



LIGATURE RISK ASSESSMENT POLICY

DATE OF ISSUE – MARCH 2016

REVIEW DATE - FEBRUARY 2019

1. Introduction

- 1.1** Hanging is the main method of suicide for mental health service users, whether they are within the community or hospital setting. Hanging may involve strangulation or asphyxiation caused by suspending the body from a high ligature point, or by using a ligature point below head height.
- 1.2** Suicide is a leading cause of death, particularly among young people. Almost 2 in every 100 deaths worldwide (1.5%) are by suicide, making it the 10th leading cause of death. Each year approximately 300 people in Wales die from suicide. This is roughly twice the number killed in road accidents (Public Health Wales, 2015).
- 1.3** A significant proportion of suicides are believed to occur through impulsive acts, using what may seem 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 judgement to be made regarding the likelihood of an item being utilised as a ligature point, and the opportunity for a service user to utilise the potential ligature point.
- 1.4** In Wales, *'Talk to me'* is the Welsh Government's plan to prevent suicide and self harm. This 5 year action plan aims to raise awareness of suicide and self harm and help people understand that it is often preventable.
- 1.5** Hafal is committed to identifying, removing or managing potential ligature anchor points for suicide and self harm.
- 1.6** This policy sets out Hafal's approach to managing environmental risks for suicide and self harm.

2. Background.

2.1 Safety is at the centre of all effective health care, and a systematic approach to risk assessment and risk management is essential. Hafal is committed to service user safety and the provision of safe environments of care.

3. Clinical risk

3.1 The environmental risk assessment for suicide and self harm is a component part of comprehensive clinical risk assessment which includes service user risk assessment formulation and care and treatment planning. The appropriate use of observation and engagement, including positive risk taking and environmental risk assessment support the management of identified risks.

3.2 It is important however, to be mindful of the fact that there is no way of creating a completely risk-free environment that does not also adversely impact on other key principles of providing mental health care, including privacy, dignity, recovery and positive risk taking.

4. Definitions

TERM	DEFINITION
Ligature	<p>Something which binds or ties. Something which could potentially be used or has been used for self strangulation.</p> <p>Examples include chains, linen, clothing e.g. belts, ties, laces, bras tights etc. medical and non-medical tubing, cables or wires, audio and video tapes, toilet rolls, paper towel rolls, self adhesive leaflet backing paper, wallpaper borders, curtains, cords, plastic bags, duvets, sheets etc.</p>
Ligature anchor point	<p>Anything that could be used to attach a cord, rope or other material for the purpose of strangulation e.g. doors, windows, hinges, handles, locks, ceiling fittings, pipes, showers, toilet handles curtain tracks, wall fittings, beds, cupboards, building structure, outside space e.g. trees, fences etc.</p>
Clinical Risk	<p>Risks which may impact on the well being or safety of a service user.</p>
Environment	<p>The external surroundings in which a person interacts.</p>
Ligature cutter	<p>The tool used to release a ligature safely.</p>

4.1 Potential ligatures

POTENTIAL LIGATURES AND LIGATURE POINTS	RISK CONTROL
Bedsteads, frames, headboards, footboards, cables, controls – can the bed be up-ended?	Should be appropriate to the environment
Wall fittings, brackets, picture rails, wall lights, mirrors, light switches, vents, plug sockets, extractor fans	Consider brackets and fixings- remove or box in
Coat hooks	Remove all hooks including behind doors, in wardrobes etc. and consider alternatives
Towel rails, grab rails Baths/showers, sinks, pipe work, taps, soap dishes/dispensers, paper towel dispensers, toilet roll dispensers, sink plugs, waste pipes., ducting, door locks.	Avoid beams and vertical stabilisers Use alternatives to traditional toilet roll holders/dispensers Avoid soap and paper dispensers Avoid sink and bath plugs All pipe work to be completely covered
Curtain tracking and rails, including shower curtains	MUST be collapsible and have low weight-bearing capacity. Avoid gaps in fixed tracking Fit tracking flush to walls/ceilings
Curtain wires for net curtains	DO NOT USE
Doors -door closers, door handles, frames, architrave, hinges, coat hooks	Consider design of hooks, hinges, any gap between door and frame Protruding door handles – consider alternative design Closers should be mounted on the outside of doors
Electrical conduits/wiring	Should be ‘chased’ into walls or fitted flush to wall
Exposed pipe work and fixing, sinks and shower systems, heating and radiators, ducting	Should be avoided
Hinges – doors, wardrobes, cupboards	Consider type of hinge and any gap between door and frame

Light switch cords	Consider infra-red automatic switches
Wardrobes – doors, handles, hinges, rails, coat hooks, shelves	All rails must be avoided and built-in grooves utilised
Windows and window openings – frame, handle, hinges, restrictors	Design appropriate
Ceilings – false ceiling panels, air vents and diffusers, light fittings, alarm receivers, hatches, smoke detectors	No false ceiling panels should be used, light fittings etc. should be tamper-proof,

4.2 Safety alerts related to ligatures issued between 1996 and 2012 – see **Appendix 1**

5. Responsibilities.

All staff are responsible for:-

- Advising the Recovery Centre Manager if they are aware of any potential ligature risk.
- Notifying any incidents regarding ligature risks (including near misses) to the Recovery Centre Manager and making a full report within the service user's care and treatment plan as well as a review of their risk assessment and management plan.
- Participating in ligature risk assessments.
- Undertaking and developing Clinical Risk Assessments and Care and Treatment Plans as required, and ensure that reasonable and appropriate consideration is given to potential ligature risks within the Recovery Centre.
- The Recovery Centre Manager will ensure that an annual ligature risk audit is undertaken as well as an action plan and any necessary remedial action taken as a result .However, if there has been a significant change, e.g. change of use, modification of the building or after a serious adverse incident an immediate risk assessment will be conducted. Any identified issues which cause an immediate concern will receive particular attention.
- Ligature Risk Assessments are a working document and should be continuously reviewed and updated. The results of Ligature Risk Assessments should be recorded on the Risk Register as required. It is essential that this is undertaken, as it is this mechanism that will ensure that issues that cannot be resolved/controlled at Recovery Centre level are escalated to Senior Managers and Trustees of Hafal.

- All staff will ensure that they are aware of all relevant Hafal policies, procedures and protocols and the impact these have on their practice. Assessing and managing clinical risk is complex and will involve individual clinical risk assessment and management, as well as constant vigilance and observation to identify and assess potential risks. Practitioners 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 ensure that the following is undertaken:-
 1. Assess the level and likelihood of risk and to take action to manage the risk and to make the environment as safe as possible at the time. This could be achieved by management of the environmental risk (i.e. by isolating it) or managing the individual risk (i.e. through increased observation).
 2. Alert the Recovery Centre Manager/Deputy/Nurse in charge as soon as possible
 3. Report all adverse incidents and near misses in accordance with the Hafal Incident Reporting Policy.

6. Risk Rankings

6.1 The Risk Assessment risk rating shall be allocated in accordance with Hafal's Risk Management Policy (see Clinical Risk Assessment and Management Policy, Risk Register Policy and Clinical Governance Policy).

6.2 As all potential ligature risk(s) identified may result in death or serious injury, the impact of all identified ligature risk(s) shall be considered to be ranked as **HIGH**.

6.3 The assessment of the likelihood of the identified ligature risk(s) resulting in death or serious injury should be made following the consideration of the following factors :-

- Room designation
- Height of identified ligature risk
- Type of potential risk
- Service accommodated within the rooms/areas

7. Legislation

Hafal has a responsibility under Section 3 of the Health and Safety at Work Act (1974) to identify the nature and extent of risk. In response to Regulation 3 of the Management of Health and Safety at Work Regulations (1999), teams shall make a suitable and sufficient risk assessment of the care environment. The preventative and protective measures that have to be taken into account following the risk assessment shall depend on the level of risk posed and should focus on those who are particularly vulnerable within that environment.

8. Training

8.1The Recovery Centre Manager will ensure that all practitioners are aware of, and adhere to, this policy. All practitioners will undertake mandatory Health and Safety training and will receive annual refresher training.

9. Analysis of Adverse Events

9.1 All adverse events will be investigated in accordance with the Risk Management and Incident Reporting Policies. Learning from all adverse events will be shared appropriately to improve service provision and the environment of care.

10. References

Department of Health (2007). *Best Practice in Managing Risk*.

World Health Organisation (2013). 66th World Health Assembly. *Draft Comprehensive Mental Health Action Plan 2013-2020*.

Office of National Statistics (2011). *Census results for Wales*.

Office for National Statistics (2011) *Welsh index of Multiple Deprivation, Summary Report*, Welsh Government.

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (2015).

Welsh Government (2009). *Talk to me: the National Action Plan to reduce Suicide and Self-harm in Wales*

Public Health Wales(2015) *Suicide and Self-harm*.

Health and Safety at Work Act (1979).

Management of Health and Safety at Work Regulations (1999).

Appendix 1

SAFETY ALERTS RELATED TO LIGATURES ISSUED BETWEEN 1996 AND 2012

EFA/2010/003	Anti-ligature curtain rails (including shower curtains): Risks from incorrect installation or modification
EFA/2010/002	Risks of unauthorised access to unsecured ceiling hatches
NPSA signal alert Reference Number 11041	Wardrobes used as ligature points (Issue date 24 th September 2009)
DH(2008 – 02)Gateway Ref:9594	Estates and Facilities alert regarding potential ligature risk of rubber/PVC weatherproof seals
DH(2006-07)	Estates and Facilities alert regarding use of doors – and potentially windows as ligature points. Issued 18 th October 2006 Gateway ref: 7208
DH(2006-05)	Shower heads
NHSE (2004-10)	Bed cubicle rails, shower curtains
NHSE(2004-08)	Cubicle tracking, PVC used as a potential ligature garrotte
NHSE(2004-05)	Suspended ceilings, ligature point
NHSE(2004-03)	G Rail 2301, Window curtain tracking
NHSE SN (2002-01)	Cubicle rail suspension system with load release support systems
NHSE HN (1998-04)	Curtain tracks, potential ligature points
DH (2007) 08 EFA	Cubicle curtain track rails
EFA24/04/2008	Lotus professional compact toilet roll holder/dispensers – risk of ligature source – internal spring can be stretched out to form a garrotte
EFA 3/09/2008	Duvet covers may contain ribbons, tapes or cords which could be removed and used as a ligature
EFA/2010/006	Self harm associated with profiling beds – use of ligature points on profiling beds to commit self harm
EFA/2010/007	Window blinds with looped cords or chains all types. Strangulation hazard to children and vulnerable adults
EFA/2010/011	Self harm associated with wardrobes – tying of ligature to part of anti ligature wardrobe if there is structural weakness or damage

Appendix 2

ROOM DESIGNATION RATING

The audit process entails a review of every area, e.g. bedroom, day rooms, gardens etc. and will be rated according to how much time service users spend in the area without direct supervision. Therefore higher risk areas will include bedrooms, toilets and bathrooms.

The rating is an assessment of the opportunity a service user could have to use a ligature point.

The ratings are to be in 3 groups as follows:-

Most service users spend periods of time in private, without direct supervision	Most service users spend long periods of time with minimum direct supervision and are usually in the company of peers	Areas where there is traffic from others moving through the area, or where rooms are inaccessible.
All en-suite bedrooms	Lounge areas	General circulation spaces
All toilets	Dining room	Corridors
	Gardens/courtyards (dependent on level of observation)	Locked store rooms, offices and sluice room
		Kitchen/pantry
		Locked activity room
		Utility room
		Well-being room