



AW0650 – PROHIBITED ITEMS

1.0 PURPOSE

Interior Health's (IH) commitment is to create a safe environment for all stakeholders in IH Facilities where IH provides services.

This policy defines what are considered to be prohibited items within IH Facilities, and outlines the responsibilities of Workers and Contractors in managing prohibited items.

2.0 DEFINITIONS

TERM	DEFINITION
Patient Search Checklist	A tool used to guide clinical staff through, and document searches of patients and their belongings for Prohibited Items.
Community Setting	Any setting where a Worker provides services to a Patient outside a Facility.
Contractors	Any employee performing work at a Facility, but who is directly employed by a 3 rd party. This includes but is not limited to security, volunteers, and employees of other health organizations.
Facility	Any IH owned or leased: acute care facility, clinic, health centre, office, and Long-Term Care facility.
Firearm	A barreled weapon from which any shot, bullet or other projectile can be discharged and that is capable of causing serious bodily injury or death to a person, and includes any frame or receiver of such a barreled weapon and anything that can be adapted for use as a firearm. Includes replica or anything made to appear to be a real firearm.
Illegal Item	An item of which possession is a crime.
Kirpan	A ceremonial sheathed dagger worn by male members of the Sikh faith. It is a symbol of dignity and honour, of compassion, kindness and mercy.
Most Responsible Practitioner	Physician or nurse practitioner most responsible for a Patient's care.
Non-Patient	Any person at a Facility who is not a Patient. For the purpose of this policy, Workers are also considered non-Patients.
Patient	Includes in-Patients, out-Patients, clients and persons in care in a Facility or IH program.
Prohibited Items	Any type of Weapon, flammable items or sharp edged objects. Other items may be prohibited, based on a Patient's needs as determined by Workers, or based

Policy Sponsor: VP Support Services and Chief Financial Officer	1 of 15
Policy Steward: Manager, Protection, Parking & Fleet Services	
Date Approved: January 2018	Date(s) Reviewed-r/Revised-R: January 2020 (R)

TERM	DEFINITION
	on safety/security risks as determined by Facility security, protection services or site leadership. For the purpose of this policy “items” may be read in singular or plural.
Reasonable Grounds	A set of facts or circumstances which can be clearly articulated by the person forming reasonable grounds, that would cause a person of ordinary and prudent judgment to believe beyond a mere suspicion.
Search	The physical and/or visual examination of a Patient’s personal possessions, room, or person. Searches are normally conducted with informed consent, but may be undertaken in some instances without consent.
Supervisor	Any person with responsibility for other Workers, a department, program or Facility. For example, this includes but is not limited to a Charge Nurse, Patient Care Coordinator, Practice Lead, Manager, Director, Administrator, etc.
Weapon	Anything used, designed to be used or intended for use: <ul style="list-style-type: none"> • in causing injury or death; or • for the purpose of threatening or intimidating. Includes all firearms, guns (incl. antique and replica guns), knives, swords, etc. Note: Workers may exercise discretion for religious and/or ceremonial items.
Workers	All IH employees (contract and non–contract), physicians, volunteers, students, and contractors.

3.0 POLICY

IH prohibits anyone from bringing Prohibited Items to a Facility.

IH subscribes to zero tolerance of Prohibited Items in Facilities and on IH property to help protect the safety of Patients, Non-Patients and Workers. A Worker may ask people arriving at the Facility to remove any Prohibited Items before entering. Non-Patients who refuse or are unable to secure Prohibited Items will be refused entry to the Facility until they comply.

If a Patient is known to be in possession of a Prohibited Item, or a Worker has Reasonable Grounds to suspect the Patient is in possession of a Prohibited Item, consideration may be given to discharging the Patient or delaying treatment until the Prohibited Item is removed or secured in accordance with this policy.

IH must balance commitments to provide Patient care against obligations to protect the safety of Workers. Where there is a real or perceived conflict, the obligation to provide Workers a safe working environment will prevail.

3.1 Applicability

This policy applies to all Facilities, services and programs, including Patient homes or community settings where Workers provide service. This policy establishes minimum standards of safety. Sites or departments may choose to implement enhanced processes or standards above those outlined in this policy, taking into consideration the nature of their site,

Policy Sponsor: VP Support Services and Chief Financial Officer	2 of 15
Policy Steward: Manager, Protection, Parking & Fleet Services	
Date Approved: January 2018	Date(s) Reviewed-r/Revised-R: January 2020 (R)



Administrative Policy Manual
Code: AW Facilities Management

clientele or other factors. Additionally, certain units may have further guidelines as to what constitutes Prohibited Items.

This policy applies to all Patients, Non-Patients and Workers. Only those listed under section 3.2 of this policy are exempt.

3.2 Exceptions to This Policy

The following are exempt from this policy:

- Law enforcement officials who are lawfully authorized to carry firearms. Law enforcement includes police officers, sheriffs and corrections officers.
- On-duty armoured car personnel who have business in a Facility and are lawfully authorized to carry firearms through the course of their duties.
- An individual with special approval through the Policy Sponsor and Policy Steward, or their designates.

Weapons which have religious or ceremonial significance (such as a sheathed Kirpan) that are not being used in an aggressive, violent, or suspicious way will generally be granted an exception from this policy. However, a supervisor may request that the owner remove a religious and/or ceremonial weapon from the Facility as soon as possible considering the following:

- Safety is paramount, but it is also important to balance an individual's right to religious freedom.
- Consideration should be given to whether the individual's behavior, reason for seeking medical help, or other circumstances give cause for concern. If so, then it would be appropriate to ask the person to remove their Kirpan from the Facility during their stay. If this is not practical, then a Worker can store the Kirpan during the Patient's stay and return it to the Patient upon discharge.

Special exemptions for personal items such as small knives may be made for patients in Long-Term Care, respecting the personal autonomy of patients living in Long-Term Care facilities. No exception will be made for patients with respect to firearms or large knives or for any patient with a history of violence. Each decision must be made, in accordance to an established protocol which includes a risk assessment, on a case by case basis and approval for exceptions in Long-Term Care facilities are to be made by the site manager or designate. If a resident is permitted to have belongings that would otherwise be considered a Prohibited Item, the site must take responsibility to ensure the item is securely stored when it's not in use.

4.0 PROCEDURES

In applying this policy, follow these procedures.

Facilities:

Policy Sponsor: VP Support Services and Chief Financial Officer	3 of 15
Policy Steward: Manager, Protection, Parking & Fleet Services	
Date Approved: January 2018	Date(s) Reviewed-r/Revised-R: January 2020 (R)



1. People entering the Facility should be informed of this policy and made aware of the items that constitute Prohibited Items. This information should be communicated through approved signage and/or communicated through a Worker when appropriate and safe.
2. If a Worker has Reasonable Grounds to suspect a person may be in possession of Prohibited Items, Workers are to;
 - a. Notify their supervisor and where available, on-site security.
 - b. In consultation with the supervisor and security where available, determine whether it is safe to approach the person to discuss the Prohibited Item, following the [Point of Care Risk Assessment](#) process.
 - i. If there are concerns of potential violence the Worker may enlist support from additional staff, on-site security (where available), and/or the police, prior to continuing.
 - ii. If the person is suspected of possessing a firearm, police should be notified immediately to assist, regardless of their behaviour (e.g. displaying signs of aggression or not).
 - c. Obtain the Patient Search Checklist (Appendix B) from InsideNet or Meditech and begin completing.
 - i. Inform the person of the restriction on Prohibited Items.
 - ii. Request consent to search
 - iii. Follow checklist and complete all sections
 - d. Give the person an opportunity to dispose of the Prohibited Item, remove it from the Facility, or turn it over to the Facility.
 - i. If the person is unable to dispose of or remove their Prohibited Item, a Worker may offer to secure belongings that are deemed under this policy as prohibited, but not illegal or a firearm, during the person's time at the Facility. Prohibited Items will be returned to the person when they are leaving the Facility, unless there is a concern that doing so may pose a risk to one's safety. (See section 4.2 "Return of Prohibited Items" for details).
 - ii. Workers will not take possession of an Illegal Item. Refer to section 4.1 of this policy if the Prohibited Item is illegal or a firearm.
 - iii. Workers will ensure the Patient Search Checklist is completed and stored permanently in the patient's chart.
 - e. If the person adheres to the policy or the Worker is satisfied the person is not in possession of Prohibited Items, the individual may continue with the visit.
3. If the person is a Non-Patient, has been informed of the Prohibited Items policy, and does not voluntarily adhere to the restriction of the policy, they are to be asked to immediately leave the Facility.
4. If a Patient does not voluntarily adhere to the restriction of Prohibited Items policy, or Workers have Reasonable Grounds to suspect they have Prohibited Items in their possession, the Worker will consult with the applicable Supervisor to:

Policy Sponsor: VP Support Services and Chief Financial Officer	4 of 15
Policy Steward: Manager, Protection, Parking & Fleet Services	
Date Approved: January 2018	Date(s) Reviewed-r/Revised-R: January 2020 (R)



Administrative Policy Manual
Code: AW Facilities Management

- a. Determine with the Most Responsible Practitioner if discharging or deferring treatment for the Patient is an option. For the purpose of safety, this should be a primary consideration by the Most Responsible Practitioner.
 - b. If discharging the Patient is not an option then it may be appropriate to conduct a Search of the Patient's room/belongings. (See section 4.4 "Conducting Searches" for details)
5. Appropriate documentation should be completed including the Patient's health record, Patient Safety Learning System (PSLS) report, security incident report (where applicable), and/or other documentation as appropriate.

If a Patient is in possession of a firearm, or is acting in a threatening or intimidating manner while in the possession of a Weapon, Workers shall:

1. Immediately call police via 911.
2. Ensure safety of other Patients, Non-Patients and Workers (without placing self or others in imminent risk).
3. Consider initiating a Code White response, provided this will not unnecessarily draw responders into danger. The Code White responders can assist with moving Patients, Worker(s) and Non-Patients from the area (wherever possible). **Note:** If a firearm is involved or a Weapon is actively being used, do not call a Code White as this may add to the number of people in a potentially dangerous situation. Workers in the area should remove themselves and others from harm.
4. Report the incident to direct supervisor and to the Workplace Health Call Centre.
5. Supervisor to follow appropriate incident escalation notifications. Refer to section 4.3 of this policy for more information.

Community Settings:

Patients who receive care in a community setting shall be informed of this policy and screened for the presence of Weapons in the setting where services are to occur in accordance with the [Hazard Assessment and Reduction Plan](#) (HARP) and [Weapons in the Home Protocol](#) prior to services being provided.

IH recognizes Patients may be in possession of lawfully owned Weapons in their homes. IH requires Patients to secure and safely store Weapons prior to Workers entering the home.

Long-Term Care Settings:

Patients who receive care in Long-Term Care settings shall be informed of this policy. Long-Term Care sites may make an exception for small items otherwise considered prohibited respecting individuals' autonomy. If an exception is being considered, the site must follow the [Weapons in Long-Term Care Protocol](#).

4.1 Intake and Storage of Prohibited Items

At no time will Workers secure Illegal Items, or firearms, however they may store items otherwise considered prohibited. All Illegal Items and firearms will be turned over to the police as soon as possible. In order to ensure the continued protection of Patient privacy, Patient information will generally not be provided to the police when turning over Illegal Items. Should

Policy Sponsor: VP Support Services and Chief Financial Officer	5 of 15
Policy Steward: Manager, Protection, Parking & Fleet Services	
Date Approved: January 2018	Date(s) Reviewed-r/Revised-R: January 2020 (R)



Administrative Policy Manual
Code: AW Facilities Management

there be unusual circumstances such as concerns for public safety (e.g. discovery of firearms, explosives or evidence indicating someone else may be at risk of harm), inform the supervisor; supervisor will consult with [Information Privacy & Security](#) to determine appropriate information to release to police.

In cases where the Prohibited Item in question is NOT illegal or a firearm, and the Patient is unable to make arrangements to secure Prohibited Items off site, sites may temporarily store the Prohibited Item if deemed safe.

- If the Prohibited Item being stored is a Weapon (i.e. a knife), it should not be handed directly from the Patient to the Worker. Instead, the Patient shall be asked to place the Weapon on the floor or counter, and it will be collected by the Worker when the Patient has stepped back.
- Security, where available, will be responsible for safely securing knives and other potential Weapons other than firearms that were not able to be removed from the Facility.

Prohibited Items that are not illegal or a firearm, and belonging to a Patient, will be stored by the Worker most responsible for the Patient's care in accordance with standards and policies for managing Patient belongings. Refer to IH Policy [AK0700 – Client Valuables and Personal Effects](#), including following all documentation requirements of this policy. In cases where the item belongs to a Non-Patient, secure storage will be provided through a Facility's lost and found procedure, or through an alternative method approved by site administration, ensuring appropriate documentation is in place.

4.2 Return of Prohibited Items

It is recognized that some belongings that are deemed prohibited on IH grounds will be lawful for the general public to possess (e.g. a pocket knife). IH will not confiscate lawful property that has been temporarily surrendered to IH, and arrangements must be made to return all property that is not deemed illegal.

The method of returning Prohibited Items will be determined by IH based on a risk assessment. Site security, where applicable, will be responsible for the final determination on the method to return the item. In the absence of site security, the most responsible Supervisor will decide on the return process. Recommended options for return include:

Returning Prohibited Items - Risk Assessment		
#	Option	Rationale
1	Hand-over in person, on site	Very low-risk. Item was voluntarily surrendered and there are no known behavioral concerns. This is the typical process for returning a Prohibited Item that was voluntarily surrendered while at a Facility. Hand-over to be done in the presence of two Workers.
2	Hand-over in person, after walking to the edge of IH property	Low Risk. No behavioral concerns were noticed during this visit, there is no known history of violence, and there is no aggressive (AGG) alert on file. Hand-over to be done in the presence of two Workers.
3	Mail / Courier	Moderate Risk. Patient has displayed aggressive or concerning behavior, or has a known history of such behavior.

Policy Sponsor: VP Support Services and Chief Financial Officer	6 of 15
Policy Steward: Manager, Protection, Parking & Fleet Services	
Date Approved: January 2018	Date(s) Reviewed-r/Revised-R: January 2020 (R)



Administrative Policy Manual
Code: AW Facilities Management

4	Police involvement	Moderate to High Risk. There may be significant concern with the Patient's behavior, including but not limited to history of threats, intimidation, or self-harm. Alternately Option 3 may not be available due to the person being of no fixed address.
---	--------------------	--

4.3 Notification / Communication

In the event of an incident involving Prohibited Items, the Supervisor must be notified, and in turn shall decide on further notifications including the following stakeholders;

- Department Manager / Manager on Call
- Site Administration / Admin on Call
- Protection Services
- Workplace Health & Safety
- Health Emergency Management
- IH Communications (in the event of possible external or media attention)

Workers are required to report workplace safety incidents and near-misses to their Supervisor and the Workplace Health Call Centre at 1-866-922-9464.

4.4 Conducting Searches for Prohibited Items

The Canadian Charter of Rights and Freedoms (s.8) guarantees protection against unreasonable search and seizure. However in an effort to ensure a safe environment and in the event other options are not available, Workers in an acute or residential setting may elect to perform a Search of patients, their rooms, or belongings if the situation is warranted (see below). Patients in settings other than acute and residential will not be subject to search assuming they can be asked to leave the facility immediately. Non-patients will not be subject to search and instead will be asked to immediately leave the facility. Certain criteria must be met before such an activity is conducted, a particular procedure must be followed during a Search, and all must be done in the least intrusive manner possible.

To avoid concerns of “unreasonable search and seizure”, the following criteria apply:

- Non-Patients in acute or Long-Term Care settings will not be subject to Search under this policy and instead are to be asked to immediately leave the Facility.
- Patients and Non-Patients in community care settings will not be subject to Search under this policy and are to be immediately asked to leave the Facility.
- In Patient home settings, Workers will follow established protocols and immediately withdraw services if an unsecured firearm is discovered, potential Weapons pose a concern, or a Patient behaves in a threatening manner.

If a Worker suspects that a Patient may be in possession of Prohibited Items, or have Prohibited Items in their room/belongings, the Worker will:

1. Report the concern to their Supervisor (and on-site security where applicable)
2. Determine, in consultation with the Supervisor and/or on-site security (where available), if it is safe to approach the Patient to discuss Prohibited Items,
 - a. If there are concerns of potential aggression, the Worker should enlist support from additional Workers, on-site security (where available), and/or the police for assistance, prior to continuing,

Policy Sponsor: VP Support Services and Chief Financial Officer	7 of 15
Policy Steward: Manager, Protection, Parking & Fleet Services	
Date Approved: January 2018	Date(s) Reviewed-r/Revised-R: January 2020 (R)



Administrative Policy Manual
Code: AW Facilities Management

3. Inform the Patient of items considered to be Prohibited Items within IH.
4. Give the Patient an opportunity to voluntarily surrender the item or remove it from the Facility (if appropriate).
 - a. Weapons should not be handed directly from the Patient or Non-Patient to the Worker. Instead, the Patient or Non-Patient shall be asked to place the Weapon on the floor or counter in a low-traffic area so it cannot be easily accessed by others.
 - i. For any Weapon other than a firearm, the Worker will collect the Weapon when the person has stepped back.
 - ii. Firearms shall not be directly handled by a Worker. Police shall be called immediately. While awaiting an urgent police response, the Supervisor may decide to isolate the individual of concern by clearing others from the immediate area.
5. Make reasonable attempts to gain consent for a Search prior to conducting a Search. If consent is not given and treatment has been deemed not imminently necessary by medical staff, the Most Responsible Practitioner may discharge, or decline to admit the Patient.
6. If consent is not given and it is determined discharge is not an option, Workers must determine if they feel the risk is such that a Search is required, and if they can articulate that risk (forming Reasonable Grounds).

If a Search is deemed necessary, and either informed consent is given or Reasonable Grounds for a Search are present, the Supervisor must decide on the most appropriate method of Search in the least intrusive manner possible

Options include:

1. Search of the Patients room and/or belongings, and/or
2. Search of the Patient's clothing once the Patient has changed.

Search guidelines:

1. Conduct Searches in a private area away from other Patients and complete with as much dignity and respect as possible.
2. Stop the Search process if Worker becomes concerned with their safety at any time during a Search for Prohibited Items.
3. Allow the Patient to be present for the Search unless it is felt their presence may increase risk to the situation.
4. Ensure appropriate Workers are present for the Search. Workers to include:
 - Security (where available)
 - A minimum of two (2) Workers
 - One person who is the same gender as the person being searched.
 - Due consideration must be given to; gender, race, religious beliefs, sexual orientation, gender identity, disabilities, and age in order to ensure respect and dignity are protected to the extent possible.

Policy Sponsor: VP Support Services and Chief Financial Officer	8 of 15
Policy Steward: Manager, Protection, Parking & Fleet Services	
Date Approved: January 2018	Date(s) Reviewed-r/Revised-R: January 2020 (R)

5. Searches shall be conducted or directly supervised by the Patient's primary care provider and may be supported by the respective Supervisor where possible.
6. Workers involved in the Search shall wear appropriate Personal Protective Equipment (PPE), which at a minimum will be barrier gloves, but may also include additional PPE contingent on circumstances and known precautions.
7. Inform other Workers in the area that a Search is being conducted.

Completing the search:

1. Search the Patient's belongings / room systematically, with particular attention to areas where contraband could be concealed (e.g. under mattress, drawers, closets, in the trash, etc.).
2. Consider the option of having the Patient change out of their clothing and into a hospital gown while under supervision and conduct a Search of their clothing once removed.
3. Maintain courteous communication with the Patient throughout the Search.
4. Be aware of your positioning relative to the Patient during the Search (e.g. maintain a safe separation should the situation escalate, position yourself between the Patient and the exit).
5. Ask the Patient to remove all items from their pockets and place them on a table or in a container prior to commencing a Search.
6. Do not place your hands inside pockets or footwear. Pockets should be felt from the outside and footwear should be tapped on its heel in an attempt to dislodge any items that may be hidden within and visually inspected for potential contraband
7. Initiate a Code White if the Patient becomes agitated or behaves in a manner that poses a threat to others unless a Weapon is being used in a threatening manner; in this case initiating a Code White may draw responders into danger and instead police should be called immediately.
8. Immediately remove yourself and others from the area and contact police immediately if a Weapon is used in a threatening manner.
9. Document the Search, findings and disposition accordingly
10. If illicit drugs / substances are discovered during the course of a search, they shall be handled in accordance with the Controlled Substances policy [PHK0600](#).

This policy is not a substitute for established procedures to search in-Patient mental health Patients upon intake, admission or returning to a Facility.

5.0 REFERENCES

- Fraser Health policy: "Patient Searches" (draft-2016)

Policy Sponsor: VP Support Services and Chief Financial Officer	9 of 15
Policy Steward: Manager, Protection, Parking & Fleet Services	
Date Approved: January 2018	Date(s) Reviewed-r/Revised-R: January 2020 (R)



- Vancouver Island Health Authority policy 9.2.6 “Weapons and Prohibited Items in the Workplace Policy”
- Vancouver Coastal Health Authority policy HR_2100 “Weapons in the Workplace”
- Vancouver Coastal Health Authority protocol “Weapons in the Workplace – Protocol for VCH Community”
- Canadian Charter of Rights & Freedoms
- Guidelines for Handling Suspected Illicit Substances in Hospitals, BC College of Pharmacists, November 1999
- PHK0600 Controlled Substances Policy
http://insidenet.interiorhealth.ca/infoResources/policies/Documents/Controlled_Substances.pdf - 1MB - System Account; Kaseypoo - 4/2/2015
- Handling Patient valuables
http://insidenet.interiorhealth.ca/QPS/riskmgmt/Documents/Handling_Patient_Valuables.pdf - 93KB - System Account; Suzanne Wright - 4/3/2015
- Client Prohibited Property, Management of. Working Paper 1.0 (Draft)
Interior Health Authority (IH) 14/09/2007
- Risk Note: Patient Searches
Health Care Protection Program (HCCP) August 2007, Updated January 2012
- LTCH0110 Individuals’ Own Alcohol or Non-Medical Cannabis Storage, Service and Consumption of
- [LTCH0100](#) Purchase, Service and Consumption of Liquor and Cannabis in Long-Term Care Home
- Searching Patients and Patient Areas for Contraband
International Association for Healthcare Security and Safety (IAHSS)
April 2009, Revised Oct 2010

Policy Sponsor: VP Support Services and Chief Financial Officer	10 of 15
Policy Steward: Manager, Protection, Parking & Fleet Services	
Date Approved: January 2018	Date(s) Reviewed-r/Revised-R: January 2020 (R)

Appendix A: Prohibited Items Signage



Policy Sponsor: VP Support Services and Chief Financial Officer	11 of 15
Policy Steward: Manager, Protection, Parking & Fleet Services	
Date Approved: January 2018	Date(s) Reviewed-r/Revised-R: January 2020 (R)



Appendix B: Patient Search Checklist (Form 825041)



**PROHIBITED ITEMS
PATIENT SEARCH CHECKLIST**

Patient Name	<input type="text"/>
DOB (dd/mm/yyyy)	<input type="text"/>
PHN	<input type="text"/>
MRN	<input type="text"/>
Meditech Identifier	<input type="text"/>
Date	<input type="text"/>
Facility / Unit	<input type="text"/>

This document is intended to be used by Clinical employees as a guideline when conducting a search for prohibited items, as per Policy AW0650. This document should be completed by the clinical lead, and stored in the patient's chart. For any questions or concerns, contact security or your Protection Services Coordinator.

Permanent part of the health record

Point of care assessment conducted? Please specify name.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reasonable and probable grounds satisfied? Please explain rationale.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Informed consent obtained? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical supervisor notified? Please specify name.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security present? Please specify name.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prohibited item(s) located? Item(s) found.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item stored? Please specify location.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item turned over to police? Please explain rationale.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who conducted search? Please list agency and names.	<input type="checkbox"/> IH <input type="checkbox"/> External
Documentation for storage of belongings completed? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

825041 Jul 20-20

[Clear Form](#)

[Print Form](#)

[Save Form](#)

Page 1 of 1

Policy Sponsor: VP Support Services and Chief Financial Officer	12 of 15
Policy Steward: Manager, Protection, Parking & Fleet Services	
Date Approved: January 2018	Date(s) Reviewed-r/Revised-R: January 2020 (R)

Appendix C – Prohibited Items Q&A



1. **Are Prohibited Items always illegal?**
In the Criminal Code of Canada, the words prohibited and illegal are used interchangeably. For our purposes, "prohibited items" are defined as: "Any type of Weapon, flammable items or sharp edged objects. Other items may be prohibited, based on a Patient's needs as determined by Workers, or based on safety/security risks as determined by Facility security, Protection Services or site leadership."
2. **Who is responsible for searching patients and their belongings?**
Clinical employees are responsible for conducting searches of patient or visitor belongings if it is felt necessary, based on observations made during their initial Point of Care assessment. Clinical staff must lead the search, and security, when and where available, will offer support.
3. **Am I legally allowed to conduct a search?**
Employees are legally permitted to conduct a search when they have reasonable and probable grounds based on their observations and/or history with a patient to suspect they are in possession of a prohibited item. Reasonable and probable grounds are defined as: "A set of facts or circumstances which can be clearly articulated by the person forming reasonable grounds, that would cause a person of ordinary and prudent judgment to believe beyond a mere suspicion."
4. **How do employees know when patients require a search?**
Clinical staff should use their experience with the patient/observations in making this assessment. If a weapon is seen, or there is concern a weapon is present, employees should to follow the [AWA0650 – Prohibited Items policy](#).
5. **When is a search absolutely required?**
There is no requirement that any patient be searched. The policy provides employees with the support of the organization to conduct these searches as deemed necessary, based on reasonable and probable grounds.
6. **Should we have patients change into hospital pyjamas, if possible?**
Where reasonable, it is appropriate to ask patients to change out of their clothing and into hospital attire. Belongings should be stored out of the patient's reach while they are on site.
7. **How are patients being educated on this policy?**
Signage will be posted at contact points outlining the policy. Signage is available through [Document Services](#) on InsideNet. Further education should be provided in conversations with patients who will be subject to search.
8. **Is security responsible for screening patients for weapons?**
No. Patients do not undergo a screening process. Searches should be initiated based on patient history, or observations made during a Point of Care assessment. Security (where available) will store surrendered items until the patient is discharged.
9. **How do I know if a surrendered weapon is illegal and requires police response?**
See below for a list of illegal weapons requiring police response, and [Appendix A](#) for a visual guide.
10. **What do I do if a patient refuses to comply with a request for search and refuses to leave?**
Notify security (where available) or Police, and decline service, if possible. Notify your Patient Care Coordinator or manager as soon as possible.

Policy Sponsor: VP Support Services and Chief Financial Officer	13 of 15
Policy Steward: Manager, Protection, Parking & Fleet Services	
Date Approved: January 2018	Date(s) Reviewed-r/Revised-R: January 2020 (R)

Illegal Weapons

The following weapons require police attendance. These items are to be turned over to Police only.

1. Tear gas, Mace or other gas, or any liquid, spray, powder or other substance that is capable of injuring, immobilizing or otherwise incapacitating any person.
2. "Nunchucks", or any hard, non-flexible sticks linked by a length rope, cord, wire or chain, or anything similar.
3. Any instrument or device commonly known as "manrikigusari" or "kusari", being hexagonal or other geometrically shaped hand grips linked by a length of rope, cord, wire or chain, and anything similar.
4. Any finger ring that has one or more blades or sharp objects that are capable of being projected from the surface of the ring.
5. Conducted Energy Weapons (Tazers)
6. A crossbow, or similar device, that is designed or altered to be aimed and fired by the action of one hand, and/or has a length not exceeding 50 cm.
7. The "Constant Companion": A belt containing a blade capable of being withdrawn from the belt, with the buckle forming a handle for the blade, and any similar device.
8. Any knife commonly known as a "push-dagger" that is designed in such a fashion that the handle is placed perpendicular to the main cutting edge of the blade and anything similar other than the aboriginal "ulu" knife.
9. Any device having a length of less than 30 cm designed to conceal a knife or blade.
10. "Spiked Wristbands", being a wristband to which a spike or blade is affixed, and anything similar. This is not applicable to wristbands or other items where the spikes have blunt edges.
11. Collapsible batons or similar devices triggered manually with spring assistance (push button, spring loaded activation).
12. The "Morning Star" and any similar device consisting of a ball of metal studded with spikes and connected to a handle by a length of chain, rope or other flexible material.
13. "Brass Knuckles" and any similar device consisting of a band of metal with one or more finger holes designed to fit over the fingers of the hand. Note: Does not apply to jewelry items containing two finger holes.

If in doubt, please contact security (where available) or Police for assistance.

Policy Sponsor: VP Support Services and Chief Financial Officer	14 of 15
Policy Steward: Manager, Protection, Parking & Fleet Services	
Date Approved: January 2018	Date(s) Reviewed-r/Revised-R: January 2020 (R)

Visual Guide to Illegal Weapons



- ¹ Mace
- ² Nunchucks
- ³ Manrikigusari
- ⁴ Finger Ring with Blade
- ⁵ Conducted Energy Weapon
- ⁶ Crossbow for single hand fire
- ⁷ Constant Companion
- ⁸ Push Dagger
- ⁹ Comb Knife
- ¹⁰ Spiked Wristband
- ¹¹ Spring Loaded Baton
- ¹² Morningstar
- ¹³ Brass Knuckles
- ¹⁴ Firearm

Policy Sponsor: VP Support Services and Chief Financial Officer	15 of 15
Policy Steward: Manager, Protection, Parking & Fleet Services	
Date Approved: January 2018	Date(s) Reviewed-r/Revised-R: January 2020 (R)