

Te Whatu Ora Health New Zealand Hauora a Toi Bay of Plenty	LIGATURE RISK MANAGEMENT	Protocol CPM.M6.8
CLINICAL PRACTICE MANUAL		

PURPOSE

The purpose of this protocol is to provide guidance for Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty, Mental Health & Addiction Services (MH&AS) staff in relation to the minimisation and mitigation of ligature risks in Acute mental health inpatient units Te Toki Maurere (TTM), Te Whare Maiangiangi (TWM) and Mental Health Services for Older People (MHSOP).

The New Zealand Suicide Prevention Strategy (2010) and its accompanying Action Plan states one of the most effective ways to prevent suicide is to reduce access to high lethality means of suicide. The removal of [ligature points](#) is highly desirable to reduce this risk.

Ligature risk management requires a combination of clinical and environmental safety practices. Ligature assessment and [audit](#) aims to achieve consistent quality of environmental inspections for ligature point hazards in fixtures and fittings.

STANDARDS TO BE MET

1. [Risk Zoning](#)

- 1.1. While areas can be categorised and zoned according to the level of risk, unpredictable and opportunistic risks will arise within any environment and vigilance is required particularly at night, even in areas zoned and assessed as low risk.
- 1.2. Clinical Nurse Manager (CNM) / Associate Clinical Nurse Manager (ACNM) must complete risk zoning of the inpatient area floor map to identify risk areas - see [Appendix 1](#) and [Appendix 2](#).
- 1.3. The CNM / ACMN must ensure that a Risk Zone Floor Plan is displayed in staff areas / handover areas - not visible to tāngata whai ora or visitors.
- 1.4. CNM / ACNM and Shift Co-ordinators must ensure that risk zones are highlighted in the clinical handover process by identifying locations that require higher levels of vigilance when occupied, particularly in circumstances where environmental safety checks.
- 1.5. Risk zones are also to be included in the orientation of new staff to inpatient areas.

2. **Ligature Assessment and Audit**

2.1. [Audit](#)

- a) Each unit CNM / ACNM must complete an initial ligature audit and assessment of the acute inpatient environment in each acute inpatient unit utilising [FM.L7.1 Ligature Point Assessment Risk Audit Checklist](#) and [ACT Canberra Health Services Operational Procedure Mental Health Justice Health and Alcohol & Drug Services \(MHJHADS\)](#). Update Ligature Risk Register and develop a [Ligature Point Risk Reduction Plan \(FM.L7.2\)](#) to address these. All risks that require action beyond ward level must be escalated to the MH&AS senior leadership team.
- b) A Ligature Audit must be completed by the CNM once per month utilising [FM.L7.1 Ligature Point Assessment Risk Audit Checklist](#). Any ligature risks must be documented on [FM.L7.2 Ligature Risk Reduction Plan](#) and escalated to the Nurse Leader (NL). The CNM / NL must update the Risk Register and Ligature Response Plan. Any identified risks that are unable to be adequately mitigated

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and managed in the unit are to be escalated to the appropriate senior and executive teams for further action.

- c) 6 month Ligature Environment Audit must be completed by the CNM and NL. A complete review of the Ligature Risk Assessment Plan must be completed by the CNM / NL and Ligature Committee. Any identified risks that are unable to be adequately mitigated and managed in the unit are to be escalated to the appropriate senior and executive teams for further action.
- d) The CNM and ACNM will feed back all Risk Reduction Action Plans and the measures to be implemented to all staff (not just clinical staff) working at the unit during staff meetings and clinical handovers. This information should include progress on meeting requirements.
- e) The CNM / ACNM must complete a Ligature Audit for any new product entering the environment, any changes to the environment or structural works completed and complete A Ligature Risk Reduction Plan and update the NL. Any identified risks that are unable to be adequately mitigated and managed in the unit are to be escalated to the appropriate senior and executive teams for further action.

3. Risk Reduction

- 3.1. Environment: observations must be completed by the ACNM, Shift Co-ordinator or delegated person hourly on each shift .
- 3.2. Any observed ligature risk should be escalated to the CNM / ACNM / Shift Co-ordinator or Duty Nurse Manager (DNM) out of hours, including a review of risk in relation to personal property in line with [CPM.M5.24 Personal Search – MH&AS](#) where clinically indicated

4. Prioritisation

- 4.1. The Ligature Plan and Risk Register must be reviewed by the Ligature Committee on a monthly basis or as indicated .
- 4.2. The Ligature Committee consists of:
 - a) Executive Director, Facilities & Business Operations (FBO), or delegate
 - b) Business Leader, MH&AS,
 - c) Clinical Director, MH&AS
 - d) CNM, MH&AS
 - e) NL, MH&AS
 - f) Quality Co-ordinator, MH&AS
 - g) FBO Project Manager

REFERENCES

- The New Zealand Suicide Prevention Strategy (2010)
- Ngā Paerewa Health & Disability Service Standards NZS 8134:2021
- New Zealand Mental Health, Addiction, and Intellectual Disability Services Inpatient Ligature Point Risk Audit Protocol.(Draft) . 2022 DoMHN's
- Canberra Health Services Operational Procedure: Ligature Risk Management for Mental Health, Justice Health and Alcohol & Drug Services Inpatient Mental Health Units.2020

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ASSOCIATED DOCUMENTS

- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 1.1.1 Informed Consent](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 2.5.2 Health Records Management](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 4.1.0 Infection Prevention and Control Management](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Form FM.L7.1 Ligature Point Assessment Risk Audit Checklist](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Form FM.L7.2 Ligature Point Risk Reduction Plan](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.24 Personal Search – MH&AS](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Form Observation Chart IPC pm](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Form Observation Chart Te Toki Maurere am](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Form Observation Chart Te Toki Maurere pm](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Form Observation Chart Te Whare Maiangiangi am](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Form Observation Chart Te Whare Maiangiangi pm](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Form Observation Chart Te Whare Maiangiangi nocte](#)

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Appendix 1: Risk Zoning

Room / Area designation	Risk Zoning Colour
No presence of staff / high level of isolation	Red
Minimal presence of staff / medium level of isolation	Amber
High level of presence of staff / low level of isolation	Green

Areas are zoned and colour-coded to indicate Red (High), Amber (Medium) and Green (Low) risk. The following approach to risk zoning is to apply:

Red Zone - High Risk

Places where people receiving treatment and care are alone and away from direct observation and other persons for extended periods. This includes all bedrooms, bathrooms/showers, toilets, and ensuites. These areas are to be zoned high risk and colour-coded red.

Amber Zone - Medium Risk

Areas where people receiving treatment and care may be unsupervised for periods of time but are within the unit or department environment. Contact with other persons or staff may be occasional, dependent on the number of people on the unit and staff duties. Examples may include therapy areas, activity rooms, lounges, kitchens, quiet areas, spiritual rooms, courtyards, and gardens etc.

Green Zone - Low Risk

Common areas where people receiving treatment and care are regularly supervised and/or are regularly in the company of other persons e.g. dining rooms, main corridors, reception areas, etc.

Ligature RED ZONE High Risk	Ligature AMBER ZONE Medium Risk	Ligature GREEN ZONE Low Risk
Areas where most people receiving treatment and care spend long periods of time, in private, without presence of staff. This will always include: <ul style="list-style-type: none"> • Bedrooms • Bathrooms/Showers • Toilets • Ensuites 	Areas where people spend periods of time with minimum presence of staff and are usually in the company of peers. For example: <ul style="list-style-type: none"> • Common Lounge Areas • Dining rooms/areas • Therapy, recreation, gym, and spiritual spaces where staff are not in constant attendance • Sitting rooms without a good line of sight 	Areas where there is a regular staff presence and other persons moving freely with good lines of sight. For example: <ul style="list-style-type: none"> • General circulation spaces • Corridors • Interview rooms where staff are in constant attendance • Whanau/Family rooms when whanau/family are present • Laundry areas where staff are in constant attendance

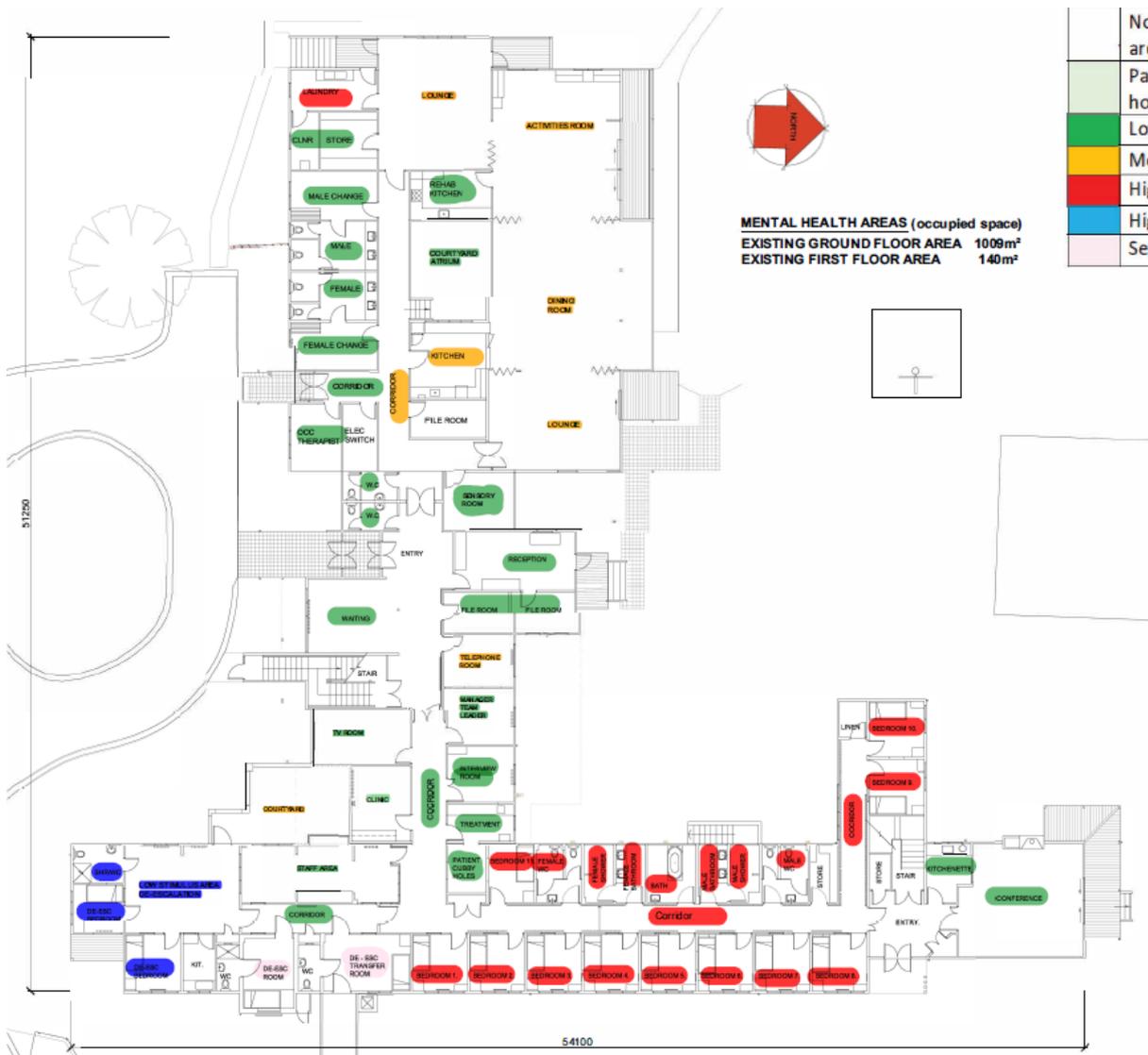
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Appendix 2: Risk Map Zoning Te Whatu Ora Hauora a Toi Bay of Plenty

Te Toki Maurere (TTM)

	Not Zoned (staff/ No-patient area)
	Patient Area, secure out of hours(OPD, school)
	Low Risk
	Medium Risk
	High Risk
	High Care
	Seclusion Standard



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Te Whare Maiangiangi (TWM)

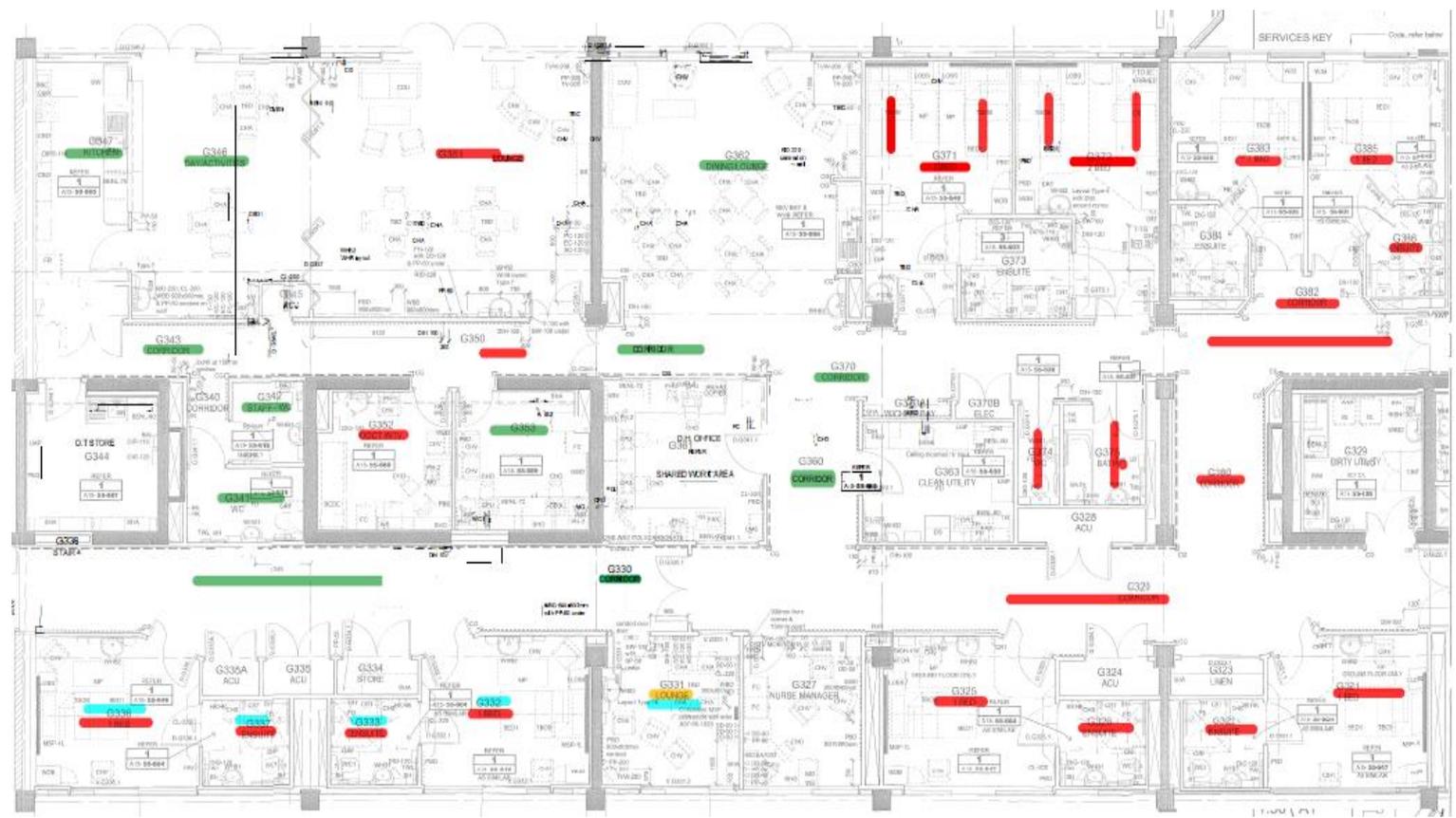
	Not Zoned (staff/ No-patient area)
	Patient Area, secure out of hours(OPD, school)
	Low Risk
	Medium Risk
	High Risk
	High Care
	Seclusion Standard



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Mental Health Services for Older People (MHSOP)

Not Zoned (staff/ No-patient area)	Patient Area, secure out of hours(OPD, school)	Low Risk	Medium Risk	High Risk	High Care	Seclusion Standard
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