

The second part of this two part series discusses how to increase your safety using spit masks. The focus is on spit mask application, removal and storage guidelines, policy, training, and competency-based testing.

Recall from Part I of this series that there are no scientific data to support spit masks stopping the spread of the coronavirus. Do not confuse coronavirus “face” masks with “spit” masks because they are not the same. While there are spit masks which will stop a person’s spittle from being ejected at you (e.g., Safariland TranZport Hood™), those with mesh designs or open areas for breathing permit the airborne transmission of viruses and/or contacting spittle. Know the limitations and efficacy of the spit mask your agency provides and remember to always use Personal Protective Equipment (PPE) when applying, removing, storing, or saving the spit mask per biohazard protocols.

Application Purposes

Law Enforcement Officers (LEOs) apply spit masks on individuals for many reasons, including using them as part of a de-escalation strategy. Other purposes may include, but are not limited to, preventing and/or reducing the spread of infectious diseases via oral, nasal and facial fluids; to stop or reduce aerosolized spittle from traveling in the air; or to stop or reduce a person’s spittle, saliva, oral, nasal, or facial fluid from contacting another person. Spit masks may also be applied by LEOs for prophylactic protection.

LEOs in the United States know from their training that contacting a person’s spittle exposes them to bloodborne pathogens (Oc-



Spit masks are not only used for preventing the transmission of bodily fluids, they can also be utilized as part of a de-escalation strategy.



SPIT HAPPENS™!!!

THE CONTROVERSIAL USE OF SPIT MASKS BY LAW ENFORCEMENT – PART II

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cupational Safety and Health Administration [OSHA] bloodborne pathogens standard 29 CFR 1910.1030). They must take universal precautions requiring them to treat all human blood and bodily fluids as if known to be infectious. “Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV)” (29 CFR 1910.1030(b)).

LEOs often take measures to avoid encountering bloodborne pathogens and to comply with the Occupational Safety and Health Administration bloodborne pathogens standard. This is a major concern for today’s LEOs and correctional deputies who encounter individuals who may have a contagious disease which can be transferred through contact with his (or her) spittle.

Application Guidelines

Although we are not providing legal or medical advice, it is important for you to read and to follow the manufacturer warnings which come with your spit mask. We know from having purchased most spit mask brands that few manufacturers provide “warnings” about how to use their products. In some cases, the manufacturer warning simply reads, “Use at your own risk.” From a risk management perspective,

this warning shifts any potential liability to you – the user – so it is wise to follow your agency’s spit mask policy and training.

If your spit mask came with a manufacturer warning and you deviated from the warning because of the totality of the circumstances, make sure you document why you were forced to make a deviation. Trainers, too, must explain in their lesson plan or in a dated memo why they deviated from the manufacturer warnings before conducting spit mask training.

Make sure you follow all applicable legal standards, agency policy and training protocols because applying a spit mask on a person is a use of force. Spit mask policies and procedures often provide guidance about when, and under what circumstances, a spit mask may be used. Training should include, parallel and reinforce agency policy and you should only use agency approved spit masks and only the brand you are trained and qualified to use.

Spit mask application should never be used as a form of punishment, regardless of the circumstances. However, spit masks may be applied as a de-escalation strategy to help calm the situation. If possible and practical, tell the subject you are going to apply a spit mask and why you are applying it. The individual may become cooperative because (s)he does not want to have the spit mask applied.

Do not apply a spit mask to anyone who is
policeandsecuritynews.com • P&SN • July/August 2021 1

SPIT HAPPENS™!!! The Controversial Use of Spit Masks by Law Enforcement – Part 2

Continued from page 1



Make certain to follow all applicable legal standards, agency policy and training protocols during an arrest, because applying a spit mask on a person is a use of force.

vomiting, bleeding heavily from the mouth, nose, facial area, who complains of or is having breathing difficulty. Choking or aspirating on vomitus, blood, another liquid, or dirt is always a concern, so, if practical, place a prone individual onto the side for better visual monitoring of the face and chest. Depending upon the type of spit mask applied, the subject's mouth and nose may not be visible, so continuously monitor the person (if practical) for signs of distress or attempts to remove the spit mask by brushing it against clothing, objects or people. Similarly, immediately remove a spit mask if the subject complains about having breathing difficulty, becomes nonresponsive, or begins to vomit or bleed heavily about the facial area. Vomiting, bleeding heavily, and/or losing consciousness are often signs of a medical emergency, so follow agency training and policy about obtaining medical services for the individual.

Adjust a spit mask if it is blocking the subject's vision or interfering with his (or her) breathing. If possible, video and/or audio record the adjustment and the application of the spit mask. Download and save the video and/or audio recording per agency policy. Always assume that you are being recorded, even if you do not have a recording device.

There may be times when a spit mask cannot be applied. Examples include a person wearing a large wig, a large hat, or who has a large head. If you cannot apply the spit mask, do not force it onto a person. Rather, select another defensive strategy or force option.

There may be environmental factors which affect the situation. For example, avoid placing an individual – masked or not – near the exhaust of a running vehicle. Also, do not leave the person unattended (if practical) or allow a spit mask to remain on a person for an unreasonable period of time. Based upon the totality of the circumstances, avoid spraying a spit-masked individual in the facial area with a chemical agent because of potential breathing issues, eye injury and/or skin injury. If the person was sprayed with an aerosol before a spit mask was applied, decontaminate him (or her) as soon as practical.

Removal Guidelines

Immediately remove a spit mask if the person complains of breathing difficulty; if you see that (s)he is having breathing difficulty; and/or if the person loses consciousness. Recall, this may also be a medical emergency so be prepared to request medical assistance. Spit mask removal may also calm the individual who becomes agitated after it is applied. When removing a spit mask, follow your training to avoid facial, head or neck injuries, and, if possible, wear PPE.

After removal, dispose of the single-use spit mask per biohazard protocols, unless it is being retained for potential evidence. For example, the subject may have spit drugs into the mask and you intend on keeping the mask and the drugs for evidentiary purposes. Also, consider the biodegradable timeline for substance processing because storing a mask with drugs or drug residue on it in a biohazard container inside an evidence room may make future testing a waste of time. When in doubt, follow your agency policy and training.

Spit Mask Policy

The IPICD-AELE 2021 spit mask survey discussed in Part I found approximately 46 percent of respondents (n = 523) reporting their agency did not have a spit mask written policy, although approximately 86 percent of respondents are authorized to use a spit mask. Written policy is an excellent risk management tool for offering guidance to officers who are trained and authorized to use spit mask devices. An online literature review identified several such policies, often embedded within larger restraint policies. Many of the policies were authored by Lexipol, a national and experienced law enforcement consulting firm specializing in policy development. We suggest you search for "spit mask" policies using a search engine such as Google or Edge and then compare what you find to your agency's policy.



It is imperative to immediately remove a spit mask if the person complains of having difficulty breathing, or if you see that (s)he is having breathing problems.

Spit Mask Training

Spit masks are another defensive tool which can be applied on individuals to help restrain them from spitting while increasing your safety. Regardless of the spit mask brand or design authorized by your agency, you need to be trained in its application, removal and disposal, and then competency-based tested to show you learned the information and demonstrated the necessary skills to apply and remove it. Hands-on application will help you to not only develop your application skills, but also show what it is like to wear a spit mask. Spit mask training is considered career and technical education.

Competency-based training helps to minimize municipal and officer liability and is a great risk management tool. Like a spit mask being used for prophylactic purposes, preincident training also helps protect the officer and his (or her) employer should an injury or arrest-related or in-custody death occur which is associated with spit mask application. Remember: It is never a problem until it is a problem and then it is usually too late. Proactively training officers on the appropriate uses of a spit mask will not take a lot of time. If your agency does not have a spit mask training program, consider the ON-DEMAND and tuition-free Spit Restraint™ User-Level program which takes approximately one hour to complete, including assessment (ipicdte.com).

Proof and validation of training are critically important when facing litigation. Spit mask trainers must have a written lesson plan (not a topical outline) which details what is taught and testing rubrics which quantitatively show how learning and physical skills (e.g., application and removal) are demonstrated and measured. Teaching officers that spit mask applications are a use of force is also a good time to discuss a few of the high profile spit-mask associated arrest-related and in-custody deaths. It is also a good time to remind officers that they must explain in detail what induced the need for applying a spit mask.

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