



June 26, 2023

To all OSH staff,

This Superintendent Directive modifies OSH Policy number 8.041, "Personal Searches."

In the context of extensive unit searches for contraband and the recent update to OSH Policy 6.029, "Risk Review and Privileges," there have been questions and incidents which have indicated a need for clearer expectations regarding patient personal searches. The intent of this directive, which is effective immediately, is to provide that clarification.

#### Regarding pat-downs:

- Per the October 2022 CMO directive modifying OSH Policy 6.006, "On-grounds and Off-grounds Movement," a pat-down is required for all patients attending on-grounds and off-grounds outings, before departure and again upon return to the secure perimeter.
- Per OSH Policy 8.014, "Room, Unit and Treatment Mall Searches," a patient personal search (which may include a pat-down) may be performed during a unit or patient room search if considered necessary.
- Per OSH Policy 6.029, "Risk Review and Privileges," exceptions to pat-downs may only be approved by Risk Review.

**CLARIFICATION: if a pat-down exception has been approved by Risk Review, that exception applies to all pat-downs**, including those which would be required during a unit or patient room search.

#### Regarding skin searches and internal searches:

- The following requirements per OSH Policy 8.041, "Personal Searches," **have NOT changed (note that additional requirements are outlined in the clarifications and "new" sections below)**:
  - Every effort must be made to preserve the personal dignity of the patient. Skin searches and internal searches must be done in a setting which provides for the patient's privacy, comfort and dignity.



- Staff must consider a patient's fears, trauma history, gender identity, and the potential for physical assault before conducting a personal search.
- **Staff may not restrain a patient during a personal search.**
- Skin searches and internal searches must be conducted by a trained physician, nurse practitioner, or registered nurse, with another physician, nurse practitioner, or registered nurse present. If other staff are present for safety, they may not conduct the search.
- At least one of the persons conducting the search must be the same gender as the patient, with the following exception: if the patient is transgender, gender non-conforming or gender non-binary, staff conducting the search must be assigned based on the patient's gender identity and safety preference, per OSH Policy 6.061, "Transgender and Gender Non-Conforming Treatment."
- An order must be written for a skin search or internal search by a physician or nurse practitioner before the search is conducted.

**CLARIFICATIONS** to the existing policy:

- All less restrictive alternatives, including directly observing the patient with 1:1 enhanced supervision, must have been considered before considering a skin search or internal search.
- To meet a patient's privacy needs, skin searches and internal searches must be conducted in the following manner:
  - Aside from the two licensed staff conducting the search, as few people as safely possible should be present.
  - To the degree possible, all staff present must be the same gender as the patient (or assigned based on the patient's gender identity and safety preference, as above).
  - All possible steps must be taken to ensure that those not participating in the search cannot see the patient. This includes ensuring the door to the hallway is closed before any of the patient's clothing is removed.
- The following requirements are **NEW**:
  - Prior authorization by the Chief Medical Officer or Superintendent is required **before performing any skin search or internal search**. This authorization must be documented.
  - The search must be documented in both an incident report and a progress note.
    - Rationale for the search, CMO/Superintendent approval, and outcome must be documented in both places.

- Staff participating in the search (those conducting the search and any additional staff present) must be identified in the incident report.
- All less intrusive measures considered and why rejected must be documented in the progress note.
- If the patient refuses the skin search or internal search, the physician or nurse practitioner who ordered the search must contact the CMO or Superintendent to determine next steps.
- If a patient has inserted an object into a body orifice and either refuses to remove it or cannot do so, the Chief Medical Officer or Chief of Medicine must be consulted by the physician or nurse practitioner. Options to be discussed should include removal of the object, observation and monitoring, or referral to an outside medical provider for assessment and intervention.

This directive will remain in effect until OSH policies, procedures, and protocols are updated or the directive is otherwise rescinded.

Sincerely,

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