

WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION G:	PATIENT SAFETY
CHAPTER 24:	SAFETY AND SECURITY
PROCEDURE 24.12:	SHARPS COUNT OF RESTRICTED ITEMS
Governing Body Approval:	May 1, 2018, March 19, 2019
REVISED:	March 11, 2019

PURPOSE: To ensure the safety and security of the patient units through the assignment of the sharps count procedure to a nursing staff member.

POLICY: Whiting Forensic Hospital patients shall not possess sharp implements on their person or in their belongings, unless permitted by this policy, in order to assure safety and security of the hospital environment. Patients will receive appropriate care and treatment in a safe environment, free of items which are identified as having restricted use and/or those that may compromise the security of the environment.

Patients are not permitted to use any sharps or have sharps in their possession unless the item is included on the sharps count.

Patients will not be allowed to have bandage scissors or regular scissors in their possession unless pre-approved by the treatment team and a MD order is present. Safety scissors can be used in rehabilitation led groups only if under the direct supervision of staff and must be counted (see below).

SCOPE: All WFH staff, DMHAS Agency Police

PROCEDURE:

1. The Charge Nurse, in conjunction with a Forensic Treatment Specialist (FTS) or Mental Health Worker (MHA), maintains an updated list of all the sharp objects or restricted items on the unit and ensures they are kept in a secure area. A list of medical equipment on the unit is also maintained and may be included on the sharps count or environmental rounds, depending on the item, frequency of use and/or location.
2. The Charge Nurse ensures that a nursing staff member is assigned to perform the sharps count of restricted items two times on each shift, once with the off going staff member at the beginning of the shift and the second time with the oncoming staff member at the beginning of the next

shift.

3. The staff member assigned to complete the count:
 - a. Immediately reports any discrepancy in the count to the Charge Nurse, including the specific items involved
 - b. Completes a second count to verify results
 - c. Completes the Sharps Count Sheet
4. The Charge Nurse reports any discrepancy to the Nurse Supervisor if the item(s) are still missing following the second count. The Nurse Supervisor will notify the Director of Nursing and Agency Police; and a plan of action will be identified.
5. All staff on duty and patients on the unit involved are not permitted to leave the unit until the Nurse Supervisor and the Agency Police have assessed the unit's safety and approved release from duty and patient movement.
6. The Director of Nursing and the Agency Police, in conjunction with the Attending/On Call Psychiatrist, determine if a patient or unit search needs to be performed. (see Operational Procedure 1.11 Patient Searches)
7. The Nursing Supervisor ensures that the staff member finding the discrepancy completes an Incident Report which describes the missing or damaged item and documents any action taken and subsequent results.
8. When giving out a sharp item to the patient for his/her use, the staff member observes the item to ensure that it is intact upon return.
9. In the case of disposable razors, the staff member will check upon return to see that the razor blade is still intact in the razor.

Safety scissors and other sharps used in groups facilitated by rehabilitation staff are only permitted under the direct supervision of those staff and according to rehabilitation protocol regarding the maintenance of a sharps list. Rehabilitation staff conducts a sharps count before the activity; and rehabilitation staff with Agency Police conducts a sharps count after the activity (Whiting Service only utilizes police for sharps count after activity).

Other disciplines may use items included on the unit sharps count/supply with prior notification to the Charge Nurse. Items listed on the sharp count may be brought into the unit and used only if a physician's order is present or if included in the patient's treatment plan. Patient use of sharps is permitted only under the direct supervision of staff. Counts must be performed before and after all use of sharps, including those

permitted by order or treatment plan. Patients' use of bandage scissors or regular scissors must be pre-approved by the treatment team and physician order. Any discrepancy found, either by rehabilitation staff or other disciplines must be reported immediately to the Unit Director/Charge Nurse, Nurse Supervisor/Director of Nursing and Agency Police; and a plan of action will be identified. Depending on the identified risk, the Director of Nursing will make notification to the Chief Nursing Officer.

Eyeglass checks: Whiting and Dutcher 2S

1. Staff is assigned to complete and document eyeglass checks at 8am, 12pm, 4pm and 8pm, as noted on the nursing assignment sheet.
2. The eyeglass form is kept on a separate board in the nursing station.
3. If the eyeglasses are in the patient's room at the time of the check, the staff member must enter the room to ensure the eyeglasses are accounted for or request that the patient visually show the staff the eyeglasses.
4. The same staff who completes the eyeglass check also signs off on the eyeglass form.

Items included on the eyeglass check, which are considered sharps and counted, may also include other items and personal possessions such as: dentures, wrist guards, neck collars, wedges, shoe inserts, and body braces.

Courtyard Counts: Whiting Service Only

Sharps must be accounted for, on every unit, prior to the opening of the Courtyard, at any time. Courtyard counts include: toothbrushes, deodorant, hair pics, combs, brushes, and nail clippers. Upon visual count of these items, staff notifies Agency Police so the courtyard may open. Any discrepancy results in a second count and delays the opening of the courtyard until all items are accounted for.