Remote HHS and Public Safety Meeting Agenda
June 14, 2022 at 5:30 PM
Remote Meeting

MEMBERS
Councilor Tae Chong, District 3, Chair
Councilor Mark Dion, District 5
Councilor Victoria Pelletier, District 2
Councilor Anna Trevorrow, District 1

To submit written public comment on an agenda item, email HHSPS@portlandmaine.gov. Submissions must be received by 12:00 pm the day before the Health & Human Services and Public Safety meeting to guarantee their inclusion in the agenda packet. All submissions must include the commenter's name and legal address. To help ensure your comment is submitted for the correct item, please include the name of the agenda item (see below).

REMOTE ACCESS INFORMATION

The Health & Human Services and Public Safety will conduct this meeting remotely via Zoom pursuant to the Remote Meeting Policy adopted by the Portland City Council. Allow your computer to install the free Zoom app to get the best meeting experience. If you are not able to attend live either in person or via Zoom, a recording will be available in the Agenda Center following the meeting.

1. Announcements

   a. On Tuesday, June 14, 2022, at 5:30 pm, the Health & Human Services and Public Safety Committee will conduct a virtual meeting using emergency legislation approved by LD 2167; 1 M.R.S. §403A, that authorizes cities and towns to conduct meetings online. This meeting will be conducted remotely using Zoom.

   Allow your computer to install the free Zoom app to get the best meeting experience. We hope to be able to offer other livestream methods in the future. If you are not able to attend live, we will be posting a recording of the meeting once it has concluded.
   For public comment, you will need to use the "raise your hand" feature. To raise your hand via the telephone, please hit *9. You will be unmuted by the host when it is time for public comment.

   Please click the link below to join the webinar:
   https://portlandmaine-gov.zoom.us/j/82874082982?pwd=TzJvcVhGdC8xSWZsSi9YTmo0U1Ntdz09
   Passcode: 592793
   Or One tap mobile :
   US: +19292056099,,82874082982#,,,,*592793# or +13017158592,,82874082982#,,,,*592793#
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   Dial(for higher quality, dial a number based on your current location):
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   Webinar ID: 828 7408 2982
   Passcode: 592793
   International numbers available: https://portlandmaine-gov.zoom.us/u/kbWtFTG4t1

2. Review and Approval of Minutes

    a. May 10, 2022 Draft Minutes

3. Updates

    a. HHS Update

4. Dispatch Update

5. School Focused Active Shooter Policy

    a. Policies

6. Next Meeting: July 12, 2022

Health & Human Services and Public Safety Committee Minutes

Tuesday, May 10, 5:30pm, Remote Meeting

Committee Attendance: Anna Trevorrow (District 1), Victoria Pelletier (District 2), & Mark Dion (District 5).

Councilors in Attendance: April Fournier (At-Large), & Pious Ali (At-Large)

Mayor Kate Snyder

City Staff:

Kristen Dow, Director of HHS; Tina Pettingill, Deputy Director of HHS; Adam Harr, Executive Assistant for Social Services. Keith Gautreau, Fire Chief; Bridget Rauscher, Chronic Disease Prevention Program Manager; & Heath Gorham, Interim Police Chief; Aaron Geyer, Social Services Director.

Invited Guest:

Mufalo Chitam, Executive Director of the Maine Immigrants' Rights Coalition

Meeting called to order at 5:33 PM.

Councilor Chong is unable to attend the meeting due to a family emergency.

Trevorrow moved to accept the minutes, Pelletier seconded and the minutes were approved unanimously.

Agenda: HHS Updates

- Emergency Shelter Update
    - Numbers from today:
        - 350 families for 1,208 individuals
        - 553 single adults
        - Total: 1,761 individual City provided emergency shelter, a record high.
    - May 5th change to how provide assistance to families.
        - In April had to shift to providing just shelter and food, curtailing other services due to capacity.
        - In the first 4 days of May, we received 30 families.

            - A busload came at 8:30 at night when we were out of hotel space and out of shelter and overflow space.
        - As families arrive, we now send them to General Assistance.
        - This applies to all families seeking emergency shelter; any family presenting at the family shelter will be treated the same regardless of citizenship or immigration status.
        - Oxford Street Shelter Still has capacity at the shelter which is why this change is for families.
        - October 4, 2021 memo shared to the full council: were at 150 families for 478 individuals.
            - We never increased staffing in this time and have reached our limit.
            - Received 200 families for 730 individuals in 7 months.
        - Greatest concern is that we will not be able to provide services to the people in our care.
    - Mufalo Chitam, Executive Director of the Maine Immigration Rights Coalition, which provides direct services to immigrants in the state: advocacy, collaboration among organizations that provide transportation, food, and other services.
        - Advocating for federal assistance for year.
        - Basic services are no longer guaranteed shelter or food.
        - Systems put in place to support asylum seekers need to ensure they have capacity to support asylum seekers.
        - Seeking systematic changes to allow us to embrace asylum seekers again.
        - We will do our best to welcome people who come to Maine.
        - Under the rule change, when the families are processed, they are dismissed.
            - Families don't know where to go.
        - Need to figure out a new process to assist people sleeping outside.
        - Support needed finding hotel rooms and making phone calls.
        - It is the State's job to find shelter.
        - Families have agency and make their own choices.
            - Some are refusing as they think there are options that were available before
        - How can people help?
    - Councilor Fournier asked if opening the expo is being looked at and what the conversations are at with mayors of other towns.
        - HHS staff do not have the capacity to open another shelter as we are responding to the two hotels closing that will displace single adults.
        - We created a resource list for families.
        - It is difficult because we do not know when families will arrive.
        - When families arrive, they are in our overflow space that first night until they go to GA.

- Councilor Fournier asked if we have had a conversation about mobilizing the National Guard to respond to the humanitarian crisis.
    - We requested an emergency meeting and emergency assistance with the state, specifically the National Guard, and were told no.
- Councilor Trevorrow asked Director Dow if they have other thoughts on the arrival process.
    - We are working out the process as we go.
    - We have provider meeting to talk through this Thursday morning to set up a system in place for these families.
    - Director Dow will continue to communicate with federal partners and organizations at the border.
- Councilor Dion asked how successful the notice process was with nonprofits at the border.
    - She had a conversation with a partner at the border; it was received and they understand but families have choices and want to come to Maine.
    - The people who came this weekend were likely en-route when the process change was announced.
- Mayor Snyder is communicating with other mayors and town managers.
    - LD910 did not happen at the state level.
    - Temporary fixes in FY23.
    - We need to create a task force to address the larger structural issues at the municipal level to bring partners at the state, federal and regional level together.
    - Capacity comes up; not just if there are hotel rooms but what can staff manage.
        - We don't have the funding for hotels or the staffing to manage hotels.
    - Updated GPCOG and asked for help.
    - What happens when the City finds the shelter for someone who is accessing through General Assistance: 6 month period they are under the Portland umbrella versus people who find their own shelter in which Portland would be responsible for 30 days of GA costs.
- Councilor Pelletier commented that the people coming to Maine are our new neighbors.
    - Leading a community effort to clean up parks so they are safe.
    - Please donate your time to organizations welcoming asylum seekers.
    - It is up to Councilors to organize and advocate to continue to welcome people coming to Portland as best as we can.
- Director Chitam said that the families in the Expo were coming in without GA eligibility. There was large community support then but this time there is silence.
- Councilor Dion said that the day would come that we would have a tent city 5 months ago.
    - For many people outside of Portland, this issue is abstract.

        - We may need to set up a tent reception area.
        - Could FEMA deploy emergency trailers?

Syringe Waste

- Bridget Rauscher prepared recommendations in the attached memo and shared CDC best practices.
- 218,207 needles distributed.
- Councilor Fournier asked about the trends of properly or improperly disposed of syringes.
    - 2021 saw an increase in improperly disposed of syringes after the governor lifted the 1 for 1 restriction.
- Councilor Dion asked what the volume of needles tell us on the rate of substance use in the community?
    - We are seeing people return to use in some fashion and are less well, physically.
    - We have seen many overdoses in the past 10 days.
    - The drugs have changed.
    - It is difficult to make comparisons to 6 and 12 months ago due to policy changes.
        - We don't have data from other syringe services providers.
        - Are there steps to share data among providers?
            - That would be great but and we get aggregate data form the state but there isn't another stable official exchange and the unsanctioned exchanges are not forthcoming with their data; we have not asked unsanctioned exchanges.

Good Samaritan Law

- Chief Gorham title 17 a 1011/b exemption of criminal liability from reporting drug overdose and administering naloxone.
    - This only protected the person who called 911 and the person who administered Narcan.
    - New law expands exemptions to anyone providing care, broadly defined.
    - Expanded beyond the drug offenses to anything not a sex crime, violent crime, or a crime against children.
        - Exemption lasts for the duration first responders are there to respond to emergency.
- Councilor Dion asked if the police respond to an overdose, what would happen to the people on scene.
    - Nothing, the safety and wellbeing of the person experiencing an overdose is the top priority.
        - Officers have administered Narcan 70 times.
    - Of the 70 times, have officers made arrests.
        - No.

Shelter Licensing

- Councilor Chong was going to present to the committee.
- Councilor Dion said Councilor Chong provided some text but suggests pushing this item to the next meeting for him to present this issue fully.
- Councilor Trevorrow understands that this is on the committee agenda as an opportunity to edit one last time before it goes to the full council.
    - It was postponed from the full meeting to the first meeting in June; if we postpone this, it would be after that meeting.
    - She has a proposal to present.
- Councilor Fournier asked about procedure: was it was kicked back from the committee and would require a vote from this committee to transmit back to the committee?
    - Director Dow did not recall it being referred back to committee and that this was a requested conversation by Councilor Chong but is not sure procedurally if it must be voted on before it returns to the full council.
    - Councilor Trevorrow said it was postponed by the Council, not kicked back to the committee.
    - Mayor Snyder believes it was postponed.
    - Councilor Pelletier wants to hear Councilor Trevorrows amendment and thinks we should honor the public comment period as people are attending to give public comment.
- Councilor Dion is confused by the "reconsideration" language that's posted and would take comment and hear the amendment.
- Councilor Pelletier asked if we are able to take public comment now and at the June 6th meeting.
    - It is likely allowed since this is a committee meeting versus a council meeting.
    - Mayor Snyder said that if we have already taken public comment we don't have to take it, but we could waive the rules and take public comment again.
        - Councilor Fournier said if we don't take public comment tonight, there would be opportunity at the council meeting on the amendment.
    - Councilor Dion would like to take comment tonight.
- Councilor Trevorrow's suggestion may take the form of an accompanying resolution. Public comment on the issue is fine tonight and can be taken at the Council meeting.

Public Hearing opened at approximately 6:45

- Joe Mcnally, director of homeless service s of milestone recovery and resident of Vesper Street speaking in strong opposition to shelter licensing. Milestone serves the most vulnerable population with many barriers. Shelter licensing would create more barriers and create distrust. Former director Oliver Bradeen asked what issue is shelter licensing trying to solve and that was never answered. A lot of the info asked for in shelter licensing is already reported elsewhere like the Emergency Shelter Assessment Committee. He thanked Kristen Down and Aaron Geyer around their work on asylum seekers single adults. Providers were not engaged in this process. A lot of what this is asking goes against federal laws that protect our clients; we would be in violation following the licensing scheme. We would be happy to sit down with the city council and

staff to work on a collaborative solution. It would make more sense for oversight from a body of peer organizations. He strongly encourages the council to start from scratch.

- Terrence Miller, director of advocacy for Preble Street. Some of the concerns shared have been addressed but Preble Street remains opposed. It is ironic after hearing about the shelter needs for asylees while we are discussing a process that makes it harder for nonprofits to provide shelter. It is critical that the city council does not pass and rules that make it harder provide shelter. We should change zoning laws, maximum density of beds, etc. We are opposed because shelters are already monitored by MaineHousing. Now when emergency shelters are needed more than ever, we must encourage new shelter development. We welcome any working group on shelter best practices and zoning regulations. Cheryl Harkin is online and cannot give public comment but wanted to voice Homeless Voices for Justice's opposition.
- Sarah Michenwicz of Cedar Street. She sees people get hurt outside of her window every day. Shelters may be regulated but in ways the neighborhood safe. The committee has worked on this for 8 months. Councilor Trevorrow was concerned for buffers. What is the right number? If ever there was a city policy to enact that would stabilize shelter this is it. The city inspector already has the ability to inspect shelters; why do we need another staff for this? There are very small fees and a broken window will not shut down a violation. If a shelter provider did not fix problems, the council should have a mechanism to address it. Portland will continue to assist those in need and it is the City's responsibility to make sure future providers are safe. She urges the un-amended passage.
- Jim Hall of Cedar Street would like to talk about the amendment. The city's budget has a $15 million shortfall. Other communities are avoiding building shelter as a direct result seeing how emergency services unfold in Portland. The problem got so bad until staff had to make decisions absent of governance. He asks the council pass shelter licensing.
- Scott Morrison of 9 Parish Street in Portland supports shelter licensing as approved last year by the committee and city council. The impact of shelter density on unhoused people and the need for buffer zones. The concentration has proven detrimental as proven by the negative reaction from every neighborhood when the homeless service center was proposed. Understandable or not, the message to the unhoused was that we don't want you. The negative impact on the unhoused are visible on any given night in west Bayside why risk violence and harm daily, predatory illegal drug dealers, and human traffickers. It is an environment of homelessness. If shelter licensing was enacted 20 years ago, the negative effects of concentrating services would be largely mitigated.
- Jenny Stasio, Director of Through These Doors, a domestic violence organization for Cumberland County. TTD opposed the shelter licensing. They appreciate changes but think the regulatory burden would divert from services.
- George Rhault of Hanover Street is surprised to see it back on the committee without more community engagement and discussion. The political circus this went through last year was everything the city could do to make the Homeless Services Center appealing. We have a case study in front of us with the 40 bed shelter by Preble Street. If they could have opened it like the wellness shelter at USM, we would already have it but now it will be open by June at the earliest. This licensing is bogus. If we wanted to help, we would

get convenience store that profits over this population to give back to the community. Instead we are putting the onus on providers. Stop privileging private groups like the bayside neighborhood association and create a real, honest process.

Public comment closed at approximately 7:08 PM

- Councilor Trevorrow recognizes there are a lot of people who have worked on this issue for many months and does not mean to disrespect that work. Her understanding that the goals behind the policy are to codify best practices in shelters and equitably distribute services in the city. To meet those goals, there is a zoning piece that is missing.
    - The restriction on beds leaves very little area to open new shelters which makes it challenging to redistribute services.
    - Looking at land use, there are other areas that could be examined.
    - The conditions may merit review, some are zoning related and some are best practice related.
        - Should the best practice aspect live within the purview of the planning board?
        - The definition of emergency shelter is broad in terms of size and demographics.
            - Could these be further defined and inform a discussion of where shelters could go in the city
    - Proposes a resolution on a best minds working group:
        - Best practices
        - Zoning.
    - When this comes back to the council in June. Zoning would still be on the agenda and she would purpose postponing that aspect with a defined timeline while the working group address this.
        - Recommend establishing the working group and postpone licensing while the working group meets.
    - Councilor Pelletier asked about the composition of the working group: unhouse and service providers?
        - Best minds: expertise in the area in best practices in services and zoning.
            - Representation form the city in both of those aspects
            - From shelters
            - Not fully worked out and welcomes feedback.
    - Councilor Dion said best practices are a floor of safety and services for guests.
        - Not looking for an accreditation effort with a high standard.
        - We have a responsibility to ensure safety and wellbeing vs best practice performance.
        - It is important that a value we have to answer to is the needs of the guests and the interests of the neighborhood where the facility o\is located. The best interest of the neighbors is equally important.
            - The interest of the neighbors should be satisfied so they know their needs are also being addressed.

        - Councilor Trevorrow will draft the resolution with the goal of presenting when Shelter Licensing is before the Council.
    - There is no vote to be taken tonight.

The meeting adjourned at approximately 7:20 PM.

City of Portland | Health & Human Services Department
Kristen Dow, *Director*

To: Members of the Health & Human Services & Public Safety Committee
From: Tina Pettingill, Deputy Director of Health & Human Services
Date: June 10 , 2022
Re: Month of May Health and Human Services Department Updates

The following data and information is to serve as the May monthly update from the Health & Human Services Department to the HHS & PS Committee:

Overview of Oxford Street Shelter and contract hotel:

- OSS average nightly census: 105
- Contract hotel average nightly census: 139
- Average singles placed in hotels: 134

Overview of the Family Shelter:

- Average number of Families/individuals on site in shelter: 23 families/ 65 individuals
- Average number of families/individuals in hotel overflow: 319 families/ 1,119 individuals

Average Nightly Individuals in Shelter in May:

- 1,559 per night between various sheltering methods

Update from the City's Resettlement Coordinator:

- From May 1-May 5, we received 31 families/112 of asylum seeking individuals status who accessed the city for shelter.
- May 5th, it was determined that the City would no longer identify and place newly arriving families into shelter.
- Set up new overflow hotel location in Auburn. 17 families totaling 57 individuals were placed at this site.
    - Met with area providers including the towns of Auburn and Lewiston, B street Health Clinic, Immigrant Resource Center of Maine, The Root Cellar, St. Mary's Nutrition Center, WMCA WIC Program, and MANA to set up services for families.
    - Provider meeting held where families learned of, and registered for, all of onsite services and attended a health clinic onsite. Partnered with IRCM staff to outreach families to further assist and explain the General Assistance process.

    - Connected COP HEAL team to St. Mary's Nutrition Center to coordinate food and cooking support between the groups while providing GA education to providers supporting food shopping and assistance.
- Partnered with COP Minority Health Program to continue orientation and outreach to families at Best Western and Home 2 Suites who were placed there in April. CHOWS have been providing critical resource information and interim cultural brokering to families at these sites as services continue to be onboarded. The Yarmouth side of Best Western took shape after a joint provider meeting for medical services and Mercy Healthcare has begun outreaching the Yarmouth side of BW for screenings and connecting to care with the coordination from Yarmouth Community Services.
- In coordination with RTP, Metro and Cumberland County, the RC assisted in facilitating a shuttle service connecting families at the Best Western and Casco Bay Inn with Public Transportation. The first day kicked off on May 24th with support from the Bus Ambassador program to provide trip planning. Since this date over 200 round trip rides have occurred for families at these site locations.
- Assisted with the OEO office and PMC to finish video recordings of the Cultural Orientation videos and began planning with Eastpoint to host an in person viewing of these in June for hotel guests.

The totals for the City's General Assistance Program are as follows:

- Total Applications: 1599
- Denials: 105
- Denial rate: 6.6%

Totals for the Needle Exchange Program (NEP) are as follows:

- Total number of exchanges: 694 (396 outreach, 298 onsite)
- Total number of needles collected: 60,575
- Total number of needles distributed: 59,771
- Total number of new enrollees: 70
- Total number of Narcan doses distributed: 350 kits (700 doses)
- Community Needles collected from community sharps containers: 601 (510 from sharps containers, or 84.9% of total)

Public Health Clinic Numbers:

- **STD Clinic:** Patients seen: 121, new patients: 42
- **PCFC:** Patients seen: 62 new patients: 15
- **Maternal Child Health** patients seen: 96

PORTLAND FIRE DEPARTMENT

Standard Operating Guideline for Active Hostile Event

I. Purpose

This policy provides members of the Portland Fire Department with guidelines for responding to active shooter/active killer incidents.

II. Policy

It is the policy of the Portland Fire Department to support the Portland Police Department, or any other Law Enforcement Agency, at active shooter/active killer events by providing immediate assistance with the evacuation, triage, treatment, and transport of all victims. This process will start as soon as practically possible at the discretion of the on-scene incident commanders (unified command between Fire/Police)

III. Definitions

a. **Hot Zone:** Area within the incident where there is a perceived direct hostile threat (contact teams only)
b. **Warm Zone:** Area within the incident where there is a potential, but not current, hostile threat (RTFs)
c. **Cold Zone:** Area within the incident where there is no anticipated threat to providers or other individuals
d. **Contact Team/Contact Officers:** The first law enforcement officer(s) to arrive at the scene of an active shooting incident; or an appropriate number of officer(s) to respond safely and quickly to the incident. The primary objective of the contact officer(s) is to locate and disable the shooter.
e. **Safe Corridor:** an area deemed safe and protected by LE to allow for unescorted movement by RTF personnel. Often this includes the crisis site and the pathway out to the Ambulance staging/and/or external CCP.
f. **Rescue/Recovery Team:** Groups of police officers responsible for locating and evacuating wounded and innocent persons from the hostile environment after the active shooter is disabled.
g. **Rescue Task Force (RTF):** Group of two to four (2-4) fire department personnel responsible for entering designated warm zones, with two (2) Law Enforcement officers, responsible for treating life threatening hemorrhage and assisting with the evacuation of the wounded.
h. **Casualty Collection Point(s) (CCP):** Specific locations located within the incident area where victims will be moved to, at which point continued treatment and triage will occur. These points will be used when the event occurs in a large area that prevents immediate evacuation to an outside safe area, or when an active threat is still present in another area. In the event that the incident commanders

decide to not send in Rescue Task Force Groups, or it is deemed that they are not needed, the CCP will be setup as close as practically possible.

IV. Procedures

a. Initial Response and Communications

- **i.** The initial assignment will consist of a full fire suppression desk box assignment (3 engines, 2 Ladders, Rescue 1, C5, C9) along with 4 ambulances
    1. Response will be modified at the discretion of C5 or their designee
    2. The following roles will be filled:
        - **a.** Command
        - **b.** RTF Group Leader (Designated by C5 or C9)
            - **i.** Rescue Task Force(s)
        - **c.** Staging Officer
        - **d.** Treatment Officer (Only If Needed)
        - **e.** Transport Officer (Only If Needed)
- **ii.** Dispatch will immediately clear up at least three (3) operations channels. All other units assigned to other calls will be advised to communicate via radio only in an emergency. If needed, command will shift different stages of the operation to different channels as the incident progresses.
- **iii.** All incoming units will be assigned staging areas while responding to ensure multiple approaches and sides of the threat area are covered. This will be a coordinated effort between Dispatch, C5, C9, and the units who will be arriving first.
- **iv.** Out of town companies will be directed to a secondary staging area not immediately within incident vicinity to be called up as needed. Dispatch will work on securing communication with these units.
- **v.** REMIS will be notified as soon as possible regarding the possibility of multiple critically injured patients
- **vi.** The on-scene fire department commander will be in direct communication with the on-scene police department commander to determine if/when Rescue Task Force Groups may be deployed to begin the treatment and removal of wounded persons. This decision will be based on information provided by the contact teams including the locations and estimated numbers of victims

b. Rescue Task Force Operations:

- **i.** Law Enforcement Roles with the RTF (security element)
    1. The police officer's role is for security and coordinating movement. They will be unable to assist in lifting, carrying, or treatment unless in a secured CCP position.
    2. The police officers will provide 180 degree front and 180 degree rear security
    3. The police officers will not leave their assigned RTF members unless there is a direct line of sight threat that must be engaged.

ii. Fire Department Personnel Roles with the RTF (treatment element)

1. Fire department personnel will follow all instructions given by their security element, including the possible need for emergent evacuation
2. **Standard Medical Treatment Plan:**
    - **a.** Maintain situational awareness at all times. Be aware of any threats, sudden environmental changes, possible IEDs or explosives, etc.
    - **b.** **(X):** Assess and treat any life threatening extremity hemorrhage with immediate direct pressure and tourniquet (TQ) application
    - **c.** **(X):** Assess and treat any junctional hemorrhage with hemostatic agent wound packing and direct pressure
    - **d.** **(A):** Basic airway management including the placement of Nasopharyngeal Airways (NPA) and patient positioning
    - **e.** **(B):** Assess for, and seal, any open chest wounds.
    - **f.** **(B):** Assess for, and consider aggressively treating any possible tension pneumothorax
    - **g.** **Rapidly identify and prioritize transport of patients with penetrating trauma to the chest/abdomen/pelvis/neck ("pre-surgical")**
    - **h.** When able prevent and treat hypothermia
    - **i.** Evacuate the wounded from the warm zone to the designated area. At this point secondary assessments will be conducted
        - **i.** Check TQ placement and any other hemorrhage control measure to confirm efficacy
        - **ii.** Full blood sweep
        - **iii.** Full head-to-toe exam looking for secondary wounds
        - **iv.** Treatment for any injury or condition not previously identified or treated
        - **v.** Aggressively prevent and manage hypothermia
        - **vi.** Rapid identification and transport for patients requiring immediate surgical intervention (that were not previously identified)

c. **<u>Incident Command:</u>** Will be unified command between all responding agencies to accomplish the following goals:

- **i.** The first arriving company officer or chief not assigned as RTF Group Leader or MCI coordinator will pair up with the incident commander from the PD and establish unified command. Any change in command will be clearly communicated by radio.
- **ii.** The Incident Commanders (Unified Command) shall: (Joint Effort

between PD and FD)

1. Designate a safe staging area for arriving emergency personnel and vehicles to include self-dispatched units;
2. Ensure egress routes are clear for EMS;
3. Form additional contact teams as necessary;
4. Request additional support including Fire, EMS and mutual aid
5. Request SRT and/or negotiator call up
6. Request call-in of additional law enforcement personnel
7. Designate a safe area for evacuees
8. Assign an officer to document all activity at the command post;
9. Designate a media staging area.
10. Establish an inner and outer perimeter.
11. Designate an assembly area for responding family members.

d. <u>Review:</u>

i. The Fire Department will hold their own internal review of the Department's response to the incident (as soon as is practical). There will then be a scheduled time to review these findings with the Police Department to complete a full AAR (After Action Report)

e. <u>Training:</u>

i. The training division will ensure that all members of the Fire Department receive periodic training on Rescue Task Force duties and movement. Along with this, periodic reviews of the MCI plan will also be conducted.

PORTLAND POLICE DEPARTMENT
STANDARD OPERATING PROCEDURE

	Effective Date **07/14/2013**	Number **44A**
Subject **Active Shooter Incidents**		
Review **05/27/2018**		

I. Purpose

This policy provides members of the Portland Police Department with guidelines for responding to active shooter incidents.

II. Policy

It is the policy of the Portland Police Department to take expeditious action to stop active shooters using all lawful and necessary means, evacuate all living persons from the scene of an active shooting incident, and conduct an investigation into the circumstances surrounding the incident.

III. Definitions

A. **Active Shooting Incident**: Any incident in which a person or persons armed with a deadly weapon is actively and presently employing the weapon(s) against others. An active shooting incident differs from a hostage or barricaded subject incident in which harm is being threatened, but no violence is underway.

B. **Contact Officer(s)**: The first law enforcement officer(s) to arrive at the scene of an active shooting incident; or an appropriate number of officer(s) to respond safely and quickly to the incident. The primary objective of the contact officer(s) is to locate and disable the shooter.

C. **Hostile Environment**: An environment in which an active shooting incident is occurring. The scene is considered hostile until declared safe by the Incident Commander.

D. **Rescue/Recovery Team:** Groups of officers responsible for locating and evacuating wounded and innocent persons from the hostile environment after the active shooter is disabled.

IV. Procedures

A. Initial Response

1. Emergency Communications shall immediately broadcast all known details of a possible active shooter incident, declare a Signal 1000, and assign EMS units to a nearby staging area. Command Staff notifications shall be made in accordance with Notification of Command Staff SOP.

2. All on-duty officers that are not assigned to a priority call shall immediately respond to the scene of an active shooter incident.

3. The first officer(s) to arrive on scene will immediately attempt to determine if an active shooter incident is, in fact, occurring.

4. If an incident is identified as an active shooting, the first officer(s) on scene will form a contact team(s) and make entry for the purpose of locating and neutralizing the shooter. Only uniformed officers or officers in plainclothes but wearing an outer garment bearing large easily visible and identifiable law enforcement markings will be allowed access inside the hostile environment. Each contact team will be comprised preferably of 2 officers, however one officer may make entry to stop the threat and prevent loss of life.

5. If the shooter is contained, the shooting has stopped and no loss of life is occurring, the Incident

Commander should evaluate the situation to determine if it is appropriate to shift primarily to containment and verbal de-escalation tactics while awaiting additional resources. The Incident Commander should also consider deploying rescue/recovery officers at this point to remove wounded persons.

5. If the suspect(s) have not been neutralized the next responding officers will form additional contact teams comprised preferably of 2 - 3 officers each, and make entry through different breach points than were used by the initial contact team, for the purpose of locating and neutralizing the shooter. Contact teams will continue to form and deploy until the shooter(s) is located and neutralized or the incident commander determines enough resources have been dedicated to that purpose. The incident commander will then deploy additional teams of officers for rescue and recovery.

6. Rescue/recovery teams will give priority to removal of the wounded. The area will continue to be viewed as hostile even though no more hostile action is known to be taking place. It is possible that other active shooters have abandoned their efforts in hopes of escape or mingling with innocent persons.

7. Wounded persons shall be searched for weapons prior to being removed from the hostile environment or entering the triage area to ensure that hostile persons, posing as victims, are prevented from inflicting additional harm. Removal of wounded persons shall be the responsibility of the rescue/recovery teams and EMS.

8. The Incident Commander should admit medical personnel into the hostile environment if a rescue/recovery team believes the wounded person cannot be safely evacuated. A police officer will accompany the medical personnel at all times.

9. Due to the dynamic nature of active shooter incidents, officers must be prepared to transition their response between rapid deployment and slow and deliberate movement depending upon the circumstances.

10. Responding law enforcement personnel who are not properly attired or equipped to enter the hostile environment as contact team members shall remain outside to establish an initial perimeter, maintain observation and provide support.

B. Evacuation

1. Once all known wounded have been removed, rescue/recovery officers will commence evacuation of the non-wounded. Officers shall continue to search the hostile environment until all living persons have been evacuated.

2. If practicable, rescue/recovery team members shall search all individuals in the hostile area for weapons prior to being evacuated to a safe area. One rescue/recovery team officer will serve as a cover officer while others conduct pat downs.

3. Only the Incident Commander is authorized to declare a hostile environment safe. Once the scene is declared safe it becomes a crime scene.

C. Incident Command

1. The first supervisor on scene who is not part of a contact team will assume responsibilities as Incident Commander until relieved by a ranking officer. It must be clearly communicated by radio to all involved when a change in command occurs.

2. The Incident Commander shall:
    a. Designate a safe staging area for arriving emergency personnel and vehicles to include self-dispatched units;
    b. Ensure egress routes are clear for EMS;
    c. Form additional contact teams as necessary;
    d. Request additional support including Fire, EMS and mutual aid;
    e. Request SRT and/or negotiator call up;
    f. Request call-in of additional law enforcement personnel;
    g. Designate a safe area for evacuees;
    h. Assign an officer to document all activity at the command post;
    i. Designate a media staging area.
    j. Establish an inner and outer perimeter.
    k. Designate an assembly area for responding family members.

C. Investigation

Once the hostile environment is declared safe by the incident commander, the Criminal Investigations Division will assume responsibility for investigating the incident in accordance with the Criminal Investigations SOP.

D. Review

As soon as is practicable, Command Staff will facilitate a review and critique of the Department's response to the active shooter incident in accordance with the Administrative Review SOP. This review will focus on lessons learned, identifying best practices, and improving response in the event of future active shooter incidents.

E. Training

The Training Sergeant, in cooperation with the SRT Commander, will ensure that all sworn personnel receive periodic tactical training in order to effectively and safely respond to active shooter incidents.