



**DEPARTMENT OF CORRECTIONS
Institutions**



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| Title: | Wearing of Puncture Resistant Vests | DOC Policy: 40.1.9 |
| Supersedes: | N/A | |
| Applicability: | Institutions | |
| Directives Cross-Reference: | None | |

I. PURPOSE

To provide criteria and a standardized method in which Department of Corrections staff will wear issued puncture resistant vests while in the performance of their official duties, and provide for an evaluation of the effectiveness of the product in providing reasonable staff safety from inmate assault during approximately a six-month pilot project.

II. DEFINITIONS

A. Puncture Resistant Vest: A piece of protective clothing, designed in a vest style, that is designed to protect the person wearing the vest from blunt trauma and trauma induced by stabbing and/or slashing actions.

III. POLICY

A. Pilot project guidelines and time frames:

1. The initial participation by staff in this pilot project is voluntary.
2. The Department of Corrections will initiate a pilot project to help evaluate the effectiveness of puncture resistant body vests for designated custody personnel in meeting their personal safety from inmate assault.
3. The evaluation process will occur for approximately six months. All staff assigned a puncture resistant safety vest will be required to wear the vest under their uniform shirt at all times while on duty.

B. Issuance of puncture resistant vest and extra carrier:

1. Upon a voluntary assignment of a staff member to participate in the pilot project, each correctional officer will be measured and fitted for a new puncture resistant vest and carrier. Vests may take several weeks for delivery. As soon as possible after an employee has volunteered to participate in the pilot project, they will be fitted for a vest.
2. It is the responsibility of each individual staff member, once the vest has been issued to him/her, to maintain the vest in accordance with the manufacturer's specifications, including cleaning and caring for the equipment.
3. Once fitted by the manufacturer for a puncture resistant vest, staff are not allowed to make any modifications/alterations to their assigned/fitted vest.

C. Wearing of the puncture resistant vests:

1. A puncture resistant vest will be worn by the staff member anytime that staff member is on duty for their functional unit.
2. Anytime a staff member, who has been identified to participate in the pilot project, the employee, while acting in an official capacity, is to wear the vest as part of his/her official uniform.
3. Vests will be individually assigned and fitted according to manufacturer specifications. Employees assigned a vest will be responsible for their care maintenance.
4. Each assigned staff will be required to view a manufacture provided video regarding care and maintenance of their assigned vest. Each institution will provide a "check-list" of requirements prior to vest issue.
5. Staff will not be required to wear their assigned vests during in-service training.

D. Evaluation and Assessment:

Each staff participating in the program will be expected to complete a questionnaire evaluating the vest and recommending to their functional unit manager whether further vests should be purchased for additional security staff. An evaluation form will be completed at the conclusion of the 1st, 3rd and 6th month of the project. Please see Attachment A & B to review the evaluation form.

- E. Vests will be returned in the event a participating staff is transferred to a non-participating institution.

IV. IMPLEMENTATION

This policy will be adopted immediately without further modification.

Puncture Resistant Vest Questionnaire

1 st month

3rd month

Name _____

Date _____

Institution _____

Work Assignment: _____

1. Does the PRV have adequate adjustments?

2. Were uniform alteration or replacements required for use of the PRV?

3. As you perform your daily duties does the PRV become comfortable enough that you forget that you are wearing it?

4. Does the size and weight of the PRV inhibit your breathing in any way?

5. Does the PRV inhibit your movement while performing daily tasks i.e. shake downs, pat searches, housing unit searches, etc.?

6. Is the manufactures instructional videotape adequate for training and care of the PRV?

7. How well do the "carriers" stand up to typical washing and wear?

8. When working an overtime shift, what comfort level did the PRV provide/not provide?

Additional Comments:



Puncture Resistant Vest Questionnaire

Name _____

Date _____

Institution _____

Work Assignment: _____

FIT:

Fit rating of the PRV. Poor ____ Fair ____ Good ____

Is the PRV sufficiently comfortable for an 8-hour shift? 16-hour shift?

PROTECTION:

Have you been involved in any Use of Force incidents while wearing the PRV?

Has the PRV afforded an adequate level of protection, including exposure to body fluids? If so, was the decontamination of your PRV difficult?

UTILITY:

Can you accomplish all basic security tasks while wearing the PRV?

How do the other staff who are not wearing the PRV's react or any comments made to you?

How do the inmates react or comment when they learn you are wearing the PRV?

Overall rating of the PRV. Poor ____ Fair ____ Good ____

Recommendation for continued use or future use of the PRV for all staff?
