

Physis- a Greek word meaning the natural energy for growth, change and developm...



φύσις

Ligature Cutters 2017



**Physis Heathgates
Academy**

*Physis Quantum is a specialist provider of exciting and innovative services to
Children with Special Educational Needs and Disabilities.*



Index

1. **Introduction**
2. **Scope of the Policy**
3. **Guidance for Staff**

φύσις

1. Introduction

1.1 This policy document is intended only for the use of the employees of Physis Quantum and should be treated as confidential. The term employee includes all professional staff including residential care staff and teachers. The term Manager includes Project Managers and the Head Teacher.

1.2 Distribution outside of Physis Quantum should only occur with the written consent of the CEO.

1.3 All Physis Quantum employees are expected to read this policy and their understanding of this policy will be assessed during the Induction Process, regularly during Supervision, and during mandatory training events.

1.4 Employees will be expected to abide by and work within this policy framework at all times, both during and after their employment, as stipulated in their Contract of Employment.

1.5 This policy was last revised on 06.05.15. and it will be reviewed bi-annually and/or in accordance with changes in company structure, relevant legislation and guidance.

2. Scope of the Policy

2.1. Despite utilising risk assessments and taking every possible action to ensure the safety and wellbeing of all the children and young people who use our services, there may be situations when a child or young person may attempt to self-ligate.

2.2. This may be by securing a ligature around the neck and attempting to suspend from a ligature point, or by tightening a ligature around the neck to cut off the airway.

2.3. In these emergency situations, ligature cutter may need to be used rapidly.

2.4. To safeguard the children and young people and the staff, all staff working in areas where ligature cutters are provided, will be instructed in the use of the ligature cutter and will attain self-confidence in its use.

2.5. It is the responsibility of the member of staff to seek further instruction if required and this will be available when needed.

3. Guidance for Staff

3.1. Corporate Responsibility

Physis Quantum have an obligation to offer appropriate care and support to the children and young people we support and appropriate training to our staff.

3.1.1. The Chief Executive, on behalf of the Physis Group, has overall responsibility to ensure that Physis Quantum complies with its statutory obligations and ensuring that all staff have received appropriate training to enable them to effectively fulfil their role within the organisation.

3.1.2. Manager Responsibility

3.1.2.1. Managers are those individuals who have line management responsibility for other members of staff within the organisation.

3.1.2.2. Managers are responsible for ensuring that all their staff (working in areas where ligature cutters are provided) are aware of this procedure, have read it, and have received appropriate training, through supervision.

3.1.2.3. Managers must ensure adequate supplies of ligature cutters are available in clinical areas where they are required, that adequate risk assessments regarding such provision have been carried out.

3.1.3. Employee Responsibility

3.1.3.1. All staff (permanent and temporary) directly employed by Physis Quantum, sub-contracted or seconded to the organisation, must be aware of this procedure, adhere to the procedures outlined and make considered use of the guidance offered.

3.1.3.2. It is the responsibility of each staff member to maintain their skills and knowledge relating to the use of ligature cutters.

3.2. PROCESS

3.2.1. Risk Assessment and provision of ligature cutters

3.2.1.1. All children and young people placed with Physis Quantum will have a complete risk assessment carried out in accordance with the Company Risk Assessment Policy.

3.2.1.2. A risk assessment for the provision of ligature cutters must be carried out in all services where there is a risk of self harm or suicide attempts.

3.2.1.3. Where it is identified that ligature cutters should be provided, a further assessment based upon the predicted frequency of incidents will indicate the number of cutters to be provided.

3.3. Mandatory Procedural Requirements

3.3.1. Any staff member may be required to use a ligature cutter in an emergency. It is essential that all staff, working in areas where ligature cutters are provided, are trained and feel confident to use the cutter.

3.3.2. Where possible, staff must avoid cutting the knot, as this may be required for forensic investigation.

3.3.3. Appropriate treatment must be given following the removal of the ligature and where indicated resuscitation should be attempted in line with the First Aid training provided to staff team members.

3.3.4. Following removal of a ligature the child or young person must be reviewed by a doctor as soon as possible. We do not employ staff who are qualified to make such clinical decisions and the advice of a medical professional must be secured without delay.

3.3.5. Staff must retain the cut ligature for later inspection. In the event of injury or fatality to the child or young person the ligature will form part of the investigation.

3.3.6. Where part of the ligature remains attached to a ligature point, it should not be removed until this has been authorised by the police or appropriate senior staff.

3.3.7. In the event of a fatality, the room and all of its contents must not be touched or moved and the room secured to prevent anyone accessing it until the police have arrived. The ligature must be left in the room.

3.3.8. If there are any injuries relating to the cutter being used, these must be recorded.

3.3.9. Project Managers will ensure all relevant Incident paperwork is completed and all procedural guidelines are followed.

3.4. Procedure for the safe use of Ligature Cutters

3.4.1. Staff should ensure their safety before attending a ligatured young person. The individual may have weapons about their person (e.g. sharps which have been used as part of a self harm attempt.)

3.4.2. Staff should also be aware of the location of the young person, as well as other young

people and visitors who could present a risk.

3.4.3. Staff should ascertain whether the ligature itself may present a risk e.g. pressurised lines and live electrical cables may be used to hinder rescue.

3.4.4. A ligature cutter is most effective when used to cut softer and thinner materials e.g. Shoe laces, string, linen, headphone cables and similar. The ligature cutter will cut tougher materials e.g.

leather, towelling, some steel cables, electrical flexes, but more effort may be required and the cutting process may take longer.

3.4.5. Staff should avoid cutting through any knots, as in addition to damaging potential evidence, it also makes a removal attempt more difficult owing to multiple layers at the point of the knot.

3.4.6. To optimise the use of the ligature cutter, the rounded and blunt end should be initially placed flat against the person's body so that it can slide under the ligature.

3.4.7. Where possible, it is recommended to try and cut to the side of the neck. The natural soft tissues and hollows may ease the insertion of the cutter blade. This will also reduce any pulling onto the airway upon cutting (as would occur if the cutter is inserted at the back) and reduce likelihood of causing further trauma to the airway, as may occur if inserting from the front.

3.4.8. In situations where the young person resists actions to remove the ligature, it may be appropriate for staff to restrict the person's ability to struggle, especially where the struggling behaviour increases the risk(s) presented by the ligature, or by the use of the ligature cutter by staff. In such situations, staff should employ appropriate holding skills, sensitive to the needs of the person, in accordance with Policy Guidance, to facilitate the safe removal of the ligature.

3.4.9. All complete or incomplete suspension incidents must be considered high risk with regard to manual handling, because of the loads involved and possible requirement to adopt awkward postures.

3.4.10. Staff should carry out a dynamic risk assessment and apply safe handling principles to the best of their ability in the situations that they find themselves.

3.4.11. Staff must not place themselves at unnecessary risk and must not attempt any technique or manoeuvre they feel would be hazardous for them.

3.4.12. Where the perceived risks involved with supporting the weight are considered too great, it may be appropriate to cut the ligature and allow the person to fall unhindered to the ground.

3.5. Complete Suspended Strangulation (Hanging)

3.5.1. The priorities are to release the pressure the ligature is causing on the neck and to remove the ligature. Where possible the patient should be elevated by taking a secure hold around the thighs or hips to reduce the tension on the ligature. This can be particularly useful to reduce air way compromise if staff are not able to cut the ligature immediately, and will enable the patient to be supported when the ligature is cut. It may be safest to approach from the front so that the patient will fold towards the shoulder (i.e. towards the handler, and not away from them) after the ligature is cut.

3.5.2. All strangulation attempts should be treated as a suspected spinal injury. Staff should support the neck, as far as is possible. No specific techniques exist to allow for support of the cervical spine as the individual is lowered to the ground following hanging, so staff should try to support the head to the best of their ability in the circumstances.

3.5.3. As soon as the body weight is supported, or handlers are clear if the dynamic risk assessment indicates allowing an unhindered drop, the ligature should be cut at a central point

between the patient's neck and the suspension point so that there is minimal interference with any potential evidence.

3.5.4. If supported, the person should then be lowered to the floor.

3.5.5. If the ligature remains in place around the child or young person's neck (or other body part) it should be removed using a ligature cutter.

3.5.6. Staff should make every effort to cut the ligature at a point that is distant from any knot

3.5.7. Appropriate airway management techniques, to the staff member's level of skill and training, should be applied, mindful of the possibility of spinal injury.

3.5.8. An assessment for laryngeal injury should be made as soon as possible following the event by a Doctor.

3.6. Incomplete Suspended Strangulation (semi seated or kneeling)

3.6.1. The priorities are to release the pressure the ligature is causing on the neck and to remove the ligature.

3.6.2. Where possible, the young person's upper body (and head) should be supported and elevated by taking a secure hold around the upper torso (and head) to reduce the tension on the ligature.

3.6.3. This is useful to reduce airway compromise if it is not possible to cut the ligature immediately and will enable the young person to be supported when the ligature is cut.

3.6.4. DO NOT pull on the ligature to remove or unhook it (e.g. - from over a tap or door handle).

3.6.5. As soon as the body weight is supported, or handlers are clear, if the dynamic risk assessment indicates allowing an unhindered drop, the ligature should be cut.

3.6.6. Ideally this should be at a central point between the young person's neck and the suspension point.

3.6.7. If supported, the young person should then be lowered to a supine position, maintaining manual inline stabilisation of their neck to protect from potential further spinal damage.

3.6.7. Once lowered, staff should apply appropriate airway management techniques that they have been trained in. An assessment for laryngeal injury should be made as soon as possible.

3.6.8. If the ligature remains in place around the young person's neck (or other body part) it should be removed using a ligature cutter and staff should make every effort to cut the ligature at a point that is distant from any knot.

3.7. Lying Strangulation

3.7.1. Staff should slide the child or young person towards the point of suspension to reduce the tension on the ligature before removal.

3.8. Ligature (unsuspended)

The ligature should be removed following the procedure and guidance above.