maybo

LEADERS IN
CONFLICT MANAGEMENT TRAINING

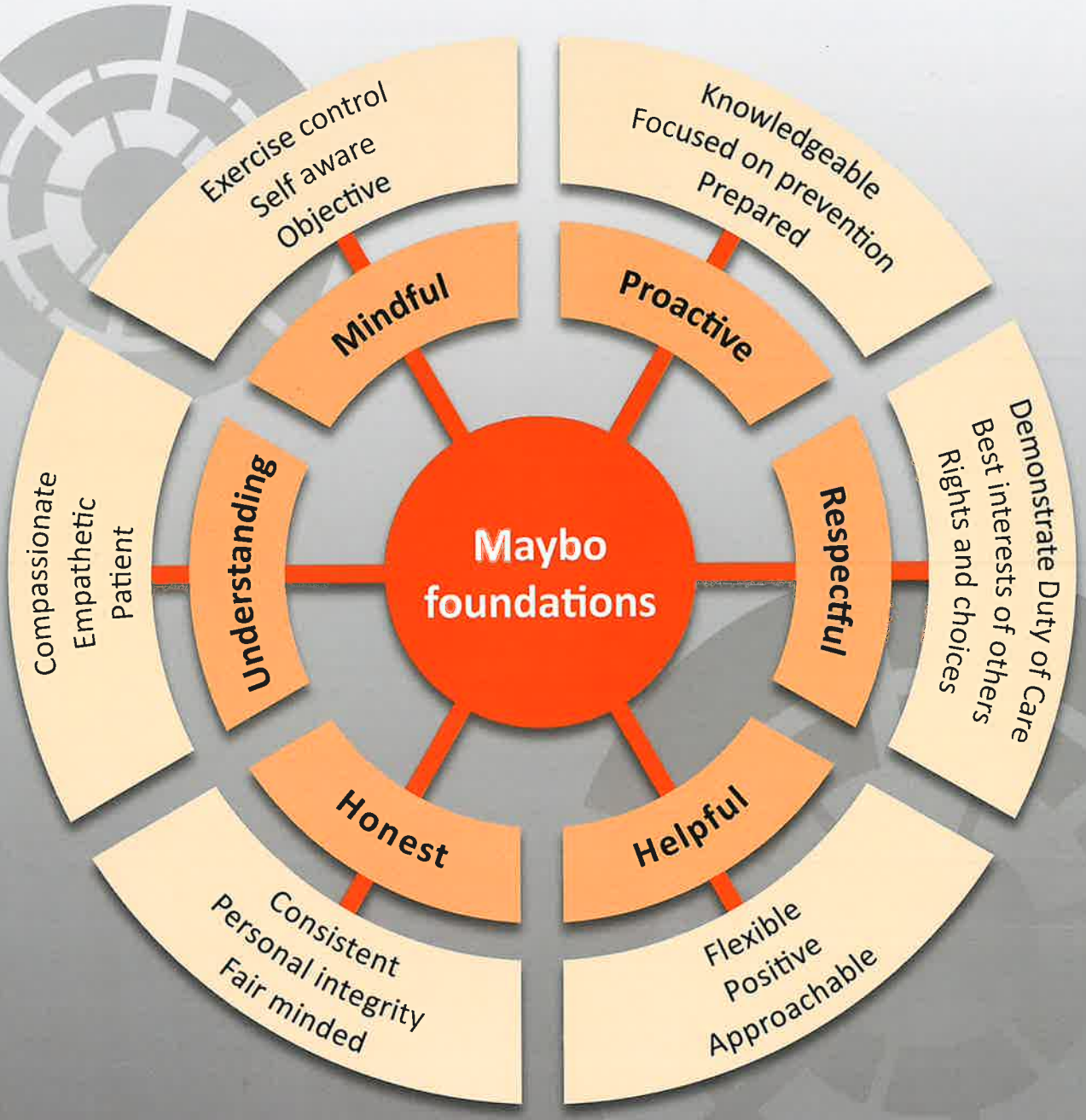
- ASSAULT AVOIDANCE
- DISENGAGEMENT
- GUIDING
- HOLDING
- ESCORTING

Physical Intervention for the Security Sector

Notice: This workbook is solely for learners in the UK Private Security Industry undertaking a Maybo Training course led by a Maybo Certified Trainer. It is not a stand alone resource. The workbook is to be kept by the learner for future reference.

Approved for SIA endorsed license linked qualifications

maybo



Important notes:

1 This handbook contains general guidance. Every workplace and situation is different and no learner should act on the basis of material contained in this document without first taking direction from their employer and undertaking their personal risk assessment.

Maybo is not responsible for individual interpretation and application of the knowledge and methods contained.

2 Only use the physical Maybo skills contained in this Handbook that you have been taught on your course.

3 Only use Maybo methods in a work setting that supports their use by you.

4 Participation in Maybo training does not equip learners to support people from vulnerable groups unless explicitly commissioned and tailored to needs.

5 Learners should not demonstrate or teach Maybo methods to others unless certified to do so as Maybo trainers.

6 Learners are encouraged to refer to this handbook to regularly refresh the knowledge and skills they have been taught. Any practice must be undertaken safely and without resistance.

Maybo continues to set the benchmark in this vital area of training

"Welcome to your Maybo training programme.

We are passionate in our purpose to help our clients create safe and positive environments for their staff, customers and service users.

Training plays an important part in this and we have worked hard to make our programmes relevant and engaging for you.

Conflict situations can be emotive, scary and difficult to deal with and we will focus on how you can prevent and defuse these. Whilst you cannot always control circumstances, you can often influence the outcome of a situation by the way you respond and your positive interpersonal skills.

Please get involved and make the most of your training. The knowledge and skills covered will help ensure your safety and that of your colleagues and the individuals you meet and support through your work.

We genuinely want your feedback on aspects you find helpful or that cause concern. Please keep in touch and share learning from your operational role that can benefit others."

Bill

Bill Fox, *Founder and Chairman*

Learner's name

Introduction

This workbook supports a Maybo training course as part of the qualifications required for an SIA licence. It is only to be delivered to individuals that have completed Conflict Management training.

The course covers skills to avoid assault and disengage from a risk situation, plus skills to hold and escort an individual. This course does not include techniques for holding on the ground but Maybo can provide such skills at the request of employers if such activity is foreseeable.

The workbook should only be used in conjunction with a Maybo training course, i.e. not as a stand-alone resource. This workbook may be given out prior to your training course, so you can self study the knowledge content which will be assessed.

Do not try any of the physical skills prior to the training as these must initially be taught by a certified Maybo trainer for safety reasons. You will keep the workbook to remind you of key knowledge and skills covered.

Your trainer will ask you to complete the pre-course declarations at the back of the book, which includes a confirmation that you are physically able to safely participate in the programme. During the programme, you should not participate in any activity that you are not comfortable with, or believe could place you or others at risk of harm.

The trainer will assess your ability to demonstrate the skills safely and accurately during the programme. This will be recorded on an individual skills record, signed by you and your trainer.

This workbook should not be a photocopy. It should be in the form of a commercially printed document with colour illustrations. Neither you, your trainer or training provider is allowed to photocopy or reproduce the workbook in any form.

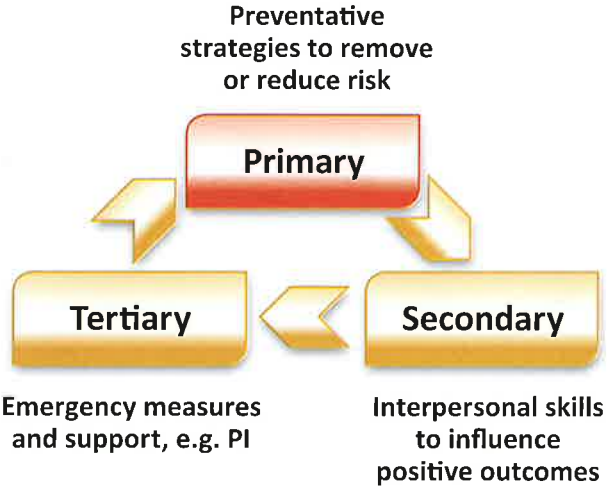
Your trainer should cover the skills contained in this workbook and not include additional or significantly different techniques.

If you identify issues with any of the above points please let us know at: info@maybo.com or by telephone – anonymously if you prefer

Maintaining knowledge and skills

Physical skills can erode over time placing you and others at risk. It is therefore important that you frequently and safely practice the Maybo skills to keep them fresh and accurate. This will at certain points include formal training and recertification events, where your competency in the skills will be assessed by a certified Maybo trainer. The frequency and approach to both work based practice and formal recertification events will be in line with role, sector and employer guidance.

Alternatives to physical intervention



Primary Controls (Proactive)

- Preventing conflict and challenging behaviour through building positive relationships, reducing triggers and providing a professional service
- Identifying and reducing risks through safer working practices and teamwork
- 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 (Reactive)

- Action taken to prevent conflict situations from escalating and reducing need for PI *(e.g. through positive and effective interpersonal communication, conflict management skills)*

Using skills outside of this model

Your trainer is only permitted to teach Maybo physical skills as part of this specific programme of training. In an emergency situation, if you or a colleague choose to use a technique not contained within the Maybo system, it should not automatically be regarded as unacceptable or improper, but its use needs to be justified and reviewed.

It is important to use these notes to remind you of key points relating to the skills and to rehearse these, without resistance, when safe and appropriate and in line with your employer's guidance.

The Maybo web site **www.maybo.co.uk** is regularly updated and is a valuable source of information.

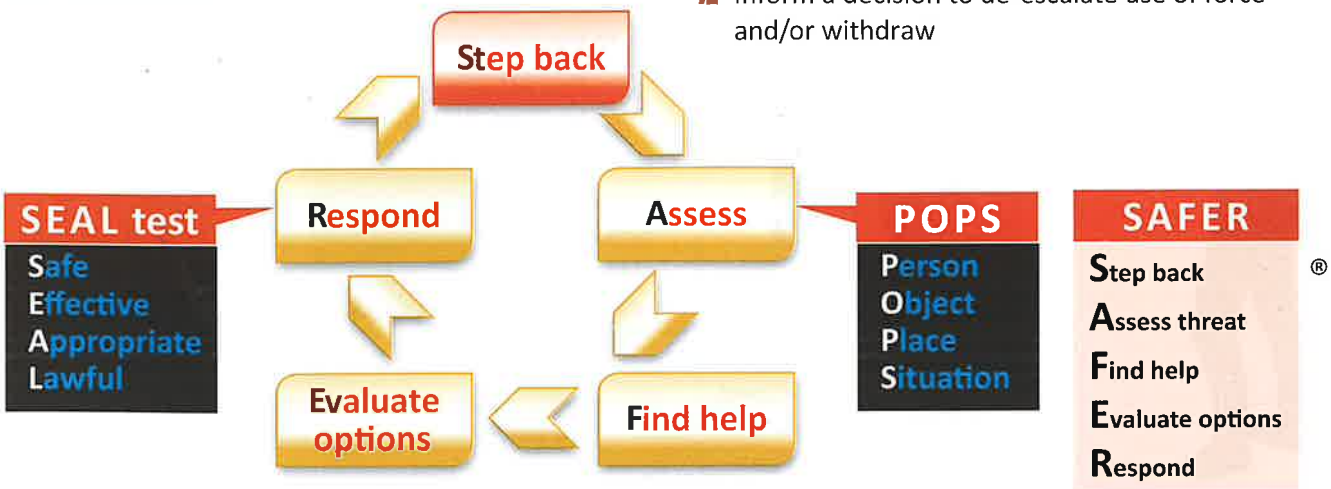
Using physical interventions in your work

The use of physical intervention should be in line with your employer's guidance and in the context of a broader violence reduction strategy that places emphasis on reducing conflict and risk.

Use of any physical intervention technique will be judged on whether or not it is reasonable, necessary and proportionate under the circumstances.

Any form of physical intervention carries a degree of risk to both you and the other person and therefore you need to have a good understanding of those risks and also the legal and ethical implications involved in using such interventions.

SAFER model



The programme you are attending will provide you with knowledge, skills and behaviours to help you operate legally, safely and ethically in situations where such physical interventions may have to be used.

If you believe that you need additional training to perform your role safely, you have a responsibility to inform your employer of this. Especially where ground restraints are used, as these carry heightened risks.

- 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

Note: *Additional considerations apply when working with children and vulnerable adults. Staff working with such individuals should undergo training that specifically addresses such issues.*

Risk assessment

Dynamic risk assessment (SAFER and POPS)

Our real time assessment of a situation as it unfolds will help us:

- Assess the risks of harm to all concerned in a decision to use physical intervention or not
- Evaluate options and alternatives available and inform a decision whether and how to intervene
- Identify if and when assistance is needed
- Continuously monitor for changes in risks to all parties during and following an intervention
- Inform a decision to de-escalate use of force and/or withdraw

Roofs and walls

When we have to work in close proximity to an emotional person we can reduce the risk of harm, whether intentional or as a consequence of his or her condition, through our positioning and use of Open PALMS®. In an open communication posture we can position our arms as 'roofs' or 'walls' in readiness to 'interrupt' any sudden movements by him or her.

Lead and support

Good teamwork relies on clear roles. The lead focuses on dealing with the person. The support considers the entire situation. The support should be at a distance to observe without getting involved.

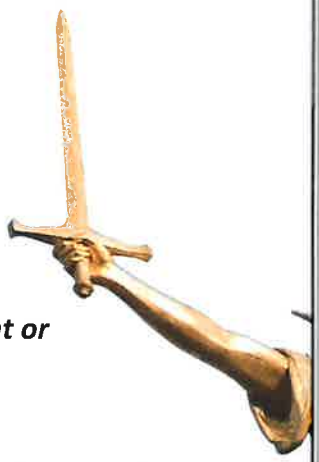
KEY MESSAGE

Good communication and teamwork keep us all safe

Switching

Sometimes, changing who manages the person can help defuse the situation. Switching or 'passing the baton' can be initiated by the 'support' or by the 'lead' using a simple hand signal. Once the switch has occurred the original lead needs to either move from the situation or to the support position.

Use of force



Laws vary by Country and State and learners must act in accordance with legislation, local laws and guidance covering their setting. The following observations on use of force and self defence are just a general guide.

Any application of force, from one person to another, without consent or lawful excuse may be an assault

Self defence

Self defence relates to protecting ourselves and others when in imminent/immediate danger. We do not have to wait to be attacked, we can act to prevent or stop it, but we need to justify this and explain why we did not choose other options including retreating.

Retaliation is not permitted.

Some key elements of justification with any use of force:

- Necessity – Were other options without force available?
- Reasonable – The force used was reasonable based on the believed danger
- Proportionate – The response was proportionate to the risks and harm it sought to prevent

Reporting

It is very important to write a clear and detailed report immediately after an incident. Using SAFER and POPS can help as a framework. As can the 'Maybo SEAL Test' in accounting for the response option/tactics you chose at the time.

Reports should include the background, facts about everyone involved, description of behaviour, feelings and emotions and what was said and done.

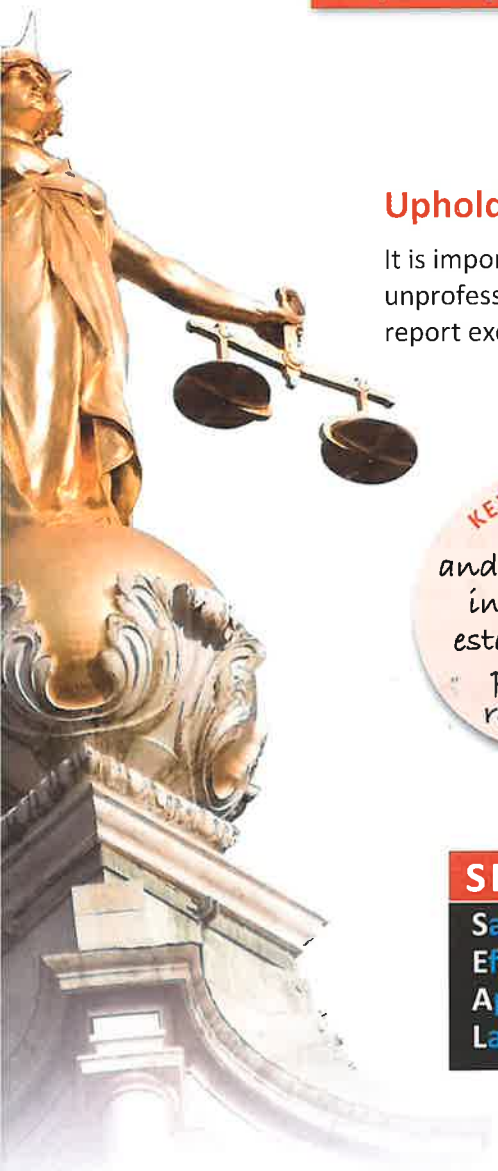
Learning cycle

The learning cycle provides a simple and effective way of reviewing and learning from an incident personally and with colleagues and service users.

The experiential learning cycle, developed from the concepts of Kolb, D.A. & Lewin, K.

Upholding Standards

It is important to challenge unprofessional behaviour and to report excessive use of force.



KEY MESSAGE
Report and learn from incidents – establish new primary responses

SEAL test

Safe
Effective
Appropriate
Lawful

Post-incident considerations

We all have a different way of responding to and dealing with the aftermath of challenging incidents. There is no 'right' or 'wrong' way to react and support. Responses should be appropriate to individual needs.

Short-term effects of work related violence

- Reactions may include shock, confusion, disbelief, fear, helplessness, anger, embarrassment, feeling of violation

Medium-term reactions

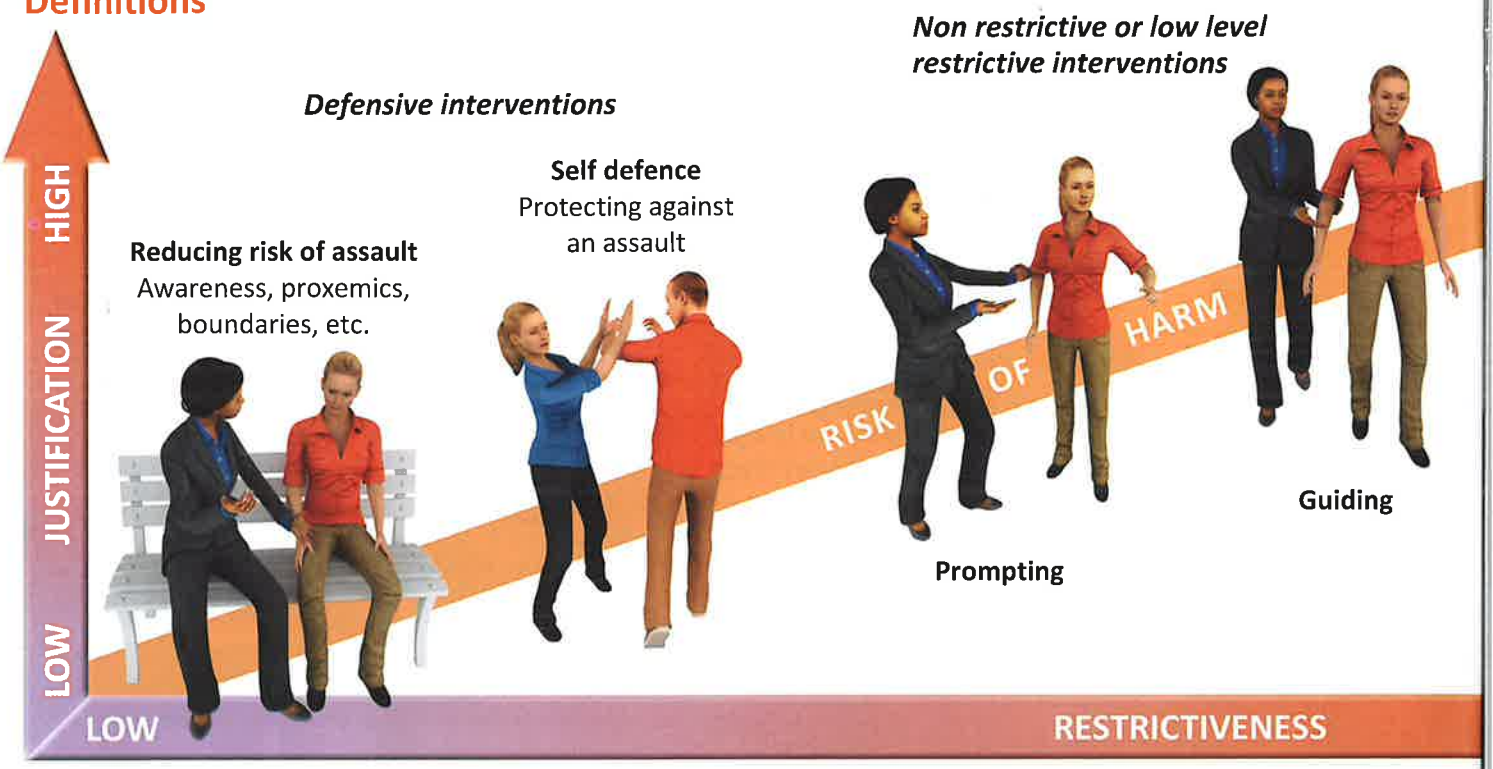
- Feelings of loss, guilt, shame, embarrassment, humiliation
- Exhaustion, tiredness, lack of sleep
- Denial of effects, ready to get back to work
- Anger, frustration resentment
- Lack of confidence, fear of similar situations or meeting the aggressor

Long-term reactions

- Persistent tiredness, exhaustion, depression, bouts of anxiety
- Excessive drinking, antisocial, irritable and/or aggressive behaviour
- Nightmares, flashbacks, headaches, nausea, difficulty eating/sleeping

NOTES:

Definitions



Principle of 'last resort'

Why last resort:

- Human Rights
- Risk of harm
- Damage to relationships
- Increased risks:
  - prosecution
  - allegations
  - reputation damage

When physical intervention (PI) is used:

- Alternatives (primary & secondary) have failed, or other options are likely to fail
- Risks of not using are even greater
- Withdrawal not viable

Planned and emergency interventions

- Planned (foreseeable) interventions
  - prevent and defuse
  - use agreed methods
- Emergency (unforeseen) interventions
- Rehearsing and testing
- Reviewing, learning and adapting

Authority to use physical intervention

Powers to use force

- Legal powers
- Powers we all have
- Sector or role specific

Responsibilities

- Duty of care
- Human Rights
- Safeguarding
- Justification

Necessity

- Is force really necessary – are there other options?

Reasonable and proportionate

- Reasonable in the circumstances?
- Proportionate to the threat and the harm it seeks to prevent?

Consent

- Respect the right of the person to make choices
- Assume capacity unless established otherwise
- Act in their best interests
- Choose least restrictive option for shortest period
- Return autonomy as soon as possible

Ground holds
(Where taught and permitted)

Restrictive holds

Restrictive interventions

HIGH

Professional considerations

- Just because you can, doesn't mean you should!
- Higher expectations of trained professionals
- Sector guidance
- Professional accreditation and codes
- Employer policy, guidance and training
- Role requirements
- Service user considerations
- Use of trained staff in approved methods

Moral and ethical considerations

- Treat people with respect and dignity
- Act in their best interests
- Maintain positive relationships

Risks of physical intervention

All physical interventions carry risk of:

- Physical harm
- Stress and emotional trauma

KEY MESSAGE
Is there an alternative to physical intervention?

Remember – if considering physical intervention as a last resort:

- Choose the least forceful and restrictive intervention to achieve your legitimate objective
- Apply the Maybo '**SEAL**' Test
  - **S**afe
  - **E**ffective
  - **A**ppropriate
  - **L**awful

Responsibilities

Monitoring

- ✓ At least one staff member must take responsibility during physical intervention for:
  - communicating positively with the person, and
  - monitoring their well being
- ✓ Clear leadership and communication with colleagues and others present
- ✓ De-escalating at earliest opportunity – immediately if there are health concerns
- ✓ Prepared for medical emergency
- ✓ Consider health check by qualified person

Maintaining skills

Physical skills fade quickly, so make sure you undertake Maybo refresher and recertification training in line with guidance for your area of work.

Workplace practice

Only practice skills you have been taught and with the permission, guidance and supervision of your employer.
Do so in a safe environment (clear of trip hazards etc) and without resistance.

KEY MESSAGE
Use least aversive intervention viable

Maybo disengagement skills: risk summary

Maybo has comprehensive risk assessments of its skills and here are some key points from these.

Training injury risks can include:
Minor soft tissue injuries, e.g. reddening, bruising and scratches
Minor sprains and strains
Injuries from trips, slips and falls
Back, knee or ankle twist injuries
Emotional distress
Operational risks can include:
As above, plus ...
Injury or dislocation to fingers and thumbs
Facial injuries from blows or clashing of heads
Soft tissue injuries to the neck
Wrist, upper limb joint and tendon damage
Skin tears if applied to older adults
Joint damage if over extending limbs – especially children and frail adults

Open PALMS® to Active PALMS

To maintain space and avoid harm

- Start from Open PALMS®, communicate clearly
- Balanced stance, elbows bent and close to body, fingers open, create space
- As hands move from Open to Active PALMS they remain open and 'soft' with one hand behind the other

KEY MESSAGE

Communicate maintaining positive eye contact

KEY MESSAGE

Use Active PALMS to prevent grabs

Active PALMS exit

Avoid assault and exit a situation

- Progress from Open PALMS® to Active PALMS
- Consider roofs, walls and posture
- Continue communication
- Same side stance, elbows bent, fingers open, step to outside and exit to position of safety

KEY MESSAGE

Keep alert and know exit routes

Bomb shelter and exit

Protect from an immediate, aggressive attack and exit

- Start from Active PALMS, balanced stance and continually monitoring the person
- Retreat or move to outside or under arm of the person to exit to safety
- Communication with the person as appropriate and call out for help

Active PALMS grab prevention

- As per Active PALMS so hands are already in position to stop a grab taking hold
- Communicate with person and colleagues
- Alert and aware

NOTES:

Active PALMS (take a drink) release

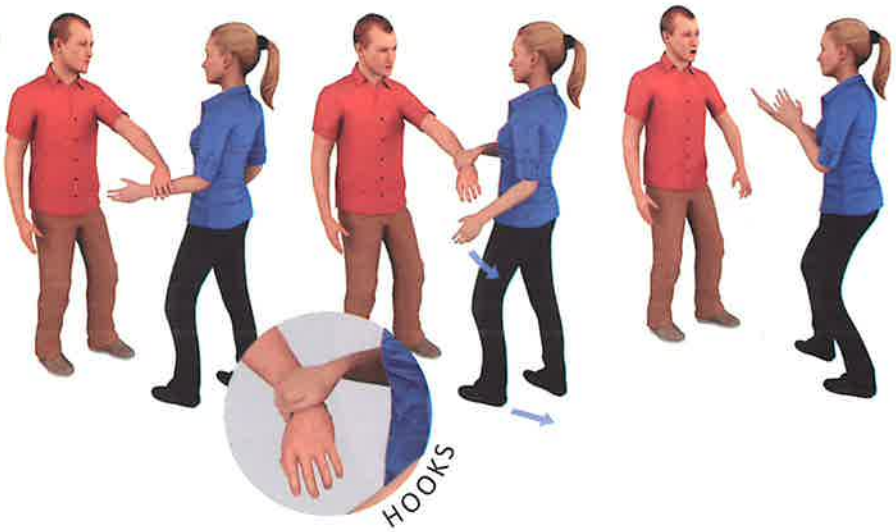
Release from a wrist grip

- Avoid grip if possible
- Free hand positioned to protect you from blows
- Good posture and continue communication
- Use leverage smoothly as if taking a drink
- Active PALMS position and create space

Problem solving (parent grip)

Release from wrist grip and being pulled

- Open PALMS® to Active PALMS
- Good posture and continue communication
- Apply hook with free hand to interrupt the person's movement, even pressure and downwards movement with held hand to release



Cradle up

Release from grips to neck area

- Open PALMS® to Active PALMS
- Good posture and continue communication
- Cradles on one hand to narrow part of wrist/hand
- Bend knees/lower stance

Cradle off

Release from a clothing grab

- Open PALMS® to Active PALMS
- Good posture and continue communication
- Cradle to palm side of grip only, at narrow part of wrist/hand
- Keep elbow close to side
- Step back, cradle to interrupt the person's grip

Strong clothing grip

Reduce vulnerability to strikes, when held in a strong clothing grip

- Open PALMS® to Active PALMS
- Good posture and continue communication
- Maintain surface contact with the gripping arm
- Turn side on and keep to the outside of the person's arm

KEY MESSAGE

Good posture is key

- Cradle movement up and over head to release
- Back out whilst looking at the person and threats

NOTES:

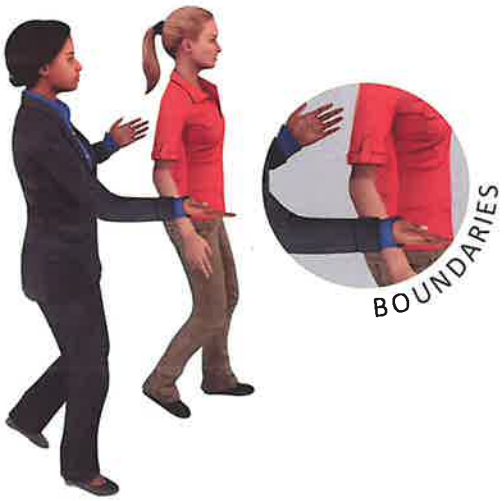
maybo Redirection and Guiding

The following are non-restrictive and very low-level restrictive physical interventions for guiding and re-directing people when necessary and lawful.

Non-contact guiding

To persuade a person to move without making contact

- Open PALMS® and stable posture
- Continual verbal and non-verbal communication
- Consider approach and position and use a roof/wall as a protective boundary



Assessment touch

To prompt movement and assess compliance with minimal contact

- Open PALMS® and stable posture
- Continual verbal and non-verbal communication
- Consider boundaries and adjust distance based on risk (SAFER). *Note: touch can be a trigger*

KEY MESSAGE

Is touch appropriate and justifiable?

Hook and cradle guide

Guide with increased control and safety

- Open PALMS®, posture, positive communication
- Conflict manager stands on cradled side of the person with own elbow anchored to side

Hook and cradle turn

Redirect a person when static or moving using a Hook and Cradle above the elbows

- Gently initiate a turn by drawing ('rowing') the hooked arm back and the cradled arm forward

Elbow turn

To redirect a person at the elbow

- Link to Open PALMS® and Active PALMS
- Posture, communication and cradles
- Turn created using cradles above elbows

Paired cradles

Paired staff guide with an unpredictable person

- Open PALMS®, posture, positive communication, roof/wall
- Conflict manager behind and to one side of the person; cradle above the person's elbow
- Elbow anchored to side, other arm in position to interrupt sudden arm movement
- Teamwork and communication between staff

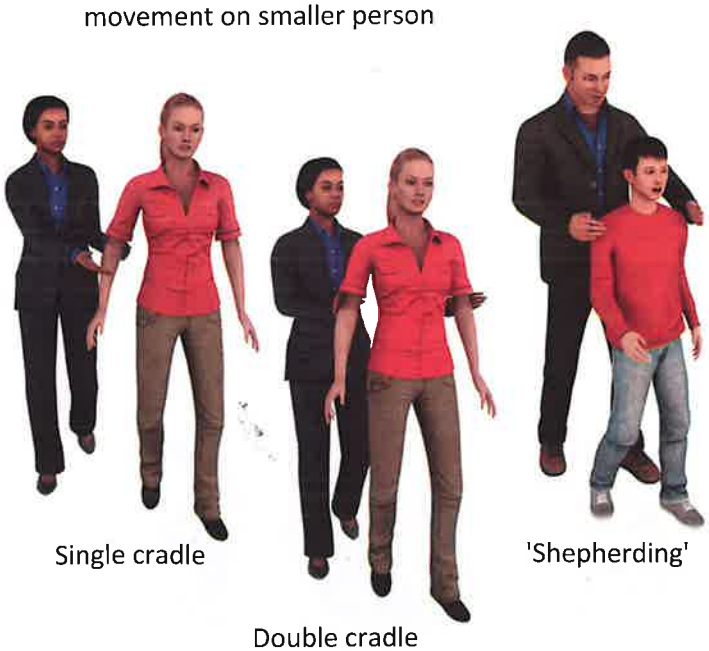
KEY MESSAGE

Control turns to prevent falls

Cradles and interrupting

Guide a person who is unpredictable

- Open PALMS®, posture, positive communication, roof/wall
- Conflict manager behind and cradle side of the person; cradle above the person's elbow
- Elbow anchored to side, other arm in position to interrupt sudden arm movement
- Can position hands to interrupt and contain movement on smaller person



Single cradle

Double cradle

'Shepherding'

NOTES:

Physical and psychological

All physical interventions carry risk of:

- Physical harm
- Stress and emotional trauma

Sudden death risk

During or following PI – especially from forceful restraint:
Positional asphyxia
'ABD/Excited delirium'
Other unexplained heart failure
Devastating head or spinal injury
Positional asphyxia
Prone restraint Most restraint related deaths occur in forceful restraint in prone position
Supine restraint As prone risks, plus vomiting (blocked airway) and Compartment Syndrome risks
Seated restraint Generally safer and less intrusive provided person is sitting upright and comfortable
Do not bend people forward in any position, or over/against objects, e.g. beds/sofas/walls/tables'
Do not cover a person's nose or mouth

KEY MESSAGE

Leave the neck alone!

Examples of holds carrying extreme risks that must be avoided

Positional asphyxia

Risk of positional asphyxia increases during forceful restraint, when a person is held in a position that impedes their breathing and they cannot change that position.

- Death can occur from asphyxia or suffocation
- With an exhausted individual, any restriction of breathing movement caused by restraint may exacerbate the condition and put the individual at greater risk of death
- Any restriction of breathing may be catastrophic in individuals who are displaying signs of Acute Behavioural Disturbance (Excited Delirium) or Serotonin Syndrome
- **Disengage** if the technique or position the person is held in becomes compromised
- **Adapting techniques** can greatly increase risk; seek advice from Maybo first

Acute Behavioural Disturbance (ABD)

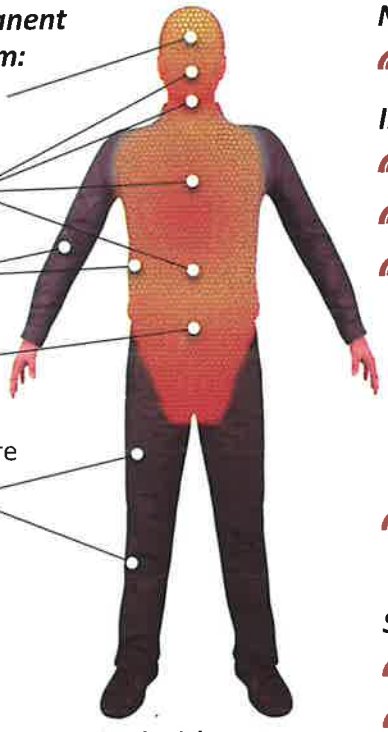
Covers a combination of physical and psychological symptoms and sometimes referred to as Excited or Agitated Delirium. Treat as a medical emergency. Signs can include:

- High temperature, profuse sweating/hot skin
- Bizarre behaviour, agitation, confusion, disorientation, incoherence
- Sustained mental and physical exhaustion
  - Exercise induced metabolic acidosis
- Psychosis can result from acute mental illness, or be drug induced. Signs include:
  - Hallucinations
  - Paranoia
  - Extreme fear as part of delusional beliefs
- Restriction of breathing may be catastrophic for individuals with ABD or Serotonin Syndrome (similar to ABD symptoms but where medications are the cause)
- Resuscitation more likely to fail

Risks of physical intervention

Serious harm and permanent disability, especially from:

- Head/spinal injury from holds, blows or falls
- Restricted breathing and/or circulation
- Damaged bones and joints
- Organ damage
- Muscle tissue damage from prolonged pressure or compression, e.g. Compartment Syndrome



High-risk zones

KEY MESSAGE

Ground restraints (face up or down) carry higher risk

Restraints and risk factors

Nature of restraint

- Method, position and duration

Individual risk factors

- Relative size, build, weight, age
- Underlying health predispositions
- Especially vulnerable groups, including:
  - Children and young people
  - Older adults
  - Pregnant women
  - People with intellectual/learning disability, acute mental health issues and/or traumatic histories
- Temporary risk factors, e.g. certain medications and illicit drugs (cocaine especially)

Situational & environmental

- Environmental hazards
- Access to help, e.g. medical attention
- Staff numbers
- Threats presented by or to others

TAKE NOTICE of Red flags

Danger signs to look out for include:

- Effort with breathing
- Blocked airway and/or vomiting
- Passivity or reduced consciousness
- Person being unresponsive
- Signs of head or spinal injury
- Facial swelling
- Evidence of alcohol or drug use
- Blueness around lips, face or nails (sign of asphyxia)
- Person held complaining of difficulty breathing

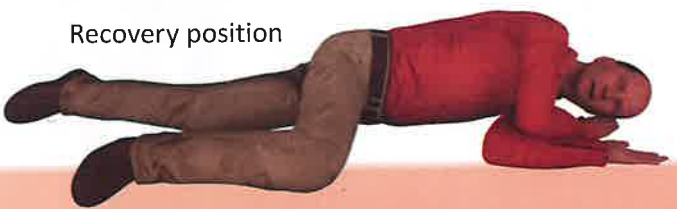
- High body temperature, profuse sweating/hot skin
  - Exhaustion
  - Confusion, disorientation and incoherence
  - Hallucinations, delusions, mania, paranoia
  - Bizarre behaviour
  - Extreme fear
  - High resistance and abnormal strength

ACT on Red Flags

Treat as a medical emergency, call for emergency medical attention and follow procedures and training, e.g. (and as appropriate):

- Check Airway – Breathing – Circulation
- Place in recovery position
- Call the emergency services
- Commence CPR if necessary

Recovery position



Maybo holding skills: risk summary

As per disengagement risks, plus...

Training injury risks can include:
Bruising on upper arm if holds applied too tightly
Clashing of heads
Back strain
Shoulder injury
Operational risks can include:
As above, plus ...
Person may attempt to head butt
Vulnerability to bites (especially when gaining control)
Fall injuries compounded by conflict managers falling on top of individual
Back injuries related to poor technique and posture
Rib injuries from accidental impact
Positional Asphyxia if person is bent forward when seated, or held against/bent over an object, e.g. a bed
Injury risks increase when establishing control and during transitions
Any adaptation of techniques can increase risk, as can a compromised position or technique: Consider disengagement and re-engagement.

Cross-body escort

Single person restrictive escort

- Remember posture, communication and boundaries
- Ensure hooks on bicep and wrist (narrowest part)
- Hooked wrist towards hip – angles shoulder forward; do not squeeze arm into their body
- Step to side of the person with leading leg, with boundary to side and hip to maintain stability. Walk normally – person at an angle.

Hip hook and turn

To redirect a person from behind

- Link to Active PALMS
- Posture, communication, boundaries, hooks, cradles
- Gently row the hip and step back to create turn

Wrap hold

To apply a standing restrictive hold

- Link to Active PALMS, posture and communication
- Create boundaries and just contain the arm – do not hold it tightly
- Conflict managers together, facing forward, initially inside leg forward
- Anchor wrapping hands onto own chest
- Conflict manager to apply a hook to colleague's hip (not ribs, soft tissue or neck)

Wrap 3rd person support

Increase stability of team wraps

- 3rd person to support – keeping colleagues held together
- Applies hooks to colleagues on hips or outside shoulders to maintain stability of all
- Place head to one side and do not push forward

Wall recovery

Recover wrap stability using wall platform

- Maintain boundaries to the sides of the person
- Conflict manager furthest from wall moves forward towards colleague through the line of the person's shoulders
- Conflict manager nearest wall maintains boundary to side of the person and allows movement to the wall
- Conflict managers rest on wall maintaining boundary to rear of the person

Wrap escort

Restrictive walking escort in wraps

- Where some compliance, maintain boundaries, keep upright and avoid trips/falls
- If resistant, consider 45 degree lift or wrap reverse

Wrap turn and reverse

Turn and reverse a person under control

- Ensure hooks under upper arm to create boundary for support
- Other hand contains arm using cradle at elbow
- Walk the person backwards in a controlled upright position

Single wrap and hook containment

To very briefly contain a turbulent person whilst a colleague arrives to apply wraps

- Link to Active PALMS, posture and communication
- Boundaries – apply wrapping hook to person's near bicep and anchor hand to own chest – slide other arm across person's shoulder and apply hook to the far arm
- Remain close to, and to the side of the person; position own head to avoid head/elbow strikes

Team turn

Separating people in an emergency

- Link to Active PALMS
- Posture, communication, boundaries, hooks, cradles
- Can use Hook and Cradle Turn or Hip/ Shoulder Hook and Turn methods as appropriate

KEY MESSAGE

Do not apply wraps/holds tightly

Seated wraps

To hold a seated person

- Conflict managers stabilise with outside leg
- Inside leg moved to create boundaries as necessary
- Inside leg may be moved behind person's leg to stop the person from getting legs underneath themselves to enable them to stand
- Initially hook inside hand over nearest wrist of the person
- Elbows of person tucked back and contained comfortably alongside conflict managers' bodies
- Remain close to the person but not to restrict their breathing
- If person leans forward i.e. to stand - interrupt by placing free hands in front of their shoulders

KEY MESSAGE

Person's back must be upright to aid breathing

Support to ground

Support a person trying to sit or kneel

- Remember good posture, communication and manual handling principles (bend knees, back straight)
- Hook inside hand under nearest arm/armpit of the person to support them to floor without bearing their weight
- Face forwards, step back with inside foot, extend arms and support the person to the floor
- Once seated, apply boundaries in front of, and behind, person's shoulders/elbows to stabilise or disengage as necessary

NOTES:

Switch kneeling to seated

To move to more stable seated position

- Remember posture, communication and boundaries
- Conflict managers face each other
- 1st conflict manager moves ½ pace to the side
- 2nd conflict manager, moving through line of person's shoulder, steps to where colleague was – moving person onto hip and rotating onto his or her seat
- Stabilise person maintaining boundaries

De-escalation

De-escalate and disengage from seated

- Follow support to seated guidance
- Step back, communicate and remain alert to risk to person, e.g. falling backwards, and to staff

Re-engagement

To reapply standing wraps if an aggressive response

Conflict managers contain the person to limit potential for assault

KEY MESSAGE

Switch or disengage to avoid going to ground

NOTES:

1 Definitions

Interventions

Physical intervention

Use of direct or indirect force through bodily, physical or mechanical means to limit another person's movement

Defensive physical skills

Used to protect oneself from assault

Non-restrictive interventions

- Greater degree of freedom for subject to move away from the intervention if they wish to
- Includes prompting and guiding an individual to assist them walking, also defensive, self-protective interventions

Restrictive interventions

- Use of force to limit movement and freedom (bodily contact, mechanical device, environment)
- ***Highly Restrictive*** - severely limit movement and freedom
- ***Low Level Restrictive*** - limit/contain movement and freedom of a less resistant person with low level of force

2 Positive alternatives to PI

(*See page 2*)

3 Why use of PI is a last resort

(*See page 6*)

4 Legal implications

Legal implications with use of force and PI

These are covered within the SIA endorsed Common and Specialist Units and include

1. Legal authority to use force under Statute and Common Law
2. Duty of Care considerations concerning use of PI

Professional implications for use of PI

Sector specific legislation and professional guidance:

- Importance of familiarising oneself with legislation and professional guidance and standards relevant to area of employment

Importance of dynamic risk assessment

(*See page 3*)

Justification: Is the use of force lawful?

Lawful

- Is there a power/authority for such action
- Is it consistent with reasonable employer directions

Necessary

- Are there alternatives to use of force
- Is force in the best interests of those involved
- Does the risk of not acting outweigh the risks of intervention

Proportionate

- Reasonable in the circumstances
- No more than is necessary to achieve a legitimate objective
- Is the use of force proportionate to the harm it seeks to prevent?

De-escalated

Or stopped at the earliest opportunity and immediately where there are health concerns

5 Risk factors with Physical Intervention

Potential medical consequences

Physical intervention and particularly forceful restraint can lead to sudden death, medical complications and permanent disability, especially where situational and individual risk factors are present

Serious harm or death can result from:

- Strikes and kicks
- An individual falling or being forced to ground
- Interventions of the neck, spine or vital organs
- Restraint on the ground (face up and face down), or other hold that impairs breathing/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, restraint 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

Deaths often result from:

- Asphyxia – restriction of breathing and circulation
- Heart failure resulting from extreme stress and/or range of complications
- Head injuries, e.g. following a blow, push and/or fall

Nature of restraint can increase risk

- Method of restraint
- Position held
- Duration of restraint

Situational

Situational factors

- Low staff numbers and lack of available help
- Threats presented by others
- Access to medical attention
- Interventions close to environmental hazards, e.g. stairs, traffic or windows

  There is an increased risk of falls with one-on-one restrictive holds

Individual risk factors

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

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.

Risks of PI 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
- Because they are vulnerable to assault from others

6 Responsibilities

Importance of dealing with PI 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

Employer responsibilities:

- 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

Reducing risk of harm during PI

- Choose the physical intervention with the least force and potential to cause injury to the individual 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
- Ensure ongoing communication between staff and between staff and the individual during and following restraint
- Monitor the well-being of the individual for adverse reactions
- Ensure someone takes a lead role and that others support as team members
- Ensuring practice follows the procedures taught and is not allowed to deviate significantly
- De-escalate physical intervention at the earliest opportunity
- Follow emergency procedures:
  Immediately release and seek assistance if individual complains or demonstrates signs of breathlessness or other adverse reactions

How to support colleagues during PI

Colleagues can be supported by:

- Switching 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 when a physical intervention is taking place
- Monitor and communicate with others, e.g. colleagues, staff from other agencies

KEY MESSAGE

Continually monitor well-being

Managing and monitoring a persons safety during PI

- Observing risk factors with PI outlined above
- Ensuring nothing impedes the persons ability to breathe or their circulation
- Communicating with the person restrained and acting if they say they are struggling with breathing. **People can speak when asphyxiating**
- Observe and act on Red Flags (*See page 15*)
- Listening to others present. Ensuring a staff member is monitoring well being
- Acting promptly on concerns

Staff responsibilities during PI

- 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

Staff responsibilities immediately following PI

- A duty of care to the individual 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
- Staff involved must fully report and account individually for their actions

Everyone has a duty to challenge and/or report unnecessary and excessive use of force and abuse, anonymously if necessary

Actions 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

NOTES:

Signs of Acute Behavioural Disturbance and Psychosis

(*See page 14*)

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 a 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.

Risks with prolonged interventions

- The longer the duration of the restraint the greater the exposure to risk and to complications

Reporting and accounting for the use of force

It is essential that use of force is reported and accounted for fully and honestly

Additional factors required for use of force:

- Description of the build-up to the incident and of the individual's behaviour
- Other 'impact factors'
- Staff responses including description of PI and level of force used and duration
- Description of injuries sustained by any party
- First aid and medical support provided
- Details of any 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 lawful, necessary, reasonable and proportionate

Support and learning

Keeping current is important because:

- Legislation and guidance can change
- Proficiency in physical skills can fade over time, potentially reducing effectiveness and increasing risks

It is important to access help and support following an incident because:

- There is potential for physical and psychological harm

It is important to reflect and learn from incidents to:

- Try and reduce situations needing PI
- Manage situations more safely
- Review personal and team skills

SIA Fact Sheet: Positional (or Restraint) Asphyxia

This fact sheet is provided by the SIA to anyone undergoing physical intervention training. Its contents should be emphasised during training to remind learners of the dangers of certain kinds of restraint and signs of impending asphyxiation.

Introduction

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.

maybo SIA Fact Sheet: Positional Asphyxia

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

NOTES:

Reducing the risk

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:

- **A**irway – ensure the path is free of obstruction and allows the flow of air to the lungs
- **B**reathing – ensure air flows to and from the lungs
- **C**irculation – 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

NOTES:

Moving a person up or down stairs

There may be times in some settings when individuals need to be escorted up or down stairs for their safety. It is important to follow the SIA guidance contained in this workbook. Every venue and set of circumstances is different so seek and follow venue guidance and undertake a dynamic risk assessment.

Remember:

1. Stairs (and Escalators) present heightened risks of falls that can cause serious harm to staff and customers, and potentially a death.
2. Seek alternatives such as using a lift (if safe and appropriate) and calling the Police. Question using the stairs, e.g. "Is it really necessary?" and "Are we putting people at even greater risk by doing this?"
3. Follow venue/event risk assessments and guidance – and if there isn't any – make management aware and ask for some!
4. Apply your SAFER Dynamic Risk Assessment
5. Ensure sufficient appropriately trained staff are present before undertaking the activity
6. Ensure the individual is sufficiently compliant and consider whether others present are a threat or a positive influence

Security Industry Authority Guidance on Stairs

Background

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.

A person who has been asked to leave the premises should be informed that their invitation to remain on the premises has been revoked and are thereby trespassing. Inform them that if they don't leave the premises voluntarily they will be escorted off the premises and that if they resist that attempt it will be treated as aggravated trespass and the police will be called.

Circumstances

It is envisaged that a person may be moved up or down stairs in two different circumstances:

- if they are intoxicated or ill and require assistance
- if they are non-compliant

Risk assessment

In all cases you must conduct a dynamic risk assessment before considering any move with a person up or down stairs. A dynamic risk assessment is a mental assessment of risk which should be used when any delay would increase the risk of harm. A dynamic risk assessment can also be used as the initial step in formal risk assessment.

A good definition of a dynamic risk assessment is:

> *"The continuous process of identifying hazards, assessing risk, taking action to eliminate or reduce risk, monitoring and reviewing, in the rapidly changing circumstances of an operational incident."*

The techniques

(a) Intoxicated/ill persons

Two members of staff should be used for this procedure. Where it is necessary to assist an intoxicated or ill person either up or down stairs you should, where possible, get them to take hold of the handrail (if there is one). Provide constant reassurance during the ascent or descent. You should consider positioning yourself, where possible, on the downside of the person to help prevent them falling down the stairs.

(b) Non-compliant persons

This manoeuvre requires a minimum of three members of staff. Two members of staff secure an arm on their respective sides and the third member of staff acts as supervisor/anchor. The 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.

Maybo Methods

If a decision has been made to escort a person up or down stairs consider low level options that may be sufficient and safe in the circumstances. If appropriate and safe this can include the person moving step by step seated on their bottom, guided by staff.

The illustrated technique provides greater control if needed and should be undertaken in accordance with the SIA guidance (*See page 28*) for 'Non-compliant persons'. All staff members use the rail as an 'anchor' in this method. We advise against use of these methods where there is no secure rail to anchor to.

EMPLOYER RESPONSIBILITIES

Security providers and venue owner/operators are required by law to:

- Assess significant foreseeable risks including violence
- Risk assess activities carrying inherent risks, such as ejections and escorts on stairs
- Identify safer alternatives, where practicable
- Put in place control measures and provide training and guidance to staff

NOTES:

maybo Safety brief – Action plan

Important notes on safe participation in training and workplace practice of physical skills.

The physical skills you are about to be taught are fundamental to your safety and that of others in your operational role.

The training has been designed to reduce the possibility of injuries being sustained when these techniques are applied and practised. There is however a degree of injury risk with the practise of any physical skill.

It is vital that you reduce risk by:

- Declaring fitness for work
- Listening, observing and following trainer instructions
- Removing watches and jewellery
- Wearing appropriate clothing and footwear
- Remembering you have a 'duty of care' towards yourself and others
- Declaring and reporting any injury sustained
- Stop, or do not undertake any activity which may cause injury, or you feel uncomfortable with
- Only consume food and drink during breaks
- No alcohol and/or drug use
- Declaring any pre-existing injuries, health conditions or pregnancy

Additional points:

- By participating in the Maybo training course, you confirm that you are able to engage in light to moderate physical activity
- By participating in this training you understand there is a risk of suffering injury or aggravating a pre-existing injury or condition
- If you are pregnant you should not participate in Maybo restrictive physical intervention training. You should only participate in non-restrictive physical skills training when pregnant if:
  (a) your employer is aware and supportive, and
  (b) you are confident you are able to safely participate and want to. First consult your doctor if unsure

Safe Practice of Physical Skills:

Be aware that risks of training injuries and falls increase if participants apply skills using speed and/or strength, or actively resist and try to defeat skills being applied to them.

Please work together – do not try to resist or defeat a skill – instead give feedback to those applying it to help them become more competent. If you have questions about the skill or concerns as to its effectiveness, please discuss with your trainer.

Only increase use of force under the explicit direction and supervision of your trainer, who should ensure compliance with Maybo training safety guidance. This will typically involve using no more than 20% of your full potential speed and strength, and less if practising with people that are smaller or less physically capable than you.

Never show or apply a skill that has not been taught by your trainer, e.g. one you have learnt elsewhere

Remember you have a duty of care to yourself and others and should never use levels of force or resistance that place you or others at increased risk of harm.

You do not have to talk about any of these points openly – talk to your trainer in private if you wish.

***Maintaining Skills:** Physical skills fade quickly, so make sure you undertake Maybo refresher and recertification training in line with guidance for your area of work.*

***Workplace Practice:** Only practice skills you have been taught and with the permission, guidance and supervision of your employer. Do so in a safe environment (clear of trip hazards, etc) and without resistance.*

Personal workplace action plan

Key learning I have taken from this training:

Things I will do as a result on return to my work:

PRE-COURSE SURVEY

Completed page to be retained by Trainer and stored at their Maybo Centre

Full Learner Name	Date
Workplace	Contact number/email

Pre-course survey – Only complete if you currently perform a security role				
Have you experienced any of the following in your role in past 24 months	Never	Once	Seldom	Often
Verbal abuse directed at you?				
Threats of violence towards you?				
Being unintentionally physically assaulted, e.g. by a confused person?				
Being deliberately physically assaulted?				
Having to physically hold or move a person?				
Having to physically restrain a person on the ground?				
Is this a Maybo refresher course, i.e. you have trained with us before?	YES		NO	
Since your last Maybo course to what extent have you felt better able to:	Poor	Fair	Good	Excellent
Recognise and reduce risks of violence?				
Understand human behaviour in conflict situations?				
Prevent conflict through positive interactions?				
Defuse and calm emotive and challenging situations?				
Maintain your personal safety?				
Ensure the safety and well-being of your service users/customers?				
Resolve more situations by non-forceful methods?				

Delegate pre-course declaration (physical skills / PI courses only): **Complete before participation**

Tick the following as appropriate and discuss privately with your trainer if you wish.

- ☐ I received my trainer's Maybo safety briefing and read the handbook Safety Brief – Action Plan.
- ☐ I understand the importance of disclosing pre-existing injuries, relevant health conditions and pregnancy.
- ☐ I am fully aware that there are both risks and benefits associated with the training, practice and application of physical skills in the context of my workplace.
- ☐ I am fit for normal work duties and by participating in this course I confirm that I am able to engage in light to moderate physical activity.
- ☐ I understand that I should only use Maybo methods in a work setting that supports their use.
- ☐ I have been advised of environmental risks present during this course.
- ☐ I am aware this handbook contains important safety information I should read.
- ☐ I understand that I must act in accordance with legislation, local laws and guidance for my area of work.
- ☐ I understand that I do not have to participate in any activity that I believe may place myself or others at risk of harm, and that I can participate at a level I am comfortable with in consultation with the trainer.
- ☐ I understand that I need to practice techniques responsibly as per the Maybo Safety Brief and should not resist skills being practiced on me, or use high levels of force.

Delegate signature	Date

Notes on declarations and controls:

Edition SIA-3, 05/2018

By entering my details above, I give consent for Maybo Ltd to store my personal information for training and certification purposes. Maybo will not share personal information other than for certificate verification purposes and only with 3rd parties if required to do so by law.

maybo Course Feedback

POST-COURSE SURVEY

How would you rate your trainer in the following areas:	Poor	Fair	Good	Excellent
Knowledge of subject matter being delivered?				
Ability to relate subject matter to your workplace?				
Skill at facilitating and engaging appropriately to create a positive learning experience?				
Control and supervision of group participation in physical skills?				
To what extent has the training increased your ability to:				
Recognise and reduce risks of violence?				
Understand human behaviour in conflict situations?				
Prevent conflict through positive interactions?				
Defuse and calm emotive and challenging situations?				
Maintain your personal safety?				
Ensure the safety and well-being of your service users/customers?				

Please state your key learning.

Please add any further feedback or comments regarding this training and/or area of risk, including any unmet training needs.

If you have any concerns over this Maybo training, or the way it has been delivered or applied in your workplace – it is important you contact Maybo (anonymously if you prefer) – see back cover for details.

Important: If you have concerns over excessive use of force and/or potential abuse of a person by staff where you work please raise this with your employer in line with whistleblowing policy

PHYSICAL INTERVENTION COURSES: POST-COURSE DECLARATION

Delegate declaration: I hereby confirm that I fully participated in the training, understood the content and demonstrated the skills covered by the trainer.

Post-skills injury check	Injury		Reported		No injury	Day 1	Day 2	Day 3	Day 4	Day 5
Delegate signature							Date			

Trainer declaration: Certification requirements for this training were:	Unmet		Met	
Trainer name		Trainer signature		

Edition SIA-3, 05/2018

By entering my details above, I give consent for Maybo Ltd to store my personal information for training and certification purposes. Maybo will not share personal information other than for certificate verification purposes and only with 3rd parties if required to do so by law.

The responsibility for the completion and record maintenance of this workbook, and the associated staff development, rests with the employer organisation.

Security Industry Authority

Maybo training helps you bridge the gap between training and the workplace

maybo
LEADERS IN
CONFLICT MANAGEMENT TRAINING

Maybo in the UK & Ireland
www.maybo.com info@maybo.co.uk
tel: 01580 881346 fax: 01580 881353

twitter FOLLOW US
@MayboLimited

Edition SIA-3 05/2018