

What are the hazards and how might they harm?



Manual handling risk due to supporting weight when lowering person to the ground



Violence caused by drug/alcohol abuse/cuts from cutter



Mental health/stress due to situation



Risk of pressure lines used



Risk of live electrical wires used

What PPE should the individual wear?



All officers to wear:
stab vest, safety boots, body protection – suitable for task,
hi-vis vest/coat in poor visibility

What other precautions should be taken?



Safety ligature cutters to be carried



Radio to be carried

Attendance to incident – potential suicide attempt involving use of ligature

Safety Task Card
STCSO 09

Unit Managers – use page overleaf to list any hazards and control measures specific to your site which are not listed below

Safe System of Work

On arrival – only fully trained officers MUST attend potential ligature strangulation incidents.

- Priority is to release the pressure of the ligature, however those attending MUST always consider their own safety first: immediately shout for assistance and pull emergency cord or press emergency button.
- Dynamic assessment of the scene is key the ligatured person may hold a weapon such as sharp items used to self-harm.
- Review the ligature as may be live electrical wire or pressurised cable – if in doubt wait for assistance before approaching or touching patient.
- Depending on height/location of the patient – look at the best way to limit the drop and potential injury once ligature will be cut.
- Where possible two members of staff should always attend and where possible use bed of trolley/mattress or other suitable material to limit the distance the patient will fall rather than take the full weight of the person.
- As one employee 'guides' the patient onto the furniture, the other employee uses the ligature cutter to release the ligature.
- Where possible the process to be led by medical practitioner to limit injury to patient and officers.
- For a patient who has attempted full suspended strangulation (hanging) there is potential spinal damage – immediate pressure can be reduced by one operative taking some of the weight of the patient by holding around the thighs and elevating – if possible, use bed or trolley to elevate the patient to reduce pressure on airway.
- As soon as weight is elevated the ligature should be cut at that central point between the patient's head and suspension point to preserve any evidence.
- Once lowered to surface – if ligature still in place the ligature cutter can be used.

For patient in incomplete suspended strangulation (semi seated/kneeling)

- Priority to release pressure of the ligature. One operative to position behind the patient, supporting patient's upper torso and head. Ligature to be cut – do not pull ligature to remove or unhook.
- As soon as weight is elevated, the ligature should be cut at the cut central point between the patient's head and suspension point to preserve any evidence.

Continued on reverse

If you have any concerns, stop and speak with your line manager before proceeding.

List any additional hazards or risks you have identified and control measures required to manage these.

- All officers must complete IKON intervention training

SOP (Standard Operating Procedures)

SOP 01 Patrols
SOP 44 Suspected weapon
SOP 06 Missing person response
SOP 18 Emergency alarm response
SOP 24 intruder response

Attendance to incident – potential suicide attempt involving use of ligature

Safety Task Card
STCSO 09

Safe System of Work continued

- Where possible preserve forensic evidence – priority is the release of the ligature.
- Medical staff should be in attendance, medical assistance is required immediately.

For patient in lying strangulation

- Priority to release pressure of the ligature. Use bed slide to move patient towards point of suspension to reduce tension on ligament.
- Once tension reduced ligature to be cut – do not pull ligature to remove or unhook.

Use of ligature cutter

- Security Officers who are trained in correct process can carry out the task.
- The ligature cutter is the only tool to be used to carry out the task.
- Wear PPE for incident and infection controls.
- Cutter to be used on side of neck where the skin is softer; the plastic part of the cutter will more easily fit between ligature and neck.
- Slide the point of the cutter under the ligature and cut at right angle to material to prevent potential cuts to skin or flesh.

Preserving the scene

- Make sure area is cordoned off and do not allow unauthorised personnel into the area.
- If the patient is pronounced dead or there are suspicious circumstances the area will need to be preserved as evidence.
- Do not touch or disturb the area until police give permission.
- Do not cut or untie the ligature and leave the end attached to ligature point as evidence.
- Ligature cutter may be retained as evidence.
- Following the incident cooperate with the investigation team.

If you have any concerns, stop and speak with your line manager before proceeding.