WATERLOO POLICE
DEPARTMENT

City Council Work Session
Monday, June 15, 2020
Chief Joel Fitzgerald
Part 2

Striving for positive proactive interactions with members of our community.

WATERLOO POLICE
DEPARTMENT

Operational Guideline, Operations, Number 25
SUBJECT: **AIRBORNE PATHOGENS/COMMUNICABLE DISEASES**
ISSUE DATE: 6/6/2011
REVISED: 6/11/2020

I. PURPOSE

A. The Waterloo Police Department works closely with both the Waterloo Fire Department and the Black Hawk County Health Department to ensure the safety of our citizens and emergency service providers.

B. In an effort to facilitate compliance with state and federal laws concerning communicable disease protection, pandemics, emerging health issues and chemical exposures, and to provide employees of the Police Department with the best possible source of information, the Department has developed this infectious disease and health hazard procedure. All aspects of this directive, including but not limited to education, availability of updated information, control methods, exposure procedures, emerging infectious diseases, and medical emergency planning shall be overseen by the Administrative Captain and the Training Unit.

C. As a matter of precaution, employees may wear Personal Protective Equipment (PPE), i.e., N95 filtering face piece respirators (preferred), recommended by the CDC. In order to promote overall public health, and to protect themselves at a minimum, officers shall carry standard (medical grade) PPE equipment while performing their duties. This addition to the uniform directive includes disposable nitrile examination gloves, mask-style respiratory protection (both issued by the Training Unit) and eye protection/face shields.

D. Employees will remain cognizant that simply wearing PPE is not an indicator that airborne pathogens including the Novell COVID-19, nCoV2019, or coronavirus, member of a large family of viruses known to cause illness ranging from the common cold to more severe diseases such as Severe Acute Respiratory syndrome (SARS) and Middle East Respiratory Syndrome (MERS), are present when encountering community members. Signs and symptoms of **COVID-19** include fever, cough, and shortness of breath.

E. Law enforcement entities share the lead role in tactfully enforcing ***social distancing*** guidelines that health officials say are critical to containing airborne pathogens, i.e., COVID-19. Police Officers and Civilian Employees of the Department frequently contact persons susceptible to airborne pathogens within facilities in confined spaces like residences, automobiles, transporting prisoners, interviewing witnesses and suspects etc.

1. **Social Distancing**: The exercise of spatial public health measures designed to reduce contact between people. These measures may include things like canceling events, limiting the size of gatherings, closing schools and universities, asking employees that can work from home to do so, and closing non-essential functions in government and private businesses.

2. Heeding social distancing and quarantine recommendations decrease the opportunity for person-to-person transmission of airborne pathogens like COVID-19, which is caused by the Novel Virus SARS-CoV-2, for which there is no cure or proven vaccine.

3. When properly engaging in social distancing it is recommended to create space between you and anyone outside of your household of to a distance greater than 6 feet (CDC, 2020).

II. DEFINITIONS

A. Definitions

1. Bloodborne Pathogens - pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

2. Contaminated - the presence or the reasonably anticipated presence of blood or other potentially infectious or dangerous materials on/in an item or on a surface.

3. Exposure Incident - specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact (piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions) with blood or other potentially infectious materials that results from the performance of an employee's duties.

   a. An exposure incident may also include ingestion or inhalation of a harmful chemical or substance.

4. Human Immunodeficiency Virus (HIV) - the causative agent of Acquired Immune Deficiency Syndrome (AIDS). This virus causes a disease that basically destroys the host's immune system allowing other microorganisms, many of which are normally not dangerous, to invade and grow in the body. Once infected, these microorganisms may produce various diseases and eventual death.

5. Acquired Immune Deficiency Syndrome (AIDS) - the final stage of HIV infection. With the loss of the body's natural immunity system, the individual falls victim to a host of what are called "opportunistic infections." These are unusual infections or tumors not ordinarily seen in otherwise healthy individuals.

6. Hepatitis A Virus (HAV) - the most common type of hepatitis. Hepatitis A Virus is acquired by mouth (fecal-oral) and replicates in the liver. Police personnel are not considered at high risk for HAV since it is normally transmitted through eating food or drinking water contaminated by the virus, household contact with an infected person, or travel to countries where HAV is common. A vaccination is available for the Hepatitis A virus.

7. Hepatitis B Virus (HBV) - a type of chronic hepatitis in which there is intense and progressive inflammation and destruction of cells surrounding certain structures within the liver. Chronic active hepatitis may be caused in any of four (4) ways: as a result of an autoimmune reaction (immune system disturbance), a viral infection, a reaction to a medication (rare), or to a metabolic disorder (rare). A vaccination is available for the hepatitis B virus.

8. Hepatitis C Virus (HCV) - the most common chronic bloodborne liver disease in the United States. The Hepatitis C Virus is transmitted primarily through large or repeated direct percutaneous exposures to blood. Persons with HCV are at a greater risk of liver failure and liver cancer. There is no current vaccination available for hepatitis C.

9. Tuberculosis - a clinically apparent active disease process caused by mycobacterium tuberculosis complex.

10. Tuberculosis Infection - condition in which living tubercle bacilli are present in the body, without producing clinically active disease. Although the infected individual has a positive tuberculin reaction, they have no symptoms related to the infection and is not infectious. However, the infected individual remains at lifelong risk of developing the disease unless preventive therapy is given.

11. Staphylococcus aureus (staph) and MRSA (methicillin-resistant Staphylococcus aureus) - a bacteria commonly carried on the skin, or in the nose of healthy people. Staph bacteria are one of the most common causes of skin infections in addition to causing pneumonia, surgical wound infections, and bloodstream infections. MRSA is a type of staph that is resistant to beta-lactam antibiotics which include common medications such as methicillin, penicillin, and amoxicillin. There is no vaccination available; however, prevention is accomplished through good hygiene practices.

12. Health hazard - possible exposure to a chemical or other harmful substance though air, food, and/or contact.

B. Infectious Body Fluids

1. Blood and blood products

2. Semen

3. Vaginal Secretions

4. Amniotic fluid

5. Saliva - in the case of Hepatitis B and TB.

6. Other potentially infectious body fluids including cerebrospinal, synovial, pleural, pericardial, and peritoneal fluids

C. Modes of Transmission

1. Bloodborne:

a. Unprotected sex with someone who is infected.

b. Sharing needles or syringes with someone who is infected.

c. From infected mother to baby during pregnancy or childbirth.

d. By transfusion of infected blood and by blood components such as plasma and transplanted tissue or organs.

e. By infected blood through accidental needlesticks, by direct contact of blood with non-intact skin (i.e., open cuts, sores, eczema), or by splashes of blood onto mucous membranes (i.e., mouth, nose, eyes)

2. Airborne:

    a. In the case of tuberculosis, spread primarily by airborne droplets expelled through coughing up by a person with untreated tuberculosis of the lungs or larynx.

    b. In the cases of harmful chemicals or organisms, inhaled through intentional or unintentional release.

3. Contact:

    a. In the case of staphylococcus, direct physical contact with a person who has the skin infection, or physical contact of a hard surface contaminated by fluid from the open wounds.

4. Ingestion:

    a. Harmful chemicals or substances contained in food products whether intentional or unintentional.

5. Possible On-Duty Exposures

    a. Bloodborne:

        1) Human bite
        2) Needle stick or other puncture wound where blood is present on the instrument
        3) Blood on non-intact skin such as cut, skin rash, or open wound
        4) Mouth-to-mouth resuscitation without a mask
        5) Blood splashes or saliva into the mouth, eyes, or nose

    b. Airborne:

        1) In the case of tuberculosis, confinement in small, enclosed, poorly ventilated area with a person with active tuberculosis.
        2) In the case of chemicals, entry or confinement in enclosed, poorly ventilated areas containing the substance or through release in the immediate environment.

    c. Contact:

        1) In the case of staphylococcus, physical contact with an infected person, or a hard surface that an infected person has touched with an open wound.

III. PROCEDURE

A. Employees/Officers

1. Will make every **reasonable** effort to limit contact with obviously sick/contagious subjects, however, public safety and enforcement must always be a high priority.

2. May question subjects about symptoms they observe consistent with exposure to airborne pathogens or viruses, i.e., tuberculosis, coughing up blood, fever, chills, fatigue, weight loss, etc.

3. May place a surgical facemask on an obviously sick subject who is handcuffed and/or will be transported.

    a. Exception**:** Any subject experiencing respiratory distress, that may be intoxicated, or may vomit, will not be fitted with a facemask until any potential vomiting symptoms subside.

4. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially-infectious substances and contaminated materials to pass through to or reach an employee's work clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the protective equipment is in use. Hypoallergenic alternatives must be available to employees who have an allergic sensitivity to protective equipment.

5. Disposable gloves should be a standard component of emergency response equipment and should be donned by all personnel prior to initiating any emergency patient care tasks involving occupational exposure. There is no single type or thickness of glove appropriate for all situations. Selection criteria should include dexterity, durability, fit, and the tasks that will be undertaken while the gloves are worn.

6. When protective equipment is made mandatory, an employee may temporarily and briefly decline wearing personal protective equipment under rare and extraordinary circumstances, and when in the employee's professional judgment, it prevents the delivery of public safety services or poses a greater hazard to others. When the employee makes this judgment, the circumstances shall be investigated by their supervisor and documented to determine whether changes can be instituted to prevent such occurrences in the future.

7. A *spit sock* or similar protective product which safely covers the mouth without interfering with breathing may be used on a suspect that is spitting on officers. The spit sock will be utilized in situations where a suspect presents a viable danger to the employees for exposure to infectious disease and with the employee following proper trained tactical guidelines for the product.

B. **Social Distancing Enforcement**: Social distancing enforcement will only occur during periods classified as pandemics or national emergencies. These are actions declared by the President of the United States or the Governor of the State of Iowa. The enforcement of guidelines relating to social distancing shall only be enforced if authorized by federal law, state law, ordinance, code, or judicial order; the protection of personal freedoms authorized by the Bill of Rights, Constitution, and Amendments will not be arbitrarily violated.

C. **Facilities**: If a contaminant is introduced to a facility, a supervisor will ensure the area is treated with an EPA-approved decontaminant and alert the Administrative Captain.

D. **Watch Commanders**: will ensure all working surfaces and equipment that could have become contaminated shall be cleaned and checked routinely and shall be decontaminated as necessary.

1. For work assignments that require continual staffing at the same workstation additional precautions to disinfect the work area is performed at the end of each shift. Specific disinfectants for the work area shall be readily available for use by the employees.

2. The Watch Commander shall ensure that no prisoner shall be placed into the holding cell or interview room inhabited by a person who is believed to be contaminated by a virus or airborne pathogen.

3. The Watch Commander shall actively mitigate the possibility of contamination immediately by temporarily introducing bleach and disinfectant to the area if proper ventilation is available.

4. The Watch Commander will ensure that officers do not place a prisoner into a cell that has been contaminated with the bodily fluids of someone obviously infected or who discharged bodily fluids until the area is professionally cleaned and disinfected by a contractor. Labeling the room as such.

5. Officers will ensure every attempt to limit the time that a sick person is held at a facility or in a vehicle to <10 Minutes.

6. Supervisors will ensure prisoners affected by pulmonary or respiratory distress, or obvious trauma, will receive immediate first aid from a paramedics, including being immediately transported to the hospital; an incident report / hospital case shall be prepared.

E. Prisoner Transportation

1. Officers will pre-check the vehicle at their beginning of their shift for contamination and contraband prior to the start of their shift.

    a. The check shall include ensuring the disinfecting of the vehicle and safety check to for weapons, drugs, or other contraband.

2. Officers will conduct a post transport vehicle check after transporting any prisoner.

    a. The check shall include ensuring the disinfecting of the vehicle and safety check to for weapons, drugs, or other contraband.

3. Officers will not transport other prisoners in the same vehicle as a prisoner who displays signs of exposure to an airborne pathogen or virus.

4. If the vehicle is unclean, the officer transporting the prisoner shall ensure the vehicle is immediately scheduled for a professional cleaning.

5. If the vehicle is obviously contaminated officers must arrange for the contaminated vehicle to be cleaned as soon as possible with an EPA-approved decontaminant.

6. Professional Cleaning will be performed by a contractor who will clean and disinfect police vehicles with an EPA-approved decontaminant.

7. Officers should avoid transporting visibly sick prisoners. When unavoidable, officers shall:
    a. Raise prisoner screen (if applicable)
    b. Open rear vehicle windows/air vents
    c. Close front vehicle windows
    d. Turn airflow control to fresh (not re-circulate) fan on high
    e. Remove the person when a safe prisoner transfer can be completed.
    f. Wear appropriate PPE when safe

IV. EDUCATION

A. In-Service

1. The Training Unit will ensure each employee will receive four (4) hours of training and education in the area of airborne pathogens/communicable diseases. Instruction will include modes of transmission for all at-risk communicable diseases, methods of prevention of transmission, behaviors that create a potential risk for infection, and potential HIV transmission behaviors that are in violation of Iowa law.

2. The Training Unit shall ensure that adherence to confidentiality standards is a portion of instruction in each training module provided employees. Training shall include but is not limited to:

   a. All personnel are restricted in what can be conveyed to officers, other emergency personnel, or citizens concerning medical information, most notably HIV/AIDS. Information regarding persons suspected of being infected with a disease must be kept strictly confidential and cannot be transmitted across the radio or the MDCs.

   b. Disclosure of test results or other confidential disease related information carries both civil and criminal penalties.

   c. If information concerning an infectious disease or exposure must be included in an incident report, the supervisor must review the submission to ensure that sensitive information related to the exposure is excluded from the report summary.

   d. Based on the Federal Privacy Act, any medical documentation or information provided by a contaminated/diseased/infected employee to medical or management personnel must be considered confidential and private information. As such, employers are forbidden by law to disclose this information without the employee's knowledge and consent, except as required by Public Health laws.

   e. Training materials contain references inclusive of the Health Insurance Portability Accountability Act of 1996 (HIPAA), and directs that employees only disclose information when authorized under the law enforcement exceptions.

B. Training

1. The Training Unit will disseminate frequent training bulletins-developed to inform officers of new developments or procedures, as needed. All Watch Commanders will ensure that periodic roll-call and workplace training is conducted. The Training Unit will also ensure that employees are notified when airborne pathogen/communicable disease equipment and supplies are needed.

V. EMPLOYEE EXPOSURES

A. Employees

1. An employee who believes they suffered exposure to an airborne pathogen or virus will notify a supervisor to initiate post-exposure follow-up notifications and reporting protocols.

2. Employee experiencing a possible exposure to an airborne pathogen or infectious disease shall:

    a. Immediately cleanse and disinfect the exposed area.

    b. Immediately notify a supervisor.

3. If the suspect/source requires medical treatment contact Waterloo Fire Rescue for transport, advising them prior to their arrival of the exposure.

    a. Employees exposed should seek treatment at the facility recommended by the City. Advising them prior to your arrival of the potential exposure.

4. Employees experiencing a possible exposure to an airborne pathogen or infectious disease shall:

    a. Assist in delivering suspect/source to hospital, if possible. It is recommended the source and exposed officer are treated at the same hospital.

    b. If appropriate, preserve and collect any physical evidence pertaining to the exposure.

    c. Even if the medical attention was delivered by a hospital, the employee shall visit the city-designated medical health care facility for a medical need assessment the next normal workday.

    d. Exposures should be documented in a case and the appropriate City Exposure forms submitted to Internal Affairs.

B. Supervisors

1. Will complete the supervisor form and ensure all employee forms are completed and submitted.

2. The supervisor shall ensure Internal Affairs receives notice of the exposure and the appropriate paperwork is completed.

C. **Administrative Captain** will ensure that each Employee is equipped with Airborne Exposure Packets in the event of airborne pathogen or viral emergencies. The packet will contain:

1. Nitrile Gloves, Disposable latex or non-latex gloves
2. Mask-style Disposable hospital surgical mask
3. N95 Mask
4. Face shield
5. Antibacterial wipes
6. Antibacterial spray will be available in all facilities

1. The OSHA compliance officer will check each facility for compliance once per year detailing compliance with OSHA postings, AED device testing and forms and equipment.
    a. A check list will be completed and submitted to Human Resources
2. The Administrative Captain is responsible for the procurement of AEP items AND checking all Office AED devices for appropriate functionality.
    a. When notified of an exposure, ensure that all applicable paperwork on the exposure has been completed and forwarded to the Internal Affairs.
    b. Contact the Waterloo Fire Medical Officer when any unusual situation or unresolved questions arise in connection with an exposure or a potential health hazard.
    c. Monitor division employees and workplace for potential health issues and act as a liaison with the Safety Officer when health issues or questions are encountered.
    d. Notifies the HR Director, or designee, who shall direct the exposed employee to quarantine themselves for the predetermined period pursuant to active quarantine protocols.

D. **Division Commanders shall ensure an incident report describing the exposure is prepared, completed, AND notifications to the Internal Affairs Unit and Health Department on all airborne pathogen / viral exposures were made on the date of exposure.**

1. The Internal Affairs Lieutenant will ensure the Report of Injury Form and incident report are forwarded to Human Resources.

2. The HR Director will ensure the employee receive the necessary referrals and documents.

E. **Patrol Commander**

1. The Patrol Commander will ensure we have vehicle disinfecting stations available, currently at the Jail, Waterloo Fire Rescue Station 1 and the Tactical Garage.
    a. If utilizing an outside facility notify them prior to your arrival.

2. Watch Commanders shall ensure that all officers who transport prisoners will utilize vehicle disinfecting stations, at the completion of the transport, if the transported person displayed signs of exposure to an airborne pathogen, vomits or the community is at a high level of infectious disease spread.

3. Transmission Mitigation

    a. Administrative Captain
        a. Will ensure antimicrobial towelettes, antibacterial wipes and sprays are available in all facilities.
        b. Will ensure every employee is equipped with appropriate PPE and it is replenished, and stored as needed.
        c. Handwashing signs are posted
        d. Hand disinfecting stations are functioning at the entrances
    b. Employees
        a. Will remove any personal garment/uniform and seal it in a biohazard bag for outside laundry
        b. Body armor and other related equipment will be cleaned in the Ozone Machine per manufactures direction
        c. Utilize PPE and dispose of the PPE properly upon completion of the incident

4. Transmission Mitigation (Enforcement Standards)

   a. During airborne pathogen pandemics Patrol Commander and Chief of Police shall confer with the Black Hawk County Health Department and Black Hawk County Emergency Management and determine the optimum revised occupancy standards for any facility under the protection of this Office.

   b. The Administrative Captain shall ensure all staff receive any legally adjusted occupancy guidelines and monitor the revised lawful occupancy at each police department facility.

   c. The Watch Commander shall be consulted prior to any arrest being made for violation of a social distancing or other pandemic proclamations. They shall ensure the appropriate legal authority to arrest has been met pursuant to guidance by revised Proclamation or applicable law.

BY ORDER OF:

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Police Chief DATE

OPERATIONAL GUIDELINE, OPERATIONS, NUMBER 25
JUNE 6, 2011
WATERLOO POLICE DEPARTMENT

A. SUBJECT:

Exposure to Infectious Diseases

B. PURPOSE:

Employees, through the requirement of public safety responsibility, may have routine contact with people at high risk for infectious disease. These encounters may now carry an additional hazard for officers, co-workers and family, who may be unwittingly and unavoidably exposed to infectious diseases. The intent of this General Order is not to enlarge on those fears that may or may not exist in the minds of individuals regarding the subject of infectious diseases, but rather to provide a rational approach to an existing problem, to protect the health and rights of all segments of the community.

C. POLICY:

1. To establish standard policy, procedures and guidelines with reference to infectious disease encounters and/or exposures.

2. Definitions:

a. Significant Exposure: Direct skin, open sores, cuts or wounds or mucous membrane contact with body fluids, such as blood, blood products, vomit, sputum, urine, secretions or pus from wounds, may constitute a significant exposure. Additionally, prolonged or close contact with someone who is frequently coughing may result in significant exposure if a contagious disease is present.

b. Infectious Diseases: For the purposes of this General Order, listed on the following page are some infectious diseases and their routes of transmission:

Disease	Route of Transmission
1. Aids Hepatitis "B"	Your blood or body fluids having contact with contaminated blood or semen, contaminated needles, or blood products.
2. Hepatitis	Usually through blood

	non "A" non "B"	transfusions
3.	Hepatitis "A" Viral Meningitis	Contaminated food or water
4.	Neisseria Men. Tuberculosis Other bacterial	Airborne: inhaling bacteria spread by coughing, and/or nasal secretions or sputum of infected persons.
5.	Herpes Syphilis	Sexually or with direct contact with blood or contact with drainage of lesions.

c. "Red Tag": Shall mean a warning tag, properly marked to indicate a bio-hazard. This tag shall designate and only be used to indicate contaminated or suspected contaminated material, equipment or facilities.

D. PROCEDURES:

1. Reporting of Significant Exposures:

a. All employees shall immediately report the exposure or suspected exposure to the Watch Commander.

b. Employees shall open a separate Waterloo Police Incident Report, classification "Occupational Accidents", and detail all facts and circumstances surrounding the exposure or suspected exposure before ending the tour of duty. Explicit details concerning the background of the suspected carrier and method of transmission must be included.

c. Any employee suffering an actual or suspected significant exposure shall obtain an "IOWA DEPARTMENT OF PUBLIC HEALTH, REPORT OF EXPOSURE TO INFECTIOUS DISEASE" form (attachment 1) from the Emergency Departments or Occupational Health Departments of Covenant Medical Center or Allen Memorial Hospital.

d. **IT IS THE EMPLOYEE'S RESPONSIBILITY (and in the employee's best interest) TO REQUEST AND COMPLETE THE IOWA DPH REPORT OF EXPOSURE TO INFECTIOUS DISEASE FORM.** The hospital will not initiate this report or follow up procedures without a specific request from the employee, even if an employee requests

medical attention for exposure to an infectious disease.

e. The employee shall complete the form and return it to the source from which it was obtained. The hospital will then:

1. Certify the occurrence or non-occurrence of an exposure or significant exposure and return a copy of the report to the Department Personnel Officer.
2. Forward a copy of the report to the final medical facility if the source patient is transferred.
3. Notify the employee or the Department Personnel Officer as soon as is reasonably possible if the source patient has one of the diseases specified on the form.
4. Send a copy of the report to the Department Personnel Officer when follow-up is completed.
5. Maintain records of all reports.

f. If the source individual is not available for hospital personnel to request a blood sample (e.g. suspect escaped custody) the employee who has been exposed to an infectious disease shall complete the Report of Exposure to Infectious Disease form, submit it to hospital personnel, and put an Attempt To Locate on the source individual for the purpose of obtaining consent for a blood specimen.

g. The employee's Watch supervisor shall:

1. Review the incident report and the Waterloo Police Department Blood Borne Pathogen and Infectious Disease Exposure Control Plan to determine if a significant exposure has taken place.
2. Refer the exposed employee to the authorized City of Waterloo Health Care Provider for work related injury/illness.
3. "Red Tag" and secure any contaminated police equipment, vehicles, or facilities to ensure non-usage until proper decontamination procedures can be initiated.
4. Make additional notifications deemed necessary such as, but not limited to, jail, judicial, and county health authorities.

2. Infection Control

a. Because it is impossible to tell who is infected with an infectious disease, treat everyone's blood or body fluids with caution and as if they were infected with an infectious disease, regardless of the person's gender, age, background or race.

b. Employees should be aware that certain prescribed medications, such

as steroids and asthma medications, suppress their immune systems and make them more susceptible to infectious disease. Employees should consult with their private physician if they are taking prescription drugs.

c. Pregnant employees should be advised to report to their physician any direct contacts with body fluids in the line of duty. Infectious viruses can cause severe problems in newborns.

d. The simplest and most effective way to stop the spread of any infection is to wash your hands frequently with soap and water and to keep your hands away from your eyes, ears, mouth and nose. Wash even if you have worn gloves!

e. Employees who have skin cuts, sores, or open abrasions, should keep these areas covered with sterile first aid materials prior to and during duty hours.

f. If hand washing is not feasible, employees should use the issued surgical hand scrub or other waterless hand disinfecting material. As soon as possible, proper hand washing using a disinfecting soap or scrub should be performed.

g. The issued disposable gloves and/or face masks should be worn whenever you feel you may come in contact with blood or body fluids. Such situations may include but are not limited to: personal injury vehicle accidents, arrests/custodies, fights, evidence collection (OWI - blood and urine, sexual abuse, intravenous drug paraphernalia), and crime scene searches.

1. Personnel should be aware that rings, jewelry, or long fingernails may compromise the integrity of protective gloves. They should make certain the gloves are not torn prior to use.
2. Persons of high-risk groups, including homosexuals, intravenous drug users, and prostitutes should be treated with caution. Where violence or an altercation is likely, protective disposable gloves should be worn. Extreme caution should be used during the search of suspected drug users or dealers to prevent accidental skin punctures by needles. Extreme caution must also be used when reaching into areas, such as under car seats, clothing pockets, etc., that are not visible.
3. Situations which constitute an exposure including, but not limited to, being stuck with a hypodermic needle, cut with a knife or other sharp object(s) or being victim of a wound or human bite should immediately:

a. Encourage the wound to bleed by application of pressure to "milk" the wound;
b. Wash the area thoroughly with soap and hot water, (flush eyes with water only);
c. Report the exposure to the Watch Commander/Supervisor and seek medical attention as soon as possible.

h. Whenever it is necessary to administer CPR, use the safety facemask with one-way valve, which is supplied in the police vehicles. Once used, seal and "red tag" this face mask in the provided contamination container and leave it with the Watch Commander for proper decontamination procedures.

i. Personal eye wear such as prescription lenses, sunglasses, safety glasses, may also help prevent eye contamination.

j. Shoes can become contaminated with body fluids, which might be transported from crime scene to automobiles, the police station, or home. When in doubt, decontaminate as soon as possible with a bleach solution that is available in the radio room adjacent to the briefing room.

3. Contaminated Uniform or evidence items.

a. Uniforms or other clothing contaminated with blood or other bodily fluids should be changed <u>before</u> finishing or leaving the watch in order to minimize transmission to other officers, civilians, vehicles or family members. Officers should maintain a change of appropriate clothing at the Police Department for this purpose.

b. Employees shall place their contaminated uniforms and/or other clothing in the red infectious materials bags that are located in the police radio room.

1. Employees shall put their name and "Waterloo Police Department" on the top portion of a pink laundry tag (also located in the radio room) and attach it to the red infectious materials bag.
2. The employee shall keep the bottom portion of the laundry tag in order to claim the uniform after it is cleaned.
3. The laundry tag shall NOT be placed inside the bag with the contaminated uniform as it too could become contaminated.
4. The sealed infectious materials bag with attached laundry tag shall then be locked in one of the property evidence bins in the basement hallway.

5. Property/Evidence personnel will then contact the Department's contract cleaner who will pick up the contaminated items and launder them at no charge to the employee.
6. The employee shall be responsible for picking up his laundry from the contract cleaners. (Varsity Cleaners was the contract cleaner at the time this general order was published, if in doubt, check with Property/Evidence personnel).

c. Any contaminated items that cannot be laundered, decontaminated, or reused shall be placed in a red infectious materials bag and discarded in the ENVIRO-SAF waste barrel (yellow barrel with red placard/lettering) that is located beside the property/evidence bins in the basement hallway.

d. Under no circumstances allow any contaminated police equipment (such as cameras, tools, firearms, etc.) to be returned to service without proper decontamination with a cleaning of hydrochloride bleach (household bleach) and water (one part bleach to nine parts water), available at the police department.

e. Any crime scene evidence or other seized property suspected to be contaminated shall be securely sealed in infectious materials bags. Property tags shall be affixed to the outside of the bag to avoid the spread of contamination to the tag and to Property/Evidence personnel.

1. Hypodermic needles or other "sharps", which have evidentiary value, shall be placed in the small, cotton-filled, cardboard boxes located in the radio room and shall be red tagged.
2. Needles or other "sharps" which are not to be used as evidence shall be disposed of in the marked "sharps" containers which are located in the radio room and the Crime Lab.

4. Cleaning of Equipment, Vehicles and Building Facilities

a. Consider all blood and body fluids to be contaminated. Therefore, when cleaning up any blood or body fluids, wear gloves or necessary protective clothing.

b. First use warm water and soap to break down the blood or body fluids.

c. Secondary cleaning should then be done with hydrochloride bleach (household bleach) and water, (mixed one part bleach to nine parts

water).

d. Vehicles

1. Immediately report any vehicle contamination to the Watch Commander.
2. To remove possible droplet, airborne infections, put vehicle in well-ventilated area, open all windows for fifteen to twenty minutes.
3. Spray the contaminated area of the vehicle with bleach solution.
4. "Red Tag", lock and secure the vehicle. Leave the keys with the Watch Commander. The "Red Tag" should be attached to the steering wheel of the vehicle to alert and prevent driving of the vehicle until the vehicle can be additionally decontaminated.

e. Building Facility

1. Any area of the police facility, such as but not limited to, the elevator, the holding cell, interview rooms, and restrooms; which are contaminated by blood or body fluids shall immediately be reported to the Watch Commander,
2. Spray the contaminated area of the facility with bleach solution.
3. "Red Tag" and secure the immediate contaminated area until additional decontamination procedures can be completed.
4. The Watch Commander shall advise working employees and the subsequent Watch employees of the contaminated area(s).

5. Supplies

a. Replacement disposable gloves, face masks, disinfectant, bleach solution, dry cleaning tags, contamination containers or bags, and "red tags"; will be stored in the Radio Room and available by authorization of the Watch Commander.

b. The Property Section shall be responsible to acquire and distribute the necessary protection items and shall maintain and stock the Radio Room with replacement items.

6. Confidentiality

a. Employees who actually contract an infectious disease must report this to the Department Personnel Officer.

b. Strict patient confidentiality is of the utmost importance and will be maintained by all involved; however, the health of our city employees is of equal importance and should not suffer for the sake of patient confidentiality.

BY ORDER OF:

Daniel J. Trelka
Director of Safety Services

WATERLOO POLICE DEPARTMENT

OPERATIONAL GUIDELINE, OPERATIONS: 26
SUBJECT: COMMUNITY/RELATIONAL POLICING
ISSUE DATE: 06-08-2020
REVISED: 06-08-2020

I. PURPOSE

A. The Waterloo Police Department recognizes that Police and Community Relationships, Citizen Participation and Positive and Proactive Interaction with the WPD are necessary to promote cooperation, collaboration, community problem solving, and procedural justice.

B. It is the shared responsibility of all Department members to establish and promote rapport with members of the community. The Department must strive for the establishment of a climate where officers may perform their duties with the acceptance, understanding, and approval of the public. Additionally, the willing and practiced participation of the people in enforcing the law is essential for the preservation of freedom, fairness and the development of goodwill.

II. STRATEGIES

A. Community policing is a philosophy that promotes organizational strategies that support the systemic use of partnerships and problem-solving techniques to proactively address the immediate conditions that give rise to public safety issues such as crime, social disorder, and fear of crime.

B. A reverence and respect for the dignity of all persons and the sanctity of all human life shall guide all training and leadership. Members of law enforcement derive their authority from the public; and therefore, must be ever mindful that they are not only the guardians, but also the servants of the public. Just as all persons are subject to the law, all persons have a right to dignified treatment under the law, and the protection of this right is a duty, which is as binding on the Department as any other.

C. All officers must treat a person with as much respect as that person will allow, and officers must be constantly mindful that the people with whom they deal with each day are individuals with human emotions and needs. Such conduct is not a duty imposed in addition to an officer's primary responsibilities; it is inherent in them.

D. In dealing with all people, each officer must attempt to make their contact one which inspires respect as an individual and professional, and one which generates the cooperation and approval of the public. While entitled to personal beliefs, an officer cannot allow individual feelings or prejudices to enter into public contacts. However, since an officer's prejudices may be subconsciously manifested, it is incumbent upon the officer to strive to avoid the influence of attitudes which might impair impartiality and effectiveness, keeping in mind that initial contacts leave lasting impressions both of the individual officer and of the Department as a whole.

E. To ensure equal treatment in similar circumstances, all officers must be alert to situations where, because of a language barrier or for some other reason, officers may be called upon to display additional patience and understanding in dealing with what might otherwise appear to be a lack of response.

F. WPD must be responsive to the needs and problems of the community. While the adherence to the law governs what we enforce, the policies formulated to guide the enforcement of the law must include consideration of our relationship with, and respect for the public that empowers us to engage in law enforcement. This responsiveness must be manifested at all levels of the Department by a willingness to listen and by a genuine concern for the problems of individuals or groups. The total needs of the community must become an integral part of the programs designed to carry out the mission of the Department.

G. To promote understanding and cooperation, there must be interpersonal communication between members of the community and employees at all levels within the Department. All employees must be aware of the law enforcement needs of the community and their particular assigned area of responsibility. Guided by policy, an officer must tailor their performance to attain the objective of the Department and to solve the specific crime problems in the area the officer serves. The Department must provide for programs to encourage productive dialogue with the public at all levels and to ensure that the unity of the police and the public is preserved.

H. It is necessary that there be full public disclosure of policies and openness in matters of public interest. Consistent with protection of legal rights of involved individuals and with consideration of the necessity for maintenance and confidentiality of Department records and of other primary Department responsibilities, the Department is to disseminate accurate and factual accounts of occurrences of public interest. Additionally, the Department must strive to make known and accepted its objectives and policies.

I. It is the duty of every employee of the Department to build positive relationships and dialog with the community we serve. This is accomplished through a variety of means to include, but not limited to, community forums and meetings, open houses, policy advisory committees, and specifically-targeted programs like community listening sessions. The Department seeks to develop partnerships and resources within the community to build problem-solving groups and to instill a sense of mutual responsibility toward enhancing public safety and to increase the community's ability to resolve issues related to crime or a perception of crime. The following areas should be considered when employees are working with community members:

1. Exchange of helpful information.

2. Officers shall remain aware of WPD programs and promote resources and services that are available to members of the community.

3. Discuss Department objectives, community problems, and successes.

4. Encourage discussion to promote action aimed at solving problems that may exist.

5. Educate citizens about the functions and operations of the Department.

6. Obtain input from community groups to ensure that Department community relation policies and/or training reflect the needs of the community.

7. Identify sources of conflict between the Department and the community and encourage efforts to resolve them.

J. Command staff, with input of all employees, and the community, shall conduct evaluations at least twice a year regarding Department community relation plans and programs, analyzing the methods that have been effective and substituting poorly performing programs and/or methods of action with new approaches. Command staff shall also outline the Department's expectations of community trust building for all officers and non-sworn employees setting out measurable objectives expected from the specific units and/or programs.

1. Input on community relations plans and programs from the community should be sought through community forums, informal meetings such as Coffee with a Cop, Meet the Chief, Neighborhood Police Officers/Ward Officers scheduling and attending and neighborhood specific Crime Prevention through Environmental Design (CPTED) meetings, our Community Input email address: CommunityPartnerships@waterloopolice.com, employee meetings, and after-action reports.

2. Employee input is highly encouraged and will help to promote successful and sustainable community relations programs; any employee may submit ideas the Community Relations Lieutenant, Major, and Chief via email.

K. Department Programs directed to the Community

1. The Community Relations Lieutenant (CRL), with assistance from the Patrol captain, shall ensure each unit and/or program adopted by this department identifies specific, measurable, achievable, realistic and time-bound (SMART) objectives, required training, expectations of the employee, and the content and schedule of reports and meetings. These standards shall be reviewed annually and approved by the Chief of Police.

   a. Neighborhood Police Officer (NPO) - Foremost in the duties of the Neighborhood Police Officer is the responsibility of promoting the concept of community policing through working in the neighborhoods, housing communities, recreational centers, businesses, and other community entities by providing a direct link between the community who reside in the Ward they cover, and the WPD.

   b. Neighborhood Police Officers work together with the community to identify and resolve problems that have caused or might cause discord between them. Improving police community relations is re-enforced by:

      1) Taking every opportunity to talk to and with the public,
      2) Being visible to the community and neighborhood,
      3) Taking part in the life of the community by joining civic, church, or private organizations,
      4) Becoming knowledgeable of services available to individuals and groups, and
      5) Becoming an active volunteer.
      6) Providing a monthly report, forwarded through their chain of command to the CRL, Chief of Police and Mayor, detailing the officer's interaction and communication with community members.

2. The CRL also:

   a. Publicizes daily positive WPD stories on social media and pitched stories to the local media for coverage.

   b. Publicizes the achievement of Department objectives, problems, and successes through departmental reports and social media.

   c. Facilitates Crime Prevention Programs by providing citizen groups with information on making their families, homes, and businesses more secure and work to establish crime watch neighborhoods where none exist.

   d. Highlights noteworthy acts of intelligence and valor for the public and media consumption on social media platforms.

   e. Manages those with NPO duties in conjunction with the Patrol Captain to ensure the facilitation of crime prevention and citizen education programs, the preparation and submission of monthly reports on measurable objectives of the program.

   f. Schedules safety fairs and other WPD presentations and coordinates Ride-A-Long with Shift Lieutenants.

   g. Manages Community Volunteer Programs – The CRL ensures that NPOs develop and support volunteer groups, i.e., Crime Watch, Citizens on Patrol, et al.) to improve cooperation and collaboration with community members. They may provide training, on-going, and up-to-date information, schedule meetings, and serve as the direct link between the Department and the community individuals participating in various different programs.

   h. Facilitates Advisory Boards:

      1. **Chief's Advisory Board**: The goal of the Chief's Advisory Board is to provide a forum for police-community interaction to address public safety and related issues in order to further enhance the quality of life in our community and is comprised of a diverse cross-section of community leaders representative of the City of Waterloo.

      2. **Policy Advisory Committee**: Convenes as a forum of key leaders/stakeholders from diverse cross-sections of the community representative of the Waterloo, and introduce them to the policies developed based on legislation, court cases, national best practices, training, and other elements that represent the problems and solutions law enforcement confront and address in our community.

   i. Works with the Training Lieutenant to:

      1. Host annual Citizen Use of Force Scenario Training.

      2. Provide training to community groups, leadership, and youths discussing various topics such as procedural justice, listening sessions, social justice, "What to do when stopped by the Police" education, current community issues, past and present perceptions relating to law

enforcement, and develops strategies with the Training and Command Staff on how to best address conflicting issues within our community.

3. Provide procedural justice training for all sworn officers and to community leaders.

4. Hosts meetings for the discussion of implicit bias, procedural justice, and community reconciliation with the City of Waterloo.

5. Hosts the Annual Citizen's Police Academy.

Approved

_____

CHIEF OF POLICE DATE

WATERLOO POLICE
DEPARTMENT

The Waterloo Police Community Event to be held in Sullivan Park

June 11th, from 4 PM to 6 PM.

There will grilled hamburgers and hot dogs, chips and drink.

This is an opportunity for the public to meet their new Police Chief, Chief Joel Fitzgerald, along with several other members of the Waterloo Police Department.

The public, media and community stake holders are encouraged to attend.

We are asking that you maintain social distancing and follow Covid preventive strategies.

This event is sponsored by:

Tyson Foods

Waterloo Police

Waterloo Police Foundation

Waterloo Police Protective Association

Live Music by 93.5 The Mix

WATERLOO POLICE DEPARTMENT

MEMORANDUM

DATE: June 12, 2020

FROM: Joel Fitzgerald, Sr., Ph.D.
Chief of Police

TO: All Employees

SUBJECT: **MEMO 2020-002-MEET THE CHIEF EVENT**

On Thursday June 12, 2020, Major Je Leibold and members of the Waterloo Police Department used donations from Tyson Foods, the Waterloo Police Foundation, and the Waterloo Police Protective Foundation to provide food, drinks, and snacks, to members of our community at a "Meet the Chief" event in Sullivan Park.

Approximately 200-250 people attended, and each person enjoyed the opportunity to speak with the chief and to share stories with Waterloo police officers of all ranks, while enjoying food and drinks in a setting that resembled more of a pre-COVID-19 Barbeque than a gathering truly representative of the tumultuous past few months. The generosity of the aforementioned entities and sacrifice of time and social distancing risks made the event a rousing success. Please allow this memorandum to serve as a note of thanks to everyone involved.

Below are individuals/entities deserving of praise:

- Waterloo Police Protective Association
- Waterloo Police Foundation
- Tyson Foods, Inc.
- Major Joe Leibold
- Captain Mohlis
- Captain McGeough
- Lt. McClelland
- Lt. Fangman
- Lt. Duncan
- Lt. Payne
- Lt. Kye Richter
- Sgt. Shawn Monroe
- Inv. Dave McFarland
- Officer Steven Thomas
- Officer Abby Herkelman
- Officer Cassie Jakoubek
- Officer Mike Albers
- Officer Kyle Janikowski
- Officer Andrew Hereid
- Wendy Drinovsky
- Mayor Quentin Hart
- Paul Huting
- Felicia Smith
- Wendy Bowman
- Abraham Funchess
- Rudy Jones

Absent your participation and interest in creating goodwill in the community, this event would not have been successful!

Summer 2019 Neighborhood Association Leads

Internal Use Only

Audubon Park W-6
Barb Curran
1615 Audubon Drive
Barbc3905@gmail.com

Church Row W-10
Mary Potter
1416 West 4th Street
Felines34mary@yahoo.com
319-233-2204

Chautauqua Park
Shelly Chipp
615 Riverside Dr
319-239-8986
thewitchisin@mchsi.com

Edison W-1
Rachel Neil
1056 Evergreen Avenue
Rneil.edison18@gmail.com
319-531-0394

Greenbrier E-3
Sara Topliff
1667 Oakwood Drive
topliffs@gmail.com

Highland E-4
Joyce Oaks
215 Prospect
joyceoaks@gmail.com
319-610-1464

MAPLES
Linda Conley E-7
918 Reed Street

Teri Ala , St. Pauls
St. Paul's UMC
207 W. Louise Street
319-234-8005
ltconley@mchsi.com
terri.stpauls@gmail.com

Neighbors For Life E-4
Wally and Jan Robinson
525 Colorado Street
janandwallyrobinson@icloud.com

Neighbors Who Care W-9
Phyllis Tjabring
138 Chicago Street
319-233-8418
ptjabring@mchsi.com

Orange W-6
Mike Henning
138 Sidehill Drive
319-404-5396
mikehenning@mchsi.com

Unity E-8
Alvin Wright
720 Sumner Street
wright@waterlooschool.org
319-433-2910

Southdale W-2
Bev Olds
3126 Violet Dr.
bjolds@mchsi.com

Walnut E-8/O-1
Laura Hoy
335 Almond
lhoy@linkccd.org
319-269-7534

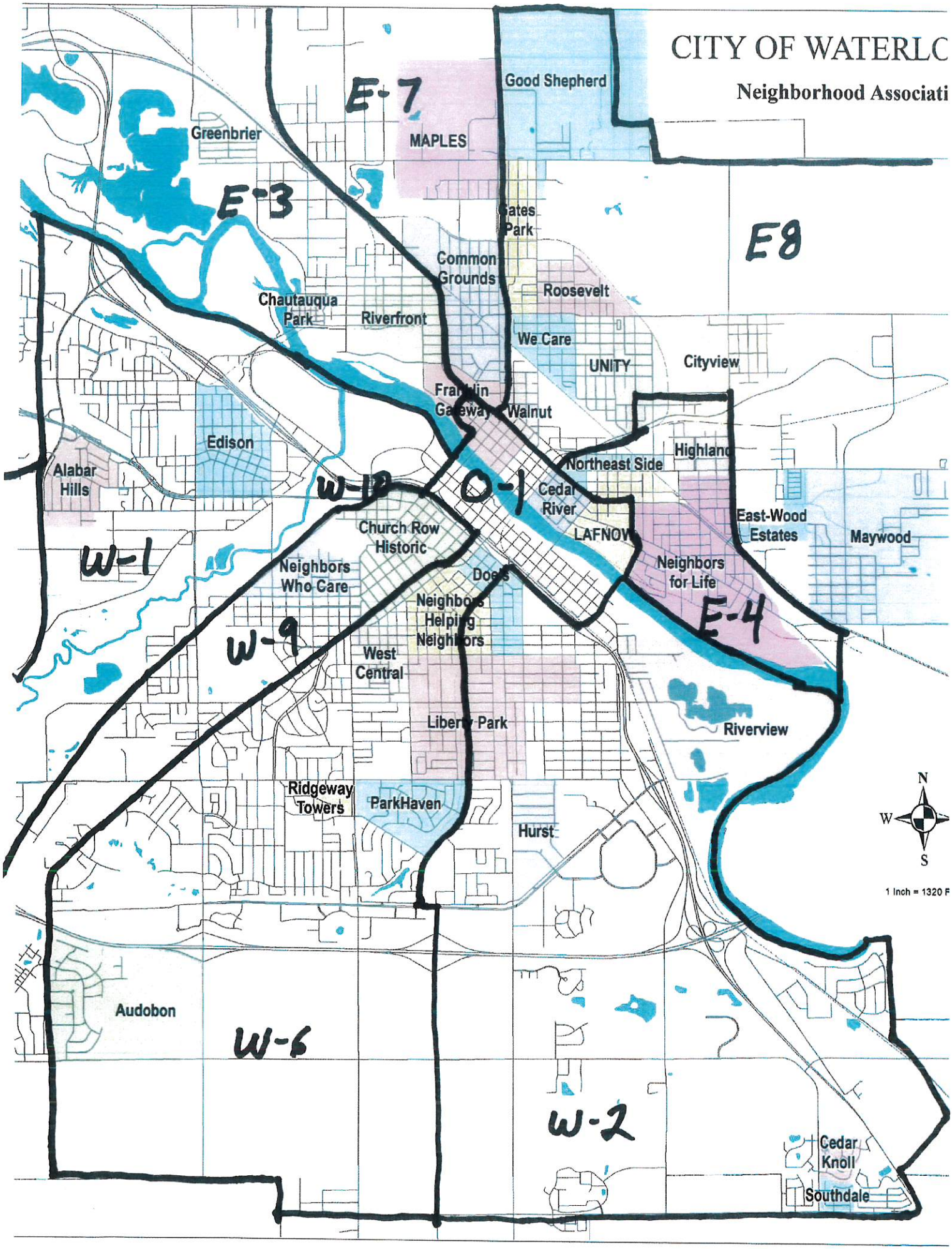
We Care E-8
Maxine Tisdale
438 Cottage Street
ladytisdale@q.com
319-610-0689 cell
319-234-5875 home

West Central W-6
Carole Gustafson
209 Forest Avenue
Carole50702@mchsi.com
319-215-2267

If you would like to get in contact with the following neighborhoods:

- Roosevelt
- Liberty Park
- Gates
- Maywood
- LAFNOW
- CityView
- Common Grounds

Contact Felicia D Smith-Nalls felicia-smith@waterloo-ia.org 319-291-9145


CITY OF WATERLC
Neighborhood Associati
E-7
Good Shepherd
MAPLES
Greenbrier
E-3
Gates Park
E8
Common Grounds
Roosevelt
Chautauqua Park
Riverfront
We Care
UNITY
Cityview
Franklin Gateway
Walnut
Edison
Highland
Northeast Side
Alabar Hills
W-2
O-1
Cedar River
East-Wood Estates
Maywood
Church Row Historic
LAFNOV
W-1
Neighbors Who Care
Does
Neighbors for Life
E-4
Neighbors Helping Neighbors
W-9
West Central
Liberty Park
Riverview
Ridgeway Towers
ParkHaven
Hurst
N
W
S
1 Inch = 1320 F
Audobon
W-6
W-2
Cedar Knoll
Southdale

A Simple Message of Substance

•I See You. Meaning, I respect you. I acknowledge you...as a human being. That we can meet in the middle by agreeing to disagree with a foundation of Respect. And I don't have to personally know you to do that.

•We cannot look into the hearts and minds of each individual person. ICU presents a little peek into the character of an individual that's a part of this campaign of consciousness.

•Instead of us talking about being an agent of change in our community, THE Inclusive Cultural University symbolizes literally BEING the change...

"We are Forever students and can learn from one another"

- President and Founder Jon Marion

Testimonials

"ICU has created THE Solution"

"This is a creative and good way to engage people in a positive, non-threatening manner."

"I love this! I think it's wonderful what ICU is doing"

"If we embrace ICU and reach out to others, we can indeed transform our world"

Join ICU—WE are Better with YOU!

Inclusive Cultural University

&

Waterloo Police Department

Partnership

Mission

To empower each person with the consciousness of the part they play to promote an inclusive, safe, and equitable society

Vision

ICU WORLDWIDE

...an ICU "Change" Agent

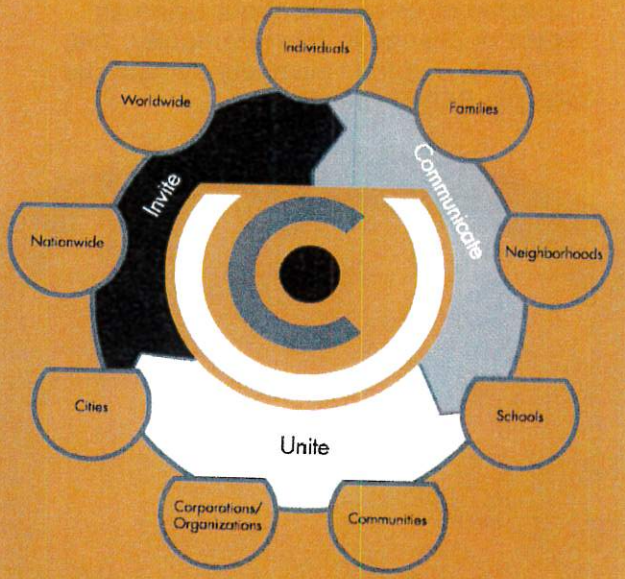
No matter your:

- ethnicity
- nationality
- faith
- age
- disability
- sexual orientation
- political view
- socio-economic class...

I pledge to fully value and respect ALL for who they are. When you take a position of giving honest respect, then you can expect respect.

Law enforcement is the ultimate representation of "Change" agent.

In construction, the color orange is referred to as "safety orange", and is used to ensure the safety of others on construction sites. Be the safe zone for people to see in our society and let's build The Inclusive Cultural University.



"See" more @ www.ICUworldwide.com

National Alliance on Mental Illness

In over 2,700 communities nationwide, CIT programs create connections between law enforcement, mental health providers, hospital emergency services and individuals with mental illness and their families. Through collaborative community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis and ensures officer and community safety.

The Benefits of CIT

Not only can CIT programs bring community leaders together, they can also help keep people with mental illness out of jail and *in* treatment, on the road to recovery. That's because diversion programs like CIT reduce arrests of people with mental illness while simultaneously increasing the likelihood that individuals will receive mental health services. CIT programs also:

- **Give police officers more tools to do their job safely and effectively**. Research shows that CIT is associated with improved officer attitude and knowledge about mental illness. In Memphis, for example, CIT resulted in an 80% reduction of officer injuries during mental health crisis calls.
- **Keep law enforcement's focus on crime.** Some communities have found that CIT has reduced the time officers spend responding to a mental health call. This puts officers back into the community more quickly.
- **Produce cost savings.** It's difficult to estimate exactly how much diversion programs can save communities. But incarceration is costly compared to community-based treatment. For example in Detroit an inmate with mental illness in jail costs $31,000 a year, while community-based mental health treatment costs only $10,000 a year.

NAMI promotes the expansion of CIT programs nationwide by providing NAMI Affiliates and State Organizations, local law enforcement, mental health providers and other community leaders with information and support about CIT implementation. NAMI also works with local and national leaders to establish standards and promote innovation in CIT.

National Initiative for Building Community TRUST JUSTICE

Implicit bias describes the automatic association people make between groups of people and stereotypes about those groups. Under certain conditions, those automatic associations can influence behavior—making people respond in biased ways even when they are not explicitly prejudiced. More than thirty years of research in neurology and social and cognitive psychology has shown that people hold implicit biases even in the absence of heartfelt bigotry, simply by paying attention to the social world around them. Implicit racial bias has given rise to a phenomenon known as "racism without racists," which can cause institutions or individuals to act on racial prejudices, even in spite of good intentions and nondiscriminatory policies or standards.

In the context of criminal justice and community safety, implicit bias has been shown to have significant influence in the outcomes of interactions between police and citizens. While conscious, "traditional" racism has declined significantly in recent decades, research suggests that "implicit attitudes may be better at predicting and/or influencing behavior than self-reported explicit attitudes."

Discussions of implicit bias in policing tend to focus on implicit racial biases; however, implicit bias can be expressed in relation to non-racial factors, including gender, age, religion, or sexual orientation. As with all types of bias, implicit bias can distort one's perception and subsequent treatment either in favor of or against a given person or group. In policing, this has resulted in widespread practices that focus undeserved suspicion on some groups and presume other groups innocent.

Reducing the influence of implicit bias is vitally important to strengthening relationships between police and minority communities. For example, studies suggest that implicit bias contributes to "shooter bias,"—the tendency for police to shoot unarmed black suspects more often than white ones—as well as the frequency of police stops for members of minority groups. Other expressions of implicit bias, such as public defenders' prioritization of cases involving white defendants, can have major impact on communities. This latter point is particularly significant in light of recent findings about the importance of procedural justice in fostering cooperation between citizens and the criminal justice system and cultivating law-abiding communities.

Despite these challenges, the work of Phillip Atiba Goff, President of the Center for Policing Equity, has shown that it is possible to address and reduce implicit bias through training and policy interventions with law enforcement agencies. Research suggests that biased associations can be gradually unlearned and replaced with nonbiased ones. Perhaps even more encouragingly, one can reduce the influence of implicit bias simply by changing the context in which an interaction takes place. Consequently, through policy and training, it is possible to mend the harm that racial stereotypes do to our minds and our public safety.

National Alliance on Mental Illness

The lack of mental health crisis services across the U.S. has resulted in law enforcement officers serving as first responders to most crises. **A Crisis Intervention Team (CIT) program** is an innovative, community-based approach to improve the outcomes of these encounters.

In over 2,700 communities nationwide, CIT programs create connections between law enforcement, mental health providers, hospital emergency services and individuals with mental illness and their families. Through collaborative community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis and ensures officer and community safety.

The Benefits of CIT

Not only can CIT programs bring community leaders together, they can also help keep people with mental illness out of jail and *in* treatment, on the road to recovery. That's because diversion programs like CIT reduce arrests of people with mental illness while simultaneously increasing the likelihood that individuals will receive mental health services. CIT programs also:

- **Give police officers more tools to do their job safely and effectively**. Research shows that CIT is associated with improved officer attitude and knowledge about mental illness. In Memphis, for example, CIT resulted in an 80% reduction of officer injuries during mental health crisis calls.
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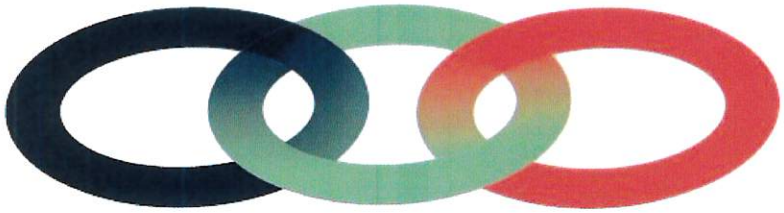
NAMI promotes the expansion of CIT programs nationwide by providing NAMI Affiliates and State Organizations, local law enforcement, mental health providers and other community leaders with information and support about CIT implementation. NAMI also works with local and national leaders to establish standards and promote innovation in CIT.

Become an Advocate

Whether you are a law enforcement officer, mental health professional, elected official or person directly affected by mental illness, you can become an advocate for changing the way your community responds to mental heal crisis. Learn more about bringing CIT to your community or other efforts to improve mental health services.



ICAT

Integrating Communications, Assessment, and Tactics

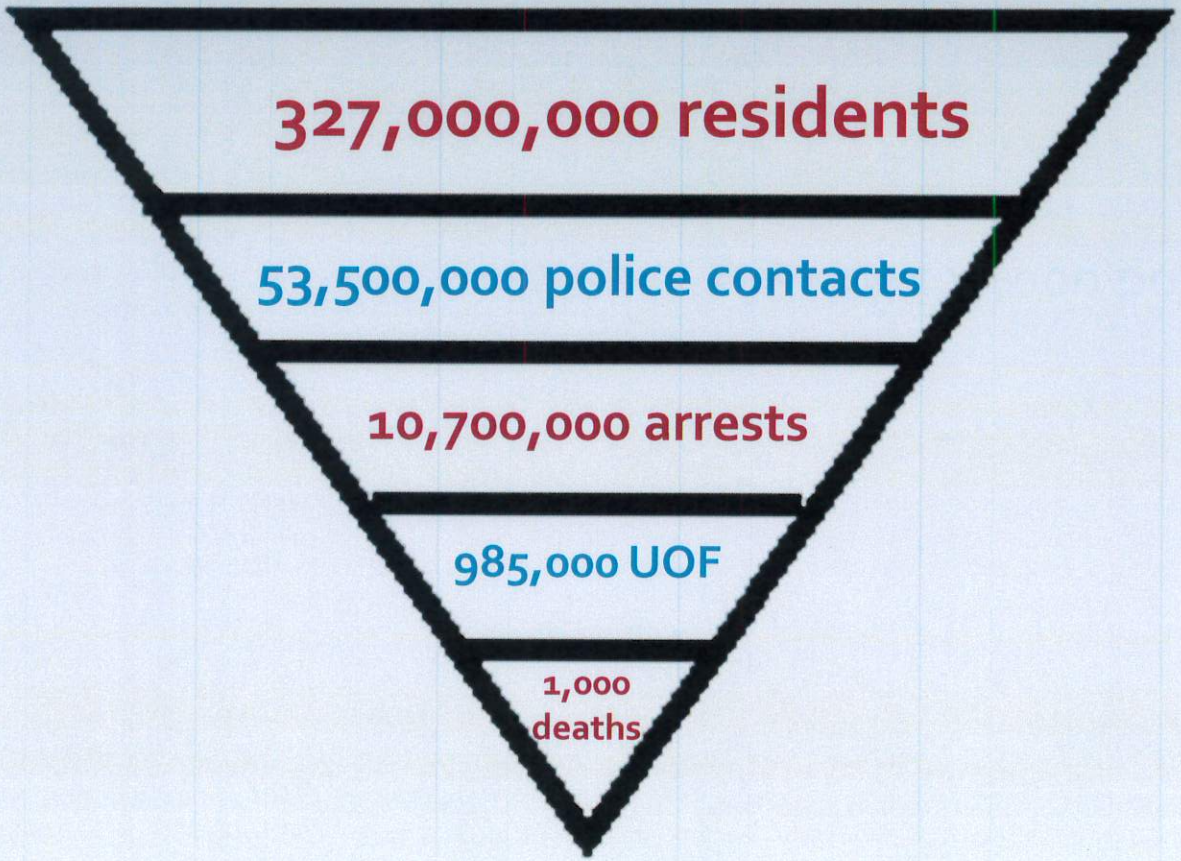
Developed by the Police Executive Research Forum

Introduction

ICAT | Integrating Communications, Assessment, and Tactics

Developed by the Police Executive Research Forum

Each year in the United States …



ICAT | Integrating Communications, Assessment, and Tactics

Developed by the Police Executive Research Forum

- **What challenges did these officers face?**
  - Enough information from Dispatch?
  - Person with a knife… a potentially dangerous encounter
  - Behaving erratically
  - Non-compliant … disregarded orders to drop the knife
  - Officer and public safety
  - Suicide by cop … shouting "shoot me"

ICAT | Integrating Communications, Assessment, and Tactics

Developed by the Police Executive Research Forum

These encounters are not easy …

Can we handle them more effectively and more safely … for everyone?

ICAT | Integrating Communications, Assessment, and Tactics

Developed by the Police Executive Research Forum

- **Challenging Conventional Thinking**
  - "We don't have all day"
  - Retreating vs. Tactical repositioning
  - Not having a Plan B
  - Drawing a line in the sand
  - "21-foot rule" vs. Reaction gap
  - Not taking action is a "failure to act"
  - "The most important thing is that ***I*** go home safely," vs. "The most important thing is that ***we all*** go home safely."

ICAT | Integrating Communications, Assessment, and Tactics

Developed by the Police Executive Research Forum

This training is about …

Creating More Options

ICAT | Integrating Communications, Assessment, and Tactics

Developed by the Police Executive Research Forum

What this training covers

- Critical Decision-Making Model
- Crisis Recognition
- Tactical Communications
- Operational Tactics
- Scenario-Based Training

ICAT | Integrating Communications, Assessment, and Tactics

Developed by the Police Executive Research Forum

What this training covers …

- Skills you already use on a daily basis
- Pulls those skills together – applies them to non-firearms critical incidents
- Emphasis on teamwork
- Focus on persons in crisis, "suicide-by-cop" situations

ICAT | Integrating Communications, Assessment, and Tactics

Developed by the Police Executive Research Forum

- **What the training is not…**
  - Not telling officers to walk away or ignore dangerous situations
  - Not trying to put you in an unwinnable situation
  - Not telling officers they can't use force – including lethal force – when appropriate
  - Not about limiting options for officers … rather, it's about *increasing* options

ICAT | Integrating Communications, Assessment, and Tactics

Developed by the Police Executive Research Forum

- **Four key areas:**
  - Patrol officer response
  - Non-firearms incidents
  - Integration of crisis recognition, communications & tactics
  - **Officer safety & wellness—physical, emotional, legal**

ICAT | Integrating Communications, Assessment, and Tactics

Developed by the Police Executive Research Forum

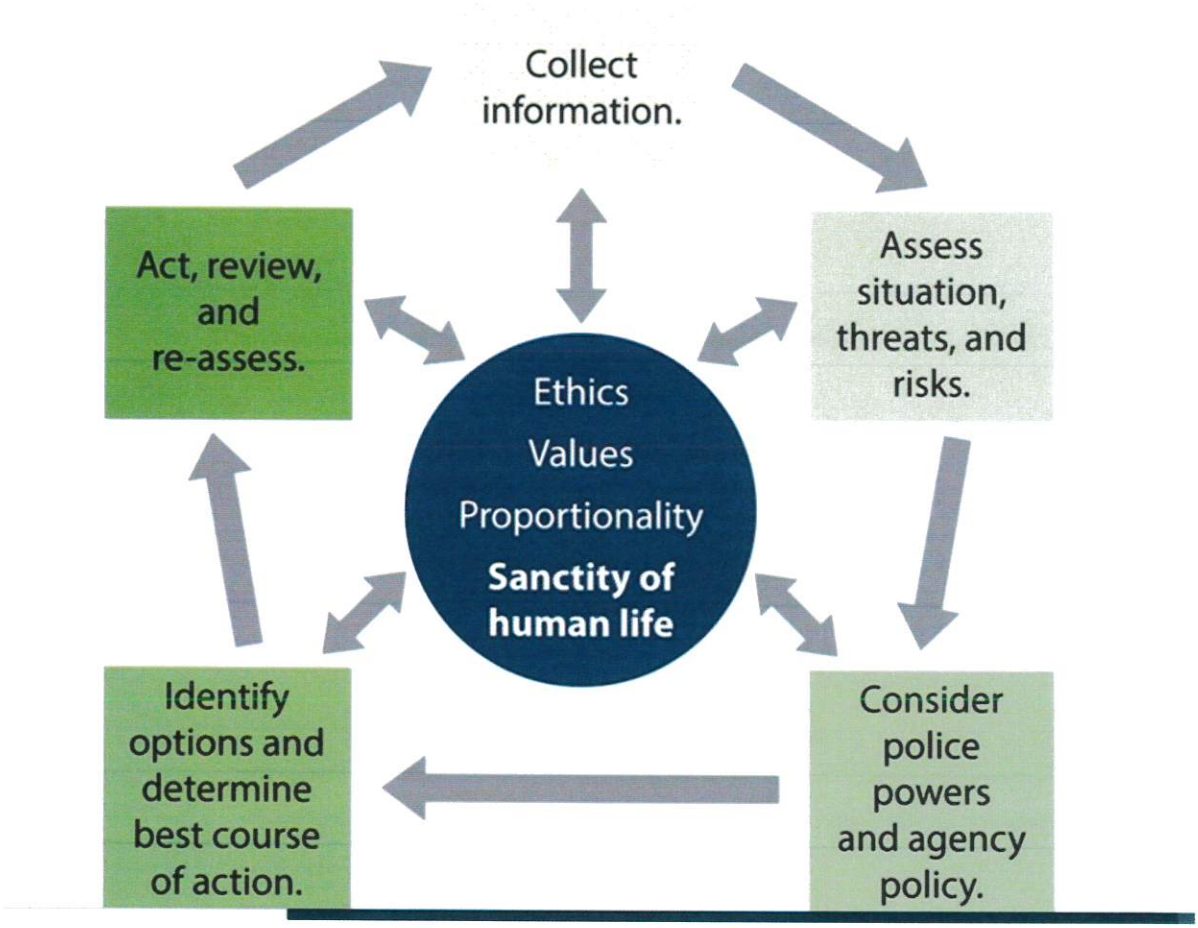
Making the job of the patrol officer …

Safe. Effective.

ICAT | Integrating Communications, Assessment, and Tactics

Developed by the Police Executive Research Forum

Module 2: The Critical Decision-Making Model (CDM)



COMMUNITY TRUST AND JUSTICE BRIEFS ORIENTED

PROCEDURAL JUSTICE

Procedural justice focuses on the way police and other legal authorities interact with the public and how the characteristics of those interactions shape the public's views of the police, their willingness to obey the law, cooperation with the police in fighting crime, and actual crime rates. Mounting evidence shows that community perceptions of procedural justice, through their influence on all these aspects of people's relationship with the law and the police, can have a significant impact on public safety.

Procedural justice is based on four central principles: "treating people with dignity and respect, giving citizens a voice during encounters, being neutral in decision making, and conveying trustworthy motives."[1] Research demonstrates that these principles contribute to relationships between authorities and the community in which (1) the community has trust and confidence in the police as honest, unbiased, benevolent, and lawful; (2) the community feels obligated to follow the law and the dictates of legal authorities; and (3) the community feels that it shares a common set of interests and values with the police.[2]

Procedurally just policing is essential to the development of good will between police and communities and is closely linked to improving community perceptions of *police legitimacy,* the belief that authorities have the right to dictate proper behavior. Research shows that when communities view police authority as legitimate, they are more likely to cooperate with police and obey the law.[3] Establishing and maintaining police legitimacy promotes the acceptance of police decisions, correlates with high levels of law-abidingness, and makes it more likely that police and communities will collaborate to combat crime.

A key finding of the research is that the public is especially concerned that the conduct of authorities be fair, and this factor matters more to them than whether the outcomes of particular interactions favor them.[4] This means that procedurally just policing is not consonant with traditional enforcement-focused policing, which assumes compliance is primarily a function of emphasizing to the public the consequences—usually formal punishment—of failing to follow the law. Policing based on formal deterrence

Further reading

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Meares, Tracey L. 2009. "The Legitimacy of Police Among Young African-American Men." *Marquette Law Review* 92: 651–666.

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Tyler, Tom R., and Yuen J. Huo. 2002. *Trust in the Law: Encouraging Public Cooperation with the Police and Courts.* New York: Russell Sage Foundation.

COPS Community Oriented Policing Services U.S. Department of Justice

National Initiative for Building Community Trust & Justice trustandjustice.org

encourages the public's association of policing with enforcement and punitive outcomes. Procedurally just policing, on the other hand, emphasizes values that police and communities share—values based upon a common conception of what social order is and how it should be maintained—and encourages the collaborative, voluntary maintenance of a law-abiding community. Research indicates that this latter approach is far more effective at producing law-abiding citizens than the former risk-based deterrence model. This makes intuitive sense—people welcome being treated as equals with a stake in keeping their communities safe, as opposed to being treated as subjects of a justice system enforced by police who punish them for ambiguous, if not arbitrary, reasons.

Taking measures to enhance procedural justice within law enforcement agencies is becoming increasingly possible. Professors Tracey Meares and Tom Tyler of Yale Law School have worked with the Chicago Police Department and others to create a one-day training for line officers and command staff that teaches them how to apply powerful procedural justice principles to their routine contacts with the public. Officers positively evaluate the training, especially since it improves not only public safety but their own. And a recently published peer-reviewed study found that the training increased officer support for all of the procedural justice dimensions included in the experiment.[5]

Indeed, there are many good reasons to cultivate a respectful relationship between police and communities, but the most important is that communities in which police are considered legitimate are safer and more law-abiding.

Recommended citation: National Initiative for Building Community Trust and Justice. 2015. *Procedural Justice*. Community-Oriented Trust and Justice Briefs. Washington, DC: Office of Community Oriented Policing Services.

Endnotes

1. Lorraine Mazerolle, Sarah Bennett, Jacqueline Davis, Elise Sargeant, and Matthew Manning, "Legitimacy in Policing: A Systematic Review," *Campbell Systematic Reviews* 9 (2012): 1.

2. Tom R. Tyler, Jonathan Jackson, and Ben Bradford, "Psychology of Procedural Justice and Cooperation," in *Encyclopedia of Criminology and Criminal Justice*, ed. G. Bruinsma and D. Weisburd (Berlin: Springer-Verlag, 2014): 4014–4033.

3. Tom R. Tyler, *Why People Obey the Law*, 2nd ed. (Princeton, NJ: Princeton University Press, 2006).

4. Tom R. Tyler and Yuen J. Huo, 2002, *Trust in the Law: Encouraging Public Cooperation with the Police and Courts* (New York: Russell Sage Foundation, 2002).

5. Wesley G. Skogan, Maarten Van Craen & Cari Hennessy, "Training Police for Procedural Justice," *Journal of Experimental Criminology* 11(3) (2014): 319-334. ("[P]ost-training, officers were more likely to endorse the importance of giving citizens a voice, granting them dignity and respect, demonstrating neutrality, and (with the least enthusiasm) trusting them to do the right thing. All of the effects of training were strong, with standardized effect sizes ranging from 1.2 to 1.6. Longer-term, officers who had attended the procedural justice workshop continued to be more supportive of three of the four procedural justice principles introduced in training; the effect of training on trust was not statistically significant.").

The opinions contained herein are those of the author(s) and do not necessarily represent the official position or policies of the U.S. Department of Justice. References to specific agencies, companies, products, or services should not be considered an endorsement by the author(s) or the U.S. Department of Justice. Rather, the references are illustrations to supplement discussion of the issues.

The Internet references cited in this publication were valid as of the date of publication. Given that URLs and websites are in constant flux, neither the author(s) nor the Office of Community Oriented Policing Services can vouch for their current validity.

COPS
Community Oriented Policing Services
U.S. Department of Justice

U.S. Department of Justice
Office of Community Oriented Policing Services
145 N Street NE
Washington, DC 20530

To obtain details about COPS Office programs, call the COPS Office Response Center at 800-421-6770.

Visit the COPS Office online at **www.cops.usdoj.gov**.

National Initiative for Building Community Trust & Justice

National Initiative for Building Community Trust and Justice
John Jay College of Criminal Justice
524 West 59th Street
New York, New York 10019

Visit the National Initiatve online at **trustandjustice.org**.

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Published 2016

IAPRO

THE LEADING PROFESSIONAL STANDARDS SOFTWARE. WORLDWIDE.

June 8, 2020

Major Joe Leibold
Waterloo Police Department
Email: leiboldj@waterloopolice.com

Major Leibold,

Thank you for your interest in our IAPro software for use by the Waterloo Police Department. I have prepared the below price quote covering the costs associated with implementing IAPro and *optional* BlueTeam software at your agency.

The below proposal outlines our standard price model, along with the initial startup costs for training.

If you have any questions on this, please let me know.

IAPro Price Quote

Item	Purchase costs
IAPro Professional Standards software • Unlimited number of users • Installation • Pre-Load of employee information	$ 10,000.00
2 Days Remote and On-Site Training • IAPro User training • System Configuration with core users	$ 2,400.00
Travel Expenses for Trainer	$ Included
Total for IAPro Software and Services	**$ 12,400.00**
BlueTeam *Optional* Field Support Web application • Unlimited number of users • Installation Note: Requires purchase of IAPro software	$ 6,000.00
1 Days On-Site Training • BlueTeam User training	$ 1,200.00

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System Configuration with core users		
Travel Expenses for Trainer	$	Included
Total with Optional BlueTeam	**$**	**19,600.00**

Ongoing Annual Maintenance Amount - beginning year 2		
IAPro	$	2,000.00
BlueTeam	$	1,200.00
Annual Maintenance Totals	**$**	**3,200.00**

Annual Maintenance

Annual maintenance begins the second year of use and ongoing. The annual maintenance amount is subject to a 2% increase every other year beginning year three.

Annual maintenance includes all end user and technical support via our 800 # and our online support website as well as any associated technical or user documentation. Annual maintenance also includes all new versions of the IAPro software and if purchased BlueTeam.

Important Note

The purchase of the IAPro system does not include hardware, OS licensing or SQL Server licensing. Most agencies that purchase IAPro have an existing server with existing Microsoft SQL Server licensing. IAPro can be installed on your existing hardware and within your existing SQL Server instance.

BlueTeam Field Support Service application

The BlueTeam Field Support Service application is an adjunct application that is used by some IAPro customers. It is designed for entry of use-of-force, complaint, vehicle accident and pursuit incident types by field and supervisory level personnel. It supports the review and approval process with routing up the chain of command. **Note: BlueTeam software is a separate and additional cost.*

Officer Preload

CI Technologies offers a free service whereby we will import your employee information into the IAPro database, prior to installing IAPro at your agency.

This is a one-time service offered at no additional cost.

Training

IAPro training is conducted by an IAPro training specialists...each IAPro training specialist is a current or former law enforcement Detective with extensive investigative experience.

IAPro training is heavily oriented towards hands-on usage. To this end, a special "training" version of IAPro is installed on each workstation used for training. This is a full-featured version of IAPro with demo/training database installed on the workstation hard drive. It is strongly recommended that there be one trainee per training workstation. An LCD projector is also needed for training.

If the BlueTeam software is purchased, training is typically coordinated subsequent to the IAPro training to allow agency staff ample time to become familiar with IAPro prior to deploying BlueTeam for agency wide use.

HR Integration

If quoted in this proposal, the HR Integration process will be written as a SQL Stored procedure and will integrate data from an existing SQL Server data source containing the needed employee data elements.

*The integration process will bring in data elements that map to existing data elements within IAPro. New data elements will not be added.

See the "HR Integration Overview" document for details on this process.

Optional Data Migration Services

CI Technologies offers a data migration service whereby we will obtain data from your Department's existing internal affairs database and CI Technologies will convert that data into the IAPro database prior to the installation of IAPro at your agency. If you are interested in this option, please contact us so that we can evaluate your existing database data and provide you with a price.

Pricing for this service can ***only*** be provided after an analysis of your existing database.

Considerations Regarding our Solution

Three aspects of our solution are distinctive, and set us apart from our competitors. They are:

- Unlimited use licensing - there are no additional or hidden additional licensing costs: IAPro and BlueTeam pricing is for unlimited use licensing in terms of both the number of users that can run the software concurrently, and the number of workstations the applications can be run on. Our pricing model ensures maximum flexibility for the customer, with all licensing costs paid at point of initial purchase. The customers will never have to purchase additional licensing based on increased or unforeseen future usage requirements. This is important since the participation of front-line personnel - especially supervisors - is crucial in upholding the integrity of the organization, and to constrain their use of the software would greatly limit, if not cripple, its effectiveness.

- A three-day annual user's conference is offered to our customers: Each year since 2004, CI Technologies has hosted an Annual Users Conference for our IAPro and

  BlueTeam customers. Our most recent conference, held in Nashville, TN saw over 625 attendees. Each conference consists of a multi-track format that, includes tracks for beginner-level users, advanced users, and users with specialized interests such as designing early intervention programs. The 2020 conference will be held in Anaheim, CA. Please visit our website for further details.

  These conferences are a key part of the support services offered to our customers, and meet the following needs:
  - Training of new customer staff based on turnover - Inevitably over time our customers will experience turnover in staff, which requires that training be available on an ongoing basis.
  - Advanced training - Many customers benefit from advanced training, especially in-depth coverage of features found in new releases of the software.
  - Networking with peers - In order to share ideas and approaches to utilizing our software.
  - Providing feedback directly to the vendor's staff - The opportunity to provide feedback and suggestions directly to our staff is highly valuable to both our customers and our company. This ensures that we have up-to-date information on how best to improve our software and services.

- Our Growing Customer Base: Over 800 public safety agencies in the US, Canada, Australia and New Zealand currently run IAPro and IAPro with BlueTeam. These agencies range in size from major customers one person IA Units in smaller departments. The size of our customer base reflects our leading position in the Professional Standards software marketplace.

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Purchase Orders

Training and installation are scheduled on a first-come-first-served basis.

Due to our current sales backlog, we request to be notified as soon as possible once a purchase decision has been made. Please be sure to fax any purchase orders to us at 800.620.8504 for expeditious handling of your order.

This price quote will remain in-effect through December 31, 2020. Please call or email if you need additional information or have any questions. Thank you again for your interest and consideration!

Best Regards,

Timothy J. Conner

Timothy Conner
tconner@iapro.com
Off: 1.800.620.8504 x707

PowerDMS t 800.749.5104 f 407.210.0113 www.powerdms.com 101 S. Garland Ave, Ste 300 Orlando, FL 32801

Service Order

Contract Details

Account Number: A-18759
Customer: Waterloo Police Department (IA)
Sales Rep: Don Philippi

Order Details

Order #: Q-104722
Order Date: 7/1/2020
Valid Until: 8/31/2020
Initial Term (months): 12

Customer Contact

Billing Contact: Waterloo Police Department (IA)
Joel Fitzgerald
Address: 715 Mulberry St
Waterloo, IA 50703

Billing Contact Email: policechief@waterloopolice.com
Phone: (319) 291-4339
Fax:

Payment Terms

Payment Term: Net 30
PO Number:

Notes:

Subscription Service

Item	Type	Qty	Total
PowerDMS Pro Base	Recurring	1	$3,600.00
Capture signatures to ensure acknowledgement of crucial content, and generate reports based on user activity. Create workflows to simplify content updates and approvals. View content changes side-by-side.			
PowerDMS Pro License	Recurring	530	$7,019.33
Per user license for PowerDMS Pro			
PowerDMS Training	Recurring	530	$3,735.00
Develop courses from your content to train employees, and create tests and exams to ensure understanding. Assign, track and award certificates.			
Public Facing Documents - Local Agencies - Small	Recurring	1	$2,000.00
Public-Facing Documents is an add-on feature for the Policy product that allows an admin user to make content within a PowerDMS site to be made public.			
PowerDMS University - 500- 999	Recurring	1	$750.00
Access to PowerDMS University with unlimited Boot Camp registrations.			
PowerDMS Professional Package	Services	1	$2,500.00
The Professional services package offers access to a PowerDMS technical resource who will assist your IT team with user import and single sign-on setup. You'll receive six hours of consulting, including a kickoff, two technical consulting sessions, groups and security, site settings review and roll out. (Services must be used within 6 months of the order date.)			
		TOTAL:	$19,604.33

Additional Terms and Conditions

Payment Terms All invoices issued hereunder are **due upon the invoice due date.** The fees set forth in this Service Order are exclusive of all applicable taxes, levies, or duties imposed by taxing authorities and Customer shall be responsible for payment of any such applicable taxes, levies, or duties. All payment obligations are non-cancellable, and all fees paid are non-refundable.

Terms & Conditions Unless otherwise agreed in writing by PowerDMS and Licensee, this Service Order and the services to be furnished pursuant to this Service Order are subject to the terms and conditions set forth here: http://www.powerdms.com/terms-and-conditions/. The Effective Date (as defined in the terms and conditions) shall be the date set forth below.

Accepted and Agreed By:
Waterloo Police Department (IA)

Signature: _____

Printed Name: _____

Title: _____

Date _____

THE INFORMATION AND PRICING CONTAINED IN THIS SERVICE ORDER IS STRICTLY CONFIDENTIAL

PowerDMS

Protect your agency by reducing risk and limiting liability.

PowerDMS FAQs

Is there a limit to the amount of documents I can upload?

No, you can upload as many documents as you wish, but a single document cannot exceed 100 MB.

What if I want to upload video's that exceed 100 MB?

You will have the ability to embed videos exceeding 100 MB in a PowerDMS HTML document by storing them on an internal server or a cloud video storage service.

Do we own our data or does PowerDMS?

You own your data and can take it with you if you leave.

Can I add additional users in the future? If so, how would I do that?

Yes, you can add new users at any time. Send an email to sales@powerdms with the number of licenses you need and we can provide you a quote.

What happens if we want to stop? How do we get our data out and what format will it be in?

You are able to export and backup your data locally in a zip file.

Can I pay monthly?

No, payment is generally made on an annual basis. Work with your account executive to arrange any special payment options.

How long have you been in business and where are your offices located?

PowerDMS was founded in 2000. We are located in Orlando, Florida.

www.facebook.com/powerdms
www.twitter.com/powerdms
www.linkedin.com/company/powerdms
PowerDMS.com
800.749.5104

PowerDMS

Protect your agency by reducing risk and limiting liability.

PowerDMS FAQs

What are your security measures to keep our data safe?

We take the confidentiality and integrity of our customers' information very seriously. We use a multi-layer approach, constantly monitoring the application and infrastructure to support the growing challenges and requirements of security. All customer data is stored in our network of data centers throughout the U.S., each of which employ stringent security and disaster recovery measures.

In addition to adhering to industry best practices in regards to data security, PowerDMS has successfully meet the requirements of The Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Security Policy. CJIS is a set of standards developed by the FBI for securing criminal justice information (CJI).

Where are the data centers located?

Our data centers are geographically dispersed, each with the same highly secure factors; disaster recovery is planned specifically for each location. In addition to regular scans of our network and systems for vulnerabilities, recurring third-party assessments are conducted for application and network threats, and code review.

How often is the site backed up?

All PowerDMS customer data and the corresponding databases are backed-up on a nightly basis, either using a "full" or "incremental" methodology to ensure that archived data is secure and easily recoverable.

Can we back our site up locally?

Yes, all data kept in your PowerDMS can be backed up locally.

Does PowerDMS use Java? If so, what versions are supported?

PowerDMS does not use or interact with Java, so there are no potential conflicts.

PowerDMS

Protect your agency by reducing risk and limiting liability.

PowerDMS FAQs

How much training will we get and is it web based or in person?

The amount of training will depend on what training package you purchase. Training is a combination of interactive workshops, web meetings with a dedicated CSA (Customer Success Advisor), webinars and self-help resources. Onsite training can be purchased for an additional cost.

How long will it take us to get our site up and running?

This depends on the size of your organization, how you want to use the system and the speed of your internal implementation team. On average, organizations need between 12 and 16 weeks, though some have needed fewer than 3 weeks.

What resources will we need to devote to this process?

We recommend you designate a dedicated resource to champion organization stakeholders (Operations Manager, Director, or VP) and a project manager. You may also need an IT resource at the onset of your onboarding process to provide network access or assist with uploading users and groups.

What will my IT folks need to do?

Network access and security may need to be granted to use certain PowerDMS functions including, but not limited to, accessing the Network, IP addresses, Security and PowerDMS Sync. Depending on your organization's set up, they may need to assist with the initial upload of users and groups.

Can I have view only or non participating users just to read content?

No, you need to purchase a license for anyone that wants to view, access, or interact with any content in PowerDMS.

PowerDMS

Protect your agency by reducing risk and limiting liability.

PowerDMS FAQs

Do I need a license for everyone in the organization?

You will need to purchase a license for everyone that wants to view, access, or interact with any content in PowerDMS.

What's the difference between an administrator and an end user in the system?

At this time PowerDMS does not differentiate licenses for administrators from those of end users, so there is no limit on how many people can be setup as an administrator. Typically we recommend having a very limited number of Master Administrators who have overall control of the site; you'll likely want to give some other users more limited administrative privileges to run reports, manage their own content or employees, etc.

What are your customer support hours and who can contact them?

We are available to answer questions for both end users and Master Administrators. End users may wish to coordinate with their Master Administrator before contacting us. Support can be contacted via phone, email or live chat within PowerDMS. Our support team is available, Monday-Friday 8:00am-6:00pm EST at 1-800-749-5104 or Support@powerdms.

Do you have a users manual?

We don't have a users manual, but provide dozens of self-service resources including, videos, articles, webinars, in-app help tutorials, etc.

How do the users get into PowerDMS?

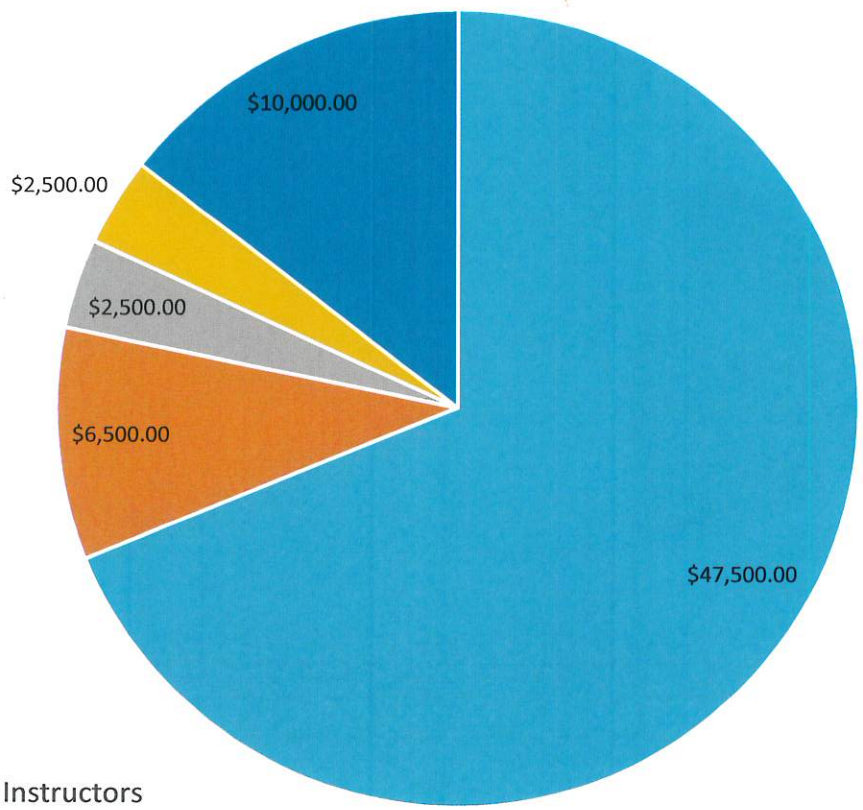
Users can be bulk loaded into PowerDMS via an Active Directory Sync or a .CSV file. PowerDMS provides a free tool called PowerSync, which can be download on an individual computer or server in order to facilitate the bulk upload process.

PowerDMS FAQs

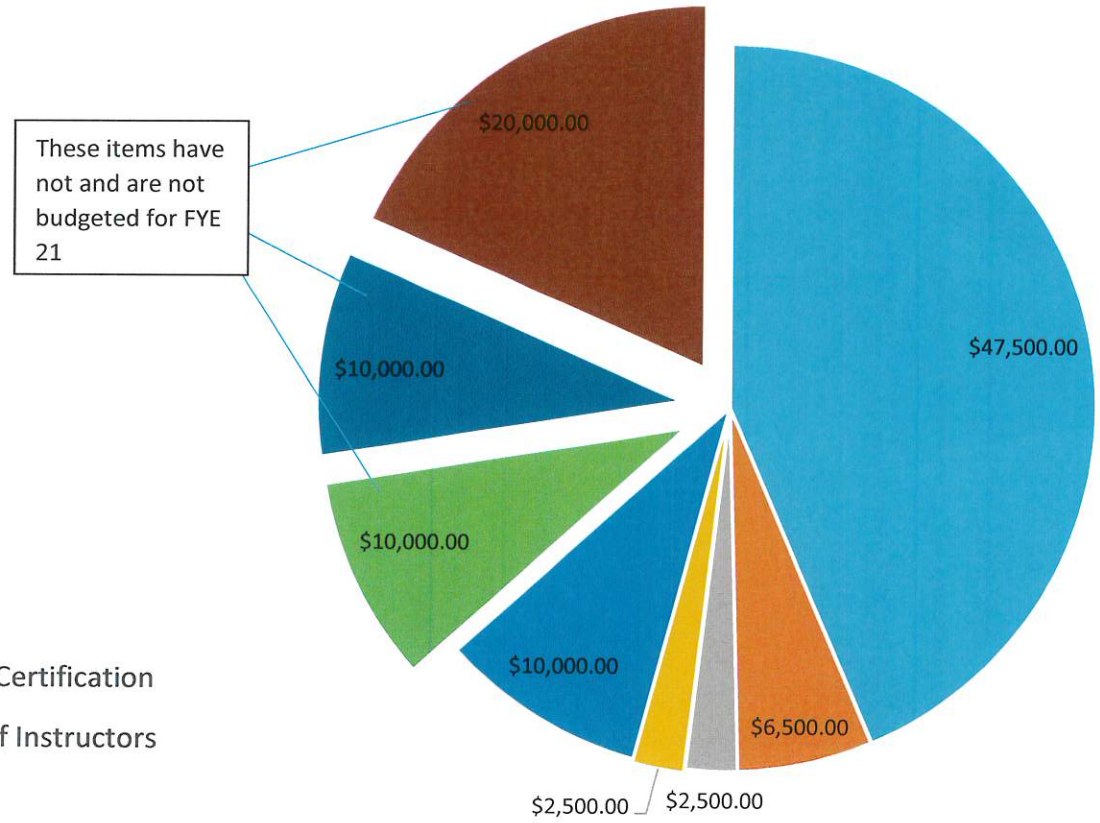
Can PowerDMS Interface with Our HR System for User Upload and Maintenance?

Yes; you can do this using PowerDMS Sync, a tool built for making user creation and maintenance an automated process. PowerDMS Sync can work with a CSV file or directly with your Active Directory, so you can simply run a report from your HR system and save it as a CSV prior to importing into PowerDMS. PowerDMS Sync can be set to run at the same time on a regular basis, so you can fully automate the process by running a scheduled report from your HR system for use with PowerDMS Sync.

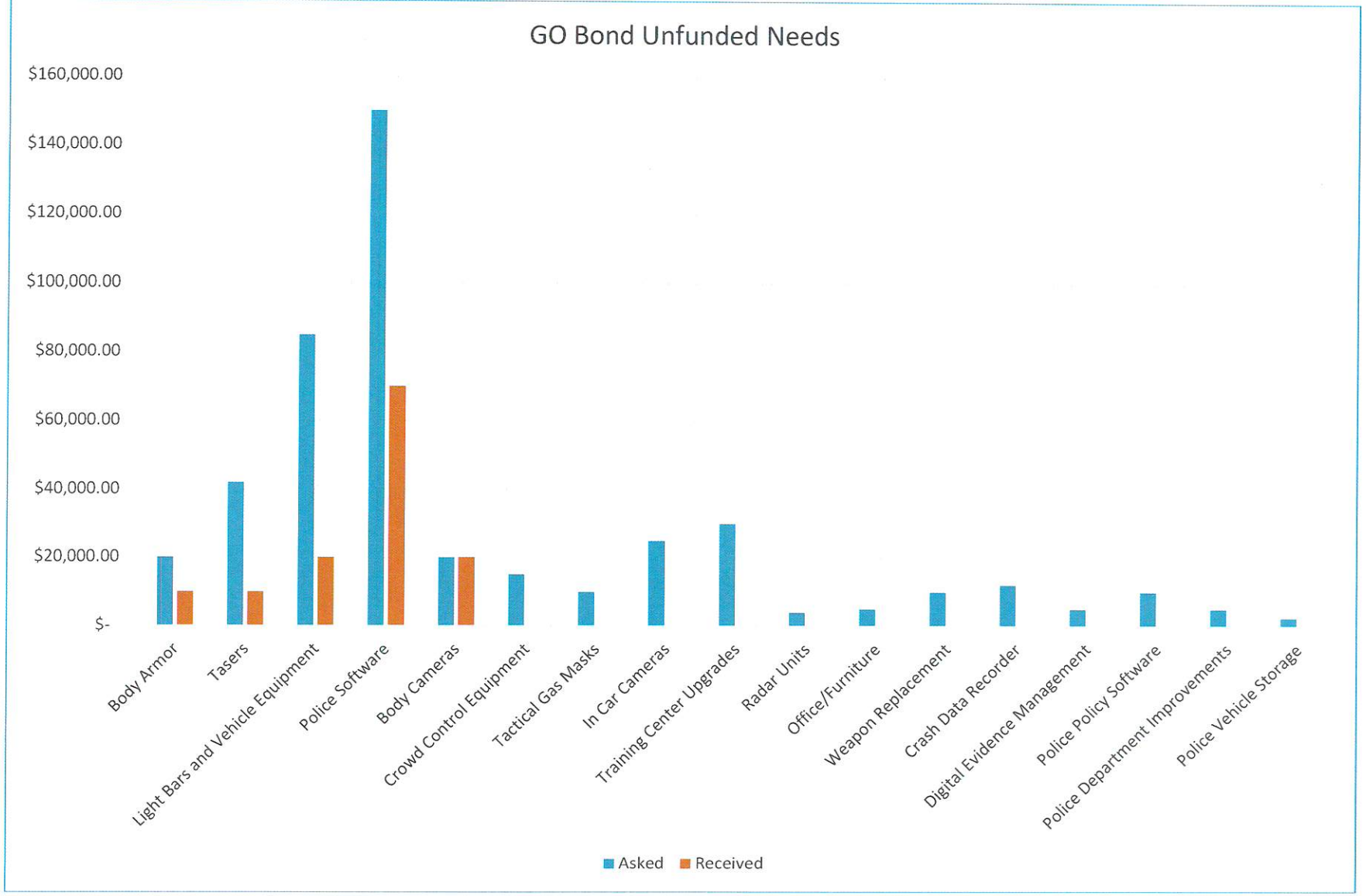
FYE 2021 Budgeted Training
$69,000



Unfunded Training for FYE 2021
$109,000



WATERLOO POLICE
DEPARTMENT



WATERLOO POLICE
DEPARTMENT

	Asked	Received	Fixed Software Costs
Body Armor	$ 20,000.00	$ 10,000.00	
Tasers	$ 42,000.00	$ 10,000.00	
Light Bars and Vehicle Equipment	$ 85,000.00	$ 20,000.00	
Police Software	$ 150,000.00	$ 70,000.00	$ 50,000.00
Body Cameras	$ 20,000.00	$ 20,000.00	
Crowd Control Equipment	$ 15,000.00	$ -	
Tactical Gas Masks	$ 10,000.00	$ -	
In Car Cameras	$ 25,000.00	$ -	
Training Center Upgrades	$ 30,000.00	$ -	
Radar Units	$ 4,000.00	$ -	
Office/Furniture	$ 5,000.00	$ -	
Weapon Replacement	$ 10,000.00	$ -	
Crash Data Recorder	$ 12,000.00	$ -	
Digital Evidence Management	$ 5,000.00	$ -	
Police Policy Software	$ 10,000.00	$ -	
Police Department Improvements	$ 5,000.00	$ -	
Police Vehicle Storage	$ 2,500.00	$ -	
	$ 450,500.00	$ 130,000.00	