

Unit 4: Physical Intervention Skills within the Private Security Industry

Guided Learning Hours:	15
Unit Level:	2
Unit Credit:	2

Physical Intervention Unit contents:

- Session 1: Introduction to Physical Skills
- Session 2: Disengagement Techniques
- Session 3: Escorting Technique

Unit Description:

1.1- 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 - 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

Activity 1: Define the difference between restrictive and non restrictive intervention

1.3 - 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 - Importance of only using physical intervention skills as a last resort

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

Activity 2: Why it is important to use physical intervention as a last resort.

1.5 - 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

1.1 - 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

2.1 - 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.

2.2 - Risk factors involved with the use of physical intervention

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.

Especially 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.

Activity 3: List three Risk factors involved with the use of physical intervention

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

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.

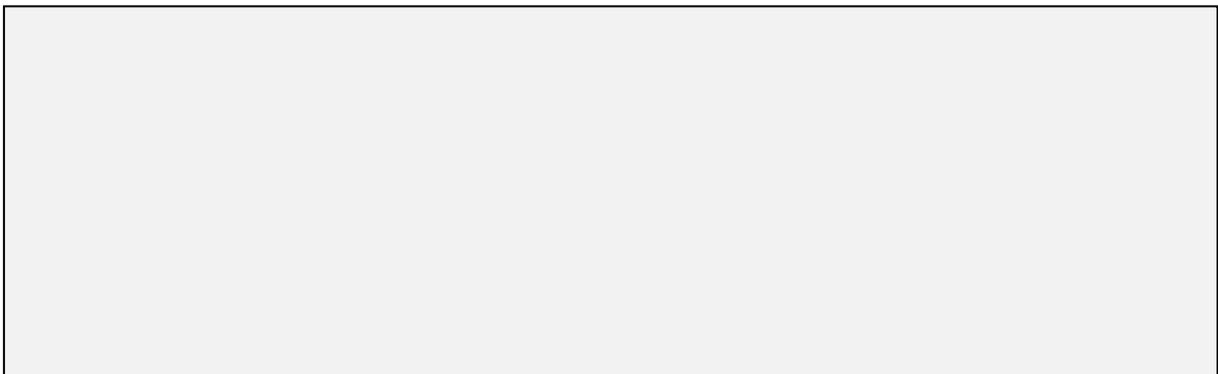
2.4 - Importance of dealing with physical intervention incidents on the ground appropriately

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, 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.

Activity 4: Identify the importance of dealing with physical intervention incidents on the ground appropriately



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

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 - Support colleagues during physical intervention

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 wellbeing, Contain the immediate area and manage bystanders, Monitor and communicate with others e.g. colleagues, staff from other agencies.

2.7 - Manage and monitor a person's safety during physical intervention

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 wellbeing, Act promptly on concerns

2.8 - Responsibilities during physical interventions

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.

Activity 5: State your Responsibilities during physical interventions

2.9 - Responsibilities immediately following physical interventions

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 - 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 - Signs and symptoms associated with Acute Behavioural Disturbance and Psychosis

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:

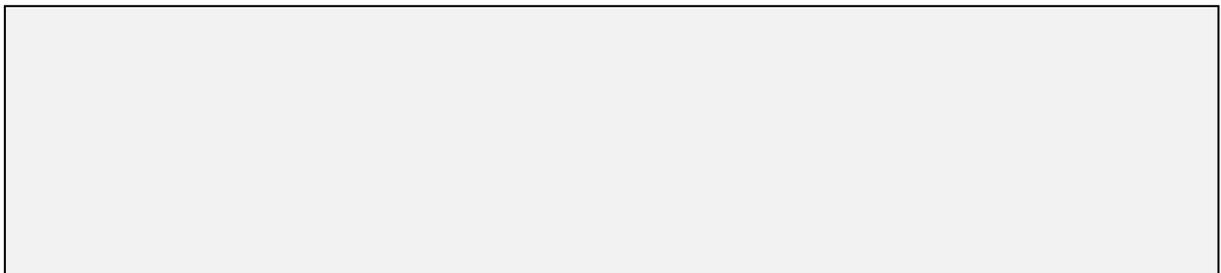
- High temperature
- Bizarre behaviour

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

Activity 6: What are Signs and symptoms associated with Acute Behavioural Disturbance and Psychosis



2.12 - 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.

Activity 7: What is Positional Asphyxia and identify risks associated with Positional Asphyxia

2.13 - Specific risks associated with prolonged physical interventions

Risks associated with prolonged physical interventions: The longer the duration of the restraint the greater the exposure to risk and to complications

2.14 - Importance of keeping physical intervention knowledge and skills current

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

2.15 - Importance of accessing help and support following an incident

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

2.16 - Importance of reflecting on and learning from previous physical intervention situations

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

2.17 - Importance of fully reporting on the use of force

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

Standards of Behaviour for Security operatives

Personal Appearance

A security operative should at all times:

- Wear clothing which is smart, presentable, easily identifies the individual as a security operative, and is in accordance with the employer's guidelines
- Wear his/her Security Industry Authority licence on the outside of their clothing whilst on duty, displaying the photograph side (except Close Protection Operatives)

Professional Attitude & Skills

A security operative should:

- Greet visitors to the premises in a friendly and courteous manner
- Act fairly and not discriminate on the grounds of gender, sexual orientation, marital status, race, nationality, ethnicity, religion or beliefs, disability, or any other difference in individuals which is not relevant to the security operatives' responsibility.
- Carry out his/her duties in a professional and courteous manner with due regard and consideration to others.
- Behave with personal integrity and understanding
- Use moderate language, which is not defamatory or abusive, when dealing with members of the public and colleagues
- Be fit for work and remain alert at all times
- Develop knowledge of local services and amenities appropriately

General Conduct

In carrying out his/her duty, a security operative should:

- Never solicit or accept any bribe or other consideration from any person.
- Not drink alcohol or be under the influence of alcohol or drugs
- Not display preferential treatment towards individuals
- Never abuse his/her position of authority
- Never carry any item which is or could be considered to be threatening
- Report all incidents to the management
- Co-operate fully with members of the Police and partners, Local Authority, Security Industry Authority, and other statutory agencies with an interest in the premises or the way they are run.

Organisation / Company Values and Standards

A security operative should:

- Adhere to the employing organisation / company standards
- Be perceptive of the employing organisation / company culture and values
- Contribute to the goals and objectives of the employing organisation / company.
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