Care for Spitting/Biting Patient in the Emergency Department

**CLINICAL PRACTICE AND EDUCATION**

**AUDIENCE:** Nursing Staff  **DATE:** 6/10/2020

**Reason for Notification:** Caring for spitting patients in the emergency department is a high risk situation involving patient safety, staff safety, and patient rights.

**Background:** The ENA Emergency Department Violence Surveillance Study reported 33.8% of ED nurses being spit on while caring for a patient. Currently many of our sites are caring for patients that spit in different ways; utilizing a spit/sock hood from law enforcement, placing a surgical mask on the patient or holding the patient’s head to the side.

**Practice Change:** After review of literature and CMS findings, the recommendation for nurses to protect themselves from exposure is **to wear PPE**, which **includes a face shield**. It is **not recommended to use a spit hood/sock in the Emergency Department** due to risk of patient injury and violation of patients’ rights.

*Staff must know and understand that placing anything over a patient’s mouth while being restrained is considered a type of restraint, and this includes a surgical mask or oxygen mask if being used to prevent the patient from spitting.*

**Danger of masking/asphyxiation**
There are cases in which death is reported due to breathing being limited by the spit hood/sock. It is important to note that when the Spit Hood/Sock becomes wet it prevents the passage of oxygen, thus leading to asphyxiation.

**CMS findings**
Findings from CMS were violation of 42 CFR 482.13(c)(2) Patient Rights Care is Safe Setting. These finds were for lack of policy around the use of a surgical mask being used as a spit mask. There was a lack of a “safe use policy” for a spit mask. CMS considers a **spit mask** to be another **type of restraint** when a patient is being restrained.

**Low health risk from spit or biting**
The concern from staff is the need to protect themselves from exposure from patient’s who spit or bite. We must use an evidence-based approach to justify overriding a patients’ rights. The systematic literature review of scientific studies addressing transmission of HIV through biting or spitting conducted by Cresswell, et al 2018 concluded the risk of transmitting HIV through spitting has no risk, and further concluded the risk through biting is negligible. In addition, a systematic literature review of Hepatitis C and B transmission concluded the risk of acquiring Hepatitis C (HCV) through spitting as negligible and as very low for Hepatitis B (HBV) (Pintillie & Brooks, 2018; 1). This review also showed the risk as low for acquiring HBV and HCV through biting (Pintillie & Brooks, 2018; 1). It is notable that the former study on HIV focused on police, while the later study addressed emergency workers. This doesn’t account for the psychological effect of being spit on.

**Exception:** This doesn’t mean that surgical masks cannot be used under the correct circumstances with a policy to support the correct use of one.

2 Kennedy, K., Payne-James, J., Payne-James, G., & Green, P. (August 2019). The use of spit guards (also known as spit hoods) by police services in England, Wales and Northern Ireland: to prevent transmission of infection or another form of restraint? Journal of Forensic and Legal Medicine, 147-154.