WORKING GROUP ON
SELF-DEFENCE, ARREST & RESTRAINT

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Dear Colleagues

National update regarding Spit and Bite Guards (SBGs)

You might recall that NPCC's Self-Defence, Arrest and Restraint Working Group (SDAR) recently undertook a programme of work, in partnership with the College, to better understand the operational and medical issues surrounding the national use of SBGs.

Our records indicate that twenty-four constabularies currently use SBGs in England and Wales, with several others actively considering their introduction. Five variations of SBGs are currently in use, with most constabularies making them available across the whole operational setting. Some forces make SBG available only in custody environments.

Given the simplicity of all of the devices, there is no existing empirical information which can be used to suggest one device is better than another. Following the previous regional NPCC paper on this issue, a simple analysis has been conducted from a users' perspective (by the national SDAR Practitioners' Advisory Committee) and from a medical perspective (by the chairman of SDAR's Independent Medical Science Advisory Panel).

All of the SBGs listed below were considered acceptable by both the practitioner and medical subject matter experts - and their respective brief observations are attached to this letter. The rudimentary scoring contained within the users' methodology is indicative only, to assist the reader, and not to be viewed as finite or scientific conclusions - as other factors such as local training, local control measures, and on-going R&D can affect such outcomes. The assessments are relatively brief in nature and this is due to the simplicity of the garments, which do not require Home Office (CAST) or BS standards.

In line with recent HMIC recommendations, SDAR is currently completing a training DVD to help standardise the delivery of SBG instruction across England and Wales. This will focus on common themes and risks. The DVD will be released in January 2018 and distributed via the regional representatives of the SDAR Practitioners. I would be grateful if this training could form part of your next round of Personal Safety Training,

where the force has made SBG available to staff. In the same way that we managed to ensure a core curriculum input on 'Acute Behavioural Disorder' nationally through a DVD, I am seeking to achieve the same thing with SBG.

I would also like forces to consider their communications in relation to SBG. Following the recent HMICFRS Legitimacy inspection, the NPCC position (which supports the narrative on SBG contained in the CCC regional paper) is;

"Spit and bite guards are currently available as an appropriate tactical option to give officers protection from spitting and reduce the worst effects of biting. The College of Policing provides guidance on their safe use."

Both spitting and biting are a particularly unpleasant form of assault, and should not be considered by anyone to be an acceptable part of the job. Assaults by spitting and biting can have long term and distressing implications for officers, who sometimes have to take medication for many weeks afterwards to prevent infection. It is for individual chief constable to decide whether they make spit and bite guards available for use in their forces.

"We are currently auditing the different models of spit and bite guards in use across police forces in England and Wales and working closely with the College of Policing and independent medical experts to assess the current guidance available to officers for their use and will be reporting back to all chief constables to determine if any further action is required."

I would urge forces not to use any perceived risk of transfer of HIV as part of the rationale for using SBGs. The reasons for this centre upon the extreme unlikelihood of such contagion via bloodied spittle and the (unintended) community concern this narrative causes. It also leads to experts seeking to rebut (correctly) part of the justification for using SBG which then places the wider position in jeopardy.

It it is true that blood borne viruses (bbv) such as Hepatitis C remain a tangible but very low risk to officers who are spat upon or bitten. We know that the impact of any infection would be extremely high, and that the medication officers are often prescribed after such an incident can be extremely debilitating over a prolonged period. We also need to consider the mental and emotional stress for the officer and often their families. This is aggravated where, in some cases, suspects have been seen to taunt officers, stating they are infected.

I consider the most compelling narrative on SBG to be that chief officers have a duty to protect their staff, and we cannot reasonably expect our staff to just 'get on with it' and carry out their lawful duties e.g. searching, moving prisoners, guarding at hospitals etc, whilst being continually spat at. If a suspect is continually spitting, without the availability of a SBG, officers often resort to restraint (lawfully to prevent crime – assault), to move the suspects head away from the area where the officer is working. My view would be the application of a SBG would be a lower use of force than restraint to achieve the same lawful objective, and therefore could be a more proportionate option.

It may also be worth forces considering how the use of SBG more widely can protect other emergency service workers and NHS staff. We have seen cases recently where NHS staff are applying towels or oxygen masks to suspects' faces, not for medical purposes but to prevent escorted suspects in police custody from spitting on them whilst they are undertaking medical procedures.

It is essential that forces seek to ensure officers are not in any way improvising spit protection, and if a SBG is not made available, no other items of equipment or clothing can be safely used for this purpose. The suspect's head and mouth should not be covered at any time by officers by any improvised device.

It is hoped that this information is useful, and will bring together some of the public narrative about SBG. The SDAR committee and its practitioners sub-group will continue to consider if there is any more evidence that can be provided to support either forces choice of SBG, or to influence the case either for or against its use. It is also hoped that the national use of force recording information will provide a greater evidence base in this area. We will also keep under review whether there are any other options which would make the use of SBG unnecessary. I will ensure that you are kept apprised of future developments in this and all personal safety training matters.

Yours sincerely

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