

1. Understand physical interventions and the implications of their use

1.1 Identify the differences between defensive physical skills and physical interventions

- Defensive physical skills – skills used to protect oneself from assault
- Physical interventions – the use of direct or indirect force, through bodily, physical or mechanical means, to limit another person's movement

1.2 Identify the differences between non-restrictive and restrictive interventions

- Restrictive interventions

Involve the use of force to limit the movement and freedom of an individual and can involve bodily contact, mechanical devices or changes to the person's environment. Such interventions can be:

- Highly Restrictive i.e. limit severely the movement and freedom of an individual, or:
- Low Level Restrictive i.e. limit or contain the movement and freedom of an individual who is less resistant with low levels of force

- Non-restrictive interventions

Allow a greater degree of freedom where the subject can move away from the physical intervention if they wish to. This would include prompting and guiding an individual to assist them walking

1.3 Identify positive 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 in reducing the need for physical intervention

(Note: Underpinning knowledge of interpersonal communication will have been completed as part of Common unit and Conflict Management unit)

1.4 State the importance of only using physical intervention skills as a last resort

Because 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 'last resort' include when:

- Other options have failed or are likely to fail
- It is not possible or appropriate to withdraw

1.5 State legal implications relating to the use of physical intervention

- *Legal authority* to use force under Statute and Common Law (content will be different as applicable for each of the 4 nations)
- *Duty of care* considerations concerning use of physical intervention

(Note: Learners will have underpinning knowledge surrounding use of force, arrest, human rights and duty of care within Common and Specialist Units – Door ACs 2.1 and 2.4; Security Guarding 6.4; Common 2.2 and 3.2)

1.6 State the professional implications relating to the use of physical intervention

- *Sector specific legislation and professional guidance*: Importance of familiarising oneself with legislation and professional guidance and standards relevant to area of employment.

2. Understand how to reduce the risk of harm when physical intervention skills are used

2.1 State the importance of dynamic risk assessment in situations where physical intervention skills are used

Dynamic risk assessment used to:

- Assess threat and risks of assault to staff and harm to others through a decision to use physical intervention or not
- Evaluate options available and inform decision whether to intervene, when and how
- Identify when assistance is needed
- Continuously monitor for changes in risks to all parties during and following an intervention

- Inform decision to de-escalate use of force and/or withdraw

(Note: Learners will have underpinning knowledge of dynamic risk assessment from the CM Units – AC 2.1 and 2.2)

2.2 Identify the risk factors involved with physical intervention

- *Potential Medical Consequences*

Serious harm or death can result from:

- Strikes and kicks
- An individual falling or being forced to ground
- Interventions involving the neck, spine or vital organs
- Restraint on the ground (face up and face down), or other position that impairs breathing and/or circulation and increases risk of death through positional asphyxia
- Any forceful restraint can lead to medical complications, sudden death or permanent disability especially where situational and individual risk factors are present (below)

Although lawful in certain circumstances such interventions will require high levels of justification and training.

- Stress and emotional trauma:

It is important to recognise the potential stress and emotional trauma individuals can suffer in situations where physical methods and restraints are used. This can be particularly difficult for individuals who have prior experience of abuse and trauma. Staff must respect the dignity of individuals they are managing, however challenging they may find them.

Risk factors include:

- *Nature of the restraint can increase risk*
 - *Method of restraint*
 - *Position held*
 - *Duration of restraint*
- *Situational factors that increase risk*
 - Setting and location constraints and risks, environmental hazards, staff numbers, availability of help, access to medical attention, threats presented by others, options available. Increased risk of falls with one on one restrictive holds.
- *Individual factors that can increase risk:*
 - Risks linked to age, size and weight, physical health and mental health. Alcohol, drug abuse, physical exhaustion, recent ingestion of food. Medical conditions/predispositions. History of violence.

Especialy vulnerable groups:

Some groups are especially vulnerable to harm when subject to physical contact and restraint including children and young people, older adults and individuals with mental health difficulties.

Staff likely to physically intervene with people from vulnerable groups should receive additional training.

2.3 State the specific risks of dealing with physical intervention incidents on the ground

Whilst they can occur in other positions, restraint related deaths are more common during ground restraints, specifically:

Restraint related deaths most commonly occur where an individual is held forcefully **face down** on the ground

Restraint related deaths have also occurred when an individual has been held forcefully **face up** on the ground

Staff and the individual restrained are at risk of harm:

During forceful takedowns or falls to the ground and impact with the floor and/or objects

From glass or debris on the ground

Vulnerable to assault from others

2.4 Identify the importance of dealing with physical intervention incidents on the ground appropriately

Although no physical intervention is risk free, taking a person to the ground carries additional risks and should be avoided wherever possible. Where this cannot be avoided, additional steps are essential to ensure the safety of the subject when on the ground.

If a situation goes to the ground you should try to get the individual up, or to a comfortable seated or recovery position as quickly as possible. In the meantime:

- ensure that the individual is monitored to ensure they can breathe without difficulty
- where there is more than one member of the security team involved, one of them should be designated “team leader”. The team leader will be in charge of the team and take responsibility for the safety of the individual. The team leader will also make every effort to maintain dialogue with the individual and try to de-escalate the situation so as to bring it to an end at the earliest opportunity

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- if the team leader is not in a position to communicate and monitor the subject he/she should ensure a colleague positioned close to their head is fulfilling that role
- De-escalate force at the earliest opportunity and immediately if there are signs of concern or a medical emergency

Due to increased risks with ground restraints:

Where restraint on the ground is foreseeable, employers/security contractors and venue/event operators must assess the risks relating to this and implement control measures and provide guidance to staff

Staff that are likely to legitimately use such methods should receive additional training approved by their employer.

2.5 Identify ways of reducing the risk of harm during physical interventions

- Choosing 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
- Communication the importance of ongoing communication between staff and between staff and the subject during and following restraint
- Monitoring the wellbeing of the subject of intervention for adverse reactions of subject
- Leadership and Teamwork – importance of someone taking a lead role and for others to support as team members
- Ensure practice follows the procedures taught and is not allowed to deviate significantly
- De-escalation of physical intervention at the earliest opportunity to reduce exposure to risk
- Emergency procedures: Immediate release and assistance if subject complains or demonstrates signs of breathlessness or other adverse reactions

2.6 State how to support colleagues during physical intervention

Switch with colleagues where appropriate

Monitor staff safety

Observe the person restrained and inform colleagues of any concerns for their well being

Contain the immediate area and manage bystanders

Monitor and communicate with others e.g. colleagues, staff from other agencies

2.7 State how to manage and monitor a person's safety during physical intervention

- Observe fully the risk factors contained in 2.2 above
- Ensure that nothing impedes the person's ability to breathe or their circulation
- Talk to the person restrained and listen, take seriously and act on their concerns and especially if they say they are struggling to breathe as people can still speak when experiencing positional asphyxia. Act on 'red flags'

which include:

- 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 (signs of asphyxia)
 - 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
- Listen to concerns of others present
 - Ensure a staff member is continuously monitoring well being
 - Act promptly on concerns

2.8 State responsibilities during physical interventions

- All staff involved in a physical intervention have a responsibility to ensure the safety of persons during and after the intervention
- Where more than one member of staff is involved in a physical intervention, one member of staff should be in charge of the intervention
- Duty of care to the subject is maintained following restraint
- Respect the dignity of the people they are dealing with
- Appropriate medical attention is provided to any person who appears to be injured or at risk
- Staff should challenge unnecessary and excessive use of force by colleagues

2.9 State responsibilities immediately following physical interventions

- Duty of care to the subject is maintained following use of force/restraint
- Appropriate medical attention is provided to any person who appears to be injured or at risk
- Any emergency services attending are updated about the circumstances, position, duration and any difficulties experienced in a restraint event
- Evidence is preserved and witnesses secured
- Staff involved must fully report and account individually for their actions

2.10 State the actions to take in a medical emergency

Follow emergency procedures and training which can include:

- Immediately ceasing the restraint (if restraint was being applied)
- Checking airway – breathing – circulation
- Placing in recovery position
- Calling appropriate emergency services
- Commencing CPR/defibrillator if necessary
- Providing 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 and duration.
- If appropriate, require an announcement to be made over the public address system (or similar) requesting anyone with medical expertise to attend the incident (but this should not be in substitution for summoning the appropriate emergency services)
- Clear the immediate area of bystanders

2.11 Recognise the signs and symptoms associated with Acute Behavioural Disturbance and Psychosis

Acute behavioural disturbance (sometimes referred to as Excited Delirium) 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 underlying mental illness and/or be drug induced. Signs include hallucinations, paranoia and extreme fear as part of delusional beliefs

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

2.12 State the specific risks associated with Positional Asphyxia

Positional asphyxia occurs mostly on ground restraints where a person is held forcefully face down or face up on the floor. Many individuals have died as a result of positional asphyxia in the UK during forceful restraint and others have lived but suffered permanent brain damage linked to oxygen deprivation. Restraints that carry heightened risk of positional asphyxia should be avoided.

Restraint related deaths involving positional asphyxia have also occurred in other restraint positions including:

- Where an individual has been held forcefully on bed using methods that compromise breathing and circulation
- Where an individual has been held forcefully in a seated position using methods that compromise breathing and circulation
- Where an individual has been held forcefully in a standing position using methods that compromise breathing and circulation, for example bent over, or forced against a wall/object

Key risk factors include:

Method of restraint: Positional asphyxia typically occurs during forceful restraint resulting in weight or pressure on the torso. Whilst all forceful restraints on the ground carry heightened risk, the techniques used will increase or decrease the risks of positional asphyxia.

Position: Forceful holds in certain positions increase risks of positional asphyxia. These positions include face up or face down restraint on the ground or other surface

such as a bed, and 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 method carrying heightened risk of positional asphyxia, the longer their exposure to risk and subsequently potential for harm and death.

2.13 State the specific risks associated with prolonged physical interventions

- The longer the duration of the restraint the greater the exposure to risk and to complications

2.14 State the importance of keeping physical intervention knowledge and skills current

- Because legislation and guidance can change
- Because proficiency in physical skills will decrease over time, potentially reducing effectiveness and increasing risks

3. Be able to use non-aggressive physical skills to protect yourself and others

3.1 Demonstrate non-aggressive stance and positioning skills

Position that reduces vulnerability to assault and facilitates exit or intervention, whilst maintaining positive, non-threatening non verbal communication

3.2 Demonstrate non-aggressive skills used to evade and protect against blows

From the skills covered in 3.1 show how use of limbs and movement can protect against an assault

3.3 Demonstrate non-aggressive methods of disengagement from grabs and holds

A small number of skills relevant to the security role that address the most common types of assault

3.4 Demonstrate non-aggressive methods to stop one person assaulting another

No more than two skills that can be adapted to different scenarios

3.5 Demonstrate non-aggressive team methods to separate persons fighting

No more than two skills that can be adapted to different scenarios

3.6 Communicate professionally with the subject of physical intervention while protecting yourself and others

Helping to calm the individual, give instructions and check well being

3.7 Demonstrate continuous communication to de-escalate a situation

Use positive verbal and non-verbal communications to:

- Calm and reassure the individual restrained
- Calm and reassure others present
- Check understanding with the person restrained
- Check the physical and emotional well-being of the person restrained
- Negotiate and manage safe de-escalation with the person restrained and with the staff involved

3.8 Demonstrate how to protect against risk immediately following disengagement

Reduce risks of assault staff and bystanders during and immediately de-escalation and disengagement of restraint through:

- Controlled physical de-escalation i.e. transition to less forceful holds*
- Continuous positive communication with the person held including explanation of what is happening and reassurance
- Safe positioning during de-escalation and disengagement
- Positive communication with colleagues and other people present
- Safe handover to others with a briefing e.g. the police or ambulance personnel.

A briefing should include:

- Risk behaviours presented by the person (to themselves and/or others)
- How they were restrained and its duration
- Any concerns you have for their well being

*Where there are concerns as to the well-being of the person restrained and in a medical emergency restraint should cease immediately and appropriate action taken

4. Be able to use non-pain related standing , holding and escorting techniques, including non-restrictive and restrictive skills.

4.1 Demonstrate the use of a method for physically prompting a person

A non restrictive prompt for use when verbal and non verbal persuasion has not or is not likely to achieve the legitimate objective

4.2 Demonstrate the use of a non-restrictive method of escorting a person

A non restrictive use of force to escort where prompting is not sufficient

4.3 Demonstrate the use of a one-person low level restrictive standing hold that can be used to escort

Remind learners of the increased risks associated with one on one restraints and teach a low level intervention option for use to hold and escort

4.4 Demonstrate the use of a two-person low level restrictive standing hold that can be used to escort

A more restrictive hold and escort skill involving a minimum of two persons

4.5 Demonstrate how to de-escalate and disengage during physical intervention ensuring safety for all parties

Demonstrate controlled reduction of use of force to the point where staff can safely disengage

4.6 Communicate professionally with the subject of physical intervention, while using prompting, holding and escorting techniques

Helping to calm the individual, give instructions and check well being

4.7 Demonstrate how to escort an individual on stairways

Escorting an individual on a stairway either:

- (a) because they are intoxicated or ill and require assistance; or
- (b) because they are non-compliant and need to be moved

In either case, moving a person up or down the stairs is a risky procedure. No one should be moved up or down stairs if they are violent or if you reasonably foresee that they might become violent during the manoeuvre. Always consider if there is an alternative procedure or an alternative route that avoids the use of stairs.

5. Understand good practice to follow after physical interventions.

5.1 State the importance of accessing help and support following an incident

Recognise potential for physical and psychological harm following an incident where force has been used and importance of accessing appropriate support

5.2 State the importance of reflecting on and learning from previous physical intervention situations

Importance of sharing learning from experiences with colleagues and employers, so that situations needing physical intervention can be reduced, or managed more safely.

5.3 State the importance of fully reporting on the use of force

- Description of subject/s behaviour
- Other 'impact factors'
- Staff responses including description of physical interventions and level of force used
- Description of any injuries sustained,
- First aid and medical support provided
- Details of admission to hospital,
- Support to those involved and follow up action required