Rexel Education

SECURITY · FIRST AID · SKILLS

SELF-STUDY GUIDE

Door Supervisor Refresher

Level 2 Award for Door Supervisors in the Private Security Industry (Refresher)

- Unit 1: Principles of Working as a Door Supervisor in the Private Security Industry (Refresher)
- Unit 2: Application of Physical Intervention Skills in the Private Security Industry (Refresher)

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About this guide

This self-study guide supports the knowledge learning outcomes of the **Level 2 Award for Door Supervisors in the Private Security Industry (Refresher)**. It is designed for independent study at home before you attend your classroom session at Rexel Education.

Each learning outcome (LO) has its own section. You will find clear explanations, key points to remember and realistic case studies that show how the knowledge is applied at work.

How to use this guide

- Work through each learning outcome in order, or as directed by your trainer.
- Use the **suggested study times** below to plan your self-study.
- Complete the matching written questions and the multiple-choice quiz in your **Self-Study Workbook**. Each workbook question shows the guide page to read.
- Complete the two free **ACT e-learning courses on ProtectUK** (see page 3) and keep both certificates.
- Bring your completed workbook and your photo ID to your classroom session.
- Ask your trainer if anything is unclear. Practical skills, such as searching and physical intervention, are taught and assessed in the classroom.

Your study plan

Unit and learning outcome	Suggested study time
Unit 1: Principles of Working as a Door Supervisor in the Private Security Industry (Refresher)	
LO1: Know how to conduct effective search procedures	**30 minutes**
LO2: Understand how to keep vulnerable people safe	**1 hour 50 minutes**
LO3: Understand terror threats and the role of the security operative in the event of a threat	**1 hour 40 minutes**
LO5: Know how to safeguard the public from incidents of spiking	**45 minutes**
Unit 1 total	**4 hours 45 minutes**
Unit 2: Application of Physical Intervention Skills in the Private Security Industry (Refresher)	
LO1: Know the implications of physical intervention and its use	**Up to 5 hours across LO1 to LO3**
LO2: Know the risks associated with using physical intervention	
LO3: Know how to reduce the risks associated with physical intervention	
Online: ACT Awareness and ACT Security e-learning on ProtectUK (page 3)	**About 1 to 1½ hours each**

Learning outcome numbers follow your qualification. Unit 1 LO4 and the practical skills of Unit 2 are not part of self-study: they are delivered and assessed in the classroom.

ONLINE E-LEARNING

ACT counter-terrorism e-learning on ProtectUK

Part of your self-study · Free · About 1 to 1½ hours per course

As part of your self-study you must complete **two free online courses** from Action Counters Terrorism (ACT). Both are on **ProtectUK**, the police's counter-terrorism protective security website. Taken together, ACT Awareness and ACT Security cover the counter-terrorism content needed for SIA licence-linked training, including refresher training.

COURSE 1

ACT Awareness e-learning

The foundation course for everyone. It explains the terrorist threat, how to spot and report suspicious activity, and what to do if an attack happens.

COURSE 2

ACT Security e-learning

Written for people who work in security. It builds on ACT Awareness and focuses on the security operative's role in protecting people and places.

Open the ProtectUK e-learning catalogue
www.protectuk.police.uk/catalogue

Create your free ProtectUK account
www.protectuk.police.uk/user/register

How to complete the courses

1. **Register** for a free ProtectUK account. ProtectUK will email you a link to set your password; check your junk or spam folder if it does not arrive.
2. **Log in** at www.protectuk.police.uk/user/login and open the **e-learning catalogue**.
3. Subscribe to **ACT Awareness e-learning** and complete every module.
4. Subscribe to **ACT Security e-learning** and complete every module.
5. Download each certificate: open your **user profile**, select **Certificate received**, then **Download**, and save the PDF.
6. Email both certificates to info@rexeleducation.co.uk, or print them and bring them to your classroom session. Record the dates on the ACT page of your workbook.

IMPORTANT

- Your trainer must see **both certificates**. Each course must have been completed **within the last 12 months**.
- Use a computer or tablet if you can. You must be online, but you can pause and come back to a course later.
- Complete the courses yourself, under your own name.
- Study **Unit 1 LO3** in this guide (page 11) alongside the ACT courses: it covers threat levels, attack methods, suspicious items and Run, Hide, Tell.

UNIT 1

Principles of Working as a Door Supervisor in the Private Security Industry (Refresher)

Total guided self-study: 4 hours 45 minutes

Door supervisors play a key role in maintaining safety, security and good order in licensed and non-licensed premises. Their responsibilities include protecting customers and staff, enforcing venue rules, preventing crime and responding appropriately to incidents. This unit refreshes the essential knowledge you need to carry out the role lawfully, professionally and safely.

In this unit

LO1	Know how to conduct effective search procedures	30 minutes
LO2	Understand how to keep vulnerable people safe	1 hour 50 minutes
LO3	Understand terror threats and the role of the security operative in the event of a threat	1 hour 40 minutes
LO5	Know how to safeguard the public from incidents of spiking	45 minutes

Workbook: after each learning outcome, answer the matching questions in Unit 1 of your Self-Study Workbook. Unit 1 LO4 (practical searching) is delivered and assessed in the classroom.

LO1

Know how to conduct effective search procedures

Suggested study time: 30 minutes

Why searches are carried out

Searching is a core part of door supervision. It prevents prohibited or dangerous items from entering premises, deters criminal and anti-social behaviour, and reduces the risk of harm to customers, staff and the venue. Searches also help venues meet the conditions of their premises licence.

Types of search

Searches may be carried out in different ways, depending on venue policy, the risk assessment and operational needs.

- **General search:** everyone entering the premises is searched.
- **Random search:** people are selected using a neutral, pre-set method (for example, every fifth person).
- **Specific search:** a particular person is searched because of a specific concern or their behaviour.

When you can search

Searches are normally carried out **as a condition of entry** and must always be **based on consent**. Door supervisors do not have police powers and cannot force a search. If a person refuses to be searched, they should be refused entry.

Additional searching may be needed after an incident, when the threat level changes, when intelligence is received, or when the premises licence requires extra security measures.

Legal and professional considerations

You must act lawfully, professionally and without discrimination. Equality law applies at all times: never select people for search because of a protected characteristic. Ask for consent clearly and politely and explain the reason for the search. Searches carried out unlawfully can lead to criminal charges, civil claims, loss of your licence and damage to the venue's reputation.

Search procedure and good practice

- A search should normally be carried out by a door supervisor of the **same sex** as the person being searched.
- Protect the person's privacy and dignity. Use a designated area where possible, in view of **CCTV** or with a **witness**.
- Ask the person to empty their pockets and remove bulky outer garments such as coats.
- Use a systematic pat-down of outer clothing, including the waistband, pockets, sleeves and ankles.
- **Never reach blindly** into pockets or bags. Ask the person to show you the contents. This reduces the risk of needle-stick injuries and of allegations of improper conduct.

- Explain each step as you go, so the person is not startled.

Searching people with particular needs

Children and young people (under 18): take extra care. Never ask a young person to remove clothing other than a coat or outer jacket. Ideally, have a parent, guardian or another responsible adult present as a witness. Speak in an age-appropriate, reassuring way and make sure they understand why the search is taking place.

Disabled people: if a person has a disability or a medical device, such as an insulin pump, adapt the search to their needs and ask how they would prefer to be searched.

Transgender people: carry out the search respectfully and sensitively. Where appropriate, discreetly ask the person how they would like the search to be carried out. Professionalism, equality and dignity must be maintained at all times.

Search equipment

Depending on venue policy and the risk assessment, equipment may include hand-held metal detector wands, walk-through detectors, personal protective equipment such as gloves, torches, search trays, CCTV and search records.

Hazards and precautions

Searching can expose you to hazards, including:

- needles, blades and other sharp objects, which can cause injury or infection
- weapons such as knives
- unknown substances, such as powders or pills (never handle these with bare hands)
- bodily fluids and contamination
- aggressive or uncooperative behaviour, including attempts to hide or dispose of items
- false allegations.

Precautions include explaining the search clearly, wearing PPE, never reaching blindly into pockets or bags, communicating professionally, using witnesses or CCTV, keeping a safe distance and following venue policy. If the person becomes aggressive or withdraws consent part-way through, stop the search and call for support if needed.

If an incident or accident happens during a search

Stop the search immediately. Give first aid where needed and contact the emergency services if necessary. Report and record the incident accurately, in line with venue procedures.

Restricted and prohibited items

If you find a restricted or prohibited item, follow venue policy. This may include refusing entry, securing the item safely, using an amnesty box, contacting the police and completing the search record. Never ignore an item or dispose of it improperly.

- **Items against house rules but not illegal** (for example, a glass bottle or outside alcohol): the policy may be to hold the item and return it when the person leaves.

- **Illegal or dangerous items** (for example, drugs, a knife or another weapon): seize the item if safe to do so, refuse entry and inform the police in line with venue policy. In serious cases, such as an illegal knife or a significant quantity of drugs, the person may need to be detained, if safe and lawful, until the police arrive.
- **Amnesty boxes:** if your venue uses them, follow the venue's procedures exactly.

Always record the find in the search register or incident log: the time, what was found, the action taken and who was present.

If a person refuses to be searched

Where searching is a condition of entry, refuse entry politely and explain why, for example: *"I'm sorry, it's a condition of entry that everyone is searched, for everyone's safety."* Never use force to carry out a search. Record the refusal, especially if the person's behaviour was suspicious.

Why search records matter

Search records provide evidence that searches were carried out lawfully and fairly. They help to protect staff against false allegations, support police investigations and allow the venue to review and improve its procedures.

KEY POINTS: LO1

- Searches are by consent, as a condition of entry. No consent means no entry.
- Same-sex searcher, with a witness or CCTV, and dignity maintained throughout.
- Never reach blindly into pockets or bags.
- Follow venue policy for any item found, and always record it.

CASE STUDY **Case study: a general search**

A door supervisor is working at a nightclub where every customer is searched. A customer arrives wearing a bulky coat. The door supervisor explains, *"I need to carry out a quick search, for everyone's safety,"* and asks the customer to open their coat and empty their pockets. During the pat-down he feels an object in an inside pocket, and the customer produces a small folding knife.

Following venue policy, he calmly explains that the knife cannot be taken inside. He offers to hold it securely so that it can be collected on leaving, or the customer can choose to leave. The customer hands the knife over; it is tagged, stored and recorded in the search register, and the customer is reminded of the no-weapons policy.

Why it worked: the search was carried out with consent, the item was handled in line with policy and recorded, and a potential weapon was kept out of the venue. *Note: if the knife had been illegal to carry, the venue's policy would require the police to be informed.*

LO2

Understand how to keep vulnerable people safe

Suggested study time: 1 hour 50 minutes

Duty of care

Duty of care is the legal and moral responsibility to take reasonable steps to ensure the safety and wellbeing of others. Door supervisors owe a duty of care to everyone they deal with.

Duty of care applies to **everyone**, whether or not they appear vulnerable. In a busy venue people can become vulnerable for many reasons, and it is not always obvious. Approach everyone with a caring, safety-first attitude and, if in doubt, act.

Who may be vulnerable?

A vulnerable person is someone who may be unable to protect themselves from harm or exploitation, often because of their condition or situation at the time. Vulnerability can change during the night. Factors include:

- **Intoxication:** alcohol or drugs impair judgement and coordination.
- **Being alone or isolated:** separated from friends, lost, or receiving unwanted attention.
- **Being threatened or harassed:** for example, being followed or persistently approached by a stranger.
- **Being a victim of violence or abuse:** for example, unexplained injuries or a controlling companion.
- **Being under 18:** young people in an adult or drinking environment.
- **Health conditions and disabilities:** including mental ill-health, learning disabilities, physical disabilities and conditions that are not visible, such as autism or epilepsy.
- **Older age or sudden illness.**

How to support vulnerable people

- **Offer help and seek assistance.** Speak to the person and offer to contact a friend or relative, or arrange a licensed taxi. Know what local help is available, such as Street Pastors, welfare or safe-haven points, and first aid stations.
- **Keep them safe.** Never eject a vulnerable person onto the street alone. Take them to a quiet, safe area with a member of staff, and do not leave them until they are safe: recovered, with trusted friends or family, or in the care of professionals.
- **Use safeguarding initiatives.** Know whether your venue takes part in schemes such as **Ask for Angela**, where a person who feels unsafe can ask staff for "Angela" and be helped discreetly.
- **Call the emergency services when needed.** If the person needs medical help, call an ambulance. If you suspect a crime, involve the police.
- **Record and report.** Record any serious incident involving a vulnerable person in the incident log.

Sexual predators: warning signs

Predators may target vulnerable people. Be alert to anyone who:

- closely watches people who appear drunk or alone
- buys many drinks or gifts for someone who is already heavily intoxicated
- tries to isolate a drunk person, for example offering to "take them home" after just meeting them
- loiters near exits or around closing time, targeting vulnerable people
- will not leave someone alone, or tries to control or monitor them
- uses technology inappropriately, such as taking intimate images without consent.

If something feels wrong, step in and check. You can tactfully separate the pair by speaking to the vulnerable person, for example: *"Are you OK? Come over here where it's quieter and we'll get you some water."* Report suspected predatory behaviour to management and the police. If you suspect **child sexual exploitation**, contact the police straight away (or Crimestoppers, anonymously, where appropriate).

Indicators of abuse

Possible indicators include visible or unexplained injuries, fearful or anxious behaviour, reluctance to speak, a controlling companion, signs of distress and inconsistent explanations. If you suspect someone is a victim of abuse, follow your venue's safeguarding procedure, make sure they can leave safely and involve the police where appropriate.

Responding to a disclosure of sexual assault

1. **Take it seriously** and make sure the person is safe and separated from the alleged attacker.
2. **Move them to a safe, private area** and reassure them. Where possible, a staff member of the same sex should support them.
3. **Contact the police** (and an ambulance if needed) in line with your organisation's procedures.
4. **Do not investigate** or ask detailed questions. Leave that to the police.
5. **Preserve evidence:** discourage washing or changing clothes, and keep the area and any items secure.
6. **Record** what you were told and the actions you took, and **keep it confidential**.

Dealing with anti-social behaviour

Deal with anti-social behaviour calmly and professionally. Use your communication and conflict management skills first, give clear warnings and explain the consequences. Physical intervention should only ever be a last resort, and must be lawful and proportionate.

KEY POINTS: LO2

- Duty of care applies to everyone, not just those who look vulnerable.
- Never leave a vulnerable person alone or eject them onto the street.
- Know your venue's safeguarding schemes, such as Ask for Angela.
- Take every disclosure seriously: keep the person safe, call the police, preserve evidence, record it.

CASE STUDY

Case study 1: a possible predator

A door supervisor sees a young man, clearly very drunk, being guided out by an older stranger who says, *"It's fine, I'm a friend, I'm taking him home."* The young man looks uneasy. The door supervisor asks him, *"Are you OK, mate? Shall I call you a taxi or someone you know?"* He says he is not sure who the older man is.

The door supervisor takes him back inside to the first aid room, asks a colleague to stay with him, and arranges a licensed taxi. The older man leaves quickly. The incident is recorded and reported to management.

CASE STUDY

Case study 2: Ask for Angela

A woman quietly tells a bartender she would like to "speak to Angela". The bartender recognises the code and alerts security. A door supervisor speaks to her calmly, learns that the man she is with is making her feel unsafe, and takes her to a staff area. Colleagues discreetly ask the man to leave. The woman is escorted to a taxi and the incident is recorded.

LO3 Understand terror threats and the role of the security operative in the event of a threat

Suggested study time: 1 hour 40 minutes

Counter-terrorism awareness is an essential part of a door supervisor's role. You need to be able to spot possible threats, know what to do in an emergency and follow national guidance.

UK threat levels

The UK national threat level shows how likely a terrorist attack is. It is set by MI5 and has **five levels**:

LOW	An attack is highly unlikely
MODERATE	An attack is possible, but not likely
SUBSTANTIAL	An attack is likely
SEVERE	An attack is highly likely
CRITICAL	An attack is highly likely in the near future

Stay informed about the current level. When it changes, your venue may increase security measures and brief staff.

Common attack methods

- **Marauding terrorist attack (MTA):** a mobile attack using firearms, knives or other weapons.
- **Improvised explosive devices (IEDs):** person-borne, vehicle-borne, or left in a bag or package.
- **Vehicle as a weapon:** a vehicle driven into crowds.
- **Chemical, biological, radiological or nuclear (CBRN)** attacks, including the use of hazardous substances.
- **Other methods,** such as cyber attacks or an insider with access helping an attack.

Hostile reconnaissance and suspicious behaviour

Attacks are often planned in advance. Attackers may carry out **hostile reconnaissance**: watching a target, testing security and looking for weaknesses. Be alert to:

- unusual interest in security measures, such as photographing CCTV cameras, doors or staff positions, or asking detailed questions about security routines
- testing responses, for example trying fire exits or leaving a bag unattended to see how staff react
- loitering in unusual places, especially on more than one occasion, or tampering with equipment
- avoiding security staff, or appearing nervous when approached
- clothing that is unsuitable for the weather, unusually bulky bags, or refusing bag checks
- the same person or vehicle being seen repeatedly in the area.

How to respond: do not ignore it. Engage the person with friendly customer service (for example, *"Good evening, can I help you with anything?"*). This alone can deter someone, because they know they have been noticed. Note a description and report it to your manager or control room. For anything urgent or happening now, call **999**. For non-urgent concerns, use the **Anti-Terrorist Hotline on 0800 789 321** or report online at gov.uk/ACT. On the rail network, text the British Transport Police on **61016**.

Suspicious items: HOT and the four Cs

Use the **HOT** principle to decide whether an unattended item is suspicious:

- **Hidden:** has it been deliberately hidden?
- **Obviously suspicious:** does it have wires, tape, unusual smells or sounds?
- **Typical:** is it typical for the area? For example, a bag left in a staff-only area is not typical.

If the item is suspicious, follow the **four Cs**:

1. **Confirm** that it is suspicious. Do not touch it; observe from a safe distance.
2. **Clear** the area, moving people away calmly and quickly.
3. **Communicate:** call 999 and inform your manager or control room.
4. **Control** the area: stop anyone approaching until the police arrive.

As a guide, move people at least **100 metres** from a small item such as a bag, **200 metres** from a large item or small vehicle, and **400 metres** from a large vehicle, or as far as reasonably possible. Do not use radios or mobile phones within **15 metres** of a suspected device. Your venue may use a coded announcement to start an evacuation without causing panic.

If an attack happens: Run, Hide, Tell

- **Run:** if there is a safe route, leave and help others to leave. As a visible member of staff, give clear, loud instructions and point the way.
- **Hide:** if you cannot run, hide. Lock or barricade doors, turn off lights, stay quiet and silence phones. **Invacuation** (moving people into a secure area inside) may be safer than evacuating into danger.
- **Tell:** call 999 when it is safe. Give the location, what you saw or heard, the number and description of attackers, any weapons and any casualties.

Follow your venue's emergency plan and your training. When armed police arrive, follow their instructions exactly. They may not know who is a threat.

Your role during and after an incident

Your role is to observe and report, guide people to safety, control access and keep people calm. You are not expected to tackle attackers. After the immediate danger, you may help with first aid (if trained), direct the emergency services and point out witnesses and CCTV to the police.

Training and guidance

- **ACT (Action Counters Terrorism) e-learning:** ACT Awareness and ACT Security are free courses on ProtectUK and are a required part of your self-study. See page 3 for links and

instructions.

- **SCaN (See, Check and Notify):** training on spotting and responding to suspicious behaviour.
- **NaCTSO and the National Protective Security Authority (NPSA,** formerly CPNI**):** national guidance on protective security, including lockdown procedures and hostile reconnaissance. ProtectUK provides further advice.
- **Martyn's Law:** the Terrorism (Protection of Premises) Act 2025 received Royal Assent in April 2025. It will require many venues and events to have public protection procedures, and the SIA will be the regulator. Your venue will brief you on any changes to its procedures.

KEY POINTS: LO3

- Five threat levels: low, moderate, substantial, severe, critical.
- Suspicious item? HOT to assess, then Confirm, Clear, Communicate, Control.
- Attack? Run, Hide, Tell. Your role is to guide, protect and report, not to tackle attackers.
- Report suspicious behaviour: 999 if urgent, 0800 789 321 if not.

CASE STUDY **Case study 1: a suspicious item**

After closing, a door supervisor finds a heavy backpack tucked behind a plant in the foyer. No one claims it. Using HOT, he notes it is **hidden** and **not typical** for that place. Without touching it, he moves people away and informs his manager, and they agree to treat it as suspicious. He clears the area, moving staff to the far side of the car park, uses his radio only once he is at a safe distance, and calls 999 with the location and a description. He cordons off the foyer until the police arrive. The bag turns out to contain forgotten camera equipment, but following the four Cs kept everyone safe until that was confirmed.

CASE STUDY **Case study 2: possible hostile reconnaissance**

A door supervisor notices the same man near the entrance on several nights, never coming in, sometimes standing near a staff gate and apparently noting the positions of CCTV cameras. She greets him in a friendly way, *"Good evening, can I help you with anything?"*, and he quickly leaves. She records his description and what she saw, informs management and reports it to the police. The police later tell the venue that the information helped an ongoing investigation. Being noticed was enough to disrupt his activity.

LO5

Know how to safeguard the public from incidents of spiking

Suggested study time: 45 minutes

Spiking is giving someone alcohol or drugs without their knowledge or consent, for example by adding them to a drink or by injection. It may be done to commit another crime, such as theft or sexual assault, or as a so-called "prank". Whatever the intent, it is dangerous and illegal.

Methods of spiking

- Adding drugs, such as sedatives, to a drink (the most common method).
- Adding extra alcohol to a drink, such as extra shots, without the person knowing.
- **Needle spiking:** injecting a substance into a person (rarer).

Many substances used are colourless, odourless and tasteless, so victims often cannot detect them.

The law

Spiking is a serious criminal offence. Depending on the circumstances, it can be prosecuted under the **Offences Against the Person Act 1861** (administering a poison or noxious substance) or the **Sexual Offences Act 2003** (administering a substance with intent to stupefy or overpower in order to engage in sexual activity). Offenders can be sent to prison. Treat every suspected spiking as a crime and involve the police.

Signs that a drink may have been spiked

It is often impossible to tell by looking. Possible signs include:

- a drink that has changed colour, gone cloudy or become unexpectedly fizzy
- layers or separation in the liquid
- an unusual smell or taste reported by the person.

These signs are often absent, and some have innocent causes, so always consider the wider situation.

Behaviour that may indicate a spiking attempt

- Hovering a hand over someone else's drink, or pulling it away quickly when approached.
- Buying a drink for someone and insisting on carrying or handing it over, then distracting them.
- Swapping drinks, or offering a taste of their own drink.
- Looking around before secretly adding something to a drink.
- Being seen dropping something, such as a pill or powder, into a drink.

If you see this, act straight away: remove the drink, deal with the person if it is safe to do so, and get support from colleagues or the police.

Who is at higher risk?

Anyone can be spiked, but risk is higher for people who are:

- already intoxicated, so further effects may be blamed on alcohol
- alone or separated from friends, or receiving unwanted attention
- being followed or threatened
- affected by mental ill-health or learning difficulties that may make them less aware of danger.

Preventing spiking: what venues and door supervisors can do

- **Have a clear spiking policy** and follow it, including searching for items such as syringes and knowing what to do when spiking is reported.
- **Train all staff,** including bar staff, to recognise the warning signs.
- **Reduce opportunities:** offer drink covers or bottle stoppers, provide supervised areas to leave drinks, collect unattended drinks promptly, and do not add alcohol to a drink at someone else's request.
- **Be visible:** regular patrols and CCTV covering bars and seating areas deter offenders.
- **Raise awareness** with posters and advice to customers: keep your drink with you, do not accept drinks from strangers and look after your friends.

Signs that a person may have been spiked

Symptoms often come on suddenly and do not match how much the person has drunk. They may include:

- confusion, disorientation, slurred speech or loss of coordination
- extreme drowsiness or loss of consciousness
- nausea or vomiting, or loss of bladder or bowel control
- blurred vision, hallucinations or paranoia
- seizures in severe cases
- a pinprick mark, or reported sudden sharp pain, if injected.

If a person who has had little to drink suddenly appears extremely intoxicated, treat it as possible spiking.

Managing a suspected spiking incident

1. **Treat it as a medical emergency.** Get first aid help and call an ambulance if the person is drowsy, unconscious, struggling to breathe or seriously unwell.
2. **Keep them safe.** Move them to a quiet, safe area. Never leave them alone. Keep trusted friends with them (unless you suspect a friend is involved).
3. **Find out what happened,** gently and without distressing them: what they drank, who they were with and whether their drink was left unattended.
4. **Identify any suspect** and inform colleagues and the police. If it is safe and lawful, keep the suspect in view until the police arrive; otherwise note their description and direction of travel.
5. **Preserve evidence:** keep the glass or bottle, secure CCTV or body-worn camera footage, and note witness details.
6. **Inform the police** and follow your venue's spiking procedure, including any testing kits provided.
7. **Record the incident in full**: who, what, when, symptoms and the action taken.

KEY POINTS: LO5

- Spiking is a crime. Always involve the police.
- Watch behaviour around drinks, not just the drinks themselves.
- Treat a suspected victim as a medical emergency and never leave them alone.
- Preserve evidence: the drink, CCTV and witness details.

CASE STUDY **Case study: a suspected spiking**

Friends tell a door supervisor that their friend has become very unwell after one cocktail. She is slumped in a booth, semi-conscious and sweating. The door supervisor radios for the first aider and a colleague calls 999. She is placed in the recovery position and her breathing is monitored.

Her friends point out a man who had been talking to her at the bar. A colleague keeps him in view while the door supervisor secures her half-finished drink, which looks cloudy. The police arrive and speak to the man, and the drink and CCTV footage are handed over. The incident is recorded in full. The venue later introduces free drink covers and refreshes its spiking training for all staff.

UNIT 2

Application of Physical Intervention Skills in the Private Security Industry (Refresher)

Guided self-study: up to 5 hours

This unit includes practical skills training that is delivered in the classroom. This guide covers the **knowledge** learning outcomes: the implications of physical intervention, the risks involved and how to reduce them.

Physical intervention is the use of direct or indirect force, through bodily, physical or mechanical means, to limit another person's movement. It includes guiding, escorting and restraint techniques taught on approved training. It does not include verbal instructions, observation or deterrence, which are non-physical methods.

Because physical intervention has serious legal, professional and safety implications, it must only ever be used as a **last resort**, when communication and de-escalation have failed or are not appropriate.

In this unit

LO1	Know the implications of physical intervention and its use
LO2	Know the risks associated with using physical intervention
LO3	Know how to reduce the risks associated with physical intervention

Workbook: answer the questions in Unit 2 of your Self-Study Workbook. The practical physical intervention skills are taught and assessed in the classroom with your trainer.

LO1 Know the implications of physical intervention and its use

Legal implications

Door supervisors have **no special legal powers** beyond those of any other citizen. Any use of force must be:

- **necessary:** there was no reasonable alternative
- **reasonable and proportionate:** no more than needed for the threat faced
- **lawful:** justified, for example in self-defence, defence of others or prevention of crime.

Common law allows anyone to use reasonable force in self-defence or the defence of another person. **Section 3 of the Criminal Law Act 1967** allows reasonable force in the prevention of crime or in making or assisting a lawful arrest. Force that is unnecessary or excessive is assault, and you could face prosecution and a civil claim.

Professional implications

Using physical intervention can have serious professional consequences, including:

- disciplinary action or dismissal
- investigation by the SIA, suspension or revocation of your licence
- civil claims against you and your employer, and effects on the company's insurance
- damage to your own reputation and that of your employer and venue.

You must always be able to justify your actions and show that physical intervention was unavoidable and proportionate.

Standards, ethics and duty of care

The SIA expects licence holders to act with integrity and never abuse their authority. Ethically, ask yourself: *could this have been handled without force? Did I treat the person with dignity?* Door supervisors are expected to be professionals, not to punish or fight.

As soon as you make physical contact, you have a **duty of care** for that person's safety and wellbeing, during and after the intervention. Monitor their condition, reduce force as soon as they comply, and get first aid or medical help if they are injured or unwell, even if they were the aggressor.

Non-pain compliance

Current door supervisor training uses **non-pain compliance** techniques: holds and escorts that control movement without deliberately causing pain. Pain-compliance techniques carry a higher risk of injury and are not appropriate. Techniques such as chokeholds or strikes to the neck would be very likely to be seen as excessive and unlawful. Only use the techniques you have been trained to use.

Defensive physical skills and physical intervention

Defensive physical skills protect you or others from assault, for example blocking, moving away or disengaging from a grab to create space. **Physical intervention** involves actively controlling or restraining another person. Defensive skills aim to escape danger; physical intervention aims to manage or remove a threat.

Positive alternatives to physical intervention

Physical intervention should only be used when other methods have failed or are not appropriate. Alternatives include:

- verbal communication, conflict management and de-escalation
- non-aggressive body language and offering choices (for example, *"Let's step outside and talk"*)
- keeping a safe distance
- calling colleagues for support
- delaying action until there is enough support
- withdrawing or containing the situation, and calling the police.

Recording and accountability

After any use of force, write a full incident report as soon as practicable: what led to the intervention, the techniques used, how long it lasted, any injuries, the aftercare given and witness details. Reports protect you legally, help the venue learn and may be used as evidence in court.

KEY POINTS: LO1

- You have the same legal powers as any citizen. Force must be necessary, reasonable and proportionate.
- Excessive force can lead to prosecution, civil claims and loss of your licence.
- Physical intervention is always a last resort. Use trained, non-pain compliance techniques only.
- Once you are hands-on, you are responsible for that person's safety.

CASE STUDY **Case study: justified and proportionate force**

A customer who has been asked to leave suddenly pushes a door supervisor and swings a punch. The door supervisor uses a trained hold and, with a colleague, escorts the customer outside using an approved escort technique, releasing him at the door. The customer stumbles and falls; the staff help him up, notice he is breathing heavily, sit him down and monitor him. The police are called because a member of staff was assaulted. The door supervisor writes a full report explaining that force was used only after the customer tried to hit him, and stopped as soon as the threat had passed.

LO2 Know the risks associated with using physical intervention

Physical intervention always carries risk to the person being held, to staff and to bystanders. Improper or prolonged restraint can cause serious injury or death. Understanding the risks helps you to reduce them.

Factors that increase risk

The nature of the restraint

- **Method:** taking a person to the ground greatly increases risk compared with standing holds. Any hold that puts pressure on the neck or torso, or restricts breathing, is high risk.
- **Position and duration:** holding someone face down (prone) or face up (supine) on the ground is especially dangerous. The longer a restraint lasts, the greater the risk of exhaustion, breathing problems and collapse.

The situation

- **Environment:** confined spaces, glass, stairs, traffic and hard floors increase the risk of falls and injury.
- **Staff numbers:** too few staff may lead to more force being used; too many, uncoordinated, can crush or smother a person.

The individual

- **Age, size and build:** small or frail people are more easily injured; very large people may need more staff, which increases the risk of piling on.
- **Alcohol and drugs:** these may reduce pain response, put strain on the heart and increase the risk of vomiting and choking.
- **Mental health:** a person in psychosis or extreme agitation may be unpredictable and at risk of sudden collapse.
- **Medical conditions:** such as asthma, heart conditions or epilepsy, which you may not know about.
- **Vulnerability:** young people and disabled people may be at greater risk of harm.

Risks of prolonged physical intervention

The longer an intervention continues, the greater the risk of exhaustion, breathing difficulties, cardiac events and serious injury. Prolonged restraint increases the likelihood of positional asphyxia, particularly when a person is face down or pressure is applied to the back or chest.

Risks of ground-based physical interventions

Ground restraints carry significant risks, including head injury, restricted breathing, positional asphyxia and difficulty monitoring the person's condition. Face-down restraint and pressure on the torso or neck are particularly dangerous and must be avoided wherever possible.

Positional asphyxia

Positional (restraint) asphyxia happens when a person cannot breathe properly because of the position they are held in. It most often occurs in face-down restraint, especially with weight on the back or chest, which stops the diaphragm and chest from moving. People have died in restraint when warnings were ignored.

High-risk positions include:

- face down on the ground with weight on the back (even one person's weight can compress the lungs)
- face up with pressure on the neck, or the head pushed forward
- any hold that compresses the neck or throat
- being bent forward, for example seated and bent over with the arms held behind.

Warning signs include the person saying they cannot breathe, gasping, panic, changes in skin colour and suddenly going limp or quiet. A person who can say *"I can't breathe"* may still not be getting enough air. **Never ignore it.**

Acute behavioural disturbance (ABD) and psychosis

Acute behavioural disturbance is a medical emergency. Signs include extreme agitation, unusual strength and endurance, very high body temperature and heavy sweating, confusion and not responding to pain. It is often linked to drug use or mental illness, and can lead to sudden cardiac arrest, especially during a struggle.

Psychosis may involve hallucinations (seeing or hearing things that are not there), paranoia and confused thinking. The person may believe they are fighting for their life.

If you suspect ABD or psychosis, call 999 and treat it as a medical emergency. Where it is safe, avoid restraint, contain the situation at a distance and wait for medical help and the police.

Other risks

- **Head injuries** from falls onto floors or furniture.
- **Fractures and sprains** from takedowns or holds applied incorrectly.
- **Strikes, bites and spitting,** including the risk of blood-borne infections.
- **Hidden weapons:** if you suspect a weapon, consider withdrawing and calling the police.
- **Bystanders** being knocked over or injured.
- **Complaints, claims and reputational damage,** including from mobile phone footage.
- **Effects on staff wellbeing:** being involved in a violent incident can be traumatic.

KEY POINTS: LO2

- No physical intervention is risk-free. Ground and face-down restraint carry the highest risk.
- "I can't breathe" must always be acted on immediately.
- ABD is a medical emergency: call 999 and avoid restraint where possible.
- The longer the restraint, the greater the risk.

CASE STUDY **Case study: recognising positional asphyxia**

Two door supervisors take a large, aggressive man to the floor during a fight, and he ends up face down with one supervisor's weight on his back. He shouts, *"I can't breathe!"* Recognising the risk, they immediately remove the weight, roll him onto his side and move him to a seated position against a wall, where they hold him until the police arrive, checking his breathing and responsiveness throughout. He has a minor cut from the fall but recovers. The staff record the incident and the care they gave. Their quick reaction may have saved his life.

LO3 Know how to reduce the risks associated with physical intervention

Reducing risk starts before an incident, by avoiding force where possible, continues during the intervention and carries on afterwards, through aftercare and learning from what happened.

Before: avoid the need for force

- **Conflict management first.** Early, calm intervention, good customer service and non-aggressive body language often resolve situations without force. Every intervention you avoid is a risk removed.
- **Dynamic risk assessment.** Keep assessing: how dangerous is the situation, what might the person do, is support available, and what hazards are in the environment? Decide whether to act, wait for support, or withdraw.

During: control the risk

- **Use the minimum force necessary,** for the shortest time. Reduce or stop force as soon as the person complies.
- **Use only approved techniques** from your training. Do not improvise.
- **Work as a team.** One person should lead: giving clear instructions, communicating with the person, and usually positioning near their head to monitor them.
- **Avoid high-risk positions.** Resolve situations standing where possible. If a person goes to the ground, get them up or onto their side as soon as it is safe. Never kneel or sit on a person's back, chest or neck.
- **Monitor the person continuously:** airway, breathing, responsiveness and skin colour. If they show any sign of distress, release or adjust the hold immediately. If they vomit, turn them onto their side.
- **Keep talking to them** to reassure them, explain what is happening and check how they are.
- **Keep it short.** End the intervention as soon as it is safe, for example once the person is outside, or hand over to the police when they arrive.
- **Speak up.** If a colleague is using unsafe force, such as pressure on the neck, tell them immediately. This can save a life.

Responsibilities of everyone involved

Everyone involved shares the responsibility to:

- protect life and safety
- use only proportionate force
- communicate clearly
- monitor the person's wellbeing
- adjust or stop the intervention when appropriate.

After: care, report and review

- **Check everyone for injuries:** the person, staff and bystanders. Give first aid and call for medical help where needed.
- **Never leave a vulnerable or unwell person unattended,** and never leave someone who is unconscious or semi-conscious outside.
- **Tell the emergency services** what restraint was used, for how long, in what position and any difficulties.
- **Write a full report** as soon as possible: the reasons for the intervention, the techniques used, its duration, the person's condition and the aftercare given.
- **Debrief** as a team: what went well and what could be improved. Access support if you need it.

Equipment

Door supervisors do not normally carry restraint equipment such as handcuffs. Only use equipment if you have been specifically trained and authorised by your employer, and always follow that training.

Working with the police

When the police arrive, follow their instructions and hand over control as soon as they ask. Continuing a restraint when the police can take over only prolongs the risk.

Keeping your knowledge and skills up to date

Physical intervention skills fade if they are not practised, and the law and good practice change over time. Refresher training keeps your practice lawful, safe and professional. Failing to keep up to date increases the risk of harm, legal action and professional misconduct.

KEY POINTS: LO3

- Avoid force where you can; use the minimum, for the shortest time, when you must.
- One person leads, everyone monitors, and anyone can call out unsafe practice.
- Stay upright where possible and never put weight on the back, chest or neck.
- Aftercare, reporting and debriefing are part of every intervention.

CASE STUDY

Case study: putting it all together

A customer is smashing glasses and will not respond to verbal requests. Two door supervisors approach, and the team leader directs: *"I'll take the left, you take the right."* They use a standing, non-pain compliance escort rather than taking him to the floor. A third colleague opens the doors in advance to clear the route. The team leader keeps talking to him: *"Relax, we're walking you out. Take a breath."* Outside, the man calms down but is breathing heavily, so the team releases him and lets him sit on a bench while they stay nearby and monitor him. Once he says he is fine, he leaves.

The team check each other for injuries, write a full report noting that minimum force was used and released as soon as he complied, and agree in their debrief to call for a third colleague sooner next time.

Before your classroom session

- Complete every question in your **Self-Study Workbook** in your own words.
- Complete **ACT Awareness** and **ACT Security** on ProtectUK, and email or bring both certificates.
- Sign the learner declaration in your workbook.
- Bring your completed workbook, your **photo ID** and comfortable clothing suitable for practical training.
- Bring your current first aid certificate, if your trainer has asked you to.

If you have any questions about your course, contact Rexel Education on **020 3916 6087** or **info@rexeleducation.co.uk**.

This guide supports, but does not replace, the classroom training and the official qualification specification. Laws and guidance are correct to the best of our knowledge at the date of publication. Always follow your training, your employer's policies and current law.