

# Anti-Ligature Policy

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### REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

None – New Policy.

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### KEY WORDS

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Anti-Ligature, Ligature

## 1 INTRODUCTION AND OVERVIEW

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- 1.1 Effective clinical risk assessment and risk management is essential to providing safe and effective care. It requires the use of structured professional judgement in identifying risk factors that apply to an individual and their situation and consideration of these in reaching a conclusion on the likelihood of a serious or untoward incident occurring.
- 1.2 Hanging is the primary method of suicide for mental health service users, whether in-patient or community. Although less common in Acute care the risk has to be addressed by policy and arrangements as mandated by EFA 2018-005. This policy is intended to help keep service users safe by reducing the risk from ligatures within acute service areas where patients are admitted, assessed or receive treatment.. Where it is not possible to remove structures identified as

ligature points or where obstructions to the observation of patients have been identified, the Trust will adopt other risk controls including replacing, protecting against and implementing procedures to reduce the risk posed by these structures.

- 1.3 Individual assessment and care planning is an essential component of mitigating identified risks. Intuitive and Inquisitive staff offer a significant protective factor. The main ligatures used in suicides occurring on wards are items of clothing and shoe laces. The main items used historically as ligature points have been doors and various parts of windows. This is likely to change as reduced ligature design fixtures and fittings are installed and designs improved.
- 1.4 Due to human ingenuity and/or a lack of a technical solution, it is not possible for all potential ligature points to be addressed and a judgement therefore has to be made about the likelihood of something being used as a ligature point. The overall approach is to remove identified risks possible and replace with suitable alternatives in a way that reduces the risk to the lowest level reasonably practicable.

## **2 POLICY SCOPE**

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- 2.1 This policy applies to all areas within the governance of University Hospitals of Leicester where patients are admitted, assessed or receive treatment. 2.2 This policy should also be considered when there is planned refurbishment, new build and or change-of-use of areas that were previously non-patient.

## **3 DEFINITIONS AND ABBREVIATIONS**

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### **3.1. Anti-Ligature Fittings**

An anti-ligature or reduced ligature fitting is any fitting that is designed in such a way as to prevent a ligature being attached to it, however this does not mean it is not a risk, it is reduced risk.

An anti-ligature fitting should:

- Cause the ligature to slip off, or
- The fitting should break away from its mount when placed under pressure of weight.

### **3.2 Environment**

The external surroundings conditions in which a person interacts. This could be the physical or built environment – the actual buildings, fittings etc.

### **3.3 H&S**

Health and Safety

### **3.4 Ligature**

Something which binds or ties and could potentially be used or has been used for self-strangulation. Examples include chains, linen, clothing (including belts, laces, bras, ties, tights) plastic bags, bag straps, pull cords, medical and non-medical tubing, cables or wires, audio and video tapes, toilet rolls, paper towel rolls, self-adhesive leaflet backing paper, wallpaper borders etc.

### 3.5. **Ligature Anchor point**

Anything that could be used to attach a cord, rope or other material for the purpose of strangulation.

### 3.6. **Ligature Cutter**

A hooked knife tool used to release a ligature safely.

3.7 **QSHE** – Quality, Safety, Health & Environment. Expert Health and Safety advisors to the UHL Estates and Facilities department.

## **4 ROLES – WHO DOES WHAT**

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**4.1** The Trust's Health and Safety Policy sets out the roles and responsibilities for all staff. Additional responsibilities to enable the effective management of anti-ligature environments are detailed below.

### **4.2 Medical Director**

4.2.1 The Medical Director is the Executive Board member who has the lead for this policy.

### **4.3 Clinical Directors / Clinical Management Group (CMG) Heads of Operations / Corporate Directors**

Clinical Directors / Clinical Management Group (CMG) Heads of Operations / Corporate Directors are responsible for ensuring that this policy is implemented and that all workplaces provided for in the use of their department are in accordance with the provisions laid down in this policy.

4.3.1 Including, adequate resources are made available to meet that requirement of anti-ligature fixtures and fittings.

### **4.4 Department Managers/Supervisors, Ward Managers, Matrons**

are responsible for:

4.4.1 All areas which are accessed by patients who may be at risk of self-harm will develop and maintain a culture of monitoring in which there is constant vigilance and observation to identify and assess potential risks.

4.4.2 the implementation of this policy within their area of control and to ensure that all reasonable steps are taken to maintain and where necessary, improve health and safety standards.

4.4.3 Performing Patient and Environmental Ligature Anchor Point Audits and Risk Assessments and ensuring that they are appropriately/regularly reviewed and shared with Health and Safety Services, QSHE and Estates and Facilities.

4.4.4 Identifying whether the patient/client group is deemed to be at risk of self-harm by assessment of the risk factors (Appendix 1)

4.4.5 Ensuring all staff are aware of Anti-Ligature arrangements in their area of responsibility and any equipment necessary should a ligature incident be identified

including knowing how to operate that equipment, e.g. Location and use of a Ligature Cutter.

4.4.6 Ensuring all staff are trained on how use a Ligature cutter.

## **4.5 Employees**

All members of staff have a responsibility to comply with this policy and in particular they **must**:

4.5.1 Familiarise themselves with this policy and co-operate with the arrangements put in place.

4.5.2 Attend appropriate training sessions via HELM.

4.5.3 Bring to the attention of their immediate line manager any health and safety concerns including that of ligature risk

4.5.4 Report incidents, accidents and near misses using the Datix reporting system.

All members of staff have a responsibility to comply with this policy and in particular they **must not** :

4.5.5 Interfere with the proper use of any anti-ligature fitting by altering its use or removing altogether.

## **4.6 Estates and Facilities, Planning teams and QSHE**

4.6.1 All persons involved in the planning, supervision and maintenance of the estate and environment must adhere to this policy in respect of reducing the risk posed by ligature points. This includes installation, regular maintenance and engagement with area managers and Health and Safety Services for support, advice.

## **4.7 Health and Safety Services**

4.7.1 Provide advice, guidance and information concerning Ant-ligature arrangements to support the work of managers and staff implementing this policy.

4.7.2 Assist high risk area managers in the completion of their Patient and Environmental Ligature Anchor Point Audit and Risk Assessment.

4.7.3 Provide appropriate help, support and training in regards to Anti-ligature fittings.

4.7.4 Provide appropriate help, support and training in regards to ligature cutters including use and signposting to appropriate training on HELM

4.7.5 Be responsible for storing completed Patient and Environmental Ligature Anchor Point Audits and Risk Assessments as central record for UHL.

## 5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

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### 5.1 Undertaking a Patient and Environmental Ligature Anchor Point Audit and Risk Assessment

#### Stage One.

5.2. This Policy requires that an inspection is undertaken on a regular basis, and no less frequent than annually, by the Department Manager (referred in section 4.4)? based on the patient/client groups likely to be present in that area. Factors to consider but not limited to:

5.2.1 Childrens areas

5.2.2 Emergency department

5.2.3 Out-patient areas.

5.2.4 Neurological Rehabilitation Unit

5.2.5 Brain Injuries Unit

5.2.6 Patients with known Mental Health issues where self-harm may be a factor

5.2.7 Known previous incidents or near-misses (reported on DATIX).

#### Stage Two.

5.3 Where it is adjudged that there is a known risk due to one or more of the above risk factors, then a full **Environmental Ligature Anchor Point Audit and Risk Assessment** be undertaken.

5.4 The purpose of the assessment process is to ensure that:

5.4.1 Environmental risks for self-harm are identified, taking into account a range of factors including safety alerts

5.4.2 Identified risks can be assessed and evaluated as objectively as possible, taking into account a range of risk factors.

5.4.3 Management actions can be agreed and implemented appropriate to the level of risk identified through the above process

5.4.4 This assessment will cover adjacent areas such as corridors, rest rooms, bathrooms and outdoor areas used by service users in the facility.

5.5 The assessment will take into account:

5.5.1 Risks identified in existing safety alerts.

5.5.2 Structures or fittings which could be used in suicide by hanging or strangulation

5.5.3 Potential ligatures and ligature anchor points

5.5.4 Other risks for self-harm in the environment including access to heights, hazardous substances, wiring, fires, items of asphyxiation, equipment, plastic bags, blades and other sharps.

5.5.5 Staff resource and ability to observe a patient in room / space.

5.6 **Due to the specialist nature of the assessment, it is a requirement that the Health and Safety services team and/or the QSHEs undertake this assessment with the Ward/Department manager or their nominated and authorised deputy. (Appendix 1)**

5.6.1 They must look for anchor points and ligatures in all these areas – ( Appendix 2)

- 5.6.2 Where ligature and/ or anchor points have been identified and recorded on the Anti-Ligature Action Log, suitable and immediate controls measures must be put in place to safeguard patients (Appendix 3)
- 5.6.3 The risk assessments must detail the actions taken or intended, escalation process, who this has been escalated to, proposed time-frame and who is taking responsibility for the action. A copy of the assessment should be kept locally and a copy must be sent to the Health and Safety Mailbox. (Appendix 3)
- 5.6.4 All identified ligatures and ligature points must be acted on appropriately – i.e. remove immediately where possible; arrange with Estates to remove; restrict access; or control by local procedure.
- 5.6.5 All staff should be aware of the ligature risks and they will be cascaded through induction, supervision and staff meetings.
- 5.7 **Assessments completed in exception.** In addition to the annual inspection, assessments must be undertaken:
- 5.7.1 When changes to an identified area are planned, consideration of the risks for ligature points must be included throughout the planning process and a patient and environmental ligature anchor point risk assessment undertaken on completion.
- 5.7.2 Following receipt of a new safety alert relating to environmental suicide risks on Trusts premises an ***environmental assessment of that risk will be undertaken immediately.***
- 5.8 **Decisions and actions to manage identified risks following a Patient and Environmental Ligature Anchor Point Audit and Risk Assessment**
- 5.8.1 Following the Environmental Ligature Anchor Point Audit and Risk Assessment any uncontrolled or inadequately controlled risks will be escalated to the appropriate CMG management team who will review the information from the assessment process and:
- 5.8.2 Assess and evaluate all identified risks as objectively as possible, taking into account a range of risk factors.
- 5.8.3 Decide whether the appropriate response is a change in operational procedures on a unit and/or removal of the identified risk e.g. ligature point removal.
- 5.8.4 Agree and implement management actions appropriate to the level of risk identified through the above process
- 5.8.5 Decisions about actions requiring changes to buildings or fittings or those actions that possible implications for the rest of the organisation will be escalated to the UHL Health and Safety Committee.
- 5.8.6 The outcome will be communicated back to staff at ward or unit level, with an explanation as to what action will be taken and why.

## **6 EDUCATION AND TRAINING REQUIREMENTS**

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### **Training**

- 6.1 All staff must have completed training in accordance with UHL Health and Safety Policy (A17/2002).

## **7 PROCESS FOR MONITORING COMPLIANCE**

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- 7.1 The standards for monitoring this policy are as laid out below set out below
- 7.2 Arrangements for the monitoring process will be covered by the Health and Safety Services Environmental Audit.
- 7.3 All assessments will be monitored by the Health and Safety services team
- 7.4 Anti-ligature risk assessment and compliance will be analysed by the Health and Safety Services team and reported to the UHL Health and Safety Committee.
- 7.5 The UHL Health and Safety Committee will make recommendations and if necessary escalate any issues through the Board Assurance Framework

## **8 EQUALITY IMPACT ASSESSMENT**

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- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## **9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES**

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- 9.1 This policy is a statutory requirement under the Health and Safety at Work etc Act 1974, and is supported by topic specific subordinate legislation, Approved Codes of Practice and other guidance documents. The following Trust Policies also contain topic specific health and safety guidance.

Health and Safety Policy A17/2002

Incident and Accident Reporting Policy A10/2002  
(including the investigation of serious, RIDDOR and security incidents)

Reference: NHSI (19<sup>th</sup> September 2018) EFA-2018-005 - Title: Assessment Of Ligature Points

## **10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

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- 10.1 This document will be reviewed on a three yearly basis unless earlier revision is required following internal audits and/ or external guidance. The UHL Health and Safety Services Manager will be responsible for initiating the regular review of this policy.
- 10.2 Following ratification by the UHL Policy and Guidelines Committee new versions of this document will be uploaded onto SharePoint by Trust Administration and previous versions will be archived automatically through this system. Access for staff to this document is available through UHL 'INsite'.

## **APPENDIX 1**

## Patient and Environmental Ligature Anchor Point Audit and Risk Assessment

Department	CMG	Area	Site
Name of Assessor	Signature	Date	

**Part One** - Patient Area. Factors to considered would be the following high-risk categories

Area	Yes	No
Childrens areas		
Emergency Department		
Out-patient areas.		
Neurological Rehabilitation Unit		
Brain Injuries Unit		
Patients with known Mental Health issues where self-harm maybe a factor		
Known previous incidents (reported on DATIX).		

**If NONE** of the above applies to your area then consider the following;

- 1) Is there any planned relocation or refurbishment to your department in the next 12 months? **IF SO**, Then this assessment will need to be repeated once the works or relocation is complete
- 2) **IF NONE** of the high risk factors apply then reassess in 12 months.
- 3) **IF YOU ARE UNSURE** then contact UHL Health and Safety Services for advice

**IF ONE OR MORE** of the answers to Part one are “yes” then you must contact UHL Health and Safety Services to arrange a full audit and risks assessment.

Due to the specialist nature of the assessment this must be undertaken by the Health and Safety services team and/or the QSHEs, in the environment with the Ward/Area manager or their nominated and authorised deputy.

## Patient and Environmental Ligature Anchor Point Audit and Risk Assessment

Department	CMG	Area	Site
Name of Assessor	Signature	Date	
Name of H&S/QSHE officer	Signature	Date	

## Part Two -

### TYPES OF LIGATURE ANCHOR POINTS

The following is intended to assist auditing teams in the identification of **likely** ligature anchor points. It must be noted that these lists are NOT EXHAUSTIVE.

1. **Windows – Frame, Handle, Hinges, Restrictors**
2. **Doors – Frame, Architrave, handle, Hinges, Door Closer, Coat Hooks**
3. **Rails/Track – Curtains, Shower, Lockers, Blinds, Towel, Grab Rails**
4. **Pipe Work – Sink and Shower. Hot and Cold water, Toilet, heating and radiators, Ducting.**

### REMEMBER

1. A ligature point is not necessarily above head-height. Ensure that all levels are assessed as there have been reported instances where ligatures points at less than one metre have been used by patients to attempt self-harm by ligature. (EFA/2018/00 19 Sept 2018).
2. Adjacent corridors and non-patients rooms within a given area must also be part of the assessment.






**Paper or Electronic Copies of this form to be retained by the Ward/Departmental Manager**

**Electronic Copies to be submitted to UHL Health and Safety Services Mailbox. Health and Safety Team (healthandsafetyteam@uhl-tr.nhs.uk)**

**For legal purposes, the copy held by Health and Safety Services will be deemed as the most up to date version.**

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