

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 8: Safety, Security, Emergency Management

POLICY: 8.024

SUBJECT: Tool/Sharp Security

POINT

PERSON: MIKE BROWN

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SUPERINTENDENT



DATE: November 3, 2011

I. POLICY

All instruments used for repair, crafts, personal hygiene or culinary use, that have a high probability of being used as a weapon against self or others or as an escape device, shall be closely monitored to ensure a safe and secure treatment environment. The treatment environment and patient acuity levels shall dictate the inclusion of certain items as tools/sharps.

II. DEFINITIONS

- A. "Tools" means all instruments designed for repair, cleaning, handicrafts and culinary use that have a high probability of being used as a weapon against self or others or as an escape device.
- B. "Sharps" means any sharp or pointed instrument, i.e., scissors, knives, razors, saws, that have a high probability of being used as a weapon against self or others or as an escape device.
- C. "Secure Area" means a locked room or locked storage cabinet.
- D. "Tools/Sharps Accountability" means a system that tracks/monitors patient use of tools/sharps, to include documentation of issue and return.
- E. "Shadow Board" means a secure area that houses tools/sharps and provides visual verification if the tool/sharp has been issued/returned.

II. PROCEDURES

- A. Patient Use of Tools/Sharps
 - 1. Each treatment unit and adjunctive treatment area shall have a secure area assigned for the storage of tools/sharps used by

patients. If there is more than one location on a unit or adjunctive treatment area where tools/sharps are stored for patient use, a secure room or cabinet shall be assigned for each of those locations.

2. Each locked tool/sharp storage area shall be designed with a "shadow board." All tools/sharps shall be placed in the tool/sharp storage area and outlined in red paint or ink.
3. Each tool/sharp storage area shall have a process for tool/sharp accountability and shall include a Tool/Sharp Sign Out Log (see attachment A). The Tool/Sharp Sign Out Log shall be completed each time a tool/sharp is issued to a patient and again when that tool/sharp is returned. In addition, when a patient signs out a tool/sharp, the patient's identification badge or a "tool chit" for that patient shall be placed in the location of that tool/sharp.
4. Each treatment unit and adjunctive treatment area shall complete a daily inventory at the end of each shift and physically account for all issued tools/sharps.
5. Communications, Security and Transportation Services shall provide consultation, training and assistance for the setup and implementation of all new tool/sharp storage areas.
6. Missing tools/sharps shall be immediately reported to the Communications Center.

B. Staff/Contractor Use of Tools/Sharps

1. All Facilities Services personnel and contract personnel are to check in with the charge RN or therapist prior to beginning a work project on a unit. Information exchange shall include, but not be limited to:
 - a. A clear definition of the reason for the repair/maintenance staff to be on the unit. (This information could come from either party.)
 - b. The types and amounts of tools on the units.
 - c. The estimated length of time that repair/maintenance staff shall be on the unit.
2. The Nurse in Charge or Lead staff may assign a staff as a monitor to the work area to provide security and assist the Facilities Services personnel in securing their tools, the area, and general security and safety.

3. All tools brought on a unit shall be secured in a safe place.
4. All areas shall be surveyed for security and safety prior to the start of a work project.
 - a. If possible, patient access to work areas shall be restricted or limited.
 - b. When window security screens are removed, no patient shall be allowed access to the area.
5. In the event that area cannot be adequately secured, one of the following may occur:
 - a. Patients shall be removed to their rooms.
 - b. Patients shall be moved to the yard during the time an area is unsafe.
 - c. Patients shall be secured in a locked multipurpose area.
 - d. Patients shall be temporarily relocated to another unit living area.
6. All project areas, whether on or off unit, shall be surveyed for security and safety and all tools and equipment secured before Plant Operations personnel or contractors leave the area unattended and before patients are allowed to be returned to the area.
7. This policy applies to all staff, contractors, and volunteers.
8. The Facilities Services Project Manager is to ensure that contractors are aware of and adhere to this policy.

