

C.8 Bomb Threat

Policy

In the event of a bomb threat, every attempt will be made to maintain the safety of residents, visitors, and staff in the facility. All personnel will be enlisted in this attempt. Evacuation will take place if deemed the appropriate action to maximize safety.

Procedure

1. On notification/receipt of a bomb threat, the person receiving the threat will initiate BOMB THREAT CHECKLIST actions while having another person immediately notify the supervisor.
2. If unable to access a checklist during the call, the person receiving the threat will complete the BOMB THREAT CHECKLIST as soon as possible afterward.
 - a. Suggested telephone protocol:
 - 1) Ask:
 - a) Where the bomb is located?
 - b) When the bomb will go off?
 - c) What materials are in the bomb?
 - d) Who is calling?
 - e) Why is the caller doing this?
 - 2) Listen closely to the caller's voice and speech patterns.
 - 3) Note all background noises.
3. *If the telephone line and phone that the call came through on is known*, do not reuse the phone line or the handset to that phone until instructed to do so by local police.
4. The supervisor will call 911 (Note: In some locations it may be faster to call the Police Department directly, depending upon whether the specific department is part of a regional 911 consortium) to reach the local police department who will respond and make the decision to notify the Bomb Squad based on their assessment of the situation.
5. Evacuation of the facility will be determined in cooperation with local emergency officials.
 - a. To minimize undue resident concern, do not mention "bomb threat" as the reason for evacuation. Plan appropriate language such as "suspicious event" that all staff will use if questioned.
6. The supervisor will notify the Executive Director/Administrator, Director of Nursing/Wellness Director and the Facilities/Environmental Services Director.
7. The supervisor will request that all visitors report to _____ (place) _____ and standby for possible evacuation of residents.
8. All exit doors to the facility will be secured and locked. All windows and internal doors will be left open.
9. All department managers and nurses will make a cursory inspection of their area, looking for any unusual items.

10. DO NOT HANDLE any unusual or unfamiliar items or packages!
11. Should a device be found, if it is feasible to do so without disturbing the device, flammables should be removed from the area, and any gas or fuel lines feeding into that location should be shut off.
12. If the location of the bomb is not revealed and evacuation has been recommended as the appropriate action, evacuation should be to (location),
13. Nurse managers will bring the Wellness Assessment/Care Plan book, and medication administration records and perform a check after reaching the safety evacuation zone to assure that all residents have been evacuated. Report any missing resident(s) immediately to a member of the Emergency Response Team. Remain with your assigned residents throughout the emergency.
14. No one may reenter a building until the all-clear has been given by the appropriate Emergency Response team leader/Incident Commander on site.

15. EMERGENCY PREPAREDNESS PLAN BOMB THREAT CHECKLIST

REMAIN CALM KEEP THE PERSON TALKING NOTE THE CONVERSATION

DATE CALL RECEIVED: _____ TIME SPENT: _____ TIME END _____
 Length of Call _____
 Number at which call received: _____ Time: _____ Date _____

EXACT WORDS USED BY CALLER _____

DELAY – ASK THE CALLER TO REPEAT WHAT HE/SHE SAID!

Questions to ask caller:

1. When is the bomb going to explode? _____
2. Where is the bomb right now? _____
3. What does it look like? _____
4. What kind of bomb is it? _____
5. What will cause it to explode? _____
6. Why kill or injure innocent people? _____
7. What does it look like? _____
8. Why did you place the bomb? _____
9. What is your name? Who are you? _____
10. Where are you? _____
11. What is your address? _____

Caller's Voice:

If voice is familiar, who did it sound like? _____
 Description Of Caller's Voice: _____
 Sex of caller: _____ Male _____ Female _____
 Age: Young _____ Middle Age _____ Old _____ Accent _____ Type _____
 Any Unusual Phrase? _____ Speech Impediments? _____
 Background Voice? _____
 Any Other Characteristics Of Voice? _____

Caller's Voice:

- | | | | | |
|----------------------------------|-----------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> Sober | <input type="checkbox"/> Laughter | <input type="checkbox"/> Slurred | <input type="checkbox"/> Familiar | <input type="checkbox"/> Deep Breathing |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Accent | <input type="checkbox"/> Cracked Voice | <input type="checkbox"/> Raspy | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Ragged | <input type="checkbox"/> Slow | <input type="checkbox"/> Deep | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Rough | <input type="checkbox"/> Nasal | <input type="checkbox"/> Rapid | <input type="checkbox"/> Distinct | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Refined | <input type="checkbox"/> Excited | <input type="checkbox"/> Disguised | <input type="checkbox"/> Loud | |
| <input type="checkbox"/> Stutter | <input type="checkbox"/> Normal | <input type="checkbox"/> Lisp | <input type="checkbox"/> Soft | |

Threat Language:

- | | | | |
|---|-------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Well Spoken (Educated) | <input type="checkbox"/> Irrational | <input type="checkbox"/> Message Read by Threat Maker | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Incoherent | | | <input type="checkbox"/> Foul |

Background Sounds:

- | | | | | |
|--|------------------------------------|--|------------------------------------|---|
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Whistles | <input type="checkbox"/> Other_____ | <input type="checkbox"/> Voices | <input type="checkbox"/> Local |
| <input type="checkbox"/> Motors | <input type="checkbox"/> Music | _____ | <input type="checkbox"/> Noises | <input type="checkbox"/> Office Machine |
| <input type="checkbox"/> Traffic | <input type="checkbox"/> Factory | _____ | <input type="checkbox"/> PA System | <input type="checkbox"/> Aircraft |
| <input type="checkbox"/> Bells | <input type="checkbox"/> Machinery | <input type="checkbox"/> Long Distance | <input type="checkbox"/> Booth | |
| <input type="checkbox"/> Horns | | <input type="checkbox"/> Animal Noises | <input type="checkbox"/> Static | |
| | | <input type="checkbox"/> House | | |

Any Other Characteristics Of Voice Or Background Noise? _____

Remarks _____

Name, Address, And Telephone Number Of Person Answering the phone call:

