

# Safer Physical Intervention for door supervisors

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

This leaflet should not be used for training purposes.



## You should only use physical intervention as a last resort

Physical intervention can:

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

Examples of a 'last resort' situation include:

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

## Alternatives to physical intervention

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

## Your responsibility during physical intervention

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

## Your responsibility immediately after a physical intervention

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

## Reducing the risks of physical intervention

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

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

## Positional (or restraint) asphyxia – what is it?

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

**Positional asphyxia kills – be aware of the signs**

## What can cause positional asphyxia?

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

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

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

## What to do in a medical emergency

Follow your emergency procedures and training which can include:

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

## Recognising Acute Behavioural Disturbance/ Excited Delirium/Psychosis

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

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

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

## Act on ‘red flags’ during or following a restraint

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

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

# Don't forget to refresh your training!

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

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

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