SUSQI PROJECT REPORT
Reusable scissors in inpatient wards

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Team Members:

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Background:

Single-use scissors are a common item found across clinical areas. While they are intended to offer convenience and sterility, their widespread use presents significant environmental and financial challenges. These scissors are often disposed of after minimal use, for example to cut open a packet of gauze, contributing to the growing volume of clinical waste and undermining efforts to reduce single-use plastics and carbon emissions across the NHS.

From a financial perspective, the cost of purchasing and disposing of single-use scissors adds up quickly, especially when they are used in high volumes. Many of these scissors are not fit for purpose, they can be blunt, poorly manufactured, or fail to meet the practical needs of clinical staff. This not only leads to frustration but also results in unnecessary waste when multiple pairs are opened and discarded during a single procedure.

The issue is compounded by variations in procurement, with different departments ordering varying types and quantities without a clear understanding of usage patterns or alternatives. Addressing this problem requires a more strategic approach to supply chain management, alongside a cultural shift in how single-use items are viewed and used in clinical practice.

The following sections explore the environmental and financial impact of single-use scissors in more detail, and outline opportunities for improvement through better procurement, staff engagement, and the introduction of reusable alternatives where appropriate.

The ward where the project was undertaken is a 26-bedded general medical ward. The ward used **over 600** pairs of scissors over a year at a cost of £72.26 and was not the highest user of scissors. It was decided to engage with the ward staff to look at these scissors as a project as they are non recyclable and have a cost attached for disposing of these items.. It was also felt that there were areas with higher usage that when rolled out could have a greater impact on a larger scale on the organisations carbon footprint and in terms of cost savings. There are multiple reasons why staff are using scissors from dressing changes, cutting oxygen tubing, cutting off wristbands to trimming hair / beards. The Clinical Matron undertook this project with the support from the Trust sustainability team.

Specific Aims

To replace single use with reusable scissors in Freshfield ward, and replace with a suitable alternative re useable scissors. This would reduce waste and act as a cost saving measure.

Methods:

Engagement with key stakeholders was essential throughout. Clinical staff were consulted to understand usage patterns and practical needs, while the stores department was approached to provide cost data and support procurement decisions. Collaboration with infection prevention teams helped assess cleaning protocols and risks, and estates/M&E colleagues were involved in reviewing the feasibility of implementing reusable systems.

Studying the system:

We began with informal observations across clinical areas, followed by a more structured review of how scissors were being used, disposed of, and ordered via a staff survey (Appendix 1). We received 50 responses to build a clearer picture of the practical experiences and challenges. The findings were multifaceted.

- 88% thought throwing scissors away was wasteful
- 68% of staff thought single use scissors could be recycled
- 88% felt there is a suitable alternative to single use
- 90% thought single use was required for infection prevention reasons
- 57% thought we could clean or reuse the existing single use product (or a reusable alternative).
- Anecdotally staff were under the impression that they were single use and couldn't be cleaned and used again. Scissors used were not of the most robust quality.

Implementing change:

A reusable alternative was sourced and reviewed, with initial costs noted as higher than single-use options (£1.63 per item via NHSSC), however there are anticipated savings given their long lifespan. Cleaning and disinfection options were considered for reuse in line with Infection prevention and control.

Discussions were held with Infection Prevention and Control (IPC) to explore cleaning options for scissors used on the ward. It was agreed that for non-invasive uses, such as cutting wristbands or oxygen tubing, sterile scissors are not required and cleaning with a Clinell wipe is sufficient. However, if scissors are contaminated with body fluids or used on a known infected patient, sterilisation via Theatre Sterile Services Unit (TSSU) is necessary. For procedures where sterile scissors are specified in standard operating procedures, sterilisation and correct storage remain essential.

Sterilisation services

Mark Badham linked with sterile services team at Winchester to clarify on what occasions scissors would need to be sterilised We are currently in the process of writing a new standard operating procedure which details the correct cleaning method of the new reuseable scissors. Once complete, this will require sign off by Governance Teams and Infection Prevention Lead. Impacts below are modelled based on our current usage of single use scissors.

Measurement:

Patient outcomes:

Infection control and safety will continue to be met. We will be able to monitor this through effective audits into hospital acquired infections and if this is attributable to the use of scissors in the clinical environment.

Environmental sustainability:

GHG emissions for both single-use and reusable scissors were estimated using a bottom-up, process-based approach. The analysis accounted for emissions from raw-material production, packaging, transportation, disposal, and for reusable scissors, cleaning and sterilisation.

Both types of scissors were weighed, and their material compositions were converted into emissions using factors from the 2025 UK BEIS Government database. For the single-use scissors, manufacturing was assumed to occur in China, with transport to the UK by sea freight. Transportation emissions for the reusable scissors could not be included due to a lack of data.

End-of-life disposal was modelled as clinical waste for both products. Reusable scissors were assumed to withstand 200 uses before disposal, with disposal emissions based on Rizan et al. (2021). Cleaning-related emissions were derived from two sources: emissions for a single Clinell wipe were taken from a previous CSH project, and emissions for steam sterilisation of one pair of scissors were taken from Rizan et al. (2024).

Economic sustainability:

Current spend on single use scissors was provided by the stores and procurement teams.
23,410 pairs were ordered during the last financial year at a cost or £4,253.10 (18p per scissor) to the Trust.

Reusable scissors are available through the NHS supply chain at a cost of £16.30 per box of 10 (£1.63p per item). The life span of the new re useable scissors is approximately 5 years

Social sustainability:

Impact on staff was explored via informal conversations and staff survey.

Results:

Patient outcomes:

Patient safety will be maintained and infection rates monitored. There is no impact on patients' clinical health outcomes or care.

Environmental sustainability:

	GHG emissions (kgCO2e)
Single use scissors	0.16
Reusable scissors (excluding cleaning)	0.26
Reusable scissors per use (excluding cleaning)	0.0013
Reusable scissors per use plus x 1 clinell wipe	0.022
Reusable scissors per use plus sterilisation	0.19

Assuming there are 640 pairs of scissors used in the ward per year, and that 10% scissors will be cleaned through sterile services and 90% will be cleaned at ward level with a clinell wipe, the ward will save 77.6 kgCO2e per year, equivalent to driving 221 miles in an average car.

If rolled across the trust, with 23,410 single use pairs being replaced with reusable, and the same assumptions of cleaning, the saving would be 2,837.3 kgCO_2e per year, equivalent to driving 8,704 miles in an average car.

Economic sustainability:
Saving from ward level
It is estimated that Freshfield ward will save £98.90 from the switch to reusable scissors, based on a current spend of £115.20 for 620 pairs, reducing to £16.30 for 10 reusable pairs. The saving will increase to £115 in subsequent years as the scissors have a 5 year lifespan.

We plan to scale this change Trust wide and purchase an appropriate number of scissors per each clinical area to replace use of 23,410 single use pairs used per year. The lifespan per reusable pair is 5 years and it is felt that wards would only need to order 10 pairs of the new product to support the clinical need at a cost of £16.30. Based on these assumptions, the financial impact will be a saving of approximately £20,00 + over a 5 year period.

Social sustainability:
From the initial survey results with a sample of 50 responses and from informal conversations there appears to be an appetite to change to re-useable scissors that are fit for purpose.

Staff found that the impact on the environment in terms of waste and carbon footprint was unacceptable. Staff are willing to engage with change to make a positive impact on sustainability and making a difference and also in terms of cost savings.

Survey results can be found in Appendix 1, and will be followed up in the future with another survey looking at the impact of change.

Discussion:

In summary, it is felt that a change to re-useable scissors would have a direct impact on sustainability and also cost savings. There is clear data on the costs of the current scissors we use and the impact of change to re-useable scissors would have.

One aspect that was not considered prior to starting the project was the cleaning of re-useable scissors and the need to create a new SOP for cleaning these and the engagement of sterile services when required. Sterile services have the capacity to be able to undertake the required cleaning of these scissors.

There is little limitation in the change and it would be of benefit to the organisation in terms of finance and reducing our carbon footprint. Staff training needs should be negligible and led by Senior nurses within the clinical areas. There should be no barriers in terms of storage and the logistics team are

able to purchase re useable scissors at an overall cost saving. In terms of policy creating the SOP as mentioned will support staff in the safe and effective cleaning of the new product.

This project will be shared with all clinical areas using the current scissors and with next steps in terms of stopping the purchase of our current scissors and purchasing a replacement with support of the procurement team. The new SOP will be shared and the whole project instigated across the organisation. Mark Badham who has become the Sustainability lead Nurse for Medicine will lead on this project and associated roll out to all clinical areas using scissors. This will be supported from our Chief Nurse with plans to present this at a Matrons meeting and also to present at the Trust Nursing and Midwifery sustainability group.

Conclusions:
This piece of work has been very insightful in terms of being able to make a positive impact on our carbon footprint and reducing costs within the organisation. There are elements from different teams that have led to the success of this project. One of the sustainability leads has been instrumental in supporting. Procurement team have supplied data to support the costs element and how many scissors we are currently using. When discussed with other staff members they are very engaged with implementing change to make a difference.

The key learning when the project was not going to plan, was to never give up as there will be a way forward to develop the project. Seeking engagement from others with a passion for change support this. We are continuing to look at additional wasy we can reduce our impact, for example, we are exploring a project on reducing waste in catheter packs and also engaging with our Infection prevention team to reduce safely the use of PPE.

Appendices:

Appendix 1

Survey sent to ascertain staff knowledge and insight into problem

SCISSORS SURVEY.pdf

Appendix 2

Current scissor usage and costs to organisation

SCISSORS DATA.xlsx

Appendix 3

SOP for cleaning non disposable scissors.

SOP FOR CLEANING NON DISPOSABLE S(

Critical success factors

Please select one or two of the below factors that you believe were most essential to ensure the success of your project changes.

People	Process	Resources	Context
☐ Patient involvement and/or appropriate information for patients - to raise awareness and understanding of intervention x Staff engagement ☐ MDT / Cross-department communication ☐ Skills and capability of staff x Team/service agreement that there is a problem and changes are suitable to trial (Knowledge and understanding of the issue) x Support from senior organisational or system leaders	X clear guidance / evidence / policy to support the intervention. ☐ Incentivisation of the strategy – e.g., QOF in general practice ☐ systematic and coordinated approach x clear, measurable targets x long-term strategy for sustaining and embedding change developed in planning phase ☐ integrating the intervention into the natural workflow, team functions, technology systems, and incentive structures of the team/service/organisation	☐ Dedicated time x QI training / information resources and organisation process / support x Infrastructure capable of providing teams with information, data and equipment needed ☐ Research / evidence of change successfully implemented elsewhere x Financial investment	x aims aligned with wider service, organisational or system goals. ☐ Links to patient benefits / clinical outcomes ☐ Links to staff benefits x 'Permission' given through the organisational context, capacity and positive change culture.