

# **MERIDIAN TOWNSHIP POLICE DEPARTMENT GENERAL ORDER**

Subject: <b>SOFT BODY ARMOR</b>	General Order: 251
Effective Date: September 28, 1998 Revision Date: November 30, 2022	Distribution: All Sworn Personnel

## **I. PURPOSE**

This general order establishes the rules and procedures for issuing, wearing and maintaining department-issued soft body armor.

## **II. POLICY**

The Meridian Police Department will issue soft body armor to all sworn employees to increase the safety of those employees. Except as defined within this general order, sworn employees are required to wear the issued body armor while on duty. Additionally, officers are encouraged to wear their issued armor at all appropriate times while on duty to increase their personal safety.

## **III. PROCEDURES**

- A. All sworn personnel will be issued soft body armor of a configuration, threat level and type determined by the Department.
- B. Unless specifically exempted by the Chief of Police, personnel assigned to the Patrol Division will wear the issued vest at all times while assigned to patrol, court, or other enforcement duties. This is pursuant to the guidelines established in this general order.
  - 1. Officers assigned to training that does not directly involve normal police duties or enforcement action may elect to not wear the vest. However, officers participating in special response team tactical training exercises shall wear their issued armor unless the nature of the training dictates otherwise.
  - 2. Uniformed personnel dressed in plain clothes shall wear the issued body armor while assigned to patrol duties.
- C. Personnel shall wear the issued body armor in the manner for which it was designed. Employees shall not alter nor remove the ballistic panels, thereby, limiting the ballistic properties of the vest, except as herein specified.
  - 1. Hardened or chest trauma plates provided with each vest may be worn at the officer's discretion.
- D. Administrative and investigative personnel are not required to wear their body armor routinely. However, their issued vest shall be conveniently available to them so it can be worn in emergencies or other situations that would suggest the use of soft body armor.

- Revised
1. Personnel participating in pre-planned high-risk operations including but not limited to planned raids, enforcement actions, or arrest situations involving felony or potentially violent suspects will wear body armor provided by the Department.
  2. Specific vice-type operations may preclude the use of body armor (for example: buy-bust situations) and, where necessary, wearing the body armor is optional but subject to specific supervisory approval.
- E. All personnel shall wear body armor upon arriving at the firearms training site until departure. Range instructors and Department personnel may forgo body armor when no weapons are being handled. All personnel shall wear body armor when cleaning weapons.
- F. The proper care and cleaning of issued soft body armor is the responsibility of the officer to whom it is issued.
1. The ballistic panels of the vest must not be dry-cleaned or machine-washed. The panels are to be hand washed in a mild detergent and in compliance with the manufacturer's recommendations for maintenance and cleaning.
  2. The non-ballistic carrier (cover) portion of the vest may be dry-cleaned; provided it is appropriate for the material and is separated from the ballistic panels.
- New
3. A list of expiration dates for issued vests will be kept by the Uniform Division Commander. Body armor that has reached its expiration date will be replaced by the department. Body armor that is damaged or otherwise compromised will be inspected by the Uniform Division Commander who will determine if the body armor needs to be replaced.
- G. The Chief of Police may exempt an officer from wearing body armor for a specific medical reason upon recommendation of a licensed physician as verified by an independent medical examination conducted by the Township medical provider.
1. Any exemption will expire no later than one (1) year after it was issued. Unless otherwise stated in the original exemption, any renewal will require a new medical examination, statement and waiver.

#### IV. CANCELLATIONS

None

Authorized by:



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Ken Plaga, Chief of Police

Index as:     Body Armor  
                  Soft Body Armor  
                  Vests, Body Armor  
                  Standard 1.6.2

*Application: This directive constitutes department policy, and is not intended to enlarge the employer's or employee's civil or criminal liability in any way. It shall not be construed as the creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims insofar as the employer's or employee's legal duty as imposed by law.*

**REQUEST FOR MEDICAL EXEMPTION FOR SOFT BODY ARMOR WEAR**

Officer \_\_\_\_\_

Date of Request \_\_\_\_\_

I understand that I am required by policy of the Meridian Township Police Department to wear department-issued soft body armor at all times while on duty. I acknowledge that I have been issued a soft body armor vest as part of my department supplied equipment. I further acknowledge that if I am granted a waiver to the mandatory wear requirement, for medical purposes, I may face increased risk of preventable injury and possibly fatal injury while performing my police duties.

Being fully aware of these risks, I am requesting that I be granted a waiver from the mandatory wear requirement based upon medical necessity as stated by my medical doctor. This statement is based upon a physical examination and discussion with my doctor. I confirm that all claims or statements of conditions, which would preclude me from wearing soft body armor, are true and factual.

I authorize the Meridian Township Police Department to obtain copies of medical reports pertaining to this request. Furthermore, I give authorization to my personal physician to release those documents and discuss this medical condition with a representative of the Department and/or the medical representative of the Charter Township of Meridian. I understand that any expense I incur or may incur for examinations by my personal physician will be my sole responsibility. I also agree to participate in a medical examination and review of this matter by the Township medical provider, which will be at the expense of the Township, if so requested.

I understand that, if granted, this waiver will be valid for a period no longer than one (1) year from the date of issue. During that time, I agree to abide fully with any specific exemptions and remaining required wear regulations as documented. If any condition changes so as to negate the need for this waiver, I will promptly notify the Chief of Police of that change and comply with the policy as required.

\_\_\_\_\_  
Signature of Requesting Officer\_\_\_\_\_  
Date Signed\_\_\_\_\_  
Witness\_\_\_\_\_  
Date\_\_\_\_\_  
Officer's Physician\_\_\_\_\_  
Telephone\_\_\_\_\_  
Physician's Office Address