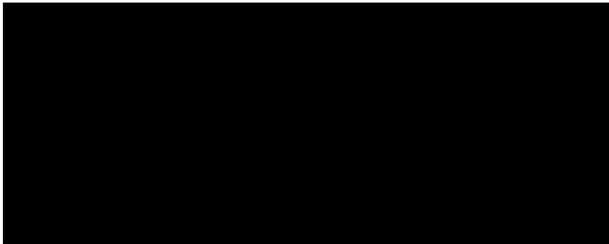


12 August 2021



**Re: Official Information Act request – ADHB policy on patient's property**

I refer to your Official Information Act request dated 14 July 2021 to the Ministry of Health (MoH) and the transfer from MoH to Auckland DHB on 16 July 2021 requesting the following information:

**Can you please provide ADHB policy on patient's property, both when in a patient's care and when in the hospitals care.**

Please find **attached** Auckland DHB's policy on patient's property.

Please note that the **attached** Te Whetu Tawera policy is currently under review and a new version with some small revisions will be finalised and published in due course.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE  
**Chief Executive of Te Toka Tumai (Auckland District Health Board)**

## Perioperative Management of Patient Property

Unique Identifier	CP70/OR&A-PRO/023
Document Type	Clinical Guideline
Risk of non-compliance	may result in a small degree of harm to the patient/DHB
Function	
User Group(s)	Auckland DHB only
• Organisation(s)	Auckland District Health Board
• Directorate(s)	Perioperative
• Department(s)	All operating rooms and procedure rooms where surgery or other invasive procedures are performed
• Used for which patients?	All perioperative patients
• Used by which staff?	All ward staff caring for pre- and post-operative patients Perioperative staff including nurses, anaesthetic technicians and health care assistants.
• Excluded	
Keywords	Dentures, partial plate, jewellery, medic alert
Author	Nurse Consultant - Perioperative
Authorisation	
• Owner	Director - Perioperative
• Delegate / Issuer	Nurse Director – Perioperative
Edited by	Nurse Consultant – Perioperative
First issued	Yet to be determined
This version issued	26 September 2019 – updated
Review frequency	3 yearly

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## 1. Purpose and scope

To ensure the safe handling, care and return of patient's property during the perioperative period, and to minimise the risk of infection, traumatic removal, pressure areas, burns, airway obstruction or loss of property.

## 2. Principles of patient property management

Wherever possible, patient property, jewellery and valuables should be stored in the ward before transferring the patient to the operating rooms. At all times it is the responsibility of the staff member removing the item of jewellery, valuables or property to appropriately document, store and hand over to the team these details of patient care.

## 3. Definitions

Term	Definition
OR	Operating room
ORDA	Operating Room Day Admission unit
Pre-op	Pre-operative care unit
PACU	Post Anaesthesia Care Unit
GSU	Greenlane Surgical Unit
ICU	Intensive Care Unit

## 4. Pre-operative care of patient property

Step	Action
1.	<p>Before transfer to the OR, ward staff should assess and identify all patient property and valuables on the Pre-operative Checklist form (CR4048) including:</p> <ul style="list-style-type: none"> <li>• Dental appliances including dentures and partial plates.</li> <li>• Prescription glasses. These are to be clearly labelled with a patient sticker in the pre-operative area if they are staying with the patient.</li> <li>• Hearing aids. Record number and in which ear.</li> <li>• Taonga.</li> <li>• Medic alert jewellery is to remain on the patient.</li> <li>• iPads, laptops and mobile phones.</li> </ul>
2.	<p>Any patient property removed in pre-op or ORDA is to be clearly documented on the Pre-operative Checklist (CR4048), including who removed it and where the property was placed. This is to enable follow-up should the item be misplaced before being returned to the patient.</p>
3.	<p>Any patient property removed in the OR is to be documented in the intra-operative record (PiMS) including who removed it and where the item was placed or removed to. This is to enable follow-up should the item be misplaced before being returned to the patient.</p>

Step	Action
4.	Property that arrives in bags should be identified with a patient label and placed into the PACU/ORDA designated luggage storage cupboard. Stored items are to be clearly documented on the Pre-operative Checklist (CR4048). In Level 9 operating rooms this is also recorded in the patient property log book in Level 9 ORDA. <b>Note:</b> In GSU and Starship OR, patient property is labelled and placed on patient bed for the duration of the patient journey.
5.	All patient property and valuables, including dentures and partial plates, should be detailed clearly during the nurse-to-nurse patient hand-over to OR staff.
6.	ORDA patients have their property bag labelled with a patient sticker with correct destination ward and placed in the designated luggage store. If the patient's relatives take the patient's luggage, this is to be clearly documented on the Pre-operative Checklist (CR4048).

## 5. Perioperative management for patients wearing jewellery

Step	Action
1.	Information is given to patients at preadmission clinic requesting patients not to wear jewellery to the operating room.
2.	Medic alert jewellery can be left in situ and taped. This should be done in consultation with the surgical and anaesthetic teams.
3.	Where possible, patients should remove their own jewellery before coming to the OR department. All mouth, tongue, nasal and facial jewellery is removed. Other body jewellery should be removed if it is within the operative field, is at risk of being traumatically removed, causing pressure damage, or at the discretion of the surgeon.
4.	If a patient does arrive in the department with jewellery in situ, it should be identified in the pre-operative assessment period, removed, and given to next of kin or returned to ward for storage. If the patient comes directly from Adult Emergency Department (AED) or Clinical Decision Unit (CDU), items may temporarily be stored in the PACU CD cupboard.
5.	If jewellery is removed intra-operatively, it must be contained and a correct patient label attached. The jewellery should stay with patient's notes throughout their transfer about the operating room areas. Jewellery should not be re-inserted in PACU.
6.	If there is any doubt by check-in staff, they should discuss their concerns with the anaesthetist and/or surgeon.
7.	The removal of jewellery is to be documented on the patient Pre-operative Checklist (CR4007) and/or the PiMS intra-operative record, including who removed it and where the property was placed. (e.g. in patient's jacket pocket).

Step	Action
8.	If for any reason jewellery is left in place, it is to be securely taped. The position and type of jewellery should be clearly documented on the Pre-operative Checklist (CR4007).

## 6. Intra-operative and post-operative care of patient property

Step	Action
1.	Patient property is to be clearly identified and stored by the person removing the property. For example, the anaesthetic technician is responsible for property that is removed during the course of the anaesthetic, such as dental appliances (dentures and partial plate), which are placed into a denture container with a lid. A correct patient label is attached to container.
2.	Prescription glasses are to be clearly labelled and carefully stored. The patient label is also applied to the outside of an appropriate container.
3.	All removed property is documented in PiMS. At the end of a case or completion of the procedure, the patient property is handed to the circulating nurse for transfer to PACU or ICU with the patient.
4.	The perioperative nurse who transfers the patient to PACU or ICU hands over the property and/or gives a full account of property or valuables that are on the patient as per the Pre-operative Checklist CR4048 and PiMS intra-operative documentation.
5.	When dental appliances are returned to the patient, this is documented in the PACU notes. If dentures or partial plates are not returned to the patient they should be returned to the ward nurse and this should be documented in the patient notes.
6.	The PACU nurse is responsible for the clear transfer of property to the ward staff who collect the patient. Nurse-to-nurse handover to include the Pre-operative Checklist CR4048 and PiMS intra-operative documentation.

## 7. Missing or lost patient property – PACU

Step	Action
1.	Check the Pre-operative Checklist (CR4007) and PiMS intra-operative record for details of missing item.
2.	Check bed and linen for missing item. Check with relatives, as sometimes they have taken items home without this being documented.
3.	Call OR for staff and anaesthetist to check the room or recall any information with regards to missing item. If after hours call the Floor Coordinator, Anaesthetic Coordinator or on-call anaesthetist.
4.	If nothing found, call pre-op and original ward to find if it has been left with belongings and removed before arrival in theatre.

Step	Action
5.	If a denture or partial plate is identified as missing, follow <a href="#">process for missing dental appliances</a> . <b>Patients are to have an X-ray or examination (i.e. nasoendoscopy or oral endoscopy of posterior pharynx) if lost denture or partial plate recognised.</b>
6.	If patient property is not found, this must be documented in the clinical notes and a Datix incident form must be completed.

## 8. Missing or lost patient property – ward

Step	Action
1.	Check the Pre-operative Checklist (CR4007) and PiMS intra-operative record for details of missing item.
2.	Check bed and linen for missing appliance.
3.	Call the PACU Coordinator to notify of missing item.
4.	If a denture or partial plate is identified as missing follow <a href="#">process for missing dental appliances</a> . <b>Patients are to have an X-ray or examination (i.e. nasoendoscopy or oral endoscopy of posterior pharynx) if lost denture or partial plate recognised.</b>
5.	If patient property is not found, this must be documented in the clinical notes and a Datix incident form must be completed.

## 9. Missing dentures, partial plates or other dental appliances

Step	Action
1.	<b>If there are any concerns about the patient's airway call 777 immediately, state Adult Airway Emergency and give your location.</b>
2.	If patient is stable check the Pre-operative Checklist (CR4007) and PiMS intra-operative record for details of missing partial plate or denture. Check bed and linen for missing item.
3.	<b>If not found, the anaesthetist must be immediately phoned and notified.</b> If unable to contact the anaesthetist then the service Anaesthetic Coordinator is to be contacted. After hours call the Anaesthetic Coordinator or on-call anaesthetist.
4.	The OR Floor Coordinator should also be contacted. The Floor Coordinator is to check the room for the missing item and contact the OR & PACU staff to recall any information.
5.	<b>If lost denture or partial plate recognised, patients are to have an X-ray or examination (i.e. nasoendoscopy or oral endoscopy of posterior pharynx).</b> This must be documented in the clinical notes and a Datix incident form must be completed.

## 10. Contact details for operating room departments

Area	Hours	Contact	Phone/extn
<b>Adult &amp; Emergency (Level 8)</b>	24 hours	PACU Coordinator	24899
		Floor Coordinator	021 492 086
		Anaesthesia Coordinator	021 496 374
<b>Cardiothoracic &amp; ORL (Level 4)</b>	Monday - Friday 0700 - 2000hrs	PACU Coordinator	23719 / 24456
		Floor Coordinator	021 832 925
		Anaesthesia Coordinator	021 938 053
	After hours	If urgent contact Anaesthesia Coordinator	
<b>Greenlane Surgical Unit (GSU)</b>	Monday - Friday 0730 - 1700hrs	PACU Coordinator	26369 / 27687
		Floor Coordinator	021 227 6407
		Anaesthesia Coordinator	021 912 597
	After hours	If urgent contact GSU SHO 021 912 597	
<b>Starship Children's Health OR</b>	Monday - Sunday 0700 - 2300hrs	PACU Coordinator	23656
		Floor Coordinator	021 754 053
		Anaesthesia Coordinator	021 334 344
	After hours	If urgent contact Anaesthesia Coordinator	
<b>Women's Health (Level 9)</b>	24 hours	PACU Coordinator	021 584017
		Floor Coordinator	021 471 618
		Anaesthesia Coordinator	021 893 169

## 11. Associated documents

### Auckland DHB policies and guidelines

- Anaesthetic Emergency Help - Adult
- Informed Consent
- Valuables, Property & Taonga
- Code of Rights
- Bicultural Policy
- Patient Check In

### Clinical forms

CR4048 Pre-operative Checklist

## 12. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

### 13. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or [Document Control](#) without delay.

## Valuables, Property and Taonga - Te Whetu Tawera (TWT)

Document Type	Policy
Function	Clinical Service Delivery
Directorates	Service Administration
Department(s) affected	Mental Health Services
Applicable for which Patients, Clients or Residents?	Mental Health Acute Inpatient Unit or Te Whetu Tawera (TWT)
Applicable for which Staff?	All nursing staff in Mental Health Acute Inpatient Unit (including bureau, agency & student nurses) or TWT
Keywords (not part of title)	Valuables, Property, Taonga
Author – role only	NUM, TWT, Mental Health Services
Owner (see <a href="#">ownership structure</a> )	Nurse Advisor, TWT
Edited by	Document Control
Date first published	October 2000
Date this version published	April 2015
Review frequency	3 years
Unique Identifier	PP2625/PCR/002

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7. [Returning valuables to the service user](#)
8. [Lost property](#)
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10. [Associated ADHB documents](#)
11. [Corrections and amendments](#)

## 1. Purpose of policy

This policy establishes the process in Te Whetu Tawera (TWT) at Auckland District Health Board (ADHB) to ensure that all service user's valuables, property and taonga are kept safe and secure, and to ensure that TWT's liability for a service user's valuables, property and taonga is clearly defined.

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## 2. Policy statements

ADHB does not take responsibility for a service user's property brought onto ADHB premises and disclaims any liability in the event that property is lost, stolen or damaged. Any decision to reimburse must be made on a case by case basis recommended by Level 4 with Level 3 signoff.

On arrival or admission to TWT, all service users must be informed of ADHB's [Valuables, Property & Taonga generic policy](#) and that the organisation disclaims any liability. Service users are strongly encouraged to have property taken home by family/whānau/support people.

Staff members are not to wrongfully interfere with property. Where a service user is unable to care for their property e.g. in an emergency, then staff must take reasonable steps to secure the property.

The storage and access of technology items is to be decided by the charge nurse and treating team, on an individual basis and must be documented in the nursing care plan/TWT multidisciplinary plan.

The property room should be used to store excess property. Access to the property room is via the staff universal access key. Items held in the valuables cupboard are to be entered onto the valuables recording form. The charge nurse or delegated registered nurse must hold the valuables cupboard key. Any cash over \$50 is to be sent immediately to ADHB Security during office hours Monday to Friday. After hours it's to be secured in the Te Whetu Tawera business co-ordinators safe,

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## 3. Definitions

The following terms are used within this document:

Valuable: any item with monetary or personal value to the service user, e.g. wallet and contents, jewellery, cash etc.

Property: any personal effects such as clothing, glasses, dentures.

Taonga: an item of treasure and/or an item that is treasured.

Technology: laptops, iPhones, cell phones, TV's, electric blankets, stereos.

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#### 4. Receiving valuables into custody

When valuables are being received into custody, a ward valuables recording form must be completed with the service user's identification label and the type, number and expiry date of documents and cards. Two staff members signatures must be obtained verifying the valuables received, as well as the service user's signature (where possible).

When receiving and securing money, the ward should not retain more than \$50.00. Any more than \$50.00 must be placed with ADHB Security.

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#### 5. Accessing ADHB security

- Although ADHB Security is 24 hours a day service valuables will not be returned after 1600 hours unless there is a discharge
- During business hours (Monday – Friday): TWT staff can access
- After hours and weekends: Duty Manager to access

#### 6. Te Whetu Tawera Night Safe

If ADHB Security are unavailable the Duty Manager may access the Night Safe located in the Business Support Coordinators office. All money and items of value must be entered into the register and signed by the Duty Manager.

The Duty Manager must notify the ward Charge Nurse and Business Support Coordinator in writing of the following:

- Night Safe use
- Date items placed in safe
- Contents placed in safe

The Business Support Coordinator will arrange for contents to be placed with ADHB Security as soon as is practicable.

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#### 7. Returning valuables to the service user

If valuables have been retained by the unit, then staff must get the corresponding recording form, the valuables/monies from custody, and then return valuables to the service user. The service user should check that all their valuables have been returned.

If the service user is satisfied that the items for return match the items listed on the valuables recording form, then signatures from two staff members verifying the valuables have been received back by the service user should be obtained. Where possible the service user's signature should also be obtained.

If valuables have been retained by ADHB Security, then the service user may, with identification, uplift their valuables from Security's office. Staff may ring ADHB Security to bring valuables back to the Acute Mental Health Unit.

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## 8. Lost property

Property of value lost within TWT must be reported to the Police immediately by the charge nurse, duty manager or delegated person. This includes cash, jewellery, and credit cards.

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## 9. Property left behind

### Known owner

When property has been left behind, and where the owner is known, administration staff members are to contact the service user to organise collection. The property must be kept in the department until the service user collects it.

In the event of a service user being discharged, transferred to another hospital, AWOL or ACC whilst valuables remain in custody, then the service user or next of kin/caregiver must be notified to uplift the valuables/monies. The next of kin/caregiver must present with proof of right to uplift valuables/monies.

If the owner of the property (or their next of kin/caregiver) still does not collect the property, despite it being requested that they do, the keyworker should be contacted and arrangements made to deliver the property to the service user.

Property must be returned to the service user, or their representative. Where a service user is deceased, property should be released to the executor or administrator of the deceased estate, or with written confirmation, the individual managing the deceased's affairs.

### Unknown owner

When property has been left behind, and the owner is not known, the property is kept for 1 month. After 1 month, unclaimed valuables are handed over to the Newmarket Police. Unclaimed goods of minimal value are disposed of by the charge nurse or delegate.

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## 10. Associated ADHB documents

[Code of Rights](#)

[Complaints Management](#)

[Interpreters](#)

[Reportable Events](#)

[Tikanga Best Practice](#)

[Valuables, Property & Taonga](#)

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## 11. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or the [Document Controller](#) without delay.

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## Valuables, Property and Taonga

Unique Identifier	PP01/PCR/024
Document Type	Policy
Risk of non-compliance	may result in a small degree of harm to the patient/DHB
Function	Administration, Management and Governance
User Group(s)	Auckland DHB only
• Organisation(s)	Auckland District Health Board
• Directorate(s)	All directorates
• Department(s)	All departments
• Used for which patients?	n/a
• Used by which staff?	Applies to all staff throughout Auckland DHB handling patient valuables, property and taonga.
• Excluded	n/a
Keywords	n/a
Author	Manager - Inpatient Services
Authorisation	
• Owner	Director – Provider Services
• Delegate / Issuer	Director - Patient Management Services
Edited by	Clinical Policy Facilitator
First issued	Yet to be determined
This version issued	13 February 2020 - updated
Review frequency	3 yearly

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## 1. Purpose of guideline

To ensure the safe management of patient valuables, property, and taonga whilst utilising Auckland District Health Board (Auckland DHB) services.

For the remainder of this policy, valuables, property and taonga will be referred to as ‘property’ unless specifically mentioned.

## 2. Definitions

Term	Definition
<b>Valuable(s)</b>	Any item with monetary or personal value to the patient, e.g. wallet and contents, jewellery, electronic devices, cash.
<b>Property</b>	Any personal effects such as clothing, glasses, dentures.
<b>Taonga</b>	An item of treasure; an item that is treasured.
<b>Representative</b>	A person authorised to possess or control the patient’s assets i.e.: <ul style="list-style-type: none"><li>• Enduring power or attorney for property</li><li>• Property manager appointed by court</li><li>• Executor or administrator of estate, where the patient is deceased</li><li>• Someone authorised by the patient (authority in writing or witnessed and documented directly by staff)</li></ul>

## 3. Guideline management principles and goals

### 3.1 Disclaim liability

Auckland DHB does not take responsibility for patients’ property brought onto Auckland DHB premises and disclaims any liability in the event that property is lost, stolen or damaged.

**Any decision to reimburse must be made on a case by case basis recommended by a Level 3 manager with a Level 2 manager (General Manager, Director or Executive Leadership Team member) signoff.**

### 3.2 Information

On arrival or admission, all patients must be informed of Auckland DHB’s Valuables Policy and that the organisation disclaims any liability. Patients are strongly encouraged to have property taken home by family/whānau/support people.

### 3.3 Staff responsibility

- Staff are not to wrongfully interfere with personal belongings.
- Where a patient is unable to care for their personal belongings e.g. in an emergency, staff have to take reasonable steps to secure the personal belongings.
- Staff may take responsibility for personal belongings in limited circumstances e.g. where patient is going to theatre and cannot entrust it to a relative. Staff must take reasonable care to ensure the personal belongings are safely stored and accounted for.
- When an item is missing all possible attempts are made to search for the item and a reportable event electronic form (Datix) must be completed.

## 4. Safe custody

Where property is unable to be taken home Auckland DHB will provide safe custody for personal belongings in a lockable cupboard or drawer in the ward, unit or department or valuables/taonga can go in the security safe, Level 3, Support Building 1, or in another suitable, safe lockable area as a temporary measure.

If using the security safe, valuables/taonga are to be lodged within the shift it is received. If out of hours, contact the Clinical Nurse Manager or Security Supervisor.

### 4.1 Safe custody at Auckland City Hospital Campus

If the use of the lockable drawer or another suitable, safe lockable area is not available or feasible, then property is to be sent directly to the security safe, Level, 3 Support Building 1 in the allocated sealed blue bag.

Cash over \$30 is to be sent immediately to the security safe, Level, 3 Support Building 1 in the allocated sealed blue bag.

### 4.2 Safe Custody at Greenlane Clinical Centre (GCC) and other outlying areas

GCC does not have a safe however, if there is no alternative, property can be given to the Cashiers, Monday to Friday, 08.00 to 16.00..

Clinics and services within GCC and other outlying areas such as Rehab Plus, Haemodialysis, Buchanan Rehab Centre, etc., must identify a suitable safe lockable area within their departments for patients to use if required.

At all times the patient valuables receipt book documentation and the processes outlined in this policy must be followed when property, including money, is lodged and returned.

### 4.3 Safe custody during procedures

Every effort is to be made to remove property in the ward/unit/clinic prior to the patient going for the procedure. Where this is not feasible or possible (e.g. in the case of an emergency, or for cultural or religious reasons), local policy should be followed to track this property.

### 4.4 Dentures and hearing aids

All dentures and or hearing aids not being used by the patient must be placed in a suitable carton labelled with the patient's identification sticker.

## 5. Documentation

### 5.1 Patient valuables receipt book and blue bags

Security provides, at no charge, the patient valuables receipt books and the blue bags for property, the latter are available in two sizes.

### 5.2 Documentation

All property stored, must be documented in the patient valuables receipt book.

The patient valuables receipt book is in triplicate:

- White copy is given to the patient, or their representative.
- Pink copy is put in with the property e.g. into the blue bags.
- Yellow copy remains in the patient valuables receipt book.

Cash is to be counted, confirmed with the patient that the amount is correct, and the amount recorded.

Property is to be described in sufficient detail to enable it to be easily identified. General descriptions are to be avoided.

## 6. Storing valuables process

The following steps are to be taken when storing property.

Step	Action
1.	Check if the personal belongings in particular valuables can be taken home. Refer to the nursing A-D planner for inpatients.
2.	Decide whether the ward/unit/clinic or security safe is the best place to store the valuables.
3.	Staff to complete the patient valuables receipt triplicate form (white, pink and yellow). Patient, or person on their behalf, signs this as correct.
4.	<p><b>If not using the security safe at ACH:</b></p> <ul style="list-style-type: none"> <li>• Give the white form to the patient. If the patient is unable to take care of the white form, staple it to the patient front sheet in the clinical record.</li> <li>• Place the property and the pink form in an appropriate container. This is done in front of the patient, or the person on their behalf who signed the form.</li> <li>• Place the property in a suitable, safe area in the location.</li> </ul>
5.	<p><b>If using the security safe at ACH:</b></p> <ul style="list-style-type: none"> <li>• Staff contact Security to collect the blue bag.</li> <li>• Security checks that the contents of the blue bag match the valuables receipt triplicate forms in the presence of a staff witness.</li> <li>• Any discrepancies are to be discussed with the patient, altered on the valuables receipt triplicate forms and the patient or their representative is to sign off as correct.</li> </ul>
6.	<p><b>Security:</b></p> <ul style="list-style-type: none"> <li>• Sign the valuables receipt triplicate forms as valuables/taonga received in front of a staff witness, noting their name and employee number.</li> <li>• Give the completed white form to the patient or their representative, or it is stored in the clinical record as mentioned above (see <a href="#">Step 4</a>).</li> <li>• Place the pink form inside the blue bag.</li> <li>• Place a red seal tag on the blue bag in front of the witness. Each red seal tag is individually numbered.</li> <li>• Make an entry into the security safe logbook, noting the red seal tag number.</li> <li>• Place the valuables/taonga in the security safe, Level 3 Support Building 1.</li> </ul>

## 7. Access to and return of property

### 7.1 Frequent access to property in custody

In some areas (e.g. mental health units), where a patient wishes to access property in custody on an ongoing basis, property must remain in the unit in a secure location.

Local procedures are to be documented and implemented.

### 7.2 Who the property can be released to

Property must be returned to the patient, or their representative.

Where the patient is deceased, property/valuables/taonga should be released to the executor or administrator of the deceased estate, or with written confirmation, the individual managing the deceased affairs.

### 7.3 After hours release of property

Where patient valuables/taonga in the security safe are urgently required after hours, including over a weekend, the Clinical Nurse Manager will contact Security Supervisor on ext 25007.

Valuables/taonga will not usually be returned after 4pm, except for discharge patients or other emergencies.

### 7.4 Returning property to the patient

The following steps are to be taken when returning the property to the patient.

Step	Action
1.	On return of the property, the patient's identity and white form must be presented and validated against the pink and yellow forms. If the white form is not available, the yellow form held by the ward should be used and checked against the pink form.
2.	<b>If not using the security safe at ACH staff:</b> <ul style="list-style-type: none"><li>• The patient, or their representative, is to sign the valuables receipt triplicate forms acknowledging that property has been returned to them. Staff member to identify patient or visitor.</li><li>• The staff member returning the property also signs the valuables receipt triplicate forms, acknowledging that property have been returned to the patient or their representative.</li><li>• Give the white form to the patient.</li><li>• Marry up the pink form with the yellow form in the patient valuables receipt book.</li></ul>
3.	<b>If using the security safe at ACH:</b> <p>The patient or their representative can either collect the valuable/taonga from Security, or Security can deliver the valuables/taonga to the ward/unit/clinic.</p>
4.	In front of Security, the patient, or their representative, or the Charge Nurse/Midwife on the patient's behalf, is to check the contents of the blue bag and sign and date the patient valuables receipt triplicate forms as received.
5.	<b>Security:</b> <ul style="list-style-type: none"><li>• Give the white form to the patient.</li></ul>

Step	Action
	<ul style="list-style-type: none"> <li>Return the pink form to the ward/unit/clinic, which is to be married up with the yellow form in the Patient Valuables Receipt book.</li> <li>Mark the valuables/taonga as returned in security safe log book.</li> </ul>

## 8. Patient death whilst property is held in custody

The following steps are to be taken when the patient dies whilst their property is held in custody.

Step	Action
1.	Valuables/taonga held on the ward/unit/clinic is transferred to the security safe, Level 3 Support Building 1 along with the patient's white form if patient has no next of kin or nominated individual.
2.	The representative is advised to collect the valuables/taonga from the Security via the Clinical Nurse Manager who will validate the ID of the individual.
3.	Security will check the identification and authorisation of the person collecting this property.
4.	In front of Security, the representative collecting the valuables/taonga is to check the contents of the blue bag.
5.	The white and pink patient valuables receipt forms are signed and dated by the representative acknowledging that valuables/taonga has been returned to them. The forms are then signed by Security.
6.	<b>Security:</b> <ul style="list-style-type: none"> <li>Give the white form to the patient or representative.</li> <li>Return the signed pink form back to the ward/unit to be married up with the yellow form in the patient valuables receipt book.</li> <li>Complete the security safe log book entry.</li> </ul>

## 9. Lost and unclaimed property

### 9.1 Known owner

Property left behind, and where the owner is known, is kept in the department until the owner is notified and collects it.

All reasonable efforts must be made to contact the owner of the property and advise them to collect it. This includes telephone and letter contact, contacting next of kin or patient's representative, and contacting of health professionals involved with the patient's on-going care, e.g. their GP.

If they have been notified but have not collected the property or are unable to be contacted (and all reasonable efforts have been made) the property may be handed-over to the police after three months of it being left (e.g. patient's discharge). The owner's details should be passed to the police with the property.

A record should be made and held by Security of all property handed-over to the police.

## **9.2 Unknown owner**

Valuables/taonga left behind, where the owner is not known, is transferred to the security safe, ACH, where Security will take over the management of it.

After one week, unclaimed valuables/property/taonga is handed over to the Police. Unclaimed goods of minimal value are disposed of two monthly.

A record should be made and held by Security of all property handed-over to the police.

## **9.3 Lost property**

If property is reported as being missing, lost or stolen whether in or out of Auckland DHB's custody an immediate search of the area should be undertaken. Consideration of the time and effort spent searching should be balanced with clinical requirements.

Any loss of property, both in or out of custody, must be reported via the safety management system (Datix). The action taken searches undertaken of the surrounding areas, e.g. searching rubbish containers and meal trays, should be documented in the incident report.

The Security Supervisor should be notified as appropriate, particularly in the case of suspected theft.

A report may be made to the police if theft is suspected or where the property is of value (e.g. cash, credit cards, identity documents, jewellery).

The report to the police should be made by the owner/patient where possible. Where they are not able to or require assistance, the Security Supervisor, Charge Nurse/Midwife or Clinical Nurse Manager should assist.

## **10. Associated documents**

- Code of Rights
- Consumer Complaint Management
- Interpreters
- Incident Management Guideline
- Incident Management Policy
- Tikanga Best Practice
- Pre-Operative Patient Check-In
- Valuables & Property Management in Operating Rooms

### **10.1 Clinical form**

- CR4048 Pre-operative Checklist

## **11. Disclaimer**

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their

own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

## 12. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or [Document Control](#) without delay.