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Qualification Specification

Highfield Level 3 Award for Deliverers of Physical Intervention Training within the Private Security Industry

Qualification Number: 601/4965/6

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Highfield Level 3 Award for Deliverers of Physical Intervention Training within the Private Security Industry

Introduction

This qualification specification is designed to outline all you need to know to offer this qualification at your centre. If you have any further questions, please contact your Highfield account manager.

Qualification overview and support

The **Highfield Level 3 Award for Deliverers of Physical Intervention Training within the Private Security Industry** has been developed and is awarded by Highfield Qualifications and sits on the Regulated Qualifications Framework (RQF). The RQF is a qualification framework regulated by Ofqual and CCEA Regulation. It is also suitable for delivery in Wales and is regulated by Qualifications Wales.

This qualification is supported by:

- Skills for Security (SfS), the standards setting body for the security industry; and the
 - Security Industry Authority (SIA), who regulate the private security industry.
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Key facts

Qualification Number:	601/4965/6
Learning Aim Reference:	60149656
Total Qualification Time (TQT):	46
Guided learning hours (GLH):	39*
Minimum Contact Time (MCT)	12-hours
Credit Value:	5
Assessment Method:	Portfolio of evidence, practical tasks & true/false question test

*** The SIA stipulates a minimum number of contact hours and a minimum number of training days. See Guidance on Delivery for details.**

Qualification overview and objective

The Highfield Level 3 Award for Deliverers of Physical Intervention Training within the Private Security Industry has been developed to meet the requirements of tutors who work within the private security industry and need to deliver training in physical intervention skills.

The objective of this qualification is to support a role in the workplace.

Entry requirements

To register for this qualification, learners are required to meet the following entry requirements:

- Training qualification
- Sector qualification
- Language pre-requisite

Further elaboration of each of the above components is listed below:

Age Range

This qualification is approved for delivery to learners aged 18 and over.

Training Qualification

Tutors are required to hold a teaching or training qualification at level 3 or above, which has been accredited by SQA/QCA/Ofqual or validated by a HEI, or equivalent such as:

- Level 3 Award in Education and Training (QCF or equivalent)
- PTLLS, CTLLS or DTLLS
- Certificate in Education
- Post Graduate Certificate in Education
- SVQ levels 3 and 4 in Learning and Development
- Scottish Training Qualification for Further Education (TQFE)
- Professional Graduate Diploma in Education (PGDE)

Sector Qualification

Learners are required to hold a:

- Level 3 qualification in delivering conflict management training (NQF/QCF/RQF)

Language pre-requisite

Security operatives are likely, during their work be required to make calls to the emergency services and communicate clearly to resolve conflict. It is therefore essential that security operatives can communicate clearly.

It is the centre's responsibility to ensure that each learner is sufficiently competent in the use of the English and/or Welsh language. All assessment must be conducted in the medium of English and/or Welsh, as appropriate. Centres must ensure that learners have sufficient **reading, writing, speaking** and **listening** language skills before putting the learners forward for assessment. Evidence must be retained by centres for all learners and made available for external quality review purposes.

As a guide, learners should, as a minimum, have language skills equivalent to the following:

- a B1 level qualification on the Home Office's list of recognised English tests and qualifications
- an ESOL qualification at (Level 1) on the Ofqual register taken in England, Wales or Northern Ireland
- an ESOL qualification at Scottish Credit and Qualifications Framework level 5 awarded by the Scottish Qualifications Authority (SQA) and taken in Scotland
- Functional Skills Level 1 in English
- SQA Core Skills in Communication at Scottish Credit and Qualifications Framework level 5
- Essential Skills Wales Communication Level 1

Evidence of the learner's achievement of the above qualifications should be auditable and available to EQS for review.

Geographical coverage

This qualification is suitable for learners in England, Northern Ireland and Wales.

Delivery/assessment ratios

To effectively deliver the qualification, Highfield recommends that centres use a ratio of **1-qualified tutor** to **12-learners**.

Important note:

This ratio must not be exceeded during the delivery of **practical skills unit**, as this has been stipulated by the SIA.

Centre requirements

To deliver this qualification effectively, centres are required to have access to suitable training facilities that support the learning and assessment taking place. In addition to this, centres must have the following resources in place for the delivery of unit 1: [A/615/8267] - Physical Intervention Skills within the Private Security Industry:

1) Insurance Requirements

In line with general insurance requirements, the minimum for an approved centre offering this unit of qualification is:

- employers' liability - **£5-million**
- public liability
- professional indemnity

To ensure that the insurance cover is 'fit for task', it should actively specify inclusion of the activities being carried out. In this case, under 'business activity' on the insurance documentation it must state cover for 'training in physical intervention'. Insurance details must be evidenced to the awarding organisation by the centre prior to approval being granted, however, it is the centre's responsibility to ensure that their insurance remains valid and current. This level of insurance cover is mandatory for centres and individual tutors delivering physical intervention training at the centre. Where the individual tutor does not hold their own cover, the centre must ensure its insurer is aware of this and extended cover secured where necessary. Documentation should clearly detail the cover for tutors.

2) Risk Assessment

Centres are required to have in place policies and procedures in relation to risk assessment. Training and assessment venues must be risk assessed for their suitability and approved by Highfield. Venues will need to be assessed for each training episode. Centres are responsible for maintaining and updating risk assessment documentation.

Physical skills training must take place in safe conditions, as regards:

- size and suitability of training rooms, ensuring that learners have space to demonstrate techniques safely
- ratio of tutors to learners (1-tutor to a maximum of 12-learners for the delivery of practical skills)

The training and assessment environment must be adequately equipped, conducive to effective learning and **must** comply with current Health and Safety requirements.

Centres must have a first-aid policy that must include:

- access to staff with first aid at work qualifications during physical skills training
- first-aid equipment available during physical skills training
- access to water
- access to a telephone in case of an emergency

The centre must provide learners with safety information prior to attendance that includes:

- informing them that physical activity will be involved and that this carries risk
- what is expected from them in terms of behaviour
- what they should wear
- what they should do if they have any concerns about their health or fitness to participate in this training

Guidance on delivery

The total qualification time (TQT) for this qualification is **46-hours**, and of this, **39-hours** is guided learning. Please note, of this 39-hours, **12-hours*** is minimum contact time (MCT) that has been stipulated by the SIA for the Physical Intervention Skills within the Private Security Industry.

TQT is an estimate of the total number of hours it would take an average learner to achieve and demonstrate the necessary level of attainment to be awarded with a qualification, both under direct supervision and without supervision.

This section of the specification provides information on the specific delivery requirements of the qualification.

Minimum Contact Time

The following table outlines the minimum contact time for each of the units contained within the Highfield Level 3 Award for Deliverers of Physical Intervention within the Private Security Industry.

Minimum contact time is defined as time where the learner is in the same room as the tutor and receiving training or undertaking examinations/assessment. This time **DOES NOT** include breaks in the delivery of the course, assessing English language skills, course registration and ID checking.

Unit No.	Unit reference	Unit Title	MCT
1	A/615/8267	Physical Intervention Skills within the Private Security Industry	12-hours*
2	J/615/8269	Delivering Physical Intervention Training	N/A

Centres are required to retain detailed registers that include start/end times of training for each day and should be signed daily by the learners. This should include a record of any late arrivals/early leavers and how these learners made up the required hours which they missed. These should be retained for audit purposes.

*The SIA has recognised that there is some learning that can contribute to the achievement of the licence-linked units that can be delivered by flexible and/or distance learning, as long as this is maintained with some form of support. It is therefore a requirement for centres wishing to use flexible and/or distance learning to notify Highfield in advance and provide the details of how they intend to support and evidence this distance study. Centres can use distance learning to deliver the following parts of this qualification:

- **3-hours** learning for preparation for training for the Physical Intervention Skills within the Private Security Industry unit
- **Please note** the second unit Delivering Physical Intervention Training **does not** contain minimum contact time.

It is important that the materials used clearly show learners how many hours distance learning they are expected to undertake and that they are given **sufficient** time to complete it before their course begins. It is also a requirement of the centre to check that the appropriate learning has occurred.

Suitable methods of distance learning include prepared, high-quality online learning materials that the learner must navigate, prepared high-quality course books that the learner must work through and complete, and/or other prepared high-quality learning materials/workbooks that the learner can use to cover specific areas of content.

In addition to the above, the SIA has stated that the training, delivery and assessment of the Physical Intervention Skills within the Private Security Industry unit **must not** exceed **8-hours** per day. This requirement applies to all SIA Approved Awarding Organisations offering this unit and they will be monitoring training providers to ensure compliance.

Guidance on assessment

This section of the specification provides information on how the qualification's individual components are assessed, along with any further specific requirements:

Unit No.	Unit reference	Unit Title	Assessment Methods
1	A/615/8267	Physical Intervention Skills within the Private Security Industry	Externally set and internally assessed scenario True/False questions 100% pass mark Externally set and internally assessed practical assessment 100% pass mark
2	J/615/8269	Delivering Physical Intervention Training	Portfolio of evidence

Please note:

- The externally set and internally assessed component is to be conducted in a controlled environment and can be conducted by the tutor; however, centre's must take all reasonable steps to avoid any part of the assessment of a learner (including any internal quality assurance) being undertaken by any person who has a personal interest in the result of the assessment.
- Portfolio of evidence must be internally assessed and internally quality assured, then retained for external quality assurance purposes. Once complete, a Notification of Completion (NOC) must then be sent to Highfield to request certification. Receipt of the NOC will initiate the request for an external quality support visit. Suggested paperwork is available on the Highfield website. If a centre would like to use alternative paperwork, this must be sent to the quality support team for approval before commencement of the course.

Following the assessment, all paperwork for Unit 1: Physical Intervention Skills within the Private Security Industry must be returned to Highfield and a NOC submitted for Unit 2: Delivering Physical Intervention Training.

Guidance on quality assurance

To support with quality assurance, Highfield requires centres to undergo a security approval visit prior to the delivery of the qualification. Upon successful completion of this, centres are then permitted to register and deliver courses. This security approval is revisited on at least an annual basis. In addition to the regular monitoring/support visits, Highfield recommends that centres have a quality assurance system in place prior to the return of assessment material to Highfield for external assessment/moderation. This is to ensure assessments are of the highest standard for every course.

Tutor/assessor requirements

To deliver this qualification (and the units contained within it) tutors are required to hold the following:

- training qualification
- sector competence
- additional unit specific requirements

Further elaboration of each of the above components is listed below:

Training Qualification

Tutors are required to hold a teaching or training qualification at Level 3 or above, which has been accredited by SQA/QCA/Ofqual or validated by a HEI, or an equivalent such as:

- Level 3 Award in Education and Training (QCF or equivalent)
- PTLLS, CTLLS or DTLLS
- Certificate in Education
- Post Graduate Certificate in Education
- SVQ levels 3 and 4 in Learning and Development
- Scottish Training Qualification for Further Education (TQFE)
- Professional Graduate Diploma in Education (PGDE)

Sector Competence

Tutors delivering the learning leading to licence-linked qualifications must demonstrate that they have the necessary experience, knowledge and understanding of the sector in which they are providing training.

To demonstrate this, Highfield will require sufficient information about a tutor's occupational experience for consideration in the approval process, for example, experience of working in the private security industry or working in a role that can be mapped to the requirements of the private security industry.

To ensure that tutors have the right occupational expertise, the SIA requires that:

- new tutors to the sector (i.e. this is their first role in the security sector as identified by their CV) have a minimum of **3 years'** frontline operational experience in the last 10, which is relevant to the qualifications that they are delivering. This experience should have been gained in the UK.
- existing tutors must demonstrate they are taking sufficient steps to keep their occupational expertise up to date. Suitable steps would include attendance at relevant conferences and seminars, and continuing work experience in the sector.

In addition to the above, tutors must be able to demonstrate evidence of a suitable level of professional development in the sector, which should include the equivalent of at **least 30-hours** every year spent in a combination of training, increasing professional knowledge through other means or working in the industry.

Additional Unit Specific Requirements

In addition to the core requirements for this qualification, the SIA requires tutors to have additional competencies to deliver the following units:

- **Unit 1: Physical Intervention Skills within the Private Security Industry**
 - Level 3 Award for Deliverers of Physical Intervention Training in the Private Security Industry (QCF or regulated equivalent)
 - Level 3 Delivery of Conflict Management Training (NQF/QCF/RQF)
 - An up-to-date certificate/licence agreement from an approved level 3-programme provider that confirms the tutor's ability to deliver the skills in that approved level 2-programme

Tutors must hold current Master Trainer status for one of the approved physical intervention (PI) systems, allowing them to deliver that system's PI Train the Trainer programme. Highfield will require evidence of this status from the PI system owner.

The SIA may publish additional requirements for tutors as and when they are agreed. Tutors looking to deliver licence-linked qualifications should ensure that they are fully familiar and compliant with the requirements detailed within the qualification.

Tutors who are unsure about their current qualifications or who wish to check their eligibility should contact their Highfield account manager.

Internal quality assurance (IQA) requirements

The following unit contains an assessment that is assessed and internally quality assured:

- Unit 2: (J/615/8269) - Delivering Physical Intervention Training

The minimum requirements for IQA of this qualification is that internal quality assurance officers must be qualified and have relevant occupational competency in the subject area they are quality assuring.

Therefore, Highfield requires nominated internal quality assurance officers for this qualification to:

- Meet the tutor/assessor requirements;
- Be independent from conducting delivery and assessments;
- Be independent from conducting examination invigilation; and
- Have sufficient, relevant experience and working knowledge of the assessment and internal quality assurance processes.

Although it is not a requirement that IQA officers of this qualification hold a formal IQA qualification, it is recognised as good practice.

Mapping to National Occupational Standards (NOS)

This qualification maps to the relevant SIA specification for learning and qualifications.

Reasonable adjustments and special considerations

Highfield has measures in place for learners who require additional support. Please see the Highfield Reasonable Adjustments Policy.

ID requirements

It is the responsibility of each centre to have systems in place to ensure that the person taking any of the security licence-linked qualifications is indeed the person they are purporting to be.

All centres are therefore required to ensure that each learner's photograph and formal identification documents are checked and recorded before they are allowed to sit the examination/assessment.

When completing the ID validation sheet, all photographs supplied by the learners must be checked to ensure each one is a true representation of the individual. Once satisfied, they must print the learner's name on the reverse of the photograph before sticking it onto the adhesive film on the identification validation sheet.

Centres are reminded to ensure all data is stored to comply with current Data Protection legislation and that they are aware of the new General Data Protection Rules (GDPR) that come into effect from May 2018.

A list of current documentation that is accepted by the SIA as proof of identification is available within the Highfield Security Licence-Linked Examination Learner List and Declaration. This can be accessed in the download area of the Highfield website.

Progression opportunities

- Highfield Level 3 Certificate for Working as a Close Protection Operative within the Private Security Industry
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Useful websites

- British Security Industry Authority <http://www.bsia.co.uk/>
 - Home Office <http://www.homeoffice.gov.uk/>
 - SIA <http://www.sia.homeoffice.gov.uk/Pages/home.aspx>
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Recommended training materials

The following resources are recommended training materials to support the learning of this qualification:

- Physical Intervention Skills: Course Book, Walker, A. Highfield.co.uk Ltd
 - Physical Intervention Skills: Presentation Slides, Walker, A. Highfield.co.uk Ltd
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Appendix 1: Qualification structure

To successfully complete the Highfield Level 3 Award for Deliverers of Physical Intervention Training within the Private Security Industry, learners must achieve **both** mandatory units.

To complete this, learners must achieve **all units** in the mandatory group

Mandatory Units

Unit No.	Unit reference	Unit Title	Level	RQF Credit
1	A/615/8267	Physical Intervention Skills within the Private Security Industry	2	2
2	J/615/8269	Delivering Physical Intervention Training	3	3

Important information:

There are **NO** RPL opportunities for old units (linked with historic security qualifications) that will allow for certification of the above qualification and identified units must be completed in full to be awarded the qualification.

Appendix 2: Qualification content

Unit 1: Physical Intervention Skills within the Private Security Industry

Unit No: A/615/8267

Min. contact time: 12-hours

GLH: 12-hours

Level: 2

Credit: 2

Learning Outcomes	Assessment Criteria
<i>The learner will</i>	<i>The learner can</i>
<p>1. Understand physical interventions and the implications of their use</p>	<p>1.1. Identify the differences between defensive physical skills and physical interventions</p> <p>1.2. Identify the differences between non-restrictive and restrictive interventions</p> <p>1.3. Identify positive alternatives to physical intervention</p> <p>1.4. State the importance of only using physical intervention skills as a last resort</p> <p>1.5. State legal implications relating to the use of physical intervention</p> <p>1.6. State the professional implications relating to the use of physical intervention</p>
<p>2. Understand how to reduce the risk of harm when physical intervention skills are used</p>	<p>2.1. State the importance of dynamic risk assessment in situations where physical intervention skills are used</p> <p>2.2. Identify the risk factors involved with the use of physical intervention</p> <p>2.3. State the specific risks of dealing with physical intervention incidents on the ground</p> <p>2.4. Identify the importance of dealing with physical intervention incidents on the ground appropriately</p> <p>2.5. Identify ways of reducing the risk of harm during physical interventions</p> <p>2.6. State how to support colleagues during physical intervention</p> <p>2.7. State how to manage and monitor a person's safety during physical intervention</p> <p>2.8. State responsibilities during physical interventions</p> <p>2.9. State responsibilities immediately following physical interventions</p> <p>2.10. State the actions to take in a medical emergency</p> <p>2.11. Recognise the signs and symptoms associated with Acute Behavioural Disturbance and Psychosis</p> <p>2.12. State the specific risks associated with Positional Asphyxia</p> <p>2.13. State the specific risks associated with prolonged physical interventions</p> <p>2.14. State the importance of keeping physical intervention knowledge and skills current</p>

Learning Outcomes	Assessment Criteria
<i>The learner will</i>	<i>The learner can</i>
<p>3. Be able to use non-aggressive physical skills to protect yourself and others</p>	<p>3.1. Demonstrate non-aggressive stance and positioning skills</p> <p>3.2. Demonstrate non-aggressive skills used to evade and protect against blows</p> <p>3.3. Demonstrate non-aggressive methods of disengagement from grabs and holds</p> <p>3.4. Demonstrate non-aggressive methods to stop one person assaulting another</p> <p>3.5. Demonstrate non-aggressive team methods to separate persons fighting</p> <p>3.6. Communicate professionally with the subject of physical intervention while protecting yourself and others</p> <p>3.7. Demonstrate continuous communication to de-escalate a situation</p> <p>3.8. Demonstrate how to protect against risk immediately following disengagement</p>
<p>4. Be able to use non-pain related standing, holding and escorting techniques, including non-restrictive and restrictive skills</p>	<p>4.1. Demonstrate the use of a method for physically prompting a person</p> <p>4.2. Demonstrate the use of a non-restrictive method of escorting a person</p> <p>4.3. Demonstrate the use of a one-person low level restrictive standing hold that can be used to escort</p> <p>4.4. Demonstrate the use of a two-person low level restrictive standing hold that can be used to escort</p> <p>4.5. Demonstrate how to de-escalate and disengage during physical intervention ensuring safety for all parties</p> <p>4.6. Communicate professionally with the subject of physical intervention, while using prompting, holding and escorting techniques</p> <p>4.7. Demonstrate how to escort an individual on stairways</p>
<p>5. Understand good practice to follow after physical interventions</p>	<p>5.1. State the importance of accessing help and support following an incident</p> <p>5.2. State the importance of reflecting on and learning from previous physical intervention situations</p> <p>5.3. State the importance of fully reporting on the use of force</p>

Amplification

LO1: Understand physical interventions and the implications of their use

- 1.1 Identify the differences between defensive physical skills and physical interventions
- Defensive physical skills – skills used to protect oneself from assault
 - Physical interventions – the use of direct or indirect force, through bodily, physical or mechanical means, to limit another person’s movement
- 1.2 Identify the differences between non-restrictive and restrictive interventions
- Restrictive interventions
 - Involve the use of force to limit the movement and freedom of an individual and can involve bodily contact, mechanical devices or changes to the person’s environment. Such interventions can be:
 - Highly Restrictive i.e. limit severely the movement and freedom of an individual, or:
 - Low Level Restrictive i.e. limit or contain the movement and freedom of an individual who is less resistant with low levels of force
 - Non-restrictive interventions
 - Allow a greater degree of freedom where the subject can move away from the physical intervention if they wish to. This would include prompting and guiding an individual to assist them walking
- 1.3 Identify positive alternatives to physical intervention
- Primary Controls - following employer safety and security policy, procedures and working practices, use of safety and security equipment and technology (e.g. radio for summoning assistance, CCTV, access control). Being positive and proactive in service delivery.
 - Secondary Controls - Positive and effective interpersonal communication and the knowledge and skills of conflict management in reducing the need for physical intervention
- (Note: Underpinning knowledge of interpersonal communication will have been completed as part of Common unit and Conflict Management unit)*
- 1.4 State the importance of only using physical intervention skills as a last resort
Because physical intervention can:
- Increase risks of harm to staff and customers
 - Result in prosecution of staff if use of force was unnecessary, excessive, or in any other way unlawful
 - Lead to allegations against staff and potentially loss of licence and/or employment
- Examples of ‘last resort’ include when:
- Other options have failed or are likely to fail
 - It is not possible or appropriate to withdraw
- 1.5 State legal implications relating to the use of physical intervention
- *Legal authority* to use force under Statute and Common Law (content will be different as applicable for each of the 4 nations)
 - *Duty of care* considerations concerning use of physical intervention
- (Note: Learners will have underpinning knowledge surrounding use of force, arrest, human rights and duty of care within Common and Specialist Units – Door ACs 2.1 and 2.4; Security Guarding 6.4; Common 2.2 and 3.2)*

- 1.6 State the professional implications relating to the use of physical intervention
- *Sector specific legislation and professional guidance:* Importance of familiarising oneself with legislation and professional guidance and standards relevant to area of employment.

LO2: Understand how to reduce the risk of harm when physical intervention skills are used

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

- *Dynamic risk assessment used to:*
 - Assess threat and risks of assault to staff and harm to others through a decision to use physical intervention or not
 - Evaluate options available and inform decision whether to intervene, when and how
 - Identify when assistance is needed
 - Continuously monitor for changes in risks to all parties during and following an intervention
 - Inform decision to de-escalate use of force and/or withdraw

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

- 2.2 Identify the risk factors involved with physical intervention

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

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

- Stress and emotional trauma:
 - It is important to recognise the potential stress and emotional trauma individuals can suffer in situations where physical methods and restraints are used. This can be particularly difficult for individuals who have prior experience of abuse and trauma. Staff must respect the dignity of individuals they are managing, however challenging they may find them.
- Risk factors include:
 - *Nature of the restraint can increase risk*
 - *Method of restraint*
 - *Position held*
 - *Duration of restraint*
 - *Situational factors that increase risk*
 - Setting and location constraints and risks, environmental hazards, staff numbers, availability of help, access to medical attention, threats presented

by others, options available. Increased risk of falls with one on one restrictive holds.

- *Individual factors that can increase risk:*
 - Risks linked to age, size and weight, physical health and mental health. Alcohol, drug abuse, physical exhaustion, recent ingestion of food. Medical conditions/predispositions. History of violence.

- ***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.*

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

- Whilst they can occur in other positions, restraint related deaths are more common during ground restraints, specifically:
 - Restraint related deaths most commonly occur where an individual is held forcefully **face down** on the ground
 - Restraint related deaths have also occurred when an individual has been held forcefully **face up** on the ground
- Staff and the individual restrained are at risk of harm:
 - During forceful takedowns or falls to the ground and impact with the floor and/or objects
 - From glass or debris on the ground
 - Vulnerable to assault from others

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

- Although no physical intervention is risk free, taking a person to the ground carries additional risks and should be avoided wherever possible. Where this cannot be avoided, additional steps are essential to ensure the safety of the subject when on the ground.
- If a situation goes to the ground you should try to get the individual up, or to a comfortable seated or recovery position as quickly as possible. In the meantime:
 - ensure that the individual is monitored to ensure they can breathe without difficulty
 - where there is more than one member of the security team involved, one of them should be designated “team leader”. The team leader will be in charge of the team and take responsibility for the safety of the individual. The team leader will also make every effort to maintain dialogue with the individual and try to de-escalate the situation so as to bring it to an end at the earliest opportunity
 - if the team leader is not in a position to communicate and monitor the subject he/she should ensure a colleague positioned close to their head is fulfilling that role
 - De-escalate force at the earliest opportunity and immediately if there are signs of concern or a medical emergency
- Due to increased risks with ground restraints:

- Where restraint on the ground is foreseeable, employers/security contractors and venue/event operators must assess the risks relating to this and implement control measures and provide guidance to staff
- Staff that are likely to legitimately use such methods should receive additional training approved by their employer.

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

- Choosing the least forceful intervention practicable: The physical intervention with the least force and potential to cause injury to the subject in achieving the legitimate objective
- Avoid high risk **positions** including ground restraints
- Avoid high risk **methods** of restraint such as neck holds and other holds that can adversely affect breathing or circulation
- Communication the importance of ongoing communication between staff and between staff and the subject during and following restraint
- Monitoring the wellbeing of the subject of intervention for adverse reactions of subject
- Leadership and Teamwork – importance of someone taking a lead role and for others to support as team members
- Ensure practice follows the procedures taught and is not allowed to deviate significantly
- De-escalation of physical intervention at the earliest opportunity to reduce exposure to risk
- Emergency procedures: Immediate release and assistance if subject complains or demonstrates signs of breathlessness or other adverse reactions

2.6 State how to support colleagues during physical intervention

- Switch with colleagues where appropriate
- Monitor staff safety
- Observe the person restrained and inform colleagues of any concerns for their well being
- Contain the immediate area and manage bystanders
- Monitor and communicate with others e.g. colleagues, staff from other agencies

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

- Observe fully the risk factors contained in 2.2 above
- Ensure that nothing impedes the person’s ability to breathe or their circulation
- Talk to the person restrained and listen, take seriously and act on their concerns and especially if they say they are struggling to breathe as people can still speak when experiencing positional asphyxia. Act on ‘red flags’ which include:
 - Effort with breathing
 - Blocked airway and/or vomiting
 - Passivity or reduced consciousness
 - Individual being non-responsive
 - Signs of head or spinal injury
 - Facial swelling
 - Evidence of alcohol or drug overdose
 - Blueness around lips, face or nails (signs of asphyxia)
 - Individual held complaining of difficulty breathing

- High body temperature, profuse sweating/hot skin
- Exhaustion
- Confusion, disorientation and incoherence
- Hallucinations, delusions, mania, paranoia
- Bizarre behaviour
- Extreme fear
- High resistance and abnormal strength
- Listen to concerns of others present
- Ensure a staff member is continuously monitoring well being
- Act promptly on concerns

2.8 State responsibilities during physical interventions

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

2.9 State responsibilities immediately following physical interventions

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

2.10 State the actions to take in a medical emergency

Follow emergency procedures and training which can include:

- Immediately ceasing the restraint (if restraint was being applied)
- Checking airway – breathing – circulation
- Placing in recovery position
- Calling appropriate emergency services
- Commencing CPR/defibrillator if necessary
- Providing emergency services with a briefing that includes anything known about the person affected that may help their assessment and treatment. Include details of any restraint including the method and duration.
- If appropriate, require an announcement to be made over the public address system (or similar) requesting anyone with medical expertise to attend the incident (but this should not be in substitution for summoning the appropriate emergency services)
- Clear the immediate area of bystanders

- 2.11 Recognise the signs and symptoms associated with Acute Behavioural Disturbance and Psychosis
- Acute behavioural disturbance (sometimes referred to as Excited Delirium) is a term used to cover a combination of physical and psychological factors including:
 - High temperature
 - Bizarre behaviour
 - Sustained mental and physical exhaustion and metabolic acidosis
 - Psychosis which can result from underlying mental illness and/or be drug induced. Signs include hallucinations, paranoia and extreme fear as part of delusional beliefs
 - This combination of circumstances can result in sudden death and signs should be treated as a medical emergency
- 2.12 State the specific risks associated with Positional Asphyxia
- Positional asphyxia occurs mostly on ground restraints where a person is held forcefully face down or face up on the floor. Many individuals have died as a result of positional asphyxia in the UK during forceful restraint and others have lived but suffered permanent brain damage linked to oxygen deprivation. Restraints that carry heightened risk of positional asphyxia should be avoided.
 - Restraint related deaths involving positional asphyxia have also occurred in other restraint positions including:
 - Where an individual has been held forcefully on bed using methods that compromise breathing and circulation
 - Where an individual has been held forcefully in a seated position using methods that compromise breathing and circulation
 - Where an individual has been held forcefully in a standing position using methods that compromise breathing and circulation, for example bent over, or forced against a wall/object
 - Key risk factors include:
 - **Method of restraint:** Positional asphyxia typically occurs during forceful restraint resulting in weight or pressure on the torso. Whilst all forceful restraints on the ground carry heightened risk, the techniques used will increase or decrease the risks of positional asphyxia.
 - **Position:** Forceful holds in certain positions increase risks of positional asphyxia. These positions include face up or face down restraint on the ground or other surface such as a bed, and seated or standing positions where breathing and/or circulation are compromised e.g. by being bent forward.
 - **Duration:** The longer a person is held in a position and or method carrying heightened risk of positional asphyxia, the longer their exposure to risk and subsequently potential for harm and death.
- 2.13 State the specific risks associated with prolonged physical interventions
- The longer the duration of the restraint the greater the exposure to risk and to complications
- 2.14 State the importance of keeping physical intervention knowledge and skills current
- Because legislation and guidance can change
 - Because proficiency in physical skills will decrease over time, potentially reducing effectiveness and increasing risks

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

3.1 Demonstrate non-aggressive stance and positioning skills

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

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

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

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

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

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

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

3.5 Demonstrate non-aggressive team methods to separate persons fighting

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

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

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

3.7 Demonstrate continuous communication to de-escalate a situation

- Use positive verbal and non-verbal communications to:
 - Calm and reassure the individual restrained
 - Calm and reassure others present
 - Check understanding with the person restrained
 - Check the physical and emotional well-being of the person restrained
 - Negotiate and manage safe de-escalation with the person restrained and with the staff involved

3.8 Demonstrate how to protect against risk immediately following disengagement

- Reduce risks of assault staff and bystanders during and immediately de-escalation and disengagement of restraint through:
 - Controlled physical de-escalation i.e. transition to less forceful holds*
 - Continuous positive communication with the person held including explanation of what is happening and reassurance
 - Safe positioning during de-escalation and disengagement
 - Positive communication with colleagues and other people present
 - Safe handover to others with a briefing e.g. the police or ambulance personnel.
- A briefing should include:
 - Risk behaviours presented by the person (to themselves and/or others)
 - How they were restrained and its duration
 - Any concerns you have for their well being

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

LO4: Be able to use non-pain related standing, holding and escorting techniques, including non-restrictive and restrictive skills.

- 4.1 Demonstrate the use of a method for physically prompting a person
- A non-restrictive prompt for use when verbal and non-verbal persuasion has not or is not likely to achieve the legitimate objective
- 4.2 Demonstrate the use of a non-restrictive method of escorting a person
- A non-restrictive use of force to escort where prompting is not sufficient
- 4.3 Demonstrate the use of a one-person low level restrictive standing hold that can be used to escort
- Remind learners of the increased risks associated with one on one restraints and teach a low-level intervention option for use to hold and escort
- 4.4 Demonstrate the use of a two-person low level restrictive standing hold that can be used to escort
- A more restrictive hold and escort skill involving a minimum of two persons
- 4.5 Demonstrate how to de-escalate and disengage during physical intervention ensuring safety for all parties
- Demonstrate controlled reduction of use of force to the point where staff can safely disengage
- 4.6 Communicate professionally with the subject of physical intervention, while using prompting, holding and escorting techniques
- Helping to calm the individual, give instructions and check well being
- 4.7 Demonstrate how to escort an individual on stairways
- Escorting an individual on a stairway either:
 - because they are intoxicated or ill and require assistance; or
 - because they are non-compliant and need to be moved
 - In either case, moving a person up or down the stairs is a risky procedure. No one should be moved up or down stairs if they are violent or if you reasonably foresee that they might become violent during the manoeuvre. Always consider if there is an alternative procedure or an alternative route that avoids the use of stairs.

LO5: Understand good practice to follow after physical interventions.

- 5.1 State the importance of accessing help and support following an incident
- Recognise potential for physical and psychological harm following an incident where force has been used and importance of accessing appropriate support
- 5.2 State the importance of reflecting on and learning from previous physical intervention situations
- Importance of sharing learning from experiences with colleagues and employers, so that situations needing physical intervention can be reduced, or managed more safely.

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

Unit 2: Delivering Physical Intervention Training

Unit No: J/615/8269
 GLH: 27-hours
 Level: 3
 Credit: 3

Learning Outcomes	Assessment Criterion
<i>The learner will:</i>	<i>The learner can:</i>
<p>1. Be able to assess the training environment to reduce risks in preparation for physical intervention training</p>	<p>1.1. Risk assess a training environment where physical skills will be taught</p> <p>1.2. Identify and record ways of reducing risk in the training environment</p> <p>1.3. Identify personal factors that may increase risk for the participants</p> <p>1.4. Conduct a safety briefing</p> <p>1.5. Ensure participants are physically prepared to take part in physical intervention skills training</p>
<p>2. Be able to safely and effectively manage the learning environment for physical intervention skills</p>	<p>2.1. Explain factors critical to the effectiveness and safety of delivering physical intervention skills</p> <p>2.2. Explain the potential consequences of deviating from an approved physical intervention programme</p> <p>2.3. Manage learner behaviour to ensure a safe and effective learning environment</p> <p>2.4. Identify and manage barriers to learning</p>
<p>3. Be able to deliver instruction in physical intervention skills</p>	<p>3.1. Organise and position learners so that they can learn effectively from instruction</p> <p>3.2. Explain the purpose and potential use of the skill about to be taught</p> <p>3.3. Provide an accurate and safe demonstration of the skill being taught</p> <p>3.4. Break down a skill into component parts for learners</p> <p>3.5. Supervise safe practice of skills</p> <p>3.6. Provide learners with coaching points and feedback</p> <p>3.7. Adapt teaching to facilitate problem solving and application of skill to the workplace</p>
<p>4. Be able to assess physical intervention skills</p>	<p>4.1. Demonstrate knowledge of the agreed standards in the assessment of Physical Intervention skills</p> <p>4.2. Assess learners against agreed standards</p> <p>4.3. Complete accurately required assessment documentation</p>

Amplification

LO1 Be able to assess the training environment to reduce risks in preparation for physical intervention training

- Risk assess a training environment where physical skills will be taught:
 - ensure training room is suitable
 - check other areas e.g. corridors, toilets, etc
- Ways of reducing risk in the training environment
 - undertake a risk assessment
 - risk factors:
 - furniture
 - poor lighting
 - poor floor surfaces
 - remove risks where possible:
 - move furniture
 - use floor mats
- Personal factors that may increase risk for the participants:
 - gender
 - size
 - physical condition
- Conduct a safety briefing:
 - What to include
 - health and safety requirements e.g. evacuation procedures
 - training requirements e.g. correct clothing
 - ensuring the learners have understood requirements
- Ensure participants are physically prepared to take part in physical intervention skills training e.g.
 - learners must have confirmed their fitness and any existing injuries/illnesses
 - ensure learners participate in a suitable warm up
 - ensure learners are appropriately dressed

LO2 Be able to manage the learning environment safely and effectively for physical intervention skills

- Factors critical to the effectiveness and safety of delivering physical intervention skills:
 - understand the medical and legal implications
 - ensure learner behaviour is appropriate
- Potential consequences of deviating from an approved physical intervention programme:
 - medical or legal repercussions
 - injuries to the learner during the training
- Manage learner behaviour to ensure a safe and effective learning environment:
 - challenge dangerous behaviour
 - understand and work with group dynamics
 - understand and work with levels of fitness
- Identify and manage barriers to learning:
 - pre-course assessment of existing conditions/illnesses
 - literacy or numeracy issues
 - monitor the group closely
 - manage expectations

LO3 Be able to deliver instruction in physical intervention skills

- Organise and position learners so that they can learn effectively from instruction
 - ensure demonstrations are clear to learners
 - demonstrate moves from different angles
- Explain the purpose and potential use of the skill about to be taught
 - what the skill can be used for
 - when to use a particular skill
- Provide an accurate and safe demonstration of the skill being taught
 - ensure environment is suitable for the demonstration
 - ensure the learners can see the demonstration clearly
- Break down a skill into component parts for learners
 - explain/demonstrate component parts of the skills
- Supervise safe practice of skills
 - ensure learners are offered individual support
 - allow room to practice skills safely
- Provide learners with coaching points and feedback:
 - use peer demonstration
 - provide individual and group feedback as appropriate
 - review progress and adapt to individual needs
- Adapt teaching to facilitate problem solving and application of skill to the workplace
 - use practical scenarios that would be relevant to the learner's workplace

LO4 Be able to assess physical intervention skills

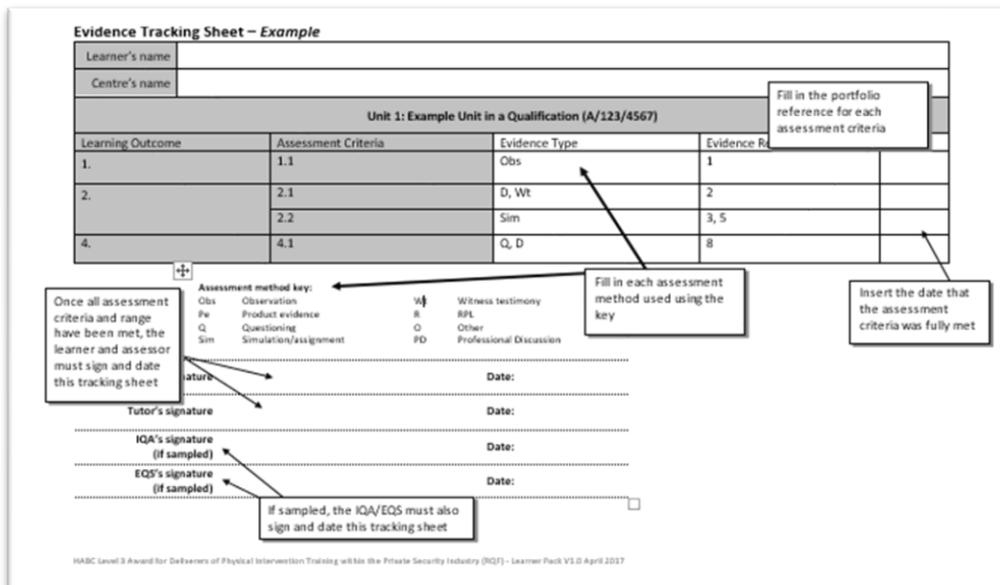
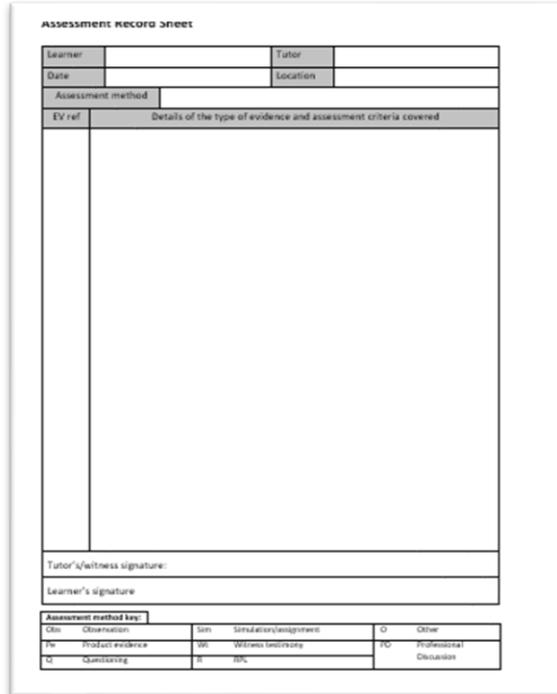
- Demonstrate knowledge of the agreed standards in the assessment of physical intervention skills
- Assess learners against agreed standards
 - ensure assessment meets relevant assessment criteria
- Complete required assessment documentation accurately

Appendix 3: Sample assessment material

This qualification is assessed via 2 methods:

1. Practical tasks and True/False Test
2. Portfolio of Evidence

Please see below screen shots of sample materials and resources associated with this qualification.



Appendix 4: 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 while on duty, displaying the photograph side.

Professional Attitude and 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.