



# Communication Specialist College

DONCASTER

## Ligature Cutter Use Policy - draft

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### Overview

To ensure trained staff working in areas where ligature cutters are provided have been properly instructed in the use of a ligature cutter.

To ensure correct placement of ligature cutters.

To ensure correct auditing of ligature cutters.

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### 1. Introduction

Despite risk assessments and efforts to ensure the safety and well-being of all learners who access our college and residence, there may be a situation when a learner may attempt to end their own life. 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.

In these emergency situations, ligature cutters may need to be used rapidly. To safeguard the learner 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.

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

Also see additional guidance on safety of a scene, and correct techniques of cutter use, from the document: *Ligature Awareness - Procedure for The Safe Use of Ligature Cutters*

### 2. Terminology and Definitions

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, Cellotape, 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.

### **3. Cutters and storage**

Each designated location will hold a pack of four ligature cutters, the Barrington International LC1 Folding Ligature Cutter, The Big Fish Ligature Cutter, The Tuff Cut Paramedic Scissors and Wire Cutters. Only approved ligature cutters designed for the purpose should be used and only after appropriate training.

In all locations ligature cutters will be stored securely offering quick access for staff. The location of storage will be determined by the area manager in agreement with the Designated Safeguarding Lead (DSL). Ligature cutters must not be moved from designated locations without ensuring all staff in the department are aware. Our setting is low risk, therefore a Barrington Cutter, will be positioned centrally and easily accessible for emergencies.

Ligature cutter's storage and locations will be checked termly. A record of this will be logged and signed off by an appointed person.

### **4. Procedure**

Trained staff responses to ligating incidents should be in accordance with the guidance in **Appendix 1** which will be specific to each department.

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. This may be the case for lone working.

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 DSL and Principal who will advise on contacting the young person's family and other relevant professionals.

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 to check for external and internal injury and

possible assessment for CAMHS or Adult Services referral. If the young person is already under CAMHS the relevant case co-ordinator and clinician should be notified as soon as possible.

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).

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 (unless required by Police as evidence) and either sent to the supplier to arrange for sharpening and a replacement to be purchased.

The cleaning procedure is described in **Appendix 2**.

An Incident Report must be generated for each ligature incident and the event should be recorded on CPOMS. In the event of death, the Ambulance Service, Police, the Principal and DSL should be contacted 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. Contact with Parents / carers will be arranged in conjunction with police advice.

## **5. Training**

All relevant staff will receive training on the practical experience of the use of ligature cutters.

The line manager of the trained staff should ensure records are kept of staff ligature training.

## **6. Risk Assessments**

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

Ligating incidents can be traumatic, and staff may experience strong emotional reactions after such events. In such cases debriefing support will be offered by line managers, the school nurse and where necessary an external counsellor.

## **7. Recording and Monitoring**

It will be the duty of an appointed person 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 the area's manager to log and ensure staff are fully up to date in training in the use of ligature cutters.

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

### **Barrington Cutter**

To prepare the Barrington 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 (this may be important evidence).

### **Big Fish Cutter**

The Big Fish Cutter has a 9mm mouth opening and cuts up to 12mm rope. It comes with a reversible and replaceable straight blade. This cutter is ideal for cutting:

- Strapping / Banding
- Stretch / Bubble Wrap
- Cable Ties
- Rope / String
- Netting
- Rubber

This cutter is NOT suitable for large ligatures such as twisted clothing or for wire

### **Tuff Cut Paramedic Scissors**

These are heavy-duty scissors for cutting clothing, seat belts, and other tough materials safely, quickly, and easily in an emergency situation. They are made of hardened stainless-steel blade with moulded tip to prevent cutting the patient. They have ergonomic, high impact handles and serrated blade grips material and reduces hand fatigue.

### **Wire Cutter**

These are standard Wire Cutters which will cut wire, single and twisted strand, up to a maximum diameter of 3mm and spring wire up to 1.5mm diameter. Specially shaped cutting head with smaller opening for smaller diameters, supple spring for greater comfort. They have spring-loaded handles with vinyl grips and safety lock. Suitable for small hands although it may be easier to use both hands if you have assistance.

## 9. Incident Management

Follow this basic 4 Point Rescue Plan

<b>1</b>	Summon Help – Shout, send for assistance, call ambulance 999/112 (have your phone on loudspeaker).
<b>2</b>	Enter Area – Carry out a dynamic risk assessment (POPS - People, Objects, Position, Situation) is it safe to enter? Are there any further dangers? Can you get to the casualty? Where are you?
<b>3</b>	Support Victim – Take the weight off the ligature by supporting the weight of the casualty using an appropriate hold. <ul style="list-style-type: none"> <li>• Cut supporting anchor away from anchor point, preserving the knot for evidence</li> <li>• Rescue victim, guide to floor if possible or manage behaviour accordingly</li> <li>• Cut Ligature – using the correct method and tool cut the ligature at the side of the neck, along the groove below the ear, avoid direct pressure on spine or windpipe</li> </ul>
<b>4</b>	Aftercare – Ensure the incident is correctly reported as follows: <ul style="list-style-type: none"> <li>• Continue first aid obs as necessary (ABC &amp; Laryngeal inspection)</li> <li>• Treat as potential spinal injury, supporting head and minimising movement</li> <li>• Support other residents during disruption</li> <li>• Submit an incident report in accordance with company policy</li> <li>• Support further learning and development of other staff and policy</li> <li>• Sanitise and sharpen knives if needed</li> </ul>

Also see additional guidance on safety of a scene, and correct techniques of cutter use, from the document: *Ligature Awareness - Procedure for The Safe Use of Ligature Cutters*

## 10. Suspension Strangulation Incidents

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

### **11. Complete Suspended Strangulation (hanging)**

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.

It may be safest to approach from the front so that the patient will fold towards the shoulder (i.e. towards to handler, and not away from them) after the ligature is cut.

All strangulation attempts should be treated as a suspected spinal injury. Staff should support the neck, as far as is possible and to the best of their ability in the circumstances.

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 (do not cut the knot). If supported, the person should then be lowered to the floor.

If the ligature remains in place around the patient's neck (or other body part) it should be removed using a ligature cutter. Staff should make every effort to cut the ligature at a point that is distant from any knot. Appropriate airway management techniques, to the staff member's level of skill and training, should be applied, mindful of the possibility of spinal injury. An assessment for laryngeal injury should be made as soon as possible.

### **12. Incomplete Suspended Strangulation (semi seated or kneeling)**

The priorities are to release the pressure the ligature is causing on the neck and to remove the ligature. Where possible, the patient'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.

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

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. Ideally this should be at a central point between the patient's neck and the suspension point (do not cut the knot). If supported, the person should then be lowered to a supine position, maintaining manual inline stabilisation of the patient's neck to protect from potential further spinal damage.

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.

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

### **13. Lying Strangulation**

Staff should slide the patient towards the point of suspension, using slide sheets, if possible, to reduce the tension on the ligature before removal.

### **14. Ligature (unsuspended)**

The ligature should be removed following the procedure and guidance above

### **15. Dangers**

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

### **16. 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.

### **17. Appendix 2: Safe Cleaning of Ligature Cutters**

#### **Cleaning Guidelines for a Fold-Away Ligature Cutter (Barrington)**

**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, unless required by the Police for forensic evidence.

**Equipment required:**

1. 70% Isopropyl alcohol wipes x 2 (soap and water if unavailable).
2. Paper towels.
3. Clean rigid tweezers.

**Cleaning Barrington:**

- 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 Big Fish cutter**

If not required by the Police for forensic purposes the blade on the cutter can be replaced by one of the premises team, who will be trained in this procedure.

Once the blade has been removed the plastic handle should be cleaned,

**Equipment required:**

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

**Cleaning Tuff Cut Paramedic Scissors**

Unless required by the Police for forensic evidence, the Tuff Cut scissors should be cleaned as soon as possible after use.

This can be done initially by using alcohol based universal wet wipes. After this a more in-depth cleaning regime will need to be carried out using warm water and a small amount of bleach in a throw away plastic container. The scissors should be left in the solution for two minutes before once again cleaning them thoroughly with wet wipes and or cold water.

**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 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.