

**LANCASTER POLICE DEPARTMENT
GENERAL ORDERS MANUAL**

<i>Effective Date</i> September 2, 2015		<i>Amended Date</i>	<i>Directive</i> 7.24.1
<i>Subject</i> Active Shooter			
<i>Reference</i>		<i>Approved</i>  Chief of Police	
<i>Distribution</i> All Personnel City Manager City Attorney	<i>TPCA Best Practices Recognition Program Reference</i> 7.34	<i>Review Date</i> December 12, 2017	<i>Pages</i> 5

SECTION 1 PURPOSE

To establish policy and procedures governing the response and activities associated with an active shooter event which will mitigate any further risk of injury or death to civilian or law enforcement personnel.

SECTION 2 POLICY

It is the policy of this agency to respond, contain, stop the threats and administer aid to the victims. When officers are faced with the ongoing or reasonably likely continuation of the use of deadly force by a suspect(s), and delay in action by police could result in additional deaths or injuries, officers are authorized rapid intervention to eliminate the threat.

SECTION 3 DEFINITIONS

- A. **Active Shooter:** Incidents where one or more armed individuals 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.
- B. **Contact Team:** The first officer(s) at the scene of an active shooting who enter a location with the intent of neutralizing the threat.
- C. **Incident Commander:** The first arriving supervisor (not a part of a contact team) who takes charge at the scene, regardless of rank.
- D. **Rapid Intervention:** The immediate and forceful response by officers to an active shooting based on a reasonable belief that failure to take action would result in further death or serious bodily injury.
- E. **Rescue and Recovery Team:** A group of officers (and firefighters and medical personnel) who make entry after the contact team to provide Tactical Combat Casualty Care and evacuate persons from a hazardous area to a secure treatment area for further treatment and transport.
- F. **Tactical Combat Casualty Care (TCCC):** The immediate and limited care needed before movement to more advanced care to prevent the death of the individual during movement. Usually limited to application of a tourniquet or pressure bandage(s).

SECTION 4 PROCEDURES

- A. INITIAL DISPATCH

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1. The first report of an Active Shooter may not be that shots have been fired. It may be only a suspicious person or man with a gun call. Officers and Communicators should be alert to the possibility of these types of calls may progress into an Active Shooter call.
2. Dispatchers will notify the chain of command to include the Chief of Police of any active shooter event. Fire and EMS should be notified and requested to respond in accordance with their protocols.
3. Upon arriving to the scene of an active shooter event and assessing the scene, the department should implement their mutual aid agreements with other police agencies if necessary, and fire and rescue agencies. Additionally, it may be necessary after the incident to collaborate with recovery agencies to assist with the scene and any victims.

B. FIELD INITIAL RESPONSE

1. If an Active Shooter call is dispatched, all on-duty sworn personnel will respond Code 3. All non-uniform personnel will respond to the scene only if they have on a tactical vest or jacket with "Police" on the outside. Non-uniform personnel without proper equipment will begin setting up a perimeter and preventing unauthorized entry to the area. Only sworn officers from this or other jurisdictions are initially allowed entry. Responding parents or relatives should be directed to the reunification point once established.
2. The first responding Supervisor, if not needed as part of a Contact Team, will assume the role of Incident Commander and establish a Command Post in a safe area away from the structure. If the first arriving supervisor is needed and becomes a part of a Contact Team, the second arriving supervisor will become Incident Commander. This supervisor will begin coordinating other parts of the incident including the deployment of Rescue Teams, until relieved by a higher ranking or assigned Incident Commander.

C. CONTACT TEAM

1. The first officer or group of officers should form a single team and enter the involved structure. A single officer entering a structure is not ideal but must be allowed if the single officer feels that a delay in entry will place more victims in danger and waiting for more officers will allow the suspect(s) more time to injure or kill more victims. The single officer must understand the inherent risk assumed in taking such action.
2. The decision to enter the structure without a full team should be based on:
 - a. is there an immediate threat (gunfire or other indications);
 - b. how far away is a cover officer;
 - c. is the officer equipped to respond to the threat
3. The Contact Team entering the structure should recognize that their primary objective is to stop further violence. Officers should identify and communicate locations of victims needing medical

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attention. If practical, and absent continued shooting, officers should treat any massive hemorrhaging that may result in the immediate loss of life.

4. Officers will comply with the department's deadly force directive when responding to these incidents.

5. Concepts and Principles

a. Safe, effective responses to active shooters are designed around concepts and principles. The first responding officer(s) should:

- i. stay together as much as possible and enter the involved structure quickly;
- ii. maximize communication by staying in close contact with other first responders;
- iii. maximize threat coverage by addressing all angles;
- iv. visually search involved areas using 540 degrees of coverage around and above the team;
- v. evaluate rooms from the threshold (commonly referred to as slicing the pie);
- vi. differentiate between "slow search" (no active shooting present) and "direct-to-threat" speeds (active shooting present) and use the appropriate speed for the circumstances;
- vii. use cover-contact principles when taking suspects into custody

6. Explosive Devices

a. What to do when a Contact Team locates a possible explosive device:

- i. visually inspect the device;
- ii. consider alternate route based on condition of device (i.e., timer activated or burning fuse;)
- iii. move quickly away from device;
- iv. do not move or touch the device;
- v. verbalize location of the device to the rest of the Contact Team;
- vi. report location of the device to the Incident Command Post;
- vii. limit use of radios, cell phones, or electronic devices;
- viii. move past device quickly and continue search;

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- ix. mark location of device and post an officer to warn others if possible;
- x. be aware of possible booby traps

D. RESCUE AND RECOVERY TEAM

1. Additional responding officers should be directed to victim locations if there is no active threat. Guidelines for additional responding officers include:

- a. Establish and maintain security in the area that Rescue and Recovery Teams occupy; consider the involved structure as unsearched.
- b. Do not enter a hallway unannounced that is occupied by other officers.
- c. Unless clear on what other officers want accomplished, move to them after notifications and conduct a face to face meeting.
- d. Direct victims to safety by utilizing either shelter-in-place or evacuation. If evacuating, establish a cordon of first responders to the desired exit point to ensure safety of victims.
- e. Establish a Casualty Collection Point for injured persons. The Casualty Collection Point should be a room or open area (if outside of the structure) capable of holding all victims with injuries that require medical treatment. A series of rooms next to each other can be considered if casualties exceed available space.
- f. Provide only Tactical Combat Casualty Care before removal to the Casualty Collection Point for further treatment by Fire or medical personnel.
- g. Communicate with all involved responders to ensure the area remains secure while facilitating victim treatment.

2. Post-Event

- a. Responses to an Active Shooter Event must include the aftermath of the incident. Officers should apply the SIM model (Security / Immediate Action Plan / Medical).
 - i. Security should take priority. Responding officers must ensure the immediate environment they are working in remains secure, in light of the fact that the Active Shooter Event remains a continued threat.
 - ii. After officers address known threats, they should formulate an immediate action plan as quickly as possible. This plan should be quick and simple and address: if / then.
 - iii. Responding officers should address medical issues as soon as they establish security and have an immediate action plan in place.

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E. INCIDENT COMMAND

1. The initial Incident Commander should concentrate their activities initially to:
 - a. maintaining open communications with any Contact Teams deployed;
 - b. assembling and sending in Rescue Teams as soon as possible;
 - c. establishing an inner perimeter;
 - d. establishing a evacuee area
2. The department will provide training to all department supervisors on the Incident Command process and priorities for command.

F. CONCLUSION OF EVENT

1. The conclusion of an incident of this nature will be difficult and will vary significantly based on the number of injured or killed, the type of location, and the actions taken by police. The agency will remain flexible and respond according to the directions and instructions from the Incident Commander.
2. Should there be an exchange in gunfire, then the agency will implement its officer involved shooting policy and respond accordingly.
3. The clear priorities will be:
 - a. locating and providing aid to injured individuals;
 - b. ensuring the location is secure from further violence;
 - c. protecting the scene for investigation;
 - d. conducting an appropriate investigation
4. All requests for information from the media should be funneled through the Public Information Officer (PIO) or the Incident Commander (IC) for coordination.

G. SCOPE OF RESPONSIBILITY

1. All members of the department shall know and comply with all aspects of this directive.
2. All Division Commanders and supervisory personnel are responsible for ensuring compliance with the provisions and intent of this directive.