

	<b>Huron School District #2-2</b>	Code: <b>EBCA Bomb Threats</b>
	Policies and Regulations	

## **Bomb Threats**

- A. Each school facility should have a detailed outline of procedure in case of a bomb threat (EBCA). This procedure should be in writing. The procedure should provide directions to all personnel in case of a bomb threat, including directions for evacuation and search.


In case of a bomb threat, it is expected that the individual in charge of the facility must act in conformity with plans as outlined in these procedures.

- B. Furthermore, it is recommended that each building head have at his/her disposal the following guidelines:

- Emergency Planning Guide for School Administrators,  
Division of Emergency and Disaster Services, pages 58, 59, 98, 99.
- The Emergency Management Disaster Preparedness Plans,
- Huron School District #2-2, to be found in the Huron Board of Education Policy Handbook.

### C. BOMB SEARCH PROCEDURE

1. A bomb threat is a violation of State Law SDCL 22-14-A-22.
2. In the case of a bomb threat, law enforcement officials should be contacted immediately.
3. The bomb threat procedure should be discussed with all facility personnel and law enforcement officials.

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## BOMB THREAT CHECKLIST

### Telephone Procedures

- **REMAIN CALM, BE COURTEOUS, LISTEN TO, AND DO NOT INTERRUPT THE CALLER**
- **GET ATTENTION OF ANOTHER PERSON - GIVE NOTE SAYING: "CALL POLICE - BOMB THREAT" 911**
- **IF YOUR PHONE HAS CALLER ID DISPLAY, RECORD NUMBER OF INCOMING CALL \_\_\_\_\_**
- **WRITE DOWN EXACT WORDS OF THE CALLER AND THREAT**
- **DON'T HANG UP THE PHONE. LEAVE LINE OPEN**
- **NOTIFY A SUPERVISOR**

TRY TO KEEP THE CALLER ON THE PHONE AND TALKING BY ASKING THE FOLLOWING QUESTIONS:

1. WHEN WILL IT EXPLODE? AT WHAT TIME? \_\_\_\_\_
2. WHERE IS IT LOCATED? WHAT FLOOR? ROOM? \_\_\_\_\_
3. WHAT DOES IT LOOK LIKE? \_\_\_\_\_
4. WHAT KIND OF BOMB IS IT? \_\_\_\_\_
5. WHAT WILL SET IT OFF? \_\_\_\_\_
6. WHY ARE YOU DOING THIS? \_\_\_\_\_
7. WHO ARE YOU? \_\_\_\_\_
8. ARE YOU AWARE THAT IT COULD KILL OR INJURE INNOCENT PEOPLE IN ADDITION TO THOSE YOU INTEND TO HURT? \_\_\_\_\_

#### DESCRIPTION OF CALLER (check all that apply)

Sex:    Male \_\_\_\_\_    Female \_\_\_\_\_    Unknown \_\_\_\_\_    Approximate Age \_\_\_\_\_

Voice	Speech	Language	Behavior	Background Noises
<input type="checkbox"/> Clean	<input type="checkbox"/> Accented	<input type="checkbox"/> Educated	<input type="checkbox"/> Agitated	<input type="checkbox"/> Airport
<input type="checkbox"/> Distorted	<input type="checkbox"/> Deliberate	<input type="checkbox"/> Foreign	<input type="checkbox"/> Angry	<input type="checkbox"/> Animals
<input type="checkbox"/> Loud	<input type="checkbox"/> Distinct	<input type="checkbox"/> Foul	<input type="checkbox"/> Blaming	<input type="checkbox"/> Baby
<input type="checkbox"/> Muffled	<input type="checkbox"/> Fast	<input type="checkbox"/> Intelligent	<input type="checkbox"/> Calm	<input type="checkbox"/> Birds
<input type="checkbox"/> Nasal	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Irrational	<input type="checkbox"/> Fearful	<input type="checkbox"/> General Noise
<input type="checkbox"/> Pitch-High	<input type="checkbox"/> Lisp	<input type="checkbox"/> Rational	<input type="checkbox"/> Laughing	<input type="checkbox"/> Guns Firing
<input type="checkbox"/> Pitch-Med	<input type="checkbox"/> Slow	<input type="checkbox"/> Slang	<input type="checkbox"/> Nervous	<input type="checkbox"/> Gymnasium
<input type="checkbox"/> Pitch-Low	<input type="checkbox"/> Slurred	<input type="checkbox"/> Uneducated	<input type="checkbox"/> Righteous	<input type="checkbox"/> Machinery
<input type="checkbox"/> Pleasant	<input type="checkbox"/> Stuttered	<input type="checkbox"/> Unintelligible	<input type="checkbox"/> Other:	<input type="checkbox"/> Music
<input type="checkbox"/> Raspy	<input type="checkbox"/> If Accented,	<input type="checkbox"/> If Foreign,		<input type="checkbox"/> Party
<input type="checkbox"/> Smooth	Describe:	Describe:		<input type="checkbox"/> Quiet
<input type="checkbox"/> Soft				<input type="checkbox"/> Restaurant
<input type="checkbox"/> Squeaky				<input type="checkbox"/> Talking
<input type="checkbox"/> Unclear				<input type="checkbox"/> Tavern/Bar
<input type="checkbox"/> Other				<input type="checkbox"/> Television
				<input type="checkbox"/> Traffic
				<input type="checkbox"/> Train
				<input type="checkbox"/> Typing
				<input type="checkbox"/> Water/Wind
				<input type="checkbox"/> Other:

Name of Person Receiving Call: \_\_\_\_\_

Phone Number Threat Was Received On: \_\_\_\_\_

Name of Possible Suspect: \_\_\_\_\_

**POLICE 911 (Emergency)**    353-8550 (Non Emergency)