
	Department of Public Safety	
	Standard Operating Guidelines	
	Subject:	PPE Appendix A & B Personally Purchased Helmets & Shields
	Section:	Operations
	Guideline Number:	306.1
	Effective Date:	June 1, 2012
	Revised Date:	October 1, 2024
Signature of Approval:	 Charles R. Pruitt Director of Public Safety	

PURPOSE

Define the regulations for employee purchased helmets and shields.

PROGRAM GOAL

This program allows the opportunity for personnel to purchase approved PPE that is not furnished by Accomack County Department of Public Safety (ACDPS). The Employee PPE Purchase Program is sanctioned by the Director of Public Safety and will be governed by the Battalion Chiefs.

PROGRAM GUIDELINES

Only equipment approved and listed by the Director shall be permissible. The program shall start with limited items, but the list may become larger or smaller at any time.

The specific guidelines are as follows:

1. The Battalion Chiefs shall approve the equipment for the Employee Purchase Program, subject to the approval of the Director, if appropriate. The equipment list will be reviewed and updated, if necessary, on an annual basis.
2. The approved PPE shall meet all NFPA, OSHA, and any other specifications relevant to the equipment.
3. PPE purchased shall be of a specific model, color, style, and design as authorized by the Director. Variances from the approved PPE shall not be permitted.
4. The equipment shall become part of the PPE ensemble and inspected pursuant to policy.
5. Equipment failing to pass a PPE inspection will be removed from service immediately and the employee's issued equipment placed back into service.
6. A list of authorized employee purchase PPE shall be available in the SOG manual.
7. All costs associated with the purchase and maintenance of the PPE shall be the responsibility of the employee.

8. PPE may be removed from the list by the Battalion Chiefs if departmental standards change, or if safety issues with the specific PPE are identified. Such removals may be temporary or permanent, based on the circumstances.
9. Helmet markings on helmets purchased through the Employee PPE Purchase Program, including stickers, icons, letters, reflective devices, accountability markings, or other items, must not vary from that of department issued helmets.
10. Helmets must be replaced every ten years.

AGREEMENT FORM PROCESSING

1. Upon selecting and purchasing authorized PPE, the employee must submit the agreement form to his supervisor. The employee must contact the Shift Battalion Chief to request a PPE inspection.
2. The Shift Battalion Chief shall conduct the requested PPE inspection within two weeks, if possible.
3. The Shift Battalion Chief shall inspect the gear for adherence to the PPE specifications outlined in this program. Subsequent to a successful PPE inspection, the Shift Safety Officer shall sign the agreement form.
4. It is the employee's responsibility to forward the agreement to the Director of Public Safety. A signed agreement shall be kept on file for all personnel wishing to participate in the program. The agreement shall state the employee understands the conditions of this program and agrees to abide by the rules.
 - a. The agreement can be found in Appendix B on the Department's website
 - b. The signed agreement must be forwarded to the Director for approval as explained on the form, PRIOR to the use of any non-issue PPE.
5. The Director, or his designee, shall respond, in writing (E-mail) to the employee and their immediate supervisor, indicating that the agreement has been properly executed and is on file. This shall be done within two weeks, if possible. Once the written confirmation has been received by the employee, he may begin to use the approved PPE purchased.

APPROVED HELMETS

The following listed helmets are approved for purchase under the conditions set forth. They must meet NFPA 1971 Standard, 2000 or 2007 edition at time of purchase.

1. Bullard Composite Structural Fire Helmet – Traditional Style
 - a. Model Name: Bullard Firedome UST6 Structural Fire Helmet
 - b. UST Traditional Style with flip down eye shields and ESS InnerZone Two Goggles and X-Tricator mounting bracket
2. Paul Conway Leather Structural Fire Helmet – Traditional Style
 - a. Model Name: American Heritage LFH 4120
 - b. UST Traditional Style with flip down eye shields and ESS InnerZone Two Goggles and X-Tricator mounting bracket
3. Sam Houston Leather Structural Fire Helmet – Traditional Style
 - a. Model Name: N6A
 - b. UST Traditional Style with flip down eyesheids and ESS InnerZone Two Goggles and X-Tricator mounting bracket
4. MSA/Cairns Structural Fire Helmet- Traditional Style Composite
 - a. Model 880
 - b. Traditional Style with flip down eye shields and ESS Goggle System
5. Morning Pride Structural Fire Helmet-Traditional Style
 - a. Model Ben-2 Plus With flip down eye shileds and ESS Goggles. NFPA
 - b. Traditional Style with flip down eye shields and ESS Goggle System
6. Paul Conway Fiberglass Structural Fire Helmet – Traditional Style NFPA
 - a. Model The American Classic LFH2120D
 - b. Traditional style with flip down eye shields and ESS Goggles NFPA

HELMET SHIELDS



Top Panel – The words ACCOMACK COUNTY Scotchlite Reflective Trim

Center Panel – Department issued number identifying employee

Bottom Panel – Ranks spelled out completely, i.e. DIRECTOR, BATTALION CHIEF, CAPTAIN, FIRE MEDIC

Liner – Nomex or PBI/Kevlar Ear Flap

RESCUE HELMETS

The following helmet is approved for purchase under the conditions set forth. It must meet type-testing according to EN397:1995; CE marked to PPE Directive 89/686/EEC; and certified to AS/NZS1801:1997, Type 1 & 2, and NFPA 1951.

1. Pacific Composite Rescue Helmet.
 - a. Model Name: Pacific R5SL Rescue Helmet
 - b. Yellow or White in color based on rank.
 - c. Bare rank “rocker style” decals on sides i.e. Fire Medic, Captain, Battalion Chief, Director
 - d. Bare Accomack County Department of Public Safety seal decal on the front.

PURPOSE OF ADDENDUM

The purpose of this addendum is to provide Accomack County Department of Public Safety employees with a lightweight, low-profile helmet for use during motor vehicle collisions, natural cover fires, and technical/search & rescue operations. This helmet is NOT approved for use during structural fire, or automobile fire set forth by NFPA 1951.

APPENDIX B

**ACCOMACK COUNTY DEPARTMENT OF PUBLIC SAFETY EMPLOYEE
PERSONAL PROTECTIVE EQUIPMENT PROGRAM AGREEMENT FORM**

I, _____(print name), am requesting permission to purchase and wear non-departmental issued personal protective equipment (PPE) as established in the Employee PPE Purchase Program. I have read the information below and have provided my signature at the bottom of this document to indicate that I understand the requirements and procedures. I acknowledge that this document will be kept in my file at Resource Management. A copy will also be provided for my supervisor and me.

I will be responsible for all repairs and maintenance to this equipment. I also understand that the item may be inspected at any time to ensure compliance and serviceability. The Shift Battalion Chief will make the final decision when to remove the item from service. (Refer to Accomack County Department of Public Safety Standard Operating Guideline 306.1.)

I acknowledge that at the time of approval and documentation to wear this privately purchased PPE, I may be required to turn in my department-issued PPE. My supervisor shall inspect the department-issued item and complete the following information. This form shall be sent to the Shift Battalion Chief who shall forward it to ACDPS Administration for inclusion in the program files.

Type of PPE: **Helmet** or **Rescue Helmet**

Manufacturer: _____
NFPA Edition (Year): _____
Model Number: _____
Serial Number: _____

I understand that the Accomack County Department of Public Safety is not liable or responsible for replacement of this item. If exposed to any material and/or damaged to the extent that it requires decontamination or repair, I will be responsible for the repair/decontamination with supporting documentation from the manufacturer's authorized service center to verify the repair/decontamination. This documentation shall be submitted to ACDPS Administration for inclusion in my protective clothing file prior to the item being put back in-service.

In the event that any injury is incurred while wearing this PPE, it shall be immediately turned over to the custody of the Shift Battalion Chief or their designee for the duration of the investigation.

I have read the information above and understand the requirements set forth by the Department. I will adhere to all policies, procedures, and directives concerning personal protective equipment.

Employee Signature

Employee Printed Name

Date

Battalion Chief Signature

Battalion Chief Printed Name

Date

Director Signature

Director Printed Name

Date