

# Joint Appropriation & Judiciary Committee Informational Hearing

## Re: Prison Overcrowding Costs 4-10-08

*Presentation by Kevin Brace*

- Latex and vinyl vs. **Cut proof blood borne pathogen resistant Kevlar gloves.**
- In the United States, everyday 90 Correctional Officers are assaulted. There are 33,000 inmate on staff assaults per year. A correctional officer will be seriously assaulted at least twice in a 20 year career.
- The Connecticut Department of Corrections teaches staff members that when we are attacked to raise our hands. If we had Kevlar gloves we could protect ourselves from **Shanks** (inmate weapons).
- Inmate weapons are made from sharpened: razors, disassembled AA batteries, toothbrushes, metal from cell wall lockers, and pens.
- Correctional surfaces are mostly metal or concrete. Latex rips or tears when it comes into contact with Correctional surfaces.
- Blood exposures can occur when inmates assault staff with (fists, weapons, feces, urine, and blood) breaking up inmate fights, and saving the life of inmates who self-mutilate.
- Correctional Staff are 7 times more likely to be exposed to HIV and Hepatitis than most people.
- Average cost for the medication to treat a serious blood exposure is over \$6,000.
- An HIV exposed Correctional Officer will lose 4 – 6 months of work. Side effects of anti-HIV drugs are similar those of Chemotherapy.
- Takes a toll on the family, and relationships.
- The numbers of inmates at Northern who have contracted MRSA is at an all time high.
- **Cut proof blood borne pathogen resistant Kevlar gloves** would help reduce the risk of contracting HIV, Hepatitis, and MRSA.
- Latex and vinyl gloves are used by foodservice workers, and do not protect correctional staff from weapons or abrasions, and often tear when putting them on.
- We have repeatedly asked the management at Northern for better safety equipment with little or no results. Correctional Officers have offered to buy the gloves themselves at no cost to the taxpayers. We were told no, and received no explanation why we can't obtain these gloves. The only DOC administrator who has demonstrated a willingness to listen us, and help us in obtaining these safety items is Deputy Commissioner Brian Murphy.


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- Example: 17300F1=small



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<< UNIFORCE™ Tactical Police Glove

# **Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers A Response to P.L. 100-607 The Health Omnibus Programs Extension Act of 1988**

The material in this report was developed by the National Institute for Occupational Safety and Health in collaboration with the Center for Infectious Diseases, Centers for Disease Control.

## **Introduction**

- A. Background This document is a response to recently enacted legislation, Public Law 100-607, The Health Omnibus Programs Extension Act of 1988, Title II, Programs with Respect to Acquired Immune Deficiency Syndrome ("AIDS Amendments of 1988"). Subtitle E, General Provisions, Section 253(a) of Title II specifies that "the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control, shall develop, issue, and disseminate guidelines to all health workers, public safety workers (including emergency response employees) in the United States concerning-- (1) methods to reduce the risk in the workplace of

becoming infected with the etiologic agent for acquired immune deficiency syndrome; and (2) circumstances under which exposure to such

etiologic agent may occur." It is further noted that "The Secretary of Health and Human Services shall transmit the guidelines issued under subsection (a) to the Secretary of Labor for use by the Secretary of Labor in the development of standards to be issued under the Occupational Safety and Health Act of 1970," and that "the Secretary, acting through the Director of the Centers for Disease Control, shall develop a model curriculum for emergency response employees with respect to the prevention of exposure to the etiologic agent for acquired immune deficiency syndrome during the process of responding to emergencies." Following development of these guidelines and curriculum, "the Secretary shall-- (A) transmit to State public health officers copies of the guidelines and the model curriculum developed under paragraph (1) with the request that such officers disseminate such copies as appropriate throughout the State; and (B) make such copies available to the public." B. Purpose and Organization of Document The purpose of this document is to provide an overview of the modes of transmission of human immunodeficiency virus (HIV) in the workplace, an assessment of the risk of

HIV and HBV infection by law-enforcement and correctional-facility officers as a consequence of carrying out their duties. However, there is an extremely diverse range of potential situations which may occur in the control of persons with unpredictable, violent, or psychotic behavior. Therefore, informed judgment of the individual officer is paramount when unusual circumstances or events arise. These recommendations should serve as an adjunct to rational decision making in those situations where specific guidelines do not exist, particularly where immediate action is required to preserve life or prevent significant injury. The following guidelines are arranged into three sections: a section addressing concerns shared by both law-enforcement and correctional-facility officers, and two sections dealing separately with law-enforcement officers and correctional-facility officers, respectively. Table 4 contains selected examples of personal protective equipment that may be employed by law-enforcement and correctional-facility officers.

D. Law-Enforcement and Correctional-Facilities Considerations

1. Fights and assaults Law-enforcement and correctional-facility officers are exposed to a range of assaultive and disruptive behavior through which they may potentially become exposed to blood or other body fluids containing blood. Behaviors of particular concern are biting, attacks resulting in blood exposure, and attacks with sharp objects. Such behaviors may occur in a range of law-enforcement situations including arrests, routine interrogations, domestic disputes, and lockup operations, as well as in correctional-facility activities. Hand-to-hand combat may result in bleeding and may thus incur a greater chance for blood-to-blood exposure, which increases the chances for blood-borne disease transmission. Whenever the possibility for exposure to blood or blood-contaminated body fluids exists, the appropriate protection should be worn, if feasible under the circumstances. In all cases, extreme caution must be used in dealing with the suspect or prisoner if there is any indication of assaultive or combative behavior. When blood is present and a suspect or an inmate is combative or threatening to staff, gloves should always be put on as soon as conditions permit. In case of blood contamination of clothing, an extra change of clothing should be available at all times.

2. Cardiopulmonary resuscitation Law-enforcement and correctional personnel are also concerned about infection with HIV and HBV through administration of cardiopulmonary resuscitation (CPR). Although there have been no documented cases of HIV transmission through this mechanism, the possibility of transmission of other infectious diseases exists. Therefore, agencies should make protective masks or airways available to officers and provide training in their proper use. Devices with one-way valves to prevent the patients' saliva or vomitus from entering

the caregiver's mouth are preferable. B. Law-Enforcement Considerations

3. Searches and evidence handling Criminal justice personnel have potential risks of acquiring HBV or HIV infection through exposures which occur during searches and evidence handling. Penetrating injuries are known to occur, and puncture wounds or needle sticks in particular pose a hazard during searches of persons, vehicles, or cells, and during evidence handling. The following precautionary measures will help to reduce the risk of infection: An officer should use great caution in searching the clothing of suspects. Individual discretion, based on the circumstances at hand, should determine if a suspect or prisoner should empty his own pockets or if the officer should use his own skills in determining the contents of a suspect's clothing. A safe distance should always be maintained between the officer and the

suspect. Wear protective gloves if exposure to blood is likely to be encountered. Wear protective gloves for all body cavity searches. If cotton gloves are to be worn when working with evidence of potential latent fingerprint value at the crime scene, they can be worn over protective disposable gloves when exposure to blood may occur. Always carry a flashlight, even during daylight shifts, to search hidden areas. Whenever possible, use long-handled mirrors and flashlights to search such areas (e.g., under car seats). If searching a purse, carefully empty contents directly from purse, by turning it upside down over a table. Use puncture-proof containers to store sharp instruments and clearly marked plastic bags to store other possibly contaminated items. To avoid tearing gloves, use evidence tape instead of metal staples to seal evidence. Local procedures for evidence handling should be followed. In general, items should be air dried before sealing in plastic. Not all types of gloves are suitable for conducting searches. Vinyl or latex rubber gloves provide little protection against sharp instruments, and they are not puncture-proof. There is a direct trade-off between level of protection and manipulability. In other words, the thicker the gloves, the more protection they provide, but the less effective they are in locating objects. Thus, there is no single type or thickness of glove appropriate for protection in all situations. Officers should select the type and thickness of glove which provides the best balance of protection and search efficiency. Officers and crime scene technicians may confront unusual hazards, especially when the crime scene involves violent behavior, such as a homicide where large amounts of blood are present. Protective gloves should be available and worn in this setting. In addition, for very large spills, consideration should be given to other protective clothing, such as overalls, aprons, boots, or protective shoe covers. They should be changed if torn or soiled, and always removed prior to leaving the scene. While wearing gloves, avoid handling personal items,

such as combs and pens, that could become soiled or contaminated. Face masks and eye protection or a face shield are required for laboratory and evidence technicians whose jobs which entail potential exposures to blood via a splash to the face, mouth, nose, or eyes. Airborne particles