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# Physical Intervention Skills within the Private Security Industry

## HANDBOOK

## Introduction

This manual has been produced to provide professional security staff with the Knowledge, Understanding, Skills, Attitude and Belief to be able to apply the principles of Conflict Management and Physical Intervention techniques in a safe and effective manner within their specific working environment.

The content has been compiled with the view that it should complement the current training as required by the Security Industry Authority; therefore, all Physical Intervention training courses will include reference to the principles of conflict management, threat assessment, relevant legislation as well as local policy and procedures.

Physical Intervention skills must be viewed as a last resort and only deployed when all other attempts to resolve a situation have been tried and have failed. Whilst it is recognised that many in the security industry have the ability to deal with most situations it is also recognised that many will have received no formal training in safe and effective techniques that have been both legally and medically researched. To that end all tactics and techniques included in this manual have undergone such scrutiny.

The nature of security work is so diverse that it will never be possible to include guidance on every possible solution to situations and incidents that may be encountered. There will always be occasions when an individual security professional resorts to a tactic or technique that is not included or described within this manual. In such circumstances, the actions of individuals will not necessarily be wrong or unlawful; the question will always remain 'have they acted reasonably and within the law.

When any force has been used the individual concerned must always be prepared to account for their decisions and any subsequent actions, they must demonstrate that their actions were justified and lawful.

In addition to general guidance on conflict management, use of force and personal management skills, each chapter in the manual includes a series of practical options to consider and utilise in any given circumstance, additionally each option has a set of associated performance competencies, a medical directory and a breakdown of each skill, thus providing the user with comprehensive instruction on application. This also provides the trainer with the guiding provisions for student assessment.

The manual provides a basic training provision that can be tailored and adapted to the specific working environment of the individual undertaking the training course. This approach enables flexibility, whilst at the same time recognising that the understanding of the techniques and the standards by which competence is measured should be uniformed.

Finally, all the techniques contained within this manual have been selected for their simplicity and ease of application under pressure, however consideration must be given to the personal qualities of the individual applying the techniques, particular reference being made to physical fitness and positive mental attitude.... without these qualities no amount of skills training can compensate in an aggressive or violent confrontation.

## Chapter 1: Understanding Physical Intervention and the implications of their use.

### What are defensive physical skills?

Methods used to protect oneself and/or others from unlawful assault.

Defensive physical skills enable you to:

- Recognise danger
- Avoid it
- Manage it
- React to it safely

Defensive physical skills include:

- Risk assessment
- Calling for support
- Position
- Stance
- Communication skills
- Boundaries
- Barriers
- Exit routes

### What is physical intervention?

The use of direct or indirect force, through bodily, physical or mechanical means, to limit another person's movement which should only be used as a last resort, when all other options have failed, are likely to fail or its impossible to withdraw

Such intervention should be used to:

- Protect someone who is in a dangerous situation
- Break away or disengage from a harmful contact
- Separate from a 'trigger'

During the practical elements of your physical intervention training you will only be taught techniques that are: Low-level, non-aggressive, non-restrictive and non-pain complaint. Those methods allow a greater degree of freedom where the subject can move away from the physical intervention if they wish to. To use higher levels of force you will need to undergo further training.

### What is the difference between defensive physical skills and a physical intervention?

The first is used to protect oneself and/or others from unlawful assault. The second is the use of direct or indirect force to limit the movements of another person.

### What is the difference between restrictive and non-restrictive intervention?

#### 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. severely limit 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

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, also defensive, self-protective interventions

### Remember...

All physical interventions need to be justified. Physical intervention can result in prosecution of staff if use of force was unnecessary, excessive, or in any other way unlawful. It can lead to allegations against staff members and potentially loss of licence and/or employment.

## 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).

**Secondary Controls** - Positive and effective interpersonal communication and the knowledge and skills of conflict management in reducing the need for physical intervention

## Last resort

Last resort is when all other options have failed, are likely to fail or its impossible to withdraw

Used only to:

- Protect someone who is in a dangerous situation
- Disengage or Break away from harmful contact
- Separate from a 'trigger'

## What do you think can happen if force is used improperly or excessively?

| Professional Implications   | Legal Implications   |
|---|--|
| <ul style="list-style-type: none"><li>• Make the situation worse</li><li>• Cause disciplinary proceedings</li><li>• Result in loss of SIA license</li><li>• Result in injury or death</li></ul> | <ul style="list-style-type: none"><li>• Cause criminal proceedings</li><li>• Cause civil actions</li></ul> |

## More on legal Implications of using PI

The powers for security officers, door supervisors are the same as all other civilians, they have no special powers with regards to use of force or arrest. These powers are contained in a limited number of common law and statutory provisions.

By virtue of the demands of the job, some door supervisors are well-built and physically fit, and unless they use the necessary constraints when dealing with unruly or violent customers, they may find themselves liable to an assault charge.

The authority for security operatives to use force when necessary can be found in the following parts of the law:

- trespass
- Common Law
- Criminal law

### **Trespass**

A trespass is committed by a person who is improperly on someone else's property without consent

The law says: 'no more force is used than is necessary to remove the trespasser from the premises

### **Common Law**

#### **The rules of self-defence:**

'if any person has an honestly held belief that he/she or another is in imminent danger, then he/she may use such force as is reasonable and necessary to avert that danger'

#### **Breach of peace**

Preventing a breach of peace and saving life:

'any person may use such force as is reasonable in the circumstances to prevent a breach of the peace or to save a life'.

### **The Criminal Law Act**

Sec. 3 Criminal Law Act, 1967

This act gives everyone, including door supervisors, the authority to use "such force as is reasonable in the circumstances in the prevention of crime, or in effecting (or assisting in) the lawful arrest of offenders, suspected offenders or persons unlawfully at large".

### **The Criminal Justice and Immigration Act 2008**

Sec. 76 The Criminal Justice and Immigration Act, 2008

This act codifies English and Northern Irish case law on the subject of self-defence. However, it makes no changes to the existing law.

It does clarify the degree or amount of force that may be used under the defences introduced earlier.

It states:

- (a) That a person acting for a legitimate purpose may not be able to weigh to a nicety the exact measure of any necessary action;

- (b) That evidence of a person’s having only done what the person honestly and instinctively thought was necessary for a legitimate purpose constitutes strong evidence that only reasonable action was taken by that person for that purpose.

**Justification of the use of force**

The questions that are likely to be asked about any use of force are:

Was there a need to use the force?

Was the force applied in a good faith or in a malicious way?

What was the size and build of the injured party compared to the door supervisor?

At what stage did the door supervisor stop the use of force?

Was the amount of force reasonable or not?

What was the extent of injuries compared to the amount of resistance given?

Were there any weapons used or threatened by the other party?

**Conflict resolution model**

| BEHAVIOUR  | IMPACT FACTORS                     | RESPONSE  |
|--|------------------------------------|---|
| Compliance (no resistance)   | Sex, age, size, strength           | Door supervisor presence (observing, passive control)                                       |
| Verbal resistance (refusing to cooperate, swearing, threatening)                             | Skills, knowledge                  | Tactical communication (verbal and non-verbal)  |
| Passive resistance (refusing to move/leave)  | Alcohol, drugs, mental, impairment | Primary control skills (carrying out, low level of force)                                   |
| Active resistance (pulling or pushing away, struggling)                                      | Injury, exhaustion, disadvantage   | Secondary control skills (increase in force, arm-locks & holds)                             |
| Assaultive/aggressive resistance (fighting, punching, kicking)                               | Numbers, weapons, danger           | Defensive tactics (blocks   |
| Serious/life-threatening resistance (armed or serious attack, risk of serious harm or death) | Serious imminent danger            | Serious or deadly use of force (action likely to or could cause serious harm or even death) |

## Other Legislation

When considering the use of physical intervention in the workplace, door supervisors also need to ensure that they do not accidentally or recklessly breach any other laws.

### The Health and Safety at Work Act 1974

A door supervisor's responsibilities are to:

- Take reasonable care of their own Health and Safety
- Ensure that their own acts or omission do not adversely affect the Health and Safety of others.

As a door supervisor you must:

- follow Health and Safety policies provided and keep up to date
- practise safe working habits and obey all safety rules
- use protective equipment properly
- be aware of emergency procedures and ensure that they are followed when necessary.

### The Human Rights Act

Human Rights Act articles:

|            |                               |
|------------|-------------------------------|
| Article 2  | Right to life                 |
| Article 3  | Prohibition of torture        |
| Article 5  | Right to liberty and security |
| Article 6  | Right to a fair trial         |
| Article 7  | No punishment without law     |
| Article 14 | Prohibition on discrimination |

The Human Rights Act orders that any use of force used by anyone employed by a statutory body must be: **necessary, reasonable, proportionate, justifiable, accountable.**

### RIDDOR

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) place a legal duty on employers, self-employed people and those in control of premises to report deaths and certain injuries or near misses.

## Chapter 2: Reducing the risk of harm when physical skills are used.

### Dynamic Risk assessment

Use the **SAFER** approach

- Step back (Think 'safety' first)
- Assess the threat (using POP)
- Find help (identify if and when help is needed)
- Evaluate options available
- Respond (take appropriate action)

Why is it important to use dynamic risk assessment?

- To identify if assistance is still needed
- To continuously monitor for changes in risks to all parties during and following an intervention
- To de-escalate use of force and/or withdraw

### Risk factors – Medical Consequences

Examples of a physical intervention that could result in serious harm or death:

- 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 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
- Interventions close to situational hazards (e.g. on stairs or a stage, close to moving traffic, adjacent to plate glass windows)

### Risk factors – Stress and 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.

Situational factors that might increase the risk of using physical intervention:

- Environmental hazards
- Low staff numbers
- A lack of available help
- Threats presented by others
- Increased risk of falls with one on one restrictive holds



Factors related to an individual that might increase the risk of using physical intervention:

- Risks linked to age, size and weight, physical health and mental health
- Alcohol/drug abuse
- Physical exhaustion
- Recent ingestion of food
- Medical conditions/predispositions
- A person who has a known history of being violent

### **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.

### **Risk factors – 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

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.

### **Risk factors within PI**

How to reduce risk factors?

- Choose the physical intervention with the least force and potential to cause injury to the subject in achieving the legitimate objective
- Ensure ongoing communication between staff and between staff and the subject during and following restraint
- Monitor the wellbeing of the subject of intervention for adverse reactions of subject
- Make sure that someone takes a lead role and that others support as team members
- De-escalate physical intervention at the earliest opportunity to reduce exposure to risk
- Follow emergency procedures: Immediately release and seek assistance if subject complains or demonstrates signs of breathlessness or other adverse reactions

Do not apply any restraint which restricts the subject's chest wall and abdomen in a prone, seated, kneeling or forward reclining position. A combination of chest wall and abdominal restriction in these positions is especially dangerous.

Therefore, do not:

- restrain the subject in a prone position where their breathing can be impaired. The condition may be exacerbated if pressure is applied to the subject's back in order to maintain them in this position
- restrain the subject leaning forward in a seated position as this can contribute to obstruction of the airway. If a person must be restrained in a seated position, it is essential that the seated angle is kept as erect as possible
- restrain the subject by bending them forward from the waist and restraining them (hyperflexion)
- put weight on the subject's back to support the restraint procedure as this practice adds stress to the respiratory muscles and inhibits movement of the diaphragm and rib cage.

All of the above can result in restraint asphyxia.

Those under restraint should be closely monitored and observed for any of the following warning signs:

- inability or difficulty in breathing
- sudden increase or decrease in aggression
- feeling sick or being sick
- becoming limp, unresponsive, losing or lowering of consciousness
- respiratory or cardiac arrest
- developing swelling to the face and neck areas

- developing pinpoint-sized haemorrhages (small blood spots) to the head, neck and chest areas (petechiae)
- marked expansion of the veins in the neck

You should always monitor the subject's vital signs using the ABC method:

**Airway** – ensure the path is free of obstruction and allows the flow of air to the lungs

**Breathing** – ensure air flows to and from the lungs

**Circulation** – ensure heartbeat and pulse are present

### **ACTIONS TO TAKE UPON SUSPECTING ASPHYXIATION**

- immediately release, slacken or modify the restraint as far as possible to effect the immediate reduction in body wall restriction
- summon urgent medical assistance and provide appropriate first aid/CPR

### **Medical Emergency Procedures**

- 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 (about the person, assessment, treatment)
- Clear the immediate area of bystanders

### **Person's safety during PI**

- 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'.
- Listen to concerns of others present
- Ensure a staff member is continuously monitoring well being
- Act promptly on concerns

### **Red Flags**

- |   |                                      |
|---|--------------------------------------|
| • Evidence of alcohol or drug overdose                    | • Effort with breathing              |
| • Blueness around lips, face or nails (signs of asphyxia) | • Blocked airway and/or vomiting     |
| • Individual held complaining of difficulty breathing     | • Passivity or reduced consciousness |
| • High body temperature, profuse sweating/hot skin        | • Individual being non responsive    |
| • Confusion, disorientation and incoherence               | • Signs of head or spinal injury     |
| • Hallucinations, delusions, mania,                       | • Facial swelling                    |
|   | • Exhaustion                         |
|   | • Extreme fear                       |

## Acute Behavioural Disturbance

- 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

## Positional (or restraint) Asphyxia

Although uncommon, deaths can and do occur following the restraint. A particular risk occurs in certain kinds of restraint. These deaths have frequently been attributed to positional or restraint asphyxia. Staff who use physical interventions must be trained and made aware of the:

- mechanism of restraint
- potential dangers associated with certain restraints
- adverse effects of restraints
- early warning signs of potential harm

### What is positional or restraint asphyxia?

Positional or restraint asphyxia is where the subject's body position during the restraint causes asphyxiation. There are a number of adverse effects, the more common of which include:

- inability or difficulty in breathing
- feeling sick or being sick
- developing swelling to the face and neck areas
- developing pinpoint-sized haemorrhages (small blood spots) to the head, neck and chest areas brought about by asphyxiation (petechiae)

### Restraint and breathing

Being able to expand one's chest is essential to breathing as this serves to draw air into the lungs. Minimal chest movement is needed during periods of inactivity or rest. However, following exertion or upset the body requires a great deal more oxygen and both the rate and depth of breathing increases so as to cater for this additional oxygen requirement. Increased lung inflation is achieved by way of increased muscle activity in the chest wall and abdomen as well as in the shoulders and neck. Problems can arise in cases where the body is denied this additional oxygen requirement and this is particularly problematic during restraint where the physical demands of the body are significantly increased.

This can lead to the death of the person being restrained in as little as a few minutes even where the person is still struggling or making noises. It should be emphasised that the body requires very little oxygen to make noises from the mouth but needs considerably more to survive during a prolonged struggle or restraint episode. Thus, a person dying of positional or restraint asphyxia may well be able to some extent to communicate prior to collapse or lapsing into unconsciousness.

## **POSITIONAL OR RESTRAINT ASPHYXIA**

This term relates to any restraint position that compromises either the subject's airways or expansion of their lungs leading to their breathing being impaired resulting in asphyxiation. Typical positions that can lead to this include any restraint causing:

- restriction of the chest wall
- impairment of the diaphragm (which may be caused by the abdomen being compressed in a prone, seated or kneeling position)
- pressure to the area of the neck

During a violent struggle, the subject may use their arms to brace themselves in order to improve the quality and depth of their breathing. Any restriction of this 'bracing' during the restraint may also disable effective breathing in an aroused physiological state.

A degree of positional asphyxia can result from virtually any restraint position in which there is restriction of the neck, chest wall or diaphragm, particularly in those where the subject's head is forced downwards towards their knees. Restraints where the subject is seated require particular caution, since the angle between the chest wall and the lower limbs will already be partially decreased. Compression of the torso against or towards the thighs restricts the diaphragm and further compromises lung inflation. This also applies to prone restraints, where the body weight of the individual acts to restrict the chest wall and the abdomen, restricting diaphragm movement.

## **KNOWN RISK FACTORS FOR POSITIONAL OR RESTRAINT ASPHYXIA**

There are additional factors that are known to increase the risk of restraint asphyxia. If any of the following factors are identified staff should take extra caution if restraint proves necessary:

- anything that increases the body's demand for oxygen (for example, physical struggle, anxiety or emotion)
- any restriction of or pressure to the neck, chest or abdomen
- significant overweight or obesity
- intoxication (alcohol or drugs). Alcohol and drugs can affect the brain's control of breathing. An intoxicated person is less likely to reposition themselves to allow effective breathing
- psychotic states
- recent head injury or other significant injury
- prolonged restraint following physical struggle or violence causing fatigue
- restraint of a person of small stature
- physical ailments (chest deformities, conditions relating to cardiac or pulmonary functioning, such as asthma, emphysema, etc.)
- unrecognised organic disease
- presence of an excited delirium state, a state of extreme arousal often secondary to mania, schizophrenia or use of drugs such as cocaine, characterised by constant, purposeless activity, often accompanied by increased body temperature. Individuals may die of acute exhaustive mania and this may be precipitated by restraint asphyxia

## Responsibilities during Physical Intervention

Ensure:

- 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

## Responsibilities following Physical Intervention

Ensure:

- A duty of care to the subject is maintained following 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
- All staff involved individually make detailed, signed notes of the full circumstances of the physical intervention at the earliest opportunity

## Teamwork 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

## Upskilling

Why is it important to keep physical intervention knowledge and skills up to date?

Laws do change from time to time, and professional security operatives need to keep knowledge of their powers and responsibilities current so that they can protect themselves and their companies from civil litigation or criminal prosecution.

Also, regular refresher training will keep our physical skills up to date. Lack of practice can lead to loss of confidence and the loss of the ability to use defence correctly and safely when we need it the most.

Proficiency in physical skills can fade over time, potentially reducing effectiveness and increasing risks.

## Chapter 3: Understanding good practice following physical intervention

It is important to access help and support following an incident. There is a potential for physical and psychological harm following an incident where force has been used.

### **Why is it important to reflect on and learn from physical intervention situations?**

- to reduce the number of situations needing physical intervention or at least managed more safely
- to review personal and team skills in dealing with future situation requiring physical intervention

### **Why is it important to fully report on any use of force?**

As stated earlier using force can have some serious professional and legal implications thus for due diligence purposes it is crucial that any incident requiring the use of force is fully reported.

Factors to consider when reporting and accounting for any 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
- Full details of why, in the opinion of the writer, the use of force was reasonable, necessary and proportionate

## Chapter 4: Physical Skills – Protecting yourself and others

### Stance

| Skill No. | Skill Name | Skill Type | SIA Reference |
|-----------|------------|------------|---------------|
| 01        | Stance     | Stance     | LO3 AC 3.1    |

#### What is this skill used for?

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



#### Key Observation Points:

Approach from the 4 o'clock or 8 o'clock position  
 Do not block subject's exit path  
 Use hand signals to show, control or move subject into desired space

| Medical implication on Subject: | Probable Injuries | Less Likely Injuries |
|---------------------------------|-------------------|----------------------|
| None                            | None              | Slips, trips, falls  |



## Evading & Protecting

| Skill No. | Skill Name           | Skill Type | SIA Reference |
|-----------|----------------------|------------|---------------|
| 02        | Evading & Protecting | Protection | LO3 AC 3.2    |

### What is this skill used for?

To protect against an assault using the Stance skill and dynamic use of limbs and movement.



### Key Observation Points:

- Create a Stable stance
- Hands raised to protect head and torso
- Use a 'Calm Down' non-verbal communication skill
- Arms semi flexed with elbows in front of torso to absorb strikes
- Stepping away from subject to create space

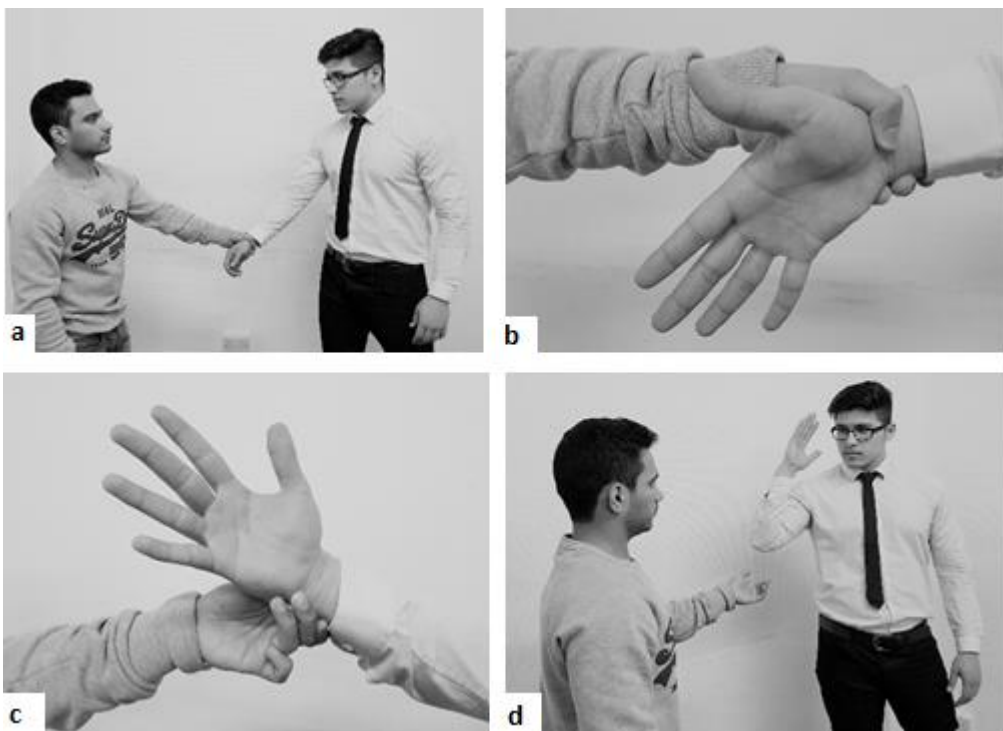
| Medical implication on Subject: | Probable Injuries | Less Likely Injuries                                  |
|---------------------------------|-------------------|---|
| None                            | None              | If subject is to strike, then all associated injuries |

### Single handed wrist release

| Skill No. | Skill Name                  | Skill Type    | SIA Reference |
|-----------|-----------------------------|---------------|---------------|
| 03        | Single handed wrist release | Disengagement | LO3 AC 3.3    |

#### What is this skill used for?

To disengage from an assailant who has grabbed your wrist using their opposite hand.  
Left hand on right or Right hand on left.



#### Key Observation Points:

Create a Stable stance,  
Elbow position close to body and fixed throughout movement  
Hand of gripped arm/wrist to remain open  
From the elbow down only, quickly move the gripped arm/wrist hand vertically up (thumb to ear)  
Step back into non aggressive stance

| Medical implication on Subject: | Probable Injuries | Less Likely Injuries          |
|---------------------------------|-------------------|-------------------------------|
| None                            | None              | Sores, Redness to wrist area. |

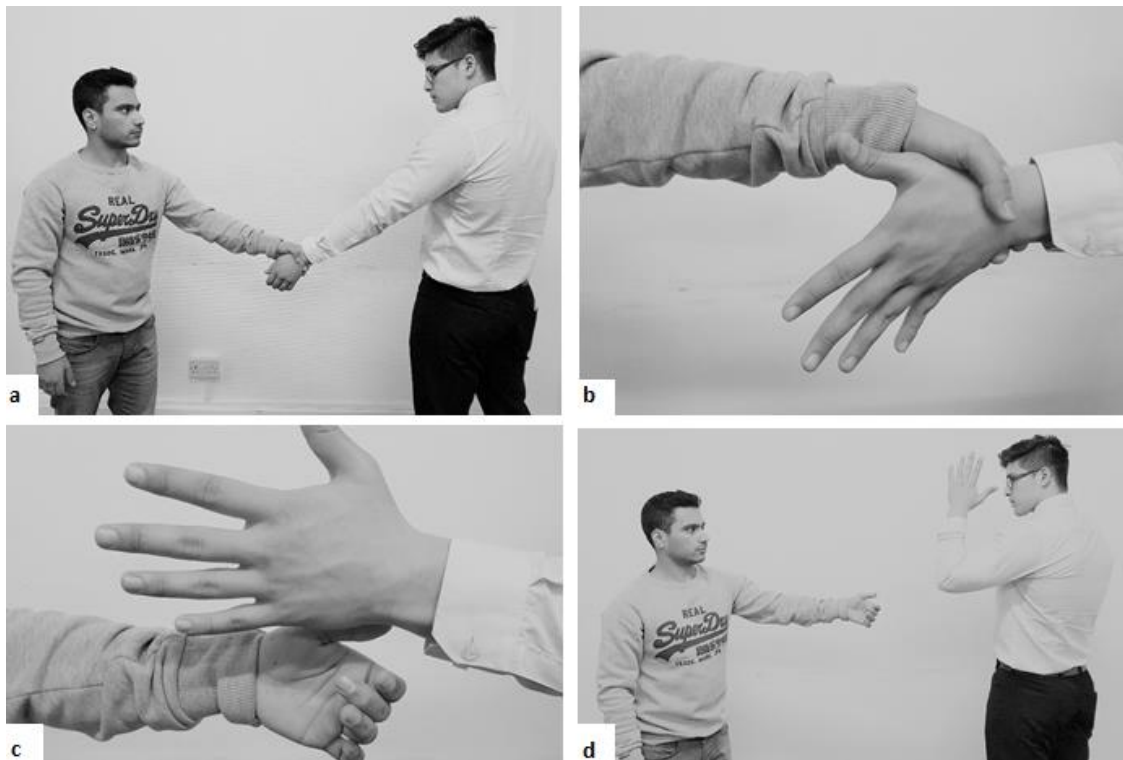
### Single handed wrist release (cross)

| Skill No. | Skill Name                          | Skill Type    | SIA Reference |
|-----------|-------------------------------------|---------------|---------------|
| 04        | Single handed wrist release (cross) | Disengagement | LO3 AC 3.3    |

#### What is this skill used for?

To disengage from an assailant who has grabbed your wrist using the same side hand.

Left hand on left or Right hand on right.



#### Key Observation Points:

Create a Stable stance,  
 Elbow position close to body and fixed throughout movement  
 Hand of gripped arm/wrist to remain open  
 From the elbow down only, quickly move the gripped arm/wrist hand vertically up (thumb to ear)  
 Step back into non aggressive stance

| Medical implication on Subject: | Probable Injuries | Less Likely Injuries          |
|---------------------------------|-------------------|-------------------------------|
| None                            | None              | Sores, Redness to wrist area. |

## Double handed wrist release

| Skill No. | Skill Name                  | Skill Type    | SIA Reference |
|-----------|-----------------------------|---------------|---------------|
| 05        | Double handed wrist release | Disengagement | LO3 AC 3.3    |

### What is this skill used for?

To disengage from an assailant who has grabbed your wrist using both of their hands.





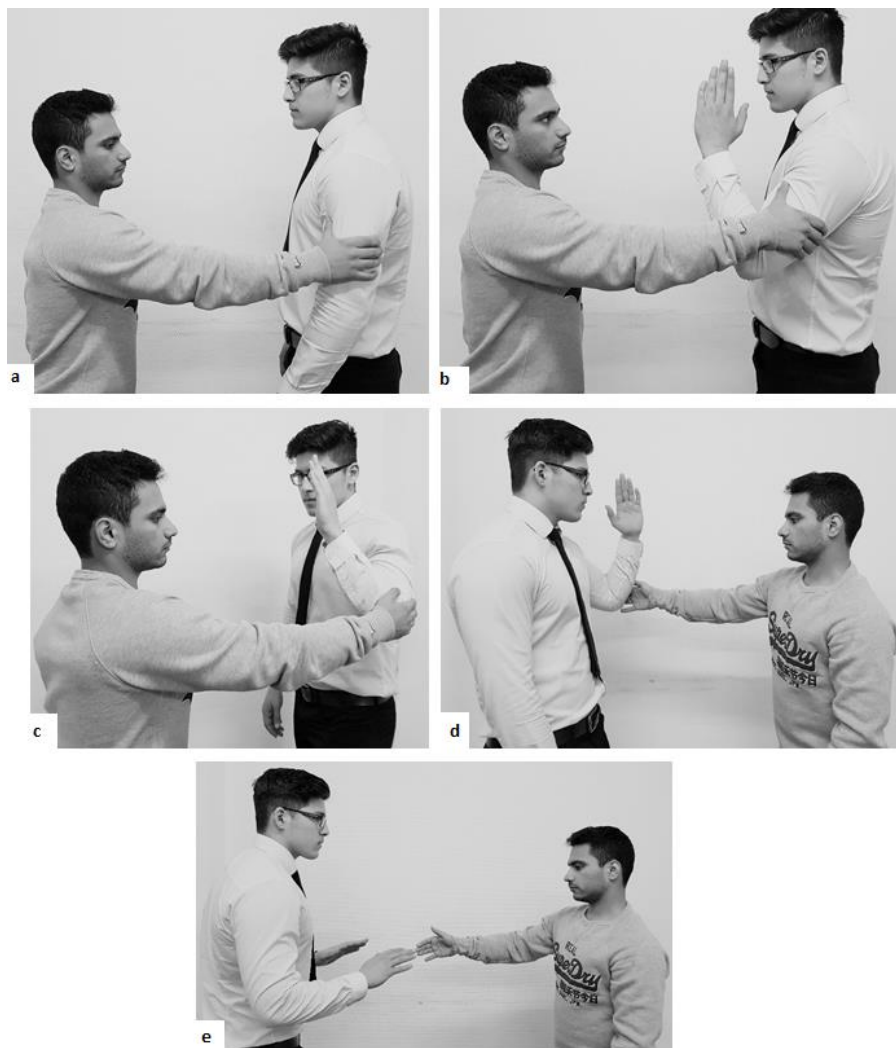
| Key Observation Points:   |                |                               |
|---|----------------|-------------------------------|
| Create a Stable stance,<br>Hand of gripped arm closed like a fist<br>Using the free hand grab your fist and pull out in the direction where the assailant's thumbs are pointing<br>Step back into non aggressive stance |                |                               |
| Medical Subject:  | implication on | Probable Injuries             |
| None  |                | None                          |
|   |                | Less Likely Injuries          |
|   |                | Sores, Redness to wrist area. |

## Single handed upper arm release

| Skill No. | Skill Name                      | Skill Type    | SIA Reference |
|-----------|---------------------------------|---------------|---------------|
| 06        | Single handed upper arm release | Disengagement | LO3 AC 3.3    |

### What is this skill used for?

To disengage from an assailant who has grabbed your upper arm.



### Key Observation Points:

Create a stable stance, remember this should be side-on  
 Raise the hand of the held arm up  
 Once held arm hand is vertically pointing up, move your arm into the forearm of the assailant  
 Continue the movement until arm has been released  
 Step back into non aggressive stance

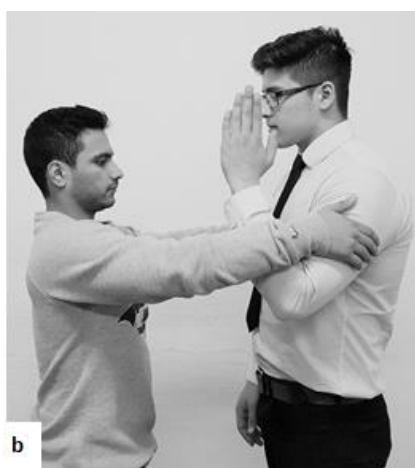
| Medical implication on Subject: | Probable Injuries | Less Likely Injuries              |
|---------------------------------|-------------------|-----------------------------------|
| None                            | None              | Sores, Redness to upper arm area. |

## Double handed upper arm release

| Skill No. | Skill Name                      | Skill Type    | SIA Reference |
|-----------|---------------------------------|---------------|---------------|
| 07        | Double handed upper arm release | Disengagement | LO3 AC 3.3    |

### What is this skill used for?

To disengage from an assailant who has grabbed both of your arms.



### Key Observation Points:

- Create a stable stance, remember this should be side-on
- Raise one of the hand of either arm, whichever direction is preferable
- Once the hand is vertically up, move the raised hand side arm into the forearm of the assailant
- Continue the movement until both arms have been released
- Step back into non aggressive stance

| Medical Subject: | implication on | Probable Injuries | Less Likely Injuries               |
|------------------|----------------|-------------------|------------------------------------|
| None             |                | None              | Sores, Redness to upper arm areas. |

## Single handed upper arm release

| Skill No. | Skill Name                     | Skill Type    | SIA Reference |
|-----------|--------------------------------|---------------|---------------|
| 08        | Single handed clothing release | Disengagement | LO3 AC 3.3    |

### What is this skill used for?

To disengage from an assailant who has grabbed your clothing (usually lapel and/or chest) with one hand.



### Key Observation Points:

Place your hand (left on right or right on left) on to the assailant's wrist as to secure their hold  
 Place your other (free) hand below the assailant's hold on to your own clothing  
 Pull your clothing down while pushing the assailant's hand away  
 Step back into non aggressive stance

|                  |                |                   |                                       |
|------------------|----------------|-------------------|---------------------------------------|
| Medical Subject: | implication on | Probable Injuries | Less Likely Injuries                  |
| None             |                | None              | Sores, Redness to fingertips, wrists. |

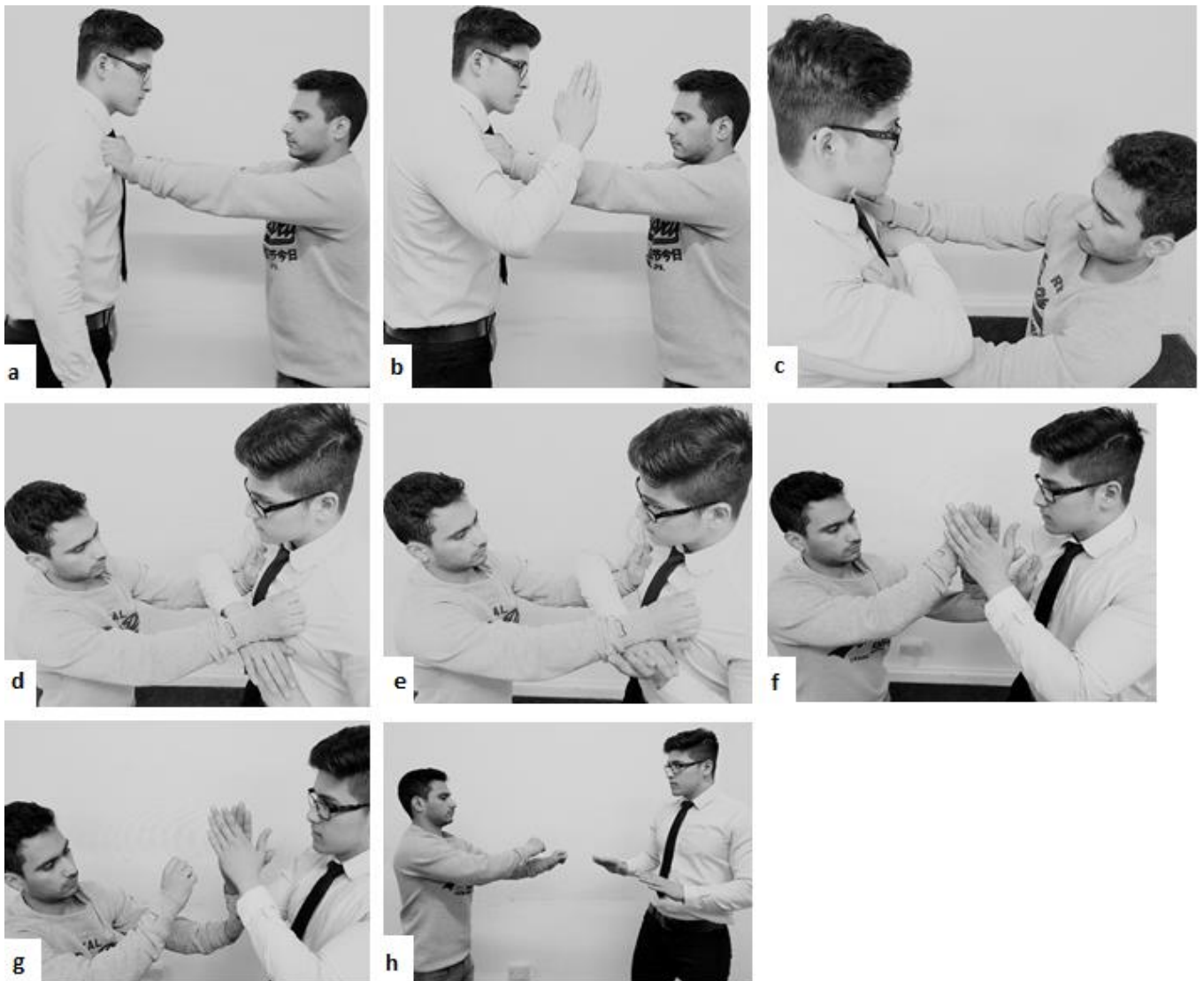


## Double handed upper arm release

| Skill No. | Skill Name                     | Skill Type    | SIA Reference |
|-----------|--------------------------------|---------------|---------------|
| 09        | Double handed clothing release | Disengagement | LO3 AC 3.3    |

### What is this skill used for?

To disengage from an assailant who has grabbed your clothing (usually lapel and/or chest) with both hands.



**Key Observation Points:**

Weave your stronger, more dominant hand into the assailant's hold  
Ensure the back of your primary hand is firmly supporting the bottom of the assailant's hand  
Bring your other, free hand, palm to palm with your primary hand  
Move both of your hands in an upward direction while moving your primary arm elbow in the opposite direction

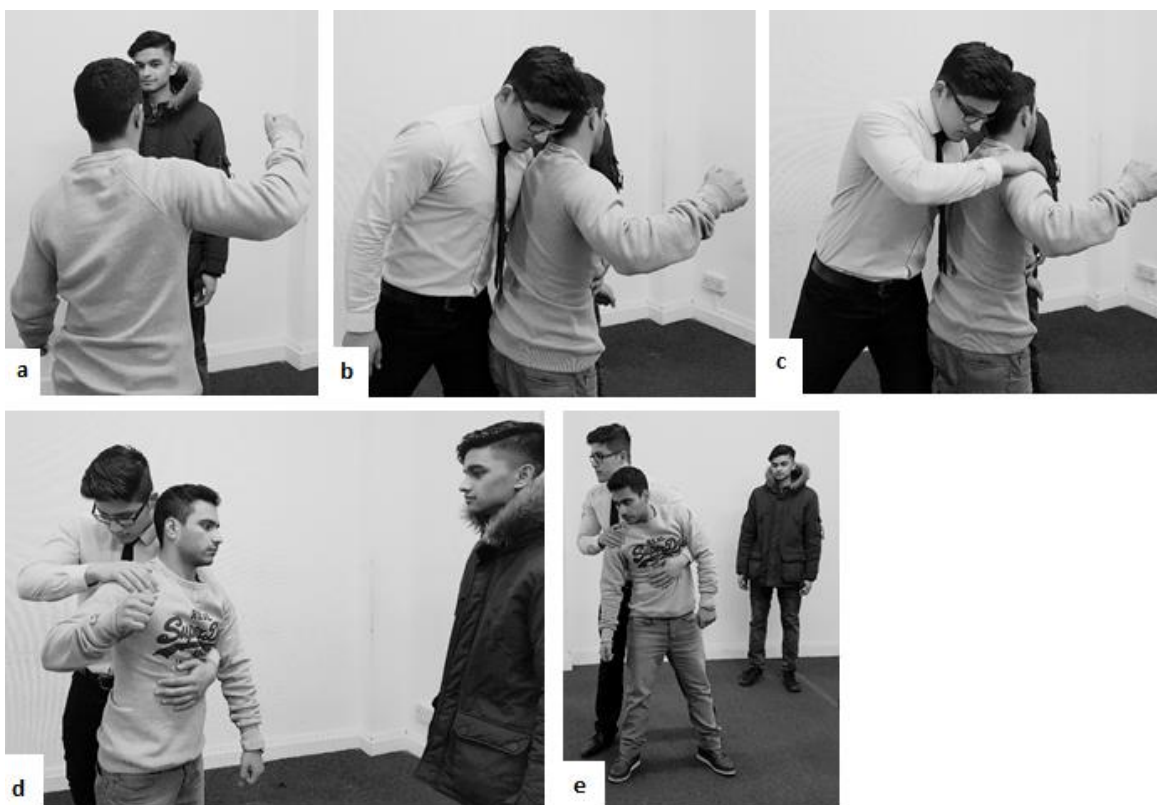
| Medical Subject: | implication on | Probable Injuries | Less Likely Injuries                  |
|------------------|----------------|-------------------|---------------------------------------|
| None             |                | None              | Sores, Redness to fingertips, wrists. |

## Stopping a person from assaulting another

| Skill No. | Skill Name                                | Skill Type    | SIA Reference |
|-----------|---|---------------|---------------|
| 10        | Stopping a person from assaulting another | Disengagement | LO3 AC 3.4    |

### What is this skill used for?

To stop one person from assaulting another (non-aggressive method)



### Key Observation Points:

Approach the assailant from the side (4 or 8 o'clock)  
 Using same side hand (e.g. left hand on left side) wrap your arm around the waist of the assailant  
 Using other hand reach for assailant's far shoulder and place your hand there to hold in place  
 Gently pivot assailant away from the victim (drawing round)  
**Please note: Do ensure spine, ribs and unnecessary force avoided at all times**

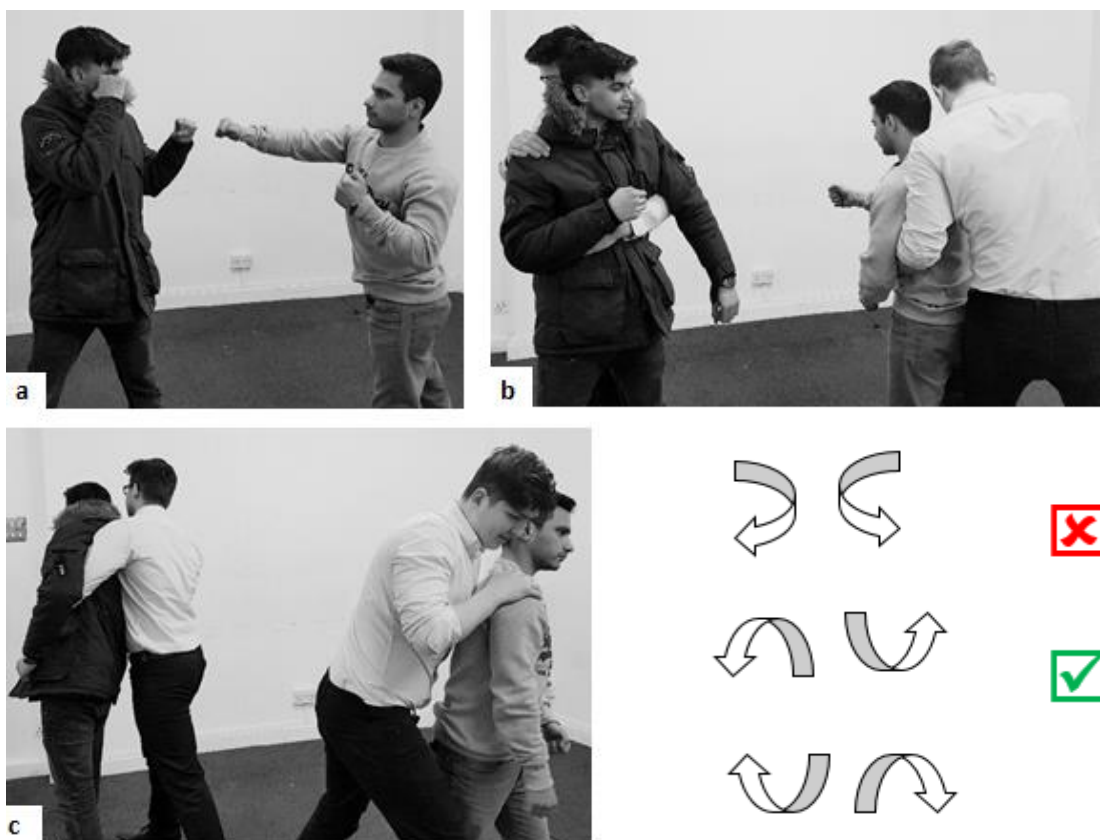
| Medical Subject: | implication on | Probable Injuries | Less Likely Injuries                |
|------------------|----------------|-------------------|-------------------------------------|
| None             |                | None              | Slips, trips, falls, minor bruising |

## Separating persons fighting

| Skill No. | Skill Name                  | Skill Type    | SIA Reference |
|-----------|-----------------------------|---------------|---------------|
| 11        | Separating persons fighting | Disengagement | LO3 AC 3.5    |

### What is this skill used for?

To separating persons fighting (non-aggressive method)



### Key Observation Points:

Both SOs (security operatives) to approach the assailants from the side (4 or 8 o'clock)  
 Using same side hand (e.g. left hand on left side) wrap your arm around the waist of the assailant  
 Using other hand reach for assailant's far shoulder and place your hand there to hold in place  
 Gently pivot assailants away from each other (drawing round)  
**Please note: Do ensure they are directed in opposite directions, so both SOs should either turn their subject clockwise or counter clockwise. Do ensure spine, ribs and unnecessary force avoided at all times.**

| Medical implication on Subject: | Probable Injuries | Less Likely Injuries                |
|---------------------------------|-------------------|-------------------------------------|
| None                            | None              | Slips, trips, falls, minor bruising |

## Communicating professionally with the subject of physical intervention while protecting yourself and others

- Helping to calm the individual
- Give instructions
- Check wellbeing

## Using 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

## How to protect against risk immediately following disengagement

Reduce risks of assault to staff and bystanders during and immediately after 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 wellbeing

\*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.

## Prompting a person

| Skill No. | Skill Name         | Skill Type | SIA Reference |
|-----------|--------------------|------------|---------------|
| 12        | Prompting a person | Escorting  | LO4 AC 4.1    |

### What is this skill used for?

To physically prompt a person using a non-pain compliant, non-restrictive method



### Key Observation Points:

Approach the subject from a 4/8 o'clock position so as not to block exit routes for them and yourself

Maintaining a stable stance, place one of your hands gently above one of the subject's elbow as if you are holding a cup (opposite hand – left on right or right on left)

The other free hand should be showing the subject the direction you would like them to move in

**Please note: Reinforce this physical prompt with continuous verbal and non-verbal communication, signalling non-aggression throughout**

|                  |                |                   |                      |
|------------------|----------------|-------------------|----------------------|
| Medical Subject: | implication on | Probable Injuries | Less Likely Injuries |
| None             |                | None              | Slips, trips, falls  |

## Single person non-restrictive escort

| Skill No. | Skill Name                           | Skill Type | SIA Reference |
|-----------|--------------------------------------|------------|---------------|
| 13        | Single person non-restrictive escort | Escorting  | LO4 AC 4.2    |

### What is this skill used for?

A non-restrictive use of force by a single person to escort someone where prompting is not sufficient.



### Key Observation Points:

Approach the subject from a 4/8 o'clock position so as not to block exit routes for them and yourself

Maintaining a stable stance, place one of your hands gently above one of the subject's elbow as if you are holding a cup (opposite hand – left on right or right on left)

The other free hand should now be placed, gently, onto the subject's wrist

**Please note: Make sure you place your 2<sup>nd</sup> hand onto the same hand of the subject of which the elbow is held and ensure you hold the wrist with your palm facing up**

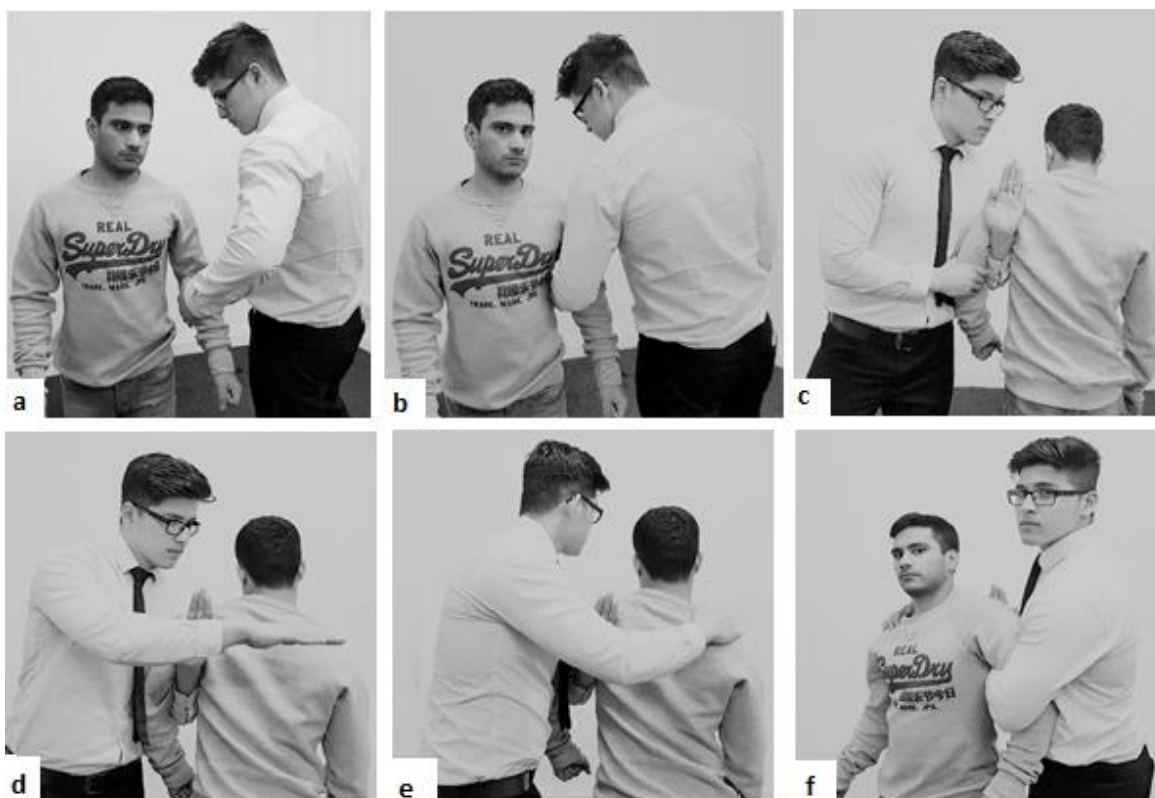
|                  |                |                   |                      |
|------------------|----------------|-------------------|----------------------|
| Medical Subject: | implication on | Probable Injuries | Less Likely Injuries |
| None             |                | None              | Slips, trips, falls  |

## Single person restrictive hold and escort

| Skill No. | Skill Name                                | Skill Type | SIA Reference |
|-----------|---|------------|---------------|
| 14        | Single person restrictive hold and escort | Escorting  | LO4 AC 4.3    |

### What is this skill used for?

A low level restrictive intervention option for a single person to use to hold & escort someone.



### Key Observation Points:

Approach the subject from a 4/8 o'clock position so as not to block exit routes for them and yourself. Maintaining a stable stance, pass your hand (formed like a fishtail) swiftly through the subject's arm (same hand side – your left through their right or your right through their left).

Continue your hand through the subject's arm and raise it (still formed like a fishtail) to back of their shoulder.

Keep close to their body and ensure your other free hand is firmly holding subject's arm just above the elbow.

Now release free hand and reach for subject's far shoulder and hold firmly in place.

You can now, using low-level pulling force on fishtail and push force on other hand, rotate subject and re-direct.

| Medical implication on Subject: | Probable Injuries | Less Likely Injuries |
|---------------------------------|-------------------|----------------------|
| None                            | None              | Slips, trips, falls  |



## Two-person restrictive hold and escort

| Skill No. | Skill Name                             | Skill Type | SIA Reference |
|-----------|--|------------|---------------|
| 15        | Two-person restrictive hold and escort | Escorting  | LO4 AC 4.4    |

### What is this skill used for?

A low level restrictive intervention option for two persons to use to hold & escort someone.

### INSIDE ARM



### Key Observation Points:

2 security operatives to approach the subject from 4/8 o'clock position at the same time  
 Maintaining a stable stance, both SOs' should swiftly turn to face the direction subject is facing.  
 Both SOs' should use their (opposite side hand) hand closest to subject to hold subject's wrist with necessary force

Both SOs' free hand should act as a reinforcement on top of their hold.

Both SOs' should reinforce the hold with their closest leg to subject being placed behind the subject.

**Important: Try to establish/negotiate co-operation between subject and yourselves as soon as possible**

| Medical implication on Subject: | Probable Injuries | Less Likely Injuries                    |
|---------------------------------|-------------------|---|
| None                            | None              | Slips, trips, falls, bruising to wrists |

## Physical skills Bank – Two-person restrictive hold and escort

### OUTSIDE ARM (optional)

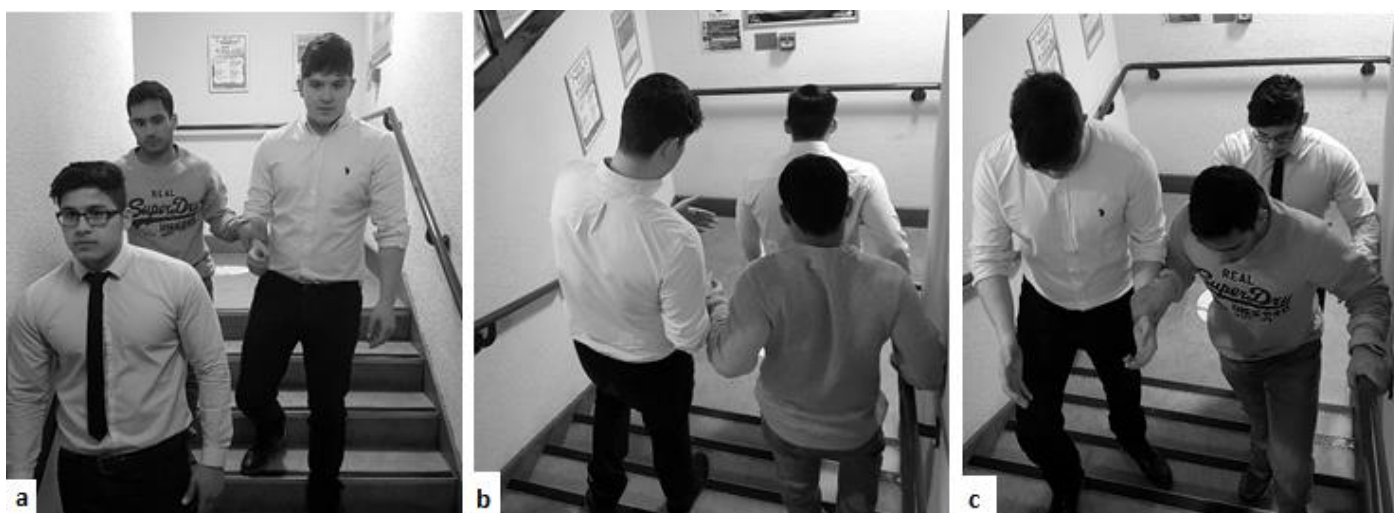


## Escorting an ill or intoxicated person on stairways

| Skill No. | Skill Name  | Skill Type | SIA Reference |
|-----------|---|------------|---------------|
| 16        | Escorting an ill or intoxicated person on stairways | Escorting  | LO4 AC 4.7    |

### What is this skill used for?

To escort an ill (in need of assistance) or intoxicated person on stairways.



### Key Observation Points:

2 security operatives should be used for this procedure.

Get subject to take hold of the handrail (if there is one) with one of their hands and if necessary hold the arm of one of the SOs with their other hand.

Provide constant reassurance during the ascent or descent.

The 2<sup>nd</sup> SO should consider positioning themselves, where possible, on the downside of the subject to help prevent them falling down the stairs.

**Important: 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.**

| Medical implication on Subject: | Probable Injuries | Less Likely Injuries                    |
|---------------------------------|-------------------|---|
| None                            | None              | Slips, trips, falls, bruising to wrists |

## Escorting a non-compliant person on stairways

| Skill No. | Skill Name                                    | Skill Type | SIA Reference |
|-----------|---|------------|---------------|
| 17        | Escorting a non-compliant person on stairways | Escorting  | LO4 AC 4.7    |

### What is this skill used for?

To escort a non-compliant person on stairways.



### Key Observation Points:

A minimum of 3 security operatives are required for this procedure for a person who is non-compliant.

2 SOs secure an arm on their respective sides of the subject and the 3<sup>rd</sup> SO acts as supervisor/anchor.

This supervisor/anchor must position himself on the downside of the person to help prevent them falling down the stairs and also to provide stability to the team.

The team and the person move sideways.

If the stairs have a handrail, the supervisor/anchor should take hold of it.

The team should ensure that the person being removed faces inwards towards the centre of the stairs so that if there is a wall the person's back is to the wall.

Constantly try to establish/negotiate co-operation between subject and yourselves in order to try to de-escalate.

**Important: 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.**

| Medical implication on Subject: | Probable Injuries | Less Likely Injuries                    |
|---------------------------------|-------------------|---|
| None                            | None              | Slips, trips, falls, bruising to wrists |

## Demonstrating how to de-escalate and disengage during physical intervention ensuring safety for all parties

To be able to successfully demonstrate controlled reduction of use of force to the point where staff can safely disengage, you need to:

- Proactively assess the situation
- Proactively assess the level of compliance and/or non-compliance from the individual
- Proportionately reduce the level of restriction and/or force being applied e.g. going from a two-person restrictive hold to a one-person non-restrictive hold, then if possible downgrade the hold to a prompt and then ultimately complete disengagement.

In order to help de-escalate a situation continuously use positive verbal and non-verbal communication skills:

- 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.

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

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
- Give clear instructions

[contact@logixtraining.com](mailto:contact@logixtraining.com)