



<b>Section</b>	Nursing-Patient Care-Social Services	<b>Effective:</b>	4/08/2008
<b>Sub-section</b>		<b>Version:</b>	2.0
<b>Policy</b>	Plastic Safety Scissors	<b>Last Revised:</b>	
<b>Director's Approval</b>	_____	<b>Date</b>	_____
	Alice Gleghorn, PhD		
<b>PHF Medical Director's Approval</b>	_____	<b>Date</b>	_____
	Ole Behrendtsen, MD		
<b>Supersedes:</b>	Plastic Safety Scissors eff. 4/08/2008		
<b>Approvals:</b>	PHF Medical Practice Committee: PHF Governing Board:		

## 1. PURPOSE/SCOPE

- 1.1. To ensure the safety of Santa Barbara County Psychiatric Health Facility (hereafter, the "PHF") patients and staff and to provide guidelines for the use of plastic safety scissors.

## 2. POLICY

- 2.1. PHF patients will only be allowed to use plastic safety scissors in the closed Recreation Therapy (RT) room during RT group projects under the direct supervision of RT staff.
- 2.2. Sharp objects are not allowed on the PHF unit at any time.

## 3. PROCEDURE

- 3.1. The RT staff will store all safety scissors in a locked cabinet in the RT room.
- 3.2. When RT staff decide that the use of safety scissors is necessary for an RT group project, RT staff will:
1. Count the number of each pair distributed;
  2. Keep each pair distributed within sight;
  3. Monitor the safe handling and usage of each pair; and
  4. Collect, count, and return all plastic safety scissors to the locked cabinet.
    - a. If the number of safety scissors distributed does not equal the number returned, the:

- ~~i. RT group leader will attempt to detain patients from leaving the RT room and notify the nursing staff for assistance; and~~
- ~~ii. Nursing and RT staff will conduct a search of each patient and the unit until the safety scissors are returned.~~

~~**POLICY:** Children’s plastic Safety scissors are to be used only in the closed Recreation Therapy (RT) room and will be used only under the direct supervision of RT staff~~

~~**PROCEDURE:**~~

- ~~1. Plastic safety scissors will be stored in a locked cabinet in the RT room~~
- ~~2. They will be used only for RT groups~~
- ~~3. RT Staff will apply good judgment when deciding to use safety scissors in group~~
- ~~4. When the choice is made to use safety scissors for projects with patients, the staff leading the group will:
 
  - ~~— a. Count the number distributed~~
  - ~~— b. Keep within sight each pair distributed~~
  - ~~— c. Monitor safe handling and usage~~
  - ~~— d. Return all plastic safety scissors to the locked cabinet~~~~
- ~~5. If the number of safety scissors distributed does not equal the number returned, the group leader will attempt to detain patients from leaving the RT room and will immediately notify nursing staff for assistance~~
- ~~6. Nursing and RT staff will conduct a search of each patient and unit until safety scissors are returned.~~
- ~~7. Patients are never allowed to have safety scissors outside the direct supervision of staff in the RT room, there are no exceptions~~

~~**Guidelines:**~~

~~Please see policy regarding metal sharps.~~

~~**Metal Sharps of any kind are not allowed anywhere on the PHF unit at any time.**~~

~~**All sharp objects will be removed from the unit and placed in the Program Manager/Nursing Supervisors office under lock and key.**~~

**ASSISTANCE**

Laura Zeitz, RN, PHF Administrative Liaison

**REVISION RECORD**

DATE	VERSION	REVISION DESCRIPTION
<u>DRAFT</u>	<u>2.0</u>	<ul style="list-style-type: none"> <li>• <u>Updated policy to the current policy template.</u></li> <li>• <u>Added Purpose Statement.</u></li> </ul>

		<ul style="list-style-type: none"><li>• Deleted Guidelines Section</li><li>• Streamlined language</li></ul>
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**Culturally and Linguistically Competent Policies**

*The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).*