policy.

**VI. REFERENCES:** MSH Policies: Forensic "D Unit" Security Procedures Management of Patient's Personal Effects, Suicide Precautions, and Tobacco and Nicotine.

**VII. COLLABORATED WITH:** Medical Director, Program Managers, Safety Officer, and Hospital Administrator.

**VIII. RESCISSIONS:** SF-02, *Contraband and Searches* SF-02 dated May 12, 2011; *Contraband and Searches* dated May 12, 2011; SF-02, *Contraband and Searches* dated June 1, 2009; SF-02, *Contraband and Searches* dated November 1, 2008; SF-02, *Contraband and Searches* dated May 2, 2008; SF-02; SF-02, *Contraband and Searches* dated June 30, 2003; SF-02; *Contraband and Searches* dated February 14, 2000; HOPP 13-09/006C, *Contraband and Searches*, April 11, 1979.

**IX. DISTRIBUTION:** All hospital policy manuals.

**X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

**XI. FOLLOW-UP RESPONSIBILITY:** Director of Nursing Services.

**XII. ATTACHMENTS:** None.

Signatures:

John W. Glueckert  
Hospital Administrator

Thomas Gray, MD  
Medical Director