

Practice Direction - Security Providers - Asphyxia

Objective

The objective or purpose of this Practice Direction is to;

- Ensure every crowd controller, security officer and security firm licensed under the *Private Security Act* (Security Provider) is aware of the **serious risk of death by asphyxia** (Asphyxia) where persons are subjected to the application of force in certain circumstances.
- Ensure every Security Provider understands the mechanisms and factors which contribute to and cause Asphyxia.
- Ensure every Security Provider understands the measures necessary to avoid Asphyxia.
- Give notice of additional requirements to be incorporated into the Code of Practice and competency and training for Security Providers, in the areas of effective communication and defensive tactics, focusing on de-escalation and the safe application of force.

Background

A small but significant number of the public die each year across Australia from Asphyxia through interactions with persons authorised to apply force to protect the wider public, themselves, or the subject of that force. Various forms of Asphyxia, including positional, restraint, traumatic, crush, compressive, constrictive etc., are described. However, the condition is essentially blood oxygen levels dropping too low, causing organ failure (of the heart and/or lungs). The risk of death is present with every described form, and some common causes and mechanisms apply to all forms. Most importantly, recognised risk factors and appropriate preventative action are also generally common to all forms of Asphyxia.

Security Providers must be specifically aware of the risk of death by Asphyxia, and conduct their duties in a way which avoids this outcome. Effective communication is particularly important, as is the application of force only as a last resort.

For Security Providers, unsafe or inappropriate application of force can result in criminal charges, conviction with fine or imprisonment, cancellation of licence, Coronial Inquests, civil legal proceedings and liability to damages.

Risk Factors

Persons Subjected to Force

Some persons are always or temporarily at greater risk of death by Asphyxia, although it is actually the application of force which causes Asphyxia. One or more of the following temporary or permanent factors increase the risk of Asphyxia through application of force, some of which are not apparent on observation;

- Excess weight (especially of waist or torso);
- Intoxication with alcohol and/or illicit drugs or volatile substances;
- Psychosis, mental illness or disturbance (bizarre, delusional or disorientated behaviour);

- Cardiac Conditions (including high cholesterol or blocked arteries etc.);
- Respiratory Conditions (including asthma, lung disease etc.);
- Other pre-existing physical conditions (diabetes, epilepsy, infections or injury etc.);
- Extreme agitation or violent behaviour; or
- Indigenous heritage (many Aboriginal Territorians suffer chronic health conditions).

The Application of Force

Regardless of the physiological risk factors above, **anyone** can die from Asphyxia. It is the mechanism of force and restraint applied to a person which causes death by Asphyxia. Essentially, the position of a person's body, either alone or in combination with factors like direct force or weight of another person, can interfere with breathing, which can quickly result in Asphyxia. For example, when forced into a prone position, a person's stomach fat can compress their diaphragm and lungs, to effectively prevent respiration.

The following mechanisms or methods of application of force can cause Asphyxia, so must be avoided by all Security Providers;

- Stabilisation or restraint of a person in a prone position (i.e. face/stomach down) except as an emergency measure for a period of seconds;
- Use of Security Provider bodyweight or knees to maintain a person in a prone position;
- Restraint of a person by severe containment within a confined space;
- Application of force to the neck/throat region (including carotid arteries or windpipe);
- Measures which aggravate the effect of a prone position (e.g. forcing arms or legs onto the body); and
- Use of several Security Providers to restrain a person on the ground.

On any occasion a person subject to restraint is in the prone position (facedown) the Security Provider(s) is to ensure the person is relieved from that position (to be either on their back or sitting or, ideally standing) as an absolute priority.

Symptoms and Signs of Asphyxia

The first step in prevention is to recognise the risks. This may not eliminate the need to physically restrain some people during violent and dangerous situations, however recognising the signs of danger and taking appropriate preventative action may help to reduce serious injuries including fatalities. Security Providers should pay close attention to the following indicators:

- A person telling you he/she cannot breathe;
- Gurgling/gasping sounds indicating blockage of the airway;
- Lips, hands, face discoloured due to lack of oxygen;
- Increasing panic, prolonged resistance;
- Sudden tranquillity – an aggressive, violent and abusive person suddenly becoming quiet, tranquil and not moving.

Although persons exhibiting unusually aggressive or irrational behaviour are at greater risk and that the signs listed above do become apparent shortly prior to death, Security Providers should understand that everyone is susceptible to asphyxia and should not be led to believe that they need to be careful in respect of only a sector of clients. In addition, Security Providers must not use dangerous restraint techniques until one of the signs of asphyxia appear. A significant proportion of clientele (indigenous Territorians) suffer chronic and serious health conditions which are not apparent on observation, and symptoms identified above may not be evident until the end of the apprehension, often when it is too late.

How can a Security Provider identify when it may occur

The key to safety and prevention is awareness of the risk. Recognising specific risk factors may assist Security Providers adopt the safest appropriate approach when they attempt to resolve conflict situations.

- **Stage 1 – Development of an incident** – the individual exhibits irrational, violent, aggressive behaviour and/or paranoia. The person may be unusually physically active and aroused. The behaviour causes concern and comes to the attention of a Security Provider.
- **Stage 2 – Intervention** – Attempts at calm rational intervention fail and the decision is made to physically restrain the individual. A struggle ensues in which the person seems to have unusual energy requiring several people to restrain them and place them in a prone position. One or more Security Providers are tempted to sit or lean on the subject to maintain control. The subject may perceive this as hostile and fight even harder in an attempt to get relief. The person may also be fighting harder because they cannot breathe and what is perceived to be increasing violence may in fact be increasing desperation to stay alive.
- **Stage 3 – Exhaustion** – The continuing panic and desperation to breathe may cause Security Providers to see the person as a continued threat and apply even more force to restrain them. While struggling with security staff the person expends large amounts of energy trying to breathe. The individual becomes exhausted with low blood oxygen and when they are finally unable to struggle any more, it may be too late.

Preventative Measures

Measures which Security Providers should take to avoid Asphyxia are;

- Be well aware of the Risk Factors above and identify persons at risk;
- Use and apply communication techniques to de-escalate situations, with use of force always being a last resort;
- Call NT Police where situations apparently warrant attendance;
- Avoid restraining any person in a prone position except where absolutely necessary and, where essential, for only a matter of seconds;
- Do not sit or lean on the abdomen EVER;
- Restraint of a person in the sitting or standing position is safest;
- Any application of force to the neck region should be avoided, and only be in accordance with defensive tactics trained; i.e. the 'harness hold' only;

- Constantly monitor the person – continuously monitor a restrained person and, where possible, utilise a person not involved in the restraint to monitor the restrained person’s condition; and
- Seek medical attention – immediate medical attention should be obtained where there is any concern over the health of a person who has been actively restrained.

Other Matters

The Director-General of Licensing has powers and functions in relation to Security Providers under the *Licensing (Director-General) Act 2014* and the *Private Security Act*. This includes in relation to the Code of Practice, competency standards and training applicable to Security Providers. Improvements to the Code of Practice, competency and training are currently underway, and will incorporate or accommodate the objectives and measures advised by this Practice Direction, including by refresher. Improvements will be included in the areas of effective communication and defensive tactics, focusing on de-escalation and the safe application of force.

Director-General of Licensing
26 February 2016

Declaration

Declaration			
I declare that I have read and understood the above Practice Direction and understand it contains essential knowledge and understanding required by me as a Security Provider.			
Declared at (Place)		On (Date)	
Signature of person making declaration		Date	
Full name			
Security Provider Number			
Signature witness*		Date	
Full name of witness *			
*This Declaration may be made before any person who has attained the age of (18) eighteen years.			