



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

1. Purpose

Admitted inpatients identified as potentially suicidal may be admitted to a general ward of a hospital for various appropriate clinical reasons. It is not practicable to remove all potential ligature points from general inpatient rooms such as items like grab rails for the elderly and flexible shower hoses.

The purpose of this procedure is to recommend operational management systems that need to be in place for these patients, in these areas. 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 who may be suicidal 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 [Mental Health Care in Emergency Departments and General Wards Policy](#)
- BACPAC Mental State Assessment (see WACHS [Recognising and Responding to Acute Deterioration Procedure](#))
- WACHS [Restraint Minimisation Policy](#)
- WACHS [Mental Health Restraint Policy](#)
- WACHS [Mental Health Seclusion Policy](#)
- WACHS [Recognising and Responding to Acute Deterioration Policy](#)
- WACHS [MR46 WACHS Suicide Risk Assessment and Safety Plan form.](#)

All patients identified as potentially suicidal on presentation to the Emergency Department (ED), on admission, or during their admission are to have an MR46 WACHS Suicide Risk Assessment and Safety Plan 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.

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 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.
- reducing stimulation that may contribute to agitation; e.g., dim lighting and reduce ambient noise where possible
- increasing ability to provide visual observation; e.g., use room with good proximity to nurse station
- reducing barricade options in the room; e.g., implement agreed processes for accessing areas that can be locked such as ensuites
- reducing 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's health record.
- The admission nurse or nurse allocated to care for the patient is to document all risk management strategies implemented in the patient's health 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 shoelaces, 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 (e.g., power cord cables for tablets, phones, laptops etc.). This cannot be delegated to an unregulated health care worker or student nurse.

Should the patient not agree to the 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. Roles and Responsibilities

The **admitting nurse** is responsible for:

- undertaking an initial environmental assessment and removing personal items and removable items from the patient's hospital room, and
- documenting the actions taken for harm minimisation in the patient's health 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.

4. Monitoring and Evaluation

4.1 Monitoring

Clinical Incidents will be monitored to ensure this procedure is followed.

4.2 Evaluation

The effectiveness of this procedure will be measured via the DATIX system reviewing Clinical Incidents. Review of this document is to be carried out by the Great Southern Nursing & Midwifery Leadership Committee (Chairperson: Regional Director of Nursing & Midwifery Nurse) every three years or earlier if new policies are published by WA Health.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

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

6. References

Australian Government, Department of Health and Aged Care. [National Standards for Mental Health Services 2010 and implementation guidelines.](#)

7. Definitions

Term	Definition
Ligature	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
Ligature point	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

8. Document summary

Coverage	Great Southern
Audience	All Staff
Records Management	Clinical: Health Record Management Policy
Related Legislation	Mental Health Act 2014
Related Mandatory Policies / Frameworks	Clinical Care of People Who May Be Suicidal Policy – MP 0074/17 Clinical Governance, Safety and Quality Policy Framework Clinical-Handover-Policy – MP0095 Recognising and Responding to Acute Deterioration – MP0068/18
Related WACHS Policy Documents	Mental Health Care in Emergency Departments and General Wards Policy Recognising and Responding to Acute Deterioration Procedure WACHS Documentation Clinical Practice Standard WACHS Sedation for Mental Health Patients Awaiting Aeromedical Transfer Guideline WACHS Triage, Assessment and Management in the Emergency Department Clinical Practice Standard WACHS Restraint Minimisation Policy WACHS Recognising and Responding to Acute Deterioration (RRAD) Policy WACHS Clinical Observations and Assessments Clinical Practice Standard (physiological (vital signs), neurovascular, neurological and fluid balance) WACHS Adult Psychiatric Inpatient Services – Referral, Admission, Assessment, Care, Treatment and Discharge Policy WACHS Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard WACHS Mental Health Restraint Policy WACHS Mental Health Seclusion Policy
Other Related Documents	Principles and Best Practice for the care of People Who May Be Suicidal
Related Forms	MR46 WACHS Suicide Risk Assessment and Safety Plan
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 1775

National Safety and Quality Health Service (NSQHS) Standards	1.7, 2.6, 5.31, 5.32
Aged Care Quality Agency Accreditation Standards	Nil
National Standards for Mental Health	1.1, 1.3, 1.4, 1.5, 1.7, 1.18, 2.2, 2.5, 4.13, 4.14

9. Document Control

Version	Published date	Current from	Summary of changes
2.00	3 January 2017	3 January 2017	
3.00	3 January 2023	3 January 2023	Desktop Review. Updated reference document and monitoring content.

10. Approval

Policy Owner	Regional Director Great Southern
Co-approver	ED Mental Health, ED Nursing & Midwifery
Contact	Great Southern Director of Nursing and Midwifery
Business Unit	Nursing and Midwifery
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