

SPIT RESTRAINT™: USER-LEVEL LEARNER COMPANION*

SPIT RESTRAINT APPLICATION GUIDELINES^{vii}

Follow

- all applicable legal standards,
- agency policy and training protocols, and/or
- manufacturer product warnings (if none, follow agency policy and training).

Wear Personal Protective Equipment [PPE] (e.g., gloves).

Prior to Spit Restraint application, if possible, restrain the targeted individual (e.g., handcuffs).

ONLY

- use agency-approved Spit Restraint devices
- agency competency trained and qualified LEOs who are permitted to use Spit Restraint devices.
- If the totality of the circumstances permit, tell the individual why a Spit Restraint device is being applied.

Open and remove the Spit Restraint device from the package.

Prepare the Spit Restraint device for application per training.

Quickly and safely apply the Spit Restraint device to the head area, per training.

PAUSE or STOP the application if you have difficulty applying the Spit Restraint device (e.g., large head, hair, wig, etc.).

DO NOT apply to anyone who is

- vomiting,
- heavily bleeding from the
 - mouth
 - nose, and/or
 - facial area
- having breathing difficulty, and/or
- complaining of breathing difficulty.

Per the totality of the circumstances, AVOID spraying a spit-masked individual with aerosol agent.

Apply the Spit Restraint quickly and carefully to the individual per policy and training.

Use two officers for Spit Restraint device application (if practical).

Make sure the Spit Restraint is not

- blocking vision,
- interfering with ventilation, and/or
- applying restrictive pressure to the person's neck area.

Adjust the Spit Restraint (if necessary).

Video and/or audio record the application of the Spit Restraint device (if practical).

Continuously monitor the individual (visual and auditory)

- for signs of distress (if practical)
- for attempts to remove the Spit Restraint by "brushing" it against clothing, objects, and/or people.

IMMEDIATELY REMOVE the Spit Restraint device if the person

- complains of breathing difficulty,
- vomits and/or suffers heavy bleeding from the nose, the mouth, and/or the facial area to prevent possible aspiration, and/or
- loses consciousness.

Be aware that some individuals may become extremely agitated and combative in response to a Spit Restraint device being applied (e.g., person with Autism, mental illness, etc.), and that removal of the device may calm their behavior, but only if safe to remove it.

AVOID

- applying for punishment or punitive purposes.
- placing an individual near a running vehicle's exhaust,
- leaving the person unattended (if practical), and/or
- permitting the Spit Restraint device to remain on the individual for an unreasonable time.

If practical

- Place a prone individual onto the side for better visual monitoring (face and chest).
- Remove the person from any area where toxic fumes are present.
- When safe, transport the individual in an ambulance or agency vehicle.

SPIT RESTRAINT REMOVAL GUIDELINES

Health, safety, and/or evidentiary concerns :

- When practical, carefully remove Spit Restraint, per training, avoiding injury to the facial, head, and/or neck areas.
- Follow health-care protocols, per policy and training.
- Wear Personal Protective Equipment (e.g., gloves).
- Properly dispose of Spit Restraint per biohazard protocols (single use only), unless keeping for potential evidence.
- Retain potential evidence found in the Spit Restraint device (e.g., drugs)
- Consider biodegradable timeline for substance processing.

DOCUMENT! DOCUMENT! DOCUMENT!

Write a complete and timely report (paint pictures with words).

Explain

- how the Spit Restraint device was used as a de-escalation strategy.
- the subject's behaviors that induced Spit Restraint application (e.g., person threatened to spit, did spit, etc.).
- any application deviation from manufacturer warnings, agency policy and/or training

This information is not exhaustive and is provided to assist first responders and does not establish or create a standard of care, nor enhance applicable legal standards of care.

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SPIT RESTRAINT™: USER-LEVEL LEARNER COMPANION*

SPIT RESTRAINT DEFINITIONⁱ

A commercially manufactured, single use, protective, generally synthetic small-woven mesh device that is physically placed over a person's head and facial area intended to prevent or reduce the transmission of oral, nasal, and/or facial bodily fluids (e.g., blood) minimizing the spread of infectious disease that may be caused by human spitting, biting, or physical contact. Respirators, COVID-19 face masks, and/or prisoner hoods are not included in this definition.

SPIT RESTRAINT PURPOSESⁱⁱ

- To offer another defensive force option for de-escalation.
- To prevent and/or reduce
 - Spread of infectious disease via oral, nasal, and facial fluids,
 - Aerosolized spittle from traveling in the air, and/or
 - A person's spittle/saliva/oral/nasal/facial fluid from contacting another person
- Prophylactic protection (e.g., threatening to spit/bite)

SPIT RESTRAINT NAMESⁱⁱⁱ

- Spit Mask
- Spit Sock
- Spit Hood
- Spit Sock Hood
- Transport Spit Hood
- The TranZport Hood
- Protection Mask
- Spit Guard
- Pol-i-veil Spit Mask

IT IS A USE OF FORCE^{iv}

Putting a Spit Restraint device on a person is a use of force, such as grabbing, handcuffing, proning, and grounding, and must comply with Constitutional standards of care, and with any applicable more restrictive state statutory or regulatory standards and requires the LEO to report the use-of-force per agency policy, procedure, and/or rule. Similarly, placement of a Spit Restraint device on an incarcerated pre-trial detainee or convicted person to comply with agency policy and/or training before relocating him or her is technically a use of force. It is strongly recommended its application be documented for administrative purposes, per agency guidelines.

HOODING HISTORY^v

Positive Perceptions:

- Fashion statement.
- Little Red Riding Hood (fictional story).
- Societal/religious/academic purposes.

Negative Perceptions:

- Punishment/penitence (prisoners)
- Prior/during execution (prisoners or captives)
- Group designation and/or intimidation (e.g., KKK, terrorists)

Placement of a Spit Restraint device over an individual's head/facial area may be negatively perceived by some community residents because of hooding knowledge and/or myths. Hooding is the placing of a solid cloth or synthetic material that covers the entire head and facial area of an individual. Hooding is considered to be cruel and torturous treatment of individuals by the United Nations and other governmental bodies.^{vi} Avoid using any reference to "hood" or "hooding."

SPIT RESTRAINT SINGLE USE MEDICAL CONCERNS^{vi}

- Cleanliness: Make sure the Spit Restraint is new.
- Abnormal breathing: Observed or reported ("I can't breathe").
- Psychological: Claustrophobia, vision impairment, panic, agitation, Autism, mental illness.
- Choking: Manipulation of the Spit Restraint material into the mouth.
- Suffocation: Aspiration of blood, vomit, etc.
- Post-restraint: Struggling against restraints, LEOs, etc.
- Overheating while wearing the Spit Restraint device.
- Spit restraints have not been scientifically shown to stop influenza (includes COVID-19).



Do NOT Spit at Law Enforcement Officers

References

- ⁱ AELE-IPICD. (2021, April 28). Understanding and Managing Officer's Use of Spit Masks [webinar].
- ⁱⁱ AELE-IPICD, 2021.
- ⁱⁱⁱ Safariland, LLC. (2019). The Hood. Jacksonville, FL: Forensics Source; Stearns Wear, Inc. (n.d.) Spit Sock Hood; RIPP Restraints International, Inc. (n.d.). RIPP Restraints Protective Mask.
- ^{iv} *Graham v. Connor*, 109 S. Ct. 1865 (1989)
- ^v Sullivan, A. (2010). A History of Hooding. Retrieved from dish.andrewsullivan.com/2010/04/30/a-history-of-hooding/; Williams, T., & Kinney, A. (2021, September 5). The American Horror of Hooding. Retrieved from newrepublic.com/article/159263/daniel-prude-rochester-new-york-spit-hood-history;
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- ^{vii} Marigold, O., Castillo, E. M., Brennan, J., Coyne, C. J., Swift, S., & Vilke, G. M. (2020, May). Further study on the physiological effects of an alternative spit mask. *J. Forensic Leg Med*; Lutz, M. Sloane, C. M., Castillo, E. M., Brennan, J. J., Coyne, C. J., Swift, S.L., & Vilke, G.M. (2019, February). Physiological effects of a spit sock. *Am J. Emerg Med*, 291-293.

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