

Residential Care: Safe use of rescue knives Procedure

WARNING

This document contains sensitive content that may cause distress for some readers. If the material presented raises any concerns, staff should speak to their supervisor. DCP staff can access the [DCP Employee Assistance Program \(EAP\)](#) and agency staff can contact their agency for guidance and support.

1. Purpose

This procedure provides instructions for Department for Child Protection (DCP) residential care staff and agency staff working within DCP residential care on the safe use, maintenance, and storage of Rescue 911 Knives (rescue knives). It is intended for situations involving actual or potential harm from strangulation, or where material is restricting a person's circulation.

2. Scope

This procedure applies to all staff working in DCP Residential Care. Throughout this document, the term 'residential care staff' is inclusive of DCP residential care staff and agency staff contracted by the department to work in DCP Residential Care houses.

3. Authority

3.1 Legislative context

Section 114 of the [Children and Young People \(Safety\) Act 2017](#) and Regulation 35 of the [Children and Young People \(Safety\) Regulations 2017](#) require certain organisations to have policies and procedures to provide safe environments for children and young people.

3.2 Whole of Government requirements

- Not applicable.

3.3 DCP requirements

- [DCP Manual of Practice: Residential Care Chapter](#)
- [Residential Care: Incident management Procedure \(including significant incidents\)](#)
- [Significant incident reporting Procedure](#)
- [Residential Care: Supporting children and young people who are at risk of self-harm and suicide Procedure](#)

4. Procedure requirements

This procedure should be read in conjunction with the [Residential Care: Supporting children and young people who are at risk of self-harm and suicide Procedure](#). Both procedures support residential care staff to manage self-harm and suicide behaviours and incidents involving ligature and/or strangulation emergencies.

The safety of children and young people is the paramount consideration and all DCP residential care houses must have one or more rescue knives available for residential care staff to use in case of an incident involving actual or potential strangulation.

If safe to do so, residential care staff must manage any immediate risk and call 000 immediately to request an ambulance. Call for other residential care staff to assist if it is safe and practicable.

All child and youth workers must hold a current first aid certificate.

The required first aid qualification for DCP residential care staff is HLTAID012 – Provide First Aid in an Education and Care Setting.

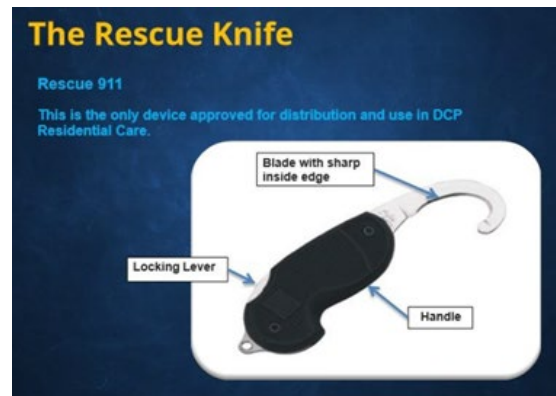
Maintaining a current first aid certificate is a mandatory requirement to support safe emergency response, including the provision of basic life support and resuscitation, in incidents involving ligature, strangulation or attempted suicide.

This requirement applies in conjunction with the training outlined in section 4.4, including induction-based training in the safe and appropriate use of rescue knives.

4.1 What is a rescue knife

The rescue knife is a safe and easy to use tool designed specifically to use in situations where actual or potential strangulation has occurred. The rescue knife allows for safe and quick cutting of most fabrics, including leather, rope and electrical cords.

The rescue knife once opened will not close on the operator's hand due to the safe rear lock bar mechanism design, which holds the blade in place. The blade can be returned to its closed form once the rear lock mechanism is fully depressed.



The stainless-steel curved blade with its sharp inner cutting edge allows for maximum safety, it will not slash or stab and cannot be used as a weapon.

4.2 When to use a rescue knife

The rescue knife should be used in situations involving actual or potential harm from strangulation or where material is restricting a person's circulation.

A child or young person may attempt to harm themselves by securing a ligature around their neck and attempting to suspend from a ligature point, or by tightening a ligature around their neck or other body part sufficiently tight enough to compromise their airway or circulation.

4.3 Safety, storage, and rescue knife replacement and maintenance

The residential care senior youth worker and supervisor must ensure that a minimum of one rescue knife is available at each DCP residential care placement and must liaise with the Compliance and Operations Team to ensure all rescue knife recording and tracking requirements are in place. Rescue knives are subject to auditing by the Mobile Night Team (MNT) and the Crisis Response Team.

Where a residential care placement requires more than one rescue knife, additional rescue knives may be approved based on an assessment of the needs of the staff and the children and young people at the placement.

At the start of every shift and as part of staff handover, residential care staff must check the rescue knife is available and functional.

To check the knife:

- draw it from its sheath
- open the blade and ensure it locks into position
- do not touch the blade or attempt to cut any material during testing. All issued knives are sharpened and ready for use when provided by the Compliance and Operations Team.

If a rescue knife is not available, missing, or needs replacing due to defects, residential care staff must immediately notify the senior youth worker, supervisor, MNT and/or senior night officer to arrange a replacement.

An email must be sent on the same day to the Compliance and Operations Team at DCPRCComplianceandOperations@sa.gov.au and to the residential care supervisor, advising that the rescue knife is not available, missing or defective and requires replacement.

The Compliance and Operations Team manage and record the implementation, replacement and maintenance of all rescue knives across DCP residential care.

The rescue knife must be stored in a labelled safety kit located in the residential care staff office in each DCP residential care house. To adequately equip residential care staff in the event of an actual or potential suicide, particularly by strangulation, each safety kit must contain a rescue knife, a CPR mask and disposable gloves.

If a child or young person in the placement has been assessed as being at risk of self-harm or suicide, the rescue knife must be carried securely by a designated residential care staff member who is responsible for monitoring the person at risk.

In these situations:

- one rescue knife must be carried by the designated staff member in a secure bum bag together with first aid equipment and a mobile duress alarm; and
- at least one rescue knife must remain stored in the safety kit in the staff office.

A spare rescue knife may be organised and issued by the residential care manager and/or supervisor, based on a risk assessment, and kept securely in the staff office.

Once a rescue knife has been used, it must be replaced or submitted for sharpening as soon as practicable. Rescue knives are not sharpened in residential care placements. Sharpening is undertaken by an external provider managed by the Compliance and Operations Team. Where a rescue knife is submitted for

sharpening, a replacement rescue knife must be issued in the interim to ensure continued availability at the placement.

Following use of a rescue knife, residential care staff must notify the residential care manager, supervisor, senior youth worker and MNT (if after hours) via email. The incident must also be reported in accordance with the [Residential Care: Incident management Procedure \(including significant incidents\)](#) and replacement arrangements made through the Compliance and Operations Team.

4.4 Using rescue knives in practice

All DCP residential care staff must be trained in the use of rescue knives.

Training in the use of rescue knives is provided to DCP residential care staff and agency staff as part of the new employee induction, within the suicide and self-harm training components. There is currently no separate certificate or formal record of rescue knife training completion beyond induction requirements.

Agency staff working in DCP residential care placements are provided with this procedure, and contracted providers are requested to ensure their staff are guided in the safe use of rescue knives as part of their onboarding prior to working in DCP residential care.



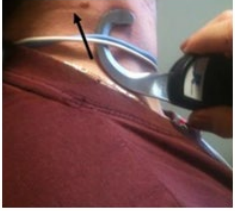
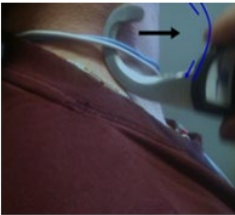
The MNT may provide additional demonstrations or guidance to residential care staff, when required.

To use the rescue knife, remove it from its sheath and open the blade, ensuring the blade locks into position before use. To close the blade, firmly press the locking lever on the back of the handle and carefully close the blade.

A rescue knife is most effective when used to cut softer and thinner materials such as shoelaces, string, clothing, linen, headphone cables and similar. The rescue knife will also cut tougher materials including leather, towelling, some steel cables and electrical flexes; however, additional effort may be required and the cutting process may take longer.

Staff should avoid cutting through knots, as this can make removal more difficult due to the presence of multiple layers at the knot.

The rescue knife is used to release pressure caused by a ligature and to remove the ligature from the child or young person. Where a child or young person is unconscious, care of the airway takes precedence over all other injuries, including potential spinal injury.

	<p>Step 1</p> <p>To optimise the use of the rescue knife, the rounded and blunt end should be initially placed flat against the child or young person’s body so that it can be positioned under the ligature.</p>
	<p>Step 2</p> <p>For ligatures placed around the neck, it is recommended staff try to cut to the side of the neck. The natural soft tissues and hollows may ease the insertion of the cutter blade. This will also reduce any pulling onto the airway upon cutting (as would occur if the cutter were inserted at the back) and reduce likelihood of causing further trauma to the airway (as may occur if inserting from the front).</p>
	<p>Step 3</p> <p>Once the rescue knife has been positioned between the child or young person’s body and the ligature, the rescue knife should be turned so that the sharp edge of the blade faces the ligature, for example with the opening away from the child or young person.</p>
	<p>Step 4</p> <p>When the rescue knife is in position, pull the rescue knife away from the child or young person’s body, using a rocking or sawing motion, so that the rescue knife cuts through the ligature material.</p>

Where a child or young person resists actions to remove the ligature, and the resulting struggling behaviour increases the risk(s), it may be appropriate for staff to employ approved holding skills that are sensitive to the needs of the child or young person, and consistent with current physical intervention guidance and training.

Staff must use professional judgement to assess their own safety and the safety of others, including applying safe handling principles to the best of their ability in each situation.

All suspension incidents, including incidents involving ligatures and hanging, must be considered high risk for manual handling, due to the potential weight of the child or young person and the likelihood that staff may be required to adopt awkward or unsafe postures.

If it is possible and safe to do so, residential care staff should support the weight of the child or young person to relieve the pressure around the neck and cut the ligature using the provided rescue knife.

Where possible, staff should call for other residential care staff to assist. If more than one residential care staff member is available, one person should support the weight of the child or young person, while another cuts the ligature using the rescue knife.

If resuscitation is required, staff must follow the basic life support principles covered during first aid training.

4.5 Additional considerations when using rescue knives for complete suspended strangulation (hanging)

Where possible, elevate the child or young person by securely holding their thighs or hips to reduce tension on the ligature. This can help to reduce airway compromise if residential care staff are not able to cut the ligature immediately and will support the child or young person when the ligature is cut.

It may be safest to approach from the front so that the child or young person will fold towards the staff member and not away from them after the ligature is cut.

As soon as the child or young person's weight is supported, or when staff have assessed an unhindered drop, the ligature should be cut at a central point between the child or young person's neck and the suspension point.

Where the perceived risks involved with supporting the child or young person's weight are considered too great, it may be appropriate to cut the ligature between the child or young person's neck and the suspension point and allow the child to fall unhindered to the ground (unless the resulting fall is likely to cause more harm, for example, there are dangerous obstacles hindering the fall, or a great height is involved).

Once the child or young person is lowered to the ground and the ligature remains in place around the neck (or other body part), remove the ligature using a rescue knife.

4.6 Additional considerations when using rescue knives for incomplete suspended strangulation (semi seated or kneeling)

Where possible, the child or young person's head and upper body should be supported and elevated by taking a secure hold around the upper torso and head to reduce the tension on the ligature. This can help to reduce airway compromise where it is not possible to cut the ligature immediately and will enable the child or young person to be supported when the ligature is cut.

DO NOT pull on the ligature to remove or unhook it (for example from over a tap or door handle).

4.7 Additional considerations when using rescue knives for lying strangulation

Residential care staff should slide the child or young person towards the point of suspension if safe to do so, to reduce the tension on the ligature before removal.

4.8 If a child or young person dies by strangulation

Refer to the [Death of a child or young person in care Procedure](#) regarding responding to the incident and preserving evidence relevant to the death.

4.9 Reporting and recording

Ensure accurate recording of observations, information and incidents occurs in line with the [Residential Care: E-log \(electronic log\) Procedure](#), [Residential Care: Incident management Procedure \(including significant incidents\)](#) and [Significant incident reporting Procedure](#).

Staff should also report the incident on [Gov Safety](#), the South Australian Government's Work Health and Safety reporting system.

4.10 Staff wellbeing

Responding to incidents involving self-harm, suicide risk or the use of rescue knives may cause psychological or emotional distress. Staff are encouraged to seek support after any incident or if they experience distress.

As part of DCP's duty of care, the line manager (either the supervisor or manager) must proactively check in with staff who were involved in or exposed to an incident involving self-harm, suicide risk or the use of a rescue knife, to assess wellbeing and identify any support needs.

Line managers must ensure staff are informed of, and supported to access, appropriate wellbeing supports. The [Employee Assistance Program](#) (EAP) offers free, confidential 24-hour counselling for staff and their immediate family members.

Line managers may also request serious incident support from the [Staff Wellbeing Team](#) to provide on-site support for staff following a critical or distressing incident.

5. Compliance, monitoring and evaluation

This document will be reviewed every three years to ensure currency and applicability, or more frequently if there are any changes to workplace practices and/or relevant legislation.

6. Related documents

Related documents, forms and templates
Children and Young People (Safety) Act 2017
Children and Young People (Safety) Regulations 2017
Residential Care: E-log (electronic log) Procedure
My Safety Action Plan
Residential Care: Incident management Procedure (including significant incidents)
Residential Care: Supporting children and young people at risk of self-harm and suicide Procedure
Significant incident reporting Procedure
Death of a child or young person in care Procedure

7. Glossary

Term	Meaning
DCP	Department for Child Protection
E-log	Electronic logging system used to record information and observations about children and young people who are placed in DCP Residential Care
Ligature	An object used for tying or binding something tightly
Rescue knife	The Pacific Cutlery 911 Rescue Knife allows for safe and quick cutting of most fabrics and fibrous restraints, including, leather, ropes and electrical cords etc
Strangulation	The action or state of strangling or being strangled. This can include intentional, misadventure or accidental choking



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