

Use of Ligature Cutters Procedure

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Date	Record of changes made to document
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1. Purpose and Scope

This procedure is designed to support staff in discharging their duties when managing incidents where ligatures are used and ensuring consistent approaches to the procurement and use of ligature cutters and replacement blades.

The purpose of this document is:

To ensure that all appropriate staff members know where Ligature Cutters are stored and how they are to be used.

To ensure the purchase of appropriate safety knives to be used as ligature cutter tools and replacement blades via the PECOS procurement route (see section 9).

This procedure is for use within the Low Stimulus Room (LSR) by NHS Shetland (NHSS), Mental Health Staff and/or acute nursing staff within Ward 3 and other areas within NHSS where this risk applies.

2. Definitions

Term	Definition										
Ligature	<p>A ligature could be defined as any item that can be tied or fastened around the neck, which could be tied to a fixed object as a noose, or tightened and become a tourniquet for the purpose of self-harming by strangulation or hanging.</p> <p>Examples include charging cables, headphone cables, chains, linen, clothing (including hoodie ties, belts, dressing gown cords, laces, bras, ties, tights, stitching), pull cords, medical and non-medical tubing, cables or wires, guitar strings, dental floss, etc. This list is not exhaustive.</p>										
Ligature Point	<p>In this document anything that could be used to attach a cord, rope or other material for the purpose of strangulation. The ligature point is used to secure a ligature where the whole, or significant part of the bodies' weight can be suspended.</p> <p>Ligature points can include (but are not limited to);</p> <table border="1" data-bbox="373 1402 1402 2078"> <tbody> <tr> <td data-bbox="373 1402 745 1478">• Bed Frames</td> <td data-bbox="745 1402 1402 1478">• Coat and towel hooks</td> </tr> <tr> <td data-bbox="373 1478 745 1664">• Window, cupboard or door handles</td> <td data-bbox="745 1478 1402 1664">• Bathroom fittings: sink taps, sinks, WC bowls and flush handles, towel rails, toilet roll holders, plug and waste pipes</td> </tr> <tr> <td data-bbox="373 1664 745 1839">• Window curtain, bed curtain, shower and wardrobe rails</td> <td data-bbox="745 1664 1402 1839">• Furniture for example, shelves, drawers, the gaps between fittings such as a window or door and its frame</td> </tr> <tr> <td data-bbox="373 1839 745 1951">• Shower heads and shower controls</td> <td data-bbox="745 1839 1402 1951">• Door hinges, pivots and self-closers</td> </tr> <tr> <td data-bbox="373 1951 745 2078">• Window, door or cupboard edges and frames</td> <td data-bbox="745 1951 1402 2078">• Ventilation grills, ceiling vents and ducts</td> </tr> </tbody> </table>	• Bed Frames	• Coat and towel hooks	• Window, cupboard or door handles	• Bathroom fittings: sink taps, sinks, WC bowls and flush handles, towel rails, toilet roll holders, plug and waste pipes	• Window curtain, bed curtain, shower and wardrobe rails	• Furniture for example, shelves, drawers, the gaps between fittings such as a window or door and its frame	• Shower heads and shower controls	• Door hinges, pivots and self-closers	• Window, door or cupboard edges and frames	• Ventilation grills, ceiling vents and ducts
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Environment	The external surrounding conditions in which a person interacts. This could be the physical or built environment – the actual buildings, furniture, fixtures & fittings etc and the social environment. Personal possessions may also need to be taken into account, including clothing.
SHARK Safety Knife	<p>Tool used to release a ligature safely.</p> 

3. Roles & Responsibilities

3.1 Senior Clinical Service Managers/Lead Nurses/Directorate Nurse Managers, Unit Clinical Directors will ensure that:

All staff is made aware of relevant policies and procedures and their responsibilities in relation to them.

Any adverse incidents or near misses, including those involving ligatures and/or use of the safety knife in an in-patient setting, are reported according to NHS Shetland’s incident policies and procedures and investigate accordingly.

3.2 The Senior Charge Nurse will:

Ensure that a safety knife & replacement blades are available for use.

Ensure that all appropriate staff is trained in the use of the safety knife and know where it is stored. Record & be able to report on staff trained in the use of the safety knife.

Monitor the use of the safety knife to ensure that use is appropriate.

Ensure appropriate records of the use of the ligature safety knife are maintained on the NHS Shetland Adverse Event Reporting System.

Ensure that any adverse events or near misses involving the safety knife are reported according the NHS Shetland’s policies and procedures and investigated accordingly.

3.3 All staff on in-patient and day patient/out-patient community settings will:

Ensure they are aware of relevant NHS Shetland policies and protocols and the impact it will have on their practice.

Receive training in the use and safe storage of the safety knife.

Report any adverse incidents or near misses that involve the safety knife are reported according to NHS Shetland’s incident policies and procedures.

NB As many of our community staff also work on the nurse bank, or occasionally do additional hours, they should have knowledge of this protocol.

4. The use and procurement of safety knives

4.1 Purchase of approved safety knife as a ligature cutter

Ligatures come in many materials and forms including clothing cords, belts, headphone cables, charging cables, hoodie ties, rope, plastic bin liners/bags, nylon tights, electric flex such as electrical chargers, electric devices, bedding, cords from clothing, dental floss, etc. The safety knife can be used to cut all of these. These are not exhaustive examples. LSR and Ward 3 staff should have easy access to these safety knives in an emergency situation, and purchase of this tool is required via the PECOS procurement route (see section 9) and ensure that all appropriate staff members know where it is stored and how it is used.

4.2 Safe ligature release and use of safety knife

If a member of staff finds a person with a ligature in situ, immediately call for assistance:

- a. Activate your alarm or shout for help.
- b. Direct another staff member to call the emergency team and/or emergency ambulance.
- c. Support the person's body weight (if safe to do so) as soon as possible, to release the tension on the ligature. (A person does not need to be suspended or clear of the floor to be using a ligature.) Maintenance of the patient's airway, breathing and circulation is paramount.
- d. Keep the body weight supported and/or the tension off the ligature until the ligature has been cut.
- e. First the ligature should be cut as soon as possible mid-way between the ligature point and the person, if possible, (bearing in mind their body weight then dropping may cause injury to the person or staff).
- f. Then cut the ligature from around the person's neck. If the person was found suspended, one person should cut the actual ligature while another person continues to support the person's body weight, where possible.
- g. To ensure the cut is made as quickly as possible, cut the ligature material at the thinnest point, avoiding any knots if possible.
- h. Use the safety knife to cut the ligature from around the neck.
- i. A safety knife has a valley which guides the material being cut along the mouth blade and must be used correctly as demonstrated in the following pictures:



- j. The ligature should be passed through the opening which then pushes the ligature against the cutting blade. This should be carried out in an outward facing manner with force carrying the safety knife away from the patient once the ligature is cut.
- k. The cut should be made at the side of the neck where the neck is softer. The knife will be more easily inserted between the skin and the ligature here (rather than at the bony back or front of the neck).
- l. Always implement Basic Life Support in order to assess the patient first to then determine what interventions are required as may not always need to start CPR immediately, and then implement CPR / life support measures if indicated from BLS assessment.
- m. After use, the safety knife blade must be replaced before being returned to safe storage in the allocated location. Blades are to be replaced in the following manner:
 - Undo the two brass screws and separate the two knife halves using a screwdriver at the handle end of the knife.
 - The used blade is to be removed and a new blade inserted. The blades are reversible but owing to the potential for confusion regarding usage, a new blade is to be applied **every time**.
 - Dispose of the old blade in an appropriate sharps bin.
 - Clip the two knife halves together and replace the brass screws and tighten.

5. Risks

Care should be taken when removing deeply embedded ligatures in relation to the potential for causing further harm to the patient. This should be balanced against the importance of maintaining the patient's airway which is paramount.

Do not cut through a live electricity cable using the safety knife – disconnect/unplug this type of ligature from the power first.

In the event that the ligature cutter tool does not cut through the ligature, then each Toolbox should contain a set of wire cutters.

6. Preserving forensic evidence

If the person is subsequently pronounced dead, or there are suspicious circumstances, inform the police immediately.

The police will treat any such death as ‘unexplained’ and potentially a crime scene until proved otherwise.

Secure and prevent any others entering the scene, leave the deceased and any items (including paraphernalia) in the immediate area in situ, if possible. Should any items or deceased have to be moved then staff should wear rubber gloves and record who has moved what, the reasons for the move and where they are now.

The knot of the ligature should not be cut or untied, and leave the other end attached to the ligature point as it should be preserved as forensic evidence.

Make accurate written records and witness statements before the end of the shift after the event.

For clarity, a written statement will always need to be signed, with time and date.

7. Recording use of safety knife or wire cutters

Document fully in clinical records.

Report the incident on the NHS Shetland Adverse Event Reporting System.

Include witnesses in the Adverse Event Report statements.

8. Safe secure storage

The safety knife should be stored in a safe place, but should also be accessible to all staff. Where practical the knife should be stored in close proximity to any resuscitation equipment.

Because the safety knife could potentially be used as a weapon or to self-harm, it must be stored safely and securely where it cannot be accessed by service users.

Because any staff member may need to access the safety knife quickly, it needs to be accessible to all staff. It is not appropriate to store it in a place where access is restricted by key to only one staff member.

A sign to indicate the location of the knife should be displayed for staff.

Holsters are not to be purchased for one member of staff to carry the safety knife in during a shift, in order to prevent loss or being used as a weapon. This practice is considered to be a higher risk than the safety knife being stored in a safe place where all appropriate staff can access the knife, because the staff member may be off the ward at the time it is needed.

9. Procurement

The recommended safety knife for use within MH&LDS is The Safety Knife Company; Shark Safety Knife. (The Fish 200 series was phased out and replaced with the Shark series of safety knife as this can cut a thicker ligature.)

This knife should be ordered through the usual procurement procedures through PECOS.

Safety Knife - Shark with retracting hook blade, colour yellow

Replacement blades should be ordered in the same way. These come in boxes of 10 blades: BL200S - Spare Blades for Shark Knife (pack of 10).
BL200H - Hook Blades for Shark Knife (pack of 10).

10. Training

This procedure provides information and instruction on the use of Ligature Cutters. However, face to face training in the use of ligature cutters and actions following an incident is provided to Mental Health, Ward and A&E staff as part of their normal Basic Life Support (BLS) training.