



Review of Contraband Items: Sign-in for Visitors

Potentially **harmful items** that can be used when a patient is at risk of suicide include but are not limited to:

- Personal items: Pens, lighters, nail clippers, scissors, knives, belts (including on hospital gown), shoe laces, jewelry, razor blades, hair pins, personal medications
- Suppliers and equipment: flatware and other small objects; all medical equipment (e.g. O2 equipment and tubing); cleaning agents and other poisons/toxic substances; linens, facility medications; any glass or sharp object; plastic bags
- Environment: anchor points on wall that could support the weight of a person (e.g. wall hooks); drawers, cords, mouldings, tiles; any/all other materials that can be used as weapons
- Exits: risk of potential elopement

Staff member: review potentially harmful items with visitor(s) and approve/not approve visit.
If “NO” is selected, document the rationale; and inform all members of the care team.

Printed Visitor's Name	Relationship to Patient	Visitor's Signature	Harmful Items Identified and Removed	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO



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Printed Visitor's Name	Relationship to Patient	Staff Signature	Visit Approved	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
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