

Chapter 16:

Spit and Bite Guards

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Chapter 16

Police Use of Spit and Bite Guards

What is a Spit and Bite Guard?

16.1 A Spit and Bite Guard is a breathable, mesh material garment that covers the face and head. This prevents the wearer from being able to assault officers, staff and members of the public by means of spitting, thereby reducing the potential of communicable/contagious diseases. A Spit and Bite Guard will NOT prevent biting, but could lessen the degree of injury and contamination.

Who can apply a Spit and Bite Guard?

16.2 All Police Officers/Civilian Detention Officers applying a Spit and Bite Guard must 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.

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- 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);

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- 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.

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- 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.