



NHS Greater Glasgow & Clyde

Mental Health Service Management of Non-Clinical Sharps Policy

Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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NHS GG&C Mental Health Service
Management of Non-Clinical Sharps Policy

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- **Appendix 1** Notice for Clinical Area
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- **Archived** Changes from V1- V2 and V2-V3

1. Introduction

This document describes the importance of defining, implementing, monitoring, and reviewing a policy on the Management of Non-Clinical Sharps. Within mental health clinical settings, its importance cannot be under-estimated, as such items can potentially be used to harm oneself or be used as weapons to threaten or harm others.

2. Scope

This policy and guidance applies to all staff within NHS GG&C Mental Health Services. This policy is applicable in both inpatient and all community (including day patient) mental health settings. Irrespective of the setting, all staff have a responsibility for the safety of patients, visitors, and staff. Some staff due to their position, will be responsible for overseeing the safety of a specific area.

This policy is also applicable to Occupational Therapy Kitchens and Therapy Kitchen areas that are not solely used by Occupational Therapy staff (e.g. Rehabilitation wards). For Kitchens solely used by Occupational Therapy staff, the Occupational Therapy Guidelines for Therapeutic Activity in Kitchens policy (MHS 51) should also be referred to.

3. Definitions

Non-clinical sharps are items, which in their manufactured form have, honed edges, blades, pointed or spiked ends. A sharp is defined as anything that can puncture the skin. Nonclinical sharps are required for use in culinary activities, personal hygiene maintenance, therapeutic craft activities and administrative tasks.

The term 'non-clinical sharps' is intended to cover all items which, on their own cause injuries that puncture the skin e.g. cutlery, scissors, razors, food temperature probes etc. This Non-Clinical Sharps policy also relates to items that can be broken, sharpened, or adapted in some way to form a sharp implement e.g. glass bottles, aluminium cans, glass vapes, crockery etc.

From the Police Scotland web site, the definition of an offensive weapon is "*any article made or adapted for use for causing injury to the person or intended by the person having it with him for such use by him, or by some other person.*" (N.B. this definition includes a disguised knife).

4. Roles & Responsibilities

Responsible Directors (Medical & Nursing)

4.1 Ensure that the Mental Health Management of Non-Clinical Sharps Policy is updated at agreed intervals, distributed, and adhered to.

Heads of Mental Health/General Managers

4.2 Ensure that this updated policy is in place and is easily accessible to all staff.

Service Managers

4.3 Ensure that this updated policy is distributed to each ward/department under their management and is accessible to all staff within those areas.

4.4 Ensure that staff within their area have received the policy and that staff have read and understood this policy as indicated using the forms PM1&2.

4.5 Ensure that each area has been sent a laminated copy of the notice **(Appendix)** and that this is displayed prominently in the clinical area and at the entrance to each ward/department.

4.6 Each area is responsible for completing their own non-clinical sharps environmental and patient risk assessments, which should help inform what items are permitted in their department, in line with service agreements and the non-clinical sharps policy. Permitted items should be detailed in the non-clinical sharps inventory **(Appendix 2)** and completed at least once per month/ updated, as necessary.

4.7 Act accordingly if there are any breaches or deviations from this policy's standards.

Senior Charge Nurses/Nurse Team Leaders/ Head of Department/ Nurse in Charge

4.8 Ensure that all staff within their line management responsibilities, including student learners, temporary workers and contractors are made aware of and adhere to this policy. Temporary staff in the clinical area will also be expected to work within the scope of this policy and other existing health and safety procedures. They must be made aware of any relevant health and safety matters that could affect their health and safety. The

Contractors, Agency, Bank & Temporary Employees: Specific Work Instruction form should be used, this can be found on the NHSGGC Safety Health And Wellbeing (SHaW) Sharepoint site. <https://www.nhsggc.scot/downloads/contractors/?wpdmdl=66440&refresh=63f345168af211676887318&ind=1676887289432&filename=contractors-form.docx>

- 4.9 The Nurse in Charge must make sure that agency, bank, and temporary staff know what is expected of them in terms of the management of non-clinical sharps, including in an emergency. The Temporary Worker (Bank, Students, Volunteers etc.) Checklist must be fully completed during the ward orientation and once completed held by the Senior Charge Nurse. This non-clinical sharp policy should be introduced during initial orientation. If the nurse in charge becomes aware of any breaches or deviations to this policy's standards appropriate action should be taken, this should be escalated via line management structure and the service manager should be informed. [temporary-worker-checklist.docx \(sharepoint.com\)](#)
- 4.10 Ensure that patients and visitors; including those attending out-patient clinics or community services are informed of this policy, and of what is permissible in the clinical area. Ensure that the agreed notice in **Appendix 1** is displayed prominently within the clinical area and on entrance to each ward/ department.
- 4.11 Ensure staff are aware that non-clinical sharps should be safely stored and not accessed by patients unless environmental and individual patient risks assessments have been completed/ updated. If risk is deemed low, staff should also be aware of what non-clinical sharp a patient is using and complete the Non-Clinical Sharps Monitoring Checklist (**Appendix 3**) before and after use. Further details are found in **4.20**.
- 4.12 SCN/ NTL/ Department Heads are responsible for ensuring that a departmental inventory of non-clinical sharps is kept and reviewed at regular intervals (**Appendix 2**) (steak and carving knives, or other types of culinary knife with a prominent serrated edge, will not be permissible in the clinical/ staff areas. Only one rounded-end bread knife will be permissible in each locked staff dining area see 4.13). The inventory should be completed at least once per month/ updated, as necessary. The check should be conducted by the SCN, NTL or Nurse in Charge, any discrepancies should be reported to line manager and service manager immediately. If required, environmental/ personal searches should be conducted as per policy, and the incident should be recorded on Datix, or

relevant reporting system should Datix no longer be in operation.

- 4.13 Any non-clinical sharp or item that can be modified into a sharp, purchased by staff e.g. for the preparation of food/ drink must be kept in the staff dining area, staff dining areas must be kept always locked when not in use by staff.
- 4.14 Ensure that a system is in place within the ward or department to store non-clinical sharps in a manner which ensures that only authorised persons have access.
- 4.15 Ensure that there is a method in place to record the distribution and timely return of all non-clinical sharps provided to patients (e.g. use of scissors or Razors) and use the non-clinical monitoring checklist (**Appendix 3**). If a non-clinical sharp is not returned, then staff must be aware of their responsibilities to ensure the specific item is returned.
- 4.16 Ensure that all dining cutlery is made of standard NHS issued metal, unless there are sound clinical reasons for using items made of other materials, these items and the amount of any cutlery being issued to patients should be monitored in line with each unit's individual environmental risk assessment and considering individual patients' needs and risks.
- 4.17 Ensure that, dinnerware, crockery and glassware will be standard NHS issue except in areas where an alternative material has been specified to manage specific risks or clinical purpose; this should be monitored in line with each unit's individual environmental risk assessment and considering individual patients' needs and risks.
- 4.18 Patient Items- some items will not be permitted in the services; environmental and individual risk assessment should be used to ascertain appropriateness for the individual patient/ service. Likewise, some items will be permitted however safe storage and monitoring of use will be required, in this case **Appendix 3** the non clinical sharps monitoring checklist should be used, and in addition to environmental and individual risk assessments. Patients, visitors and staff should be made aware that this policy is in operation and should be aware of what items that may or may not be permitted within the service.

Employees

- 4.19 All employees must follow this policy and report any deviation of the policy standards, or breaches of policy to the Nurse in Charge and nurse line manager.

4.20 **Staff are responsible for ensuring that nonclinical sharps within a clinical setting must be:**

- Stocked at the minimum required level.
- Recorded in an inventory (**Appendix 2**)
- Stored in a manner which ensures that only authorised persons gain access.
- Supervised / monitored when in use by patients where the risk assessment has deemed this necessary/ appropriate, consider the likelihood of an individual inflicting harm on themselves/ others and safety of staff. A clinical assessment should be undertaken using the NHS GG&C Mental Health Service Clinical Risk Screening and Management Policy. Other assessments may aid with this process, include environmental audits.
- Appropriately recorded in terms of their distribution and return using the non-clinical sharps monitoring checklist (**Appendix 3**). Razors provided to patients should be of the safety and disposable type, unless these are patients own electric razors. In which case, PAT testing and safe storage of razor and charger would be required. Consider storage, environment, and cleaning in relation to infection control, ensuring NHS GG&C infection prevention control procedures are followed. Razors should be stored in a manner that permits only authorised staff access. Staff are responsible for ensuring distributed nonclinical sharps are returned, if the issuing staff member is unable to collect this themselves, a contingency should be put in place and detailed in the comments section of the monitoring checklist.
- All non-clinical sharps should be disposed of in an appropriate and secure manner.

4.21 Only nail clippers specifically designed for the purpose will be used in clinical areas. Scissors will not be deemed an acceptable alternative.

4.22 Offices and rooms must not contain any scissors or other stationary items likely to cause harm without such items being kept in a locked staff area.

4.23 Ensure that potentially dangerous non-clinical sharps and/or weapons are removed for the safety of anyone who comes into the area. Staff, visitor, and patient safety is paramount, and staff should seek guidance on the storage, removal of potential weapons (see definition) from the local police. The NHSGGC Personal and Environmental Search Policy should be read in conjunction with this policy as it gives extra guidance for staff regarding this practice.

4.24 Staff must consult with patients upon their return from time out of the ward

to check that any non-permitted items are removed/ stored appropriately. Any items delivered for patients by courier must also be checked by staff in the presence of the patient before being provided.

- 4.25 Staff must be familiar with their responsibilities regarding the potential risks related to 'imported' non-clinical sharps e.g. items associated with outside contractors, tradesmen, visitors, and commercial traders. The Contractors, Agency, Bank & Temporary Employees: Specific Work Instruction form should be used, this can be found on the NHSGGC Safety Health and Wellbeing (SHaW) Sharepoint site.
<https://www.nhsggc.scot/downloads/contractors/?wpdmdl=66440&refresh=63f345168af211676887318&ind=1676887289432&filename=contractors-form.docx>
- 4.26 Kitchens should be always locked, all staff including domestic staff should ensure items such as knives, forks and food temperature probes are stored in a manner which ensures that only authorised persons have access. Knives with prominent sharp/ serrated edge/s will not be permissible within Mental Health services.
- 4.27 Craft equipment will be stored in a manner which permits only authorised access, **Appendix 4** should be used in any setting for cooking/ craft/ therapeutic/ structured/facilitated activities involving nonclinical sharps, including group work. It is the responsibility of each staff member facilitating the activity to ensure that all equipment is present at the end of the activity and stored appropriately after use.

Mental Health Service- Rehabilitation Units/ Similar Therapeutic Settings.

Patients who are being cared for in Rehabilitation/ similar therapeutic settings may be identified by the Multi- disciplinary Team as being appropriate to use items including kitchen utensils during the rehabilitation process i.e.

4.28 Sharp knives for cooking

4.29 Household dinnerware & casseroles etc.

Patients may also be identified as being able to use reusable razor blades.

On some occasions, patients may be identified as being appropriate to engage in gardening activities & again with access to sharp gardening tools.

All the aforementioned must be identified as a potential risk factor by the Multi-disciplinary Team & Risk Assessments for each item, activity & patient completed accordingly as well as being recorded in the patient's integrated healthcare record, risk assessment & CRAFT.

In each Rehabilitation or similar setting, permitted nonclinical sharps should be detailed on the non-clinical sharps inventory (**Appendix 2**). The checklist for non-clinical sharps which are in use during cooking, therapeutic/ structured activity, including group work (**Appendix 4**) should also be used, and completed prior to & following each activity or use of a non-clinical sharp. Consideration should be given to use of the non-clinical sharps monitoring checklist (**Appendix 3**) and notice for patients and visitors (**Appendix 1**) should also be used based on service agreements, environmental and patients risk assessment.

Service Users/Carers/Visitors

4.30 Patients, visitors and staff should be made aware that this policy is in operation and should be aware of what items that may or may not be permitted within the service and what items will require safe storage. **Appendix 1** should be displayed and should be clearly visible. If items, deemed as potentially dangerous by the clinical team, are brought into any NHS Greater Glasgow and Clyde premises, service users can expect staff to request that they are handed over or removed from the premises. All weapons must be made safe, and staff will seek advice from the police regarding any items of this nature. The 'Personal and Environmental Search Policy' may be applied in this instance.

5. Additional Guidance

Weapons

- 5.1 On discovery of a weapon, it should be removed to a secure location such as a locked cupboard in a locked room as quickly and safely as possible.
- 5.2 The police should be informed to remove illicit item such as hunting knives, swords etc. Under no circumstances should an offensive weapon be returned to an individual or visitor at any point/ the point of discharge.
- 5.3 If there is immediate danger the Police should be contacted without delay.
- 5.4 Any such incident or near miss event must be recorded on the organisational incident recording system (Datix) review or relevant reporting system should Datix no longer be in operation.
- 5.5 This policy will be reviewed at a minimum every three years. Reviews will take place out with this timeframe if there is a specific legislative, service requirement or changes in guidance, law, or practice.

6. Linked Policies and Resources

- 6.1 MHS 07 - Clinical Risk Screening & Management Policy
- 6.2 MHS 19 - Personal & Environmental Search Policy
- 6.3 MHS 51 – The Occupational Therapy Guidelines for Therapeutic Activity in Kitchens
- 6.4 NHSGG&C Policy for the Management & Reduction of Violence, Aggression, Restrictive Interventions and Physical Restraint
- 6.5 The Health and Safety Management Manual- Form for Contractors, Agency, Bank & Temporary Employees: Specific Work Instructions
- 6.6 The Contractors, Agency, Bank & Temporary Employees: Specific Work Instruction form NHSGGC Safety Health And Wellbeing (SHaW) Sharepoint site. <https://www.nhsggc.scot/downloads/contractors/?wpdmdl=66440&refesh=63f345168af211676887318&ind=1676887289432&filename=contractors-form.docx>
- 6.7 [temporary-worker-checklist.docx \(sharepoint.com\)](#)

7. References and Further Reading

- 7.1 <http://www.police-information.co.uk/legislation/legislationindexsco.html#offensive>
- 7.2 Health & Safety at Work Act 1974 and the Management of Health & Safety at Work Regulations 1999
- 7.3 NHS Security Management Service Offensive weapons 2006
- 7.4 Mental Health Act Care and Treatment Scotland Act (2002)
- 7.5 The Criminal Justice Act 1998(Offensive Weapons) (Scotland) Order 2005

Appendix 1 Non-Clinical Sharps Notice

To be displayed prominently within the clinical area and on entrance to each ward/ department.



Polite notice

NHS GG&C Mental Health Services want to ensure that all patients, visitors and staff are safe in our wards and departments. In order to support this, the NHS GG&C Management of Non Clinical Sharps Policy is in place. Some items are not permitted in our services and others may require safe storage. Please speak to staff about permitted items before bringing these into our services.

Think safety



Thank you for your continued support with this matter.

Appendix 4

Recording Form for Non-Clinical Sharps used for facilitated/ structured/ group therapeutic activities.

Recording Form for Non-Clinical Sharps used for facilitated, structured therapeutic activities including group activities

Please note that it is the responsibility of each member of staff to ensure all equipment is present at the end of each activity.

Ward/Unit: _____ Activity being undertaken:

Non-Clinical Sharp being used:

Date:	Time:	Total Number of Non-Clinical Sharp Prior to Use:	Time:	Total Number of Non-Clinical Sharp following Use:	Staff Member Signature (Print Name & Sign)
Any actions required. (please detail):					
Any actions required. (please detail):					
Any actions required. (please detail):					
Any actions required. (please detail):					

Archived Sections

Changes from V1-V2 and V2-V3

Changes from V1- V.2

Version	Date	Brief Summary of Changes	Author(s)
2.0	June 2018	<p>Pg1 – Inclusion of Section 9. Appendix 1</p> <p>Pg 4 Senior Charge Nurses/Head of Department Section Inclusion of 2 further bullet points</p> <ul style="list-style-type: none"> To ensure that glass bottles are prohibited in clinical areas. To ensure that individuals who are identified at risk of self harm, are risk assessed to the purchase of aluminium ring pull cans containing non-alcoholic beverages. 	Practice Development Nurses South Glasgow
2.0	June 2018	<p>Pg 5 Addition of new section Mental Health Service Rehabilitation Units Patients who are being cared for in the Rehabilitation setting may be identified by the Multi-disciplinary Team as being appropriate to use kitchen utensils during the rehabilitation process i.e.</p> <ul style="list-style-type: none"> Sharp knives for cooking Household dinnerware & casseroles etc <p>Patients may also be identified as being able to use reusable razor blades</p> <p>On some occasions, patients may be identified as being appropriate to engage in gardening activities & again with access to sharp gardening tools.</p> <p>All of the aforementioned must be identified as a potential risk factor by the Multi-disciplinary Team & Risk Assessments for each item, activity & patient completed accordingly as well as being recorded in the patient's integrated healthcare record & CRSMT</p> <p>In each Rehabilitation Setting there will a checklist of all non-clinical sharps which are in use. This will be completed prior to & following each activity (Appendix 1)</p>	Practice Development Nurses South Glasgow
2.0	June 2018	<p>Pg 6 Linked Policies now have numbers. The CRSMT is bracketed (under review) Addition of MHS 51 – The Occupational Therapy Guidelines for Therapeutic Activity in Kitchens</p>	Practice Development Nurses South Glasgow
2.0	June 2018	<p>Pg 7 Inclusion of Appendix 1 Recording Template for Non-Clinical Sharps</p>	Practice Development Nurses South Glasgow

Changes from V2- V3

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
3.0 (Updated from V2)	December 2023	<p><u>Appendix</u></p> <p>Appendix 1- Now Notice for Clinical Area</p> <p>Appendix 2- Added Non-Clinical Sharps Inventory as these were not standardised across services and required to be more specific.</p> <p>Appendix 3- Non-Clinical Sharps Monitoring Checklist</p> <p>Appendix 4- (previously Appendix 1) Amended title as other wards use nonclinical sharps for therapeutic activity not solely rehab.</p> <p>Appendix 5- Changes from V1- V2</p>	<p>Dawn Henderson (PDN)</p> <p>Christopher Kenny (PDN)</p> <p>Andy Bonner (Operational Manager)</p> <p>Heather Wood (Health & Safety Advisor)</p>
3.0	December 2023	<p>1. Changed- wording from- potentially be used by patients to harm themselves to potentially be used to harm oneself</p>	As Above
3.0	December 2023	<p>2. Scope</p> <p>Removed- wherever they may encounter non-clinical sharps.</p> <p>Added- This policy is applicable in both inpatient and all community (including day patient) mental health settings. Irrespective of the setting, all staff have a responsibility for the safety of patients, visitors, and staff. Some staff due to their position, will be responsible for overseeing the safety of a specific area.</p> <p>For kitchens solely used by occupational Therapy staff the Occupational Therapy Guidelines for Therapeutic Activity in Kitchens policy (MHS 51) should also be referred to.</p>	As above
3.0	December 2023	<p>3. Definition</p> <p>Term definition developed and Added for the policy-</p> <p>The term “Non-Clinical Sharps’ is intended to cover all items which, one their own can cause injuries that puncture the skin e.g. cutlery, scissors, razors, food temperature probes etc. Added- and</p>	As above

	<p>administrative tasks. Added- This Non-Clinical Sharps policy also relates to items that can be broken, sharpened, or adapted in some way to form a sharp implement e.g. glass bottles, aluminium cans, glass vapes, crockery etc. Removed- It is an offence to have in your possession an offensive weapon in a public place- as the police website states- It is an offence for any person who without lawful authority or reasonable excuse has with him in any public place any offensive weapon this definition could be conflicting for readers.</p>	
	<p>4. Roles and Responsibilities Removed- Within Mental Health 4.1 Changed to- To ensure that the Mental Health Management of Non-Clinical Sharps Policy is updated at agreed intervals, distributed, and adhered to. 4.2 Changed to- Ensure that this updated policy is in place and is easily accessible to all staff. 4.3 Removed- Ensure that a system is in place to identify staff training needs prior to the implementation of this policy Added Under 4.3 service manager- Ensure that this updated policy is distributed to each ward/department under their management and is accessible to all staff within those areas (4.4 old policy now 4.3 updated version) 4.4 wording changed to reflect this policy. 4.5 Added- been sent a laminated copy of the notice Appendix 1 and that this is displayed prominently in the clinical area and at the entrance to each ward/department. Removed- Ensure that each area has a notice displayed at the entrance to the ward/department which clearly sets out the organisation’s stance in relation to the management of non- clinical sharps. 4.6 Added- Each area is responsible for completing their own non-clinical sharps environmental and patient risk assessments, which should help inform what items are permitted in their department, in line with service agreements and the non-clinical sharps policy. Permitted items should be detailed in the non-clinical sharps inventory Appendix 2 and</p>	

		<p>completed at least once per month/ updated, as necessary.</p> <p>4.6 Added to heading- Nurse Team Leaders, nurse in charge- reflecting if NIC is responsible if on shift.</p> <p>Added- 4.7 Act accordingly if there are any breaches or deviations from this policy's standards.</p> <p>4.8 Changed from Ensure that all staff within their area practice in adherence to the "NHS GG&C Mental Health Service Non-Clinical Sharps Policy."</p> <p>TO Ensure that all staff within their line management responsibilities, including student learners, temporary workers and contractors are made aware of and adhere to this policy. Temporary staff in the clinical area will also be expected to work within the scope of this policy and other existing health and safety procedures. They must be made aware of any relevant health and safety matters that could affect their health and safety. The Contractors, Agency, Bank & Temporary Employees: Specific Work Instructions form should be used, this can be found on the NHSGGC Safety Health And Wellbeing (SHaW) Sharepoint site. https://www.nhsggc.scot/downloads/contractors/?wpdmdl=66440&refresh=63f345168af211676887318&id=1676887289432&filename=contractors-form.docx</p> <p>4.9 Changed from Ensure that the staff, service users and visitors are aware of the "NHS GG&C Mental Health Service Non-Clinical Sharps Policy" and explain what is expected of the staff, service user or visitor to comply with the policy and guidance. To The Nurse in Charge must make sure that agency, bank, and temporary staff know what is expected of them in terms of the management of non-clinical sharps, including in an emergency. The Temporary Worker (Bank, Students, Volunteers etc) Checklist must be fully completed during the ward orientation and once completed held by the Senior Charge Nurse. This non-clinical sharp policy should be introduced during initial orientation. If the nurse in charge becomes aware of any breaches or deviations to this policy's standards appropriate action should be taken, this should be escalated via line management structure and the service manager should be</p>	
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		<p>informed. temporary-worker-checklist.docx (sharepoint.com)</p> <p>4.10 Changed from Ensure that the agreed notice is displayed prominently within the clinical area. To Ensure that patients' and visitors; including those attending out-patient clinics or community services are informed of this policy, and of what is permissible in the clinical area. Added Appendix 1 is displayed prominently within the clinical area and on entrance to each ward/ department.</p> <p>4.11 Added Ensure staff are aware that non-clinical sharps should be safely stored and not accessed by patients unless environmental and individual patient risks assessments have been completed/ updated. If risk is deemed low, staff should also be aware of what non-clinical sharp a patient is using and complete the Non-Clinical Sharps Monitoring Checklist Appendix 3 before and after use. Further details are found in 4.20.</p> <p>Changed Steak and carving knives, or other types of culinary knife with a prominent serrated edge, will not be permissible in the clinical area. Only one rounded-end bread knife will be permissible in each clinical area (Now in 4.12)</p> <p>4.12 (previously 4.10) Changed to SCN/ NTL/ Department Heads are responsible for ensuring that a departmental inventory of non-clinical sharps is kept and reviewed at regular intervals Appendix 2 (steak and carving knives, or other types of culinary knife with a prominent serrated edge, will not be permissible in the clinical/ staff areas. Only one rounded-end bread knife will be permissible in each locked staff dining area, see 4.13). The inventory should be completed at least once per month/ updated, as necessary. The check should be conducted by the SCN, NTL or Nurse in Charge; any discrepancies should be reported to line manager and service manager immediately. If required, environmental/ personal searches should be conducted as per policy, and the incident should be recorded on Datix, or relevant</p>	
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	<p>reporting system should Datix no longer be in operation.</p> <p>4.13 Added Any non-clinical sharp or item that can be modified into a sharp purchased by staff for the preparation of food must be kept in the staff dining area, staff dining areas must be kept always locked when not in use by staff.</p> <p>4.15 changed from (previously 4.13) In clinical areas where specific risks have been identified, systems will be in place to record the distribution and timely return of all non-clinical sharps or specific items as deemed appropriate for the person/area. To Ensure that there is a method in place to record the distribution and timely return of all non-clinical sharps provided to patients (e.g. use of scissors or Razors) and use the non-clinical monitoring checklist (Appendix 3). If a non-clinical sharp is not returned, then staff must be aware of their responsibilities to ensure the specific item is returned.</p> <p>4.16 changed from (was 4.14) To ensure that all dining cutlery is made of metal unless there are sound clinical reasons for using items made of other materials. To Ensure that all dining cutlery is made of standard NHS issued metal, unless there are sound clinical reasons for using items made of other materials, these items and the amount of any cutlery being issued to patients should be monitored in line with each units individual environmental risk assessment and considering individual patients' needs and risks.</p> <p>4.17 Changed from (was 4.14) To ensure that dinnerware and glassware will be standard NHS issue except in areas where an alternative material has been specified to manage specific risks or clinical purpose. To ensure that, dinnerware, crockery and glassware will be standard NHS issue except in areas where an alternative material has been specified to manage specific risks or clinical purpose, this should be monitored in line with each unit's individual environmental risk assessment and considering individual patients' needs and risks.</p> <p>4.18 Changed from (previous 4.16) To ensure that</p>	
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	<p>glass bottles are prohibited in clinical areas. And (previous 4.17) to ensure that individuals who are identified at risk of self-harm are risk assessed relative to the purchase of aluminium ring pull cans containing non- alcoholic beverages. To Patient Items- some items will not be permitted in the services, environmental and individual risk assessment should be used to ascertain appropriateness for the individual patient/ service. Likewise, some items will be permitted however safe storage and monitoring of use will be required, in this case Appendix 3 the non clinical sharps monitoring checklist should be used, in addition to environmental and individual risk assessments. Patients, visitors and staff should be made aware that this policy is in operation and should be aware of what items that may or may not be permitted within the service.</p> <p>4.19 Changed from Maintain an agreed level of safe practice in relation to identifying and managing nonclinical sharps within the context of their role. To All employees must follow this policy and report any deviation of the policy standards, or breaches of this policy to the nurse in charge and nurse line manager.</p> <p>4.20 Changed to: Staff are responsible for ensuring that nonclinical sharps within a clinical setting must be:</p> <ul style="list-style-type: none"> • Stocked at the minimum required level. • Recorded in an inventory Appendix 2 • Stored in a manner which ensures that only authorised persons gain access. • Supervised / monitored when in use by patients where the risk assessment has deemed this necessary/ appropriate, consider the likelihood of an individual inflicting harm on themselves/ others and safety of staff. A clinical assessment should be undertaken using the NHS GG&C Mental Health Service Clinical Risk Screening and Management Policy. Other assessments may aid with this process, such as environmental audits. 	
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	<ul style="list-style-type: none"> • Appropriately recorded in terms of their distribution and return using the non-clinical sharps monitoring checklist Appendix 3. Razors provided to patients should be of the safety and disposable type, unless are patients own electric razors. In which case, PAT testing and safe storage of razor and charger would be required. Consider storage, environment, and cleaning in relation to infection control, ensuring NHS GG&C infection prevention control procedures are followed. Razors should be stored in a manner that permits only authorised staff access. Staff are responsible for ensuring distributed nonclinical sharps are returned, if the issuing staff member is unable to collect this themselves, a contingency should be put in place and detailed in the comments section of the monitoring checklist. • All non-clinical sharps should be disposed of in an appropriate and secure manner. <p>Changed/ linked from previous 4.23 and 4.24- All non-clinical sharps should be disposed of in an appropriate and secure manner. All wet-shave safety razors in use in the clinical area will be of the disposable type & Disposable razors will be stored in a manner which permits only authorised access.</p> <p>4.21 Previously 4.26</p> <p>4.22 Added- Offices and rooms must not contain any scissors or other stationary items likely to cause harm without such items being kept in a locked staff area.</p> <p>4.23 previously 4.27 Added- Staff, visitor and patient safety is paramount and Added- NHS GG&C</p> <p>4.24 Added- staff must consult with patients upon their return from time out of the ward to check that any non-permitted items are removed/stored appropriately. Any items delivered for patients by courier must also be checked by staff in the presence of the patient before being provided.</p> <p>4.25 previously 4.21 wording altered To Staff must be familiar with their responsibilities with Added- The Contractors, Agency, Bank & Temporary Employees: Specific Work Instruction form should be used, this can be found on the NHSGGC Safety</p>	
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	<p>Health and Wellbeing (SHaW) Sharepoint site. https://www.nhsggc.scot/downloads/contractors/?wpdmdl=66440&refresh=63f345168af211676887318&ind=1676887289432&filename=contractors-form.docx</p> <p>4.26 Added- Kitchens should be always locked, all staff including domestic staff should ensure items such as knives, forks and food temperature probes are stored in a manner which ensures that only authorised persons have access. Knives with prominent sharp/ serrated edge/s will not be permitted within Mental Health services.</p> <p>4.27 Added- Craft equipment will be stored in a manner which permits only authorised access, Appendix 4 should be used in any setting for cooking, craft, therapeutic/ structured/facilitated activities involving nonclinical sharps, including group work. It is the responsibility of each staff member facilitating the activity to ensure that all equipment is present at the end of the activity and stored appropriately after use.</p> <p>4.28 Heading and sentence below changed to include Similar Therapeutic Settings. Wording changed- to use items including kitchen utensils.</p> <p>4.29 Changed from- In each Rehabilitation Setting there will a checklist of all non-clinical sharps which are in use. This will be completed prior to & following each activity (Appendix 1) To- In each Rehabilitation or similar setting, permitted nonclinical sharps should be detailed on the non-clinical sharps inventory Appendix 2. The checklist for non-clinical sharps which are in use during cooking/ therapeutic/ structured activity, including group work Appendix 4 should also be used, and completed prior to & following each activity or use of a non-clinical sharp. Consideration should be given to use of the non-clinical sharps monitoring checklist Appendix 3 and notice for patients and visitors Appendix 1 should also be used based on service agreements, environmental and patients risk assessment.</p> <p>4.30 Added- Patients, visitors and staff should be made aware that this policy is in operation and</p>	
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	<p>should be aware of what items that may or may not be permitted within the service and what items will require safe storage. . Appendix 1 should be displayed and should be clearly visible.</p> <p>5.2 Added- at any point.</p> <p>5.4 Added- Any such incident or near miss event must be recorded on the organisational incident recording system (Datix) Review or relevant reporting system should Datix no longer be in operation.</p> <p>5.5 Added numbering- This policy will be reviewed at a minimum every three years. Reviews will take place out with this timeframe if there is a specific legislative, service requirement or changes in guidance, law, or practice.</p>	
	<p>Linked Policies and Resources (Added to include the following)</p> <p>MHS 07- Clinical Risk Screening & Management Policy MHS 19 - Personal & Environmental Search Policy</p> <p>MHS 51 – The Occupational Therapy Guidelines for Therapeutic Activity in Kitchens</p> <p>NHSGG&C Policy for the Management & Reduction of Violence, Aggression, Restrictive Interventions and Physical Restraint</p> <p>The Health and Safety Management Manual- Form for Contractors, Agency, Bank & Temporary Employees: Specific Work Instructions</p> <p>Added- 6.6 The Contractors, Agency, Bank & Temporary Employees: Specific Work Instruction form NHSGGC Safety Health And Wellbeing (SHaW) Sharepoint site. https://www.nhsggc.scot/downloads/contractor-s/?wpdmdl=66440&refresh=63f345168af211676887318&ind=1676887289432&filename=contractors-form.docx</p> <p>6.7 temporary-worker-checklist.docx (sharepoint.com)</p>	
	<p>References and Further Reading (Added to include the following)</p> <p>http://www.police-information.co.uk/legislation/legislationindexscotland#offensive</p> <p>Health & Safety at Work Act 1974 and the Management of Health & Safety at Work Regulations</p>	

MHS-15 Management of Non-Clinical Sharps Policy

		1999 NHS Security Management Service Offensive weapons 2006 Mental Health Act Care and Treatment Scotland Act (2002) The Criminal Justice Act 1998(Offensive Weapons) (Scotland) Order 2005	
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