Unit 4: Application of Physical Intervention Skills in the Private Security Industry

Level: 2

Unit type: Guided learning hours:

Mandatory: 13

Learning outcomes		Assessment criteria		Indicative content
1	Understand physical interventions and the implications of their use	1.1	State the legal implications of using physical intervention	• Legal authority to use force under Statute and Common Law (as it applies to England and Wales, Scotland and Northern Ireland). • Relevant legislation relating to licencing and criminal law. • Duty of care – considerations concerning use of physical intervention. • Principle of non-pain compliance and application. • Last resort
		1.2	State the professional implications of using physical intervention	• Sector-specific legislation. • Professional guidance and standards relevant to area of employment (and how standards may vary according to context – e.g. in health and social care, prisons, etc. – but also be based on common principles).

				• Ethical implications. • Financial implications. • Last resort.
		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) ○ positive and proactive service delivery. • Secondary controls: ○ positive and effective interpersonal communication ○ knowledge and skills of conflict management in reducing the need for physical intervention.
		1.4	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.

Learning outcomes		Assessment criteria		Indicative content
2	Understand the risks associated with using physical intervention	2.1	Identify the risk factors involved with the use of physical intervention	• Nature of the restraint: ○ method of restraint (risk of falls with restrictive holds) ○ position held ○ duration of restraint. • Situational factors:

- setting and location constraints and risks (open and confined spaces)
- environmental hazards
- staff numbers
- availability of help
- access to medical attention
- threats presented by others
- options available.

- Individual factors:
  - age
  - size
  - weight
  - physical state (medical conditions, exhaustion, recent ingestion of food, alcohol, drugs)
  - mental health (history of violence, prior experience of abuse and trauma).
- Vulnerable groups:
  - children and young people
  - older adults
  - individuals with mental health issues.

(Staff routinely working with vulnerable individuals should receive additional training in the use of physical intervention techniques.)

	2.2	Recognise the signs and symptoms associated with acute behavioural disturbance (ABD) and psychosis	• Acute behavioural disturbance 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 can result from underlying mental illness and/or be drug induced. Signs include: ○ hallucinations ○ paranoia ○ extreme fear as part of delusional beliefs. • Acute behavioural disturbance and psychosis can result in sudden death – so both should be treated as a medical emergency. Use de-escalation (verbal and non-verbal communication, distraction and calming techniques) as appropriate to the situation.

		2.3 State the specific risks associated with positional asphyxia	• Positional (or restraint) 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 – including restraints where an individual is held forcefully: o on the ground or any other surface (e.g. on a bed) face up or face down, using methods that compromise breathing and circulation o in a seated position (e.g. being bent forward when seated) using methods that compromise breathing and circulation o in a standing position using methods that compromise breathing and circulation – e.g. bent over or forced against a wall/object. • Key risk factors include: o 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 include: - face up or face down restraint on the ground or other surface such as a bed - 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, including death.
		2.4	State the specific risks associated with prolonged physical interventions	• The longer the duration of forceful restraint, the greater the exposure to risk and to complications.

Learning outcomes		Assessment criteria		Indicative content
3	Understand how to reduce the risks associated with physical intervention	3.1	State the specific risks of dealing with physical intervention incidents on the ground	• Specific risks*:* ○ restraint-related deaths – most common during ground restraints, specifically where an individual is held forcefully face down on the ground (but have also occurred when an individual has been held forcefully face up on the ground or bent forwards in hyperflexed, seated restraints)

				○ impact with floor and/or objects (during forceful takedowns or falls to the ground) ○ injury from glass or debris on the ground ○ vulnerable to assault from others.
		3.2	Identify how to deal with physical interventions 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: ○ try to get the individual up, or to a comfortable seated or recovery position as quickly as possible ○ in the meantime: - monitor the individual to ensure they can breathe without difficulty - where there is more than one member of the security team involved, designate a 'team leader' to take charge of the team and take responsibility for the safety of the individual - the team leader should make every effort to maintain dialogue with the individual and try to de-escalate the situation and bring it to an end at the earliest opportunity

				- if not in a position to communicate and monitor the subject, the team leader should position a colleague close to the subject's head to fulfil this function - de-escalate force at the earliest opportunity and immediately if there are signs of concern or a medical emergency. • If the potential for ground restraint is high, employers/security contractors and venue/event operators must assess the risks, implement control measures and provide guidance to staff and/or approved additional training.
		3.3	Identify ways of reducing the risk of harm during physical interventions	• Risk of harm to all parties. • Types of harm: o serious injury 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

- stress and emotional trauma – physical methods and restraints 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.

- Reducing the risk of harm:
  - 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, that can adversely affect breathing or circulation
  - maintain ongoing communication between staff and between staff and the subject during and following restraint
  - monitor the wellbeing of the subject for adverse reactions
  - work as a team and designate a team leader
  - follow established procedures (take care not to deviate)
  - de-escalate at the earliest opportunity to reduce exposure to risk

				○ immediately release and provide assistance if subject complains of, or shows signs of, breathlessness or other adverse reactions.
		3.4	State the benefits of dynamic risk assessment in situations where physical intervention is 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.
		3.5	State how to manage and monitor a person's safety during physical intervention	• Monitor and manage the subject: ○ observe fully the risk factors (situational and individual) ○ ensure that nothing impedes the subject's ability to breathe or their circulation; checking airway; breathing; circulation (ABC). • Actions to take: ○ If the person is unconscious but is breathing and has no other life-threatening conditions, place subject in the recovery position

				○ commencing CPR/defibrillator should only be performed when a person shows no signs of life or when they are unconscious, unresponsive and not breathing or not breathing normally (in cardiac arrest, some people will take occasional gasping breaths – they still need CPR at this point) ○ if the person is breathing and conscious, talk to the subject 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 or other form of medical distress ○ act on 'red flags': - effort with/difficulty in breathing - blocked airway and/or vomiting - passivity or reduced consciousness - non-responsiveness - signs of head or spinal injury - facial swelling - evidence of alcohol or drug overdose - blueness around lips, face or nails (signs of asphyxia) - 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 - employ de-escalation (calming and/or distraction) techniques - if a medical emergency is suspected – release immediately and call first aider/emergency services - 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 and duration.
		3.6	State the responsibilities of all involved during a physical intervention	• All staff (as an individual or a team member or team leader) involved in a physical intervention have a responsibility to ensure the safety of persons during and after the intervention. • Responsibilities include: ○ duty of care to the subject at all times (during and after restraint) ○ duty of care to colleagues ○ respecting the dignity of the subject ○ providing appropriate care for any person who appears to be injured or at risk ○ challenging unnecessary and excessive use of force by colleagues.

				• Supporting colleagues: ○ switch roles within the team where appropriate ○ monitor staff safety ○ monitor the subject and if you have any concerns for their wellbeing inform colleagues ○ contain the immediate area and manage bystanders ○ monitor the situation and communicate with others, e.g. staff from other agencies.
		3.7	State the responsibilities immediately following a physical intervention	• Responsibilities include: ○ duty of care to the subject at all times (during and after restraint) ○ duty of care to colleagues (support services) ○ providing appropriate care for any person who appears to be injured or at risk ○ briefing emergency services about the circumstances, position, duration and any difficulties experienced in a restraint event ○ preserving evidence and securing witnesses testimony ○ all staff involved must complete a full report individually accounting for their actions.
		3.8	State why it is important to maintain physical	• Maintaining knowledge and skills is important because: ○ legislation and best practice guidance can change

			intervention knowledge and skills	○ proficiency in physical skills will decrease over time, potentially reducing effectiveness of interventions and increasing risks (signposting to CPD).

Learning outcomes		Assessment criteria		Indicative Content
4	Be able to use physical skills to protect yourself and others	4.1	Demonstrate stance and positioning skills	• Demonstrate stance and positioning that reduces vulnerability to assault and facilitates exit or intervention, whilst maintaining positive, non-threatening non-verbal communication. • Verbal communication in line with conflict management training to assist the exit or intervention should also be used.
		4.2	Demonstrate skills used to evade and protect against blows	• With regard to the skills demonstrated for stance and positioning, show how use of limbs and movement can protect against an assault. • Verbal communication in line with conflict management training should be used.
		4.3	Demonstrate 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.

		4.4	Demonstrate non-aggressive intervention methods to stop assaults or fights	• At least two methods that can be adapted to different scenarios. • Including an individual and a team method
		4.5	Communicate professionally throughout the physical intervention	• Helping to calm the individual, give instructions and check well-being. • 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 wellbeing of the person restrained ○ negotiate and manage safe de-escalation with the person restrained and with the staff involved.

Learning outcomes		Assessment criteria		Indicative content
5	Be able to use non-pain compliant standing, holding and escorting techniques	5.1	Demonstrate how to physically prompt a person	• Demonstrate a non-restrictive prompt for use when verbal and non-verbal persuasion has not or is not likely to achieve the legitimate objective. • Candidates should continue to apply customer service skills even if the person they are escorting is not responding
		5.2	Demonstrate low-level non-restrictive standing holds that can be used to escort an individual	• Remind learners of the increased risks associated with one-on-one restraints and demonstrate a low-level intervention option for use to hold and escort. • One- and two-person holds (in motion, not just static) to be assessed.
		5.3	Demonstrate low-level restrictive standing one- and two- person holds that can be used to escort an individual	• Risks of dealing with a resistant person in different contexts. • Show one- and multiple-person restraining and escorting techniques in the approved programme. • Remind learners of the dangers of prolonged restraint.
		5.4	Demonstrate transitions between disengagement techniques and escorting techniques	• Moving from disengagement or defence/blocks into a restraint/escorting move.
		5.5	Demonstrate how to escort an individual on stairways	• Escorting an individual on a stairway may be required, either because they are: ○ intoxicated or ill and require assistance or

				○ non-compliant and need to be moved. • Moving a person up or down the stairs is a risky procedure. Ideally, no one should be moved up or down stairs if they are resistant or if you reasonably foresee that they might become resistant during the manoeuvre. This also applies to any ill person or a person under the influence of any substance as well as a non-compliant person and should therefore be seen as a last resort. • A dynamic risk assessment should be carried out and door supervisors should always consider if there is an alternative procedure or an alternative route that avoids the use of stairs. • Demonstrate escorting an individual on a stairway made up of a minimum of three stairs.
		5.6	Demonstrate how to disengage safely	• Controlled physical de-escalation, i.e. transition to less restrictive holds and complete release.* • Continuous positive communication with the person held including explanation of what is happening, reassurance, checking understanding. • Safe positioning during de-escalation and disengagement. *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.
		5.7	Demonstrate how to manage risk immediately following disengagement	• Reduce risks of assault of staff and bystanders during and immediately de-escalation and disengagement of restraint through: ○ creating space

				○ positive communication with colleagues and other people present ○ safe handover to others, e.g. the police or ambulance personnel, with a briefing including: - risk behaviours presented by the person (to themselves and/or others) - method of restraint and its duration - any concerns you have for their wellbeing.