

## 1.14.7 Ligature Cutter Policy

### Amendment

### Contents

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1. Introduction
2. Purpose
3. Terminology and Definitions
4. Standards
5. Procedure
6. Training
7. Risk Assessments
8. Recording and Monitoring
  - Appendix 1: Protocol for Safe Use of a Ligature Cutter
  - Appendix 2: Safe Cleaning of Ligature Cutter
  - Appendix 3: Dynamic Risk Monitoring Form
  - Appendix 4: Self-Harm and Suicide Attempt Report Form
9. Revision History

### Regulations and Standards

#### England

- [Regulation 12: The protection of children standard](#)
- [Guide to the protection of children standard](#)

#### Wales

- Regulation 15: Personal plan  
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/15/made>
- Regulation 27: Safeguarding policies and procedures  
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/27/made>
- Regulation 36: Supporting and developing staff  
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/36/made>

## 1. Introduction

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Despite all our best efforts to ensure the safety and well-being of young people in our care crisis situations may arise where a young person attempts to self-ligate. This can involve securing a ligature around the neck and attempting to hang from a ligature point, or manually tightening a ligature around the neck (restricting the airway) or another part of the body. Either of these actions carries the risk of serious injury or death and requires an immediate response to ensure preservation of life. In such emergencies, a ligature cutter might need to be used quickly, so it is important that carers have a clear understanding of the protocol to deal with ligatures and are familiar with the cutting equipment and how it is used. Regular training, knowledge of this policy and a good understanding of the protocol in the appendices are important ways for the home manager to ensure that carers working with young people at risk of using ligatures, have the level of understanding required to respond appropriately when necessary. Follow up questioning/discussion in supervisions/team meetings are useful ways to reinforce understanding and check carers knowledge, as well as consider specific risks in individual premises for individual young people.

## 2. Purpose

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To ensure all carers working in areas where ligature cutters are provided have been properly instructed in the use of a ligature cutter and are able to use one with confidence in a crisis situation. Carers must receive frequent refresher training to ensure this is the case on at least an annual basis, unless determined otherwise by the premises manager and recorded as such on the young person's risk management plan for ligatures.

To set out an appropriate protocol for all carers on the safe and effective use of a ligature cutter and instruction in its application.

To set out minimum standards of provision, storage and accessibility of ligature cutters in all Bryn Melyn Care homes, educational establishments and offices.

To set out audit standards for monitoring appropriate storage and proper use of ligature cutters in all Bryn Melyn Care properties.

To minimise ligature risks in all Bryn Melyn Care properties by regularly auditing to identify potential ligature points and taking appropriate action to neutralise them.

To provide practical guidance for staff working with young people who have the potential to use ligatures.

## 3. Terminology and Definitions

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**Ligature definition:** 'A thing used for tying or binding something tightly' (see also: **Oxford Dictionary website**).

Ligatures are any item capable of tying or binding, including but not limited to: chains, belts, tights, sheets, pull cords, medical bandage, cables, string, rope, cello tape, plastic bags or clothing, which can be used for self-strangulation and on other parts of the body.

**Ligature Point:** Anything that can be used to attach a cord, rope or other material for the purpose of ligature use.

**Ligature cutter:** A hooked knife or tool specifically designed for use to release a ligature safely. (Predominantly see **Appendix 1: Protocol for Safe Use of a Ligature Cutter**).



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#### 4. Standards

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All homes will be equipped with folding ligature cutters to Barrington International LC1 Folding Ligature Cutter specification (pictured) and/or a similar cutter designed for the same purpose, such as a specialised Wire cutter for ligatures (pictured).

**Description:** A stainless steel hooked blade with a blunt tip and cutting edge within the hook. The blade locks in place and each tool has an individual serial number for quality control and to track re-sharpening. Blades must only be used once only then cleaned and returned to the manufacturer for professional re-sharpening, unless individual managers deem that they will maintain full effectiveness if used more than once. Recording the usage of cutters, including the materials they have been used to cut, will support this decision-making. Unless this is audited effectively and managers authorise more than one use of each ligature cutter, it should be assumed that cutters can be used only once before they are re-sharpened or replaced with new.

Only approved ligature cutters designed for purpose should be used. Fixed bladed ligature cutters and ordinary blades should on no account be used to cut ligatures because of the risk of serious injury to the young person or staff.

Every establishment within Bryn Melyn Care must have two or more ligature cutters on site, enabling prompt access to a replacement once one has been used. The number of cutters on site will depend on the number of young people in the environment, opportunities to ligature and propensity for them to do so. The **minimum** ratio should be:

- Head office: x1;
- Education (Smallbrook School): x2;
- Learning and Development Department: x1;
- Clinical Rooms: x2;
- Assessment Centres: x3;
- Single occupancy homes: x2;
- Double occupancy homes: x3;
- Treble occupancy or more: x4;

- Specialist Mental Health Homes: x4 (or more as deemed required by the premises manager, according to the ligature risk assessment/risk management plan of individual young people based on current presentation and history, plus x4 held in reserve as replacements). Where the risk is sufficiently high, the number of ligatures on site may exceed 20;
- In addition to the above, all venues should have ligature cutters held in reserve in a lockable cabinet or similar, based on the level of risk present there.

Records of up-to-date training for Ligature Cutters, will be audited annually in conjunction with the Learning and Development department and statutory regulations reviews. Home managers and individual staff members share joint responsibility for ensuring this is done.

In all establishments ligature cutters will be stored securely in appropriate locations offering quick access for carers. Premises managers will determine the best place to store and keep ligature cutters and risk management plans may even determine that carers are required to have a cutter on their person at all times whilst at work. This must be recorded on the risk management plan and all carers who work with young people in these situations need to be aware of the risk management plan and this requirement. Failure to adhere to the requirements within the risk management plan(s) could put young people at unnecessary or increased risk of harm and be investigated under the company's disciplinary procedures.

Ligature Cutter serial numbers, their storage and locations will be checked at each staff handover and incoming staff will familiarise themselves as to their location. This will be logged in the Daily Log book and signed off by outgoing and incoming staff.

## 5. Procedure

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In homes where a young person has a history of ligating or the risk of ligating is considered high, each staff member working with that individual will carry a ligature cutter on their person at all times. This requirement will be included in risk assessments and premises managers will conduct and log intermittent spot checks to ensure this is happening.

Carers responses to ligating incidents should be in accordance with the guidance in **Appendix 1: Protocol for Safe Use of a Ligature Cutter**.

Where possible, staff must avoid cutting the knot of the ligature because it may be required as evidence in the event of injury or death.

All ligating incidents must be notified as soon as possible to the relevant care or line manager who will inform the young person's social worker, the Bryn Melyn Care Clinical Team and other relevant professionals. The contact for further clinical support should be the young person's allocated clinician or senior clinician for the area in which the home is located (North or South).

If the incident required use of a ligature cutter, the young person must be taken to A&E as soon as possible after the event (unless clearly stated in their risk management plan) to check for external and internal injury and possible assessment for CAMHS referral. If the young person is already under CAMHS the relevant case co-ordinator and clinician from the Bryn Melyn Care Clinical Team should be notified as soon as possible. If, following consultation between the registered manager, allocated clinician and young person's social worker, the risk management plan indicates that a young person does not need to be taken to the hospital after an incident, the home staff should follow the alternative

advice/procedure that has been given to them and recorded on the risk management plan. This may include consultation with the home manager and/or allocated clinician after a ligaturing incident.

If resuscitation is needed, this should be done in line with the Basic Life Support principles covered during the Emergency First Aid at Work training (EFAW).

Any injuries to the young person sustained as a result of a ligature cutter being used must be recorded in line with company Health and Safety/Accident and Reporting policies, as well as indicated on an Incident Report Form. In the event of injury likely to lead to further investigation, the ligature will form part of the investigation, so should be retained and kept securely until required.

If a ligature cutter is used, it must be cleaned as soon as possible after the incident and either sent to the supplier to arrange for sharpening and a replacement to be purchased, or put back into circulation within the staff team for future use.

The cleaning procedure is described in **Appendix 2: Safe Cleaning of Ligature Cutter**.

The (reputable) supplier of the LC1 Ligature Cutter is Barrington International (SSS) Limited, registered company number 07801707. Contact details can be found on their **website** and purchasing these cutters can be done **online**.

Staff must complete a Self-Harm and Suicide Attempt Report Form after each ligating incident and complete Dynamic Risk Monitoring forms (**Appendix 3: Dynamic Risk Monitoring Form**) on a daily basis following the incident, in consultation with the allocated clinician and as deemed appropriate.

An Incident Report must be generated for each ligature incident and the event should be recorded in the Daily Log Book, Young Person's Day Sheet (where in use), Weekly Integrated Service Log (WISL) and Ligature Cutter Record, as well as the Central Incident Log. The incident report must include the date and time of the incident, the identity of the young person and care staff involved; a brief description of what happened, the actions taken and any other relevant details. The Ligature Cutter Record will identify the serial number of the ligature cutter used and the identifying number of its replacement, the staff member who used it (or had been allocated that cutter) and when the cutter was cleaned and despatched. The date of replacement cutters arriving cutters should also be recorded.

In the event of death the Home Manager, Regional Manager, Director of Operations, Head of Clinical Services and Police must be informed immediately. The room should be secured and all its contents left undisturbed, including the body, until police arrive. The ligature will form part of the investigation and should remain locked in the room.

In the event of a fatal incident all relevant documents should be completed and appropriate policy procedures implemented concerning the death of a child in care.

## **6. Training**

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All newly employed carers, both qualified and unqualified, will receive comprehensive training in the protocol and practical experience of the use of ligature cutters during induction.

Evidence of new carers having completed training must be recorded in the staff member's Induction Workbook and signed off as completed by staff member's line manager within two weeks of completing induction.

All members of care teams in homes where a new young person arrives who has a history of ligating will receive refresher training in ligature cutter use within the first four weeks of arrival unless they have done the course in the preceding six months. It is the responsibility of the care home manager to ensure this is arranged within this time period or preferably, before the young person is admitted to the home.

All members of staff must receive compulsory training in ligature cutter use annually or at a frequency greater/less as determined by the young person's risk management plan regarding the risk of ligature use. The premises manager should ensure records are kept of staff ligature training, including reasons where the training frequency falls outside of the annual expectation.

It is the duty of all carers, in consultation with their line manager, to ensure they access the training provided and are competent/confident in the use of a ligature cutter, including understanding the appropriate actions required in response to a young person ligating as outlined in this policy.

Failure to keep up-to-date with training or to comply with any of the policy requirements outlined in the sections above may lead to action under the company's disciplinary procedures.

## **7. Risk Assessments**

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All staff must have knowledge of a complete risk assessment on a young person at risk of ligating, including recent and past suicidal behaviour, intent and recent incidents and methodology.

Where possible a young person with a history of ligating will have an agreed practical plan to implement when experiencing situations or trigger events that might cause them to have thoughts or urges to ligate. Staff will support the young person at all times in applying these strategies and review the plan regularly with them and their colleagues to ensure it remains practical and effective.

Ligating incidents can be traumatic and carers may experience strong emotional reactions after such events. In such cases debriefing support will be offered by the Bryn Melyn Care Clinical Team via the Allocated Clinician or other available clinician. Carers may also access individual support via the Employee Assistance Programme.

## **8. Recording and Monitoring**

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It will be the duty of premises managers to check the location of ligature cutters, that they are fully functional and stored appropriately in line with manufacturers' recommendations.

It will be the duty of premises managers to log and ensure carers are fully up-to-date in training in the use of ligature cutters.

It is the responsibility of individual staff members to actively seek further instruction if required, and the responsibility of the Learning and Development department in consultation with the Operations Director, to ensure this is made available where needed.

## **Appendix 1: Protocol for Safe Use of a Ligature Cutter**

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To prepare the Ligature Cutter for use, take it out of its pouch when required and hold the handle firmly in one hand. With the free hand, grip the accessible part of the metal blade between your fingers and gently pull this away from the handle until the blade clicks into place, fully extended. Under no circumstances should the cutting edge be touched. In this position, the Cutter is ready to be

used. To minimise risk of injury to staff/others, the time that the Cutter is in an open and ready to use position must be kept to a minimum. As soon as is practicable after its use, the Cutter should be closed and put back into its pouch.

The procedure for closing the Ligature Cutter should be followed after it has been used. To do this, push/squeeze the release-point with one hand, whilst the other hand gently pushes the blunt edge of the blade forward for a centimetre. This unlocks the Cutter from its fully extended position. Next, ensure the hand/fingers holding the Ligature Cutter are doing so around the top/bottom of the Cutter next to the release-point. Check that no fingers of this hand are at the side of the Ligature Cutter where the cutting blade is to be folded. Once this has been confirmed, push the cutting blade back to its 'closed' position.

When using the ligature cutter slip two fingers under the ligature to make space for the cutter and hook the blade under the ligature, ensuring the blade is facing away from the fingers and the blunt back of the blade is against the person's skin. Use a sawing motion to cut through the ligature. Do not cut the knot.

## **Lowering a Young Person from a Suspended Strangulation**

### **Fully Suspended Strangulation (Hanging)**

- It is essential the young person is brought down immediately;
- If you are first on the scene and other adults are on site (or bystanders), shout for help immediately as you hold onto the young person's thighs and lift their body to relieve tension on the ligature. Whilst the young person is being supported, cut the ligature mid-way between the point of suspension and the casualty, before lowering them to the floor;
- If you are the only adult on site and first on the scene, with no other adult help available, cut the ligature material whilst trying to support the casualty's weight (without putting yourself at risk). Apply the ABC protocol (Airway-Breathing-Circulation), before treating any other injuries that may be present. If the use of a mobile phone is available, contact emergency services on it (using loudspeaker function), whilst applying ABC to the casualty;
- In both above scenarios (lone working);
- If the young person is at height and you cannot reach try to reduce the tension on the ligature by placing a table or other support under the person;
- While the young person is being supported cut the ligature mid-way between the point of suspension and the person;
- One staff member must control the young person's head if this can be safely reached, while the other lowers the young person onto the floor, positioning them on their back;
- Once the young person is on the floor, remove the ligature from the neck using a ligature cutter if required;
- Do not cut the knot;
- Assess the young person's vital signs by following the ABC protocol and Secondary Assessment, before placing in the recovery position.

### **Partly Suspended Strangulation, Kneeling, Semi-seated and Lying**

- Quickly assess the situation and shout for help, if another staff member is on site;

- Cut the suspended ligature from the immovable object with a ligature cutter (as far from the knot as possible);
- Lower the young person to the ground immediately, supporting their head if possible to minimise movement;
- In a kneeling, semi-seated or lying strangulation incident, supporting the weight of the young person before cutting the ligature may be difficult because of their proximity to the ground. However, all reasonable efforts must be made to support their weight/head in these situations, without over-compromising the time taken to cut the ligature;
- If lying strangulation and where necessary for kneeling/semi-seated strangulation, staff must slide the young person up towards the point of suspension if practicable, to reduce the tension on the ligature before its removal;
- Remove the ligature from the neck using a ligature cutter;
- DO NOT pull on the ligature to remove it from the suspension point or cut the knot;
- Assess the young person's vital signs by following the ABC protocol and Secondary Assessment, before placing in the Recovery position;
- Staff must use safe manual handling principles as far as reasonably practical (see below).

**The following apply in instances of suspended strangulation:**

- Maintaining in-line mobilisation of the spine is crucial;
- Carry out Danger, Response, Airway, Breathing (DRAB) check;
- Continuous assessment of the young person's level of consciousness and orientation;
- Commence immediate resuscitation and continue until medical help arrives.

**Dangers**

- The weight taken by the staff may exceed guidelines for safe lifting and lowering (HSE1992), possibly increasing risk of injury to staff.

**Principals of Safe Manual Handling**

- Keep the young person as close to your body as possible as you lift;
- Make sure you have a good handgrip;
- Try to work as close to your natural, erect spinal posture as possible;
- Bend the knees when lifting, not the back;
- Ensure a good base of support is adopted.

**Appendix 2: Safe Cleaning of Ligature Cutter**

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**Cleaning Guidelines for a Fold-Away Ligature Cutter**

**Ligature cutter in the closed and open positions:**



**The device must be decontaminated after use regardless of whether bodily fluids are visible on the blade or handle.**

**Equipment required:**

- 70% Isopropyl alcohol wipes x 2 (soap and water if unavailable);
- Paper towels;
- Clean rigid tweezers.

**Cleaning LC1:**

- While the cutter is still in the open position place it carefully on a paper towel on a rigid surface;
- Using the left hand secure the cutter by holding the handle firmly on the rigid surface;
- Using the tweezers to firmly hold the alcohol wipe clean the exposed cutter blade. Turn the cutter over and repeat the process using the other wipe;
- Allow the blade to dry in a few seconds and can close it carefully;
- Once closed the plastic outer covering can be wiped with detergent and water;
- The cutter can then be wrapped and despatched for re-sharpening and replacement, or returned to an agreed storage place for use again.

**Cleaning Wire cutter**

- Hold the wire cutter vertically by one of the blue handles, with the handles below the cutting part;
- Using the tweezers to firmly hold the alcohol wipe, clean the exposed cutter area. Turn the cutter round and repeat the process using the another wipe;
- Allow the blade to dry in a few seconds and can close it carefully;
- Once closed the plastic outer covering can be wiped with detergent and water;
- The cutter can then be wrapped and despatched for re-sharpening and replacement, or returned to an agreed storage place for use again.

### **Appendix 3: Dynamic Risk Monitoring Form**

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Click here to view Appendix 3: Dynamic Risk Monitoring Form

### **Appendix 4: Self-Harm and Suicide Attempt Report Form**

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Click here to view Appendix 4: Self-Harm and Suicide Attempt Report Form

### **Revision History**

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Date last updated: May 2020

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Date of release: December 2018

**End**

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