

Safer Physical Intervention for door supervisors

This is intended as a quick reminder for Door Supervision licence holders and relates to the training in physical intervention that the SIA requires.

This leaflet should not be used for training purposes.



Security Industry Authority

You should only use physical intervention as a last resort

Physical intervention can:

- Increase risks of harm to staff and customers
- Result in prosecution of staff if use of force was unnecessary, excessive, or in any other way unlawful
- Lead to allegations against staff and potentially loss of licence and/or employment

Examples of a 'last resort' situation include:

- Where necessary to prevent harm
- When other options have failed, or are likely to fail
- When it is not possible or appropriate to withdraw

Alternatives to physical intervention

- Primary Controls –
 - following employer safety and security policy, procedures and working practices
 - use of safety and security equipment and technology (e.g. radio for summoning assistance, CCTV, access control)
 - being positive and proactive in service delivery
- Secondary Controls –
 - Positive and effective interpersonal communication and the knowledge and skills of conflict management to de-escalate conflict situations and reduce the need for physical intervention

Your responsibility during physical intervention

- All staff involved in a physical intervention have a responsibility to ensure the safety of everyone involved
- Where more than one member of staff is involved in a physical intervention, one of them should take charge of the intervention
- Use the least forceful option
- Maintain duty of care to the subject following restraint
- You should respect the dignity of people being restrained wherever possible
- Provide appropriate medical attention to any person who appears to be injured or at risk
- Challenge unnecessary and excessive use of force by colleagues

Your responsibility immediately after a physical intervention

- De-escalate a restraint at the earliest opportunity
- Maintain duty of care to the subject following use of force/restraint
- Provide appropriate medical attention to any person who appears to be injured or at risk
- Tell the emergency services (if present) about the circumstances, position, duration and any difficulties experienced in a restraint event
- Preserve evidence and secure witnesses
- Staff involved must fully report and account individually for their actions

Reducing the risks of physical intervention

- Choose the least forceful intervention practicable: The physical intervention with the least force and potential to cause injury to the subject in achieving the legitimate objective
- Avoid high risk positions including ground restraints
- Avoid high risk methods of restraint, such as neck holds and other holds that can adversely affect breathing or circulation
- Keep up communication between staff and the subject during and following restraint
- Monitor the wellbeing of the subject of intervention for adverse reactions

- Ensure that leadership and teamwork happens, including the importance of someone taking a lead role and for others to support as team members
- Ensure practice follows the procedures taught
- De-escalate physical intervention at the earliest opportunity
- Follow emergency procedures: Immediately release and assist subject if he or she complains of, or demonstrates signs of, breathlessness or other adverse reactions
- Record and report restraints in line with employer and venue procedures

Positional (or restraint) asphyxia – what is it?

Positional asphyxia occurs mostly during ground restraints, although can also occur in other positions. This is where a person is held forcefully, face down or face up, on the floor. Many people have died as a result of positional asphyxia during forceful restraint. Others have suffered permanent brain damage linked to oxygen deprivation. You should avoid restraints that carry a heightened risk of positional asphyxia.

Positional asphyxia kills – be aware of the signs

What can cause positional asphyxia?

Method of restraint: Positional asphyxia typically occurs during forceful restraint involving weight or pressure on the torso. All forceful restraints on the ground carry heightened risk.

Position: Forceful holds in certain positions increase risks of positional asphyxia. These positions include face up or face down restraint, either on the ground or another surface such as a bed or bar/counter. Also seated or standing positions where breathing and/or circulation are compromised e.g. by being bent forward.

Duration: The longer a person is held in a position and/or by a method carrying heightened risk of positional asphyxia, the longer their exposure to risk and subsequently potential for harm and death.

What to do in a medical emergency

Follow your emergency procedures and training which can include:

- Immediately cease the restraint (if restraint was being applied)
- Check Airway – Breathing – Circulation (A-B-C)
- Place in the recovery position
- Call appropriate emergency services
- Commence CPR/defibrillator if necessary
- Provide emergency services with a briefing that includes anything known about the person affected that may help their assessment and treatment. Include details of any restraint including the method, position and duration.

Recognising Acute Behavioural Disturbance/ Excited Delirium/Psychosis

This is a term used to cover a combination of physical and psychological factors including:

- High temperature
- Bizarre behaviour
- Sustained mental and physical exhaustion and metabolic acidosis
- Psychosis, which can result from mental illness and/or be drug induced. Signs include hallucinations, paranoia and extreme fear

This combination of circumstances can result in sudden death, and signs should be treated as a medical emergency.

Act on **'red flags'** during or following a restraint

- Effort with breathing
- Blocked airway and/or vomiting
- Passivity or reduced consciousness
- Individual being non responsive
- Signs of head or spinal injury
- Facial swelling
- Evidence of alcohol or drug overdose
- Blueness around lips, face or nails

- Individual held complaining of difficulty breathing
- High body temperature, profuse sweating/hot skin
- Exhaustion
- Confusion, disorientation and incoherence
- Hallucinations, delusions, mania, paranoia
- Bizarre behaviour
- Extreme fear
- High resistance and abnormal strength

Don't forget to refresh your training!

It is crucial that you keep your physical intervention knowledge and skills current, for two principal reasons:

- Legislation and guidance around physical intervention can change
- Your proficiency in physical skills, if not practised, will decrease over time. This could reduce your ability to intervene appropriately and effectively, and increase the risks to you and others

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