Chapter 16:

Spit and Bite Guards
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Spit and Bite Guards (SBGs)

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Chapter 16

Police Use of Spit and Bite Guards

What is a Spit and Bite Guard (SGB)?

16.1 A SGB 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.

SBG will NOT prevent biting - but could lessen the degree of injury and contamination.

Who can apply a SBG?

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

COVID-19 Policing Response

Spit and Bite Guards will be solely issued for the policing response to the COVID-19 pandemic. Only roles CONFIRMED BY GOLD will be authorised in their use. Details of these roles are available on Point. Training will be an on-line video available on Classis-Learn which completion will be recorded. Officers MUST complete this training video prior to being issued with a SBG.

Who can a SBG 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.

• It cannot be applied to children under 10 years of age. Special consideration should be given to the heightened vulnerabilities of children. Article 3 of the United Nations Convention of the Rights of the Child (UNCRC) requires the best interests of children to be a primary consideration in all actions concerning children.
16.4 The application of the SBG on a detained person 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. Medical or mental health will not be an automatic barrier to use, but careful consideration should be given to vulnerabilities such as mental health factors. All available information and a clear rationale must be in place to ensure that it is proportionate, lawful, accountable and necessary in the circumstances.

Where can SBG be used?

16.5 A SBG can be used anywhere, including in a custody suite. However, Spit and Bite Guards are not to remain on subjects when placed in a cell unless they are under constant supervision. Once the Spit and Bite Guard is removed after the detainee 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.

What should be considered prior to applying a SBG?

16.6 The application of the SBG on a detained person is a use of force and must be recorded as such. Its use should be carefully assessed using the National Decision Model (NDM). The justification for its use remains with the person applying it. A supervisor must be informed if the subject is not taken into custody but conveyed elsewhere. The custody officer will be informed of its use when the detainee 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 detained person 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.

16.7 SBG should not be used on detainees 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 SBG as it is not likely to cause any respiratory impairment. If however there is any doubt the detainee should be seen at an A&E department prior to further action.

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.

Officers/Civilian Detention Officers need enhanced awareness of the possibility of Positional Asphyxia and Acute Behavioural Disturbance particularly in regards subjects who show signs and symptoms of Covid-19 or may be suffering from Covid-19.
Further guidance on Positional Asphyxia and Acute Behavioural Disturbance is available in Appendix E Conflict Management Manual.

16.8 Due to religious and cultural considerations, turbans and other faith-related head wear should not be removed to accommodate the SBG. If its application cannot be achieved, alternative tactical options should be considered. The dignity of the person should be protected, where possible and evidential notes made accordingly.

16.9 Use of gloves to prevent contamination should be considered.

16.10 Consideration should be given to removing jewellery, head wear, and glasses that may interfere with the application as it may prevent the SBG being removed quickly in the event of a medical emergency.

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

16.12 Application of the SBG requires sufficient officers working together to control the person.

What should I consider on application of a Spit and Bite Guard?

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

16.14 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 spiting, to protect myself and others I am intending to place a spit guard over your head”.

16.15 You must have control of the subject with either mechanical or physical restraints prior to attempting to place the SBG and it is recommended that you handcuff them to the rear, this will ensure they can’t remove or adjust the SBG once it has been applied.

16.16 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). Officers should make themselves familiar with Appendix E Conflict Management Manual which provides comprehensive guidance on this subject.

16.17 The Police Officers/Civilian Detention Officers applying the Spit and Bite Guard should, where practicable, be additional to the officers restraining the subject.
16.18 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.

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

16.20 Subjects in 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.

16.21 Ensure that breathing is not restricted.

16.22 Spit and Bite Guards are not to remain on subjects when placed in a cell unless they are under constant supervision. Once the Spit and Bite Guard is removed after the detainee 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.

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

16.24 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.

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

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

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

16.28 Constant supervision of the subject must be maintained while the Spit and Bite Guard is on.

16.29 If the subject vomits remove the Spit and Bite Guard to prevent choking.
16.30 All Spit and Bite Guards should be disposed of as a biohazard unless they are required as an evidential exhibit.

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

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

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

16.34 A person wearing a spit guard should be secured to prevent them falling and be monitored constantly.

16.35 Any incidents of spitting towards staff and officers must be reported using the appropriate reporting systems regardless of whether or not a SBG is deployed.

**Reporting**

16.36 The deployment of a SBG is a use of force and it requires completion of an entry on Electronic Use of Force Monitoring System. Further reading on the recording of use of force is contained within Chapter 3 Conflict Management Manual.

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

**Complaints**

16.37 The use of an SBG is an automatic notification to the Office for Police Ombudsman for Northern Ireland (OPONI).