



Assessment and Management of Environmental Ligature in General Wards and Emergency Departments Procedure

1. Guiding Principles

At times, patients identified as at risk of self-harm will be admitted to, and managed on a general medical ward of a hospital. It is not practicable to remove all potential ligature points from general inpatient rooms, as the primary purpose of the clinical areas in general hospitals is to care for medically unwell patients. As such, items like grab rails for the elderly and flexible shower hoses are not able to be removed from general inpatient rooms. Operational management systems need to be in place for these patients, in these areas.

General ward inpatient areas are not currently required to conduct environmental ligature risk assessments¹.

It is recognised that any interventions by the health service need to balance effective clinical risk management, against issues of privacy and dignity.

The most important management intervention for patients at risk of self-harm on a general ward and within the emergency department is to ensure that the patient is adequately supervised and observed for the level of risk identified.

2. Procedure

This procedure is to be read in conjunction with the WACHS:

1. Assessment, Admission, Treatment and Discharge of Mental Health Patients in Emergency Department and General Wards Policy
2. Assessment, Admission, Treatment and Discharge of Mental Health Patients in Emergency Department and General Wards Guideline
3. Suicide Risk Assessment and Management in Emergency Department and General Wards Guideline
4. Screening and Assessment of Mental Health Patients in WACHS Hospitals
5. Clinical Practice Standard: Restraint and Seclusion Minimalisation.

All patients identified as at risk of self-harm on presentation to the Emergency Department (ED), on admission, or during their admission are to have an [MR46 WACHS Suicide Risk Assessment form](#) completed, with appropriate risk management plans documented. This information is to be completed within the ED prior to admission to the general ward.

The medical officer is to provide documented agreement regarding movement in and around the hospital, patient observation and monitoring requirements.

¹ Chief Psychiatrist communication, 30 March 2012 following advice sought from the Great Southern on ligature audit methodology and ACHS recommendation.

Within the ED and in preparation for admission, the admitting nurse is to review the allocated room with a view to reducing potential environmental ligature points that are removable from a general inpatient room. This assessment cannot be delegated to an unregulated health care worker or student nurse.

Specifically, this is to occur by:

- reducing access or removing objects that can be used as missiles, weapons or as ligature points. This includes, but is not limited to items such as:
 - patient call bell (call bell with perforated cords maybe available dependent on site)
 - blood pressure equipment
 - medical gas flow meter devices and devices storing emergency equipment and emergency equipment like oxygen tubing
 - devices on the bed, such as intravenous poles and monkey bars
 - visitor chairs, commode chairs, high back chairs and mobile bedside drawers
 - shower curtain.
- reduce stimulation that may contribute to agitation e.g. dim lighting and reduce ambient noise where possible
- increase ability to provide visual observation e.g. use room with good proximity to nursing station
- Reduce barricade options in the room e.g. implement agreed processes for accessing areas that can be locked such as ensembles
- Reduce ability of the patient to leave facility without agreement from treating team e.g. nurse special or companion for patient is to be considered if the environment has unmonitored exits.
- Request consultation from local mental health service by using referral form and document this request in the patient health care record.
- **The admission nurse or nurse allocated to care for the patient shall document all risk management strategies implemented in the patient's health care record.**

The nurse is to seek agreement from the patient to remove and secure personal items that could be used as a ligature. This includes, but is not limited to shoe laces, belts, bra's (bra straps), cords in clothing such as hoodies, board shorts, dressing gowns etc., chains, stockings or tights and cables for electronic devices (i.e. power cord cables for iPods, phones, laptops etc.). This cannot be delegated to an unregulated health care worker or student nurse.

Should the patient not agree to removal of items, the nurse is to immediately commence close visual observations and inform the shift coordinator and medical officer, as this behaviour may result in a different management plan and clinical environment being required.

The admission nurse is to seek agreement to remove and restrict mobile phone use to agreed times, as direct contact with others may escalate a patient's behaviour and risk to self.

3. Definitions

For the purposes of this procedure:

A ligature	is anything that binds or ties - which could include a range of items such as bedding, clothing, belt, cord, rope or other material
A ligature point	is anything that could be used to attach a ligature for the purpose of strangulation or hanging. This could include shower rails, coat-hooks, water pipes and window frames – but other potential ligature points should be considered. As well as ligature points at high level used for hanging, ligature points could be at low level, with the patient using other means e.g. twisting their bodies, to achieve the same effect

4. Roles and Responsibilities

The **admitting nurse** is responsible for undertaking an initial environmental assessment and removing of personal items and removable items from the patient's hospital room. Actions taken for harm minimisation are to be documented in the patient's health care record and nursing care plan.

The **admitting medical officer** has responsibility for usual admission and management documentation and planning; requesting consultation from local mental health services and continuing to liaise with them; completing a daily review to confirm that the patient remains safe to be admitted on a general ward with appropriate mitigation strategies in place; organising transfer to a mental health facility if deemed appropriate.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

It is a requirement of the WA Health [Code of Conduct](#) that employees “comply with all applicable WA Health policy frameworks.”

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the WA Health [Misconduct Policy](#) or Breach of Discipline under Part 5 of the *Public Sector Management Act*.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

Review of this document is to be carried out by the Great Southern Nursing Advisory Committee (Chairperson: Regional Nurse Director) every two (2) years or earlier if new policies are published by WA Health.

7. Standards

National Standards for Mental Health Services 2010: 2.3, 2.12

8. References

Chief Psychiatrist, 30 March 2012 communication

Australian Government, Department of Health and Ageing National Standards -
[Implementation Guidelines for Mental Health Services](#)

9. Related Forms

[MR46 WACHS Suicide Risk Assessment Form](#)

10. Related Policy Documents

[Suicide Risk Assessment and Management in Emergency Departments and General Wards Guideline](#)

[Assessment, Admission, Treatment and Discharge of Mental Health Patients in Emergency Department and General Wards Policy](#)

[WACHS Guideline: Assessment, Admission, Treatment and Discharge of Mental Health Patients in Emergency Department and General Wards Guideline](#)

[Screening and Assessment of Mental Health Patients in WACHS Hospitals Flowchart](#)
[Restraint and Seclusion Minimalisation Clinical Practice Standard](#)

11. Related WA Health Policies

[Clinical Risk Assessment and Management \(CRAM\) in Western Australian Mental Health Services: Policy and Standards 2008.](#)

12. WA Health Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

[Mental Health Policy Framework](#)

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