

Policy/Procedure: DUHS Inpatient Safety Search for Contraband

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Policy Statement:

Applicability:

- | | |
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| <input type="checkbox"/> Ambulatory Surgery Center Arrington | <input checked="" type="checkbox"/> Duke University Hospital (DUH) (both campuses) |
| <input type="checkbox"/> Davis Ambulatory Surgery Center (DASC) | <input type="checkbox"/> Durham Campus Only |
| <input type="checkbox"/> Duke Health Integrated Practice (DHIP) | <input type="checkbox"/> Duke Raleigh Campus Only |
| <input type="checkbox"/> Duke Health Technology Services (DHTS) | <input type="checkbox"/> Patient Revenue Management Organization (PRMO) |
| <input type="checkbox"/> Duke HomeCare & Hospice (DHCH) | <input type="checkbox"/> Population Health Management Office (PHMO) |
| <input type="checkbox"/> Duke Primary Care (DPC) | |
| <input checked="" type="checkbox"/> Duke Regional Hospital (DRH) | |

Duke Health aims to preserve the health, safety, and welfare of the patients and staff at its hospitals and to prevent the introduction to, or use of, any object or substance that may be harmful to a patient or staff, or that would violate hospital policy or the law. In pursuing this goal it may, at certain times, be necessary to search the room and/or belongings of some patients who, based upon individual assessment, are determined to be at risk for causing harm to self or others. This policy is intended to guide Duke Health personnel when findings or events present reason to believe that a patient may be in possession of contraband that presents a safety concern.

Level:

- ☐ Interdependent - asterisked [*] items require an order from a health care practitioner licensed to prescribe medical therapy.
- ☒ Independent – no provider order required.

Definitions:

Contraband: Includes, but is not limited to, unauthorized medications, alcoholic beverages, illegal drugs, weapons, lighters, matches, highly toxic substances, fireworks, chemicals, hypodermic needles, or other medical equipment not prescribed for the patient. The definition of contraband may take into account the sensitivities or susceptibilities of the individual patient (*i.e.*, for a suicidal patient, belts or laces may be contraband and for a diabetic patient, certain otherwise harmless foods may be contraband).

Illegal Drug: A controlled substance that is not legally possessed or used under the authority of the Controlled Substances Act or under any other provision of federal or state law. These are sometimes called “street drugs” and may include, but are not limited to, cocaine, ecstasy, heroin, amphetamines, non-prescribed opioids,

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marijuana, LSD, bath salts, krokodil, and other drugs sold or possessed illegally and used for mood-altering, stimulant, or sedative effects.

Safety Concern: Situation in which any provider or hospital staff member has reasonable grounds to believe a patient possesses any contraband which presents a danger to life, health, safety, or therapeutic goals of the patient or others.

Weapon: Items designed or used to inflict bodily harm or physical damage, including:

- Firearms
- Explosive devices
- Knives or edged instruments, such as locked blade knives, bowie knives, daggers, razors, box cutters, throwing stars, pocketknives, and similar items
- Electronic devices designed for infliction of injury (e.g., Tasers)
- Chemical self-defense sprays
- Metallic knuckles

Clinical Care Team: Provider or clinical staff who are privileged, registered, licensed, or certified to provide healthcare services.

Safety Search Team: Two security officers (minimum of one if not practicable) and one hospital employee (not a member of the patient's Clinical Care Team).

Procedure:

Initiation of Safety Search

A safety search should be conducted if there are findings or events that indicate reason to believe that a patient may be in possession of contraband. Such findings can include, but are not limited to:

- Signs or indications of the presence of contraband, as defined above;
- Signs or indications of the presence of medication or drugs that the hospital clinical staff has not prescribed during the patient's admission;
- Signs or indications of the presence of unauthorized hospital property or other property (scissors, screwdrivers, etc.) that poses a risk of harm to self, staff, or another patient;
- Information that the patient has any documented previous history of overdose or self-harm behavior;

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- Behavior that implies the patient may cause harm to self, staff, or another patient (e.g., combative, verbally abusive, or aggressive);
- Documented history in the patient's EMR of possession within the hospital of contraband and/or exhibition of prior aggressive or abusive behavior towards providers or staff.

Any member of the Clinical Care Team may recommend that a safety search be conducted, but the decision to search will be a team decision, including consultation, when practicable, with the patient's attending physician, the Nurse Manager and/or charge nurse, and the patient's care nurse.

The findings or events leading to the initiation of the safety search should be documented objectively in the patient's chart.

Conducting the Safety Search

The search of a patient's room and/or belongings should be conducted, where practicable, by the Safety Search Team, which should not include any members of the patient's Clinical Care Team unless emergency circumstances exist.

Once a Safety Search Team is assembled, an explanation of this Policy and the intention to conduct a search out of concern for the patient's safety should be provided to the patient generally by a member of the healthcare team or, if the explanation cannot reasonably be provided to the patient, to a family member or caregiver of the patient. The explanation should include the basis of the need for the safety search and the search procedures. By way of example only:

“Your safety and the safety of our staff and other patients is the primary concern of everyone at this hospital. Based upon your recent [statements/actions/behavior (insert specifics as appropriate)], hospital policy requires that we conduct a search of your room and belongings to be sure that you do not have any items that could pose a danger to you or others. This search is being conducted solely to ensure safety and the individuals present are not members of law enforcement.”

Unless either (1) the safety search must be conducted under emergency circumstances and the patient is not available to be present; or (2) the patient becomes combative or attempts to interfere with the safety search, the search of the patient's belongings and/or room should be performed in the patient's presence. ***Every effort should be made to allow the patient to cooperate in the voluntary surrender of contraband; however, patient consent is not required to conduct a search when there is a safety concern.***

If the patient opposes having their personal belongings searched, the Clinical Care Team and the OA should decide a course of action, such as:

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- A determination that a safety search of the patient's personal belongings is not required.
- A determination that a safety search, despite the patient's objection, is required and should proceed.
- A determination that the removal of the patient's personal belongings that may contain contraband should be removed from the patient's room (e.g., placed in storage or provided to a family member).
- A determination that the patient should be discharged.

The hospital security officers will, where practicable, take the lead in conducting searches with the other members of the Safety Search Team present. The search should include the patient's belongings, including jackets, blankets, suitcases, purses, and bags. Consideration should be given to having items unnecessary for the patient's care or hospital stay or which are difficult or impossible to search removed from the room and placed with the patient's belongings to reduce reliance on a search. The Safety Search Team should take care not to handle or reach into patient belongings without first visually inspecting for any hazards. Personnel also should avoid sniffing, tasting or deliberately inhaling from inside patient belongings, including contents of any containers therein, particularly if there is a concern that the belongings may hold dangerous substances.

If determined by the Safety Search Team, the patient's room/living space should also be searched, including closets, bathrooms, lockers, and drawers, behind furniture, under mattresses (if indicated and medically possible), and any other location where contraband reasonably may be concealed. A visual inspection should precede any efforts to touch an area being searched.

Staff should remain alert at all times that items of concern may not always be detected through the safety search.

Managing Contraband or Dangerous Objects

It is not the intention or purpose of any safety search conducted under this policy to provide law enforcement with evidence for criminal prosecutions or otherwise act on any items of contraband seized during a safety search. Hospital staff should not participate in searches conducted by law enforcement under warrant, or searches incidental to arrest or detention.

If the safety search discloses contraband that poses a safety concern but is not suspected to be an illegal item, the patient may request that the item be (1) safely disposed of by the Safety Search Team; (2) retained by hospital staff in a secure location to be returned to the patient upon written consent of his attending physician, upon the patient's departure from the hospital; or (3) sent home with a family member of the patient.

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Any illegal contraband that is discovered by the Safety Search Team will be destroyed.

- Illegal contraband recovered at Duke University Hospital should be collected and destroyed by the hospital security team.
- Illegal contraband recovered at Duke Regional Hospital should be collected and destroyed by the hospital security team.
- Illegal contraband recovered at Duke Raleigh Hospital should be collected and destroyed by the hospital security team.

Neither the Clinical Care Team nor the Safety Search Team should provide information to law enforcement about how or from whom illegal contraband items were obtained unless the information is required to be disclosed by warrant or court order or failure to disclose the information reasonably creates an imminent and significant danger to the health or safety of any person.

Documentation

When a safety search has been conducted of the patient's belongings and/or room, the unit leadership shall complete an SRS report **and** document details of the search in the patient's EMR, including at least the following information:

- (1) A description of the basis of the safety concern that triggered the search;
- (2) The type of search conducted, and the locations searched;
- (3) Notification of the patient of the intent to search (or an explanation as to why it was not practicable to notify the patient of the search);
- (4) Persons present during the search;
- (5) Results of the search and disposition of any contraband found; and
- (6) Upon consultation with the patient's attending physician, any change in the plan of care, visitor restrictions, or activity limitations resulting from the search.

In the event that illegal contraband is found during a safety search, a hospital security officer who was present during the search also should submit appropriate Security Department documentation.

REFERENCES

Citations:

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Authoritative Source:

Additional References:

Associated Policies:

[DRH Behavioral Health Contraband and Searches](#)

[DUHS Suicidal or Risk of Harm to Patient Safety](#) [DUH Incapacitated Inpatient Medical Hold Order](#)

[DUH Physician Hold Order](#)

Attachment Names: