

**The Use of Spit & Bite Guards by
the
Police Service of Northern Ireland
Equality Impact Assessment 2021**



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Background

What is a Spit and Bite Guard?

A Spit and Bite Guard is a breathable, mesh material garment that covers the face and head. This prevents the wearer from being able to assault officers, staff and members of the public by means of spitting, thereby reducing the potential of communicable/contagious diseases.

A Spit and Bite Guard will not prevent biting - but could lessen the degree of injury and contamination.

Spit and Bite Guards are not Personal Protective Equipment; they are items of work equipment.

When can a Spit and Bite Guard be applied?

It can only be applied to a person who:

- Is spitting, has spat, is preparing to spit or is threatening to spit.
- Is biting, has bitten, is preparing to bite or is threatening to bite.

Previous instances of the above will not provide justification for its use in isolation, but combined with the above may provide justification.

Special consideration should be given to the heightened vulnerabilities of children (a child is classified as under 18 years of age). Article 3 of the United Nations Convention on the Rights of the Child (UNCRC) requires the best interests of children to be a primary consideration in all actions concerning children.

Where officers or staff are already aware that a member of the public is vulnerable by way of age (under 18), mental health or other debilitating condition which the use of a Spit and Bite Guard could exacerbate, the use of a Spit and Bite Guard should be carefully considered.

The application of the Spit and Bite Guard on a subject is a use of force and must be recorded as such. Its use is carefully assessed using the National Decision Model (NDM) and service policy. Medical or mental health will not be an automatic barrier to use, but careful consideration is/will be given to vulnerabilities such as mental health factors. All available information and a clear rationale must be in place to ensure that it is proportionate, lawful, accountable and necessary in the circumstances.

On the dates below, to protect police officers and staff from the threat of airborne viruses or saliva transfer infections by spitting and biting, the Police Service of Northern Ireland introduced Spit and Bite Guards to the following officers and staff to counter assaults by spitting and biting as a temporary measure for the duration of the Coronavirus pandemic:

- Custody Staff (16 March 2020)
- Covid-19 response crews (31 March 2020)
- Officers deployed in cell vans (31 March 2020)
- Armed Response Unit (22 April 2020)

On 25 January 2021, the Chief Constable extended the provision of Spit and Bite Guards to all frontline officers as a temporary measure for the duration of the Coronavirus pandemic.

Prior to taking the decision to issue Spit and Bite Guards to an additional 4000 frontline officers, the Chief Constable examined the evidence presented to him in monthly reviews of the provision of Spit and Bite Guards. This evidence shows that reported spitting and/or biting incidents against police were significantly higher in 2020 than in previous years and there is a trend of these incidents increasing over recent years.

The overwhelming number of spitting and/or biting incidents in 2020 were against Local Policing Team officers or Neighbourhood Police Team officers (more than 89%) who were not previously equipped with Spit and Bite Guards. These frontline officers are dealing with a wide range of incidents as first responders on a daily basis.

Figures show that 52 of 58 police services in the UK and the British Isles use Spit & Bite Guards. There are 6 law enforcement agencies who do not use Spit and Bite Guards. These include the National Crime Agency [NCA], Royal Military Police [RMP], and Civil Nuclear Constabulary [CNC]. The use of Spit and Bite Guards in the rest of the UK has extended over recent years from a largely custody-based environment to routine operational carriage by police officers in frontline policing roles. Through its co-operation nationally with National Police Chiefs Council (NPCC) and specifically the Self-Defence, Arrest and Restraint Group (SDAR), PSNI has identified that, nationally, incidents of spitting and biting have been on the increase over the last number of years.

Introduction

The enhanced roll out of Spit and Bite Guards has the potential to affect a larger number of people within the community, including vulnerable people. In 2020, PSNI used this tactic 84 times whilst making 18,280 total arrests (0.46%).

PSNI has a statutory obligation to ensure the establishment of safe systems of work to protect officers, staff and others who may be affected by its undertaking. There is a legislative requirement on PSNI as an employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of its employees (Health & Safety at Work Order (NI) 1978). The availability of Spit & Bite Guards supports this legal obligation.

PSNI's Occupational Health and Welfare Department carried out a study of the general impact of spitting and biting on staff. The study showed that an estimated one in five officers are adversely impacted by spitting and biting incidents, citing long-term psychological impacts from being spat at or bitten.

Those engaged in spitting/biting tend to come from the younger male population. An initial assessment of spitting and biting incidents from PSNI data and benchmarking with other UK police forces suggests that this is the case nationally. At EQIA Stage 3, the potential adverse impact of the use of Spit and Bite Guards on young males is explored in more detail. The steps PSNI has taken to address this impact are also detailed. Section 75 screening documents are also referenced and included at Appendix E.

In discharging its Section 75 responsibilities, PSNI must assess how the impact of deploying Spit and Bite Guards as a tactical option can or might be reduced against any of the protected Section 75 groups. This assessment includes how an alternative policy might lessen any impact and serve to promote equality of opportunity and good relations. The Section 75 Groups are:

1. Religious Belief
2. Racial / Ethnic Group
3. Political Opinion
4. Age
5. Gender
6. Marital Status
7. Sexual Orientation
8. Disability
9. Dependents

Since the temporary introduction of Spit and Bite Guards, PSNI has completed 3 Section 75 documents, reflective of changes to policy or any decision regarding the issue of the equipment to officers and staff. These documents are discussed in more detail at EQIA Stage 3 and can be found at Appendix E.

Following initial engagement with external partners, the Chief Constable directed that a full Equality Impact Assessment [EQIA] be carried out in respect of the use of Spit and Bite Guards.

There are seven stages to the Equality Impact Assessment [EQIA]:

Stage 1 – Defining the Aims of the Policy

Stage 2 – Consideration of Available Data and Research

Stage 3 – Assessment of Impacts

Stage 4 – Consideration of measures which might mitigate any adverse impact and alternative policies which might better achieve the promotion of equality of opportunity

Stage 5 – Consultation

Stage 6 – Decision by Public Authority and Publication of Report on results of Equality Impact Assessment.

Stage 7 – Monitoring for adverse impact in the future and publication of the results of such monitoring

This EQIA process began on Monday 16th November 2020 and it is anticipated that the results of the assessment will be published in June 2021. This document relates to Stage 5 of the EQIA process.

EQIA Stage 1

Defining the Aims of the Policy

Spit and Bite Guards are a tactical option to protect police, police staff and members of the public from offenders who spit or bite. The application of a Spit & Bite Guard aims to reduce the risk of contamination or injury to police officers, staff and members of the public.

The following officers and staff are authorised on a temporary basis for the duration of the coronavirus pandemic to carry Spit and Bite Guards upon completion of mandatory online training:

- COVID 19 Response Crews
- Custody Staff
- Officers deployed in cell vans
- Armed Response Unit (ARU)
- Local Policing Teams (LPT)
- Neighbourhood Policing Teams (NPT)
- Tactical Support Group (TSG)
- Roads Policing Unit (RPU)
- District Support/Crime Teams
- HMSU (Headquarters Mobile Support Unit)
- SOBSU (Special Operations Support Unit)

Section 75 of the Northern Ireland Act 1998 defines 9 protected characteristics/groups:

1. Religious Belief
2. Racial / Ethnic Group
3. Political Opinion
4. Age
5. Gender

6. Marital Status
7. Sexual Orientation
8. Disability
9. Dependents

The aims of PSNI's consultation on the policy on the use of Spit & Bite Guards are:

- To ensure that our actions and decisions in relation to the issue of Spit & Bite Guards uphold the Human Rights of the public, particularly those of the most vulnerable in society
- To identify any group who may be adversely impacted by the Chief Constable's decision to use Spit & Bite Guards to counter assaults by spitting and/or biting in a post-Covid environment
- To invite comment from stakeholders representing these groups on the use of Spit & Bite Guards in a post -Covid environment
- To examine data in relation to the current use of Spit & Bite Guards to highlight which groups are currently affected by the use of Spit & Bite Guards
- To build on relationships with other UK forces and An Garda Síochána to benchmark PSNI's use of Spit & Bite Guards to date
- To use the information gathered to decide whether there is, or is likely to be, a differential impact, whether direct or indirect, upon any relevant group (or groups)
- To examine how any adverse impact on any group may be reduced by, for example, changes in policy
- To better promote good relations with the 9 groups identified above
- To use feedback and data gathered to inform the Chief Constable's decision on a roll out of Spit & Bite Guards to all operational officers in a post -Covid environment.

EQIA Stage 2

Consideration of available data and research

This section of the report outlines how data was collected to inform this EQIA and details any consultation carried out to date.

Data and Research

The Equality Commission's "*Practical Guidance on Equality Impact Assessment*" notes that public authorities will need to consider how they will collect the information. This will enable them to make a judgement on the extent of impact on the nine equality categories. This assessment considers a range of evaluative, qualitative and quantitative data on Spit & Bite Guards.

The table below details the key sources used to inform this EQIA

Source	Data
PSNI	Review of Spitting and Biting incidents
PSNI	Responses to PSNI engagement to date
PSNI	July 2020 PSNI Engagement Event
PSNI Occupational Health & Welfare Department	Research by PSNI's Chief Medical Officer
National Police Chiefs Council (NPCC)	Data from the NPCC Self-Defence, Arrest & Restraint Group (SDAR)2017
College of Policing [CoP]	Officer and Staff Safety Review 2020 (NPCC and The College of Policing)
NPCC	Personal Safety Manual
Northern Ireland Policing Board [NIPB]	NIPB Consultation 2020 [Performance Committee]

Spitting and biting incidents reported by Police/Staff by submitting Injury on Duty forms by Department from 1st January 2020 until 15th February 2021 are detailed below:

Unit	Officers submitting Injury on Duty Form	% Of Total
LPT [Local Policing Teams]	312	71.4
NPT [Neighbourhood Policing Teams]	55	12.6
Custody	26	5.9
Covid Crews	16	4.1
TSG [Inc. dogs] [Tactical Support Groups]	18	4.1
ARU [Armed Response Unit]	4	0.9
RPU [Roads Policing Unit]	1	0.2
ROU [Reducing Offending Unit]	1	0.2
C1 [CID]	1	0.2
Serious Crime [CID]	1	0.2
Crime Support	1	0.2
TOTAL	437	100.0

Training

The Spit and Bite Guard training course is currently a mandatory online training video which must be completed by all officers and staff authorised to carry a Spit and Bite Guard. This course was available from 16 March 2020 until 19 November 2020. During this time, 1596 officer/staff completed the course. The training course was taken offline on 19th Nov 2020 for amendments to be made to include sections on Human Rights and Vulnerabilities. The course was relaunched on 22 January 2021.

From 22 January 2021 until 17 February 2021, 1847 officers/staff completed the training course.

Demographics and the use of Spit and Bite Guards

PSNI include a report on demographics in its monthly report to the Chief Constable on the use of Spit and Bite Guards with particular reference to age, gender, community background and ethnicity.

The latest report can be viewed at Appendix D.

The table below details the number of deployments of Spit and Bite Guards by PSNI at 17 February 2021:

Date range	Number of uses on adults	Number of uses on under 18s	Total uses
16 th March 2020 – 31 st December 2020	78	6	84
1 st January 2021 – 17 th February 2021	9	2	11
Total	87	8	95

A short summary is as follows [from 16 March 2020- 17 February 2021]:

- 95 deployments of the Spit & Bite Guard
- 437 officers reporting spitting/biting incidents
- 11 applied to females, 84 to males
- 8 Spit and Bite Guards were applied to children during this period (2 x 17 year old; 2 x 16 year old and 2 x 15 year old). In the cases of one 16 year old and one 15 year old, two Spit and Bite Guards were applied during the same incident.
- 22 applications were in the Custody Suite
- 1847 officers were trained in the use of the Spit & Bite Guard at 17 February 2021
- 312 LPT officers report being spat at. Uniformed officers in frontline roles account for more than 93% of all spitting and biting incidents.

All incidents where a Spit and Bite Guard have been applied have been referred to The Police Ombudsman for Northern Ireland (PONI) as per Service Policy. There have been no complaints to PONI regarding their use to date although following PSNI referral; two incidents are currently being investigated by PONI.

The Use of Spit & Bite Guards Nationally [Benchmarking]

There is a variance nationally around the footprint for use of the Spit & Bite Guards. Of the 58 UK Police Services and Law Enforcement Agencies, 52 use Spit and Bite Guards. Two of these Services only use the guard in custody and a further three in custody and vehicles. The Services not using the guard are law enforcement agencies such as The Civil Nuclear Constabulary and The Home Office Border Force, Jersey Police and Guernsey Police. A Police Service's decision on the use of Spit and Bite Guards is a matter for the Chief Officer of that Service. The vast majority of forces use the Spit Guard Pro.

As an at-a-glance comparator:

- Police Scotland-Spit Guard Pro-operationally and custody

- Metropolitan Police Service-Spit Guard Pro- operationally and custody
- Northumbria Police- Spit Guard Pro- operationally and custody
- Nottinghamshire Police- Spit Guard Pro- vans and custody
- Devon & Cornwall Police- Spit Guard Pro- operationally and custody

To compare the use of Spit & Bite Guards in PSNI to other UK Services:

- From 16 March 2020 to 31 December 2020, PSNI had 399 reported spitting/biting incidents and used Spit & Bite Guards 84 times
- West Yorkshire Police (5342 officers) use Spit & Bite Guards both operationally and in custody. From 1 January 2020 - 31 August 2020, there were 564 reports of spitting/biting and 301 recorded uses of a Spit & Bite Guard
- West Midlands Police (6516 officers) provided figures from January 2018 which show 323 uses of the Spit & Bite Guard (approximately 2 per month). They have however reported a spike in use at height of the pandemic where figures went above 50 a month
- Merseyside Police (3626 officers) report that between 1st January 2020 and 6th October 2020, there were 214 recorded instances of a Spit Guard being used
- Greater Manchester Police (GMP-6866 officers) began a 6 month trail of Spit & Bite Guards in March 2019 in custody suites only. Upon

completion of the trial, GMP introduced Spit & Bite Guards to all operational officers and custody staff. The only available figures relating to GMP use of Spit & Bite Guards were provided by the Home Office and cover the latter part of 2019 with 72 recorded uses

**Use of Spit & Bite Guards by UK Police Forces Pre-Coronavirus
Pandemic
[April 2019 - March 2020]**

The following demonstrates data on the use of Spit & Bite Guards within UK Police Services of relative comparable size to PSNI, prior to the Coronavirus pandemic:

[Source: Home Office - Police use of force statistics, England and Wales April 2019 - March 2020]

	Strength	Spit & Bit Guards Uses
PSNI	6,917	N/A (not yet issued)
GMP	6,866	72**
West Midlands	6,516	343
West Yorkshire	5,342	307
Merseyside	3,629	225
Metropolitan*	32,958	1518
UK National Total	129,110	7,172

*incorporating City of London Police

**custody trial and not operational environment.

The following table demonstrates data on the use of Spit & Bite Guards within UK Police Services of relative comparable population to Northern Ireland:

[Population Source Ordnance Survey Statistics June 2020].

	Population	Spit & Bite Guard Uses
PSNI	1,868,000	N/A
Avon & Somerset	1,719,000	259
Devon & Cornwall	1,772,541	314
Essex	1,846,655	277
Sussex	1,712,094	255
Kent	1,860,111	216

The tables below show the use of Spit & Bite Guards within particular groups by other UK Police Services. Please note that Home Office data does not record religion and this data refers to a mainly pre-Coronavirus environment [up to 31 March 2020]

Other UK Services - Use of Spit & Bite Guards by Age Group

[April 2019 - March 2020]

Police Service	Age						Total
	Under 10	11- 17	18- 34	35-64	65 & over	Unreported	
GMP	0	8	44	14	6	0	72
West Midlands	0	13	207	123	0	0	343
West Yorkshire	0	24	192	84	2	5	307
Merseyside	0	18	142	49	13	3	225
Metropolitan Police	0	84	860	567	7	0	1518
England & Wales	7	541	4147	2131	33	313	7172

Other UK Services- Use of Spit & Bite Guards by Gender

[April 2019 - March 2020]

Police Service	Gender				
	Male	Female	Other	Not reported	Total
GMP	60	12	0	0	72
West Midlands	270	72	1	0	343
West Yorkshire	238	68	0	1	307
Merseyside	157	66	0	2	225
Metropolitan Police	1153	362	3	0	1518
England & Wales	5522	1580	8	62	7172

Other UK Police Services- Use of Spit & Bite Guards by Race

[April 2019 - March 2020]

Police Service	Race						Total
	White	Black	Asian	Mixed	Other	Unreported	
GMP	64	5	2	0	0	1	72
West Midlands	224	48	40	19	2	10	343
West Yorkshire	251	11	30	11	2	2	307
Merseyside	205	12	2	0	2	4	225
Metropolitan Police	807	482	116	50	49	14	1518
England & Wales	5671	795	289	150	106	161	7172

Other UK Police Services - Use of Spit & Bite Guards by Perceived Disability [April 2019 - March 2020]

Police Service	Perceived Health Condition*					
	Mental	Physical	Both	None	Unreported	Total
GMP	6	0	1	65	0	72
West Midlands	34	1	2	306	0	343
West Yorkshire	100	0	3	203	1	307
Merseyside	96	0	1	128	0	225
Metropolitan Police	527	5	20	996	0	1518
England & Wales	1629	36	59	5206	242	7172

*The term “health condition” refers to physical or mental health conditions. Use of force recording guidance provided by the NPCC states that this includes, but is not limited to, sensory impairments, fluctuating or recurring impairments [e.g. epilepsy], developmental impairments [e.g. autistic spectrum disorders, or dyslexia], learning difficulties, mental health conditions and mental illness.

Data on the use of Spit and Bite Guards during the current Coronavirus pandemic:

Use of Spit & Bite Guards [Covid Environment] [1 April 2020 – 31 December 2020]

	Number of Spit and Bite Guard deployments	Mean change (%)
GMP	332	+ 461*
West Midlands	345	0
West Yorkshire	338	+ 10
Merseyside Police	179	+ 10
Metropolitan Police	2327	+ 35
Police Scotland	554**	+ 10
An Garda Síochána	120***	0
PSNI	84	0

* Greater Manchester Police extended their use of Spit & Bite Guards to frontline officers in April 2020. They were previously only used in the custody environment.

** up to 31/10/20 only

West Midlands Police show that there is a 10% increase in the use of Spit & Bite Guards in the first three quarters of this financial year compared to last year's total usage [37 more uses than 2019-2020].

An Garda Síochána began using Spit & Bite Guards on 8 April 2020 and have no available figures for comparison.

PSNI began to use Spit & Bite Guards in March 2020 with the first deployment on 8 April 2020.

The demographics in Appendix D show that PSNI's use of Spit and Bite Guards is following national trends of higher deployments on young males.

From the total deployments of Spit & Bite Guards nationally [7172] in 2020, 6036 [84%] of these were used by officers to prevent injury to themselves.

PSNI Introduction of Spit and Bite Guards

Human Rights Considerations to Staff and the Public.

During March 2020, the risks from this new coronavirus were largely unknown and the Chief Constable took a measured and considered approach to the mitigation of the European Convention on Human Rights (ECHR) Article 2 (Right to Life)¹ and Article 3 (Torture, Inhuman or Degrading Treatment)² risks faced by officers and staff. Coronavirus (Covid-19) is a new virus, and its effect, including transmission leading to infection, is still being researched, and is not fully understood, leading to uncertainty. There is a high degree of uncertainty with this particular virus hence all measures to protect individuals from possible spread from all such means are important.

The implementation of Spit and Bite Guards led PSNI to consider Art 3 ECHR

¹ Article 2 ECHR 'Everyone's right to life shall be protected by law'.

² Article 3 ECHR 'No one shall be subjected to torture or to inhuman or degrading treatment or punishment'.

as to whether Spit and Bite Guards could amount to inhumane or degrading treatment. It also led the Service to consider Art 5 of The Health & Safety at Work (Northern Ireland) Order 1978 as to whether the manner in which the Service conducts its undertaking could expose others (detainees) to a risk to their health and safety. The latter risk relates to detainees with breathing difficulties or the manner in which the Spit and Bite Guard may be deployed.

That greater perception of risk may affect the proportionality and frequency of the deployment of Spit and Bite Guards and that has to be managed.

The current coronavirus pandemic affects the severity of risk to officers and staff and potentially the frequency of deployment.

The Further Roll Out of Spit and Bite Guards:

An enhanced roll out of Spit and Bite Guards was announced by the Chief Constable in November 2020. The roll out was extended to all frontline police officers. This roll out commenced on 25 January 2021 and was accompanied by an amendment to the PSNI Conflict Management manual and training video which included sections on “Vulnerabilities” and “Human Rights”. Prior to taking the decision to issue Spit and Bite Guards to an additional 4000 frontline officers, the Chief Constable examined evidence which clearly showed that:

- Reported spitting and/or biting incidents against Police were significantly higher in 2020 than in previous years and there is a trend of these incidents increasing over recent years.
- The overwhelming number of spitting and/or biting incidents from Jan 2020 until February 2021 were against Local Policing Team officers or Neighbourhood Policing Team officers (89%) who were not previously equipped with Spit and Bite Guards. These frontline officers are dealing with a wide range of incidents as first responders on a daily basis.

An enhanced roll out of Spit and Bite Guards to all front line operational officers fulfils the Chief Constable's obligations as an employer under relevant Health and Safety legislation to provide safe systems of work for his employees.

In taking the decision to issue Spit and Bite Guards to a wider array of officers, the Chief Constable was cognisant of the need to balance a range of Human Rights considerations. Spitting and biting by detained persons potentially engages the Convention rights of police officers and others. The use of a Spit and Bite Guard also potentially engages the Article 3 and 8 Rights of those who are detained. The deployment of the Spit and Bite Guards to those categories of officers who are most frequently engaged in the dealing with confrontational suspects was undertaken only after careful consideration of the necessity and proportionality of that deployment. The Chief Constable is satisfied that those officers who will be provided with Spit and Bite Guards will have been fully trained in its operational use.

The updated online training video instructs officers and staff that if force is used, it must be proportionate, lawful, accountable and necessary. Any use of force shall be the minimum appropriate in the circumstances and shall reflect a graduated and flexible response to the threat posed by the subject. Officers and staff may use force only if other means remain ineffective or have no realistic chance of achieving the intended result. Policy and training instructs officers and staff to consider options to aide de-escalation with the subject and, where practicable, an alternative to the use of a Spit and Bite Guard. This may include good communication, donning additional personal protective equipment or placing the subject in a cell van and keeping them under observation.

The use of a Spit and Bite Guard has been recognised as a use of force, which requires that officers and staff consider the impact upon, and the protection of, the subject's Human Rights when deciding to apply a Spit and Bite Guard and to justify its continuing use. Use will be recorded and documented in a number of different ways to reinforce accountability and

provide a line of sight and audit for decision making.

Article 3 of the European Convention on Human Rights enshrines human dignity as one of the most fundamental values of democratic societies.

Whenever a person is confronted by law-enforcement officers, recourse to physical force which has not been made strictly necessary by an individual's own conduct could, if the thresholds of severity are met, result in a potential infringement of Article 3.

Article 3 of the United Nations Convention on the Rights of the Child (UNCRC) requires that we consider the best interests of children to be a primary consideration in all actions concerning children. In dealing with children, officers and staff are advised in training to exercise their duties to take account of the vulnerability inherent in their young age and to demonstrate vigilance and self-control when dealing with minors.

Policy and training in the use of Spit and Bite Guards now contain sections on Human Rights and Vulnerabilities. Officers and staff are encouraged to give special consideration to those who are vulnerable by age or a mental health condition. In respect of Spit and Bite Guard use on vulnerable people and children the following paragraph is quoted in policy;

"If you are aware that the subject has mental health or another debilitating condition, which the use of a Spit and Bite Guard could exacerbate, the presumption will be that a Spit and Bite Guard should not be used. Where officers or staff are aware that a member of the public is under 18, the presumption will be that a Spit and Bite Guard should not be used".

Policy and training on the use of Spit and Bite Guards also instructs officers and staff to maintain the dignity of the subject at all times. Once the Spit and Bite Guard is in place, consideration should be given to removing the subject from public view to avoid unnecessary embarrassment. Officers and staff must

ensure that they constantly reassess the need for the Spit and Bite Guard and keep the guard in place only as long as is necessary.

The potential permanent introduction of Spit and Bite Guards in a post pandemic environment has the potential to affect a larger number of people within the community, including vulnerable people. In 2020 PSNI used this tactic 84 times whilst making 18,280 total arrests (0.46%). The Chief Constable's decision to commence this Equality Impact Assessment (EQIA) is to invite views that relevant groups may have.

Medical Considerations:

PSNI Occupational Health & Welfare Department [OHW] has been consulted throughout this process in relation to how spitting and biting impacts on police staff.

It is generally accepted that the risk of contracting a blood-borne virus (BBV) from spit/bite injuries is low and that psychological impact is where the primary risk to officers lies. However, while there is limited direct evidence that a live virus is significantly spread via saliva, blood stained saliva or blood, there is also no direct evidence that it is not spread this way.

As well as the obvious injuries sustained from being bitten, officers who have been spat upon have been distressed by the possibility of contracting blood-borne viruses and the prospect of treatment which might lead to unpleasant side-effects. Physical injury or death from BBVs should however be acknowledged. The NPCC 2017 Update on the Use of Spit Guards highlights the death of PC Christopher Francis Wilson of Devon and Cornwall police. PC Wilson died on the 20th August 1977 having contracted a fatal illness from being spat on during a football match. Internationally, reference is made to the widely reported death of Arina Koltsova, a Ukrainian police officer who died in similar circumstances in 2016. More recently, two officers were spat at in Bournemouth on 6th January 2021. It is believed that the officers may have contracted Coronavirus as a result of this incident. Dorset Police commented:

.... While the officers' infection could not be directly linked to what happened, it puts into perspective the dangerous nature of policing.....

Although Spit and Bite Guards are not anti-viral PPE, they are a piece of work equipment used as a transmission-based precaution. They reduce the likelihood of droplet virus particles being demonstrated where individuals display a disregard for the transmission of disease by spitting or coughing deliberately at officers. We need to prevent spitting or biting generally, but particularly during the Coronavirus pandemic, because:

- Spitting generates droplets which will spread the virus if they enter the eyes, mouth or nose of another individual (direct transmission) **OR** if the droplet falls on items such as clothing which the individual then touches and transfers to their eyes, mouth or nose (indirect transmission). Droplets can range from aerosol (very small and remain airborne for some hours) to larger particles, all of which can fall on surfaces to create fomites
- If the individual is generating deep lung air in spitting this may create aerosols which increase the risks to officers and staff as aerosols remain airborne for longer than droplets as they are smaller in size. The scientific evidence is not developed enough yet (as the coronavirus is new) but, where aerosols are generated, there is a requirement for a higher level of PPE which officers and staff may not be able to fit properly in high intensity confrontational incidents. Sputum is also produced from deep lung air and can contain high concentrations of SARS-CoV-2. Spitting can contain muco-salivary secretions
- Biting will create an indirect transmission risk for officers and staff who touch the wound and then their mouth, eyes and nose

Unfortunately, spitting has become weaponised during the Coronavirus pandemic. For the period of 1 January 2020 to 21 January 2021, there were a total of 404 reported incidents of spitting and/or biting. 29 of these incidents referred to COVID-

19. In one incident, the subject claimed to have AIDS and in another, officers were alerted that the detained person was suffering from a Blood-Borne Virus. As an employer, the Chief Constable has a statutory obligation to ensure the establishment of safe systems of work for employees. The temporary introduction of Spit and Bite Guards at the start of the pandemic had this obligation in mind.

During March 2020, the risks from this new virus were largely unknown and the Chief Constable was obliged to take a measured and considered approach to the mitigation of the European Convention on Human Rights (ECHR) Article 2 (Right to Life) and Article 3 (Torture, Inhuman or Degrading Treatment) risks faced by officers, staff and the public. Covid-19 is a new virus, and its effect, including transmission leading to infection, is still being researched and is not fully understood, leading to uncertainty. There is a high degree of uncertainty with this particular virus hence all measures to protect individuals from possible spread from such means are important.

PSNI's Medical Advisor conducted research into the psychological effects of spitting and biting on officers and staff. The objective was to undertake a pilot study using validated psychometric questionnaires on a sub set of officers who have been spat on or bitten in the last one month to ascertain any acute psychological impacts from it. The pilot was set up initially to test the methods and study design prior to a more in depth research project.

Eligibility to participate in the study required individuals to have received a spit and/or bite injury within one month of completing the psychometric questionnaires. Of 29 eligible individuals, 6 participated. All three psychometric questionnaires identified one individual (17%) as meeting the definition of Acute Stress Disorder (ASD). Four participants (67%) were identified as having sleep issues and indicating they were vigilant and 'on the lookout' for danger. None of the participants required time off work due to the spit/bite incidents. The medical advisor intends to continue this research in the coming months by revising methods to obtain an increased participation rate and get a better quality study.

PSNI's Chief Medical Advisor has also added further medical opinion on the virus impact on officers from Dr Aw-Yong, Medical Advisor to the National Police Chiefs

Council:

“The Coronavirus pandemic has changed the risk of spitting significantly. The coronavirus (COVID-19) pandemic currently stands at nearly 6 million cases and 360,000 deaths worldwide.

COVID-19 is spread by respiratory secretions when an infected person coughs, sneezes or spits. There is a direct risk of COVID-19 (SARS and MERS) from spitting or indirect if the spittle contacts clothing or surfaces and is subsequently transmitted to the officer. There is currently no treatment for COVID-19 infection.

Dr Aw-Yong carried out a study involving healthy adults wearing a Spit and Bite Guard (Spit Guard Pro) whilst carrying out controlled short runs.

This study was carried out with the following aims;

1. To evaluate the effect of the Spit and Bite Guard on the oxygen saturations of healthy subjects during a physical activity
2. To determine if there is a significant difference in the magnitude of the drop in oxygen saturation during the exercise with and without the Spit and Bite Guard
3. To determine if there is a significant difference in the recovery rate of oxygen saturation after the exercise test with and without the Spit and Bite Guard

Dr Aw-Yong concluded that the use of the Spit and Bite Guard did not cause a clinically significant impact on oxygen saturations of healthy individuals during physical activity. It is accepted that due to ethical reasons he was not able to conduct similar tests on participants who may be under the influence of drugs and alcohol or suffering from medical conditions.

Governance and Training:

Governance structures were established with the introduction of Spit & Bite Guards during the Coronavirus pandemic. The PSNI established a Spit & Bite Guard Working Group chaired by a Superintendent in May 2020 to monitor the use of Spit and Bite Guards and to gather evidence to assist in evaluating the health and safety benefits to officers, staff and non-employees. The group meets monthly and has the following objectives:

- To gather evidence to assist in evaluating the health and safety benefits to our officers, staff and non-employees of issuing Spit & Bite Guards
- To ensure that our actions and decisions uphold the Human Rights of the public, particularly those of the most vulnerable in society
- To develop an evidence base to inform organisational decision- making including examining best practice and research in other forces
- To provide an evaluation of the use of Spit and Bite Guards during the COVID-19 Operational period
- To work with the NI Policing Board to progress consultation on the use of Spit and Bite Guards

Police officers and staff authorised to use Spit & Bite Guards are accountable for their use as follows:

- Body-Worn Video (BWV) **must** be used when deploying the guard. If BWV is not used, officers must record the reason on the electronic Use of Force form
- All deployments of Spit & Bite Guards are automatically referred to PONI
- Officers are required to complete an electronic use of force form for every deployment of a Spit & Bite Guard
- Statistics on all uses of force are shared with the NIPB bi-annually

- Statistics on the use of Spit & Bite Guards are shared with NIPB every week

Engagement to Date

Northern Ireland Policing Board Consultation (2019/20)

PSNI have been considering the use of Spit & Bite Guards since 2004. This followed a recommendation from the Police Ombudsman for Northern Ireland (PONI) that PSNI consider the use of anti-spit controls after they investigated an incident where an officer placed a pillowcase over a detainee's head to stop them spitting.

At this time, only two UK police forces were using Spit & Bite Guards. Since 2004, this figure has continued to rise and currently 52 of 58 UK forces use these as a tactical option. [See Appendix C].

Engagement with the Northern Ireland Policing Board (NIPB) began in 2019 and in March 2020, the Chief Constable wrote to NIPB advising them of the temporary decision to issue Spit and Bite Guards to bespoke units for the period of the Coronavirus pandemic.

It was noted in November 2020 by the Chief Constable that there existed "significant public concern" articulated by NIPB members on the matter of Spit and Bite Guards. The Chief Constable continues to engage with the NIPB when any decision in relation to the issue of Spit and Bite Guards is taken.

Engagement Event July 2020:

In July 2020 an invitation extended to attend an engagement day with PSNI. A list of invitees can be found at Appendix A. A total of 32 internal and external stakeholders participated in this process. A list of attendees can be found at Appendix B. A further letter was sent in September 2020 to those partners who could not attend seeking their views.

The Assistant Chief Constable of PSNI's Operational Support Department hosted the engagement event. The event included a presentation on Spit & Bite Guards during which body worn video footage was shown of 2 separate arrests:

- An arrest by Armed Response Unit (ARU) officers of a male armed with a pitchfork who began spitting at officers. At this time, ARU were not issued with Spit & Bite Guards and had a 20 minute wait for a Covid Response crew to arrive and apply the guard
- An arrest during which a Local Policing Team officer was bitten on the face by an arrested male. This incident occurred before Spit & Bite Guards were issued by PSNI

The engagement event also included a practical demonstration by Combined Operational Training of officers restraining a detained person who was threatening to spit at officers who had no access to a Spit & Bite Guard and another scenario where officers did have access to a guard. Following the demonstration, questions and general discussion were invited.

The main areas of concern were raised relating to concerns regarding the use of Spit & Bite Guards on vulnerable groups such as children and young persons and those with disabilities. Other issues raised included concerns about the Section 75 screening process and concerns about the human rights implications of introducing Spit & Bite Guards.

Additional Engagement:

Online meetings took place in September 2020 with representatives of the Safeguarding Board for Northern Ireland and in November 2020 with Include Youth. In January 2021, PSNI also engaged with the PSNI Independent Advisory Group on the proposed temporary enhanced roll out of Spit and Bite Guards to all operational officers.

Written Correspondence:

The following partner agencies have corresponded with the Chief Constable on the matter of Spit and Bite Guards since March 2020:

- The Northern Ireland Human Rights Commission
- Amnesty International
- The Health and Social Care Board
- The Children's Law Centre
- The Education Authority for Northern Ireland
- The Children's Commissioner for Northern Ireland

The views and concerns of the partners PSNI have engaged with to date are summarised as follows:

- There is a need to ensure that training is provided on the specific needs of people with disabilities (particularly sensory disabilities). Training material has been amended accordingly
- There is concern about the impact of using Spit & Bite Guards on children and young people as the medical impact may be disproportionate. Training material has been amended accordingly
- In situations where the alternative to a Spit and Bite Guard is the use of non-armed or physical tactics, then their use will likely be preferable

- Consultees requested clarity on the types of situation in which Spit & Bite Guards would be used or not used
- The possibility of differential impact on women, children and young people, men, people from minority ethnic communities, people with disabilities (especially people with poor mental health) were raised by consultees
- Significant concern was expressed about Spit & Bite Guards use where negotiation or other forms of resolution might be used
- Concerns were expressed that the use of Spit & Bite Guards could be expanded in future as it has been in England and Wales to all police officers and in all confrontational situations
- The effectiveness of Spit & Bite Guards in stopping coronavirus or other airborne viruses was queried and clarified
- The risks of using devices that may restrict breathing was raised and clarified
- Policy and training should offer clear instructions on removing the guard in an emergency. Training material has been amended accordingly
- Policy and training should include additional commentary around cultural and religious factors. Training material has been amended accordingly
- Policy should include reference to subjects who wear hearing devices. Training material has been amended accordingly
- Concern was noted that Spit & Bite Guards were introduced before consultation took place

EQIA Stage 3

Assessment of Impact

Section 75 of the Northern Ireland Act 1998 defines 9 protected characteristics and or groups. They are:

1. Religious Belief
2. Racial / Ethnic Group
3. Political Opinion
4. Age
5. Gender
6. Marital Status
7. Sexual Orientation
8. Disability
9. Dependents

Three Section 75 screening processes have been completed in respect of PSNI's use of Spit and Bite Guards to date (at Appendix E). These reflect the evolving picture in terms of policy changes and the enhanced roll out. PSNI has liaised closely with the Equality Commission for Northern Ireland in completing these documents.

The initial screening document was submitted prior to the current pandemic expediting the issue of Spit & Bite Guards to approved officers. The Equality Commission NI were consulted throughout the section 75 process and the document was screened out and signed off on 2nd April 2020.

The second Section 75 screening document was completed to reflect the PSNI engagement in July 2020 carried out with internal and external partners. The Equality Commission were again consulted and the document was screened out and signed off on 2nd October 2020. During this engagement however, representations were made on the use of Spit & Bite Guards on children. The National Police Chiefs Council set no lower age limit on the use of Spit & Bite Guards but, in response to this feedback, PSNI

updated its policy on the use of Spit and Bite Guards to include the following instruction:

Where officers or staff are aware that a member of the public is under 18, the presumption will be that a Spit and Bite Guard should not be used".

In 2020, PSNI began delivering training in Trauma-Informed Practice incorporating Adverse Childhood Experiences (ACEs) to all Student Officers, Local and Neighbourhood Policing teams as well as Public Protection Units

This training was developed by The Safeguarding Board for Northern Ireland. The purpose of the training is to inform officers about the impact of trauma, which can be described as an incident or event that is unexpected, dramatic, isolated and for which the person has no strategy to deal with the situation. Officers are encouraged to be aware that it is not always significant events like a car crash, war, etc. that cause trauma. For example, being assaulted as a child by an adult or witnessing domestic violence can cause trauma.

If a Spit and Bite Guard was placed over a child's head and this causes a flashback to a traumatic event, a referral can be made to an organisation such as Start 360 who specialise in helping young people between the ages of 11 and 24.

- When police are speaking with someone who has been assessed as vulnerable they use an ACE score questionnaire and, if required, a Vulnerability Navigator form is completed.
- The Vulnerability Navigator selects the appropriate service provider to refer or signpost to in order to support the individual concerned.

This is currently a pilot referral system.

Religion

On the basis of the available data and the extensive engagement conducted, it has been concluded that differential / adverse impacts on people of different religions are unlikely to arise from the introduction of Spit & Bite Guards.

The religious breakdown recorded on Niche for the 84 individuals on whom a Spit and Bite Guard was deployed between 16 March 2020 and 31 December 2020 is shown below:

Religion	No. of applications
Roman Catholic	40 or 48%
Protestant	17 or 20%
None	13 or 16 %
Refused/ Unknown	11 or 13%
Other Christian	2 or 3%
Buddhist	1 or 1%

Political Opinion

On the basis of the available data and the extensive engagement conducted, differential / adverse impacts on people of different political opinion from the introduction of Spit & Bite Guards are not anticipated.

PSNI have no method of accurately measuring this characteristic.

Racial Group

On the basis of the available data and the extensive engagement conducted, it has been concluded that differential / adverse impacts on people of different racial groups are unlikely to arise from the introduction of Spit & Bite Guards.

Age

On the basis of the available data and the extensive engagement conducted, it has been concluded that differential / adverse impacts on people of different ages are likely

to arise from the introduction of Spit & Bite Guards.

Marital Status

On the basis of the available data and the extensive engagement conducted, it has been concluded that differential / adverse impacts on people of different marital status from the introduction of Spit & Bite Guards are not anticipated.

Sexual Orientation

On the basis of the available data and the extensive engagement conducted, differential / adverse impacts on people of different sexual orientation from the introduction of Spit & Bite Guards are not anticipated.

Gender

On the basis of the available data and the extensive engagement conducted, it has been concluded that differential / adverse impacts on people of different gender are likely to arise from the proposed introduction of Spit & Bite Guards. Data from the PSNI Central Statistics Unit and Analysis Centre recorded the gender of 95 people on whom a Spit and Bite Guard had been applied from 16 March 2020 - 17 February 2021 by gender as detailed below:

16 March 2020 – 31 December 2020 [Use of Spit & Bite Guards by Gender]

Gender	Number	Percentage
Male	84	88.4%
Female	11	11.6%
Total	95*	100

*There were 95 incidents of a Spit & Bite Guard being applied. In 3 of these incidents, a second guard was applied to the individual due either to the guard becoming displaced or a reoccurrence of the offence of spitting.

Source: PSNI

Table 3 shows that men were more than 10 times more likely to have a Spit & Bite Guard applied during the period assessed than females.

NB. There is no data available to demonstrate that any use was on members of the LGBT+ community.

People with dependents and those without dependents

On the basis of the available data and the extensive engagement conducted, differential / adverse impacts between people with dependents and those without are not anticipated from the introduction of Spit & Bite Guards.

People with a disability and those without

The data suggests that people with mental health problems are more likely to be subject to Spit & Bite Guard use than people with good mental health. The evidence suggests that people with disabilities may be more affected by the use of Spit & Bite Guards than people without disabilities.

Furthermore, it is noted that people with hearing loss may not hear instructions issued by a police officer in a situation where Spit & Bite Guard may be used.

Potential differential / adverse impacts may arise on people with disabilities as a result of the introduction of Spit & Bite Guards.

Summary of Impacts

The purpose of an EQIA is to identify adverse impact, which is defined as an indication that a differential effect of a policy on a Section 75 groups is less favourable (i.e. negative).

It can be argued that any group which is:

- (i) more likely to be subject to the use of Spit & Bite Guards if introduced or

- (ii) more likely to be negatively affected by Spit & Bite Guards if they are subjected to its use could be adversely impacted by the introduction of Spit & Bite Guards.

Alternatively, if a Spit & Bite Guard is used in those situations in which physical restraint would be the only other option, the impact on the groups detailed above could be largely positive.

There are potential adverse impact(s) on some of the identified Section 75 groups.

These are:

- children
- men
- younger men
- individuals with poor mental health

By way of summary:

Gender

In 2020, 77 of the 84 uses of Spit and Bite Guards were on males. That represents almost 92% compared to use on 7 females. There is no data to say that there are any other genders impacted, such as gender fluid or trans-gender. In all reported incidents of assault on police, assault by males by spitting or biting accounts for 9.4% of the total, compared to less than one percent of the total number of assaults on police by spitting or biting by females.

Nationally, 5522 of 7172 spitting and biting incidents involved males. This represents 77% of all the incidents compared to 1580 incidents involving females or 22%. The remaining 1% refers to other or not reported gender.

Age

6 of the 84 uses of Spit and Bite Guards in 2020 were on children between the ages of

10-17. This represents 7% of all Spit & Bite incidents recorded. All of these applications were on males. This compares to 541 uses against children from 7,172 total of the national statistics on the use of Spit & Bite Guards, or 7.5%. National data also record the age category of 18–34 as ‘younger persons’. Nationally, 4147 (58%) of 7172 of all Spit & Bite Guard incidents were on younger persons. 65% of all incidents therefore refer to young persons or male children.

PSNI data shows that 58 younger persons [or 65 including children] account for 69% of all Spit & Bite Guard uses [or 76% including children]. 6 of this total (7%) refer to young females compared to 78 males (93%).

75% of all uses of Spit & Bite Guards refer to young persons.

Disability

In 68 out of 84 uses of Spit & Bite Guards in 2020, the subject reported a disability or police noted a disability. In 81 out of 84 of these occurrences, drugs/alcohol were noted as a factor.

Therefore, at least 81% of uses of Spit & Bite Guard were on a male or female with a disability, including mental health disabilities. There is no record of use on persons with sensory disabilities.

Nationally, 1,724 applications of a Spit and Bite Guard of a total of 7,172 involved a person with a disability. There is no data to consider drug or alcohol as a factor or disabling illness in these incidents. This represents a total of 27% of occurrences nationally involving a person with a mental or physical disability.

In relation to the remaining categories, it is the view of the PSNI that the introduction of Spit & Bite Guards will not have any adverse impact on those protected groupings. When examining the data of Spit & Bite Guards deployments during the Coronavirus pandemic nationally, the use of Spit & Bite Guards increased on average by 13%. Currently, the use of Spit & Bite Guards by PSNI is significantly less than the national figures of equivalent force size. Spit & Bite Guards have been used in less than 1 in

every 4 incidents of spitting or biting.

This figure may rise with the enhanced roll out of Spit & Bite Guards to more frontline officers since 25 January 2021.

Impact on Good Relations

Section 75 (2) places a statutory duty on public bodies to pro-actively address good relations between persons of different religious belief, political opinion or racial group. The Equality Commission's Publication

"Promoting Good Relations – A Summary Guide for Public Authorities" notes that this means a public authority must *"consider how the policies it makes and implements, affect relationships between people of different religions, political opinions and racial groups"*.

As identified above, there may be a potential adverse impact on people from some protected groups. PSNI have given consideration to the need to promote good relations as well as the need to promote equality of opportunity. The use of Spit & Bite Guards is an alternative to the use of more potentially injurious force. It is not considered that the policy will have a negative impact on good relations.

Guidance on the Use of Spit & Bite Guards

Commander Matt Twist, National Police Chiefs Council (NPCC) Lead, Self-Defence, Arrest & Restraint Group (SDAR) advised Chief Officers in January 2017 that Spit and Bite Guards could be used as a tactical option and that guidance on their safe use was available from the College of Policing. SDAR provided forces with a training DVD and the College of Policing/NPCC Personal Safety Manual was updated to include a module on Spit & Bite Guards.

Guidance on the deployment of Spit & Bite Guards is currently contained in Module 4 of the NPCC Personal Safety Manual (PSM) and PSNI's policy on Spit & Bite Guards

largely replicates this guidance.

PSNI's policy on the use of Spit & Bite Guards is contained within Chapter 16 of the Conflict Management Manual and can be viewed at Appendix G.

To summarise the national position on the use of Spit & Bite Guards, the Officer and Staff Safety Review 2020 (NPCC and The College of Policing) concludes:

The use of SBGs is supported by the Police Federation of England and Wales (PFEW) and the vast majority of police officers in England and Wales are currently issued with SBGs as part of their standard PPE. In a 2018 speech to the PFEW, the then Home Secretary, Sajid Javid, expressed government support for officers wanting to be issued with SBGs. In light of this, the project team conclude that every serving officer in England and Wales should be afforded the same level of personal and organisational protection from these extremely unpleasant assaults, if supported by force STRAs.

In terms of the actual risk to officers and staff, the chances of being infected by communicable diseases through the deliberate or accidental transfer of bodily fluids, such as spit and blood, have been shown to be very low. It is acknowledged that this is not the primary reason why SBGs were introduced and continue to be used by the police service. Instead, SBGs were introduced because spitting or biting is an unpleasant form of assault, and because people should be afforded a sufficient level of protection from such acts if the technology is available. This point is particularly important given the ongoing Covid-19 pandemic as officers and staff face an increased risk of contracting this potentially deadly virus if they are coughed at or spat on by offenders who are infected. It is also worthy of note that SBGs provide a level of protection from biting by reducing fluid transfer and making penetration of the skin less likely, although they have no effect in reducing blunt trauma.

Use of the Spit & Bite Guard on Children

The College of Policing [CoP] and National Police Chief Council [NPCC] Personal Safety Manual sets no lower age limit for the application of the Spit & Bite Guard. The NPCC Update on the use of Spit Guards 2017 states:

The NPCC does not support the implementation of a minimum age limit for the use of Spit Guard. Whilst it would be exceptionally rare for a child to have this tactic used, the imposition of a minimum age limit could have the unintended consequence of officers needing to use a greater amount of physical force on children which clearly could not be proportionate if there was a less intrusive tactic available.

There is variance throughout the UK on an age limit. Police Scotland, West Yorkshire Police and Wiltshire Constabulary are examples of forces with no lower age limit. An Garda Síochána do not use Spit & Bite Guards on children under 12. PSNI have used Spit & Bite Guards on 8 occasions on children [2 x 17 year olds; 2 x 16 year olds and 2 x 15 year olds with a second guard applied on 2 children]. This constitutes a small percentage of the overall Spit & Bite Guard use and the subjects were at the upper end of the definition of a child.

The rights of the child under the legal framework of the United Nations Convention on the Rights of the Child (UNCRC) are referred to in PSNI's policy as follows:

Special consideration should be given to the heightened vulnerabilities of children. Article 3 of the United Nations Convention of the Rights on the Child (UNCRC) requires the best interests of children to be a primary consideration in all actions

The NI Human Rights Commission Chief Commissioner wrote to PSNI in August 2020 on the use of Spit & Bite Guards and highlighted concerns about the use of the guard on children.

Other partners from the children's sector and social care backgrounds objected in writing and at PSNI's Engagement Day to the use of Spit & Bite Guards on children. Taking account of these concerns, PSNI's policy on the use of Spit and Bite Guards

now states:

Where officers or staff are aware that a member of the public is under 18, the presumption will be that a Spit and Bite Guard should not be used".

The use of Spit and Bite Guards on children under 18 is now a standing agenda item on the Spit and Bite Guard Working Group.

Training

Spit & Bite Guard training would normally consist of an initial physical input during Personal Safety Programme (PSP) training, however during the period of the current pandemic, specific on-line training is being delivered. Only roles confirmed by the Chief Constable are authorised in the use of the Spit & Bite Guard and required to complete the mandatory training.

Training is an on-line video and completion is recorded. At the end of the video, officers are directed to PSNI's Policy on the use of Spit and Bite Guards as contained in Chapter 16 of the Conflict Management Manual.

A trained officer is issued with a Spit & Bite Guard by their supervisor upon completion of the online training course. The Spit and Bite Guard Working Group maintain a database of all officers trained. On 17 February 2021, 1847 officers/staff had completed the training course.

EQIA Stage 4

Consideration of measures which might mitigate any adverse impact; and alternative policies which might better achieve the promotion of equality of opportunity

Stage 4 of the EQIA deals with the consideration of alternative measures or policies and methods of mitigating the adverse impact that the use of Spit & Bite Guards may cause. The alternative to the use of Spit & Bite Guards is to prevent someone from spitting by physically restraining them. Physical restraint may lead to an increased likelihood of injury to the detained persons and may offer no real remedy to the officer in preventing spitting or biting from occurring or continuing to occur.

The Chief Constable recently commented on his decision to increase the roll out of Spit & Bite Guards to all frontline officers:

“In reaching this decision I have had to carefully balance the competing rights of my officers and those who may be subject to this equipment”.

PSNI have been researching the use of Spit & Bite Guards since 2004. This followed a recommendation from the Police Ombudsman for Northern Ireland (PONI) that PSNI consider the use of anti-spit controls after they investigated an incident where an officer placed a pillowcase over a detainee’s head to stop him spitting. The introduction of Spit & Bite Guards was rejected on a number of occasions by PSNI as their use had yet to be endorsed by the National Police Chiefs Council.

In 2019, PSNI’s Culture, Ethics & Diversity Board approved research into the introduction of Spit and Bite Guards and a proposal was brought before the NI Policing Board (NIPB) in November 2019. The NIPB Performance Committee requested an evidence base for the introduction of the Spit and Bite Guard as a tactical option. While this information was being gathered and engagement with the NIPB was ongoing, the

Coronavirus pandemic precipitated the introduction of Spit and Bite Guards. In March 2020, as a result of the pandemic and the associated potential dangers for officers and staff dealing with persons who may spit or bite, the Chief Constable made a decision to temporarily issue Spit & Bite Guards to a number of operational roles where the risk of contact with persons infected with Coronavirus was considered to be high.

PSNI have engaged with a range of internal and external partners on the matter of Spit & Bite Guards. Engagement with the Northern Ireland Policing Board was already underway but the advent of the current pandemic precipitated the introduction of the tactic and led to other interested parties sharing their views.

Engagement to date has led to some changes in PSNI's policy on the use of Spit & Bite Guards, namely:

- Strengthening the message around Spit & Bite Guards being a last resort
- A change of terminology in relation to the use of the guard on children
- Changing terminology around the use of Body-Worn Video (BWV) while deploying a Spit Guard from “**should**” to “**must**” to reflect the BWV Service Instruction
- Adding a reference to the necessity for an officer trained in Spit & Bite Guards to accompany the subject to the custody suite
- Removing references to Spit & Bite Guards being kept on subjects in cells unless they are under close proximity supervision
- Additional sections on “Vulnerabilities” and “Human Rights” in the training video and policy

Alternatives to the use of Spit and Bite Guards

In 2015, PSNI ran a pilot scheme in Musgrave Custody Suite where staff were provided with visors to protect them from spitting. The visors were of limited value as they were cumbersome to put on and were easily dislodged during a struggle.

Earlier in this document we referred to the Combined Operational Training [COT] practical demonstration given to attendees at the engagement day in July 2020. The group observed what a physical restraint entails and how it is used in the absence of a Spit & Bite Guard. The type of physical restraint officers may have to employ is illustrated below:



Restraining an individual potentially carries a greater risk to their wellbeing than placing

a Spit & Bite Guard over their head.

In relation to de-escalating a situation involving a spitting/biting subject, Chapter 16 of the Conflict Manual Management states:

Officers and Staff should consider options to aide de-escalation with the subject and where practicable, alternative to a spit and bite guard. This may include good communication, donning additional personal protective equipment or placing the suspect in a cell van and keeping under observation.

De-escalation by engagement with an individual is undoubtedly a useful tool used by many in the social care or education settings but will likely be used where the professional knows the subject personally and knows how best to engage positively with them. When Police officers are faced with a subject who is spitting or biting, it will be in a dynamic situation where the officer usually has no previous knowledge of the subject.

PSNI continue to examine anti-spit controls and their alternatives through regular engagement with The National Police Chiefs Council. Currently there are no plans or others options being tested or piloted nationally to be used in lieu of Spit & Bite Guards.

PSNI believe that the introduction of Spit & Bite Guards reduces the risk of injury to police officers, police staff and detained persons without adverse impact to the listed equality groupings.

Conclusion

PSNI introduced Spit & Bite Guards as a temporary measure in March 2020 and therefore hold no data to compare our use of Spit & Bite Guards in a pre-Coronavirus environment with use during the pandemic. Analysis focused therefore on PSNI's data from March 2020 onwards and analysis of comparisons in other UK police services pre-Coronavirus.

PSNI has identified that the use of Spit and Bite Guards to date has an adverse impact

on some of the protected groups more than others. Men, young people and disabled people are adversely impacted more than the other groupings. From 1st January 2020 until 31 December 2020, there were 2972 reported assaults on police officers, 399 of which involved spitting and/or biting.

The alternative Spit and Bite Guard products used nationally are shown in Appendix F. Like the Spit Guard Pro used by PSNI, these are guards fitted to the detained person.

Another alternative to the Spit and Bite Guard is for police officers to be fitted with Personal Protection Equipment [PPE]. Given the dynamics of these spitting and biting incidents, it is not a practical step in the detention process for officers to engage in a cumbersome process of donning PPE. There is often no warning of assaults by spitting or biting. PSNI policy on the use of Spit and Bite Guards does however encourage officers to consider alternatives to the use of the guard.

Given the analysis of all the data gathered locally, nationally and within the Republic of Ireland, PSNI are of the view that the continued use of Spit & Bite Guards is the best course of action going forward in dealing with risk and injuries to officers in both a Covid and non-Covid environment.

We have considered the medical rationale of the use of the Spit and Bite Guard and the impact of being spat at or bitten by a detained person. The evidence of PSNI's Chief Medical Officer supports the use of Spit & Bite Guards in both a Covid and non-Covid environment.

We have considered the practical implications of not using such a Spit and Bite Guard during arrest or detention. The risk of injury to both the detained person and officer is greater when not deploying a Spit & Bite Guard than from alternative methods of dealing with these incidents which often involve placing persons in a prone position and or maintaining head control of the subject, all in the environment of a person resisting arrest or attempting to assault the officer.

PSNI has considered its obligations under Human Rights and Health and Safety

legislation. We believe that the use of Spit & Bite Guards promotes better human rights and health and safety within the workplace and in our duty of care to members of the public. This device has no known complications or risk when used as trained and protects the wearer and officer from injury from alternative methods of managing conflict.

We are committed to listening to the public and all relevant groups in ensuring that we use this tactic sparingly and only when absolutely necessary and for as long as necessary. We have listened to the views of partner's thus far and changed our operating procedures and training appropriately.

PSNI has given careful consideration to the national position on Spit and Bite Guards. We believe that our procedures and training are robust in terms of dealing with vulnerable persons and children. We are committed to broad oversight from the Northern Ireland Policing Board and the Office of the Police Ombudsman for Northern Ireland on behalf of the community and believe the steps we have taken to increase our accountability are of benefit to officers and the public.

PSNI welcome any other suggestions and views in this Equality Impact Assessment. We are particularly interested in alternative options that may mitigate the risk to officers from spitting and biting.

Appendix A

List of Invitees to PSNI Engagement Day July 2020

1. Northern Ireland Policing Board Human Rights Advisor
2. Northern Ireland Statistics and Research Agency (NISRA)
3. Police Ombudsman for Northern Ireland (OPONI)
4. Equality Commission for NI
5. Police Federation for Northern Ireland (PFNI)
6. Superintendents Association NI
7. Northern Ireland Public Service Alliance (NIPSA)
8. Amnesty International
9. NI Human Rights Commission
10. Safeguarding Board NI
11. Children's Law Centre
12. Justice NI
13. Include Youth
14. Law Society of Northern Ireland
15. Belfast Islamic Centre
16. Belfast Jewish Community
17. Indian Community Centre
18. LGBT Centre
19. North West Migrants Forum
20. Northern Ireland Human Rights Commission
21. Health & Social Care Trust

22. Action for Children
23. Age NI
24. Children In Northern Ireland
25. National Society for Prevention of Cruelty to Children
26. British Deaf Association
27. Autism NI
28. Disability Action
29. Mencap
30. Praxis Care
31. Leonard Cheshire
32. African and Caribbean Support Organisation Northern Ireland (ASCONI)
33. Pat Finucane Centre
34. Committee on the Administration of Justice
35. Extern
36. Northern Ireland Commissioner for Children and Young People
37. Education Authority Northern Ireland
38. Addiction Rehabilitation Centre
39. Voice of Young People in Care
40. Youth Alliance
41. Minority Police Association
42. Women in Policing
43. Hate Crime Lead PSNI
44. Catholic Police Guild

Appendix B

List of Attendees at PSNI's Engagement Day July 2020

1.	Minority Police Association
2.	Northern Ireland Public Service Alliance
3.	Voice of Young People in Care
4.	Northern Ireland Commissioner for Children and Young People
5.	Northern Ireland Statistics and Research Agency
6.	Health & Social Care Board
7.	Youth Justice Agency
8.	Youth Forum Alliance
9.	Woman in Policing
10.	Hate Crime Lead PSNI
11.	Extern
12.	Include Youth
13.	Police Federation for Northern Ireland

Appendix C**List of UK Home Office Services using Spit and Bite Guards**

FORCE	USE SPIT GUARD	WHERE USED	TYPE
Bedfordshire	Yes	Everywhere	Unknown
Cambridgeshire	Yes	Everywhere	Unknown
Essex	Yes	Everywhere	Kit design mod1914b
Hertfordshire	Yes	Everywhere	Unknown
Norfolk	Yes	Everywhere	Kit design mod1914b
Suffolk	Yes	Everywhere	Kit design mod1914b
Cleveland	Yes	Everywhere	Kit design mod1914b
Durham	Yes	Everywhere Sept 19	Kit Design SBG1
Northumbria	Yes	Everywhere	Kit design mod1914b
South Yorkshire	Yes	Everywhere	Kit design mod1914b
North Yorkshire	Yes	Everywhere	Noved Corp
West Yorkshire	Yes	Everywhere	Pol-i-veil KitDesign
Humberside	Yes	Everywhere	Kit design mod1914b
Cheshire	Yes	Everywhere	Pol-i-veil KitDesign
Cumbria	Yes	Everywhere	Kit design mod1914b
Greater Manchester	Yes	Everywhere	Pol-i-veil KitDesign
Lancashire	Yes	Everywhere	Kit design mod1914b
Isle of Man	Yes	Custody	Tranzport Hood

Mersy Tunnel	No	N/A	
Merseyside	Yes	Everywhere	Kit design mod1914b
Devon & Cornwall	Yes	Everywhere	Kit design mod1914b
Avon & Somerset	Yes	Everywhere	Kit design mod1914b
Dorset	Yes	Everywhere	Kit design mod1914b
Gloucestershire	Yes	Everywhere	Kit design mod1914b
Wiltshire	Yes	Everywhere	Kit design mod1914b
Kent	Yes	Everywhere	Pol-i-veil
Sussex	Yes	Everywhere	Kit design mod1914b
Hampshire	Yes	Everywhere	Unknown
Thames Valley	Yes	Everywhere	Kit design mod1914b
Surrey	Yes	Everywhere	Unknown
Staffordshire	Yes	Everywhere	Kit design mod1914b
Warwickshire	Yes	Everywhere	Kit design mod1914b
West Mercia	Yes	Everywhere	Kit design mod1914b
West Midlands	Yes	Everywhere	Kit design mod1914b
Derbyshire	Yes	Custody & Vehicles	Unknown
Lincolnshire	Yes	Everywhere	Kit design mod1914b
Northamptonshire	Yes	Everywhere	Kit design mod1914b
Nottinghamshire	Yes	Vans & Custody	Kit design mod1914b
Leicestershire	Yes	Everywhere	Snood? KitDesign SpitGuard

Metropolitan	Yes	Everywhere	KitDesign Pro(Black)
City of London	Yes	Everywhere	Kit design mod1914b
South Wales	Yes	Everywhere	Kit design mod1914b
Dyfed Powys	Yes	Everywhere	Kit design mod1914b
Gwent	Yes	Everywhere	Kit design mod1914b
North Wales	Yes	Vehicles & Custody	Kit design mod1914b
SPS	Yes	Everywhere	Kit design mod1914b
PSNI	Yes	Trail - Custody, Covid Teams, ARV	Spit Guard Pro KAC0061
BTP	Yes	Everywhere	Kit design mod1914b
CNC	No	N/A	
MDP	Yes	Specialists units only	Unknown
Guernsey	No	N/A	
Jersey	No	N/A	
Military Police	No	N/A	
HMRC	Yes	Extradition	Spithood
NCA	No	N/A	
BF/IE	No	N/A	
IE	No	N/A	
RGP	Currently being purchased	Everywhere	Unknown



APPENDIX D

Analysis of the use of Spit and Bite Guards

OFFICIAL [PUBLIC]

Use of Spit and Bite Guards

January 2021

1 Overview of use of spit and bite guards

Since their introduction in early 2020 there have been a total of 85 reports of use of a spit and bite guard by a PSNI officer or custody officer. The following is a breakdown of the key points of note:

- 78/85 spit and bite guards applied were applied on males, the remaining seven were applied to females.
- Individuals ranged in age from 15 years to 62 years old. Six applications were made on individuals aged under 18, two of these involved the same youth on the same occasion. A second guard had to be applied as the youth had bitten through the first guard.
- Spit and bite guards have been applied across all districts with A District reporting the highest number 18/85, this was closely followed by H District 14/85. A table of the full district breakdown is shown below:

District	No. of applications
A – Belfast City	18
B – Lisburn and Castlereagh	2
C – Ards and North Down	3
D – Newry, Mourne and Down	8
E – Armagh, Banbridge and Craigavon	10
F – Mid Ulster	12
G – Fermanagh and Omagh	3
H – Derry City and Strabane	14
J – Causeway Coast and Glens	2
K – Mid and East Antrim	8
L – Antrim and Newtownabbey	5

- The highest number of reports relate to incidents in a police vehicle or as the individual was being placed in the vehicle or extracted from the vehicle – 25/85. A further 22 took place on a public street or road, 20 occurred at a custody suite, eight were applied in a hospital, seven in a private residence and one in a hostel, public building and private vehicle.

- There were two occasions when a spit and bite guard had to be reapplied on the individual on the same occasion. There has also been one individual who has had a spit and bite guard applied twice on two separate occasions.

Appendix E

Section 75 Screening Documents

INITIAL EQUALITY SCREENING/ASSESSMENT FORM

Department: OSD **Branch:** Protective Services

Name of Policy/Decision/Practice to be Equality Screened/Assessed

Provision of Spit and Bite Guards (S&BGs)

Is it New or Revised? New

Who Does the Policy Effect: All police dealing with individuals who assault police by spitting or biting

Question 1 – Define the aim of the Practice. What is the Practice trying to achieve? (Intended aims/outcomes)

The provision of Spit and Bite Guards is being considered as a purpose-made, medically approved solution to protect police, police staff and members of the public from offenders who use spitting or biting to attack and abuse them. The aim in the application of the guard is to reduce the risk of contamination or injury to police officers, staff and members of the public.

As well as the obvious potential injuries that could be sustained from biting, there is also the risk associated with the transfer of body fluids from both biting and spitting. The spread of saliva, particularly when it enters the the eyes, mouth or an open wound of the victim has the potential to contaminate the victim with blood borne viruses carried by the subject.

The risk of contracting diseases is low, however the victim may suffer psychological impact as in many cases they will have to be tested for blood borne viruses and await results. Additionally there is the unpleasant and degrading nature of simply being spat on.

The Spit Guard Pro, which the PSNI intend to use, is medically certified under the CE 93/42/EEC directive. It is designed to avoid mouth/airway blockage or asphyxiation through the ingestion of fluids or solids. It is globally recognized as the most effective and safest product on the market with no associated health or safety risks. The manufacturers of the Spit Guard Pro have stated that it allows the subject to breathe easily, maintain vision and able to hear what is being asked of them in a restraint position.

It allows the suspects face to be observed and gives unrestricted eye contact with the subject to help reduce panic and avoid escalating a situation.

Question 2 – Does the Practice have the potential to have an impact on the promotion of equality of opportunity for any of the Section 75 groupings?

No

Provide a brief explanation for your answer below.

There are no specific groups associated with this activity. Policing experience shows that offenders often spit or bite after they have been handcuffed. This may be because, once restrained, these are the only effective methods of assault remaining.

Spit and Bite Guards would not be used routinely; they will only be used in exceptional circumstances where the actions of the subject are such that they represent a significant risk to the officers, themselves or others.

The guard will only be in place for a short period of time, until the risk of the subject spitting or biting has been significantly reduced and a subject will never be left unattended when the guard is in place.

This will be re-enforced during training and officers will be made aware of signs to help recognize if a person is struggling with the guard in place.

The use of a spit guard will always be appropriate, proportionate and justifiable in response to the behaviour exhibited, or threat made, by the subject.

Consideration of Available Data/Research

Question 3 – What data is there available – statistics or perception – to help you decide who the Practice might affect the most? ie What evidence, qualitative or quantitative, have you gathered to inform your decision making process?

There is data around assaults on police involving spitting and biting and they are generally increasing year on year, this data does not identify a group which will be affected, other than individuals arrested by police. The perception would be that individuals who assault police in this manner are often suffering the effects of alcohol or drugs.

In 2019 there were 183 incidences of spitting reported (28 of these in the custody environment), 71 incidences of biting (18 of these in the custody environment) and 27 incidences with spitting and biting (5 of these being in the custody environment). These figures are a slight decrease from 2018 but still show an increase from 2016 and 2017.

Officers who have been spat upon have been distressed by the possibility of contracting blood-borne viruses (BBVS) and the prospect of treatment which might lead to unpleasant side-effects. They have also reported stress associated with the wait for medical results.

NPCC figures show that in January 2019, 42 out of 43 police forces are using S&BGs. 3 of these forces are only using them in custody while the rest are using them in custody and operationally.

Assessment of Impact

Question 4 – Explain if what you plan to do is likely to be perceived as having a high, medium or low impact upon the 9 Equality groupings according to their needs. Also if what you are planning to do is likely to be perceived as having a positive or negative effect upon the 3 different groups in relation to the promotion of good relations.

9 Equality Groups	Perceived Impact High – (H) Medium - (M) Low – (L)	Why this rating?	Promotion of Good Relations (Yes/No)	Why this rating?
Religious Belief	Low	Q2 & 3 refer	No	PPE for police
Racial/Ethnic Group	Low	Q2 & 3 refer	No	PPE for police
Political Opinion	Low	Q2 & 3 refer	No	PPE for police
Age	Low	Q2 & 3 refer	-	
Gender	Low	Q2 & 3 refer	-	
Marital Status	Low	Q2 & 3 refer	-	
Sexual Orientation	Low	Q2 & 3 refer	-	
Disability	Low	Q2 & 3 refer	-	
Dependants	Low	Q2 & 3 refer	-	

Opportunities to better promote Equality of Opportunity

Question 5 – Are there steps which could be taken to reduce any adverse impact upon the Section 75 groups as identified in Question 4?

No impacts have been identified against a specific group- use of a Spit and Bite Guard will be subject to the officer- perceived threat and risk using the National Decision Making Model in line with Personal Safety Program training. Officers will be trained in the use of Spit and Bite Guards including application of the device and associated impacts and risks.

Extreme care will be taken when dealing with vulnerable detainees, for example detainees who are suffering from mental health issues or those who have a disability which may result in them exhibiting particularly emotional behaviour and may not respond to checks on their health or welfare. Guidance will be given to officers about considerations prior to use of Spit Guards.

Spit and Bite Guards may not be an appropriate tactic to use where the offender is a person from a distinct ethnic or religious minority and is wearing a head covering, e.g. a turban. The Guard may not be easily applied in these circumstances and officers will endeavour to find other solutions.

Good Relations

Question 6 – Is there an opportunity in what you are trying to do to better promote Good Relations between the 3 groupings as identified in Question 4?

Yes-we see this as an opportunity to be open and transparent about what police are doing to counter a serious form of assault. Members of the public are invited to see this as a proportionate tactic deployed in the interests of safety

A communications strategy will be discussed with PSNI's Corporate Communications Branch and effectively communicated. Communication around the tactic should enhance accountability and promote greater confidence in the police and how they deal with assaults on themselves and others.

The PSNI will report to the Northern Ireland Policing Board bi-annually and publish statistics regarding this use of force by police, as is the case with other tactical options such as irritant sprays, handcuffs/limb restraints and batons etc.

Consultation

Question 7 – Tell us about who have talked to about your proposals internally or externally to help you decide if the Practice needs further or no further equality investigation.

This subject has been discussed over many years at the PSNI's Uniform Protective Measures Committee in conjunction with OHW, Health & Safety Branch and with the Police Federation of Northern Ireland who have been requesting a provision to protect officers from this nature of assault for some years. In addition, this has been the subject of National Policing discussion and direction from the NPCC. PSNI have also sought the views of the Policing Board Human Rights Legal Advisor with no issues raised.

NPCC figures show that in January 2019, 42 out of 43 police forces are using S&BGs. 3 of these forces are only using them in custody while the rest are using them in custody and operationally.

We have been in consultation with other forces throughout the UK who use Spit and Bite Guards and we have not identified any injuries sustained as a result of the use of Spit and Bite Guards. In addition, PSNI has maintained contact with the College of Policing who co-ordinate the use of tactical options by Police throughout the UK.

Consultation has also taken place with the NI Prison Service who confirm that they do not use Spit & Bite Guards and with the Health Trusts who provide protection from spitting for staff as opposed to patients.

PSNI intend to use the Spit Guard Pro which is Home Office approved and used by other UK police forces.

An Garda Siochana is currently gathering the views of Chief Superintendents on the use of Spit and Bite Guards, before a final decision is made by the relevant Assistant Commissioner on whether they should be introduced to AGS.

Work was conducted by the Metropolitan Police Service to assure the safety of the Spit Guard Pro. The medical research examined the oxygen saturation levels of officers wearing the Spit Guard Pro during exertion. The research involved around 100 officers undertaking two separate shuttle run fitness tests. The first without the guard and the second, after a period of rest, with the guard. The findings from this study support initial medical advice and suggest that the risks associated with the Spit Guard Pro, when used correctly, are low.

PSNI's Health and Safety Branch have been consulted and it has been emphasized that PSNI has a statutory obligation to ensure the establishment of safe systems of work to protect officers and staff and others who may be affected by our undertaking (members of the public). There is a legislative requirement on PSNI as an employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of its employees (Health & Safety at Work Act 1974). The availability of spit guards will support this legal obligation.

In light of the current Covid-19 pandemic implementing the use of Spit & Bite guards is seen as a priority to protect PSNI staff and the public and ultimately attempt to halt the spread of this virus and potentially save lives. It is for this reason that the PSNI are aiming to expedite this process.

A separate Service Instruction will not be required for the use of Spit & Bite Guards, rather it will form part of the existing PSNI's Conflict Management Manual.

The PSNI will continually monitor any use of Spit and Bite Guards and the relevant chapter of the Conflict Management Manual will be reviewed accordingly to meet any challenges. Following any significant changes in the nationwide response to Covid-19 i.e. a severe downgrade on actions being taken, the policy on the use of Spit and Bite Guards will be reviewed.

Question 8 – In light of the above should the Policy be

Screened Out – No Equality Issues – Please provide rationale for this decision.

Affects all S75 groups equally but positively and closes an omission in PSNI support to officers who are victims of assault

Screened Out with some adjustments. – What adjustments have you made?

Screened In for a deeper level of analysis of what is being considered or intended to be undertaken. (EQIA) – Please provide rationale for this decision.

Signed: _____ Service No. PW1636 Date: 15 March 2019
Policy Owner

Approved: _____ Service No. PW1303 Date: 02/04/20
Head of Branch

Accepted by PWC _____ Name: _____ Service No. _____
On behalf of strategic Diversity Steering Group

Modifications made? Yes Date: _____

Accepted by PWC _____ Name: _____ Service No. _____
On behalf of strategic Diversity Steering Group

Modifications made? Yes Date: _____

Accepted by PWC _____ Name: _____ Service No. _____
On behalf of strategic Diversity Steering Group

Keeping People Safe



INITIAL EQUALITY SCREENING/ASSESSMENT FORM

Department: OSD

Branch: Protective Services

Name of Policy/Decision/Practice to be Equality Screened/Assessed

Provision of Spit and Bite Guards (S&BGs)

Is it New or Revised? Revised

Who Does the Policy Effect: All police dealing with individuals who assault police by spitting or biting

Question 1 – Define the aim of the Practice. What is the Practice trying to achieve? (Intended aims/outcomes)

The provision of Spit and Bite Guards is being considered as a purpose-made solution to protect police, police staff and members of the public from offenders who use spitting or biting to attack and abuse them. The aim in the application of the guard is to reduce the risk of contamination or injury to police officers, staff and members of the public. The Spit and Bite guards are currently available to members of Covid-19 crews, Armed Response Units, Custody Staff and crews of cell vans.

As well as the obvious potential injuries that could be sustained from biting, there is also the risk associated with the transfer of body fluids from both biting and spitting. The spread of saliva, particularly when it enters the the eyes, mouth or an open wound of the victim has the potential to contaminate the victim with blood borne viruses carried by the subject.

The risk of contracting diseases is low, however the victim may suffer psychological impact as in many cases they will have to be tested for blood borne viruses and await results. Additionally there is the unpleasant and degrading nature of simply being spat on.

An initial study was completed by PSNI Occupational Health and Wellbeing (OHW) medical advisors into the psychological effects on officers who reported being the subject of biting and/or spitting. This initial study looked at incident reports submitted by officers over the most recent 1 month period reporting spitting and/or biting incidents. The results indicated that two thirds of officers who responded reported sleep issues and were extra vigilant. One officer met the definition of suffering from Acute Stress Disorder. OHW intend to continue and expand this study to cover a larger period and look at new reported cases moving forward.

PSNI currently use the Spit Guard Pro. It is designed to avoid mouth/airway blockage or asphyxiation through the ingestion of fluids or solids. The manufacturers of the Spit Guard Pro have stated that it allows the subject to breathe easily, maintain vision and able to hear what is being asked of them in a restraint position with no associated health or safety risks.

Testing was carried out on the Spit Guard Pro by the Independent Medical Science Advisory Panel. This is an ad hoc independent panel of leading healthcare professionals who advise the National Policing Lead for Personal Safety Training on medical matters relating to physical restraint self-defence techniques and equipment. This testing involved using officers performing strenuous exercise whilst wearing the Spit Guard Pro. Oxygen saturation level of officers wearing the Spit Guard only dropped by 0.5% following the exercise, this is not clinically significant.

The Spit Guard Pro allows the suspects face to be observed and gives unrestricted eye contact with the subject to help reduce panic and avoid escalating a situation.

Question 2 – Does the Practice have the potential to have an impact on the promotion of equality of opportunity for any of the Section 75 groupings? No

Provide a brief explanation for your answer below.

There are no specific groups associated with this activity. Policing experience shows that offenders often spit or bite after they have been handcuffed. This may be because, once restrained, these are the only effective methods of assault remaining.

Spit and Bite Guards are not to be used routinely; they will only be used in exceptional circumstances where the actions of the subject are such that they represent a significant risk to the officers, themselves or others. This is highlighted in training and policy, officers will be advised to consider other options to de-escalate the situation and ultimately each officer should consider the National Decision Model and will be responsible for justifying any operational decision they make. The use of Spit and Bite Guards is a last resort option and this is reinforced in policy.

The guard will only be in place until the risk of the subject spitting or biting has been significantly reduced and a subject will never be left unattended when the guard is in place.

Training and policy state that Spit and Bite Guards are not to be used on a subject suffering from breathing difficulties, vomiting or who has excessive bleeding. Training also advises officers to be aware that subjects may strongly resist as a result suffering from a panic attack or claustrophobia.

Officers are instructed to continually monitor subjects to reduce risk of choking or Positional Asphyxia.

Training emphasizes that officers should consider the vulnerability of the subject and be able to justify their actions in line with the National Decision Model and the Code of Ethics.

The use of a spit guard will always be appropriate, proportionate and justifiable in response to the behaviour exhibited, or threat made, by the subject.

Consideration of Available Data/Research

Question 3 – What data is there available – statistics or perception – to help you decide who the Practice might affect the most? ie What evidence, qualitative or quantitative, have you gathered to inform your decision making process?

There is data around assaults on police involving spitting and biting and they are generally increasing year on year, this data does not identify a group which will be affected, other than individuals arrested by police. The perception would be that individuals who assault police in this manner are often suffering the effects of alcohol or drugs.

In 2019 there were 183 incidences of spitting reported (28 of these in the custody environment), 71 incidences of biting (18 of these in the custody environment) and 27 incidences with spitting and biting (5 of these being in the custody environment). These figures are a slight decrease from 2018 but still show an increase from 2016 and 2017.

In 2020 between up to 20th September there have 286 reports submitted by officers detailing spitting and/or biting incidents against them.

Officers who have been spat upon have been distressed by the possibility of contracting blood-borne viruses (BBVS) and the prospect of treatment which might lead to unpleasant side-effects. They have also reported stress associated with the wait for medical results.

Since the temporary introduction of Spit and Bite Guards to the PSNI on March 16th 2020 there have been 54 uses of the guard including uses on 2 children under 18. These children were 16 and 17 years old. PSNI policy prohibits the use of Spit and Bite Guards on under 10s. Every use of the Spit and Bite Guard by the PSNI is an automatic referral to the Police Ombudsman for Northern Ireland (PONI). To date no complaints have been made to PONI in respect of the use of Spit and Bite Guards.

The most recent available data from the National Police Chiefs Council shows that 51 out of 58 UK Law Enforcement Agencies are using Spit and Bite Guards. The majority of these Law Enforcement Agencies are using them both in custody and operationally.

Assessment of Impact

Question 4 – Explain if what you plan to do is likely to be perceived as having a high, medium

or low impact upon the 9 Equality groupings according to their needs. Also if what you are planning to do is likely to be perceived as having a positive or negative effect upon the 3 different groups in relation to the promotion of good relations.

9 Equality Groups	Perceived Impact High – (H) Medium - (M) Low – (L)	Why this rating?	Promotion of Good Relations (Yes/No)	Why this rating?
Religious Belief	Low	Q2 & 3 refer	No	Protect all
Racial/Ethnic Group	Low	Q2 & 3 refer	No	Protect all
Political Opinion	Low	Q2 & 3 refer	No	Protect all
Age	Medium	Q2 & 3 refer	-	See below
Gender	Low	Q2 & 3 refer	-	Protect all
Marital Status	Low	Q2 & 3 refer	-	Protect all
Sexual Orientation	Low	Q2 & 3 refer	-	Protect all
Disability	Low	Q2 & 3 refer	-	Protect all
Dependants	Low	Q2 & 3 refer	-	Protect all

Opportunities to better promote Equality of Opportunity

Question 5 – Are there steps which could be taken to reduce any adverse impact upon the Section 75 groups as identified in Question 4?

Potential impact was identified in respect of young people. PSNI are taking steps to mitigate against potential adverse impact.

Within the last year, PSNI has begun delivering training in Trauma-Informed Practice incorporating Adverse Childhood Experiences (ACEs) to all Student officers, Local and Neighbourhood Policing teams as well as Public Protection Units. This training was developed by Safeguarding Board NI. The purpose of the training is to inform officers about the impact of trauma, which can be described as an incident or event that is unexpected, dramatic, isolated and for which the person has no strategy to deal with the situation. Officers are encouraged to be aware that it is not always significant events like a car crash, war, etc. that cause trauma. For example being assaulted as a child by an adult or witnessing domestic violence can cause trauma.

If a spit guard was placed over a child's head and this causes a flashback to a traumatic event, a referral can be made to an organisation such as Start 360 who specialise in helping young people between the ages of 11 and 24. Further engagement would have to be carried out but a rudimentary process would be a reflection of a system currently in place in Mid and East Antrim):

- When police are speaking with someone who has been assessed as vulnerable they use an ACE score questionnaire and, if required, a Form VulNav 1 is completed (Vulnerability Navigator-a member of the District Support Team)
- The Vulnerability Navigator selects the appropriate service provider to refer or signpost to in order to support the individual concerned. Start 360 would be an example of an appropriate service provider

It is hoped that this process will be rolled out to all Districts in the near future. Utilising this system will provide aftercare for a subject who has a Spit & Bite Guard applied and are re-traumatised by the experience.

The use of a Spit and Bite Guard will be subject to the officer perceived threat and risk using the National Decision Model in line with Personal Safety Program training. Officers will be trained in the use of Spit and Bite Guards including application of the device and associated impacts and risks.

Extreme care will be taken when dealing with vulnerable detainees, for example detainees who are suffering from mental health issues or those who have a disability which may result in them exhibiting particularly emotional behavior and may not respond to checks on their health or welfare. Guidance will be given to officers about considerations prior to use of Spit Guards.

Spit and Bite Guards may not be an appropriate tactic to use where the offender is a person from a distinct ethnic or religious minority and is wearing a head covering, e.g. a turban. The Guard may not be easily applied in these circumstances and officers will endeavour to find other solutions.

Officers will be made aware of the possibility of subjects becoming disorientated if glasses are removed to apply the Spit and Bite Guard and they will also be advised to be mindful of hearing aids or implants.

Good Relations

Question 6 – Is there an opportunity in what you are trying to do to better promote Good Relations between the 3 groupings as identified in Question 4?

Yes - we see this as an opportunity to be open and transparent about what police are doing to counter a serious form of assault. Police held an engagement event on 28th July (as detailed in Question 7). Members of the public from a large number of groups were invited to this event and a demonstration was provided to show the Spit and Bite Guard being used as a tactical option. This showed the use of Spit and Bite Guards as a proportionate tactic deployed in the interests of safety. Communication around the tactic at this event aimed to demonstrate accountability and promote greater confidence in the police and how they deal with assaults on themselves and others.

PSNI are currently in the process of organising an engagement with a group of young people from different backgrounds in the hope of receiving further feedback.

The PSNI will report to the Northern Ireland Policing Board bi-annually and publish statistics regarding this use of force by police, as is the case with other tactical options such as irritant sprays, handcuffs/limb restraints and batons etc.

PSNI currently share information with the Northern Ireland Policing Board on a weekly basis including the number of times the Spit and Bite Guards have been used and the details and circumstances of each individual use.

The views of internal and external partners including PONI, Human Rights advisor for the Northern Ireland Policing Board, Professional Standards and the PSNI's Chief medical advisor are currently asked for on a monthly basis to help with any decision on the continued use of Spit and Bite Guards.

A detailed report is provided to the Chief Constable on a monthly basis documenting all these views along with details on uses of the Spit and Bite Guard to date from which he makes a decision on the continued use.

Consultation

Question 7 – Tell us about who have talked to about your proposals internally or externally to help you decide if the Practice needs further or no further equality investigation.

This subject has been discussed over many years at the PSNI's Uniform Protective Measures Committee in conjunction with OHW, Health & Safety Branch and with the Police Federation of Northern Ireland who have been requesting a provision to protect officers from this nature of assault for some years. In addition, this has been the subject of National Policing discussion and direction from the NPCC. PSNI continues to engage with the Policing Board Human Rights Legal Advisor on a monthly basis.

We have been in consultation with other forces throughout the UK who use Spit and Bite Guards and we have not identified any adverse issues as a result of the use of Spit and Bite Guards in the UK. In addition, PSNI has maintained contact with the College of Policing who co-ordinate the use of tactical options by Police throughout the UK.

Consultation has also taken place with the NI Prison Service who confirm that they do not use Spit & Bite Guards and with the Health Trusts who provide protection from spitting for staff as opposed to patients.

An Garda Síochána have implemented the use of Spit and Bite Guards temporarily with a review scheduled for later this year.

PSNI's Health and Safety Branch have been consulted and it has been emphasized that PSNI has a statutory obligation to ensure the establishment of safe systems of work to protect officers, staff and others who may be affected by our undertaking (members of the public).

There is a legislative requirement on PSNI as an employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of its employees (Health & Safety at Work Act 1974). The availability of spit guards will support this legal obligation.

On 28th July 2020, an engagement event was held for external partners with representatives from Groups relevant to Section 75 attending. Invites were extended to; Voice of Young People in Care, Start 360, Educational Authority, Health and Social Care NI, Northern Ireland Commissioner for Children and Young People, The Children's Law Centre, Youth work alliance, Justice NI, Include Youth, Action for children, Age NI, NSPCC, British Deaf Association, Autism NI, Disability Action, Mencap, Praxis Care, Leonard Cheshire, African and Caribbean Support Organisation Northern Ireland, Indian Community Centre NI, Belfast Jewish Community, Belfast Islamic Centre, Committee on the Administration of Justice, Law Society for Northern Ireland and Pat Finucane Centre.

Concerns were raised around the use of Spit and Bite Guards on Young People. It was strongly felt that the application of a child could potentially re-traumatise them particularly if that child had previously been subjected to abuse. It was also felt that follow up care was potentially needed for individuals who had a spit guard applied to them (Answer at Question 6 addresses this issue).

A number of groups did not attend for various reasons and they have now been contacted, asking them for their views and suggestions. Views have also been requested from Amnesty International. All replies will be considered and decisions around these suggestions will be communicated to the groups.

Spit and Bite Guards were introduced in light of the current Covid-19 pandemic as a priority to protect PSNI staff and the public with one of the perceived positive aspects of it being a method to prevent liquid droplets being projected from persons spitting. In this time the Guard has been used 54` times with no formal complaints and no associated injuries.

Chapter 16 of the PSNI Conflict Management Manual was produced to instruct officers in all aspects of the Spit and Bite Guards and is available for the public to view on the PSNI website.

The PSNI will continually monitor any use of Spit and Bite Guards and Chapter 16 of the Conflict Management Manual will be reviewed accordingly to meet any challenges.

Question 8 – In light of the above should the Policy be

Screened Out – No Equality Issues – Please provide rationale for this decision.

Affects all S75 groups equally but positively and closes an omission in PSNI support to officers who are victims of assault

Screened Out with some adjustments. – What adjustments have you made?

Screened In for a deeper level of analysis of what is being considered or intended to be undertaken. (EQIA) – Please provide rationale for this decision.

Signed: _____ Service No. _____ Date: _____
Policy Owner

Approved: _____ Service No. _____ Date: _____
Head of Branch

Accepted by PWC _____ Name: _____ Service No. _____
On behalf of strategic Diversity Steering Group

Modifications made? Yes _____ Date: _____

Accepted by PWC _____ Name: _____ Service No. _____
On behalf of strategic Diversity Steering Group

Modifications made? Yes _____ Date: _____

Accepted by PWC _____ Name: _____ Service No. _____
On behalf of strategic Diversity Steering Group

Keeping People Safe



INITIAL EQUALITY SCREENING/ASSESSMENT FORM

Department: OSD

Branch: Protective Services

Name of Policy/Decision/Practice to be Equality Screened/Assessed

Provision of Spit and Bite Guards to all frontline officers and staff (S&BGs)

Is it New or Revised? Revised

Who Does the Policy Effect: All police dealing with individuals who assault police by spitting or biting

Question 1 – Define the aim of the Practice. What is the Practice trying to achieve? (Intended aims/outcomes)

The further provision of Spit and Bite Guards is being considered as a purpose-made solution to protect police, police staff and members of the public from offenders who use spitting or biting to attack and abuse them. The aim in the application of the guard is to reduce the risk of contamination or injury to police officers, staff and members of the public.

The PSNI has taken note of the ECNI Guidance in relation to Section 75 duties when developing Covid-19 related policies (attached) and in particular:-

We recognise that the development of policies that are intended to alleviate and/or deal with the consequences of the Covid-19 crisis, and that need to be developed and implemented with the utmost urgency, may be occasions where a public authority's commitment to following the screening arrangements outlined in its equality scheme may permit some modification.

The Spit and Bite guards are currently available to members of Covid-19 crews, Armed Response Units, Custody Staff and crews of cell vans. The intention is to provide Spit and Bite Guards to additional officers from the following operational units from 11th January subject to them having completed the mandatory online training package; Local Police Teams, Neighbourhood Police Teams, Tactical Support Groups, Road Policing Units, District Support Teams and Special Operations Branch

As well as the obvious potential injuries that could be sustained from biting, there is also the risk associated with the transfer of body fluids from both biting and spitting. The spread of saliva, particularly when it enters the the eyes, mouth or an open wound of the victim has the potential to contaminate the victim with blood borne viruses carried by the subject.

The risk of contracting diseases is low, however the victim may suffer psychological impact as in many cases they will have to be tested for blood borne viruses and await results. Additionally there is the unpleasant and degrading nature of simply being spat on.

An enhanced roll out of Spit & Bite Guards to the operational officers detailed above offers the following further advantages:

- Reduces the wait time for a trained officer to arrive to apply a spit and bite guard
- Reduces the amount of physical restraint required to prevent a subject from continuing to spit or bite
- Increases officer confidence and wellbeing

An initial study was completed by PSNI Occupational Health and Wellbeing (OHW) medical advisors into the psychological effects on officers who reported being the subject of biting and/or spitting. This initial study looked at incident reports submitted by officers over a 1 month period reporting spitting and/or biting incidents. The results indicated that two thirds of officers who responded reported sleep issues and were extra vigilant. One officer met the definition of suffering from Acute Stress Disorder. OHW intend to continue and expand this study to cover a larger period and look at new reported cases moving forward.

PSNI currently use the Spit Guard Pro. It is designed to avoid mouth/airway blockage or asphyxiation through the ingestion of fluids or solids. The manufacturers of the Spit Guard Pro have stated that it allows the subject to breathe easily, maintain vision and able to hear what is being asked of them in a restraint position with no associated health or safety risks.

Testing was carried out on the Spit Guard Pro by the Independent Medical Science Advisory Panel. This is an independent panel of leading healthcare professionals who advise the National Policing Lead for Personal Safety Training on medical matters relating to physical restraint self-defence techniques and equipment. This testing involved using officers performing strenuous exercise whilst wearing the Spit Guard Pro. Oxygen saturation level of officers wearing the Spit Guard only dropped by 0.5% following the exercise. This is not clinically significant.

The Spit Guard Pro allows the suspect's face to be observed and gives unrestricted eye contact with the subject to help reduce panic and avoid escalating a situation.

Question 2 – Does the Practice have the potential to have an impact on the promotion of equality of opportunity for any of the Section 75 groupings? No

Provide a brief explanation for your answer below.

There are no specific groups associated with this activity. Policing experience shows that offenders often spit or bite after they have been handcuffed. This may be because, once restrained, these are the only effective methods of assault remaining.

Spit and Bite Guards are not to be used routinely; they will only be used in exceptional circumstances where the actions of the subject are such that they represent a significant risk to the officers, themselves or others. This is highlighted in training and policy, officers will be advised to consider other options to de-escalate the situation and ultimately each officer should consider the National Decision Model and will be responsible for justifying any operational decision they make. The use of Spit and Bite Guards is a last resort option and the need to consider other de-escalation tactics where appropriate is reinforced in policy.

The guard will only be in place until the risk of the subject spitting or biting has been significantly reduced and a subject will never be left unattended when the guard is in place.

Training and policy state that Spit and Bite Guards will not be used on a subject who is vomiting, is suffering from breathing difficulties or who is bleeding excessively from the mouth or nose. Training also advises officers to be aware that subjects may strongly resist as a result suffering from a panic attack or claustrophobia.

Officers are instructed to continually monitor subjects to reduce risk of choking, Positional Asphyxia and loss of consciousness. They are also advised to be aware of the increased risk of respiratory distress, and to look for signs and symptoms of Positional Asphyxia and Acute Behavioural Disturbance.

Training also instructs officers that in the event of an identified medical emergency, such as asphyxiation, breathing difficulties, vomiting, head injury, loss of consciousness or if the subject is bleeding excessively from the mouth or nose, the spit and bite guard should be removed immediately for an assessment to be made and medical aid given, where appropriate.

Training and policy states that where officers or staff are already aware that a member of the public is vulnerable by way of age (under 18), mental health or other debilitating condition which the use of a Spit and Bite Guard could exacerbate, the presumption will be that a Spit and Bite Guard should not be used. Spit and Bite Guards cannot be used on children under the age of 10. Officers must always be able to justify their actions in line with the National Decision Model and the Code of Ethics.

The use of a Spit and Bite Guard will always be appropriate, proportionate and justifiable in response to the behaviour exhibited, or threat made, by the subject.

Consideration of Available Data/Research

Question 3 – What data is there available – statistics or perception – to help you decide who the Practice might affect the most? ie What evidence, qualitative or quantitative, have you gathered to inform your decision making process?

There is data around assaults on police involving spitting and biting and they are generally increasing year on year, this data does not identify a group which will be affected, other than individuals arrested by police. The perception would be that individuals who assault police in this manner are often suffering the effects of alcohol or drugs.

In 2019 there were 183 incidences of spitting reported (28 of these in the custody environment), 71 incidences of biting (18 of these in the custody environment) and 27 incidences with spitting and biting (5 of these being in the custody environment). These figures are a slight decrease from 2018 but still show an increase from 2016 and 2017.

In 2020 there were 397 reports submitted by officers detailing spitting and/or biting incidents against them. This is already higher than previous years and the indication is that some people are using spitting as a weapon against Police. 69% of these incidents involved attacks on Local Police Teams who are currently not equipped with Spit and Bite Guards. They are one of the groups that will be equipped with Spit and Bite Guards in the enhanced roll out.

Officers who have been spat upon have been distressed by the possibility of contracting blood-borne viruses (BBVS) and the prospect of treatment which might lead to unpleasant side-effects. They have also reported stress associated with the wait for medical results.

Since the temporary introduction of Spit and Bite Guards to the PSNI on March 16th 2020 there have been 84 uses of the guard including uses on 5 children under 18. These children were 15 (2), 16 (2) and 17 years old. Every use of the Spit and Bite Guard by the PSNI is an automatic referral to the Police Ombudsman for Northern Ireland (PONI). To date no complaints have been made to PONI in respect of the use of Spit and Bite Guards. The Police Ombudsman has made a decision on one use of a Spit and Bite Guard that she will use her own motion powers under Section 55(6) Police Act (N.I.) 1998 to commence an investigation into its use following notification by Police.

The most recent available data from the National Police Chiefs Council shows that 51 out of 58 UK Law Enforcement Agencies are using Spit and Bite Guards. The majority of these Law Enforcement Agencies are using them both in custody and operationally.

Assessment of Impact

Question 4 – Explain if what you plan to do is likely to be perceived as having a high, medium or low impact upon the 9 Equality groupings according to their needs. Also if what you are planning to do is likely to be perceived as having a positive or negative effect upon the 3 different groups in relation to the promotion of good relations.

9 Equality Groups	Perceived Impact High – (H) Medium - (M) Low – (L)	Why this rating?	Promotion of Good Relations (Yes/No)	Why this rating?
Religious Belief	Low	Q2 & 3 refer	No	Protect all
Racial/Ethnic Group	Low	Q2 & 3 refer	No	Protect all
Political Opinion	Low	Q2 & 3 refer	No	Protect all
Age	Medium	Q2 & 3 refer	-	See below
Gender	Low	Q2 & 3 refer	-	Protect all
Marital Status	Low	Q2 & 3 refer	-	Protect all
Sexual Orientation	Low	Q2 & 3 refer	-	Protect all
Disability	Low	Q2 & 3 refer	-	Protect all
Dependants	Low	Q2 & 3 refer	-	Protect all

Opportunities to better promote Equality of Opportunity

Question 5 – Are there steps which could be taken to reduce any adverse impact upon the Section 75 groups as identified in Question 4?

Potential impact was identified in respect of young people. PSNI are taking steps to mitigate against potential adverse impact.

Within the last year, PSNI has begun delivering training in Trauma-Informed Practice incorporating Adverse Childhood Experiences (ACEs) to all Student officers, Local and Neighbourhood Policing teams as well as Public Protection Units. This training was developed by Safeguarding Board NI. The purpose of the training is to inform officers about the impact of trauma, which can be described as an incident or event that is unexpected, dramatic, isolated and for which the person has no strategy to deal with the situation. Officers are encouraged to be aware that it is not always significant events like a car crash, war, etc. that cause trauma. For example being assaulted as a child by an adult or witnessing domestic violence can cause trauma.

If a spit guard was placed over a child's head and this causes a flashback to a traumatic event, a referral can be made to an organisation such as Start 360 who specialise in helping young people between the ages of 11 and 24. Further engagement would have to be carried out but a rudimentary process would be a reflection of a system currently in place in Mid and East Antrim):

- When police are speaking with someone who has been assessed as vulnerable they use an ACE score questionnaire and, if required, a Form VulNav 1 is completed (Vulnerability Navigator-a member of the District Support Team)
- The Vulnerability Navigator selects the appropriate service provider to refer or signpost to in order to support the individual concerned. Start 360 would be an example of an appropriate service provider

It is hoped that this process will be rolled out to all Districts in the near future. Utilising this system will provide aftercare for a subject who has a Spit & Bite Guard applied and are re-traumatised by the experience.

The use of a Spit and Bite Guard will be subject to the officer perceived threat and risk using the National Decision Model in line with Personal Safety Program training. Officers will be trained in the use of Spit and Bite Guards including application of the device and associated impacts and risks.

Extreme care will be taken when dealing with vulnerable detainees, for example detainees who are suffering from mental health issues or those who have a disability which may result in them exhibiting particularly emotional behaviour and may not respond to checks on their health or welfare. Where officers or staff are already aware that a member of the public is vulnerable by way of age (under 18), mental health or other debilitating condition which the use of a Spit and Bite Guard could exacerbate, the presumption will be that a Spit and Bite Guard should not be used.

Spit and Bite Guards may not be an appropriate tactic to use where the offender is a person from a distinct ethnic or religious minority and is wearing a head covering, e.g. a turban. The Guard may not be easily applied in these circumstances and officers will endeavour to find other solutions.

Officers will be made aware of the possibility of subjects becoming disorientated if glasses are removed to apply the Spit and Bite Guard and they will also be advised to be mindful of hearing aids or implants.

Good Relations

Question 6 – Is there an opportunity in what you are trying to do to better promote Good Relations between the 3 groupings as identified in Question 4?

Yes - we see this as an opportunity to be open and transparent about what police are doing to counter a serious form of assault. Police held an engagement event on 28th July (as detailed in Question 7). Members of the public from a large number of groups were invited to this event and a demonstration was provided to show the Spit and Bite Guard being used as a tactical option. This showed the use of Spit and Bite Guards as a proportionate tactic deployed in the interests of safety. Communication around the tactic at this event aimed to demonstrate accountability and promote greater confidence in the police and how they deal with assaults on themselves and others.

PSNI also engaged with a group of young people from different backgrounds (experts by experience) on 17th November and received further feedback.

The PSNI will report to the Northern Ireland Policing Board bi-annually and publish statistics regarding this use of force by police, as is the case with other tactical options such as irritant sprays, handcuffs/limb restraints and batons etc.

PSNI currently share information with the Northern Ireland Policing Board on a weekly basis including the number of times the Spit and Bite Guards have been used and the details and circumstances of each individual use.

The views of internal and external partners including PONI, Human Rights advisor for the Northern Ireland Policing Board, Professional Standards and the PSNI's Chief medical advisor are currently asked for on a monthly basis to help with any decision on the continued use of Spit and Bite Guards.

A detailed report is provided to the Chief Constable on a monthly basis documenting all these views along with details on uses of the Spit and Bite Guard to date from which he makes a decision on the continued use.

Consultation

Question 7 – Tell us about who have talked to about your proposals internally or externally to help you decide if the Practice needs further or no further equality investigation.

This subject has been discussed over many years at the PSNI's Uniform Protective Measures Committee in conjunction with OHW, Health & Safety Branch and with the Police Federation of Northern Ireland who have been requesting a provision to protect officers from this nature of assault for some years. In addition, this has been the subject of National Policing discussion and direction from the NPCC. PSNI continues to engage with the Policing Board Human Rights Legal Advisor on a monthly basis.

We have been in consultation with other forces throughout the UK who use Spit and Bite Guards and we have not identified any adverse issues as a result of the use of Spit and Bite Guards in the UK. In addition, PSNI has maintained contact with the College of Policing who co-ordinate the use of tactical options by Police throughout the UK.

Consultation has also taken place with the NI Prison Service who confirm that they do not use Spit & Bite Guards and with the Health Trusts who provide protection from spitting for staff as opposed to patients.

An Garda Síochána have implemented the use of Spit and Bite Guards temporarily with a review scheduled for later this year.

PSNI's Health and Safety Branch have been consulted and it has been emphasized that PSNI has a statutory obligation to ensure the establishment of safe systems of work to protect officers, staff and others who may be affected by our undertaking (members of the public).

There is a legislative requirement on PSNI as an employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of its employees (Health & Safety at Work Act 1974). The availability of spit guards will support this legal obligation.

On 28th July 2020, an engagement event was held for external partners with representatives from Groups relevant to Section 75 attending. Invites were extended to; Voice of Young People in Care, Start 360, Educational Authority, Health and Social Care NI, Northern Ireland Commissioner for Children and Young People, The Children's Law Centre, Youth work alliance, Justice NI, Include Youth, Action for children, Age NI, NSPCC, British Deaf Association, Autism NI, Disability Action, Mencap, Praxis Care, Leonard Cheshire, African and Caribbean Support Organisation Northern Ireland, Indian Community Centre NI, Belfast Jewish Community, Belfast Islamic Centre, Committee on the Administration of Justice, Law Society for Northern Ireland and Pat Finucane Centre.

Concerns were raised around the use of Spit and Bite Guards on Young People. It was strongly felt that the application of a child could potentially re-traumatise them particularly if that child had previously been subjected to abuse. It was also felt that follow up care was potentially needed for individuals who had a spit guard applied to them (Answer at Question 6 addresses this issue).

A number of groups did not attend for various reasons and they have now been contacted, asking them for their views and suggestions. Views have also been requested from Amnesty International. Amnesty International have submitted a number of letters to the Chief Constable questioning the provision of Spit & Bite Guards to officers during the current pandemic.

Spit and Bite Guards were introduced in light of the current Covid-19 pandemic as a priority to protect PSNI staff and the public with one of the perceived positive aspects of it being a method to prevent liquid droplets being projected from persons spitting. In this time the Guard has been used 72 times with no formal complaints and no associated injuries.

The number of reported spitting and biting incidents against Police have increased significantly from previous years as mentioned in Question 3. The decision has been taken, during the current Covid-19 pandemic, to provide Spit and Bite Guards to frontline officers as detailed in Question 1 to provide protection against these types of assaults as well as fulfilling the PSNI's obligation to its employees.

This increased provision of Spit and Bite Guards has the potential to impact significantly on the public and Section 75 groups and as such, it has been directed by the Chief Constable that an Equality Impact Assessment be undertaken. A timetable has been devised for this assessment which will commence immediately. This Equality Impact Assessment will assess the use of Spit and Bite Guards in both a "Covid-19 environment" and a "non-Covid-19 environment".

Chapter 16 of the PSNI Conflict Management Manual was produced to instruct officers in all aspects of the

Spit and Bite Guards and is available for the public to view on the PSNI website.

The PSNI will continually monitor any use of Spit and Bite Guards and Chapter 16 of the Conflict Management Manual will be reviewed accordingly to meet any challenges.

The training for Spit and Bite Guards is also updated to reflect any changes in policy. The training video is currently due to be relaunched prior to the enhance roll out of Spit and Bite Guards. In line with transparency and accountability PSNI will be showing the updated training video to the Independent Advisory Group on 7th January and will address any feedback received from the group in respect of the training package.

Question 8 – In light of the above should the Policy be

Screened Out – No Equality Issues – Please provide rationale for this decision.

Screened Out with some adjustments. – What adjustments have you made?

Screened In for a deeper level of analysis of what is being considered or intended to be undertaken. (EQIA) – Please provide rationale for this decision.

There will a significant increase in the number of officers carrying Spit and Bite Guards and the potential for impact on a larger number of people. There has also been some public criticism of the use of Spit and Bite Guards.

Signed: _____ Service No. _____ Date: _____
 Policy Owner

Approved: _____ Service No. _____ Date: _____
 Head of Branch

Accepted by PWC _____ Name: _____ Service No. _____
 On behalf of strategic Diversity Steering Group

Modifications made? Yes _____ Date: _____

Accepted by PWC _____ Name: _____ Service No. _____
 On behalf of strategic Diversity Steering Group

Modifications made? Yes _____ Date: _____

Accepted by PWC _____ Name: _____ Service No. _____

Appendix F

SDAR Practitioners User Assessment Spit and Bite Guards

Following the introduction of the Spit and Bite Guard (SBG) in 2004, four versions are currently used by constabularies in England and Wales. They are:

- Kit Design SpitGuard Pro
- Noved Corp
- Tranzporthood
- POL- i -VEIL

A further SBG is being developed by an officer from Leicestershire Constabulary, which is unnamed at present but is referred to as the “Snood” in this document (this is the only garment that does not resemble a hood).

Following a direction from NPCC (SDAR), representatives from the National Practitioners’ Committee conducted a series of user evaluations of each of the SBGs during their meeting at Police Scotland HQ, on the 27th September 2017. Two independent groups of subject matter experts took part.

The tests used the following criteria:

Vision of the subject reading an eyesight chart from a distance of 3 metres whilst wearing a SBG

- The ability of the officer applying the SBG to see and monitor the subject’s face (visible life signs)
- Comfort for the subject
- Ease of application by officer
- Ease of removal by officer

The scoring for the subjects’ vision was assessed by the number of lines of an eye sight chart that each participant could read when wearing the garments. For all other criteria a scale of 1 – 5 was used. 1 being the lower end of the scale and 5 the higher. The score was intended to be indicative, to assist the reader, and not definitive.

Snood

Vision out: both groups scored 5 as this model does not cover the eyes.

Vision in: both groups scored 4 as this model does not cover all of the face.

Comfort: both groups scored 2. One group remarked on how this SBG could work its way up towards the eyes, which was thought unhelpful.

Ease of application: both groups scored 2 and both noted that it was quite awkward to apply, with the officer having to get quite close to the subject - standing either directly in front or behind them - which increased the risk of physical assault.

Ease of removal: both groups scored a 3.

Kit Design SpitGuard Pro

Vision out: both groups scored 4

Vision in: scored 3 and 4 respectively.

Comfort: scored 3 and 4 respectively. It was noted by one group that they experienced minor moisture build-up inside the SBG.

Ease of application: both groups scored 4.

Ease of removal: both groups scored 4.

Noved Corp

Vision out: both groups scored 3.

Vision in: scored 3 and 2 respectively. Both groups commented that the colour of the garment and design of the mesh, seemed to have a negative impact on the ability to check the subject's face (visible life signs, injuries etc.).

Comfort: both groups scored 4.

Ease of application: both groups scored 3.

Ease of removal: both groups scored 3.

POL- i -VEIL

Vision out: both groups scored 4 with

deceptively good vision. **Vision in:**

scored 5 and 4 respectively with

deceptively good vision. **Comfort:**

scored 4 and 5 respectively.

Ease of application: both groups scored 4.

Ease of removal: scored 4 and 5 respectively.

Tranzporthood

Vision out: both groups scored 4.

Vision in: both groups scored 4.

Comfort: scored 3 and 2 respectively. One group commented that it felt tight and warm.

Ease of application: both groups scored 2.

Ease of removal: both groups scored 2.

Appendix G

PSNI's Policy on the use of Spit and Bite Guards

Chapter 16 Conflict Management Manual

Spit and Bite Guards

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Chapter 16	

Police Use of Spit and Bite Guards

What is a Spit and Bite Guard?

16.1 A Spit and Bite Guard is a breathable, mesh material garment that covers the face and head. This prevents the wearer from being able to assault officers, staff and members of the public by means of spitting, thereby reducing

the potential of communicable/contagious diseases. A Spit and Bite Guard will NOT prevent biting but could lessen the degree of injury and contamination.

Who can apply a Spit and Bite Guard?

16.2 All Police Officers/Civilian Detention Officers applying a Spit and Bite Guard must have received the appropriate training. This training will normally consist of an initial physical input during Personal Safety Programme (PSP) training, however due to unprecedented demand, specific on-line training will be delivered as a result of the COVID 19 pandemic as detailed below.

Temporary Response to COVID 19 and Authorised Roles

16.3 Spit and Bite Guards will be solely issued for the policing response to the COVID-19 pandemic. Training will be an on-line video available on LEARN and completion will be recorded. Officers **MUST** complete this training video prior to being provided with a Spit and Bite Guard.

Who can a Spit and Bite Guard be applied to?

- 16.4
- It can only be applied to a person who is spitting, has spat, is preparing to spit or is threatening to spit.
 - Is biting, has bitten, is preparing to bite or is threatening to bite.
 - Previous instances of the above will not provide justification for its use in isolation, but combined with the above may provide justification.

Vulnerability

16.5 The application of the Spit and Bite Guard on a subject is a use of force and must be recorded as such. Its use should be carefully assessed using the National Decision Model (NDM) and service policy. The justification for its use remains with the person applying it.

16.6 Medical or mental health will not be an automatic barrier to use, but

careful consideration should be given to vulnerabilities . All available information and a clear rationale must be in place to ensure that it is proportionate, lawful, accountable and necessary in the circumstances.

16.7 Special consideration should be given to the heightened vulnerabilities of children. Article 3 of the United Nations Convention on the Rights of the Child (UNCRC) requires the best interests of children to be a primary consideration in all actions concerning children.

16.8 It is essential to consider the vulnerability of a subject, this includes taking into account a subject's age or mental health.

16.9 Where officers or staff are aware that a member of the public is under 18 the presumption will be that a Spit and Bite Guard should not be used.

16.10 If you are aware that the subject has mental health or another debilitating condition, which the use of a Spit and Bite Guard could exacerbate, the presumption will be that a spit and bite guard should not be used.

16.11 Officers should be mindful of other vulnerabilities or medical factors that may exist. These may include visual impairment, epilepsy, respiratory illness or symptoms related to Covid-19. This list is not exhaustive. Good communication with the subject and other relevant parties can help to identify any vulnerabilities or relevant medical factors.

16.12 Officers should be aware that there may be situations where communication barriers exist between the officer and the subject. You may be dealing with people who are deaf or hard of hearing, people who have autism or those individuals for whom English is not their first language.

Where can a Spit and Bite Guard be used?

16.13 A Spit and Bite Guard can be used anywhere. Information on transportation and custody is outlined in 16.46 below.

What should be considered prior to applying a Spit and Bite Guard?

16.14 Officers and Staff should consider options to aide de-escalation with the subject and where practicable, an alternative to a Spit and Bite Guard. This may include good communication, donning additional personal protective equipment or placing the subject in a cell van and keeping under observation.

16.15 **COVID - 19** Officers/Civilian Detention Officers should be aware there is **an increased risk of respiratory distress in an individual who is already exhibiting distress, which can lead to hypoxia (reduced oxygen in the blood stream) and subsequently lead to behavioural disturbance due to ‘air hunger’**. In this setting the risk of positional asphyxia would be increased, leading to greater risk of adverse outcomes.

Police Officers/Civilian Detention Officers need enhanced awareness of the possibility of **Positional Asphyxia and Acute Behavioural Disturbance** particularly in regards subjects who show signs and symptoms of Covid-19 or who may be suffering from Covid-19.

16.16 Due to religious and cultural considerations, turbans and other faith-related head wear should not be removed to accommodate the Spit and Bite Guard. If its application cannot be achieved, alternative tactical options should be considered.

16.17 Consideration should be given to removing jewellery, non-faith related headwear and glasses that may interfere with the application as it may prevent the Spit and Bite Guard being removed quickly in the event of a medical emergency.

16.18 Consideration should be given to subjects who have been sprayed with CS or PAVA as they may be suffering the effects of the irritant.

16.19 A Spit and Bite Guard should not be used on subjects who are bleeding excessively from the mouth or nose, or vomiting. In assessing the

situation, if it can be judged that the bleeding can be easily managed using a paper tissue then it would be reasonable to use the Spit and Bite Guard as it is not likely to cause any respiratory impairment.

Application of a Spit and Bite Guard

16.20 Body Worn Video MUST be used when applying Spit and Bite Guards outside the custody suite. Any encounters without a recording will require a reasoned explanation why this is so, which will need to be agreed by a supervisor.

16.21 A Spit and Bite Guard can be applied to a standing, kneeling or prone subject as long as they are under control. As with all restraint tactics, officers are reminded of the dangers associated with Positional Asphyxia and Acute Behavioural Disturbance (ABD). See 16.45 below.

16.22 Prior to placing a Spit and Bite Guard on a subject, officers and staff should where practicable, warn the subject. This warning should give clear instructions, for example, “stop spitting, to protect myself and others I am intending to place a spit guard over your head”.

16.23 The officer applying the Spit and Bite Guard should remove it from the sealed plastic packet, check that it is clean and undamaged, taking hold of the opening with both hands and stretching it to create the widest possible opening.

16.24 Approach the subject from a safe position and place the Spit and Bite Guard over the subject’s head and quickly pull downwards.

16.25 Keep your hands away from the subjects eyes and mouth, and if practicable wear protective gloves to avoid the risk of fluid transfer.

16.26 The elastic opening on the Spit and Bite Guard is sufficient to keep it in place and should not be pulled tighter or altered in any way.

16.27 Ensure that breathing is not restricted.

16.28 Check that its application is not causing any undue pressure around the subject's neck.

16.29 Ensure that the subject's nose and eyes are not interfered with by any elastic banding in the Spit and Bite Guard.

16.30 If the Spit and Bite Guard is not correctly secured it may rise over the face.

16.31 The dignity of the subject must be maintained at all times. Once the Spit and Bite Guard is in place consideration should be given to removing the subject from public view to avoid unnecessary embarrassment.

Subject Control and Care

16.32 Application of the Spit and Bite Guard requires sufficient officers working together to control the subject.

16.33 The Police Officers/Civilian Detention Officers applying the Spit and Bite Guard should, where practicable, be additional to the officers restraining the subject.

16.34 Officers and Staff must have control of the subject with either mechanical or physical restraints prior to attempting to place the Spit and Bite Guard and it is recommended that they are handcuffed to the rear, this will ensure they cannot remove or adjust the Spit and Bite Guard once it has been applied.

16.35 Where practicable, a safety officer will be appointed and have responsibility for:

- Care by monitoring the subject and being aware of their visible signs whilst they are wearing a Spit and Bite Guard.
- Control of the subject's head and monitor for signs of asphyxia or difficulty breathing - and the general situation.
- Communication with the subject/officers involved in the restraint/

custody officer.

16.36 In the event of an identified medical emergency, such as asphyxiation, breathing difficulties, vomiting, head injury, loss of consciousness or if the subject is bleeding excessively from the mouth or nose, the spit and bite guard should be removed immediately for an assessment to be made and medical aid given, where appropriate.

16.37 Subjects wearing the Spit and Bite Guard should be closely and constantly monitored for any signs of asphyxiation or difficulty breathing (if so it should be removed immediately and medical aid given, where appropriate). This is imperative where it is suspected that the subject may be under the influence of drink and/or drugs, is suspected of having any mental health issues or is suspected of being in respiratory distress.

16.38 A Spit and Bite Guard should not be allowed to become saturated or filled with fluid or solids of any description. If this occurs, the Spit and Bite Guard should be disposed of as a biohazard and replaced with a new one and this fact recorded in evidential notes.

16.39 Following a struggle, excessive exertion or where Acute Behavioural Disturbance is suspected, the subject may be less able to tolerate the Spit and Bite Guard and this should be taken into account by the officers. Officers are reminded of the dangers associated with Positional Asphyxia and Acute Behavioural Disturbance (ABD). See 16.45 below.

16.40 Monitor subject at all times, make sure you constantly reassess the need for the Spit and Bite Guard and keep in place only as long as necessary.

16.41 If the subject vomits remove the Spit and Bite Guard to prevent choking.

16.42 A subject wearing a Spit and Bite Guard should be secured to prevent them falling.

16.43 Removal of a spit and bite guard should be done from a safe position. The spit and bite guard should be removed from the back of the head to the front. If practicable, the subject should be asked to tilt their head forward when removing the Spit and Bite Guard to assist in containing any potential bodily fluids which may be within it.

16.44 On safe removal any expelled liquid or material will be safely contained for hygienic disposal of the mask and its contents and you should use gloves as when handling any biohazard. The risks posed by the transfer of bodily fluids and blood borne viruses from the subject to you are potentially very serious. All Spit and Bite Guards should be disposed of as a biohazard unless they are required as an evidential exhibit.

Positional Asphyxia and Acute Behavioural Disturbance

16.45 Police Officers/Civilian Detention Officers should pay close attention when they recognise the following signs and symptoms of Positional Asphyxia and Acute Behavioural Disturbance, taking immediate action to remedy them, and apply emergency aid:

- The subject's body position is restricted to prone, face down.
- Cyanosis (face is discoloured blue due to lack of oxygen).
- Gurgling, gasping sounds.
- A subject's behaviour suddenly changes from 'active' to 'passive' i.e. from loud and violent to quiet and tranquil.
- Panic.
- Subject tells the police officer that they cannot breathe.
- Subject states or shows signs of COVID-19 or other respiratory condition.

Further guidance on Positional Asphyxia and Acute Behavioural Disturbance is available in Appendix E Conflict Management Manual. Police Officers/Civilian Detention Officers should also make themselves aware of the Learn online course 'COT - Acute Behavioural Disturbance'.

This should be completed prior to attending mandatory PSP refresher training. Positional Asphyxia and Acute Behavioural Disturbance are two conditions identified as risks during arrest and restraint procedures which must be considered following the use of Spit and Bite Guards.

Transportation and Custody

16.46 It should be noted that a subject wearing a Spit and Bite Guard MUST NOT be in the custody or care of Police Officer/Civilian Detention Officer who has not received training in Spit and Bite Guards. Authorised Officers may be requested to deploy a Spit and Bite Guard on behalf of a colleague. They MUST ensure that the subject remains under their supervision until transferred into the care of a trained Police Officer/Civilian Detention Officer or the Spit and Bite Guard is removed.

16.47 Officers must ensure that if it is proposed to transport the subject in a cell van wearing the Spit and Bite Guard the subject must be kept under level 4 observation (close proximity). Further information regarding custody supervision levels are available on the Operational Custody Governance and Policy page which is available on POINT. Officers should also be mindful of the duration a Spit and Bite Guard is worn by the subject whilst travelling to and waiting at a Custody Suite. As with any use of force it should only be used while it is necessary and a continual risk assessment should be carried out and the Spit and Bite Guard removed if appropriate.

16.48 A supervisor must be informed if the subject is not taken into custody but conveyed elsewhere. The custody officer must be informed of its use when the subject is booked in. Its continued use will be for the custody officer to authorise. Where a Spit and Bite Guard has been placed on a subject within the custody suite for a period of 30 minutes, an officer of at least the rank of Inspector must be informed as soon as practicable. This officer will review the circumstances

regarding the continued necessity for the Spit and Bite Guard.

16.49 Where the subject comes into custody wearing a Spit and Bite Guard, the custody officer should routinely check for visible head injuries when it is removed.

16.50 All uses of Spit and Bite Guards within the custody area must be monitored by the custody officer who has ultimate responsibility for its continued use.

16.51 Spit and Bite Guards are not to remain on subjects when placed in a cell unless they are under Level 4 observation (close proximity). Further information regarding custody supervision levels are available on the Operational Custody Governance and Policy page which is available on POINT. Once the Spit and Bite Guard is removed after the subject has been placed in a cell, a heightened level of supervision should be considered as part of their care plan by the custody officer where appropriate

16.52 The subject should not be handed over to a third party (such as Court transport) whilst wearing the Spit and Bite Guard.

Reporting

16.53 The deployment of a Spit and Bite Guard is a use of force and an entry on the Electronic Use of Force Monitoring System must be completed as soon as practicable. Further reading on recording use of force is contained within Chapter 3 Conflict Management Manual.

Deployment can be defined as placing the Spit and Bite Guard on the subject or when an attempt has been made to place on the subject but for whatever reason this has been abandoned.

16.54 Any incidents of spitting and or biting towards staff and officers must be reported using the appropriate reporting systems regardless of whether or

not a Spit and Bite Guard is deployed.

Complaints

16.55 The use of a Spit and Bite Guard is an automatic notification to the Office for Police Ombudsman for Northern Ireland (OPONI). Operational and Tactical Development Unit (OTDU) will notify OPONI of routine deployments of the guard using the information contained in the Electronic Use of Force Report. If the use of a Spit and Bite Guard causes serious injury, the emergency on-call OPONI Senior Investigating Officer (SIO) must be contacted immediately by a supervisor. Further information can be obtained in Service Instruction 0517 “Public Complaints and the role of the Police Ombudsman” which is available on POINT.