



Outcomes
First Group

LIGATURE MANAGEMENT POLICY

Policy Folder: Health & Safety

LIGATURE MANAGEMENT POLICY

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1.0 INTRODUCTION

Outcomes First Group recognizes that there is need to identify and protect vulnerable service users who are at risk from using potential ligatures to self-harm and to minimise their access to items which could be used as ligatures or a ligature points.

Hanging is the most frequently used method of suicide, it may involve strangulation or asphyxiation caused by suspending the body from a high ligature point, or by using a ligature point below head height. A significant proportion of suicides are believed to occur through impulsive acts, using what may be seen as reasonably obvious ligature points.

Due to human ingenuity and/or the lack of a suitable technical solution it is not possible for all potential ligature points to be removed. It is therefore necessary for a judgment to be made regarding the likelihood of an item being used as a ligature point, and the opportunity for a person we support to utilise the potential ligature point.

Purpose

To provide the people we support with an environment where care is given in a safe, secure and therapeutic way. This policy should be seen as an integral part of other measures to reduce the risk of suicide. Clinical risk assessment, observation and engagement form part of the overall strategy for managing ligature risk.

Implementation: It is the responsibility of line managers to ensure that staff members are aware of and understand this policy and any subsequent revisions.

2.0 GENERAL STATEMENT

The organisation is committed to the provision of a safe environment for the people we support; the organisation's policy therefore, is to comply with both the letter and the spirit of the law on Health and Safety at Work and to this end, the provisions of this policy are focused on removing or controlling the risks posed by ligature points/ligatures by:

- Ensuring that the people we support are clinically assessed for self-harm/suicidal tendencies.
- Ensuring that where the people we support have been assessed as at risk, ligature point and ligature audits are carried out and kept under review.
- Removal of ligature points which pose a significant risk where reasonable practicable
- Replacement and substitution with anti-ligature equipment or materials
- Protecting/enclosing ligature points by providing materials which hide/cover the potential ligature point e.g. secondary glazing of windows.
- Providing robust operational controls that mitigate the risk, such as through observation and clinical risk assessment documented in individual care plans of the people we support where ligature points cannot be removed.

3.0 LEGISLATION

The organisation has a responsibility under sections 2 and 3 of the Health and Safety at Work Act 1974, to ensure, so far as reasonably practicable, the health and safety of employees and others (people not employed) who may be affected by the work activities. It applies to all work activities and premises and everyone at work has responsibilities under the Act.

The Management of Health and Safety at Work Regulations 1999 also require that risks to employees and others arising from work activities are assessed and managed.

4.0 DEFINITIONS

Ligature Point

A ligature point is any point which is load bearing (for the purposes of this policy, able to support over 16kg) that can be used to attach a cord, rope or other material for the purpose of hanging/strangulation. (e.g. from a window / door hinge, or handle).

Ligature

A ligature is any item that when placed around the neck (or limb) can restrict the airway to cause compression, which could be utilised when tied to an object as a tie or noose for the purpose of self-harming by strangulation or hanging.

Examples include chains, linen, clothing (including belts, laces, bras, ties, tights stitching) plastic bags, bag straps, pull cords, cables or wires.

Environment

The external surroundings/conditions in which a person interacts. This could be the physical or built environment – the actual buildings, fittings etc. and the social environment. Personal possessions may also need to be taken into account including clothing.

Ligature Cutter

A tool used to release a ligature safely which must not be used for any other purpose than dealing with emergency situations involving ligatures.

5.0 ORGANISATION AND MANAGEMENT

Board of Directors

The Board of Directors have ultimate responsibility for Health and Safety of all staff, service users, visitors and others within the Company. The Board will be informed of health and safety matters on a regular basis and ensure adequate resources are made available to provide and maintain the necessary standards of health and safety in the Company.

Group Chief Executive Officer

The Chief Executive has overall responsibility for ensuring that the Company meets its statutory obligations and that effective arrangements for the management of health and safety are put in place.

Managing Directors

The Managing Directors have executive responsibility to manage Health and Safety including compliance with Health and Safety at Work Act, etc. 1974 and other relevant legislation, best practice guidance and Company policies. In the context of this policy for:

- Ensuring that governance arrangements are in place to effectively manage reduction in ligature risks and provide the resources necessary.
- Ensuring that there is a written Ligature Management Policy which is implemented corporately.

Regional Directors

Regional Directors/Operations Managers/Heads of Service are responsible for ensuring the provision of arrangements in relation to ligature management and ensuring:

- The ligature management policy is implemented within the services under their jurisdiction.
- Monitoring the effectiveness of the ligature management policy within the services under their jurisdiction.
- Advising the Managing Directors of any resources required to enable them to ensure that the Ligature Management Policy is implemented within the services under their jurisdiction.
- Effective ligature risk management is implemented within their service division
- There are effective emergency procedures relating to ligature incidents.
- All incidents relating to ligature risks are investigated, and adequate remedial action is implemented.

Head Clinical Services

Head of Clinical Services will support the Heads of Service/Division and Heads of Functions to ensure that:

- Clinical assessments and care plans are undertaken and developed for the people we support by their respective teams which identify potential ligature points; risk of self-harm using a ligature and the adequacy of the systems and clinical practices that manage these risks.
- Staff have a working knowledge of the contents of such risk assessments.
- Control measures and safe systems including practice (i.e. observations, searches etc.) as necessary are developed and implemented as required through the risk assessment process.
- Ensure that the process is monitored and adequate support is provided to enable staff to ensure they meet their responsibilities.

Operations Managers / Heads of Service

Operations Managers / Heads of Service must ensure that: -

- They undertake monitoring to ensure that the ligature management policy is implemented within the services under their jurisdiction as relevant to the delivery service.
- They delegate effectively the responsibility for ligature/ligature point audits within the services under their jurisdiction
- They advise their line manager of any resources required to enable them to ensure that the ligature management policy is implemented.
- Staff tasked with undertaking ligature/ligature point audits have adequate experience and training to safely undertake the task
- Staff are aware of the procedures for responding to a ligature related incident
- Risk assessments are carried out as required to identify health and safety hazards and associated risks; these assessments are documented and communicated to employees before they are exposed to such risks
- Monitoring the effectiveness of emergency procedures relating to ligature incidents.
- All incidents relating to ligature risks are recorded and investigated, and all necessary reports are completed in accordance with current recording systems.

Registered Manager / Head Teachers / Principals

Registered Managers/Head Teachers have direct responsibility for health and safety matters relating to premises under their control and for people reporting directly to them and are therefore responsible for the implementation of the provisions of this policy for the service(s) under their jurisdiction by ensuring that:

- The ligature management policy is implemented within their service(s) as relevant to the service delivery
- Ensuring that where there are ligature risks and provision of cutters staff are aware of this policy and associated procedure and have received appropriate training
- Ligature/ligature audits are carried out within their service(s) as relevant.
- They identify any resources required to enable them to ensure that this policy is implemented within their service.
- Staff tasked with undertaking ligature/ligature point audits have adequate experience and training to safely undertake the task.
- Ensure adequate numbers and types of ligature cutters are available, for service delivery, stored and used in line with procedure for safe use of ligature cutters and relevant training.
- Monthly health and safety checks are carried out which include a check for any new ligature risks or loss of safety controls.
- Weekly checks also include that ligature cutters are stored securely in their identified location

- Ensuring that all employees are fully aware of their responsibilities under the ligature management policy and that these responsibilities are fulfilled
- Action is taken following ligature/ligature point audits as identified in the audit and the policy.
- Staff are aware of the procedures for responding to a ligature related incident
- Risk assessments are carried out as required to identify health and safety risks; these assessments are documented and communicated to employees before they are exposed to such risks
 - Self-harm/clinical risk assessments relating to the people we support must be reviewed regularly or when there has been a significant change e.g. change of use, changes to the environment or building, following an incident involving a suicide attempt or suicide using a ligature.
- There are effective emergency procedures relating to ligature incidents.
- All incidents relating to ligature risks are recorded and investigated, and all necessary reports are completed in accordance with current recording systems and remedial action requirements are reported to line management.

All staff involved in face-to-face contact with the people we support will ensure:

- They are aware of the provision of this policy and the impact it will have on their practice.
- Constant vigilance and observation to identify and assess potential risks and report and hazards that have the potential to increase the risk of suicide.
- Clinical staff are expected to be alert to any other potential environmental risks for suicide that may be identified during practice and if a new risk is identified to:
 - Assess the level and likelihood of risk and take action to manage this risk and make the area as safe as possible at the time; for example, by managing either the environmental risk (e.g. by isolating it) or managing the person's risk (e.g. through increased observation).
- Alerting the responsible manager for advice and action as soon as possible
- Reporting all incidents and near misses in accordance with current reporting systems.
- They access clinical risk management training that is commensurate with their role.

Facility Managers

Following the environmental assessment, the Facility Manager where relevant shall;

- Advise on the practicalities of ligature point removal or other required changes to buildings and structures or replacement using safer alternatives
- Oversee the prioritised program for ligature point removal.

Head of Health and Safety will:

- Liaise with facilities managers to provide advice on the standard of anti-ligature devices being proposed.
- Advise and support managers/staff as necessary when they are conducting ligature/ligature point audits
- Ensure that new safety alerts are distributed in a timely manner.
- Collate incident reports across the Group
- Identify and report on trends of incident types.
- Liaise with managers to ensure that any RIDDOR requirements are met.

All Staff

All staff are responsible for;

- Advising their line manager if they are aware of any potential ligature/ligature point risk

- Notifying any incidents regarding ligature risks (including near misses) to their line manager
- Having a working knowledge of the contents of this policy
- Being aware of the procedures for responding to a ligature related incident
- Attending briefing/training as required related to the implementation of this Policy.
- Taking part in ligature risk assessments and or ligature/ligature audits as required.

6.0 DIGNITY OT THE PEOPLE WE SUPPORT

The process of implementing this policy should take into account that the people we support need to be respected and involved in their care. Where possible any items removed should be replaced with ones that are safer.

7.0 LIGATURE / LIGATURE POINT AUDITS AND ASSESSMENT OF RISK

The purpose of ligature point / ligature audit and associated risk assessments is to identify, assess and evaluate a hazard and associated risk as objectively as possible and to determine actions required to remove or reduce the risk.

Every effort should be made to reduce and manage environmental risk - by removing or making safe the most hazardous and obvious risks e.g. ligature points. However, it is extremely difficult to completely eliminate environmental risk, and this may not be achievable or desirable - in some areas there will be positive reasons why some risks are taken and managed in a different way e.g. through individual clinical risk assessment and management, or through observation and engagement.

Risk Ratings

The risk assessment rating scale shall be allocated in accordance with the Risk Assessment Policy. All potential ligature risks identified have the potential to result in death or serious injury therefore, the potential for harm of all identified ligature risks shall be considered to be rated as high risk - **LEVEL 5**.

Risk Assessment – the people we support

It is essential that the implementation of this policy is based on an ongoing assessment of the people we support needs and behaviors. The assessment of the likelihood of the identified ligatures/ligature points resulting in death or serious injury should be made following the consideration of the following factors.

Considering the Individual:

- Previous history of using ligatures
- Previous history of self-injury
- Sibling / family history of suicide
- Anniversary of a significant event
- Level of mood, hopelessness
- Suicidal intent, impulsive control and expression of suicidal thoughts
- Changes in family situation

Considering the Environment (inc. off-site)

- People we support's private (unsupervised) room
- Height of identified ligature risk

- Type of potential risk

Document “Guidance for completion of Ligature and Ligature Point Audit” contains guidance to assist those undertaking ligature/ligature point audits relating to the environment

8.0 ACTION FOLLOWING AUDIT AND PEOPLE WE SUPPORT’S RISK ASSESSMENT

The preventative and protective measures that have to be taken following the audit and associated risk assessment shall depend upon the level of risk posed and should take into account those who are especially vulnerable and who may be cared for in that environment. They should be agreed by Multi-Disciplinary Team Members who will work with the people we support to devise a safety plan that will include.

- Removal of ligature points or the replacement with safer alternatives
- Removal of potential ligatures, either on a continual or intermittent basis
- Implementation of agreed observation strategy
- Review of medical intervention and levels of therapeutic engagement
- Use of search policy to identify secreted or observable risk materials/objects
- Rationale for review and re-grading

The removal of potential ligatures needs to be considered as one of several options that can be used to enhance safety. It should always be used in conjunction with supportive observation, therapeutic engagement and social interaction.

Many items, particularly dangerous to individuals at risk, can be deemed by the people we support as being essential for the performance of day to day activities. Therefore consideration to the needs and requirements of the individual must be given, with flexibility regarding implementation of this policy, where the safety of the individual allows.

Where it is not possible to remove structures identified as ligature points, other risk controls shall be considered including changes to fittings, operational management and clinical management of the person supported including;

- Increased social and therapeutic engagement
- Increased observation levels etc.

9.0 PROVISION OF LIGATURE CUTTERS

Ligature Cutter

The ligature cutters used within the organisation are purpose specific items that must **not** be used for any other purpose than dealing with this type of emergency situation.

Ligature cutters offer improved safety and effectiveness for cutting a ligature from a person when compared to some traditional methods e.g. scissors. They are specially designed items that offer an effective and safe method of cutting a ligature that is tied around a person’s body part, whether the ligature is tied solely to the person or attaches the person to any aspect of the environment e.g. a door handle.

Ligature cutters are classed as multiple use devices and therefore as an important safety item, relying on its sharpness to save life, cutters must either be replaced with new or existing ones be sharpened and sanitised after every use therefore managers must make immediate arrangements

for a replacement to be available and for the used ligature cutter to be securely returned to the Manufacturers/suppliers for sharpening.

In the unlikely event that the ligature cutters become contaminated with bodily fluids they should be disinfected using blood spillage chemicals prior to replacement (see infection control policy).

It is recognised that the costs associated with the re-sharpening of certain ligature cutters may be more substantial than the costs of replacing the cutter. In these cases, replacement would be advocated.

OFG only uses the Big Fish Cutter or the Black Barrington Ligature Cutters. Availability and Storage of Ligature Cutters

It is recognised that incidents involving self-harm and the use of ligatures might sometimes occur despite preventative strategies and measures. Consequently, all sites identified as providing care / support for people assessed as being at risk of self-harm by the use of ligatures will be required to hold ligature cutters on site.

Registered Managers / Head Teachers of these sites are responsible for ensuring that adequate number and types of ligature cutters are available based on the needs of the people we support and the size of the premises.

Registered Managers / Head Teachers with the approval of Heads of Service / Regional Managers have the discretion to keep ligature cutters on site where there are no people supported assessed as being at risk of suicide by the use of ligatures as a safeguard against unexpected events.

Local arrangements must be in place to ensure that ligature cutters are stored securely in areas that are only accessible to staff, being readily and easily available for emergency use.

All staff must be aware of the storage location of ligature cutters, and the cutters must not be removed from their designated location other than when being used in emergency situations.

Risk Assessments must identify the number of ligature cutters required and where they are to be positioned.

This assessment must include the requirement and arrangements for a ligature cutter to be accessible within **30 seconds** of identifying a ligature incident.

The assessment should also consider the number of spare cutters required for the service.

Local managers are responsible for ensuring that all staff working in their area(s) are aware of the availability and access arrangements to ligature cutters. This will need to be part of the local induction procedure for each area and documented.

Off-site activities can present unique challenges, requiring proactive risk management and emergency preparedness. To ensure the safety and wellbeing of all participants during off-site activities, the provision of ligature cutters reflects a positive approach to our duty of care and safeguarding responsibilities.

Where identified by way of risk assessment, ligature cutters must be included and stored securely as part of off-site emergency equipment packs. (i.e. this includes but is not limited to forest school activities, residential trips, and taxi journeys)

Risk Assessments must be undertaken prior to any off-site activity and should consider Ligature as a hazard, with appropriate controls identified, along with who is responsible whilst off-site to manage those controls effectively.

Weekly health and safety checks must include ensuring that ligature cutters are located in their identified location – supported by the local level ‘Ligature Cutter Provision Matrix’ (*Appendix 1*)

10.0 INFORMATION AND TRAINING

In child care settings all staff must have the Ligature Training – this is mandatory within 6 months of starting with a 2 yearly refresh.

Where Clinical assessment of the people we support has identified a ligature risk, staff (including bank and agency) will receive information and training regarding ligatures and the use of the ligature cutters. Training/refresher training will be provided through the Training Department at 2 yearly intervals with appropriate competency sign off from management within each service.

In education setting the following staff must receive Ligature training in the use of ligature cutters:

- Head Teacher (if attached the RM of care home, standalone School RD)
- Deputy (signed off by Head)
- Designated first aiders (signed off by Deputy or Head)
- Where there is an identified risk all staff who support that child must be trained.

Instruction and information will include demonstration and practice in the use of ligature cutters. In order to assess suitability, to promote demonstration and practice accurately, each service must have at least 1 training knife (which must only be used for the purpose of training)

Note: Real knives must not be removed from their storage location for use during training or during mock drills.

After staff have received information/training relating to ligature cutters, they must familiarise themselves with their own local arrangements regarding access, storage and replacement at their place of work.

Quarterly ‘mock drills’ must be carried out to ensure staff are aware of their responsibilities, and to review access times to equipment in the event of an incident involving ligature. The drill must be documented within the quarterly Health & Safety Committee meeting agenda.

Although no special training is required to spot obvious hazards, anyone undertaking the ligature/ligature point audits should be briefed on the process of using the audit tool. Identifying hazards will become easier the more experience is gained.

All staff who are required to participate in associated service user assessments and formulation of care plans will be provided with relevant training.

All clinical staff are required to access clinical risk management training that is commensurate with their role and update as relevant.

11.0 GUIDANCE REGARDING THE USE OF LIGATURE CUTTERS IN PRACTICE

Whilst this guidance cannot replace the need for appropriate staff training relating to ligature cutters, it is important that staff remember the fundamental points for their effective use (See

“Procedure for Safe Use of “Hook” Ligature Cutters” and “Use of the Big Fish Cutter”).

12.0 REPORTING REQUIREMENTS

All incidents involving the use of a ligature cutter should be reported in accordance with current reporting systems i.e. Sleuth and/or Access which requires the following details to be included:-

- details of the event and use of the ligature cutter
- details and locations of injuries sustained
- the outcomes and any future learning points

The nature of the incident and outcome(s) should prompt staff to comply with other policies and guidelines as appropriate e.g. accident/incident reporting policy.

Senior management including on-call management must be informed immediately following the event, who must decide if the Police or other authorities are to be informed.

Regardless of the immediate outcome of the ligature event, it may be prudent to consult with the police – The ligature and any knot are important items for any police investigation and therefore, they should be ‘interfered with’ as little as possible and be preserved by leaving them at the scene wherever possible. Staff should avoid removing any remnants of a ligature still fixed to an environmental suspension point, and only tidy up or dispose of any items at the scene after advice and permission has been given by the police.

13.0 MONITORING, AUDIT & REVIEW

Monitoring of the content and approach to the completion of ligature audits and associated clinical risk assessments will be reviewed through the Governance Framework

This Policy will be reviewed every two years unless changing circumstances require an earlier review.

APPENDIX 1: LIGATURE CUTTER PROVISION MATRIX

Area/Zone	Number of Cutters	Cutter Types	Storage Location	Responsible Person



Outcomes
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