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by JTIC
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TechBeat is the monthly newsmagazine of the National Law Enforcement and Corrections Technology Center System. Our goal is to keep you up to date on technologies for the public safety community and research efforts in government and private industry.

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The NLECTC System
The Justice Technology Information Center (JTIC), a component of the National Institute of Justice’s National Law Enforcement and Corrections Technology Center (NLECTC) System, serves as an information resource for technology and equipment related to law enforcement, corrections and courts and as a primary point of contact for administration of a voluntary equipment standards and testing program for public safety equipment.

JTIC is part of the NLECTC System, which includes the Justice Innovation Center for Small, Rural, Tribal, and Border Criminal Justice Agencies, which focuses on the unique law enforcement challenges faced by those types of agencies; the National Criminal Justice Technology Research, Test and Evaluation Center, which provides technology-related research and testing and operational evaluations of technologies; and the Forensic Technology Center of Excellence, which supports technology research, development, testing and evaluation efforts in forensic science. In addition, a Priority Criminal Justice Needs Initiative exists to assess and prioritize technology needs across the criminal justice community.
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http://www.youtube.com/JUSTNETorg
New Active Shooter Standard Advocates Whole Community Approach

An emergency medicine provider who responded to the 2012 shooting at Sandy Hook Elementary School. A police officer wounded 15 times in a 2012 shootout at the Sikh temple in Oak Creek, Wis. A battalion chief who responded to the Route 91 Harvest Festival shooting in Las Vegas in 2017. Their stories form three of the threads that helped weave the content for **NFPA 3000™ (PS), Standard for an Active Shooter/Hostile Event Response (ASHER) Program**, a new provisional standard from the National Fire Protection Association (NFPA) and its associated resource and educational materials.

NFPA has shared stories from Richard Kamin, an emergency medical services provider with UConn Health; former Lt. Brian Murphy of the Oak Creek Police Department; and Craig Cooper, Special Operations Battalion Chief with the Las Vegas Fire & Rescue Department in educational videos ([here](#)). The videos focus on their experiences and how having a standard for responding to active shooter incidents could benefit an entire community in the event of a future incident.
The three also share something else in common: all three served, along with other stakeholders in the first responder community, on the committee that drafted and finalized the quick-turnaround provisional standard in response to the increasing number of active shooter incidents in the United States. (The document’s “provisional” status means the association accelerated its development in response to an urgent need, and once it was published, NFPA immediately began the process to develop a revision that will be released in 2020.) The new standard defines requirements for communities to use in establishing a unified planning response and recovery program in the event that an active shooter incident occurs.

According to John Montes, NFPA emergency services specialist, the first responders conducting an after-action review of the 2016 shooting at Orlando’s Pulse Nightclub realized that although any number of professional organizations had written guides and white papers on preparing for an active shooter, no nationwide standards for such preparation existed. Fire Chief Otto Drozd III from Orange County brought a request to develop such a standard to NFPA in October 2016, and NFPA started its standards development process shortly thereafter.

“When we get a request to develop a new standard, we open it for public input as to whether we should follow through,” Montes says. “Normally we might get 10 to 20 responses. With this, we got 157, and 97 percent of those were in favor of the standard. In the next step, we got 103 applications to join the committee, the most ever.”
From that pool, NFPA selected 55 members for a “doubly balanced” panel; that is, membership had to include a balanced number of individuals from user categories such as special expert, manufacturer and laborer, as well as a balanced number from each of the various stakeholder groups such as fire, EMS, law enforcement and medical services.

“We got to know a lot of new faces, because we had a number of people involved in this effort who had never been part of developing an NFPA standard before. All of them took it very seriously and seemed to enjoy the process we use,” Montes says. Following the selection of members in April, the committee held its first meeting on June 12, 2017, the one-year anniversary of the Pulse shooting. On Sept. 30 of that year, the committee held its last meeting before releasing the draft document for public comment. The Harvest Festival shooting took place the next day.

The Las Vegas incident was one of 30 active shooter events (defined by the FBI as four or more persons killed) that occurred in 2017. Because of the increase in the number of incidents and their severity, the technical committee requested that the NFPA Standards Council bypass the second round of public comment and release NFPA 3000™ (PS) early as only the second provisional standard in the association’s 122-year history.

The final provisional standard became available on May 1, 2018 on the NFPA website, where anyone can create a profile and view the document for free (as can be done with all NFPA standards). Fact sheets about the standard, related blog entries and the above-mentioned videos also can be accessed at no charge, as can two additional videos, one a brief overview and the other a more detailed narration of a PowerPoint presentation on the standard’s content.

If law enforcement professionals wonder why they would join a “firefighters’ association,” Montes points out that although “fire protection” is in the name, approximately two-thirds of NFPA’s 300-plus codes and standards pertain to other safety challenges including building, industrial, engineering, electrical and other focus areas.

“With this particular standard, law enforcement definitely had an opportunity to bring their
needs to the table and have an equal voice in developing the standard,” he says. “Too often, fire, EMS, law enforcement and other first responders train and work in their own silos. The nature of these incidents dictates that all of the stakeholders must work together under a unified command. If nothing else, this standard presents an opportunity for a police chief to go to the local fire chief and say, ‘There’s a standard out there about how we can develop a plan on how we’ll work together, let’s get together and do it.’ ”

For more information about NFPA, visit www.nfpa.org. All of its more than 300 consensus codes and standards can be viewed online for free at www.nfpa.org/freeaccess.

What’s in the NFPA 3000™ (PS) Standard?

*NFPA 3000™ (PS)* addresses all aspects of community response to an active shooter, from identifying hazards and assessing vulnerability to planning, resource management, incident management at a command level, competencies for first responders and recovery. It applies to all communities regardless of size or geographic location.

The standard is based on four main principles: unified command, integrated response, planned recovery and whole community involvement. In interviews published in the *May/June 2018 NFPA Journal*, technical committee members share experiences with active shooter and other hostile events, tying them back to those principles to show both what went well and what didn’t. Those lessons learned helped inform the development of the standard.

*NFPA 3000™ (PS)* is about:

- Developing a common language.
- Preparing for a faster medical response.
- Involving law enforcement in first aid and triage.
- Allowing EMS personnel into the warm zone.
- Recognizing that people and businesses that are not directly involved in an incident are still connected and affected, and that community recovery takes months and years.

*NFPA 3000™ (PS)* is not about:

- Prevention.
- Mental health issues.
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Recommendations, Video, Seek to Dispel Myths About Fentanyl Exposure

In 2012, 2,628 U.S. residents died by overdosing on synthetic opioids other than methadone. Four years later, that number had increased by 639 percent to 19,413, according to a recent training video, *Fentanyl: The Real Deal*. Numbers like that give first responders nightmares and keep them up at night.

In addition to the overwhelming magnitude of overdoses, first responders also must deal with concerns about on-the-job exposure to the drugs. However, according to new recommendations developed by an Interagency Working Group comprised of 10 federal departments and agencies, medical experts agree that most daily encounters involving fentanyl do not present significant health concerns when first responders take appropriate protective actions. Those precautions start with the simple action of immediately washing thoroughly with soap and water following accidental skin contact with suspicious white powders, and continue through using proper personal protective equipment and even carrying naloxone to deal with overdoses.
Both the Fentanyl Safety Recommendations for First Responders document and the Fentanyl: The Real Deal training video seek to correct misinformation and myths regarding accidental fentanyl exposure, according to information provided by the Bureau of Justice Assistance at the time of the video’s release on Aug. 30, 2018.

That increase in overdose deaths has been accompanied by an increase in reports of first responders describing apparent reactions to exposure; however, sometimes the reported symptoms are not consistent with opioid intoxication. The Working Group, coordinated by the White House National Security Council, met from August to October 2017 to create the recommendations. Released in November of that year, the recommendations are available as a one-page handout in either an 8.5 x 11 inch or 11 x 17 inch format. They address actions first responders can take to protect themselves from exposure, actions they can take in the event exposure occurs, and actions they can take if they or their partners show opioid intoxication symptoms.

To develop the six-minute, 40-second video, which grew out of the recommendations, the Working Group called on expertise from the medical, public health, law enforcement, fire/EMS, and occupational safety and health disciplines to inform development of the recommendations. The group then worked together with a number of stakeholder associations and organizations for a thorough review process.

“The priority for America’s sheriffs is the safety of deputies, officers and first responders, and this training will ensure that they have the training needed to keep them out of harm’s way. We appreciate the administration’s commitment to law enforcement and together we will limit these injurious incidents,” says Jonathan Thompson, executive director and chief executive officer of the National Sheriffs’ Association (NSA).

William G. Brooks III, chief of the Norwood (Mass.) Police Department and a member of the board of directors of the International Association of Chiefs of Police (IACP), adds: “This video will be a training asset for police departments nationwide, as well as for other first responders. The information it contains is clear and science-based, and the recommendations are straightforward. It’s obvious that the Federal Interagency Working Group went out of its
way to use data from highly reputable sources, which resulted in a training tool that public safety agencies can rely on. The rise in fentanyl availability these past few years has created a risk — no doubt about it — but first responders should recognize that the risk can be mitigated by applying the recommendations in this new video.”

In addition to NSA and IACP, other reviewing organizations included the Fraternal Order of Police, the Major Cities Chiefs Association and the Major Counties Sheriffs Association. Working group members included:

- U.S. Department of Justice
- U.S. Department of Health and Human Services
- U.S. Department of Transportation
- U.S. Department of Homeland Security
- Office of the Director of National Intelligence
- Office of National Drug Control Policy
- Federal Bureau of Investigation
- U.S. Drug Enforcement Administration
- National Institute for Occupational Safety and Health
- U.S. Postal Inspection Service
- U.S. Customs and Border Protection

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From 1997 to 2016, the number of full-time sworn officers in general-purpose law enforcement agencies increased by about 52,000 (8 percent). That’s among the findings of *Full-Time Employees in Law Enforcement Agencies, 1997-2016*, a report from the Bureau of Justice Statistics.

The report presents counts of full-time employees in general-purpose law enforcement agencies for 2016, with comparisons to prior years. General-purpose law enforcement agencies include municipal, county, and regional police departments; most sheriffs’ offices; and primary state and highway patrol agencies. Results are shown by type of law enforcement agency and by sworn status.

They are distinct from special-purpose agencies (e.g., those with jurisdiction on tribal lands; and in parks, schools, airports, subways, hospitals, housing authorities and government
buildings), sheriffs’ offices with only jail and court duties, and federal law enforcement agencies. Only general-purpose agencies are included in this report.

To read the report, click here.

Main photo: Dan Holm/Shutterstock.com
A report is available that examines the issue of management of jail inmates who experience mental illness and promising approaches to the problem.

The report, *Managing Mental Illness in Jails: Sheriffs Are Finding Promising New Approaches*, is a result of a conference in April 2018 where participants discussed key issues associated with the care and housing of inmates with mental illness. Conference participants included sheriffs, jail administrators, other correctional and mental health professionals, and community-based health care providers.

Participants examined approaches that sheriffs’ offices are employing to better manage mental illness in their jails, according to the report. These include:

- Diversion strategies that keep some individuals accused of low-level, nonviolent offenses out of jail and instead place them in community-based programs that are better positioned to provide the type of treatment services that these individuals need.
- Early screening, identification and classification of prisoners with mental health disorders.
- Effective housing systems in jails that promote safety for inmates and staff, and help minimize costs.
- New approaches to providing mental health services that include partnerships with community-based service providers, the use of a broader array of medical professionals and innovations such as telepsychiatry.
- Reintegration programming that helps prepare individuals with mental illness for returning to the community

To read the report, click [here](#).

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