

<b>GENERAL ORDERS</b>		<b>NO:</b>
<b>TITLE OF GENERAL ORDER</b>		
PAGE 1 OF		
<b>Effective Date:</b>	<b>Amendment Date:</b>	<b>Authority:</b> Christopher J. Premo

Title

## **Malone Village Police Department Model Policy**

**Subject:** Active Shooter

**Effective Date:**

### **I. PURPOSE**

The purpose of this policy is to provide protocols for assessing the threat and performing rapid intervention tactics to limit serious injury or loss of life during active shooter situations. While the term “active shooter” is used throughout, this policy applies to all situations where there is an active, ongoing deadly threat, to include those from firearms, explosives, knives and so forth.

### **II. POLICY**

It is the policy of this department in situations where ongoing deadly force is reasonably likely to be employed by a suspect- and delay in taking police action could result in injury or death-that rapid intervention of officers at the scene is authorized when such actions are deemed reasonable to prevent further injuries or loss of life.

### **III. DEFINITIONS**

*Active Shooting:* An incident, normally in a confined and populated area, in which one or more armed persons have used, or are reasonably likely to use, deadly force in an ongoing manner, and where persons have been injured, killed, or are under imminent threat of death or serious bodily harm by such persons.

*Rapid Intervention:* Immediate response by one or more officers to an active shooting based on a reasonable belief that failure to take action pending the arrival of additional officers would result in death or serious bodily injury.

*Contact Team:* The first officer(s) at the scene of an active shooting tasked with locating the suspect(s) and neutralizing the threat.

*Rescue and Recovery Team:* An organized team of officers who make entry after the contact team to provide first aid and evacuate persons from a hostile environment.

*Incident Commander (IC):* The individual who takes charge at the scene, regardless of rank. In many cases, this may be the first individual on the scene.

### **IV. PROCEDURES**

#### **A. Situational Assessment**

1. Based on available information, dispatched responders or officers already at the incident scene may verify that an active shooter situation exists through information provided by dispatch, from persons confined within or exiting the target location, witnesses, reports of – or sounds of – gunfire, or related means.

2. Where available and as time permits, witnesses or others should be asked about the location and number of suspects, the suspects' weapons, persons injured, the number and location of persons in possible jeopardy, and the use or location of improvised explosive devices (IEDs).
3. Upon completion of the initial assessment, the IC shall:
  - a. advise communications and request resources as deemed necessary, and
  - b. determine whether to take immediate action alone or with another officer, or wait until additional resources are available.

#### B. Rationale for Rapid Intervention

The responding officers shall determine whether rapid intervention is legally justified and reasonable. This decision may be based on such considerations as whether or not

1. deadly weapons are available to or have been used by the suspect;
2. victims are under suspect's control, are readily accessible, or both; and
3. the suspect poses an ongoing threat of deadly force.

#### C. Individual Officer Intervention

The vast majority of active shooter incidents involve one suspect, a factor that makes individual officer intervention a potentially viable option for saving lives, even if additional resources are not readily available.

1. In some instances, an individual officer may be present within or nearby the active shooting location, such as a mall or school. Whether on or off duty, in uniform or civilian clothes, he or she may determine that immediate tactical intervention is necessary and reasonable to stop the threat. That decision should be based on the factors noted in B.1-3 of this policy and the officer's capability to effectively intervene, based on such factors as whether
  - a. the officer is armed and in possession of appropriate equipment;
  - b. it is reasonable to believe that persons will be killed or injured if immediate responses to the threat is not taken;
  - c. the size, configuration, and related physical aspects of the incident site allow for movement, stealth, cover, and related tactical needs;
  - d. the suspect is accessible; and
  - e. the incident site offers opportunities for cover and concealment to assist tactical options, adequate routes for evacuation, or secure locations in which to hide.
2. As soon as practical, officer(s) shall notify communications that an active shooter situation exists. The officer should provide the following information and updates as available
  - a. the identity, location, manner of dress, and proposed actions of the officer(s) at the scene;
  - b. information on the suspect to include a physical description, weapons, equipment such as body armor, and current location and actions; and
  - c. available information on persons injured or under threat, their locations, emergency resources required, and recommended points of entry.
3. When displaying firearms while in plainclothes, officers shall verbally identify themselves as police officers, and conspicuously display their shields and/or other police identification to alert security personnel, arriving officers, or civilians who may be armed.

4. If armed tactical intervention is not feasible,
  - a. officers should facility evacuation by
    - (1) locating points of egress from danger zones and directing people to those evacuation points if reasonably safe for them to do so; and
    - (2) locating and directing persons hiding in insecure locations (e.g., under desks, inside unlocked rooms) to evacuation points.
  - b. If evacuation is not possible, officers should
    - (1) help locate and direct persons to safer locations, preferably with thick walls; solid doors with locks; or, in the absence of such locations, rooms that can be barricaded with heavy furniture or objects;
    - (2) direct individuals to silence all personal electronic devices, take cover, and remain silent, and
    - (3) take any actions possible to distract, disrupt, divert, or incapacitate the shooter using surprise attacks and any aggressive force possible.
  - c. when possible, officers should assist with the injured and direct incoming teams to injured persons.
- D. Intervention – Contact Team Response
  1. A contact team response to an active shooter situation is preferred in nearly all active shooter situations – irrespective of any initial actions that may have been taken. Even if the threat seemingly has been terminated, contact teams are required to render the location safe, assist in screening and orderly evacuation of persons to a designated area, and locating any other persons still in hiding.
  2. Normally, only one contact team shall be deployed at any given time but additional teams may be deployed at the direction of the IC to provide tactical advantage. The IC shall ensure that each team is aware of the other teams' locations and actions. The mission of the contact team is to locate and stop the threat.
  3. An inner perimeter shall be established to control access to and egress from the target location. Civilians should be directed out of the inner perimeter to a designated secure location for identification and debriefing.
  4. A secure staging area for responding officers and other emergency responders shall be designated and its location provided to communications.
    - a. An officer should be assigned to the staging area to brief arriving personnel, maintain communication with the contact team, and assign duties as directed by the IC.
    - b. A second secure staging area shall be designated as soon as reasonably possible to accommodate arriving family members of persons at the target location. Some of these persons may be armed, particularly those who have family members at the incident scene. These individuals must be restricted to the staging area as they could pose a hazard to themselves, officers, and bystanders and jeopardize tactical operations.
  5. The contact team shall be provided a clear communications channel to provide the following types of information:
    - a. The team's progress and location.
    - b. The location and number of victims and their medical needs.
    - c. The estimated number of suspects involved.

- d. The suspects' descriptions and weapons if known.
6. The location of any booby traps or explosives. If discovered, the contact team leader shall determine whether to post an officer near it, report it, or mark it for later removal.
7. The contact team shall locate the suspect(s) in the most expeditious manner possible in order to stop the threat. In doing so, officers should not stop to render aid or assistance to victims but may, where reasonably possible, inform them that rescue teams are forthcoming and direct them to a safe point of egress or hiding if they are ambulatory and it is deemed safe for them to do so.
8. The team should employ tactical advantages such as avoiding use of the main entrance to provide an element of surprise and to avoid potential booby traps or ambush.
9. The contact team should not attempt to conduct a thorough clearing of the location but should follow sounds (such as gunfire, yelling, and screaming); observations of victims and bystanders; and related information to help locate the suspects as soon as possible.
10. Once the suspects have been located and the threat eliminated, the contact team should proceed to clear all portions of the location in the event that more suspects are in hiding. Arriving SWAT, Emergency Response Teams (ERTs), or other officers should be called upon to help clear the location of potential suspects, locate and evacuate persons in hiding, and render safe any dangerous munitions or armament.

11. Render first aid as necessary when the primary mission is completed.

E. Rescue Teams

1. Once the contact team is deployed, and as officers and resources arrive at the incident scene, the IC should ensure that rescue teams are formed to provide first aid and to help evacuate victims. Rescue teams generally consist of four to six officers but may be expanded to include medical personnel or other officers as the situation dictates.
2. Rescue teams shall be organized under a team leader, deploy in tactical formations consistent with departmental training, and be prepared to respond to hostile action as rapidly changing circumstances may place them in contact with suspects. In such instances, the team shall be prepared and equipped to serve as the contact team.
3. Rescue teams shall be deployed only after the contact team has made entrance, provided a status report, notified the command post of the location of victims, and determined that rescue efforts may begin. Wounded and injured persons shall be quickly searched, if reasonable, for weapons and removed to the designated emergency first aid area with cover and movement of such persons provided by team members. If emergency medical personnel are not yet in place, basic first aid shall be the responsibility of rescue team members until they are relieved by medical personnel.
4. Medical personnel may be permitted to accompany or respond to rescue team members if wounded persons are incapable of being moved.
5. Rescue team members shall search uninjured persons in the hostile environment before moving them to the evacuation site.

6. Rescue and recovery operations shall continue until the IC has declared the scene clear and safe.
7. Officers assigned to the evacuation center shall maintain custody and control of all persons and document their identities until they can be reunited with family or others. Victims and witnesses suffering from emotional and/or physical trauma or shock should be kept under the observation of medical personnel until such time as they may be safely transported to a hospital or home in the care of family or friends.

#### F. Command Post

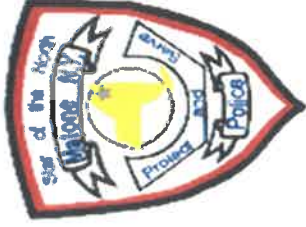
1. The IC shall ensure that the following actions are accomplished:
  - a. Establish Incident Command.
  - b. Establish communication.
  - c. Identify a staging area for first responders, a second staging area for family members, and a third staging area for the media.
  - d. Identify an additional staging area for the quick response team, if employed.
  - e. Request mutual aid if necessary.
  - f. Organize unified interagency telecommunications.
  - g. Establish traffic control and management.
  - h. Contact appropriate aviation resources to control air space for possible medical evacuation resources and to establish restricted air space for law enforcement use only.
  - i. Request emergency medical assistance and designate a safe staging area for treatment of the injured and evacuation by EMS or medevac.
  - j. Initiate intelligence gathering on possible suspects.
  - k. Select a safe location to place evacuees.
  - l. Summon police chaplains and officers to provide information to relatives of victims.
  - m. Coordinate with owners or officials of the target location for floor plans, site layout, and a roster (including emergency contact information as available) of employees, students, residents, visitors, or others believed to be on-site.
  - n. Assign a recorder to document actions at the command post.
2. When available on the scene, a SWAT team or an ERT may be assigned as appropriate to:
  - a. contact the location,
  - b. assist rescue teams,
  - c. help locate suspects or relieve the contact team,
  - d. help locate and safeguard explosives pending removal, and
  - e. provide special weapons and equipment as needed.
3. Additional officers shall be deployed to control access to the location and monitor the perimeter.

#### G. Debriefing

As soon as reasonably possible after the incident, the department shall conduct a debriefing of essential personnel involved in the incident. The debriefing shall identify both positive and negative aspects of the deployment with the intent of addressing areas in need of improvement and to determine whether changes in operational protocols, policy, or training may be warranted as a result.

H. Training

This department shall provide active shooter training to all sworn and civilian personnel, including simulation exercises conducted in schools and other facilities and partnering first response agencies, where appropriate.



<b>GENERAL ORDERS</b>		<b>NO: 14-17</b>
<b>AED CARE AND MAINTENANCE</b>		
PAGE 1 OF 1		AUTHORITY: <b>CHIEF CHRISTOPHER J. PREMO</b>
EFFECTIVE DATE: 03/07/2011	AMMENDMENT DATE:	

**AED Care and Maintenance:**

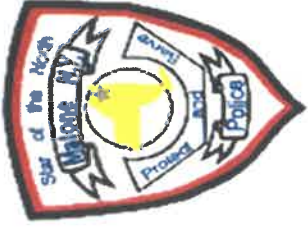
The AED is NOT to be left on the floor of the Patrol Cars, or in the trunk of the vehicle.

The AED will be brought into the station at the end of every shift.

Old pads will be discarded after use each time. They will be replaced with new pads, which can be found in the old Detectives Office in the bottom file cabinet drawer.

If you notice that the pads are running low, submit a memo to Chief Premo so they can be ordered.





<b>GENERAL ORDERS</b>		<b>NO: 14-24</b>
<b>ALICE HYDE MEDICAL CENTER SILENT ALARM LOCATIONS</b>		
PAGE 1 OF 3		<b>AUTHORITY:</b>
<b>EFFECTIVE DATE:</b> 10/29/2014	<b>AMMENDMENT DATE:</b>	<b>CHIEF CHRISTOPHER J. PREMO</b>

**Alice Hyde Medical Center Silent Alarm Locations:**

**Alarm Locations:**

Emergency Room Nurse's Station

Admitting Booth 4

Switchboard

Maternity Nurse's Station

Ground Floor Clinic

Nursing Home ground floor Nurse's Station

Intensive Care Unit

Cardiopulmonary Office M/S 2

Med/Surg 1 Nurse's Station

**SUBJECT: EMERGENCY PANIC BUTTON**

**PURPOSE:** To ensure appropriate and proper use of the panic button. To increase staff and patient safety.

**POLICY:** During a life-threatening situation in the areas of the panic button, the hospital staff can access the Village Police & Adirondack Alarms automatically through the activation of the Emergency Panic Button. They are located in the Emergency Room at the front desk, (Switchboard), Admitting booth 4, Ground Floor clinic, ICU Medical Floor, Cardio-Pulmonary, Nursing Home Ground Floor and Maternity Floor Nursing Station.

1. The panic button will be utilized during the following:
  - a. A life-threatening situation such as an incident involving weapons, staff hostage, violent behavior and/or infant abduction.
  - b. A practice drill will be done every six months to ensure that staff is familiar with the operation of the button.


**PROCEDURE:** The panic button can be activated by:

1.
  - a. Placing finger behind white cover and pull out to activate button.
  - a. After activation of system, if possible, notify the police of the specifics so they can respond appropriately.
  - b. Upon receipt of the alarm by Adirondack Alarms, the Nursing Supervisor will be notified at 404-3331 (Supervisor beeper). If the alarm company is not contacted by the supervisor within 10 minutes they will then dial 404-0221 (Administration Beeper). If they do not receive notification of contact on this number within 10 minutes, they will contact Linda McClarigan at 481-6115 or Kevin Hart at 483-1896. If there is still no contact, they will recycle these above numbers as well as contact the hospital at the main number 483-3000.
- c. Once the emergency is over, the panic button needs to be reset.
- d. ER, Admitting, or Maintenance will need to reset panel in the phone utility room by the Gift Shop. Press 3000 OFF on monitor panel on the back wall. The key to the phone utility room will be kept on the key chain carried by the nurse marked with an orange sticker. A spare key will be kept in Admitting in the cash drawer. Maintenance also carries a key.
- e. Adirondack Alarms will automatically notify Administration when button has been activated.

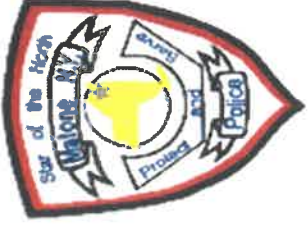
3. Accidental activation of the panic button:
  - a. Staff will call Monitoring Station 1-800-304-0834. Give Code # 1989 and indicate it is a false alarm.
  - b. ER, Admitting or Maintenance will need to reset panel in phone utility room as indicated in 2C.
  
4. All panic buttons will be tested every 6 months. This will be scheduled through Maintenance.

Contributors:   
Kevin Hart  
VP of Support Services

  
Deborah LaFlesh, RN  
Nurse Manager ED

Approved by:   
Linda McClarigan, RN, BSN, MS  
VP of Administration/Clinical Services  
Revised: August 1997  
August 2000  
March 2007

Distributed: Nursing Service



<b>GENERAL ORDERS</b>		<b>NO:</b> 14-09
<b>AMBER ALERT PROCEDURES</b>		
PAGE 1 OF 2		
<b>EFFECTIVE DATE:</b> 03/22/2010	<b>AMMENDMENT DATE:</b>	<b>AUTHORITY:</b> CHIEF CHRISTOPHER J. PREMO

### Amber Alert Procedures

**Purpose:**

To provide members with guidelines for activation of an AMBER Alert.

**Policy:**

The Department will promptly request an AMBER Alert activation when it confirms the abduction of a child under the age of eighteen has occurred, and the child is believed to be in danger of serious bodily harm or death.

**Definitions:**

1. **Department:** The Malone Village Police Department.
2. **Confirms:** Means having reasonable cause to believe that a child has been abducted. Confirmation can be established through eyewitness accounts or by eliminating other possibilities.

**AMBER Alert Procedures:**

1. Respond to the scene and conduct a preliminary investigation. Some considerations will include:
  - a. Whether there is a witness to or physical evidence of abduction.

- b. The age of the child.
  - c. Whether the child has been missing before; prior runaway episodes and locations, frequency, whether the circumstances differ this time.
  - d. The length of time the child has been missing; his/her actions before disappearance; whether the reporting parties underestimate this time.
  - e. Whether the child is despondent, whether the child is experience academic, personal, or family problems, whether the child is physically or mentally disabled, or has a known drug or alcohol problem.
  - f. Whether there is evidence of online enticement, whether blog, instant messaging, text messaging, and or cell phone activity has continued or stopped.
2. Interview the person making the report, parents, other care givers, witnesses, friends, and school staff.
  3. Conduct an initial search (area of disappearance, and the child's home)
  4. Gather and document detailed information (circumstances, child, suspect, vehicle)
  5. Verify that the child is missing.
  6. If abduction has occurred and the case may qualify for an AMBER Alert, immediately contact New York State Police Communications Section (COMSEC) at 518-457-6811 to request activation.
  7. If a familial abduction, ascertain if the family member has harmed the child in the past or is currently threatening to do so. Familial abductions qualify for AMBER Alert if a child is endangers by the actions of the abducting family member. Threats or use of violence while taking a child and history of abuse against a child, spouse or partner should be considered.
  8. Obtain photographs or images of the child and the abductor. Inquire whether the child is registered in Operation SAFE CHILD. If so, DCJS can provide a digital image of the child. If not, scan photographs and submit via e-mail.
  9. Preserve evidence (including computers, cell phones, and other devices)
  10. Provide additional information to communications/patrols.
  11. Ensure that DCJS/NCIC missing persons file entries (File 6 MENT with Involuntary, Endangered or Disability status) (and File 11A abduction message) as required by state and federal statute are made via eJusticeNY.

**AMBER Alert Activation**

New York State Communication Section

Direct: 518-457-6811

Fax:518-457-3207

Email photos or images:

[missingchildren@dcjs.state.ny.us](mailto:missingchildren@dcjs.state.ny.us)

[commop@troopers.state.ny.us](mailto:commop@troopers.state.ny.us)

**Non AMBER Alert Procedures:**

When a missing child or college student is endangered, but the case does not meet AMBER Alert activation criteria, the case may be eligible for a DCJS Missing Child/College Student Alert.

**DCJS Missing Child/College Student Alert Activation**

DCJS Missing & Exploited Children Clearinghouse

Direct: 800-Find-Kid (800-346-3543)

Fax: 518-457-6965

Email photos or images:

[missingchildren@dcjs.state.ny.us](mailto:missingchildren@dcjs.state.ny.us)