

CAYUGA COUNTY POLICY MANUAL
Section 7

Subject: Bomb Threat Protocol

Effective Date: 5/25/10; Res. 255-10

Supersedes Policy of: April 23, 2007, October 27, 2009

Policy Title: Bomb Threat Protocol for County Office Building

Objective: To provide an action plan in case of bomb threats at the Cayuga County Office Building.

(Note: Similar procedures are in place in other County Facilities (i.e., Cayuga County Color Code System for Emergencies.)

Policy: Actions to Take:

1. **If Bomb Threat is Received By Phone:**

- Take the caller seriously and remain calm.
- Try to keep caller on the phone by asking questions using the Cayuga County Homeland Security Bomb Threat Checklist.
- Listen carefully: Don't interrupt the caller or hang up.
- If possible, write a note to a co-worker asking him/her to "call 911 to report a bomb threat."
- Call 911 immediately once the call has ended to report the details.
- Law Enforcement officials will determine if evacuation is necessary.

2. **If Bomb Threat is Received by Mail:**

- Stop additional handling of the letter or parcel.
- Call 911 immediately.
- Law Enforcement Officials or designee will determine if evacuation is necessary.
- Secure the room/area if possible, allowing entry to emergency responders only.
- Advise Building Personnel not to use 2-way radios in the area.

3. **If Bomb Threat is Received By E-Mail:**

- Call 911 immediately.
- Print a copy for Law Enforcement Office
- Do not delete the message.
- Law Enforcement will determine if evacuation is necessary.

4. Additional Information/Follow-Up Activities:

- If instructed to do so, initiate building evacuation by paging “Code Black” on PA System (8188).
- Evacuate building and report to Emergency Assembly Area (EAA) (upper parking lot).
- Wait for emergency response personnel or the Building Supervisor to authorize that it is safe to re-enter the affected area.
- Provide the completed CCOB Bomb threat Checklist to the officer-in-charge at the scene.
- Notify your supervisor or department head of bomb threat if they were not in the area when it occurred.

(Note: Policy shall be reviewed by the Risk/Management Committee periodically and revisions adopted by the Legislature shall be distributed to all departments.

Bomb Threat Checklist

Today's Date ____/____/____

Information on call

Date of Call	Time of call <input type="checkbox"/> AM <input type="checkbox"/> PM	Duration of call	Phone number called: () _____
Name of person called:			Phone number to call for follow up: () _____

Questions for caller (Try to ask these questions and document responses)

When will bomb explode?	What kind of bomb is it?	What will cause the bomb to explode?
Where is the bomb located?	What does the bomb look like?	What is your name?
Did you place the bomb? If so, why?	Where are you calling from?	

Document exact wording of the threat:

Information on caller

Gender of caller: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Approximate age of caller:	Does voice sound familiar?	If yes, who does it sound like?
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Description of caller (Check all that apply)

Voice	Speech	Language	Behavior	Background Noises	Bckgnd Cont.
<input type="checkbox"/> Clear	<input type="checkbox"/> Accented	<input type="checkbox"/> Educated	<input type="checkbox"/> Agitated	<input type="checkbox"/> Airport	<input type="checkbox"/> Tavern/Bar
<input type="checkbox"/> Distorted	<input type="checkbox"/> Deliberate	<input type="checkbox"/> Foreign	<input type="checkbox"/> Angry	<input type="checkbox"/> Animals	<input type="checkbox"/> Television
<input type="checkbox"/> Hoarse	<input type="checkbox"/> Distinct	<input type="checkbox"/> Foul	<input type="checkbox"/> Blaming	<input type="checkbox"/> Baby	<input type="checkbox"/> Traffic
<input type="checkbox"/> Loud	<input type="checkbox"/> Fast	<input type="checkbox"/> Intelligent	<input type="checkbox"/> Calm	<input type="checkbox"/> Birds	<input type="checkbox"/> Train
<input type="checkbox"/> Muffled	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Irrational	<input type="checkbox"/> Clearing Throat	<input type="checkbox"/> General Noise	<input type="checkbox"/> Typing
<input type="checkbox"/> Nasal	<input type="checkbox"/> Lisped	<input type="checkbox"/> Rational	<input type="checkbox"/> Crying	<input type="checkbox"/> Guns Firing	<input type="checkbox"/> Water/Wind
<input type="checkbox"/> Pitch - High	<input type="checkbox"/> Slowed	<input type="checkbox"/> Slang	<input type="checkbox"/> Fearful	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Other
<input type="checkbox"/> Pitch - Mid	<input type="checkbox"/> Slurred	<input type="checkbox"/> Uneducated	<input type="checkbox"/> Intoxicating	<input type="checkbox"/> Machinery	
<input type="checkbox"/> Pitch - Low	<input type="checkbox"/> Stuttered	<input type="checkbox"/> Unintelligible	<input type="checkbox"/> Laughing	<input type="checkbox"/> Music	
<input type="checkbox"/> Pleasant	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Nervous	<input type="checkbox"/> Party	
<input type="checkbox"/> Raspy			<input type="checkbox"/> Self - Righteous	<input type="checkbox"/> PA System	
<input type="checkbox"/> Smooth			<input type="checkbox"/> Other	<input type="checkbox"/> Quiet	
<input type="checkbox"/> Soft				<input type="checkbox"/> Restaurant	
<input type="checkbox"/> Squeaky				<input type="checkbox"/> Static	
<input type="checkbox"/> Unclear				<input type="checkbox"/> Street Noise	
<input type="checkbox"/> Other				<input type="checkbox"/> Talking	

Other * - Please provide any additional details or information: _____