



EQUALITY IMPACT ASSESSMENT

on

The use of Spit and Bite Guards by the Police Service of Northern Ireland Final report

June 2022

V1.3

Contents

1. EXECUTIVE SUMMARY	3
2. BACKGROUND AND CONTEXT	9
3. DATA AND CONSULTATION.....	16
4. KEY FINDINGS	50
5. CONCLUSIONS	60
APPENDIX A – Summary of Consultees Responses and Mitigation	71
APPENDIX B –Policy on the use of Spit and Bite Guards.....	136
APPENDIX C – The National Decision Model.....	151
APPENDIX D -Glossary of Terms.....	154

1. EXECUTIVE SUMMARY

This document presents the results of an Equality Impact Assessment (EQIA) on The Police Service of Northern Ireland's (PSNI) use of Spit and Bite Guards in a post-Coronavirus environment. A Spit and Bite Guard is a tactical option for frontline officers and staff to deal with assaults by spitting and/or biting. The continued use of Spit and Bite Guards in a post-Coronavirus environment is referred to as "the policy" in this document.

There are seven stages to an 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 document relates to Stage 6 of the EQIA process.

1.1 Purpose of Equality Impact Assessment

The purpose of this EQIA is to determine whether there are likely to be any differential impacts arising from the policy between persons of different religious belief; political opinion; racial group; age; marital status or sexual orientation; men and women generally; persons with a disability and persons without and persons with dependants and persons without. Where differential impacts are identified, the EQIA also assesses

whether that impact is adverse and considers mitigating measures or alternative policies to better achieve the promotion of equality of opportunity. This EQIA has been conducted in line with the Equality Commission for Northern Ireland's "*Practical Guidance on Equality Impact Assessment*":

1.2 Background

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 anti-viral Personal Protective Equipment (PPE); they are a piece of work equipment used as a transmission-based precaution to 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 police officers and staff.

A Spit and Bite Guard can only be applied to a person who:

- is spitting, has spat, is preparing to spit or is threatening to spit or
- 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.

Our policy on the use of Spit and Bite Guards states that 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. It is essential for officers and staff to

consider the vulnerability of a subject. This includes taking into account a subject's age or mental health.

Where officers or staff are aware or believe 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.

The application of the Spit and Bite Guard 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. All available information and a clear rationale must be in place to ensure that the deployment of a Spit and Bite Guard 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, we 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 all frontline officers in January 2021, the Chief Constable examined the evidence presented to him in monthly reviews of the deployments of Spit and Bite Guards. This evidence 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 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. In June 2022, this figure remains at 89%.

52 of 58 police services in the UK and the British Isles use Spit & Bite Guards. Six law enforcement agencies do not use Spit and Bite Guards. These include the National Crime Agency [NCA] 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 co-operation nationally with National Police Chiefs Council (NPCC) and specifically the Self-Defence, Arrest and Restraint Group (SDAR), we have identified that, nationally, incidents of spitting and biting have been on the increase over the last number of years.

1.3 Data Collection and Consultation

The EQIA consultation document on the use of Spit and Bite Guards in a post-Coronavirus environment considered a range of relevant evaluative, qualitative and quantitative data and this was used to inform assessment of the likely impact of the continued use of Spit and Bite Guards on the nine protected groups. We consulted extensively with the NI Policing Board (NIPB) between 2019/2022 about Spit and Bite Guards. An engagement day for partners was held in July 2020 and the Chief Constable and senior officers have written to partners and taken part in online discussions about the use of Spit and Bite Guards throughout 2020/2022. A formal consultation exercise was undertaken between March 2021 and May 2021.

1.4 Key Findings

In examining the data available within the EQIA and considering the views of respondents, the EQIA concludes that the policy affects all Section 75 groups. In examining the data available within the EQIA and considering the use of Spit and Bite

Guards in a post-Coronavirus environment, we have identified that there is a greater impact on some groups, namely:

- men
- young people
- people with a disability (including mental health)
- members of the Catholic community

1.5 Conclusions

We considered the responses to the EQIA questionnaire and all past engagement in the form of letters and presentations to partner agencies. Consideration was given to alternative policies and this has led to changes to our policy on the use of Spit and Bite Guards on children and vulnerable people. Ways of mitigating potential adverse impact on Section 75 groups are detailed in this report. Since the temporary introduction of Spit and Bite Guards in March 2020, the Chief Constable has conducted monthly reviews of their use, taking into consideration all available medical evidence and data on every deployment of a Spit and Bite Guard.

The Police Service's Strategic Management Board made a decision on 8 June 2022, to adopt Spit and Bite Guards as a permanent tactic for all frontline officers and custody staff. This decision became effective at 00.01 on Monday 13th June 2022. The decision is subject to all eligible officers being trained in our Personal Safety Programme and to further assurance around a governance framework and Section 75 concerns. We are satisfied that the appropriate, lawful policy is now in place in relation to the safe application of Spit and Bite Guards and to the aftercare afforded to individuals who have had a Spit and Bite Guard applied. The continued use of Spit and Bite Guards is framed around robust policy, training and established mitigations. Such mitigations include considering alternatives to the application of a Spit and Bite Guard, particularly on higher risk groups, such as good communication; donning additional Personal Protective Equipment; de-escalation or disengagement; maximising the use of cell vans and using Body Worn Video in all encounters where application of a guard may be considered.

Full rationale for this decision can be found at Section 5.4-Policy Decision.

All of the mitigating actions detailed in Table 5A below have been in place since March 2020 or have been recently incorporated into our policy on the use of Spit and Bite Guards.

1.6 Publication of Results of EQIA

The final EQIA report will be published on the PSNI website: www.psni.police.uk. Interested parties may receive a copy of the report in a format of their choice. Such formats include, but are not limited to, large print, Braille, PDF, audio cassette and minority languages.

2. BACKGROUND AND CONTEXT

This section summarises the background to and context for the decision to continue to use Spit and Bite Guards as a tactical option in a post-Coronavirus environment.

2.1 Overall Aim

The overall aim of this policy is to provide officers and staff with a tactical option, not limited to the duration of the Coronavirus pandemic, to protect themselves 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.

There is a legislative requirement on the Chief Constable to ensure, so far as is reasonably practicable, the health, safety and welfare at work of his employees (Health & Safety at Work Order (NI) 1978). The availability of Spit & Bite Guards supports this legal obligation.

In November 2020, the Chief Constable examined analysis which showed that operational police officers from a variety of roles are being spat at or bitten to varying degrees. Given this evidence base and the ongoing threat to officers and staff from the pandemic, the Chief Constable decided to issue all operational police officers with Spit & Bite Guards as a temporary measure for the duration of the pandemic.

Following Section 75 screening and engagement with partners, we began a full Equality Impact Assessment of the use of Spit & Bite Guards in a post-Coronavirus environment. The aim of the EQIA is:

- 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-Coronavirus environment

- To invite comment from stakeholders representing these groups on the use of Spit & Bite Guards in a post-Coronavirus 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 our 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 nine Section 75 groups

2.2 Background to PSNI Proposal

There are a number of factors which influenced our proposal to retain Spit and Bite Guards as a tactical option in a post-Coronavirus environment. Such considerations included:

- The Chief Constable has a statutory obligation to ensure the establishment of safe systems of work for employees and issuing Spit and Bite Guards at the start of the pandemic had this obligation in mind. This statutory obligation stands in a post-Coronavirus environment. Although the risk of contracting a blood-borne virus from spitting/biting is low, we need to provide officers with a tactical option to counter such assaults
- The National Police Chiefs Council (NPCC) guidance of 2017 confirmed that Spit and Bite Guards could be used as a tactical option. 52 of 58 UK Police Services and Law Enforcement Agencies subsequently adopted the tactic
- Evidence that spitting and biting became weaponised during the Coronavirus pandemic
- The evolution of variants of the Coronavirus during 2020/21

- Evidence that most spitting and biting assaults continue to be directed at frontline operational officers and staff
- The absence of an appropriate tactical option to deal with assaults by spitting/biting, with physical restraint being the only option when attempts at de-escalation have proved unsuccessful
- Requests from the Police Federation of Northern Ireland to equip all frontline officers and staff with an effective tactical option to counter spitting and biting assaults

2.3 Specifics of the Proposal

The proposal will see the continued use of Spit and Bite Guards in a post-Coronavirus environment as a tactical option for officers and staff to counter assaults by spitting and biting. This continued use will be subject to the existing requirement for officers and staff to be trained in the use of the tactic (taking into account human rights considerations and the vulnerabilities of some members of the public), to assurance around a new governance framework and the ongoing assessment of Section 75 concerns. Any use of a Spit and Bite Guard will be carefully assessed using the National Decision Model (NDM-see Appendix C) and service policy and be proportionate, lawful, accountable and necessary in the circumstances. Spit and Bite Guards will continue to be used as a last resort and their application carefully monitored.

2.4 Our Aims

The four key policing aims as set out in the Police (Northern Ireland) Act 2000 are:

- to protect life and property;
- to preserve order;
- to prevent the commission of offences, and
- where an offence has been committed, to take measures to bring the offender to justice

In carrying out their functions, police officers are required to have regard to the Service's Code of Ethics and, as far as practicable, carry out their functions in co-operation with, and with the aim of securing the support of, the local community.

Preserving order and preventing the commission of offences were particularly important considerations for our Strategic Management Board in approving the continued use of Spit and Bite Guards in a post-Coronavirus environment.

2.5 PSNI Equality Scheme

The PSNI Equality Scheme (Equality, Diversity and Good Relations Strategy 2017-2022) outlines our arrangements to meet our duties under:

- Section 75 of the Northern Ireland Act 1998 (Equality Scheme)
- Section 48 of the Northern Ireland Police Act 2000 (Gender Action Plan)
- Section 49a and 49b of the Disability Discrimination Act 1995 (as amended) (Disability Action Plan)

Section 5 of the Scheme details the arrangements to assess our compliance with Section 75 of the Northern Ireland Act to ensure the promotion of equality of opportunity by:

- assessing and consulting (using screening and EQIA in accordance with the Equality Commission's guidance)
- publishing the results
- monitoring the impact
- publishing data where adverse impact is found

The decision to conduct an EQIA on the introduction of Spit and Bite Guards was taken following Equality Screening and after considering the views of partners about the potential impact of the proposed policy on Section 75 groups.

2.6 Section 75 Screening

In discharging the Service's Section 75 responsibilities, the Police Service 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 nine Section 75 Groups are:

Religious Belief

Racial / Ethnic Group

Political Opinion

Age

Gender

Marital Status

Sexual Orientation

Disability

People with dependants and those without

Three Section 75 screening processes have been completed in respect of our use of Spit and Bite Guards. These reflect the evolving picture in terms of policy changes and the enhanced roll out of the tactic in January 2021. We liaised closely with the Equality Commission for Northern Ireland in completing these documents.

The first screening document was submitted prior to the Coronavirus pandemic expediting the issue of Spit & Bite Guards to approved officers. The document was screened out and signed off internally on 2nd April 2020.

The second Section 75 screening document was completed to reflect the engagement in July 2020 carried out with internal and external partners about the use of Spit and Bite Guards. The document was screened out and signed off internally on 2nd October 2020.

Following submission of the third Section 75 screening document, which was again screened out, the Chief Constable decided to conduct an Equality Impact Assessment on the use of Spit and Bite Guards by the Police Service of Northern Ireland, with particular comment invited on the continued use of the guard in a post-Coronavirus environment.

2.7 Spit and Bite Guard Training

The Spit and Bite Guard training course is a mandatory online training video which must be completed by all officers and staff authorised to carry a Spit and Bite Guard. Officers and staff are also directed to read Chapter 16 of the Conflict Management Manual (CMM) which contains our policy on the use of Spit and Bite Guards (please see Appendix B). With a return to face-to-face Personal Safety Programme (PSP) training, officers and staff are given a physical input on the use of Spit and Bite Guards but are still required to complete the online training package and read the policy. The online training package is updated when policy changes are made. Any re-launch of the training package requires officers and staff to complete training again. A revised training video is currently in production. This version takes account of recommendations made by the Policing Board's Human Rights Advisor and the Police Ombudsman on the use of Spit and Bite Guards. These recommendations include a more realistic training video, emphasis on the need to activate Body Worn Video and increased mitigation regarding the use of the tactic on children.

2.8 Policy on the use of Spit and Bite Guards

Our policy on the use of Spit & Bite Guards reflects Module 4 of the National Police Chief's Council (NPCC) Personal Safety Manual (PSM) which is the basis for policy used by all UK forces employing Spit & Bite Guards. Policy has evolved since March

2020 to include sections on vulnerability and human rights and the use of the tactic on children. It is reviewed regularly and amended as we consider recommendations from partners. A copy of the policy can be found at Appendix B.

3. DATA AND CONSULTATION

This section of the report outlines how data was collected for the EQIA and details the consultation carried out. It also provides a summary of responses to the EQIA; suggested mitigation provided by respondents; our consideration of these responses and mitigation where appropriate.

3.1 Data and Research

Source	Data
PSNI	Review of spitting and biting incidents and monitoring deployments of Spit and Bite Guards
PSNI	Responses to engagement to date
PSNI Occupational Health & Welfare Department	Research by our 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 2020/2022 [Performance Committee] NIPB Human Right's Advisor's Review of PSNI's Use of Spit and Bite Guards February 2022

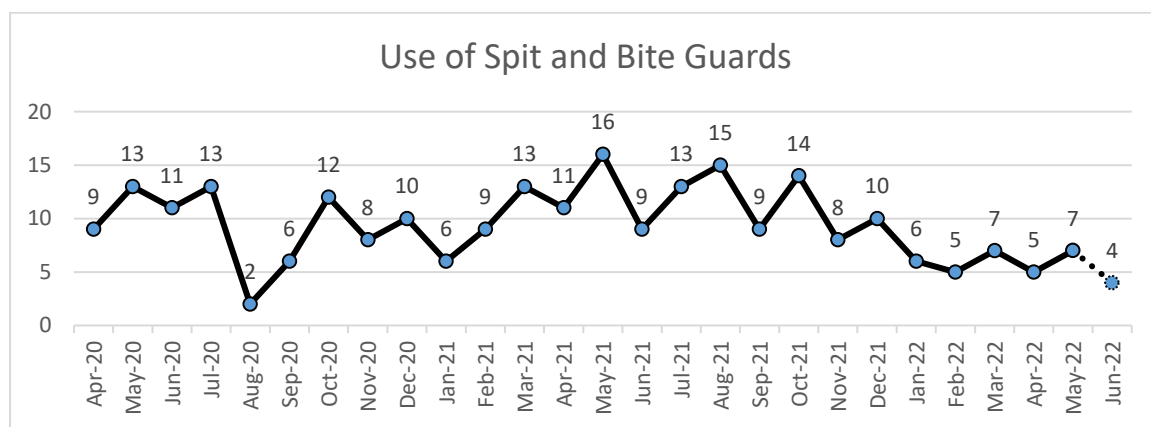
The Equality Commission's "*Practical Guidance on Equality Impact Assessment*" notes that public authorities need to consider how they will collect the information that will enable them to make a judgment of the extent of impact on the nine equality categories. The EQIA consultation document considered a range of evaluative, qualitative and quantitative data on the use of Spit & Bite Guards by the PSNI and other UK forces.

Sources of Data Used to Inform the EQIA:

The EQIA consultation document included the number of spitting and biting incidents from 1st January 2020 until 15th February 2021, the number of officers and staff who had completed training and figures on demographics.

These figures have been updated for this final EQIA report as follows:

From 16th March 2020 – 15th June 2022, there have been 251¹ deployments of a Spit and Bite Guard by an officer or staff member balanced against 52,569 arrests during this time period (see graph below):



From 16th March 2020 – 15th June 2022 there have been:

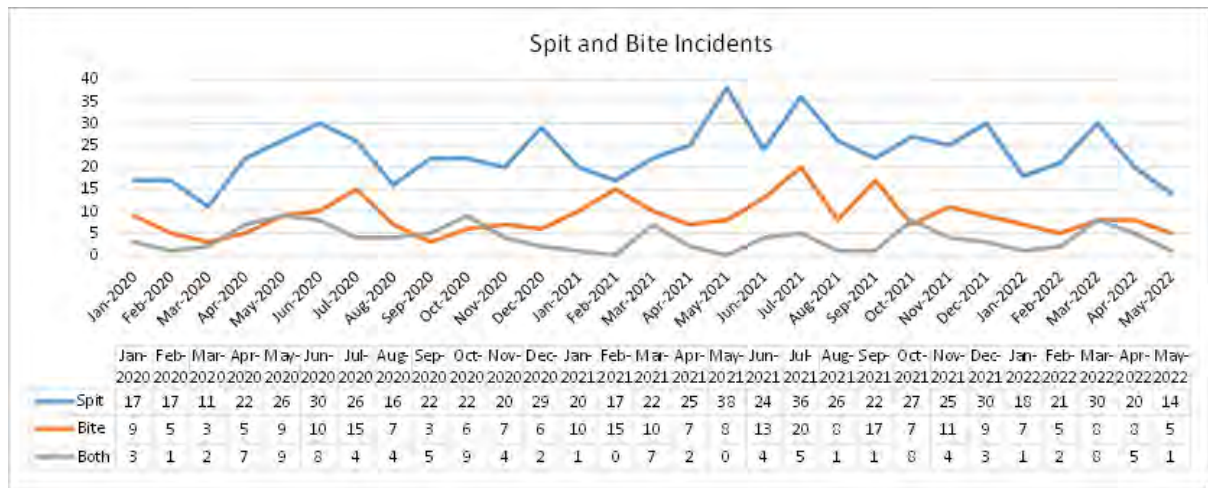
- 1011 reports of spitting/biting affecting 454 police officers/staff
- 39 applications on Females/ 212 on Males
- 13 Children under 18 have had Spit and Bite Guard applied (2 x 17 year olds, 6 x 16 year olds, 2 x 15 year olds and 3 x 14 year olds). In 3 instances the guard was applied twice resulting in 16 applications in total
- 35 applications have been in a Custody Suite

From 16th March 2020 – 15th June 2022:

¹ Data extracted on 15 June and correct to 14 June. This is an update of the report produced on 30 May 2022

- LPT made 766 reports of spitting or biting which relates to 75.77% of all reports
- Uniformed officers/staff in frontline roles account for more than 98% of all spitting and biting incidents.

The graph below shows the number of spitting and biting incidents reported by officers and staff between 1 January 2020 and 29 May 2022:



Of 1018 reported spiting/biting incidents occurring between the period 01.03.20 – 15.06.22, forty were reports where the subject was deemed to be Covid-19 suspicious and 211 were reports where injured parties may have absorbed saliva via the eyes or mouth.

The EQIA consultation document also examined the use of Spit and Bite Guards nationally and presented data on the use of Spit & Bite Guards within UK Police Services of relative comparable size to PSNI prior to the Coronavirus pandemic disaggregated by age, gender, race and perceived disability. The demographics showed that our use of Spit and Bite Guards is following national trends of higher deployments on young males. Of 251 deployments at 15 June 2022, 212 have been on males. Further data can be found in Section 4.3 of this report.

The qualitative data considered in this report is in the form of written responses from partners to the EQIA. We also considered any available quantitative data including:

- data gleaned from our Niche Record Management System and the Use of Force System on the nine protected Section 75 groups

- updated data on spitting and biting incidents
- data on the number of arrests balanced against the number of Spit and Bite Guards deployed
- analysis from our Chief Medical Officer on the Coronavirus situation
- benchmarking the use of Spit and Bite Guards by other UK forces

In reaching the decision to continue to use Spit and Bite Guards in a post-Coronavirus environment, our Strategic Management Board gave equal weighting to the qualitative and quantitative data presented to them.

3.2 Pre-Pandemic Engagement with The Northern Ireland Policing Board (NIPB)

We have been researching anti-spit controls since 2004. As part of this research, engagement took place with the NIPB and specifically with the Board’s Human Rights Legal Advisor who, in 2017 offered opinion that the deployment and use of Spit and Bite Guards is unlikely to be unlawful but if used improperly, unreasonably, disproportionately or accompanied by the unreasonable use of force their use is likely to be unlawful.

The NIPB Human Rights Annual Report 2016/17 contained two recommendations in relation to the use of Spit and Bite Guards in PSNI as outlined below:

“In the event that the PSNI considers introducing spit guards or hoods for use by officers it should first report to the Performance Committee outlining the need and the capability gap to be filled; whether there is potential for death or injury; a tactical and medical needs assessment; and an equality impact assessment.”²

“In the event that the PSNI intends to issue spit guards or hoods to officers it should report to the Performance Committee on the policy guidance in place; training developed (for all officers and civilian detention officers); the monitoring framework for

² Recommendation 4, *Human Rights Annual Report 2016/17*

the use of hoods; and the commitment to report on the use of hoods to the Board by the electronic use of force monitoring form.”³

During 2019, there was substantial engagement with the NIPB Performance Committee to address the recommendations from the NIPB Human Rights Annual Report 2016/17. However, the spread of Covid-19 in February and March resulted in the Chief Constable deciding to temporarily introduce Spit and Bite Guards to a small cadre of officers and staff. A draft policy on the use of Spit and Bite Guards was shared with the Board’s Performance Committee and we received suggestions for rewording of some sections from the Board’s Human Rights Legal Advisor. These included giving a verbal warning prior to application of the guard, strengthening the message around positional asphyxia and establishing accountability structures. A copy of the Section 75 screening document was also provided to the Board.

The Board’s Human Rights Legal Advisor made the following recommendation in the Board’s Draft Annual Human Rights Report 2020:

The use of Spit and Bite Guards should be rescinded once the threat of Covid-19 has significantly reduced and the continued use of the guards should be reviewed and their continued use should be subject to a human rights based review by the Policing Board of how they were used and their continued use should be the subject of a public consultation exercise.

The NIPB Thematic Review of the Policing Response to COVID-19 published in November 2020 recommended that the use of Spit and Bite Guards should cease on 31 December 2020 and that officers and staff should be provided with appropriate PPE instead.

Since March 2020, we have engaged regularly with the Policing Board about the use of Spit and Bite Guards, advising of amendments to policy, the enhanced roll out of the

³ Recommendation 5, *Human Rights Annual Report 2016/17*

tactic in early 2021 and the decision in June 2022 to continue using Spit and Bite Guards.

Following a meeting with the Board's Performance Committee in December 2021, the Committee Chair wrote to the Chief Constable with the Board's view on continued use of Spit and Bite Guards by PSNI:

The Board now accepts the continued use of Spit and Bite Guards by the PSNI but subject to the agreement of governance framework that it will review on a regular basis.

The Board's Human Rights Advisor's Review into PSNI's Use of Spit and Bite Guards was published in February 2022 and contained strategic and operational recommendations for our consideration. The recommendations largely focused on safeguarding options should we adopt the tactic permanently. These include de-escalation; disengagement and warnings; vehicles and custody settings; identification of safeguards for vulnerabilities such as age, mental health, disability, drug and alcohol intoxication. Policy on the use of Spit and Bite Guards has been further amended to take account of the recommendations accepted by the Chief Constable.

3.3 Engagement following the introduction of Spit and Bite Guards in March 2020

Prior to the introduction of Spit and Bite Guards as a temporary tactic in March 2020, the Service sought the views of the office of the Police Ombudsman for Northern Ireland (PONI). A representative from PONI was invited to sit on our Spit and Bite Guard Working Group and all Spit and Bite Guard deployments were reported to PONI, with access given to view Body Worn Video of every deployment of a Spit and Bite Guard. PONI also received a daily return listing Spit and Bite Guard deployments until 25th July 2021 when the Ombudsman informed the Chief Constable that she no longer required to be informed of every deployment. PONI are informed immediately if the deployment of a Spit and Bite Guard causes serious injury. PONI also investigate complaints from members of the public about the use of a Spit and Bite Guard. To date, there has been one complaint from a member of the public regarding the use of a Spit and Bite Guard.

In July 2020, we invited partners to attend an engagement day to discuss the use of Spit and Bite Guards. A total of 32 internal and external stakeholders participated in this process. In September 2020, we wrote to those partners who could not attend the engagement day seeking their views.

There was significant challenge at the event regarding the use of Spit & Bite Guards on vulnerable groups such as children and young people and those with disabilities. Other issues raised included concerns about the Section 75 screening process and the absence of full and proper consultation as well as concerns about the human rights implications of introducing Spit & Bite Guards.

The following partner agencies have corresponded with the Chief Constable about the use 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

3.4 Pre – Consultation Meetings

Prior to the decision to carry out a full Equality Impact Assessment into the use of Spit and Bite Guards in a post-Coronavirus environment, the following partner agencies were invited to take part in online discussions about the use of Spit and Bite Guards:

- The Safeguarding Board for Northern Ireland
- Include Youth
- The Independent Advisory Group

In May 2021, we met with the charity Mindwise to discuss the use of Spit and Bite Guards on vulnerable people represented in custody by appropriate adults from the charity.

The following partner agencies have corresponded with the Chief Constable about the use 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

3.5 Formal Consultation

As part of the EQIA, a 12-week written consultation was conducted from Monday 1st March 2021-Monday 24th May 2021. Details of the consultation were sent to 54 external partner organisations. The consultation document was available to download from the PSNI website and alternative formats available on request.

Twelve substantive consultation responses were received. Eight responses were in the form of letters and four respondents completed the questionnaire attached to the EQIA consultation report. One response was received from a member of the public and eleven from organisations. The organisations that responded are detailed below:

- The Children's Law Centre
- The NI Commissioner for Children & Young People (NICCY)
- The Committee on the Administration of Justice (CAJ)
- The NI Human Rights Committee (NIHRC)
- The Voice of Young People in Care (VOYPIC)
- Include Youth
- The Ulster Unionist Party
- Sinn Féin

- NI Women's European Platform (NIWEP)
- Derry City & Strabane Policing & Community Safety Partnership (PCSP)
- Armagh, Banbridge & Craigavon District PCSP

3.6 Summary of respondents' comments to the EQIA:

A summary of the main issues raised by the respondents follows below. These are examined in more detail with mitigation at Appendix A. The broad themes raised were:

- (i) The use of Spit and Bite Guards should cease and officers and staff should wear appropriate PPE to counter assaults by spitting and biting
- (ii) The use of Spit and Bite Guards on children
- (iii) The use of Spit and Bite Guards on vulnerable people
- (iv) Non-compliance with Human Rights
- (v) The introduction of Spit and Bite Guards without consultation
- (vi) The absence of medical evidence to support the use of Spit and Bite Guards

(i) The use of Spit and Bite Guards should cease and officers and staff should wear appropriate PPE to counter assaults by spitting and biting:

A number of respondents wished to see the tactic of Spit and Bite Guards withdrawn and replaced with PPE which officers will wear when faced with an individual who begins to spit or bite.

(ii) The use of Spit and Bite Guards on children:

Significant challenge was received from eight respondents to the use of Spit and Bite Guards on people under 18 years old. Some consultees recommended that:

- The use on children should cease and robust safeguards are put in place to limit the possibility of a child under 18 being mistaken for an adult.
- Any data on use on children should include racial/community background/mental health flags/disability

- Further consultation is required with children on the use of Spit and Bite Guards on under 18s in line with Art 12 UNCRC (*the right of every child to freely express her or his views in all matters affecting her/him and the subsequent right for those views to be given due weight according to the child's age and maturity*)
- The EQIA consultation report and questionnaire should be available in a child-friendly format
- We should consider an education campaign on spitting and biting and the use of Spit and Bite Guards, targeted at young people
- In people under 20, the frontal lobe of the brain is still developing. This regulates decision-making, impulse control and the ability to cope with stressful situations. Psychological damage is a real factor for vulnerable children who may have been abused
- We need to train officers on de-escalation with a neurobiological element
- It is unlikely that a child will disclose to Police that they are experiencing a flashback to a traumatic event with the application of a Spit and Bite Guard
- A relative, youth worker or health specialist with a relationship with the child should be contacted to de-escalate the situation
- If Spit and Bite Guards are to be used on children, the policy wording should change from: *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** to ..."* **will not be used"**
- Change the wording in policy to *Where officers or staff are aware **or believe** that a member of the public is under 18, the presumption will be that a Spit and Bite Guard should not be used*
- All applications on children should lead to a referral to a professional such as a duty social worker
- Further details of PSNI engagement with organisations who can offer aftercare to children are required
- Data on the use of the guard on children should be disaggregated to include racial/community background/mental health flags/disability

Four respondents were supportive of the use of Spit and Bite Guards, regardless of age. Comments included:

- There should be no restriction to using Spit and Bite Guards, specifically by age
- A child's spit or bite is just as dangerous as an adults
- The sensitivity of using the guard on children is accepted but it is noted that the practice is rare
- Current policy on the use of the guard is worded adequately
- 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

(iii) The use of Spit and Bite Guards on vulnerable people:

Eight respondents challenged figures in the EQIA consultation document that 81% of all uses of Spit and Bite Guards had been on persons with disability, including mental health disabilities. Other concerns raised were:

- Spit and Bite Guards should not be used on vulnerable people
- The statistic of 81% of uses on persons with a disability presented in the draft EQIA is concerning
- The policy does not make it clear how officers will manage the use of the guard on persons with a disability which is not visible
- Disability rights groups should be consulted
- Data on disability should be disaggregated into different types of disability
- The application of a guard to a person with a mental health condition or personality disorder will exacerbate the distress experienced by that person and could result in hyperventilation, extreme behaviour and panic attacks
- By obscuring a detainee's face, officers are prevented from identifying quickly whether the detainee has laboured breathing, is choking or has suffered a facial or head injury
- If Spit and Bite Guards are to be used on vulnerable people, the policy wording should change from: *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 to ...* **will** not be used"

- How will officers ascertain if an individual '*has mental health or another debilitating condition, which the use of a Spit and Bite Guard could exacerbate*' or of if the person is under 18? What is meant by staff being 'aware'?

Four respondents were supportive of the use of Spit and Bite Guards regardless of vulnerability. Comments included:

- Exceptional circumstances require exceptional responses and the Police should be allowed to retain the option of using a Spit and Bite Guard where no other alternative exists
- Policy and training in the use of Spit and Bite Guards now contain sections on Human Rights and Vulnerabilities
- Officers and staff are already encouraged to give special consideration to those who are vulnerable by age or mental health condition

(iv) Non-compliance with Human Rights:

It was suggested by some respondents that the temporary use of Spit and Bite Guards and the proposed permanent use in a post-Coronavirus environment are not compliant with a range of domestic and international human rights standards including:

- Art 2 ECHR: Right to Life
- Art 3 ECHR: No-one shall be subjected to torture, inhuman/degrading treatment or punishment
- Art 8 ECHR: Right to a private life
- United Nations Convention on the Rights of the Child (UNCRC) Art 6: Every child has the inherent right to life

These are explored in more detail below and at Appendix A.

One respondent stated:

- Nobody should seek to hide behind the notion of human rights to seek to enable themselves to engage in spitting

(v) The introduction of Spit and Bite Guards without consultation:

- It was highlighted that the Chief Constable introduced Spit and Bite Guards in March 2020 without consultation
- An EQIA should have been conducted prior to issuing Spit and Bite Guards in March 2020
- Some respondents were concerned that the EQIA was assessing the potential impact on Section 75 groups of a policy which was already in place
- It was further asserted that the Chief Constable ignored the recommendation in the NIPB Thematic Review of November 2020 that Spit & Bite Guards should be withdrawn on 31 Dec 2020 and replaced with PPE for officers and staff

(vi) The absence of medical evidence to support the use of Spit and Bite Guards

Some respondents queried the medical evidence presented as part of the rationale for issuing Spit and Bite Guards during the Coronavirus pandemic and for the extended roll out in January 2021:

- Extended roll out was based on medical advice mitigating against Covid but no such evidence was presented
- There is a lack of evidence linking spitting to infectious diseases
- Using Spit and Bite Guards may **increase** the risk of Covid to officers if struggling with a detained person and expelling air via forced exhalation/coughing
- Some agree that the primary medical risk to officers is psychological
- Insufficient testing of the Spit Guard Pro on relevant persons, particularly children/young people/people with a disability or mental health condition
- Independent medical evidence should have been considered in advance of any decision to issue Spit and Bite Guards

3.7. Assessment of Impacts:

Consultees noted that it is clear that there is potential for a differential adverse impact across a number of equality groups and suggested that the proposal to continue using Spit and Bite Guards in a post-Coronavirus environment is likely to have an adverse impact on the following:

- Children
- Men
- People with a disability (including mental health)
- Members of the Catholic community

It was noted that it might not be possible to tell if someone is under 18 or has a disability.

It was further asserted that if we do not formally gather data on race/political opinion/marital status, we cannot state that we do not anticipate an adverse impact on these groups.

3.8 Mitigation provided by consultees:

The following views were received from consultees on the mitigation of impacts:

- Spit and Bite Guards should be withdrawn from use and replaced with PPE for police officers and staff
- Spit and Bite Guards should never be used on children under 18
- Spit and Bite Guards should not be used on vulnerable people including people with a disability
- Training and policy should be amended to strengthen the message around use on children and vulnerable people (from **should not be used** to **will not be used** and *where officers or staff are aware or believe that a member of the public is under 18...*)

- Police and staff should be educated on the level of risk associated with spitting/biting and effective & timely clinical advice given to mitigate the risk of psychological injury. This will negate the need for Spit and Bite Guards
- Specific consultation with children is required
- Officers and staff should receive training on de-escalation with a neurobiological element
- In lieu of using a Spit and Bite Guard, a relative, youth worker or health specialist with a relationship with the child should be contacted to de-escalate the situation
- More testing of the Spit Guard Pro is required on relevant persons
- Noting evidence of fatalities in the UK and USA linked to the use of Spit and Bite Guards, it is clear that there cannot be any mitigation for their continued use in Northern Ireland

3.9 Monitoring:

Some respondents asked for data on the use of Spit and Bite Guards to be disaggregated to include different types of disability and, in relation to children, to include racial/community background/mental health flags/disability. One respondent representing a local Policing and Community Safety Partnership (PCSP) suggested that figures on the use of Spit and Bite Guards should be provided to District Commanders for discussion at PCSP meetings.

3.10 Response to the consultation comments:

We considered all of the responses to the consultation and the proposed mitigation. Appendix A details our response to each issue raised. An overview of this response is as follows:

(i) The use of Spit and Bite Guards should cease and officers and staff should wear appropriate PPE to counter assaults by spitting and biting:

Spit and Bite Guards are not Personal Protective Equipment (PPE), they are a piece of work equipment designed to address a different issue to PPE. Spit and Bite Guards are used to prevent an individual deliberately expelling bodily fluids, which may contain

viral particles, directly at individuals around them. This action can lead to ocular or respiratory transmission or subsequent contact transmission from contaminated clothes or equipment.

The Service's Chief Medical Officer has commented that PPE protects the wearer from infection either via airborne sources or contact contamination. To be effective in the presence of a Covid-19 infected person, clinical grade PPE must be safely donned and doffed, and remain fully in place, throughout the interaction with the individual.

As the decision to use a Spit and Bite Guard is likely to be made by dynamic risk assessment in a high intensity, non-compliance event, it is highly unlikely that officers will be able to:

- Identify whether an individual is Covid-19 positive or symptomatic;
- Don and doff full PPE safely;
- Be able to retain the PPE in place through the duration of the contact. PPE is designed to be worn in a clinical setting and is not designed to remain in place in the face of individuals who are determined to remove it from officers

Wearing PPE is not an effective alternative to the use of Spit and Bite Guards when officers or staff dynamically risk assess their requirement with non-compliant individuals whose health status is unknown and where those individuals are demonstrate a determination to cough or spit deliberately at them. We did trial PPE for officers in a custody environment in 2015 when 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.

The use of Spit and Bite Guards is an additional tactical option. The wearing of PPE may impact on the duration of use of Spit and Bite Guards, but cannot replace it when the dynamic risk assessment is appropriately applied.

There is a clear argument that this goes beyond Covid-19 and is applicable to any virus that can be spread via these transmission methods.

(ii) The use of Spit and Bite Guards on children:

We considered the use of Spit and Bite Guards on children when drafting policy in March 2020. The National Police Chiefs Council update on the use of Spit and Bite Guards 2017 stated:

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.

We initially set the lower age limit for application of a Spit & Bite Guard at 10 years of age. Following engagement with partner agencies in 2020, the lower age limit and the use of the guard on children in general was reconsidered. We amended policy to include the following reference:

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

From 16 March 2020 –16 June 2022, a Spit and Bite Guard has been used on 13 children as follows:

Age of child (years)	Incidents	Applications
14	3	3
15	2	2
16	6	8
17	2	3
Total	13	16

The 16 applications refer to a Spit and Bite Guard being applied twice to the same child during the same incident. On one occasion, the child bit through the guard and, on another, a guard was re-applied when spitting began again. On a further occasion, the child slipped their handcuffs off, removed the guard and started spitting at police again.

This is balanced against 251 deployments of a Spit and Bite Guard at 16 June 2022.

Statistics for the period 01/03/2020 to 10/05/2022 show that, of 976 reports of spitting and/or biting at officers, 778 (79.7%) of these reports had recorded an incident number enabling the injury to be linked back to the specific incident where the injury had taken place. 77 (9.8%) of these were incidents involving a person under 18.

The use of a Spit and Bite Guard is carefully assessed by the officer/staff member using the National Decision Model (NDM-Appendix C) and service policy. Officers/staff are directed that special consideration should be given to the heightened vulnerabilities of children and that, in all cases, they 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, disengaging entirely or placing the subject in a cell van and keeping under observation.

Every use of a Spit and Bite Guard on a child is reviewed under the current governance of the Spit and Bite Guard Working Group (future governance will be part of a new performance accountability framework). The Body Worn Video in respect of the incident is viewed by the deploying officer's line manager and a senior officer of at least the rank of Chief Inspector.

Statistics on all uses of force including the deployment of Spit and Bite Guards disaggregated by age, gender and ethnicity are provided to the NI Policing Board bi-annually. We also publish an annual Use of Force Report which is available to the public and which notes trends in the deployment of Spit and Bite Guards.

We have consulted with the charity Mindwise who provide appropriate adult support to children and vulnerable people in custody. Appropriate adults can play a role in assisting a person under 18 in custody who has had a Spit and Bite Guard applied. This means custody staff liaising to explain what the guard is, why it was applied and, if necessary, signposting the child to an organisation or an individual who may be able

to support them should they disclose any trauma following the application of the guard. All police officers have access to online training in Adverse Childhood Experiences (ACEs training). Three Districts have a vulnerability navigator in post who will pick up any vulnerability referrals from officers who may be concerned about an individual. We have also added Spit and Bite Guard deployments to the custody record on Niche as part of the Custody Officer's pre-release risk assessment. This will provide an opportunity to capture data on referrals offered to or accepted by the detainee.

Every officer, as part of their Personal Safety Programme (PSP) training, undertakes training in de-escalation. In addition, student officers are taught in PSP that, in certain circumstances, an option may be to dis-engage entirely from a suspect and consider another tactical option, not necessarily another use of force. In relation to mental health crises, the Student Officer Development Programme delivers the following training to help boost officer awareness and response to such matters:

- Vulnerability
- Neurodiversity
- Trauma Informed Practice (Adverse Childhood Experiences)
- Suicide Awareness
- Asist (Applied Suicide Intervention Training)

A representative group of young people who work with Include Youth attended an online presentation on the use of Spit and Bite Guards prior to the EQIA process. In respect of further consultation with children and young people, we have consulted with organisations advocating for children and young people and publicly advertised the consultation on the PSNI website.

Further engagement relating to the use of Spit and Bite Guards on children will be undertaken by our Community Safety Department (CSD) in 2022. We have agreed a new initiative in principle with the Education Authority to deliver a youth-led Independent Advisory Group. Once established, we will consult with the group on use of force tactics, including Spit and Bite Guards.

During 2022, our Crime Prevention and Early Intervention Branch (CPEIB) are planning to do additional engagement with young people, supported by the Education Authority, around the use of Spit and Bite Guards.

One respondent to the EQIA recommended that we engage in a targeted education campaign aimed at young people to highlight the unacceptability of spitting/biting and outline the dangers and legal ramifications of this type of assault. When Spit and Bite Guards were rolled out to all operational officers in January 2021, a media campaign took place during which the purpose of adopting Spit and Bite Guards as a tactic was discussed. It is not anticipated that any further media campaign or targeted education programme will take place.

We have amended policy to clarify the position on the use of the guard on children, emphasising that its use must be absolutely necessary in the circumstances:

Where officers or staff are aware or believe that a member of the public is under 18 the presumption will be that a Spit and Bite Guard should not be used. This means that officers should, where possible, avoid using a Spit and Bite Guard on a person under the age of 18.

The following steps must also be taken:

- Specific and additional rationale for the use on a child must be provided by the deploying officer in their formal use of force report (including how they considered and discounted other options);
- The officer's supervisor and a local senior officer (at least Chief Inspector) will be obliged to view the related Body Worn Video;
- Where the supervisor or local senior officer identify any concerns in terms of the deployment, Professional Standards Department will be informed and will (i) view the Body Worn Video and (ii) assess if there are any arising discipline matters or any organisational learning;
- A local senior officer (again at least Chief Inspector) will inform Social Services of the circumstances given that the incident has the potential to become an Adverse Childhood Experience (ACE).

In relation to the use of Spit and Bite Guards on looked-after children, custody staff will engage with the child's appropriate adult/social worker in the custody suite and explain why a Spit & Bite Guard was deployed, show them a guard and respond to any queries arising. The looked-after child's social worker will be best placed to offer any aftercare they deem appropriate for the child. We have amended policy to reflect the role of custody staff in these instances.

In relation to the request for a child-friendly version of the EQIA consultation document, the EQIA questionnaire is free of jargon and was accessible to all partners and the public on the PSNI website. We have consulted with young people on Spit and Bite Guards and have received feedback from groups representing young people. The EQIA consultation document was shared with partners who advocate for children and young people. The report advised that alternative formats would be available upon request however, no requests were made within the consultation timeframe.

Robust governance of the use of Spit and Bite Guards has been in place since their introduction. We established a Spit and Bite Guard Working Group to monitor every deployment of a guard as well as to consider policy and training amendments arising from the recommendations of partners. The continued use of Spit and Bite Guards will be subject to governance under a new performance accountability framework. This governance structure will focus on effective data collection and analysis, in particular around all protected characteristics, to include an agreed and consistent means of recording religious and community background data. Data relating to the use of Spit and Bite Guards on children and other vulnerable people will be a particular focus for this governance framework.

(iii) The use of Spit and Bite Guards on vulnerable people:

Engagement with partners highlighted that the experience of having a Spit and Bite Guard applied could prove traumatic for a vulnerable person. We responded to these concerns by amending policy and training to include sections on "Vulnerability". Officers are directed that all uses of the guard must be carefully assessed using the National Decision Model and that the following applies:

It is essential for officers to consider the vulnerability of a subject, this includes taking into account a subject's age or mental health. Where an officer is aware or believes that

a 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.

We are committed to ensuring appropriate aftercare for detainees who have had a Spit and Bite Guard applied. Our Crime Prevention & Early Intervention Branch (CPEI), in collaboration with Safeguarding Board for Northern Ireland (SBNI), have devised an online package on Adverse Childhood Experiences (ACEs), which is available to all officers and staff. The objectives of this package are to:

- Raise awareness of the potential impact of ACEs on individuals and communities
- Upskill officers/staff in the area of vulnerability
- Give training in respect of adverse childhood experience awareness and how to apply trauma informed practice (TIP)
- Identify appropriate pathways to support

Our policy on the use of Spit and Bite Guards now contains the following instruction in relation to the use of the tactic on children:

A local senior officer (at least Chief Inspector) will inform Social Services of the circumstances given that the incident has the potential to become an Adverse Childhood Experience (ACE).

We have also developed recording processes within the custody record to document what follow-up services have been offered to any individual who has had a Spit and Bite Guard applied.

In 2019, Mid and East Antrim District launched a Vulnerability Hub which included the appointment of a vulnerability navigator. All officers in the District were trained to identify vulnerabilities and ACEs. When officers identify a vulnerability in an individual they are dealing with, they forward details to the vulnerability navigator. The vulnerability navigator collaborates with a number of external bodies who can provide care and support. They will signpost the vulnerable individual to the relevant

organisation/s who then takes the lead in their support. This scheme has been expanded to Antrim and Newtownabbey District and Derry City and Strabane District, with both currently having a vulnerability navigator in post.

Our Criminal Justice Department has been working with National Police Autism Association (NPAA) Coordinators within the Service to develop a new customised Custody Suite in Waterside (Derry City and Strabane District) with a proposed second suite to be built at Mahon Road in Portadown. The design of the suites will provide environments that will reduce stress and anxiety for detainees.

Specific training on 'Autism and Police Custody' is also currently being provided to custody staff by NPAA co-ordinators and includes an introduction to Neurodiversity. These measures may help vulnerable detainees who have had a Spit and Bite Guard applied to them and allow them to be signposted to an appropriate support agency.

Officers and staff are familiar with awareness cards which may be carried by vulnerable individuals. These include the JAM (Just A Minute) card which allows people with a learning difficulty, autism or communication barrier to tell others they need 'Just A Minute' discreetly and easily; the Sunflower lanyard designed for those who have hidden disabilities and the Autism Awareness card. These cards are incorporated into practical lessons during student officer training.

We presented statistics in the EQIA consultation document showing that 81% of uses of Spit and Bite Guards had been on people with a disability. This figure should now be caveated by the fact that we do not formally record disability. Any record of a detainee having a disability is either officer-perceived or volunteered by a detainee whilst in custody. The figure of 81% included people with mental health disabilities and incidents where drugs and/or alcohol were noted as a factor. In gathering the data for the EQIA consultation document, we examined the custody records of each individual who had had a Spit and Bite Guard applied. Anyone under the influence of drink/drugs was categorised as having a vulnerability at the time of

application. In reviewing these figures at 16 June 2022, of 251 deployments of a Spit and Bite Guard, 189 refer to individuals who were recorded on Niche as having a self-harm flag or suicidal flag prior to the application of the guard.

In monitoring the use of Spit and Bite Guards for Stage 7 of this EQIA (monitoring for adverse impact in the future and publication of the results of such monitoring), as far as possible, any figures on disability obtained will be disaggregated into type of disability where possible. This includes mental health disabilities.

In response to concerns raised regarding the word “aware”, officers and staff will use the National Decision Model prior to deploying a Spit and Bite Guard. We accept that not all vulnerabilities are visible. Incidents of spitting and biting typically happen in very dynamic situations. Officers and staff will be alert to vulnerabilities but there may be no way of ascertaining unseen vulnerabilities until the situation has been de-escalated. If a Spit and Bite Guard is applied, officers and staff will continually engage with the detained person, offering reassurance and closely monitoring them for signs of distress. As policy states:

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.*

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. 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.

The policy also contains advice to officers on the dangers associated with Positional Asphyxia and Acute Behavioural Disturbance.

In terms of consulting further with disability groups, a number of disability groups were invited to the engagement day in July 2020 and declined to attend. We wrote to these groups seeking their views on the use of Spit and Bite Guards following the engagement day however, no responses were received.

We have changed the wording of our policy to:

*If you are aware **or believe** 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*

Policy also now includes the following reference:

Consideration should be given to the potential for damage to hearing aids when a Spit and Bite Guard is being applied.

(iv) Non-compliance with Human Rights

We aim to uphold and protect the human dignity and human rights of all persons as enshrined in the European Convention of Human Rights and other relevant international instruments. While researching Spit and Bite Guards in 2017, we consulted with the Northern Ireland Policing Board's Human Rights Legal Advisor who advised that the deployment and use of the guard was unlikely to be unlawful but if used improperly, unreasonably, disproportionately or accompanied by the unreasonable use of force their use was likely to be unlawful.

The Police Service's Human Rights Legal Advisor commented in 2017 that Spit Guards were not inherently unlawful and that they must be used in an appropriate manner for a proper purpose.

Following the introduction of Spit and Bite Guards in March 2020, a draft policy was shared with the Board's Human Rights Advisor and a number of suggested amendments were accepted. Among these amendments were:

- The insertion of a section on Human Rights
- Special consideration to be given to the vulnerabilities of children and mental health factors
- References to Acute Behavioural Disturbance
- A verbal warning prior to application of the guard
- Alternatives to a Spit and Bite Guard to include de-escalation techniques and PPE

We also consulted the Police Service's Human Rights Training Advisor on the policy prior to the enhanced roll out of Spit and Bite Guards and this, coupled with feedback from partners in relation to Human Rights concerns, led to the addition of a section on Human Rights in our online training video as follows:

The use of a Spit and Bite Guard is 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.

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, any recourse to physical force which has not been made strictly necessary by an individual's own conduct diminishes human dignity, and is, in principle, an infringement of Article 3.

For that reason, officers and staff, in considering their use of a Spit and Bite Guard, shall as far as possible apply non-violent methods before resorting to any use of force and ensure that their use of force is 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. For this reason, officers and staff should 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 under observation.

Where it is not possible to de-escalate the situation, and if practicable, officers and staff should warn the subject before applying a Spit and Bite Guard.

In making these decisions, officers and staff should consider their use of the National Decision Model in combination with their skills and training developed through PSP training.

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, it is vital that officers and staff 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.

Our Conflict Management Manual, Chapter 1- Legal Basis and Human Rights- provides an overarching summary of the legal rules governing the use of force. It is designed to provide practical guidance to officers so that they are aware of their rights and responsibilities when using, or considering the use of, force. It sets out the main legal provisions, referring to relevant legislation, leading cases and other sources of law, as necessary. Article 4 of the Police Service's Code of Ethics sets out the standards expected of officers and serves as a useful aide memoire for officers of the key principles.

To address concerns that the policy on the use of Spit and Bite Guards is not compliant with a range of domestic and international human rights standards, mitigation is provided below:

- **Art 2 ECHR: Right to Life:** Policy on the use of Spit and Bite Guards comprehensively covers the obligation to consider options to de-escalate a situation involving spitting/biting; the use of a guard as a last resort; the necessity to continually monitor the detained person by a safety officer where practicable; guidance on Positional Asphyxia and Acute Behavioural Disturbance; the requirement to remove the guard if there are signs of breathing difficulties; the requirement to remove the guard in a custody cell; the direction to constantly reassess the need for the guard and to only keep in place as long as necessary.
- **Art 3 ECHR: No-one shall be subjected to torture, inhuman/degrading treatment or punishment:** Our training video contains a section on human rights considerations; policy instructs officers to maintain the dignity of the subject at all times and to remove the subject from public view once the guard is safely applied; policy further instructs officers on the signs of Acute Behavioural Disturbance and Positional Asphyxia.
- **Art 8 ECHR: Right to a private life:** this encompasses a person's physical and moral integrity with even a minor interference with either constituting a breach of Article 8. If officers note that the Spit and Bite Guard is causing difficulty breathing, which may be induced by panic, the guard will be removed.
- **United Nations Convention on the Rights of the Child (UNCRC) Art 6: Every child has the inherent right to life:** Policy and training on the use of Spit and Bite Guards have the best interests of the child at their core. The use of the tactic on children has led to significant challenge from partners and resulted in an amended policy to include the following:

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.

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

From 16 March 2020-16 June 2022, there have been 16 deployments of a Spit and Bite Guard on 13 children, balanced against a total of 251 deployments.

(v) The introduction of Spit and Bite Guards without formal consultation:

PSNI have been researching anti-spit controls since 2004. This included a trial of visors for officers and staff in custody. With the National Police Chiefs Council's endorsement of the use of Spit and Bite Guards in 2017, we sought the views of the NI Policing Board (NIPB) on the introduction of the Spit Guard Pro as a tactical option to prevent assaults by spitting/biting. Whilst this period of consultation was ongoing, the Coronavirus pandemic precipitated the issue of the guard to a small cadre of officers and staff. This interrupted the natural process of engagement with the NIPB, followed by consultation with partners and the public. The Chief Constable did, however, write to all parties who raised concerns about the introduction of Spit and Bite Guards. This was followed by an engagement day in July 2020 and a letter in September 2020 to interested partners who could not attend the engagement day inviting comment on our policy on the use of Spit and Bite Guards. Further correspondence and video presentations to partners continued into 2021 when Spit and Bite Guards were rolled out to all operational officers and during 2022 while we continued to monitor the use of the tactic.

It is not standard policy to immediately initiate an EQIA at the start of a process such as the introduction of a new tactical option. In line with Equality Commission for Northern Ireland (ECNI) guidance, an Equality Impact Assessment is carried out if the Section 75 screening identifies that it is required. In this instance, Spit and Bite Guards were introduced urgently due to the Covid situation and the Section 75 screening was carried out within that context. Meetings, advice and guidance were ongoing with the ECNI regarding the approach to be taken in relation to Section 75 concerns prior to the

pandemic. With the advent of the pandemic, the development of a Spit and Bite Guard policy and Section 75 screening were expedited to mitigate critical Health and Safety implications for officers and the wider community. The initial Section 75 Screening was completed in April 2020. Revised Sections 75 Screenings continued as we analysed the available data and considered feedback from stakeholders.

(vi) The absence of medical evidence to support the use of Spit and Bite Guards:

Although Spit and Bite Guards are not anti-viral PPE, they are a piece of work equipment used as a transmission-based precaution to 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. Unfortunately, spitting became weaponised during the Coronavirus pandemic. Of 1018 reported spitting/biting incidents occurring in the period 01.03.20 – 15.06.22, forty were reports where the subject was deemed to be Covid-19 suspicious and 211 were reports where injured parties may have absorbed saliva via the eyes or mouth. During monthly reviews of the use of Spit and Bite Guards, we monitored the spread of Coronavirus as well as hospital admissions, the vaccination status of the population of Northern Ireland and emerging variants of the virus. The Chief Constable considered the medical data, as well as data on deployments of Spit and Bite Guards, before granting continued authority to use Spit and Bite Guards on a monthly basis.

It is generally accepted that the risk of contracting a blood-borne virus from spit/bite injuries is very 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.

A basic assessment of the Spit Guard Pro was conducted by the Self-Defence, Arrest & Restraint (SDAR) Practitioners' Advisory Committee and the chair of SDAR's

Independent Medical Science Advisory Panel (IMSAP). This assessment found that the Spit Guard Pro was suitable in design terms. The Independent Medical Science Advisory Panel (IMSAP) was convened by SDAR 18 years ago to provide independent medical advice in all matters relating to the use of force, and especially in relation to the ongoing development of the National Personal Safety Manual (NPSM). IMSAP is a group of leading healthcare professionals who voluntarily come together, when required, to provide advice or to undertake more in-depth studies.

The testing of the Spit Guard Pro by IMSAP was undertaken because there was no evidence-base for the safe use of Spit & Bite Guards. Testing involved 100 officers from the Metropolitan Police Service specifically using 'Kit Design Works' (black) Spit and Bite Guards (the Spit Guard Pro). The officers undertook two separate shuttle run fitness tests, firstly without a Spit and Bite Guard and, after a period of rest, whilst wearing a Spit and Bite Guard. The findings from this study support IMSAP's initial medical advice and suggest that the risks associated with the Spit Guard Pro, when used correctly, are low. There was only a very small difference in blood oxygen saturation levels across both tests and neither approached dangerous levels. Whilst this study does not fully replicate the complex situations officers may face, particularly when restraining violent subjects who are under the influence of drink or drugs, it did show that the Spit Guard Pro is mechanically safe and did not significantly affect the officers' oxygen saturation levels even when under exertion. IMSAP highlighted that, due to ethical reasons, the research team were not able to conduct similar tests on participants who may be under the influence of drugs and alcohol or suffering from medical conditions. We acknowledge that the healthy, physically fit and drug-free volunteers may not have been representative of people under arrest. Detained persons may be unfit, with various physical illnesses such as obesity, cardiac and respiratory conditions and mental illnesses and may often be under the influence of illicit substances or alcohol. They may also have undergone considerable physical exertion prior to the application of a Spit & Bite Guard or been exposed to irritant spray, TASER or restraint. It was not possible or ethical to replicate those factors in the testing of the Spit Guard Pro.

Some respondents to the EQIA commented that educating officers in the low risk of contracting a blood-borne virus from spitting/biting has the potential to minimise the

psychological effects of the assault and thereby negate the need for Spit and Bite Guards. Our Chief Medical Officer considered this recommendation and whether education provides sufficient risk mitigation. He referred to our post-incident peer support team who respond with supportive early interventions in the immediate aftermath of exposure to an extremely stressful incident. The team then provide a group debriefing within 14 days, follow up within 4-6 weeks and priority clinical intervention for those who require it. The blood-borne virus urgent follow-up by the Health and Social Care Emergency Department and the Police Service's Occupational Health & Welfare Department (OHW) deals with the risk of blood-borne viruses and determines whether post-exposure prophylaxis is indicated. This process also sets out follow-up requirements in relation to blood-borne viruses. Psychological reaction will also be assessed and appropriate support put in place. This, coupled with the peer support system, is considered timely and effective peer and clinical advice which has some potential to minimise and mitigate the risk of psychological injury for front line officers, as well as those who are exposed to incidents involving spitting/biting.

In relation to education, a presentation to student officers currently covers prevention with risk assessment, universal precautions, vaccination, what to do in the event of an incident and what to do in the event of an injury. Our OHW department are currently working with the Public Health Authority in relation to an HIV training package they can share with all officers and staff on our intranet pages. Our Chief Medical Officer is not, however, convinced that education and any early peer support and/or clinical advice will significantly mitigate the risk of psychological injury, even when officers are informed of the low risk of blood-borne viruses from spitting and the higher risk of blood-borne viruses and infected wounds from biting.

3.11 Assessment of impacts:

The three Section 75 screening documents completed in respect of the use of Spit and Bite Guards were screened out following consultation with the Equality Commission for Northern Ireland. The Section 75 screening process identified potential impact in respect of young people and vulnerable people however, the first two Section 75 documents concluded that the policy affects all Section 75 groups equally but positively

and closes an omission within the Police Service to support to officers who are victims of assault. The final Section 75 document, which was completed prior to the roll out of Spit and Bite Guards to all operational officers in January 2021, concluded that, with the increase in numbers of officers equipped with the tactic, there would be potential for impact on a larger number of people.

Some respondents to the EQIA felt that the use of Spit and Bite Guards in a post-Coronavirus environment would be likely to have an adverse impact on:

- Children
- Men
- People with a disability (including mental health)
- Members of the Catholic community

These are explored in detail with mitigating factors under **Section 4- Key Findings**.

In terms of collecting data on community background, we do not have a reliable source of data disaggregated by religion to make any meaningful comparison in this area. Data is currently gleaned monthly by a manual trawl of our Niche record management system. Religious belief is not formally recorded so we rely on the information being volunteered in custody. Any reference in the EQIA consultation document to community background was based on data extracted from a manual trawl of Niche custody records. Detained persons are asked their religious background when in custody but do not always answer. The continued use of Spit and Bite Guards will be subject to governance under a new performance accountability framework. This governance structure will focus on effective data collection and analysis, in particular around all protected characteristics, to include an agreed and consistent means of recording religious and community background data.

3.12 Mitigation

The proposed mitigation outlined in Table 5A below has already been incorporated into our policy on the Use of Spit and Bite Guards.

3.13 Monitoring

We are committed to meeting our Section 75 obligations in respect of monitoring as detailed in **Section 5-Conclusion**.

4. KEY FINDINGS

This section highlights results that have emerged from the EQIA in terms of the nine protected Section 75 groups.

In the EQIA consultation report, we recognised that there were potential adverse impacts of the policy on some of the identified Section 75 groups, specifically:

- children
- men
- younger men
- people with a disability (including mental health)

In examining the data available within the EQIA and considering the views of respondents, the EQIA concludes that the policy affects all Section 75 groups. In examining the data available within the EQIA, we have identified that there is a greater impact on some groups, namely:

- men
- young people
- people with a disability (including mental health)
- members of the Catholic community

The conclusions of this EQIA in relation to each of the nine protected Section 75 groups are detailed below:

(i) Religious Belief:

It has been concluded that differential / adverse impacts on people of different religions may arise from the continued use of Spit and Bite Guards in a post-Coronavirus environment. Data on the use of Spit and Bite Guards by religious belief shows that the tactic has been used more frequently against persons who identified their religion

as Roman Catholic, than against persons who identified their religion as Protestant or who identified themselves as having no religion. The latest data available on 16 June 2022 on the use of Spit and Bite Guards by religious belief shows the following:

Faith/ Religion	No. of applications
Roman Catholic	105
None	51
Protestant	48
Refused/ Unknown	38
Other Christian	4
Other	2
Buddhist	1
Muslim	1

It is important to note that some reports refer to the same individual as more than one Spit and Bite Guard was applied during the same incident. It should also be noted that we do not have a reliable source of data disaggregated by religion to make a meaningful comparison. We are working towards a consistent means of recording religious and community background data.

(ii) Racial/Ethnic Group:

At 16 June 2022 the majority of individuals who had had a Spit and Bite Guard applied were recorded on Niche as white (238/251), five individuals were recorded as members of the Irish Travelling community, two as Roma, one as Black African, two as Black Other and two individuals has no ethnicity recorded on Niche.

On the basis of this data and the consultation feedback, it is concluded that the continued use of Spit and Bite Guards in a post-Coronavirus environment could impact differentially / adversely on people whose racial group is white.

(iii) Political Opinion:

Political opinion is not formally recorded. All groups will be affected by the continued

use of Spit and Bite Guards in a post-Coronavirus environment, however, differential/adverse impacts on people of different political opinion are not anticipated.

(iv) Age:

The qualitative and evaluative data on the use of Spit and Bite Guards to date notes concern about the relative vulnerability of children to the tactic compared with other age groups. Data on the use of the guard on persons under 18 from 16 March 2020-16 June 2022 is as follows:

- 16/251 applications were made on 13 individuals aged under 18. Two youths had a Spit and Bite Guard applied twice during the same incident. A second guard was applied to one youth who had bitten through the first guard. Two guards were applied to one 16 year old who was spitting at ambulance staff and later again when being checked by hospital staff. A third incident involved a 16 youth who spat on officers during a domestic incident. The youth managed to remove the guard and a second guard was applied after the youth continued spitting on other officers.
- Of the 16 incidents of use of a Spit and Bite Guard involving 13 youths aged under 18, four were a looked-after child at the time of the incident.

The EQIA concludes that there is a potential differential/adverse impact arising from the continued use of Spit and Bite Guards in a post-Coronavirus environment on children and young people as the impact of the use of the tactic on them may be greater than on other age group.

(v) Gender:

Data in relation to the use of Spit and Bite Guards by gender from 16 March 2020-16 June 2022 shows that 212/251 of Spit and Bite Guards applied were applied to males and the remaining 39 were applied to females.

Subject impact factors are taken into consideration in all decisions relating to the use of force. This includes the consideration of a person's gender. The majority of deployments of Spit and Bite Guards are on males as the majority of spitting and biting incidents can be attributed to males.

On the basis of the available data and the consultation conducted, it has been concluded that differential / adverse impacts on males may arise from the continued use of Spit and Bite Guards in a post-Coronavirus environment.

(vi) Marital Status:

We do not formally record data on marital status. All groups will be affected by the continued use of Spit and Bite Guards in a post-Coronavirus environment; however, differential/adverse impacts on people of different marital status are not anticipated.

(vii) Sexual Orientation:

We do not formally record data on sexual orientation. All groups will be affected by the continued use of Spit and Bite Guards in a post-Coronavirus environment; however, differential/adverse impacts on people of different sexual orientation are not anticipated.

(viii) Disability:

Data presented in the EQIA consultation document showed that 81% of the total deployments of a Spit and Bite Guard had been on persons with a disability. As explained, this figure included people with a mental health disability and those individuals under the influence of drugs and alcohol at the time of arrest. Data on the use of Spit and Bite Guards from 16th March 2020-16th June 2022 shows that 189/251 reports (75.2%) refer to individuals who were recorded on Niche as having a self-harm flag or suicidal flag prior to the application of the Spit and Bite Guard.

We do not formally record data on disability. In future data reporting, figures on disability obtained from the Niche Record Management System will not include

individuals under the influence of alcohol or drugs unless a disability is noted. Any figures on disability obtained will be disaggregated into type of disability where possible. This includes mental health disabilities.

On the basis of the consultation conducted, the EQIA concludes that there is a potential differential/adverse impact arising from the continued use of Spit and Bite Guards in a post-Coronavirus environment on people with a disability (including mental health) as the impact of the use of the tactic on them may be greater than on other protected groups.

(ix) People with dependants and those without:

We does not formally record data relating to people with dependents and those without. All groups will be affected by the continued use of Spit and Bite Guards in a post-Coronavirus environment however, differential / adverse impacts between people with dependents and those without are not anticipated from the continued use of Spit and Bite Guards in a post-Coronavirus environment.

4.2 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 favorable (i.e. negative).

It can be argued that any group which is:

- (i) more likely to be subject to the use of a Spit and Bite Guard or
- (ii) which may be more likely to be negatively affected by the application of a Spit and Bite Guard if they are subjected to its use

could be adversely impacted by the proposed use of Spit and Bite Guards in a post-Coronavirus environment. Alternatively, if a Spit and 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.

The EQIA therefore concludes that the policy affects all Section 75 groups. In examining the data available within the EQIA and the comments from respondents, we have identified that there may be a greater impact on some groups, namely:

- men
- young people
- people with a disability (including mental health)
- members of the Catholic community

4.3 Comparable Data

The data below gives context to the use of Spit and Bite Guards when compared with the demographic profile of persons arrested between 2020/21 and 2021/22 i.e. by age and gender. The following table shows number of arrests in 2020/21 and 2021/22 by age and gender; 6% of people arrested in 2020/21 were under 18 and 84% were male. 5% of people arrested in 2021/22 were under 18 and 83% were male.

Arrests and population rates by age and gender (2020/21 and 2021/22)										
Year		Arrests ¹							Population rates ^{2,3}	
		Female	Male	Unknown	Total	% Female	% Male	% Unknown	Female	Male
2020/21	Under 18	300	1,059	1	1,360	22	77	<1	1	5
	18-21	371	2,082	5	2,458	15	85	<1	9	45
	22-29	907	5,620	6	6,533	14	86	<1	10	59
	30-39	1,065	5,816	6	6,887	15	85	<1	8	47
	40-49	608	2,773	2	3,383	18	82	<1	5	24
	50+	401	1,990	2	2,393	17	83	<1	1	6
	Unknown	1	0	1	2	50	0	50	--	
	Total	3,653	19,340	23	23,016	16	84	<1	4	21
2021/22	Under 18	277	971	2	1,250	22	78	<1	1	4
	18-21	396	2,071	16	2,483	16	83	1	9	45
	22-29	1,011	5,363	23	6,397	16	84	<1	11	56
	30-39	1,125	6,055	21	7,201	16	84	<1	9	49
	40-49	723	3,023	15	3,761	19	80	<1	6	26
	50+	497	2,275	2	2,774	18	82	<1	1	7
		Total	4,029	19,758	79	23,866	17	83	<1	4

1. Arrested and processed through police custody, based on the date first booked into custody.
2. The population rates relate to the number of arrests in the chosen age range per 1,000 of the population in the same age range.
3. Population rates are based on 2019 mid-year population estimates.

Tables 1 – 3 show the gender, age and ethnicity of persons subject to the use of batons, irritant spray and Spit and Bite Guards during the financial years 2020/21 and 2021/22.

Table 1: Gender of those individuals on whom force was used by type of force, 1 April 2020 – 31 March 2022 ^(1, 2, 3)

Financial Year	Use of Force	Male	Female	Unknown	Total	Total number
2020/21	Baton drawn only	87%	7%	6%	100%	224
	Baton drawn & used	92%	8%	0%	100%	113
	Irritant spray drawn only	93%	7%	1%	100%	192
	Irritant spray used	94%	6%	0%	100%	205
	Spit and bite guard	90%	10%	0%	100%	112
2021/22	Baton drawn only	87%	7%	7%	100%	215
	Baton drawn & used	95%	5%	0%	100%	120
	Irritant spray drawn only	87%	11%	2%	100%	241
	Irritant spray used	97%	2%	<1%	100%	233
	Spit and bite guard	79%	21%	0%	100%	123

Table 2: Age of those individuals on whom force was used by type of force, 1 April 2020 – 31 March 2022 ^(1, 2, 3)

Financial Year	Use of Force	12 and under	13-17	18-24	25-34	35-44	45-54	55-64	65+	Unknown	Total	Total number
2020/21	Baton	<1%	12%	26%	29%	15%	8%	3%	<1%	7%	100%	224
	Baton	0%	7%	24%	25%	27%	13%	4%	0%	1%	100%	113
	Irritant	0%	7%	31%	31%	18%	9%	4%	0%	1%	100%	192
	Irritant	0%	1%	23%	38%	22%	11%	4%	0%	0%	100%	205
	Spit	0%	7%	32%	40%	13%	4%	4%	0%	0%	100%	112
2021/22	Baton	<1%	4%	25%	36%	14%	12%	<1%	0%	8%	100%	215
	Baton	0%	3%	32%	39%	20%	4%	1%	0%	1%	100%	120
	Irritant	0%	4%	19%	35%	24%	12%	2%	<1%	2%	100%	241
	Irritant	0%	3%	23%	39%	20%	10%	4%	0%	1%	100%	233
	Spit	0%	7%	26%	42%	18%	6%	0%	2%	0%	100%	123

Table 3: Ethnicity of those individuals on whom force was used, 1 April 2021 – 31 March 2022 ^(1,2,3)

	Use of Force	White	Irish Traveller	Black	Unknown	Other Ethnic Group	Mixed	Asian	Total	Total number
2020/21	Baton drawn	94%	2%	1%	1%	1%	0%	<1%	100%	224
	Baton drawn & used	89%	4%	4%	2%	2%	0%	0%	100%	113
	Irritant spray	96%	3%	0%	1%	1%	1%	0%	100%	192
	Irritant spray	96%	1%	2%	0%	<1%	0%	<1%	100%	205
	Spit and bite guard	99%	0%	1%	0%	0%	0%	0%	100%	112
2021/22	Baton drawn	87%	5%	1%	6%	<1%	<1%	0%	100%	215
	Baton drawn & used	90%	5%	3%	1%	0%	1%	0%	100%	120
	Irritant spray	88%	5%	4%	2%	<1%	1%	0%	100%	241
	Irritant spray	91%	3%	2%	1%	0%	3%	0%	100%	233
	Spit and bite guard	97%	1%	2%	0%	0%	1%	0%	100%	123

(1) The figures in Tables 1 – 3 do not represent the number of people who were subject to use of force, but rather how many times force was recorded by police officers, disaggregated by gender, age and ethnicity.

(2) Gender, age and ethnicity may be officer perceived.

(3) Percentage figures are rounded to the nearest integer and as a result may not sum to 100%.

The following table shows data on the use of Spit & Bite Guards by UK Police Services of relative comparable size to the Police Service of Northern Ireland by gender and age from 1 March 2020- 31 May 2022

Police Service	Number of deployments	Use on males	Use on females	Use on children
PSNI	247	208	39	16 (on 13 children)
West Yorkshire	913	718	195	73
Merseyside	584	422	162	41
West Midlands	1,064	845	219	57

An Garda Síochána have deployed Spit and Bite Guards 157 times during the period from their introduction on 12 April 2020 until 21 May 2022. For this period, there were 10 deployments on under 18s.

4.4 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. We have considered the need to promote good relations as well as the need to promote equality of opportunity... In the absence of an appropriate tactical option to deal with assaults by spitting/biting, physical restraint remains the only option when attempts at de-escalation have proved unsuccessful. The use of Spit & Bite Guards in a post-Coronavirus environment is an alternative to the use of more potentially injurious force.

We maintain a record of any adverse community or other view regarding the use of Spit and Bite Guards. Should the circumstances dictate, a local community impact assessment will be sought. No incidents have been recorded to date which require a local community impact assessment.

We do not believe that the continued use of Spit and Bite Guards will have a negative impact on good relations.

5. CONCLUSIONS

This Section details the conclusions of the EQIA and outlines the decision-making process that was adopted. The systems that will be put in place to monitor for adverse impact in the future are also detailed.

5.1 Decision Making Process

The final policy decision included the following stages:

- consideration of the findings of the EQIA consultation document;
- consideration of the consultation findings; and
- consideration of alternative policies or ways of mitigating adverse impact ensuring that considerable weight is accorded to equality considerations

5.2 Conclusions of EQIA

The EQIA has concluded that a potential adverse impact may arise from the continued use of Spit and Bite Guards in a post-Coronavirus environment on the following groups:

- men
- young people
- people with a disability (including mental health)
- members of the Catholic community

5.3 Alternative Policies and Mitigation

We introduced Spit and Bite Guards in March 2020 as a temporary tactic, at a time when the vast majority of other UK police services had been using them for a number of years. The advent of the Coronavirus pandemic precipitated the introduction of the guard at a time when engagement was underway with the NI Policing Board. When the use of Spit and Bite Guards by UK police services was endorsed by the National Police Chief's Council in 2017, we revisited previous research. We remained attuned to the fact that alternatives to the use of the guard largely involved physical restraint, which is potentially a much greater risk to a detained person's welfare than the application of a Spit and Bite Guard. Since the introduction of Spit and Bite Guards as

a temporary measure for the period of the pandemic in March 2020, we have carefully monitored the use of the tactic and we remain open to researching appropriate alternatives to the guard.

Policy on the use of Spit and Bite Guards encourages officers and staff to consider alternatives to the tactic as follows:

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, placing the subject in a cell van and keeping under observation or disengaging entirely from the subject for a period of time with due consideration given to the safety of yourself, your colleagues and members of the public.

De-escalation by engagement is undoubtedly a useful tool used by many in the social care or education settings but will likely be used most effectively 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 normally be in a dynamic situation where the officer usually has no previous knowledge of the individual.

The relatively low use of the tactic compared to the incidents of spitting/biting (251/1018) would indicate that officers are managing the majority of incidents of spitting/biting without recourse to a Spit and Bite Guard.

Our policy also states:

Cell vans are the preferred method of transport for a subject who has a Spit and Bite Guard placed on them and should be used when available.

Officers must ensure that, if it is proposed to transport the subject in a cell van wearing the Spit and Bite Guard, the subject is kept under level 4 observation (close proximity).

Given that circa two thirds of applications of Spit and Bite Guards have happened in or around police patrol vehicles, officers are maximising the use of cell vans. We have commissioned additional cell vans equipped with a full CCTV system for the

transportation of detained persons, particularly those who are spitting/biting.

Body Worn Video is activated in all encounters where the application of a Spit and Bite Guard may be considered. Body Worn Video must remain activated for the duration of the deployment. We considered and trialled Personal Protective Equipment (PPE) worn by officers in 2015 (Musgrave Custody visors) however these proved cumbersome and ineffective. Donning additional PPE is advised in current policy, however to be effective in the presence of a COVID-19 infected person (or other virus), clinical grade PPE must be safely donned and doffed, and remain fully in place, throughout the interaction with the individual. This is not practical in an operational setting.

The Chief Constable commented on his decision to increase the roll out of Spit & Bite Guards to all frontline officers in January 2021:

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.

We 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.

Table 5A: Actions to mitigate the impact of Spit and Bite Guards on protected groups:

Group	Proposed Mitigation
Men	<p>The continued use of Spit and Bite Guards is framed around robust policy, training and established mitigations. Officers must complete a mandatory training package and read our Spit and Bite Guard policy before they are issued with a Spit and Bite Guard. Policy instructs officers to 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, placing the subject in a cell van and keeping under observation or dis-engaging entirely. The use of a Spit and Bite Guard is a last resort and must only be kept in place for as long as necessary. Body Worn Video must be activated for every Spit and Bite Guard deployment and remain activated for the duration of the deployment. A recent Body Worn Video pilot required supervisors to examine all uses of force captured on Body Worn Video. We are taking forward recommendations from this pilot, which include informed dip sampling by line managers to ensure that any use of force is proportionate, lawful, accountable and necessary in the circumstances.</p>
Young People	<p>We have amended policy on the use of Spit and Bite Guards to clarify the word “presumption” and emphasise that using a Spit and Bite Guard on a child must be absolutely necessary in the circumstances:</p> <p><i>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.</i></p> <p><i>It is essential to consider the vulnerability of a subject, this includes taking into account a subject’s age or mental health.</i></p>

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

The following steps must also be taken by the officer deploying the guard:

- Specific and additional rationale for the use on a child must be provided by the deploying officer in their formal use of force report (including how they considered and discounted other options);
- The officer's supervisor and a local senior officer (at least Chief Inspector) will be obliged to view the related Body Worn Video;
- Where the supervisor or local senior officer identify any concerns in terms of the deployment, Professional Standards Department will be informed and will i) view the Body Worn Video and ii) assess if there are any arising discipline matters or any organisational learning;
- A local senior officer (again at least Chief Inspector) will inform Social Services of the circumstances given that the incident has the potential to become an Adverse Childhood Experience (ACE).

Alternatives to a Spit and Bite Guard must be considered by officers. These include de-escalation; disengagement; the use of a cell van; engagement with a parent/guardian or engagement with Social Services.

The alternative to a Spit and Bite Guard is the use of restraint techniques, which are arguably a greater risk to a detainee's welfare. The National Police Chief's Council sets no lower age limit on the use of Spit and Bite Guards. We will continue to scrutinise the use of Spit and Bite Guards on children through a proposed performance accountability framework which will monitor all uses of force. Data relating to the use of Spit and Bite Guards on children and other vulnerable people will be a particular focus for this governance framework.

Support and aftercare for children who have had a Spit and Bite Guard applied will be offered in the custody suite where the custody Sergeant, a

	<p>duty social worker or the child’s appropriate adult will signpost the child to appropriate help and support if required. With ACEs training rolling out to all officers, officers and custody staff will be alert to the vulnerabilities and potential for an adverse reaction of children and young people.</p>
<p>People with a disability including mental health</p>	<p>Policy on the use of Spit and Bite Guards states that: <i>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... If you are aware or believe 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.</i></p> <p>Policy and training have comprehensive sections on Vulnerability. Officers will use the National Decision Model and consider alternatives to a Spit and Bite Guard before application. Officers will obtain all relevant information available before formulating a working strategy responding to the specific circumstances. The individual may already be known to police or a check on our system may highlight vulnerabilities which will be communicated to officers. Body Worn Video must be activated for every Spit and Bite Guard deployment. We will continue to monitor data relating to the use of Spit and Bite Guards on vulnerable people under a forthcoming performance accountability framework.</p> <p>As part of Stage 7 (monitoring) of this EQIA process, data obtained from our Niche record management system on the use of Spit and Bite Guards on people with a disability will be disaggregated into type of disability where possible. This includes mental health disabilities.</p> <p>Within the custody environment, a pre-release risk assessment will highlight the need for an individual to be signposted to another organisation who can offer further support if required. Ongoing work in the area of neurodiversity is aimed at educating officers on those disabilities which may not be visible.</p>

<p>Members of the Catholic Community</p>	<p>We do not have a reliable source of data disaggregated by religion to make a meaningful comparison in the area of community background.</p> <p>The data on the seemingly disproportionate use of Spit and Bite Guards on members of the Catholic community was gleaned from a manual trawl of Niche records. In a dynamic situation where an individual is spitting and/or biting at police, officers will use the National Decision Model prior to taking the decision to deploy a Spit and Bite Guard. The community background of the individual will likely be unknown and will not affect the officer's decision on a tactical option. A new governance structure will focus on effective data collection and analysis, in particular around all protected characteristics, to include an agreed and consistent means of recording religious and community background data.</p> <p>All deployments of a Spit and Bite Guard are captured on Body Worn Video and the rationale for deployment is carefully documented by the officer.</p>
--	--

For all protected groups, we will continue to monitor the use of Spit and Bite Guards in a post-Coronavirus environment as part of Stage 7 of this EQIA process.

5.4 Policy Decision

We considered the findings of the EQIA consultation document and the responses to the EQIA. Consideration was given to the introduction of alternative policies and ways of mitigating potential adverse impact on Section 75 groups.

Our Strategic Management Board has decided to continue to use Spit and Bite Guards as a tactical option in a post-Coronavirus environment. This decision was taken following careful consideration of:

- the findings and recommendations arising from this Equality Impact Assessment (EQIA) on the use of Spit and Bite Guards
- the Section 75 screening processes which highlighted that the policy affects all Section 75 groups but with potential for greater impact on men, young people, people with a disability and members of the Catholic community and the mitigation detailed in Table 5A above in respect of these groups
- the Chief Constable's statutory obligations under Health & Safety legislation to

provide safe systems of work for staff

- the monthly reviews of the use of Spit and Bite Guards which show that assaults by spitting and biting are continuing with 1011 reports of spitting/biting affecting 454 police officers/staff from 1 March 2020-15 June 2022
- benchmarking with other Police Services which highlights our measured and considered use of the guard with 251 deployments balanced against 52,569 arrests from 16 March 2020-16 June 2022
- advice from our Chief Medical Officer on the psychological effects of spitting and biting on officers and staff
- the absence of any other effective tactical option to counter assaults by spitting/biting

We are satisfied that appropriate policy is now in place in relation to the safe application of Spit and Bite Guards and to the aftercare afforded to individuals who have a Spit and Bite Guard applied. The use of Spit and Bite Guards in the post-Coronavirus era is framed around robust policy, training and established mitigations. Such mitigations include considering alternatives to the application of a Spit and Bite Guard, particularly on higher risk groups, such as: good communication; donning additional Personal Protective Equipment; de-escalation or disengagement; maximising the use of cell vans and using Body Worn Video in all encounters where application of a Guard may be considered.

We are further satisfied that training in the use of Spit and Bite Guards has been sufficient. A revised training video is currently in production. This version takes account of partner recommendations on the use of Spit and Bite Guards. We will continue to examine data on deployments of Spit and Bite Guards, their use on children and vulnerable people, complaints in relation to deployments and any arising Section 75 concerns.

The continued use of Spit and Bite Guards will be subject to governance under a new performance accountability framework. This governance structure will focus on effective data collection and analysis, in particular around all protected characteristics, to include an agreed and consistent means of recording religious and community

background data. Data relating to the use of Spit and Bite Guards on children and other vulnerable people will be a particular focus for this governance framework.

5.5 Monitoring

Stage 7 of the EQIA process is the monitoring stage where a system is established to monitor the impact of the policy and its effect on relevant groups. In the event that a Spit and Bite Guard is applied, we will continue to collate the following monitoring information in respect of the detainee, as far as possible:

- gender;
- age;
- racial group;
- people with dependants and those without;
- religious group;
- whether or not they have a disability; and
- marital status.

Data on gender, age and racial group are captured on our Use of Force system although some data may be officer-perceived if not volunteered by a detainee. Whilst there is no formal mechanism for recording data relating to people with dependants and those without, religious group, disability and marital status, information can be gleaned as far as possible from the individual's Niche record. We have decided not to gather monitoring information from individuals in respect of their political opinion or sexual orientation due to the sensitivity of this information.

Monitoring practices already in place will continue:

- The Spit and Bite Guard Working Group will continue to convene until a new governance framework is established. The Working Group will consider all data relating to spitting and biting incidents and the circumstances of each use of a Spit and Bite Guard, particularly deployments on children
- Daily collation of statistics on the use of Spit and Bite Guards

- Particular scrutiny if a Spit and Bite Guard has been used on a child to include an examination of the Body-Worn Video relating to the incident
- A bi-annual report on the Use of Force by PSNI (including Spit and Bite Guards) presented to the Policing Board NI and an annual Use of Force report published externally
- Regular reviews of our policy on the Use of Spit and Bite Guards which will continue to evolve as future recommendations are considered
- Attendance at the National Self-Defence, Arrest and Restraint Group which examines advances in technology and techniques relating to all uses of force, including Spit and Bite Guards
- Benchmarking the use of Spit and Bite Guards by PSNI with other UK forces and An Garda Síochána

Where there are lesson points to note arising from the review of each use of a Spit and Bite Guard, these are encapsulated promptly into policy and training documentation.

In line with Equality Commission guidance, all monitoring and review evidence will be considered on an annual basis and be published on our website to inform an assessment of the actual impact of the policy across the nine Section 75 groups.

5.6 Policy Timetable

Action	Timescale
Policy Decision	08/06/2022
Policy Implementation	13/06/2022
Monitoring and Publication of Results	Annually from July 2022
Review of Data / Research	July 2023

5.7 Publication of Results of EQIA

We will write to partners who participated in the consultation to advise of the publication of the EQIA on the Police Service of Northern Ireland's website and to offer a copy of the final EQIA in a format of their choice. We will make the outcome of this EQIA and any monitoring of adverse impact of policies on the promotion of equality of opportunity publically available. This material will be accessible on our website at <http://www.psni.police.uk>. It will also be available in large print, Braille, PDF, audio cassette and minority languages upon request.

APPENDIX A – Summary of Consultees Responses and Mitigation

ORGANISATION	COMMENT	PSNI RESPONSE
<p>1. Children’s Law Centre (CLC)</p>	<p>1.1 The PSNI Equality Impact Assessment (EQIA) should have been undertaken before the PSNI purchased Spit and Bite Guards and issued them to officers. PSNI has breached obligations under Section 75 Northern Ireland Act 1998 and our own Equality Scheme.</p>	<p>It is not standard policy to immediately initiate an EQIA at the start of a process such as the introduction of a new tactical option. In line with Equality Commission for Northern Ireland (ECNI) guidance, an Equality Impact Assessment is carried out if the Section 75 Screening identifies that it is required. In this instance, Spit and Bite Guards were introduced urgently due to the Coronavirus pandemic and Section 75 Screening was carried out within that context. The ECNI has been corresponding with us on equality screening for Spit and Bite Guards since December 2019 (pre-Covid). Meetings, advice and guidance were ongoing regarding the approach to be taken when the pandemic expedited the development of a Spit and Bite Guard policy and Section 75 Screening to mitigate critical Health and Safety implications for officers, staff and the wider community. The initial Section 75 screening was completed in April 2020. Two further Sections 75 screening documents were submitted as we analysed the available data and considered feedback from stakeholders.</p> <p>Following submission of the third Section 75 screening document, the Chief Constable took the decision to conduct an Equality Impact Assessment on the use of Spit and Bite Guards by the Police Service of Northern Ireland, with</p>

		particular comment invited on the continued use of the guard in a post-Coronavirus environment.
	1.2 Due to the 'controversial and contentious' nature of the purchase of Spit and Bite Guards the authority to purchase should have been obtained from the NIPB	We considered the need to obtain authorisation from the NI Policing Board for the purchase of Spit and Bite Guards. Whilst the topic of Spit and Bite Guards could be viewed as 'novel/controversial or contentious,' their use and experience are widespread across the UK and significant mitigation has now been put in place within the Service. We are satisfied that the expenditure is not within the definition of novel and/or contentious from the perspective of Government accounting, which, to quote, includes 'unusual schemes or policies using novel techniques.'
	1.3 The rationale for the introduction of Spit and Bite Guards is incorrect as <i>The product will not prevent aerosols from coughing or sneezing and is therefore not an effective means to prevent Covid-19.</i>	When Spit and Bite Guards were temporarily issued in March 2020, there was limited evidence regarding their effectiveness in preventing the spread of Covid-19. The evidence is still inconclusive but the rationale at the time was to protect officers and members of the public from spitting and biting and the associated potential to contract blood borne Viruses and Covid-19. Of 1018 reported spiting/biting incidents occurring between the period 01.03.20 – 15.06.22, forty were reports where the subject was deemed to be Covid-19 suspicious and 211 were reports where injured parties may have absorbed saliva via the eyes or mouth.

		<p>We acknowledge that the real risk to officers lies in the psychological effect of assaults by spitting/biting.</p> <p>The rationale for the extended roll out to all operational officers in January 2021 was based on the fact that reported spitting and/or biting incidents against Police were significantly higher in 2020 than in previous years. The indication was that individuals were using spitting as a weapon particularly in the climate where there was a global fear over Covid-19. In addition, the overwhelming number of spitting and/or biting incidents in 2020/22 have been 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.</p>
	<p>1.4 Given the immediacy of the situation in which it is asserted Spit and Bite Guards will be used how will an officer be able to ascertain if an individual <i>has mental health or another debilitating condition, which the use of a Spit and Bite Guard could exacerbate</i> or if the person is under 18</p>	<p>Policy and training have comprehensive sections on Vulnerability and the use of Spit and Bite Guards on children. Officers will use the National Decision Model and consider alternatives to a Spit and Bite Guard before application. They will obtain all relevant information available before formulating a working strategy responding to the specific circumstances. The individual may already be known to police or a check on our system may highlight vulnerabilities which will be communicated to officers. Please also see point 1.5 below regarding policy wording.</p>

	<p>1.5 What is meant by staff being 'aware'?</p>	<p>The National Decision Model requires officers to obtain all relevant information available before formulating a working strategy responding to the specific circumstances. The individual may already be known to police or a check on our system may highlight vulnerabilities which will be communicated to officers. Policy wording has now changed to: <i>Where officers or staff are aware or believe that a member of the public is under 18 the presumption will be that a Spit and Bite Guard should not be used and If you are aware or believe 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.</i></p>
	<p>1.6 Equality Impact Assessment should also acknowledge the concerns about officer safety in relation to fitting Spit and Bite Guards.</p>	<p>This is comprehensively covered within the mandatory training video which officers complete prior to being issued with a Spit and Bite Guard. The training instructs officers how to fit and remove a Spit and Bite Guard safely.</p>
	<p>1.7 Spit Guards do not protect officers; they in fact do the reverse in that they generate a significant aerosol-generating event thereby putting officers at more risk.</p>	<p>Any effort to apply a Spit and Bite Guard has the potential to become aerosol-generating but application is a relatively quick process which can protect officers and members of the public as saliva and other liquids are retained within the guard for safe disposal. Using restraint techniques instead of a Spit and Bite Guard may arguably generate more aerosol.</p>
	<p>1.8 Risk assessments by the police have highlighted the dangers of</p>	<p>Officers and custody staff must complete the mandatory training package and read our Spit and Bite Guard policy</p>

	<p>breathing restriction and asphyxia and the Independent Office of Police Conduct (IOPC) has investigated the deaths of several adults following the use of Spit Guards. Deaths have been attributed to Spit Guards both in the UK and US, including Jonathan Pluck in Cambridgeshire when in 2009 he was restrained in a cell, strip-searched and left face down on a mattress, and Terry Smith in 2013.</p>	<p>before they are issued with a Spit and Bite Guard. This policy clearly outlines the signs and symptoms of asphyxiation or difficulty breathing when wearing a Spit and Bite Guard and the immediate action to be taken. There is also a section regarding Positional Asphyxia and Acute Behavioural Disturbance (ABD) which similarly outlines the signs and symptoms and immediate action to be taken. Policy signposts to further reading on this subject and additional training regarding ABD. Policy and training are explicit with regard to breathing difficulties: <i>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.</i></p> <p>An individual who has a Spit & Bite Guard applied must be continually monitored.</p>
	<p>1.9 Another concern is the requirement for a person to be handcuffed before the spit-hood is employed. This means a person would be unable to remove it quickly in an emergency and can only draw attention to difficulties if they are able to speak and are listened to.</p>	<p>Policy states that officers and staff must have control of the subject with either mechanical or physical restrains prior to attempting to deploy the Spit and Bite Guard. It is recommended that the individual is handcuffed to the rear. This will ensure they cannot remove or adjust the Spit and Bite Guard. Where practicable, a safety officer will be appointed and have responsibility for:</p> <ul style="list-style-type: none"> • Care by monitoring the subject and being aware of their visible signs whilst they are

		<p>wearing a Spit and Bite Guard.</p> <ul style="list-style-type: none"> • 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. <p>The deploying officer will constantly reassess the need for the Spit and Bite Guard and keep it in place only as long as necessary.</p>
	<p>1.10 There has been no assessment of how safe they are to use on under-18s and there is no national guidance for spit-hoods use on children.</p>	<p>The Independent Medical Scientific Advisory Panel (IMSAP) carried out research on behalf of the National Police Chiefs Council's Self Defence Arrest and Restraint Group (SDAR) where they tested 100 Officers and measured any drop in oxygen saturation levels following rigorous exercise with and without a Spit and Bite Guard. This showed a drop of 0.5% while wearing a Spit and Bite Guard, which is not clinically significant. It would not be ethical to attempt this research on vulnerable individuals including children. The National Police Chiefs Council sets no lower age limit on the use of Spit and Bite Guards. Their guidance to UK Police Services states:</p> <p><i>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</i></p>

		<i>could not be proportionate if there was a less intrusive tactic available.</i>
	1.11 Absence of independent medical evidence, research and data on how safe they are to use on children, including children with disabilities.	Please see the response above at 1.10
	1.12 The medical research undertaken by Dr Aw-Yong was on healthy adults and was not undertaken in the vulnerable and those under the influence of drugs and/or alcohol.	Please see the response above at 1.10. It would be not ethical to attempt research on vulnerable individuals including those intoxicated or under the influence of drugs. The healthy, physically fit and drug-free volunteers for the IMSAP research may not have been representative of people under arrest. Detained persons may be unfit, with various physical illnesses such as obesity, cardiac and respiratory conditions and mental illnesses. They may often be under the influence of illicit substances or alcohol. Detained persons may also have undergone considerable physical exertion prior to the application of a Spit & Bite Guard or been exposed to irritant spray, TASER or restraint. It was not possible or ethical to replicate these factors in the testing of the Spit Guard Pro.
	1.13 Independent medical evidence is central to the proposal to use Spit Guards in Northern Ireland and should have been considered in advance of any introduction. Evidence must be collected in a	Please see above at points 1.10 and 1.12

	<p>controlled and safe scientific environment with the necessary level of expertise to ensure adequate rigorous testing which will determine the impact on individuals, in particular children and young people, children and young people with a disability or mental health conditions</p>	
	<p>1.14 Direct consultation with children and young people as one of the groups most impacted upon in relation to the use of Spit and Bite Guards by the PSNI.</p>	<p>We consulted directly with a representative group of young people on the use of Spit and Bite Guards and with organisations who advocate for children and young people prior to the EQIA. During 2022, our Crime Prevention and Early Intervention Branch (CPEIB) is planning additional engagement with young people, supported by the Education Authority, around the use of Spit and Bite Guards. We have also have agreed a new initiative in principle with the Education Authority to deliver a youth-led Independent Advisory Group. Once this is established, we will consult with the group on all use of force tactics, including Spit and Bite Guards.</p>
	<p>1.15 Request for a copy of child accessible versions of the Equality Impact Assessment in relation to the use of Spit and Bite Guards by the PSNI by return.</p>	<p>The EQIA questionnaire is free of jargon and was accessible to all partners and the public on the PSNI website. We have consulted with young people on Spit and Bite Guards and have received feedback from groups representing young people. The EQIA consultation document was sent to partners who advocate for children and young people. The report advised that alternative</p>

		<p>formats would be available upon request however, no requests were made within the consultation timeframe.</p>
	<p>1.16 What system will be used to analyse responses to the EQIA, including the weight which will be attributed to both individual and organisational responses.</p>	<p>All responses have been analysed by subject matter experts within Operational Support Department and considered within existing governance structures under the Spit and Bite Guard Working Group. Our Statistics Branch has provided additional comparable data on the use of force disaggregated by age, gender and ethnicity. The qualitative data considered in this report is in the form of written responses by partners to the EQIA, which have been detailed in this appendix and considered individually by the Strategic Management Board. Any available quantitative data has also been considered. This includes:</p> <ul style="list-style-type: none"> • available data gleaned from our Niche Record Management System and the Use of Force system on the 9 protected Section 75 groups • updated data on spitting and biting incidents • data on the number of arrests balanced against the number of Spit and Bite Guards deployed • analysis from the Service's Chief Medical Officer on the evolution of the Coronavirus • benchmarking the use of Spit and Bite Guards by other UK forces <p>In reaching the decision to continue to use Spit and Bite Guards in a post-Coronavirus environment, we afforded</p>

		equal weighting to the qualitative and quantitative data presented.
	1.17 Details of engagement between the PSNI and Start 360 in relation to referrals being made for trauma counselling.	There are currently Vulnerability Hubs established in Mid and East Antrim, Derry City and Strabane and Antrim and Newtownabbey Districts. The Vulnerability Navigator attached to the Hub collaborates with a large number of external bodies, including Start 360, who can provide care and support to those who come into contact with the police. Vulnerability Navigators will signpost individuals to the relevant organisation/s who then take the lead in supporting that person. It is envisaged that this collaboration with organisations such as Start 360 will roll out across the rest of the Service to help identify Adverse Childhood Experiences and vulnerabilities in all persons coming into custody, including those who have had a Spit and Bite Guard applied. We have added Spit and Bite Guard usage to the custody record on Niche as part of the Custody Officer's pre-release risk assessment. This will provide an opportunity to capture data on referrals offered to / accepted by the detainee.
	1.18 Recent developments in neuroscience have also identified that the brain development and specifically the frontal lobes (the area of the brain that helps regulate decision-making and the control of	Every officer, as part of their Personal Safety Programme (PSP) training, undertakes training in de-escalation. Although there is no specific neurobiological element to the training, policy is clear in its position on the use of the guard on children. In addition, all student officers are trained in neurodiversity as part of their student training programme.

	<p>impulses that underpin behaviour) are still developing into a human's 20s. This will affect a child's ability to cope in a stressful situation with the police. Using a spit-hood risks not only heightening their fight or flight mood but also risks subsequent psychological damage. This is compounded by the fact that children who come into contact with the police are some of the most vulnerable in society – many have experienced abuse or violence, are victims of criminal exploitation, and have Special Educational Needs (SEN) or serious mental health conditions.</p>	<p>Some excellent initiatives have been undertaken recently by police officers and staff with an interest in neurodiversity. These include examining best practice in custody suites nationally and globally and devising a custody and autism toolkit which forms part of mandatory custody training for all custody staff. Further information on initiatives in respect of neurodiversity can be found in the main report at Section 3 Data and Consultation: The Use of Spit and Bite Guards on Vulnerable People.</p> <p>There may be occasions when a Spit and Bite Guard is used on a young person or a person with vulnerabilities due to a lack of information about the individual concerned.</p> <p>We recently engaged with Mindwise, a mental health charity who provide the Appropriate Adult service to vulnerable people in custody, to signpost individuals to an appropriate care provider if required. All police officers have access to training in Adverse Childhood Experiences (ACEs training). The purpose of the training is to help officers identify vulnerabilities in people they are dealing with so that they can be signposted to the best organisation to provide them with the relevant help and support. Three Districts have a vulnerability navigator in post who will pick up any vulnerability referrals from officers who may be concerned about an individual. We also have Spit and Bite Guard deployments added to the custody record on Niche as part of the Custody Officer's pre-release risk assessment. This</p>
--	---	---

		will provide an opportunity to capture data on referrals offered to / accepted by the detainee.
	1.19 Referring a traumatised child on to services to deal with their trauma is not satisfactory or acceptable, when the PSNI have it within their gift to avoid the trauma in the first place.	<p>The use of a Spit and Bite Guard on a child will be a last resort following the officer's use of the National Decision Model and their consideration of alternatives. The use of a Spit and Bite Guard may negate the need for other restraint techniques which are arguably a greater risk to the detainee's welfare.</p> <p>All deployments of a Spit and Bite Guard on a child are carefully scrutinised under current governance structures. To date, Spit and Bite Guards have been deployed on 13 children ranging in age from 14-17 years. The last deployment on a child was in October 2021. Using a Spit and Bite Guard on a child remains the exception. Further scrutiny of the use of the tactic on children will come under a new performance accountability framework currently being considered by our Senior Executive Team. Officers and staff must adhere to the following policy when considering the deployment of a Spit and Bite Guard on a person under 18:</p> <ul style="list-style-type: none"> ○ Specific and additional rationale for the use on a child must be provided by the deploying officer in their formal use of force report (including how they considered and discounted other options); ○ The officer's supervisor and a local senior officer (at least Chief Inspector) will be

		<p>obliged to view the related Body Worn Video;</p> <ul style="list-style-type: none"> ○ Where the supervisor or local senior officer identify any concerns in terms of the deployment, Professional Standards Department will be informed and will i) view the Body Worn Video and ii) assess if there are any arising discipline matters or any organisational learning; ○ A local senior officer (again at least Chief Inspector) will inform Social Services of the circumstances given that the incident has the potential to become an Adverse Childhood Experience (ACE).
	<p>1.20 In relation to religion, the PSNI have concluded that differential/ adverse impacts on people of different religions are unlikely to arise from the introduction of Spit and Bite Guards. Given that out of the 84 individuals on whom a Spit and Bite Guard was deployed between 16th March 2020 and 31st December 2020, their use against Catholics was</p>	<p>Data on the use of Spit and Bite Guards by religious belief shows that the tactic has been used more frequently against persons who identified their religion as Roman Catholic, than against persons who identified their religion as Protestant or who identified themselves as having no religion. We do not have a reliable source of data disaggregated by religion to make any meaningful comparison in this area. Data is currently gleaned monthly by a manual trawl of Niche. Religious belief is not formally recorded-we rely on the information being volunteered in</p>

	<p>more than double their use against Protestants. The use of Spit and Bite Guards is clearly differentially impacting on Catholics.</p>	<p>custody. The continued use of Spit and Bite Guards will be subject to governance under a new performance accountability framework. This governance structure will focus on effective data collection and analysis, in particular around all protected characteristics, to include an agreed and consistent means of recording religious and community background data.</p> <p>Further information can be found in the main report at Section 4: Key Findings.</p>
	<p>1.21 Given that no data has been provided within the Equality Impact Assessment for any of these protected section 75 groups, how can the PSNI conclude there will be no adverse or differential impacts in the absence of data? We would assert that the PSNI should gather relevant disaggregated data. Failure to do so constitutes a breach of the PSNI's Equality Scheme.</p>	<p>From March 2020-June 2022, we conducted monthly analysis of the use of Spit and Bite Guards. This included all available data on age, gender, community background and ethnicity. Data on gender, age and racial group are formally captured on our Use of Force system although some data may be officer-perceived if not volunteered by a detainee. Whilst there is no formal mechanism for recording data relating to people with dependants and those without, religious group, disability and marital status, information can be gleaned as far as possible from the individual's Niche record. In future data reporting, we accept that figures on disability obtained from Niche will not include individuals under the influence of alcohol or drugs, unless a disability is noted. Any figures on disability obtained will be disaggregated into type of disability where possible. This includes mental health disabilities.</p>

	<p>1.22 The Summary of Impacts within the consultation document identify children, men, younger men and individuals with poor mental health as groups which may be adversely impacted. We would request that members of the Catholic community and persons with a disability (not just those with a mental health need) are also included in this section, particularly given the appalling statistic that 68 out of 84 uses of Spit and Bite Guards in 2020 involved a person with a disability.</p>	<p>There have been 251 deployments of Spit and Bite Guards from 16 March 2020-16 June 2022, balanced against 52,569 arrests in this time period. The figure of 81% of use on persons with a disability in the EQIA consultation document included mental health disabilities. In 68 out of 84 uses of Spit & Bite Guards in 2020, the subject had reported a disability or police noted a disability. In 81 out of 84 of these occurrences, drugs/alcohol were noted as a factor. Officer perception accounts for the seemingly disproportionate use of the tactic on disabled people and included subjects who were under the influence of drugs/alcohol. Members of the Catholic community and people with a disability (including mental health) are included as groups which may be adversely impacted by the use of Spit and Bite Guards (please see Section 4 Key Findings of the main report and point 1.20 above).</p>
	<p>1.23 They should not be used on any child under the age of 18 in any circumstance.</p>	<p>Of 251 deployments at 16 June 2022, Spit and Bite Guards have been used on 13 children (16 applications in total) from 14-17 years.</p> <p>We have not set a lower age limit on the use of Spit and Bite Guards. Policy on the use on children has evolved since the introduction of Spit and Bite Guards to read:</p> <p><i>Where officers or staff are aware or believe that a member of the public is under 18, the presumption will be that a Spit and Bite Guard should not be used”</i></p>

		<p>The use of Spit and Bite Guards on children is carefully monitored and continues to be reviewed. The use of the tactic on a child will always be as a last resort. The alternative to the use of a Spit and Bite Guard may be to employ restraint techniques which are arguably a greater risk to the detainee's welfare. The National Police Chief's Council also sets no lower age limit on the use of Spit and Bite Guards.</p> <p>Please also see point 1.19 above and in the main report, Section 3 Data and Collection-The Use of Spit and Bite Guards on Children.</p>
	<p>1.24 The mitigations put in place to date such as strengthening the message around Spit and Bite Guards being a last resort, the training provided and a change in terminology in relation to the use of the guard on children are inadequate in addressing the adverse differential impact on the range of section 75 groups.</p>	<p>As above at 1.19 and in the main report, Section 3 Data and Collection-The Use of Spit and Bite Guards on Children. The use of Spit and Bite Guards on children is the exception. Their use is carefully monitored and we have robust monitoring systems in place regarding the use of the tactic on children.</p>
	<p>1.25 There is no mention of the Thematic Review of the Policing Response to COVID-19 and the associated recommendations relating to Spit and Bite Guards within the Equality Impact Assessment not least</p>	<p>We considered the recommendation of the NIPB Human Rights Legal Advisor in November 2020 that Spit & Bite Guards should be withdrawn from use by 31 December 2020. The enhanced roll out of the tactic in January 2021 followed examination of data on incidents of spitting and biting which showed that LPT & NPT officers are more likely</p>

	because the authority to purchase this 'controversial and contentious' equipment rests with the NI Policing Board.	to be spat at/bitten. Reports of spitting/biting in 2020 were significantly higher than in previous years. We considered the need to obtain authorisation from the NI Policing Board for the purchase of Spit and Bite Guards. Whilst the topic of Spit and Bite Guards could be viewed as 'novel/controversial or contentious,' their use and experience are widespread across the UK and significant mitigation has now been put in place within the Service. The expenditure is not within the definition of novel and/or contentious from the perspective of Government accounting, which, to quote, includes 'unusual schemes or policies using novel techniques.'
2. Voice of Young People in Care (VOYPIC)	2.1 Spit and Bite Guards should not be used on children and young people in any circumstances.	Please see points 1.19 and 1.23 above and in the main report, Section 3 Data and Collection-The Use of Spit and Bite Guards on Children.
	2.2 Given the circumstances in which a spit and bite guard may be deployed it is unlikely that sound judgments can be made as to a person's mental health, capacity or age. This policy fails to protect children, that is all those under 18 years of age, as defined by the UNCRC.	<p>The process of assessing vulnerability is part of the National Decision Model where officers will obtain all relevant information available before formulating a working strategy responding to the specific circumstances.</p> <p>An individual, adult or child, may already be known to police or a check on our system may highlight vulnerabilities which will be communicated to officers. In terms of looked-after children or children in an education establishment, officers will seek information about the child from carers/members of staff, if the situation allows.</p>

		<p>Policy wording has now changed to: <i>Where officers or staff are aware or believe that a member of the public is under 18 the presumption will be that a Spit and Bite Guard should not be used and If you are aware or believe 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.</i></p> <p>Please also see point 1.17 above in relation to aftercare for detainees who have had a Spit and Bite Guard applied.</p>
	<p>2.3 VOYPIC is concerned about the potential trauma that the use of Spit and Bite Guards on children or young people may cause. This is an even more significant issue for young people who have already experienced trauma in their lives, for example, children and young people in care.</p>	<p>Policy and training on the use of Spit and Bite Guards contain comprehensive sections on Vulnerability. Officers will use the National Decision Model and consider alternatives to a Spit and Bite Guard before application. We have engaged with Mindwise, the mental health charity who provide the Appropriate Adult services in custody. Mindwise volunteers in the custody suite may signpost vulnerable individuals to an appropriate care provider if required. Please also see point 1.17 above in relation to ACEs training and Vulnerability Hubs. As highlighted in the main body of this report, there is positive work ongoing throughout the organisation on police interaction with individuals with a neurodiversity.</p>

		<p>In relation to the use of Spit and Bite Guards on looked-after children, custody staff will engage with the child's appropriate adult/social worker in the custody suite and explain why a Spit & Bite Guard was deployed, show them a guard and respond to any queries arising. The looked-after child's social worker will be best placed to offer any aftercare they deem appropriate for the child. We have amended policy to reflect the role of custody staff in these instances.</p>
	<p>2.4 A young person who has experienced physical or sexual abuse and was restrained or had their face covered as part of that abuse. In such circumstances, the use of the Spit and Bite Guard is likely to escalate the severity of the situation, and re-traumatise the young person rather than having a calming effect.</p>	<p>Please see point 1.17 above.</p> <p>Officers are attuned to the possibility of re-traumatising an individual with the application of a Spit and Bite Guard. This is why the tactic is only used as a last resort after all other options have been considered. Policy is clear that the use on children in particular will be the exception. We are striving to better our practices with regard to after care. Included in the steps taken above, we have amended the custody record to include the use of a Spit and Bite Guard on the risk assessment upon arrival and again on the pre-release risk assessment, which will capture any after care referral made.</p>
	<p>2.5 The consultation document states: <i>"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</i></p>	<p>Whereas the use of the tactic on children or on those with mental health or other debilitating conditions will be the exception and will be carefully monitored, there may be occasions where officers will apply a Spit and Bite Guard to a child or other vulnerable person. These applications will</p>

	<p><i>organisation such as Start 360 who specialise in helping young people between the ages of 11 and 24.” This contradicts the presumption that Spit and Bite Guards should not be used on a child or on those with ‘mental health or another debilitating condition’.</i></p>	<p>occur after the officer has employed the National Decision Model and believes that the application of a Spit and Bite Guard is the only effective tactic in the circumstances. Rationale for deployment will be recorded in the officer’s notebook and a Use Of Force form completed and checked by a supervisor.</p>
	<p>2.6 Providing support following a traumatic event does not diminish PSNI responsibility to take all possible steps to avoid the use of spit and bite guards on children.</p>	<p>Please see points 1.17, 1.18 and 1.19 above. Officers and staff are periodically reminded that the use of the guard should be the exception. There are occasions, however, when the tactic is employed as a last resort as detailed above.</p>
<p>3. Northern Ireland Human Rights Commission (NIHRC)</p>	<p>3.1 The NIHRC recommends that, in line with a recommendation by the NIPB, spit and bite guards should be withdrawn by the PSNI and officers should be provided with appropriate PPE as an alternative.</p>	<p>Wearing PPE is not an effective alternative to the use of Spit and Bite Guards when officers or staff dynamically risk assess their requirement with non-compliant individuals whose health status is unknown, and where those individuals demonstrate a determination to cough or spit deliberately at others. We did trial PPE for officers in a custody environment in 2015 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.</p>

		<p>Wearing PPE may impact on the duration of use of Spit and Bite Guards but cannot replace it when the dynamic risk assessment is appropriately applied.</p> <p>There is a clear argument that this goes beyond Covid-19 and is applicable to any virus that can be spread via these transmission methods.</p>
	<p>3.2 The NIHRC advises that other methods of dealing with individuals who may spit or bite, such as more robust Personal Protection Equipment or restraint holds are available to the PSNI as an alternative to spit and bite guards.</p>	<p>Policy states that officers and staff should consider options to aid 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 constant observation.</p> <p>Please also see point 3.1 above.</p>
	<p>3.3 The NIHRC recommends that PSNI officers are trained in de-escalation techniques as an alternative to Spit and Bite guards. Given the EQIA identifies that most Spit and Bite guards are used on young males, a neurobiological element to the training would be useful.</p>	<p>Every officer, as part of their Personal Safety Programme (PSP) training, undertakes training in de-escalation. Although there is currently no specific neurobiological element to the training, policy is clear in its position on the use of the guard on children. In addition, all student officers are trained in neurodiversity as part of their student-training programme.</p> <p>Policy on the use of Spit and Bite Guards states that officers and staff should consider options to aid 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, dis-</p>

		<p>engaging or placing the subject in a cell van and keeping under constant observation. Officers and staff are made aware through training and policy that the use of a Spit and Bite Guard is a last resort. Please also see point 1.18 above in relation to neurodiversity.</p>
	<p>3.4 The NIHRC recommends that Spit and Bite guards should not be used on any child under the age of 18.</p> <p>The NIHRC recommends that the PSNI develop and put in place robust safeguards to limit the possibility that a child under the age of 18 is mistaken for someone who has reached adulthood.</p>	<p>Please see points 1.17, 1.18 and 1.19 above. In relation to concerns regarding the word “aware”, officers and staff will use the National Decision Model prior to deploying a Spit and Bite Guard. We accept that not all vulnerabilities are visible. Incidents of spitting and biting typically happen in very dynamic situations. Officers and staff will be alert to vulnerabilities but there is no way of ascertaining unseen vulnerabilities until the situation has been de-escalated. Officers and staff will continually engage with the detained person offering reassurance and closely monitoring them for signs of distress.</p>
	<p>3.5 The NIHRC recommends that, if the enhanced roll out of spit and bite guards is to continue, they should only be used as a last resort, when all other options have been exhausted. Any use of such force should be guided by the principles of proportionality and necessity.</p>	<p>Our policy states that officers and staff should consider options to aid 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, dis-engaging or placing the subject in a cell van and keeping under constant observation. Policy on the use of force also states that Police officers may use force in order to defend themselves or another, effect an arrest, carry out a lawful power, secure and preserve evidence or uphold the peace, provided such</p>

		force is lawful, proportionate and reasonable in the circumstances.
	3.6 The NIHRC recommends that the PSNI continues to carefully monitor and record information around religious background to ensure that there is no differential or adverse impact based on community background.	Please see point 1.20 above and Section 4: Key Findings in the main report. Data on the use of Spit and Bite Guards by religious belief shows that the tactic has been used more frequently against persons who identified their religion as Roman Catholic, than against persons who identified their religion as Protestant or who identified themselves as having no religion. We do not have a reliable source of data disaggregated by religion to make any meaningful comparison in this area. Data is currently gleaned monthly by a manual trawl of Niche. Religious belief is not formally recorded-we rely on the information being volunteered in custody. The continued use of Spit and Bite Guards will be subject to governance under a new performance accountability framework. This governance structure will focus on effective data collection and analysis, in particular around all protected characteristics, to include an agreed and consistent means of recording religious and community background data.
	3.7 The NIHRC recommends that, where an individual on whom a spit guard is used refuses to identify with a religion or where the religion remains unknown, the PSNI could utilise the Residuary Method to make an informed assumption as to	Please see point 1.20 above. Work is also ongoing in relation to capturing community background in the area of stop and search and this will feed in to use of force. We do not currently use the residuary method as a means of noting a person's religious/community background.

	the individual's potential community background.	
	3.8 The NIHRC advises that, data collected on the use of spit and bite guards on children should be disaggregated by other characteristics including racial and community background, disability or mental health conditions.	Statistics on all uses of force including the deployment of Spit and Bite Guards disaggregated by age, gender and ethnicity are provided to the NI Policing Board bi-annually and we publish an annual Use of Force report publically. Data relating specifically to the use of Spit and Bite Guards, including deployments on children, is disaggregated by other characteristics including racial and community background, disability or mental health conditions where that data is available.
	3.9 Any policy governing the use of spit and bite guards on children under 18 should be produced in consultation with children and young people in line with Article 12 UNCRC.	We engaged with a representative group of young people prior to the launch of the EQIA. We have also conducted extensive consultation with organisations advocating for children and young people. Further engagement with young people is planned during 2022. Please also see point 1.14 above.
	3.10 The NIHRC recommends that the PSNI create a target education campaign directed at younger people, particularly males, to outline unacceptability of spitting and biting, the dangers involved and legal ramifications alongside the PSNI's	<p>Respondents to this EQIA agree that spitting and biting are egregious acts. Assaults on emergency workers have increased in recent years and received much publicity in local and national press.</p> <p>When Spit and Bite Guards were rolled out to all operational officers in January 2021, a media campaign took place during which the purpose of adopting Spit and Bite Guards as a tactic was discussed. It is not anticipated that any</p>

	policy on the use of Spit and Bite guards.	further media campaign or targeted education programme will take place. Please also see point 1.14 above.
	3.11 The NIHRC recommends that data on the use of Spit and Bite Guards in relation to disability is disaggregated into different types of disability.	In future data reporting, we accept that figures on disability obtained from Niche will not include individuals under the influence of alcohol or drugs unless a disability is noted. Separate statistics will highlight those incidents where alcohol/drugs were a factor. Any figures on disability obtained will be disaggregated into type of disability where possible. This includes mental health disabilities.
	3.12 The NIHRC recommends that disability rights groups are engaged in the formation of policy in relation to the application of spit and bite guards on persons with disabilities.	We invited a number of disability rights groups to our Engagement Day on Spit and Bite Guards in July 2020 however, none of the groups attended. We wrote to these groups after the Engagement Day and asked for their views on the use of Spit and Bite Guards. We did not receive any written response from disability rights groups. We also contacted the groups by email when the EQIA was launched. We continue to welcome the views of disability rights groups.
4. Member of Public	4.1 I fully support any equipment that can reduce the possibility of members of the community and Police Officers from sustaining injuries. This equipment also reduces the need for	We note this comment.

	<p>Police Officers to use other tactics to protect themselves and others, which can aggravate what is already a volatile situation.</p>	
	<p>4.2 I assume a medically trained person / GP is consulted and the custody records and bodycam footage are retained if this equipment is deployed to protect officers from any malicious complaints.</p>	<p>Policy states that Body Worn Video must be used when applying Spit and Bite Guards outside the custody suite and any derogation from this must be justified. Custody suites are all monitored by CCTV. We process Body Worn Video footage in line with our obligations as a data controller and competent authority (as per the Data Protection Act 2018). Processing is also compliant with PSNI Service Instructions and Guidance on Information Security and in accordance with our Retention and Disposal Schedule.</p> <p>We have updated custody recording methods to ensure that any use of a Spit and Bite Guard, both prior to arrival at custody and whilst within the custody suite, is recorded. Detained persons will be seen by a healthcare professional upon arrival at the custody suite, if deemed necessary by the custody officer or requested by the detained person in line with current custody policy.</p>
	<p>4.3 I believe training provided to officers should include a discretion to use this equipment based on the level</p>	<p>The presumption will be that a Spit and Bite Guard should not be used on children. Officers will consider the National Decision Model and relevant impact factors surrounding the</p>

	<p>of threat posed. It depends on the definition of a child however, a 15-year-old person can be a threat to officer safety. I am not sure officers should be restricted in deploying this equipment, as it is an alternative to the use of force.</p>	<p>incident before taking the decision to use a Spit and Bite Guard.</p>
	<p>4.4 I believe it is a better to train officers to use their judgement on the specific circumstances they face. If you take away the option to use this equipment then officers may be forced to use more force.</p>	<p>Officers are trained to consider the National Decision Model where they will obtain all relevant information available before formulating a working strategy responding to specific circumstances. The use of a Spit and Bite Guard is arguably a lesser use of force than physical restraint tactics.</p>
<p>5. Northern Ireland Women’s European Platform (NIWEP)</p>	<p>5.1 NIWEP is concerned that Spit and Bite Guards are being used against the advice of the Northern Ireland Policing Board</p>	<p>The Chief Constable considered the recommendation of the NIPB Human Rights Legal Advisor in December 2020 that Spit & Bite Guards should be withdrawn from use. However, an examination of the data on incidents of spitting and biting showed that LPT & NPT officers were more likely to be spat at/bitten and this led to a further roll out of the tactic to all frontline officers in January 2021. The Chief Constable reviewed the use of Spit and Bite Guards every month prior to the Senior Executive Team deciding to permanently adopt the tactic in June 2022. Please also see point 1.25 above.</p>

	<p>5.2 Concerns that specific issues such as age and disability were not considered in the EQIA</p>	<p>We considered vulnerabilities due to age and disability when introducing Spit and Bite Guards in March 2020. Subsequent engagement led to changes to policy and working practices to reflect public concerns and opinion around the use of the tactic on vulnerable people, including children. The EQIA consultation report contained statistics on the use of Spit and Bite Guards on people with disabilities and on children. Data shows that the majority of uses of Spit and Bite Guards are on young males.</p>
	<p>5.3 Feel that gender should also be a consideration</p>	<p>The majority of Spit and Bite Guards have been used on males (212/251 at 16 June 2022). Officers consider subject impact factors in all conflict management situations regardless of gender. In PSP training, officers are taught a number of considerations e.g. impact factors, POP (person, object, and place) and the use of communication models to attempt to de-escalate conflict.</p>
	<p>5.4 Calls for upholding strong evidence-based policy and practice in line with extant guidance</p>	<p>We consulted with partners advocating for human rights, children and young people and other vulnerable people while drafting policy and training in the use of Spit and Bite Guards. From March 2020-June 2022, the Chief Constable reviewed the use of Spit and Bite Guards every month. As part of these reviews, he examined current data on spitting and biting incidents and all available information surrounding the use of the tactic, as well as reviewing policy and training. Prior to continuing to authorise the use of Spit and Bite Guards every month, the Chief Constable noted</p>

		<p>the data and, if required, made further policy recommendations. The policy on the use of Spit and Bite Guards remains a live document and is updated and re-published when policy changes are accepted. A revised training video will be launched at the end of June 2022 to reflect recent policy amendments around the use of the tactic on children in particular. Both the policy and training video are reviewed by the Spit and Bite Guard Working Group which will continue to provide governance of the tactic until a new performance accountability framework is established.</p>
<p>6. Derry and Strabane Policing and Community Safety Partnership (DS PCSP)</p>	<p>6.1 Only to be used in exceptional circumstances when all other options exhausted</p>	<p>Please see point 3.3 above.</p>
	<p>6.2 Believe that application of a Spit and Bite Guard will be a traumatic experience for the recipient</p>	<p>Please see point 1.17 above in relation to Vulnerability Hubs.</p> <p>We consulted with the charity Mindwise who provide appropriate adult support to children and vulnerable people in custody. It is anticipated that appropriate adults will play a role in assisting a person under 18 in custody who has had a Spit and Bite Guard applied. This may mean explaining what the guard is, why it was applied and, if necessary, signposting the child to an organisation or an individual who may be able to support them should they disclose any trauma following the application of the guard.</p>

		<p>In relation to the use of Spit and Bite Guards on looked-after children, custody staff will engage with the child's appropriate adult/social worker in the custody suite and explain why a Spit & Bite Guard was deployed, show them a guard and respond to any queries arising. The looked-after child's social worker will be best placed to offer any aftercare they deem appropriate for the child. Policy has been amended to reflect the role of custody staff in these instances.</p> <p>If a Spit and Bite Guard is deployed on a child under 18, a local senior officer (of at least Chief Inspector rank) will inform Social Services of the circumstances given that the incident has the potential to become an Adverse Childhood Experience (ACE).</p>
	6.3 Should be considered as a last option	Please see point 3.3 above.
	6.4 Special consideration should be given to children, vulnerable adults (especially with learning difficulties, mental health issues and addiction issues)	<p>Please see points 1.19 and 2.2 above.</p> <p>The mandatory Spit and Bite Guards online training package contains sections on Human Rights and Vulnerability. This is also referred to in policy. Officers attending Personal Safety Programme training are instructed in the Human Rights implications of applying a Spit and Bite Guard and to consider vulnerabilities.</p>

	<p>6.5 Suggests that the Spit and Bite Guards be worn by the Police Officers rather than the subject in order to reduce trauma</p>	<p>A Spit and Bite Guard is a piece of work equipment used to stop individuals spitting at and/or biting police. It is not Personal Protective Equipment (PPE). The donning of PPE is not practical in dynamic situations and is not a realistic alternative to the use of a Spit and Bite Guard. We conducted a pilot scheme in a custody suite where staff wore PPE (visors) in situations where subjects were spitting and biting. This proved impractical and the visors were withdrawn from use. Police officers donning Spit and Bite Guards will not prevent a detained person spitting and/or biting thereby causing risk to members of the public.</p>
	<p>6.6 References NIPB Report on Thematic Review to Policing Covid-19 Recommendation 15 – which stated that the use of Spit and Bite Guards should cease by 31st December 2020</p>	<p>Please see point 1.25 above.</p>
	<p>6.7 There should be no requirement for Spit and Bite Guards unless in exceptional circumstances with the permission of the NIPB</p>	<p>Please see point 1.25 above.</p>
	<p>6.8 PSNI should be cognisant of Art 3 ECHR when using Spit and Bite</p>	<p>Our training package reminds officers that the use of a Spit and Bite Guard is a use of force that requires officers and staff to consider the protection of an individual's human</p>

	<p>Guards and also reporting on individual deployments.</p>	<p>rights when considering the deployment of a Spit and Bite Guard.</p> <p>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, any recourse to physical force which has not been made strictly necessary by an individual's own conduct diminishes human dignity, and is, in principle, an infringement of Article 3.</p> <p>For that reason, officers and staff, in considering their use of a Spit and Bite Guard, shall as far as possible apply non-violent methods before resorting to any use of force and ensure that their use of force is proportionate, lawful, accountable and necessary.</p> <p>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. For this reason, officers and staff should 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, dis-engaging or placing the subject in a cell van and keeping under observation.</p>
--	---	---

		We share data on all deployments of Spit and Bite Guards with our Professional Standards Department. The Police Ombudsman's office were informed of every use of a Spit and Bite Guard until 25 th July 2021 when the Ombudsman advised the Chief Constable that this information was no longer required. We produce a bi-annual Use of Force report to the NI Policing Board, which contains statistics on the use of Spit and Bite Guards and an annual Use of Force report which is publically available.
	6.9 If officers are issued with adequate PPE there will be no requirement for Spit and Bite Guards unless in exceptional circumstances and with the permission of NIPB.	Please see point 3.1 above.
	6.10 The District Commander should inform the local PCSP of any use of Spit and Bite Guards and the reason for their use	All deployments of Spit and Bite Guards are now shared with District Commanders who can discuss their District's deployments at PCSP meetings.
	6.11 Could also be included in the District Commanders quarterly report	We produce a bi-annual Use of Force report to the NI Policing Board containing statistics on the use of Spit and Bite Guards. An annual Use of Force report is also published and is available to the public. District Commanders can include these statistics in their quarterly report to PCSPs.

	<p>6.12 Information on age, gender, ethnic background, location and vulnerability issues to be included</p>	<p>Our annual Use of Force report presents information on age, gender and ethnicity in respect of all uses of force, including the use of Spit and Bite Guards. Location can be included in a return to District Commanders for discussion at PCSP meetings.</p> <p>Vulnerability is not specifically recorded however, vulnerability includes age, which is recorded. Disability is recorded on the Niche record management system if that information is volunteered by the detainee or perceived by an officer. We are mindful of the use of the tactic on people with vulnerabilities and have amended policy and training to consider vulnerability.</p>
	<p>6.13 The application of Spit and Bite Guards will require physical restraint</p>	<p>Policy states that 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 the subject cannot remove or adjust the Spit and Bite Guard once it has been applied.</p> <p>The application of a Spit and Bite Guard will therefore require some physical restraint to apply, however, once applied, it will prevent officers from employing further restraint techniques which could be more detrimental to a detainee's wellbeing.</p>

	6.14 Will induce trauma which could cause further resistance	Policy and training instruct officers to give a verbal warning to the subject when a Spit and Bite Guard is about to be applied. The individual is carefully monitored while the Spit and Bite Guard is applied and it is only kept on for as long as necessary. The guard will be removed if any sign of distress is noted.
	6.15 Spit and Bite Guards have been used disproportionately on young males – 93% which could lead to further confrontation	Please see point 5.3 above.
	6.16 The use of Spit and Bite Guards will escalate a situation rather than calming it leading to further confrontation and physical restraint from Police	Please see point 3.3 above. Officers will use Spit and Bite Guards when other options to de-escalate have failed and their deployment is necessary to protect officers, staff and the public from assaults by spitting and biting. A subject is handcuffed to the rear before application of the guard. Upon application, the need for further physical restraint is greatly minimised.
	6.17 References Art 4 PSNI Code of Ethics – Police as far as possible to apply non-violent methods before resorting to any use of force	Please see points 3.3 and 6.8 above. 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. For this reason, officers and staff should consider options to aid de-escalation with

		the subject and where practicable, an alternative to the use of a Spit and Bite Guard.
	6.18 Relative, youth worker or health specialist with relationship with the subject could be contacted to de-escalate the situation - This should be the case when children and young adults are concerned	<p>Policy on the use of the tactic on children states:</p> <p><i>Other tactics to consider are disengaging entirely from the subject for a period of time with due consideration given to the safety of yourself, your colleagues and members of the public, engagement with a parent/guardian or engagement with social services.</i></p> <p>Due to the dynamic situation of spitting and biting incidents, it may not be possible to contact relevant people to help with the situation. Officers are required to consider the National Decision Model and make decisions based on the information available at the time. An appropriate adult and a health care professional will be contacted as soon as practicable, where appropriate.</p>
	6.19 There is serious concern among mental health practitioners that the application of a guard to a person with a mental health condition or personality disorder will exacerbate the distress experienced by that	<p>Policy and training advises officers/staff to give careful consideration to vulnerabilities and also states:</p> <p><i>If you are aware that the subject has mental health or another debilitating condition which the use of a Spit and</i></p>

	<p>person and result in for example hyperventilation, extreme behaviour and panic attacks. Furthermore, by obscuring a detainee's face, officers are prevented from identifying quickly whether the detainee has laboured breathing, is choking or has suffered a facial or head injury</p>	<p><i>Bite Guard could exacerbate, the presumption will be that a Spit and Bite Guard should not be used.</i></p> <p>Please see point 1.8 above in relation to positional asphyxia and ABD.</p> <p>Spit and Bite Guards are transparent and black in colour allowing officers to maintain a view of the subject's face. A Spit and Bite Guard does not obscure the detainee's vision.</p>
	<p>6.20 DS PCSP feel that the guard should not be used on children</p>	<p>Please see points 1.17 and 1.19 above.</p>
	<p>6.21 Believe Section 16.9 on Spit and Bite Guard Policy should be amended to state that spit and bite guards should be used on any member of the public under the age of 18</p>	<p>Please see points 1.17, 1.18 and 1.19 above. .</p>
	<p>6.22 References The Children's Rights Alliance for England 2017: 'Hooding children is distressing and dangerous. The evidence shows that the children who are in contact with the police are disproportionately likely to have experienced neglect, abuse, been in care, have language or learning difficulties or other vulnerabilities. Putting these children through more trauma by restraining</p>	<p>Please see points 1.17, 1.18 and 1.19 above.</p>

	and hooding them is not only damaging but potentially unsafe - adults have died following the use of spit hoods. Alternatives such as visors or spit guards worn by police officers are used in other forces in England to deal with disgusting incidents of spitting. The Met says, understandably, it needs to protect officers from harm but that mustn't come at the cost of children's safety.'	
	6.23 DS PCSP feels that they should not be used on vulnerable adults.	Please see points 1.17 and 2.2 above.
	6.24 The word 'should' to be changed to 'will' in Section 16.10 Spit and Bite Guard Policy to ensure that SBGs will not be used on vulnerable individuals: "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".	Policy has been amended as follows: <i>Where officers or staff are aware or believe that a member of the public is under 18, the presumption will be that a Spit and Bite Guard should not be used"</i> The word "should" remains in policy as circumstances do arise where a Spit and Bite Guard may be applied to someone under 18 when all other efforts to control spitting/biting have proved ineffective. As stressed previously, the use of the tactic on children will be the exception and will be carefully monitored.
	6.25 81% of uses of Spit & Bite Guard were on a male or female with a	In relation to the statistic presented in the EQIA consultation document of 81% of deployments of the

	<p>disability, including mental health disabilities.</p>	<p>tactic on people with a disability, this figure included mental health disabilities and incidents where drugs and/or alcohol were noted as a factor. In gathering the data for the EQIA consultation report, we examined the custody records of each individual who had had a Spit and Bite Guard applied. Anyone under the influence of drink/drugs was categorised as having a vulnerability at the time of application. In reviewing these figures at 16 June 2022, of 251 deployments of a Spit and Bite Guard, 189 refer to individuals who were recorded on Niche as having a self-harm flag or suicidal flag prior to the application of the guard. This equates to 75% of all deployments.</p> <p>Please also see point 3.11 above.</p>
	<p>6.26 DS PCSP agrees with NIPB that Spit and Bite Guards should be phased out by 31st December 2020</p>	<p>Please see point 1.25 above.</p>
	<p>6.27 The Derry and Strabane PCSP is not aware of any additional evidence presented to the the Policing Board that would justify the permanent introduction of these restraints.</p>	<p>When Spit and Bite Guards were issued temporarily in March 2020, there was limited evidence of their effectiveness in preventing the spread of Covid-19. The evidence is still inconclusive but the rationale at the time was to protect officers and members of the public from assaults by spitting and biting and the potential of contracting blood borne viruses and Covid-19. The Chief Constable has a legal obligation under Health & Safety legislation to protect his staff. Psychological trauma to officers and staff from the effects of spitting and biting are</p>

		<p>where the primary risk to officer safety lies. With spitting having become weaponized during the Coronavirus pandemic and the number of spitting incidents towards LPT and NPT officers increasing, we rolled out the tactic to all operational officers in January 2021. We are mindful that other blood borne viruses present a risk to officer safety, whether physically or psychologically. In the absence of an appropriate tactical option to deal with assaults by spitting/biting, physical restraint remains the only option when attempts at de-escalation have proved unsuccessful. Our assessment is that the continued use of Spit and Bite Guards offers the least injurious method of dealing with these forms of assault.</p>
	<p>6.28 The DS PCSP recommends that if SBGs are introduced that sections 16.9 and 16.10 are amended to state that these restraints will not be used on children or those with vulnerabilities i.e. replace 'should not be used' with 'will not be used'.</p>	<p>Please see points 1.17, 1.18, 1.19 and 6.24.</p>
	<p>6.29 DS PSCP feels that it should not take the deployment of a Spit and Bite Guard for officers to signpost a vulnerable individual for aftercare or support</p>	<p>All police officers can now access training on Adverse Childhood Experiences. Existing Vulnerability Navigators greatly assist in signposting vulnerable individuals to an appropriate care provider. This is regardless of whether or not the individual is under arrest or has had any force used on them. In PSP training, officers are trained, to consider all impact factors prior to employing any use of force, this</p>

		includes vulnerabilities. Within the custody environment, a pre-release risk assessment is carried out to ensure that the detained person receives appropriate support, if required, prior to leaving police detention.
	6.30 The use of SBGs has been disproportionately on those with disabilities 68 out of 84 (81%), on males 77 out of 84 (92%) and on younger people 65 out of 84 (76%)	Please see points 6.25, 5.3 and 1.19 above.
7. Ulster Unionist Party (UUP)	7.1 The Police, police staff and members of the public are entitled to protection and that point must never be lost	We note this comment.
	7.2 Spitting at another human being is a vile act, and nobody should seek to hide behind the notion of human rights to seek to enable themselves to engage in spitting	We note this comment.
	7.3 This equipment is in widespread use throughout the rest of the United Kingdom and there is no reason why the PSNI should not be permitted to avail of it	We note this comment.
	7.4 Rather than place the onus on the victim, the onus should be on the	We note this comment.

	frontline officers who are being spat at as they seek to serve and protect the public	
	7.5 We need to focus on the offender and their responsibility to moderate their behaviour and not to engage in spitting or biting in the first place	We note this comment.
	7.6 The UUP is satisfied that the PSNI are taking all reasonable steps to enhance accountability	We note this comment.
	7.7 Vast majority of police forces across the United Kingdom deploy Spit and Bite Guards It is only reasonable that the PSNI should be able to deploy them when required	We note this comment.
	7.8 If alternative tactics and techniques emerge that can deliver the same results, then we should obviously look to follow best practice and adopt it here if appropriate	We regularly attend meetings with other UK police forces to examine self-defence, arrest and restraint tactics. Should an alternative to the current Spit and Bite Guard be considered nationally, we will be involved in those considerations.
	7.9 We understand the sensitivity in using Spit and Bite Guards on children and note that the practice is rare.	We note this comment.
	7.10 The PSNI policy states that "Where officers or staff are aware that	We note this comment.

	<p>a member of the public is under 18, the presumption will be that Spit and Bite Guard should not be used.”</p> <p>We understand that exceptional circumstances require exceptional responses. The Police should be allowed to retain the option of using a Spit and Bite Guard where no other alternative exists</p>	
	<p>7.11 We welcome the fact that policy and training in the use of Spit and Bite Guards now contain sections on Human Rights and Vulnerabilities</p>	<p>We note this comment.</p>
	<p>7.12 Officers and staff are encouraged to give special consideration to those who are vulnerable by age or mental health condition</p>	<p>We note this comment.</p>
	<p>7.13 Officers will clearly be concerned as to the possible impact on their service record and how cases might be viewed by the Policing Board</p>	<p>There is a high level of scrutiny around the issue of Spit and Bite Guards, both internally and externally. Officers are periodically reminded of the obligation to complete accurate and timely records following the deployment of a Spit and Bite Guard, setting out their rationale for use. All deployments were reported to PONI until 25th July 2021 when the Police Ombudsman informed the Chief Constable that this was no longer a requirement. Any complaint regarding the use of a Spit and Bite Guard will continue to</p>

		be investigated by PONI and all deployments where serious injury has occurred will immediately be referred to PONI. Statistics on the use of Spit and Bite Guards are presented bi-annually to the NIPB as part of the Use of Force report.
	7.14 Training is obviously key as is the question of how the use of Spit and Bite Guards is benchmarked with other interventions such as handcuffing	Benchmarking with other uses of force can be found in Section 4.3 of the main report.
	7.15 Police officers, staff and the general public are all entitled to protection from being bitten or spat upon	We note this comment.
	7.16 Rights and respect are a two way street. If people do not want to have a Spit and Bite Guard applied to them, then they should not engage in spitting or biting. That message needs to get out to the general public	We note this comment.
	7.17 The policy appears to be extremely comprehensive. It is important that the policy is flexible and agile enough to be modified in line with best practice should	The policy on the use of Spit and Bite Guards is a live document which is reviewed regularly and re-published as appropriate.

	improvements emerge that would be suitable for use in Northern Ireland	
	7.18 ACE Training may well be useful, but we need to be careful not to overburden police officers	We note this comment.
	7.19 The reality is that Spit and Bite Guards are applied very rarely on under 18s – 8 times between March 2020 and February 2021	We note this comment and we continue to monitor the use of Spit and Bite Guards on children.
	7.20 Already the presumption that they should not be used against children, so usage is only going to happen in the most serious cases	We note this comment.
	7.21 Welcome the fact that 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	We note this comment.
	7.22 Statistically it seems that young males are most likely to have Spit and Bite Guards used on them, but this is because they are most likely to be engaged in spitting and biting	We note this comment.

<p>8. Sinn Féin (SF)</p>	<p>8.1 SF oppose the use of SBGs. SF feel SBGs are distressing, degrading and potentially lethal</p>	<p>The use of a Spit and Bite Guard is a last resort when all other attempts to de-escalate a situation have failed. When a Spit and Bite Guard is applied in line with policy, the risk to the detainee is minimal. The detainee will be constantly supervised and the guard removed if the officer sees that the detainee is having difficulty breathing. Policy states: <i>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.</i></p> <p>The use of Spit and Bite Guards prevents the need for further physical restraint once applied and thus reduces the risk of further injury to the subject.</p>
	<p>8.2 SF have concerns the use of SBG affect the right to human dignity, the right to life, the right not to be subject to torture, cruel inhuman and degrading treatment and the right to private and family life</p>	<p>Please see point 6.8 above. Further response to concerns about human rights can be found at Section 3.10 (iv) of the main report.</p>
	<p>8.3 SF believe SBG disproportionately affect Sec 75 groups such as persons with disabilities and young people</p>	<p>Please see points 1.17, 1.19, 2.2, 3.11, 5.3 and 6.25 above.</p>
	<p>8.4 SF believe that the use of SBG do not stand up to scrutiny. PSNI has not provided evidence that they are</p>	<p>Please see point 1.3 above. We remain mindful of other blood borne viruses risking officer safety, whether physically or psychologically.</p>

	needed to protect Officers health. SF believes this does not fulfil a duty of care for officers as not evidence based	
	8.5 Lack of information surrounding how many officers have contracted infectious diseases from spitting and or bites	We agree that the most prevalent injuries concerned are psychological, which is difficult to quantify.
	8.6 Lowering the stress of Police is an inappropriate justification for use of SBG	The Chief Constable's legal obligation to ensure safe systems of work for his employees extends to the psychological welfare of all officers and staff. Lowering stress levels is not the sole justification for use. Spitting is an egregious act and the enhanced roll out of Spit and Bite Guards in January 2021 was agreed following an examination of data on incidents of spitting and biting which showed that LPT & NPT officers are more likely to be spat at/bitten. Reports of spitting/biting in 2020 were significantly higher than in previous years and these assaults are continuing. Officers and staff deploy Spit and Bite Guards to counter assaults by spitting and biting which may endanger members of the public as well as police officers and staff.
	8.7 PSNI has not provided any evidence that the hoods prevent or inhibit the spread of COVID 19 and	Although Spit and Bite Guards are not anti-viral PPE, they are a piece of work equipment used as a transmission-based precaution to reduce the likelihood of droplet virus particles being demonstrated where individuals display a

	PSNI has acknowledged that SBG do not prevent the spread of COVID 19	disregard for the transmission of disease by spitting or coughing deliberately at officers.
	8.8 SF are aware of two incidents of SBG use which are under investigation by PONI	We are aware of one complaint in 2022 to PONI regarding the use of a Spit and Bite Guard.
	8.9 SF submit that there is insufficient evidence to support the use of SBG	At the time of introduction of Spit and Bite Guards there was limited evidence regarding the effectiveness of Spit and Bite Guards in preventing the spread of Covid-19. The evidence is still inconclusive but the rationale at the time was to protect officers and members of the public from these types of attacks and the potential to contract blood-borne viruses and Covid-19. The use of Spit and Bite Guards also provides a level of confidence for officers and members of the public that the Police Service has an approved tactical option to deal with spitting and biting assaults. The majority of spitting and biting assaults are against LPT and NPT officers. In the absence of a Spit and Bite Guard, officers may employ restraint techniques to prevent a subject continuing to spit or bite. These techniques are arguably a greater risk to the detainee's welfare than applying a Spit and Bite Guard.
	8.10 Use of SBG on vulnerable persons is ongoing source of concern	Please see points 1.17 and 2.2 above.

	8.11 SF concerned that SBG Policy does not have specific minimum age limit	Please see point 1.10 above.
	8.12 The use of spit and bite hoods adversely affect vulnerable people which includes children (particularly young males) and those with a disability (including mental health disabilities)	Please see points 1.17, 1.19, 2.2 and 5.3 above.
	8.13 At least 81% of uses of Spit & Bite Guard in 2020 were on a male or female with a disability, including mental health disabilities. Yet police frequently cite the lack of a complaint following their use as a justification	Please see points 2.2, 3.11 and 6.25 above.
	8.14 SF finds it disturbing to learn that spit hoods have already been used on children and people with disabilities by the PSNI. This use of force must have been a frightening experience for them	Please see points 1.17, 1, 18, 1.19, 2.2 and 6.25.
	8.15 Serious concern among mental health practitioners that the application of a spit hood to a person with a mental health condition or personality disorder will exacerbate	Please see points 2.2, 1.8 and 1.9 above.

	the distress experienced by that person and result in for example hyperventilation, extreme behaviour and panic attacks	
	8.16 By obscuring a detainee's face, officers are prevented from identifying quickly whether the detainee has laboured breathing, is choking, or has suffered a facial or head injury	We use the Spit Guard Pro which is a breathable, mesh material garment that covers the face and head. It is black in colour to allow for maximum visibility for the detainee and for officers monitoring the detainee. The detainee's face is not obscured and officers are trained to recognise breathing difficulties and associated conditions such as Acute Behavioural Disturbance and positional asphyxia. The guard will be removed if any of these conditions are observed. In relation to injuries, 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.
	8.17 SF feel an alternative tactical solution to deal with people spitting and/or biting should be used such as additional personal protective equipment for use on the PSNI officers, and not the detainee	Please see point 3.1 above.

	<p>8.18 SF do not accept the fact that PSNI use the argument that spit and bite hoods are a lesser use of force than physical restraint</p>	<p>Restraining an individual potentially carries a greater risk to their wellbeing than placing a Spit & Bite Guard over their head. Types of restraint used in the absence of a Spit and Bite Guard include lying the detainee prone on the ground or placing the detainee's head downwards or to one side to prevent spitting directly at officers. We have been researching the use of Spit & Bite Guards since 2004. This followed a recommendation from the Police Ombudsman for Northern Ireland (PONI) that we consider the use of anti-spit controls following an incident where an officer placed a pillowcase over a detainee's head to stop him spitting in the absence of an anti-spit control.</p>
	<p>8.19 Officers can fit something on themselves more quickly than they can fit hoods and without a struggle</p>	<p>Please see point 3.1 above. The donning of PPE is not practical in dynamic situations and is not a realistic alternative to the use of a Spit and Bite Guard. We conducted a pilot scheme in a custody suite in 2015 where staff wore PPE (visors) in situations where subjects were spitting and biting. The visors proved cumbersome and were easily knocked off during a struggle. They were subsequently not approved for use.</p>
	<p>8.20 Education and accurate communication of the risks facing officers is another alternative that could effectively deal with much of the</p>	<p>Please see Section 3.10 (vi) of the main report regarding communications to officers regarding the risks of blood borne viruses. Our Chief Medical Officer is not convinced that education and any early peer support and / or clinical advice will significantly mitigate the risk of psychological</p>

	stress and concern PSNI officers face in doing their work	injury to officers, even when informed of the low risk of blood borne viruses from spitting and the higher risk of blood borne viruses and infected wounds from biting.
	8.21 NHS workers are under same risks from spitting and biting and do not use SBG, neither should the Police	Spitting and biting are egregious acts. Assaults on emergency workers have increased in recent years and have received much publicity in the local and national press. NHS staff are dressed in PPE in their work environment. It is worn as a matter of course and does not require to be donned in response to a dynamic spitting incident. When a person is spitting at or biting a member of NHS staff, this constitutes an assault and is likely to be reported to police. Officers have attended hospitals on 27 occasions from 16 March 2020-16 June 2022 to deploy Spit and Bite Guards.
9. ABC Council – Policing and Community Safety Partnership (ABC PSCP)	9.1 Agree with the use of SBG as a tactical option because if the person was behaving appropriately their use would not be a necessity	We note this comment.
	9.2 The use of SBG seems sufficiently adequate for a non-violent option	We note this comment.
	9.3 Agree that SBG are a lesser use of force than physical restraint	We note this comment.
	9.4 We feel that a child's spit/bite is just as dangerous as an adult's so we would imagine that in more severe	We note this comment.

	circumstances of continued spitting / biting then a Spit and Bite Guard should be used.	
	9.5 The police should not be put at risk doing their jobs	We note this comment.
	9.6 We agree that the PSNI should introduce SGB in post corona virus environment	We note this comment.
10. Northern Ireland Commissioner for Children and Young People (NICCY)	10.1 The PSNI Equality Impact Assessment (EQIA) should have been undertaken before the PSNI temporarily introduced Spit and Bite Guards to over 3,000 officers.	Please see point 1.1 above.
	10.2 PSNI has not evidenced the effectiveness in safeguarding children and young people who have been subjected to the use of Spit and Bite Guards, particularly around the lasting effects of the trauma they would experience.	Please see points 1.17, 1.19 and 6.8 above.
	10.3 It is stated that children under the age of 18 must be treated differently because of their distinct vulnerabilities, evolving capacities and greater developmental needs. Reference is made to recent	Please see points 1.18 and 2.2 above.

	<p>developments in neuroscience, which identified that the area of the brain that helps regulate decision making and the control of impulses that underpin behaviour is developing into the 20s. This will affect a child's ability to cope in stressful situations with Police. Concern is that the use of a Spit and Bite Guard will heighten fight or flight response and risk subsequent psychological damage compounded by the fact that some of the children may be the most vulnerable in society.</p>	
	<p>10.4 The instruction around preventing the use of Spit and Bite Guards on under 18s is welcome however, there is the risk that PSNI officers may wrongly identify a young person as over 18. NICCY recommend that policy should include the statement "Where officers or staff are aware or believe that a member of the public, is under 18, the presumption will be that a Spit and Bite Guard should not be used"</p>	<p>Policy has been amended accordingly.</p>

	<p>10.5 Any child who has a Spit and Bite Guard used on them should automatically be referred to a professional for assessment, such as the duty Social Worker</p>	<p>Policy on the use of Spit and Bite Guards on children now states that, in circumstances where a Spit and Bite Guard is deployed on a child...<i>A local senior officer (again at least Chief Inspector) will inform Social Services of the circumstances given that the incident has the potential to become an Adverse Childhood Experience (ACE).</i></p> <p>In relation to the use of Spit and Bite Guards on looked-after children, custody staff should engage with the child's appropriate adult/social worker in the custody suite and explain why a Spit & Bite Guard was deployed, show them a guard and respond to any queries arising. The looked-after child's social worker will be best placed to offer any aftercare they deem appropriate for the child. Policy has been amended to reflect the role of custody staff in these instances.</p> <p>A pre-release risk assessment of the detained person will also note any referrals made in respect of their aftercare. Please also see points 1.17 and 1.18 above.</p>
	<p>10.6 Consideration has been given to the concerns outlined in the Human Rights Report concerning the impact of Spit and Bite Guards on the mental health and wellbeing of vulnerable people. This, alongside the absence</p>	<p>Please see points 1.17, 1.18, 1.19 and 6.8 above.</p>

	<p>of any evidence regarding the necessity of use and mindful of the PSNI's obligation to have the best interests of the child as a primary consideration the conclusion is that a Spit and Bite Guard should ever be applied to children.</p>	
<p>11. Include Youth</p>	<p>11.1 What engagement was carried out with children and young people on the current EQIA process and on any child and youth friendly versions of the consultation document produced?</p>	<p>A representative group of young people who work with Include Youth attended an online presentation on the use of Spit and Bite Guards prior to the EQIA process. In respect of further consultation with children and young people, we have conducted extensive consultation with organisations advocating for children and young people and publicly advertised the consultation on the PSNI website. Further engagement relating to the use of Spit and Bite Guards on children will be undertaken by our Community Safety Department (CSD) in 2022. We have agreed a new initiative in principle with the Education Authority to deliver a youth-led Independent Advisory Group. Once established, we will consult with the group on use of force tactics including Spit and Bite Guards.</p> <p>During 2022, our Crime Prevention and Early Intervention Branch (CPEIB) is planning to do additional engagement with young people, supported by the Education Authority, around the use of Spit and Bite Guards.</p>

		In relation to the request for a child-friendly version of the EQIA consultation document, the EQIA questionnaire is free of jargon and was accessible to all partners and the public on the PSNI website. The EQIA consultation document was shared with partners who represent children and young people. The report advised that alternative formats would be available upon request however, no requests were made within the consultation timeframe.
	11.2 The use of Spit and Bite Guards by the PSNI, which could include use on Children as young as 10 engages a number of domestic and international human rights standards as they apply to children, including the United Nations Convention on the Rights of the Child (UNCRC)	Please see points 1.19 and 6.8 above.
	11.3 Include Youth wish to be informed of the reasons why the recommendation of the NIPB in their report on the Thematic Review of Policing during Covid has been ignored. I.e. that the use of Spit and Bite Guards should be phased out by December 31 st 2020 with officers being provided with the necessary	Please see point 1.25 above.

	Personal Protective Equipment (PPE) or alternative.	
	11. 4 A small group of young people were consulted with on 17 th November 2020. The young people consulted were against the use of Spit and Bite Guards on children and expressed these views during the consultation. They feel that taking part in the discussion had made no impact whatsoever on the Chief Constables decision around the continued use of Spit and Bite Guards.	The views of the young people we engaged with were very welcome and their views were presented to the Strategic Management Board for consideration along with views from other interested parties. Policy and training on the use of Spit and Bite Guards now contain bespoke sections on the use of the tactic on children. There are robust monitoring processes in place regarding the use of the tactic on children and deployments on children remain the exception.
	11.5 Include Youth are concerned about the negative impact of the use of the Spit and Bite Guards on people with disabilities, poor mental health and children and young people.	Please see points 1.17, 1.18, 1.19 and 2.2 above. -
	11.6 In respect of the current PSNI policy in relation to the use of Spit and Bite Guards on vulnerable people and children, it is questioned whether an officer would be able to know if a person is vulnerable or experiencing mental health problems. These vulnerabilities and mental health	Please see points 1.17, 1.18, 1.19 and 2.2 above.

	<p>conditions are not always visible or immediately obvious. They would also state that it is questionable that an officer would be able to know if a person has undergone previous trauma that would exacerbate the damaging impact of having a guard placed on them. Concerns are also raised that an officer is would not be able to correctly identify whether a person is under 18 years old.</p>	
	<p>11.7 Include Youth are not satisfied that the proposed mitigation stated below is sufficient to prevent further damage to a child as a result of having a guard placed over their head.</p> <p><i>'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.'</i></p> <p>It is suggested that other means should be used to de-escalate a situation.</p>	<p>Our policy states that officers and staff should consider options to aid 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 constant observation. We have also added the following reference to policy:</p> <p><i>Other tactics to consider are disengaging entirely from the subject for a period of time with due consideration given to the safety of yourself, your colleagues and members of the public, engagement with a parent/guardian or engagement with social services.</i></p>

		<p>The use of a Spit and Bite Guard is always a last resort and careful consideration, using the National Decision Model, is given before using the tactic on children.</p> <p>Please also see point 1.17 and 3.3 above.</p>
	<p>11.8 Children under the age of 18 must be treated differently because of their distinct vulnerabilities, evolving capacities and greater developmental needs. Reference is made to recent developments in neuroscience, which identified that the area of the brain that helps regulate decision making and the control of impulses that underpin behaviour is developing into the 20's. This will affect a child's ability to cope in stressful situations with Police. Concern is that the use of a Spit and Bite Guard will heighten fight or flight response and risk subsequent psychological damage compounded by the fact that some of the children may be the most vulnerable in society.</p>	<p>Please see point 1.18 above.</p>
	<p>11.9 Concern expressed about the claims made by a recent Amnesty</p>	<p>Please see points 1.3 and 1.7 above.</p>

	International report that the guards offer no significant protection from COVID 19 for officers and their use may actually increase risk of infection.	
	11.10 Concerns expressed over the non-compliance of the guard with the UNCRC and ECHR; failure to impact assess their use; contradiction with PSNI safeguarding policies and trauma- informed practice; lack of evidence to support need for/ the effectiveness of their use; potential dangers and adverse effects (including breathing restriction, trauma, emotional distress, degradation and dehumanisation).	Please see points 6.8, 1.10, 1.17 and 1.8 above.
12. Committee on the Administration of Justice (CAJ)	12.1 The manufactures of SBGs stated that the guards will not protect against transmission of COVID-19. In June 2020, the PSNI acknowledged that they were aware SBGs were not intended to protect against COVID-19. In addition, Amnesty International NI has provided evidence to the PSNI that the use of the guards may <i>increase</i> the risk of COVID transmission: <i>We believe any</i>	Please see points 1.3 and 8.20 above.

	<p><i>struggle involved in applying the hood, which is a foreseeable risk in light of known observed behaviour from using these devices, is much more likely to produce a significant aerosol generating event (such as forced exhalation and coughing) in the transmission of the virus from an infected individual.</i></p> <p>Despite this, the risk of contracting COVID-19 remains the primary justification for both the introduction and continued current use of SBGs by the PSNI.</p>	
	<p>12.2 There is no analysis provided about the degree of medical mitigation from COVID-19 that SBGs provide. It is therefore not clear how the EQIA has relied upon this advice to reach the following conclusion, which appears to seek to extend the use of SBGs permanently: <i>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 the PSNI's Chief Medical Officer</i></p>	<p>Please see points 1.3 and 8.20 above. In addition, the Chief Constable conducted monthly reviews of the use of Spit and Bite Guards from March 2020-June 2022. As part of these reviews, he considered evidence from his Chief Medical Officer. This evidence considered the “R” rate, variants of the virus, hospitalizations and the vaccine roll out.</p>

	<p><i>supports the use of Spit & Bite Guards in both a Covid and non-Covid environment.</i></p>	
	<p>12.3 It is asserted that that the primary risk to officers of being spat on or bitten is psychological injury, rather than contracting a blood-borne virus. Therefore, reducing psychological injury to officers appears to be the primary objective of using SBGs.</p> <p>It appears that the primary experience of psychological injury from spit/bite incidents to officers is based on stress and concern around a misunderstanding of their risk of exposure to blood borne viruses, and therefore the proper mitigation for psychological injury resulting from spit/bite incidents is training on the level of risk associated with spit/bite injuries, and effective and timely clinical advice.</p>	<p>Please see points 1.3 and 8.20 above. Please also see Section 3.10(vi) of the main report regarding internal communication to officers regarding the risks of blood borne viruses.</p>
	<p>12.4 The EQIA has identified that there are potential adverse impacts on several Section 75 groups, including:</p> <ul style="list-style-type: none"> -Disability (individuals with poor 	<p>Please see Section 4 “Key Findings” of the main report and points 1.19, 1.20, 2.2, 5.3 and 6.25 above.</p>

	<p>mental health)</p> <p>-Children and young people</p> <p>-Men</p> <p>SBG are used disproportionately against people with disabilities.</p> <p>In relation to community background, figures for religious belief show that use to date against Catholics is more than double than that for Protestants. No explanation or analysis is provided as to the reasons for this differential</p>	
	<p>12.5 EQIA states, “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 groups.” No evidence is presented for the former claim and the EQIA evidence contradicts the latter assertion.</p>	<p>Spit and Bite Guards protect officers and members of the public from spitting as fluids are safely retained within the guard for safe disposal. Although the guard does not protect from biting, it will lessen the degree of injury caused. The Chief Constable has a statutory duty to protect his staff. Police officers in turn have a duty to protect the public. In examining the data available within this EQIA and considering the use of Spit and Bite Guards in a post-Coronavirus environment, this report concludes that the policy affects all Section 75 groups but that there is a greater impact on some groups, namely:</p> <ul style="list-style-type: none"> • men • young people • people with a disability (including mental health) • members of the Catholic community

	<p>12.6 CAJ believe that alternatives to Spit and Bite Guards should be the norm, and this will reduce the minimal risk to officers of contracting blood borne viruses from spit/bite incidents, and the serious risk of contracting COVID-19 from aerosol particles from which a Spit and Bite Guard is ineffective against anyway. These alternatives will also reduce the serious risk of harm to people (particularly children and people with disabilities) that a SBG induces.</p>	<p>Please see point 3.1 above.</p>

APPENDIX B –Policy on the use of Spit and Bite Guards

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 complete the appropriate training prior to being issued with a Spit and Bite Guard by their Supervisor. This training is an online video which is available on 'LEARN'. Officers will also receive an initial physical input during Personal Safety Programme (PSP) training; however, the online training must be completed in addition to attendance at PSP.

Who can a Spit and Bite Guard be applied to?

- 16.3
- 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

- 16.4 The application of a 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.
- 16.5 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.
- 16.6 It is essential to consider the vulnerability of a subject, this includes taking into account a subject's age or mental health.
- 16.7 If you are aware or believe 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.
- 16.8 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.
- 16.9 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.

- 16.10 Consideration should be given to the potential for damage to hearing aids when a Spit and Bite Guard is being applied.

Children

- 16.11 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.
- 16.12 **Where officers or staff are aware or believe that a member of the public is under 18 the presumption will be that a Spit and Bite Guard should not be used. This means that officers should, where possible, avoid using a Spit and Bite Guard on a person under the age of 18.**
- 16.13 It is recognised that there may be rare occasions when use on a person under 18 may be appropriate. In such circumstances, officers must implement the following.
- 16.14 Officers must take all reasonable steps to confirm the age of a subject prior to considering deployment of a Spit and Bite Guard.
- 16.15 The vulnerability of the subject must be taken into consideration in the context of the threat to officers and other members of the public.
- 16.16 Where a subject is confirmed as being under 18 (or is believed to be under 18), officers must consider and discount all other available options and tactics before a spit and bite guard is deployed. This includes options to aide de-escalation with the subject and, where practicable, an alternative to a Spit and Bite Guard, for example, good communication, donning additional personal protective equipment or placing the individual in a cell van and keeping under observation. Other tactics to consider are

disengaging entirely from the subject for a period of time with due consideration given to the safety of yourself, your colleagues and members of the public, engagement with a parent/guardian or engagement with social services.

16.17 In all cases where a Spit and Bite Guard was deployed on a person under 18, officers must be able to demonstrate that it was absolutely necessary in the circumstances.

16.18 Where a Spit and Bite Guard is deployed on a person under 18:

- Specific and additional rationale for the use on a child must be provided by the deploying officer in their formal use of force report (including how they considered and discounted other options);
- The officer's supervisor and a local senior officer (at least Chief Inspector) will be obliged to view the related BWV;
- Where the supervisor or local senior officer identify any concerns in terms of the deployment, PSD will be informed and will i) view the BWV and ii) assess if there are any arising discipline matters or any organisational learning;
- A local senior officer (again at least Chief Inspector) will inform Social Services of the circumstances given that the incident has the potential to become an Adverse Childhood Experience (ACE).

Where can a Spit and Bite Guard be used?

16.19 A Spit and Bite Guard can be used anywhere. Information on transportation and custody is outlined in 16.60 below.

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

16.20 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, placing the subject in a cell van and keeping under observation or disengaging entirely from the subject for a period of time with due consideration given to the safety of yourself, your colleagues and members of the public.

16.21 **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 with regard to subjects who show signs and symptoms of Covid-19 or who may be suffering from Covid-19.

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

16.23 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.

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

and Bite Guard is applied after the subject has been exposed to irritant spray there is the potential for the Spit and Bite Guard to `trap` the product against the face of the subject and lengthen the effects. Consideration should be given to the replacement of the contaminated Spit and Bite Guard with a new Spit and Bite Guard if continued use is required.

- 16.25 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

- 16.26 Body Worn Video (BWV) MUST be used when applying Spit and Bite Guards outside the custody suite. The custody suite is defined as the area inside the building which is covered by CCTV. It does not include the car park or vehicle dock. BWV must be activated by the officer/staff deploying the Spit and Bite Guard. BWV must remain activated for the duration of the deployment. Any encounters without a recording will require a reasoned explanation which will need to be agreed by a supervisor.
- 16.27 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 16.54 below.
- 16.28 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 and Bite Guard over your head”.

- 16.29 The officer applying the Spit and Bite Guard should remove it from the sealed plastic packet and check that it is clean and undamaged. The guard is a single-use item which must be discarded if it becomes damaged or soiled. Taking hold of the opening of the guard with both hands, stretch it to create the widest possible opening.
- 16.30 Approach the subject from a safe position, place the Spit and Bite Guard over the subject's head and quickly pull downwards.
- 16.31 Keep your hands away from the subject's eyes and mouth and, if practicable, wear protective gloves to avoid the risk of fluid transfer.
- 16.32 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.
- 16.33 Ensure that breathing is not restricted.
- 16.34 Check that its application is not causing any undue pressure around the subject's neck.
- 16.35 Ensure that the subject's nose and eyes are not interfered with by any elastic banding in the Spit and Bite Guard.
- 16.36 If the Spit and Bite Guard is not correctly secured it may rise over the face.
- 16.37 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

- 16.38 Application of the Spit and Bite Guard requires sufficient officers working together to control the subject.
- 16.39 The Police Officers/Civilian Detention Officers applying the Spit and Bite Guard should, where practicable, be additional to the officers restraining the subject.
- 16.40 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 the subject cannot remove or adjust the Spit and Bite Guard once it has been applied.
- 16.41 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.
- 16.42 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.
- 16.43 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.

- 16.44 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 must be replaced with a new one.
- 16.45 If you have applied a Spit and Bite Guard to a subject and it is removed or otherwise dislodges from the subject, it must be replaced with a new one.
- 16.46 A Spit and Bite Guard must only be used on one subject and must never be applied to another person.
- 16.47 A Spit and Bite Guard should be disposed of as a biohazard and evidential notes made regarding the circumstances of removal.
- 16.48 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 16.54 below.
- 16.49 Monitor the subject at all times. Make sure you constantly reassess the need for the Spit and Bite Guard and keep it in place only as long as necessary.
- 16.50 If the subject vomits, remove the Spit and Bite Guard to prevent choking.

- 16.51 A subject wearing a Spit and Bite Guard should be supported to prevent them falling.
- 16.52 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. The officer/staff member removing the Spit and Bite Guard must ensure that the time it was removed is recorded in their police notebook or in the custody record.
- 16.53 On safe removal, any expelled liquid or material will be safely contained for hygienic disposal of the mask and its contents. 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

- 16.54 These are two conditions identified as risks during arrest and restraint procedures which must be considered following the use of physical restraint and/or use of force on an individual.

16.55 Positional Asphyxia

Positional Asphyxia is a form of asphyxia (a state of deficient supply of oxygen to the body that arises from abnormal breathing) which occurs when someone's position prevents the person from breathing adequately.

There is a risk of Positional Asphyxia when restraining a person (in prone restraint).

There is also a risk in a seated position pushed forward with the chest on or close to the knees, reducing the ability to breath. In simple terms, a subject can stop breathing (i.e. asphyxiate) because of the position they have been held in.

Positional Asphyxia is likely to occur when a subject is in a position that interferes with their inhalation and/or exhalation and they cannot move from that position. In relation to COVID-19, that causes severe respiratory distress and in severe cases, there is a possible increased risk of respiratory distress.

16.56 **Acute Behavioural Disturbance**

When a subject exhibits confused, fearful, agitated, violent psychotic and/or aggressive behaviour, it is a spectrum from mild, to moderate, to severe. Not all signs may be present and to varying severity. There may be no signs exhibited if the subject is exhausted and close to collapse. Subjects with ABD are usually fearful, confused and paranoid. Intoxicated subjects are more likely to be aggressive and not paranoid. Historically, there have been various names for these symptoms - drug induced psychosis or excited delirium. This does not always mean ABD and vice versa. It is not a cause of death. It is an umbrella term for a collection of symptoms and behaviours. **The correct Police and NHS term is Acute Behavioural Disturbance (ABD).**

These outdated terms should not be used when dealing with a subject suffering from ABD.

16.57 **Officers and Staff should treat both these conditions as a medical emergency.**

- 16.58 Officers and Staff should read the further guidance on Positional Asphyxia and Acute Behavioural Disturbance which is contained in Appendix E Conflict Management Manual and available on POINT. This appendix also contains information on restraint techniques, monitoring, medical response and transportation of subjects.
- 16.59 Officers and staff should also make themselves aware of the LEARN online course 'Acute Behavioural Disturbance' which should be completed prior to attending mandatory PSP refresher training.

Transportation and Custody

- 16.60 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. It is the responsibility of the officer applying the Spit and Bite Guard to ensure that the subject is always under the supervision of a trained officer/staff. If in doubt, ask a colleague if they are trained in the use of Spit and Bite Guards. When a subject arrives in the Custody Suite the responsibility lies with the Custody Officer.
- 16.61 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.
- 16.62 Cell vans are the preferred method of transport for a subject who has a Spit and Bite Guard placed on them and should be used when available.
- 16.63 Officers must ensure that, if it is proposed to transport the subject in a cell

van wearing the Spit and Bite Guard, the subject is 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.

- 16.64 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.
- 16.65 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.
- 16.66 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.
- 16.67 Spit and Bite Guards are not to remain on subjects when placed in a cell unless they are under Level 4 observation (close proximity). 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

- 16.68 The subject should not be handed over to a third party (such as Court transport) whilst wearing the Spit and Bite Guard.
- 16.69 In relation to the use of Spit and Bite Guards on looked-after children, Custody staff will engage with the child's appropriate adult/social worker in the custody suite and explain why a Spit & Bite Guard was deployed, show them a guard and respond to any queries arising. The looked-after child's social worker will be best placed to offer any aftercare they deem appropriate for the child.

Reporting

- 16.70 Deployment of a Spit and Bite Guard is a use of force. A verbal report of any use of force must be made to your immediate supervisor as soon as practicable. An entry on the Electronic Use of Force Monitoring System must be completed as soon as practicable and, in any event, within 72 hours of the incident or by the termination of your **next** duty, whichever is sooner. If for any reason you cannot comply with this timeframe, then you should cite your reason or rationale for not doing so within the summary section of the electronic use of force form. 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.
- 16.71 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

- 16.72 If the use of a Spit and Bite Guard causes serious injury, the emergency on-

call Police Ombudsman for NI (PONI) 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.

APPENDIX C – The National Decision Model



APPENDIX D – Glossary of Terms

PSNI	Police Service of Northern Ireland
ABD	Acute Behavioural Disturbance
NPCC	National Police Chiefs Council
OSD	Operational Support Department
PBNI	Probation Board for Northern Ireland
PFNI	Police Federation for Northern Ireland
PONI	Police Ombudsman for Northern Ireland
CMM	Conflict Management Manual
ECHR	European Convention on Human Rights
UNCRC	UN Convention on the Rights of a Child
NIHRC	Northern Ireland Human Rights Commission
CLC	Children’s Law Centre
VOYPIC	Voice of Young People in Care
UUP	Ulster Unionist Party
SF	Sinn Fein
CAJ	Committee on the Administration of Justice
NIWEP	Northern Ireland Women’s European Platform
NICCY	Northern Ireland Commissioner for Children & Young People
PCSP	Policing and Community Safety Partnerships
EQIA	Equality Impact Assessment
ECNI	Equality Commission for Northern Ireland
IMSAP	Independent Medical & Scientific Advisory Panel
SDAR	Self-Defence, Arrest & Restraint Group
NPSM	National Personal Safety Manual
BBV	Blood Borne Virus
BWV	Body Worn Video
OHW	Occupational Health & Welfare
NICHE RMS	Niche Record Management System
NISRA	Northern Ireland Statistics and Research Agency

PPE	Personal Protection Equipment
UoF	Use of Force
NDM	National Decision Model
ACC	Assistant Chief Constable
CC	Chief Constable
Dynamic Risk Assessment	The term 'dynamic risk assessment' is used for the continuous process of risk assessment performed dynamically within the constraints of the factors/circumstances presented by a given incident/situation present at that time. In plain terms it is an 'on the spot' risk assessment undertaken for spontaneous incidents.