



Spit Guards: The case for protecting police officers against infectious diseases

The recent “controversy” over the use of a “spit hood” during the arrest of an individual by British Transport Police officers and the U-turn in London relating to a planned trial of spit guards highlights the need for informed debate. We articulate the growing threat of infectious disease to police officers and the pressing need for spit guards to help mitigate it.

Spitting bodily fluids such as blood and saliva at another human being can pose a very real risk of transmitting a range of infectious diseases.

- When a police officer interacts with someone they often have no way of knowing if the individual has any infectious diseases and this is not ordinarily problematic. However, some offenders choose to spit at officers. This is a problem.
- Offenders may spit saliva, blood or other substances at officers and the risk exists that these substances could transmit one or more infectious diseases to the officer, especially where the spit lands in the mouth, eyes or an open wound that the officer may incur during the process of arresting a violent offender.
- Transmission of serious infectious diseases - such as hepatitis C (HCV) and tuberculosis (TB) - has significant, potentially life-changing and lethal, consequences for police officers. Not least given the well-established fact that communicable diseases are often more prevalent among the offending population.¹ The latest health data shows that:
 - Laboratory reports of HCV have almost doubled over the last decade in England, with London accounting for an estimated 1 in 3 new cases. Laboratory reports of HCV in London have almost doubled (91%) over the three years to 2014. At the same time, we know offenders in the prison population are four times more likely to be infected - and injecting drug

¹ *Health and Justice Annual Report (2016)*, p.32

use remains the most significant risk factor: 50% of people who inject drugs test positive for HCV in England.²

- More than 6,000 new cases of TB were reported across England in 2014, with over a third (39%) in London - and approximately 6% of cases are drug-resistant.

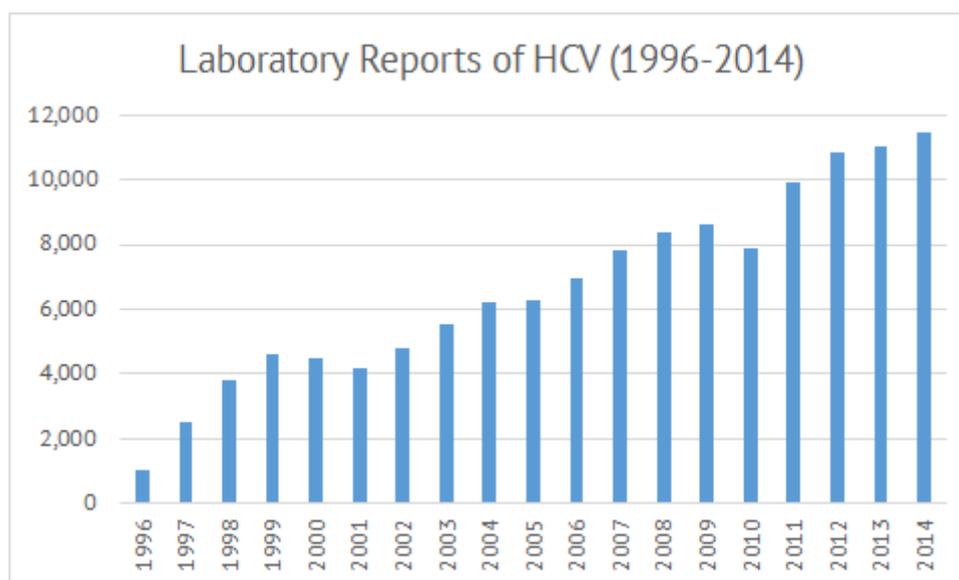
There are consequences and significant impacts even where HCV and TB are not involved. Police officers face particular risk during resented encounters and during or after an arrest is made.

- When officers have been spat at and there is a risk of transmission officers must endure an extended course of anti-viral treatment in order to try to reduce the risk of any transmission. The treatment is not guaranteed to prevent transmission and officers endure an extremely worrying wait - over a period of six months - before finding out if transmission has occurred.
- Even where no transmission is found to have occurred, officers will have had to suffer the emotional stress of potentially contracting any one of a range of serious infectious diseases - and have to conduct their personal life on the basis that they are infected in order to protect anyone they may, for example, have intimate relations with.
- There is also the easily-overlooked reality that being spat at is deeply unpleasant and also risks transmission of less serious but still unpleasant elements, such as bacterial infections, variations of the flu, and other viruses. Those considering the policy and application of spit guards must be under no illusion that being spat at is a real-world and deeply unpleasant experience.
- Irrespective of whether any disease transmission occurs, spitting is therefore a clear and identifiable risk to the health and safety of police officers, with the risk of an individual spitting at a police officer particularly heightened during resented stops, arrests, transportation of prisoners to custody and in the custody environment.

Hepatitis C (HCV) is particularly common among individuals the police regularly come into contact with and have to arrest. In London, some 59% of injecting drug users test positive for HCV.

² *Hepatitis C in the UK (2015)*, Table 15; *Health and Justice Annual Report (2016)*, Table 2

- Public Health England (PHE) estimates that 160,000 people in England are living with hepatitis C. This virus causes inflammation of the liver and can lead to severe liver damage and liver cancer.
- Laboratory reports of HCV have almost doubled over the decade (2005-2014) in England, and the incidence among the prison population is four times that of the general population. Injecting drug use remains the most significant risk factor with some 50% of people who inject drugs testing positive for HCV.³



Source: Public Health England (2015)⁴

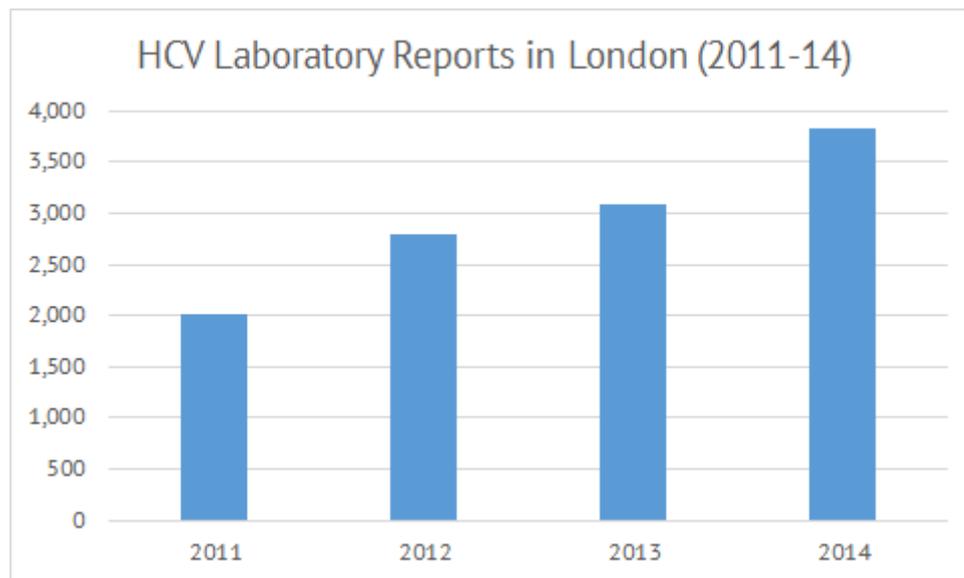
- The growth in London should be a particular cause for concern to the Metropolitan Police and the Mayor's Office for Policing and Crime, with HCV increasing by almost double (91%) in the three years up to 2014.⁵
- Additionally, 59% of people who inject drugs in London are estimated to have HCV.⁶ This is a demographic police regularly come into contact with - and some of whom are regularly stopped, searched and arrested for criminal offences that are often linked to crack or heroin use (e.g. theft from motor vehicle, burglary, shoplifting, etc.). These individuals are often prolific in a local area and are precisely the individuals that the public want and expect police officers to tackle in their locality.

³ *Hepatitis C in the UK*, Public Health England (2015), Table 15; *Health and Justice Annual Report (2016)*, Table 2

⁴ *Hepatitis C in the UK*, Public Health England (2015), Table 15

⁵ Statutory reporting was introduced in 2010 and while some of the increase in HCV laboratory reports may be attributable to this, there is growing recognition that HCV poses a significant public health challenge.

⁶ *Hepatitis C in London 2015 Data*, Public Health England (2015)



Source: Public Health England (2015)⁷

Tuberculosis (TB) remains a significant public health threat in England with those most at risk being groups police regularly deal with.

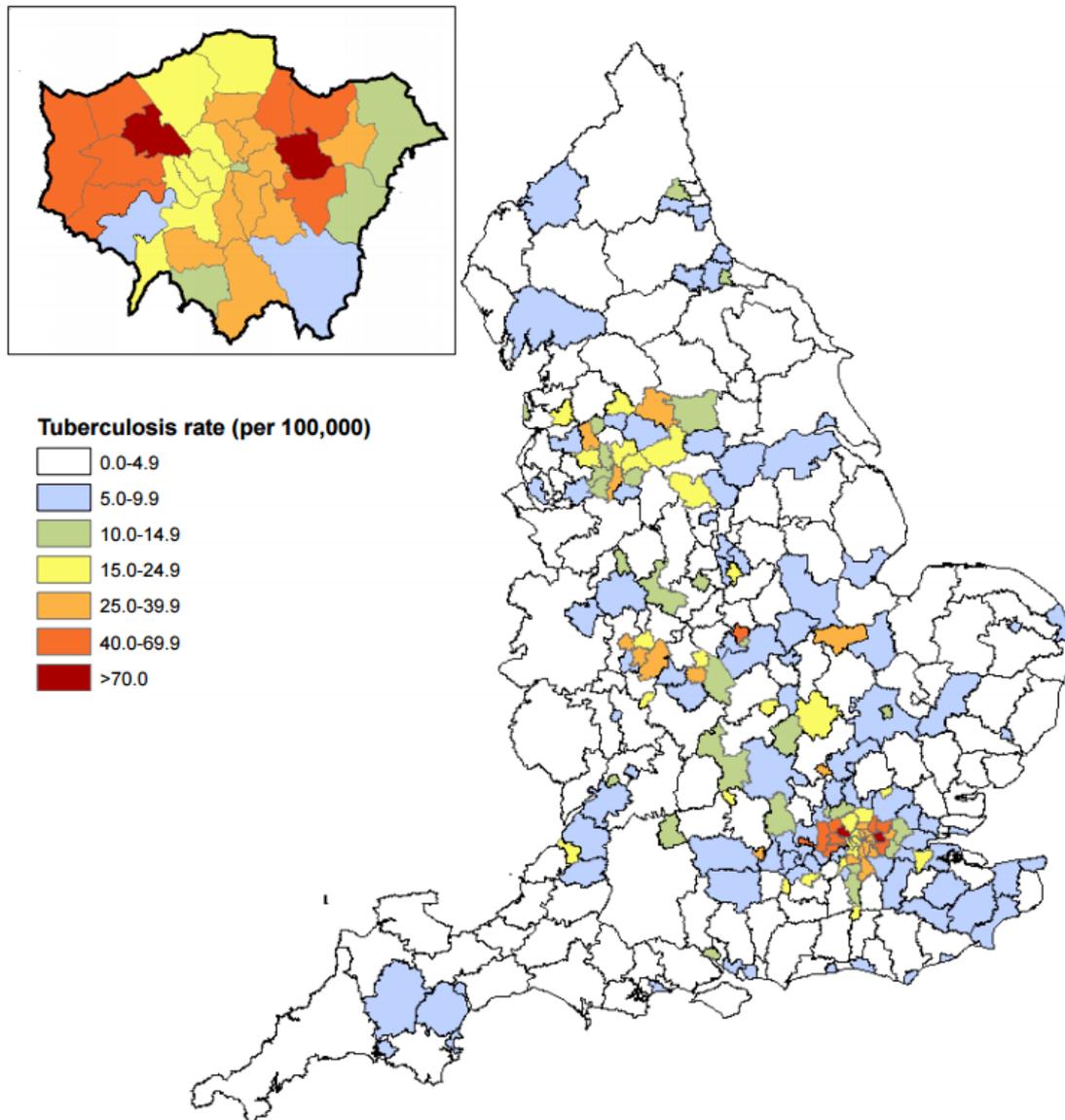
- More than 6,000 new cases of TB were reported across England in 2014, with over a third (39%) in London.
- Drug resistant tuberculosis continues to be a cause for concern, with around 6% of TB cases having initial resistance to isoniazid without MDR-TB.⁸
- The Enhanced TB Surveillance (ETS) system operated by Public Health England collects data on risk factors known to increase the risk of TB - specifically, a current or history of homelessness, imprisonment, drug misuse and alcohol misuse.⁹ Police officers routinely engage and have to arrest some individuals who have one or more of these risk factors - placing officers at increased risk of exposure.

⁷ *Hepatitis C in the UK*, Public Health England (2015), Table 15

⁸ *Tuberculosis in England: 2015 Report*, Public Health England (2015), p.43

⁹ *Tuberculosis in England: 2015 Report*, Public Health England (2015), p.55

Average tuberculosis (TB) rates by local authority district, England, 2012-14



Source: Public Health England (2015)¹⁰

- As the map above indicates, the TB rate is significantly higher in London and especially within certain parts of London. Outside of London, the rates are highest in a number of geographically specific areas.

¹⁰ *Tuberculosis in England: 2015 Report*, Public Health England (2015)

Top 10 Local Authorities for TB Rate (excluding London), 2012-2014

Rank	Local Authority	Rate per 100,000	Force Area
1	Slough	51.5	Thames Valley
2	Leicester	48.0	Leicestershire
3	Reading	36.3	Thames Valley
4	Birmingham	35.2	West Midlands
5	Luton	35.1	Bedfordshire
6	Blackburn	34.0	Lancashire
7	Sandwell	33.6	West Midlands
8	Coventry	32.5	West Midlands
9	Manchester	31.3	Greater Manchester
10	Wolverhampton	29.1	West Midlands

Source: *Tuberculosis in England: 2015 Report*, Public Health England (2015), Appendix II

- Of the six force areas in the top 10, only one - Bedfordshire - is known to currently make use of spit guards to help protect officers from infection.
- In London the average annual rate of TB cases (30.1 per 100,000) masks a significant variation across London's Boroughs. The highest rate (100 per 100,000) seen in the London Borough of Newham is more than 8 times higher than the national average for England (12.0 per 100,000).¹¹

Some violent individuals can and do choose to use their own illness (e.g. HCV, TB, HIV, etc.) as a weapon against police officers and will even self-harm to provide a source of contaminated blood with which to spit.

- There are individuals who have HCV, TB or HIV and who will violently resist arrest and threaten to spit blood and/or actually spit blood at police officers. This is a grim reality which policing professionals regularly face.

Example from Metropolitan Police (2015)

Hepatitis sufferer deliberately spat blood at three police officers¹²

Police were called to a disturbance and arrested a 20-year old woman on suspicion of a public order offence. She then bit her lip and spat blood at three officers who had to be taken to hospital for anti-viral treatment.

¹¹ *Tuberculosis in England: 2015 Report*, Public Health England (2015), Table A1.2

¹² <http://www.standard.co.uk/news/london/three-police-officers-taken-to-hospital-after-hepatitis-b-sufferer-spits-blood-in-their-faces-10279070.html>

Example from Dorset Police (2013)**Racist HIV positive woman spits in faces of two police officers¹³**

At the time of the case, the suspect had 40 previous convictions for offences including assaulting police, drunkenness, racial abuse and dishonesty. She also had been a drug user for decades. The suspect was an HIV carrier and - after racially abusing one officer and throwing a punch - she spat in the face of two police officers. While HIV cannot be transmitted by saliva, bleeding gums or blood from a facial injury (e.g. bleeding nose) or the deliberate act of biting down on their lip can easily enable an offender to split blood (as occurred in the prior example).

The Home Office has permitted the use of spit guards as means of helping guard against these threats - and spit guards have also been supplied to police in Norway, Finland and Sweden to protect police officers.

- The Home Office has permitted the use of spit guards by forces and it is understood that one type of spit guard currently in use by police in England and Wales is also now supplied to forces in Norway, Finland and Sweden.¹⁴
- According to recent FOI requests conducted by *The Guardian* only the British Transport Police (BTP), Northamptonshire Police, North Wales Police, Cheshire Constabulary, West Mercia Police, Bedfordshire Police, Suffolk Constabulary, Norfolk Constabulary and Hertfordshire Constabulary are understood to be using spit guards. This equates to just 1 in 5 forces.
- Spit guards were used by these forces (excluding BTP) approximately 282 times in 2015. This represents 282 times where police officers have likely had to deal with an individual spitting like in the examples above. Access to a spit guard will also have helped officers concentrate on maximising the safety of the individual and themselves.
- While there are different designs for spit guards, those currently in use appear to recognise the need to provide a practical device which does not unnecessarily obstruct the vision or breathing of the individual who would - in the absence of the device - be free to continue to spit contaminated blood or other bodily fluids at police officers engaged in their arrest.

Chief officers need to recognise their moral duty and their duty under health and safety law to maximise the safety of police officers.

¹³ 'Racist HIV woman who spat in the faces of Plymouth police officers is locked up', *Plymouth Herald*, 11 November 2013

¹⁴ <https://www.linkedin.com/pulse/spit-guard-pro-safest-way-protect-police-public-graham-parker>

- The Police Federation of England and Wales reported in 2014 an increase in spitting based on Health and Safety reports from across the country - and reported that “many Chief Officers are still resisting the introduction of spit guards, citing public perception issues”.¹⁵
- Those forces that have already acted and commenced the roll out of spit guards are to be commended for taking the safety of their officers seriously. For example Hertfordshire Constabulary - under Chief Constable Andy Bliss and Police and Crime Commissioner David Lloyd - rolled out spit guards to officers in March 2015.¹⁶
- Taking into consideration the variation in rates of TB and HCV across England and Wales it is clear that some forces take their duty of care to officers seriously - specifically those forces that provide for use of spit guards already.
- Sadly it is also apparent that some forces - such as the Metropolitan Police, West Midlands Police, Thames Valley Police, Leicestershire, Lancashire and Greater Manchester - where very significantly higher rates of infectious disease have been shown to exist are at risk of failing to reach the bar quite reasonably set and achieved by other forces.
- Chief officers - and the Police and Crime Commissioners (PCCs) they answer to - need to recognise the responsibility they have to protect officers and staff - and must have the confidence and courage to stand up for what is right and what is reasonable - especially in the face of knee-jerk criticism from special interest groups or for timid fear of “perception”.
- Chief officers and PCCs must recognise the importance and value of communicating to the public at large the need for any new tactics - such as spit guards. But processes of “engagement” with the community must do more than accept what might be screamed loudest - and must always be balanced against the operational needs of the service and the very real moral and legal duty owed to officers and staff.

The perception argument - “that it looks bad” - is an invalid reason to oppose a valid tactic - especially where the stakes are so high.

- The reports - if correct - that some “police chiefs have privately expressed concerns” about the use of spit guards because they are “reminiscent of hoods

¹⁵ *Annual Report 2014*, Police Federation of England and Wales (2014)

¹⁶ <http://www.berkhamstedtoday.co.uk/news/more-news/spit-guards-used-to-prevent-police-and-public-from-being-hawked-at-1-6637854>

used at Guantanamo Bay¹⁷ are perhaps indicative of a fixation on image rather than substance and/or a lack of moral courage in taking measures to reasonably protect officers from the serious effects of an HCV, tuberculosis or HIV infection.

- The other argument put forward that spit guards should be banned because they “inspire fear and anguish”, “belong in horror stories” or are “primitive, cruel and degrading” is - in addition to being based on questionable observations - guilty of entirely overlooking the fact that someone is violently spitting blood or other bodily fluids at a police officer in the execution of their lawful duty.
- Similarly, the argument by some human rights campaigners that police do not need spit guards because they have “handcuffs, arm restraints, leg restraints, pepper spray, [and] batons” is difficult to comprehend.¹⁸ The implicit suggestion being perhaps that they would rather see police use weapons - such as batons - to subdue someone spitting blood. The spit guard should be rightly recognised as a means of helping ensure the safety of officer and detained person alike by using the minimum of force.

Our Key Recommendations

- The Mayor of London, the Mayor’s Office of Police and Crime and the Metropolitan Police leadership should recognise the level of threat posed by spitting and the existence of a Home Office permitted method (the spit guard) being successfully used by other forces to help improve the safety of officers.
- As a priority they should commit to introduce the use of a spit guard tactic in the next available round of Officer Safety Training with the kit constituting personal issue protective equipment (PPE).
- The Metropolitan Police’s Directorate of Media and Communications should be directed to produce a range of professional multimedia content to explain the tactic for use across social media and for dissemination to communities and the media.
- The Metropolitan Police should engage with local communities through Safer Neighbourhood Boards and Ward Panels to explain what a spit guard is and why it is considered necessary. Demonstrations of it being used, along with the opportunity to try it on, can and should be provided to help allay any remaining community concerns.

¹⁷ <https://www.theguardian.com/uk-news/2016/sep/06/met-police-to-start-using-spit-hoods-on-suspects-within-weeks>

¹⁸ <http://news.sky.com/story/met-police-to-use-controversial-cruel-and-degrading-spit-hoods-10567098>

- Other police forces should reappraise their provision for protecting officers from the very real threat posed by offenders violently spitting - and those forces who are already using spit guards should be commended for their determination to provide their professionals with the tools necessary to minimise the risks from offenders spitting.
- Legislation should be put forward to enforce mandatory testing for offenders who bite or spit at public safety professionals (including police officers and prison officers), with such legislation allowing - on the authority of a senior officer - for the taking of blood samples from the offender to help in diagnosis, clinical management and treatment of anyone exposed to infection.¹⁹
- Finally, other public safety bodies - including the Ministry of Justice and NHS ambulance trusts should review their arrangements for ensuring that their frontline staff are also provided with protective equipment against spitting.

¹⁹ We shall provide further detail in a future paper examining the issue of assaults on public safety professionals. The paper shall examine sentencing issues to help ensure that those who are charged with protecting us are themselves adequately protected.



The Centre for Public Safety

About the Centre for Public Safety

The Centre for Public Safety seeks to support frontline professionals and to advocate for world-class policing and public safety through a focus on research, action, leadership and events. Founded in 2016 and based in the United Kingdom, The Centre looks within and beyond the shores of the British Isles in a deliberate bid to identify examples of world-class public safety.

For more information you can contact The Centre via contact@centreforpublicsafety.com or visit The Centre's website at <https://www.centreforpublicsafety.com>.

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