



**Department of Health and Human Services
Office of the Commissioner
Policy and Procedure Statement**

Policy # DHHS-14-05

Issue Date: 11/7/05

Revised Date:

I. SUBJECT

Procedures for Dealing with Threats Directed toward Department of Health and Human Services Staff or Buildings.

I. POLICY STATEMENT

There shall be a set of procedures to deal with threats against Department of Health and Human Services employees.

III. RATIONALE

The Maine Department of Health and Human Services considers threats directed against its employees as a serious offense subject to prosecution to the fullest extent of the law. In keeping with this, Department of Health and Human Services pledges to make every possible effort, within its scope and authority, first to protect its employees and second to cooperate fully in assisting in the apprehension and prosecution of any person who threatens an employee.

The Department and its staff stand ready to assist in any way possible with bringing the threatening situation to an appropriate conclusion.

III. PROCEDURE STATEMENT

A. Notification to law enforcement & supervisor

1. **All bomb threats:** Specific Instructions: Staff person receiving threat should attempt to ascertain as much information as possible by using the bomb threat information sheet. When released from call, immediately notify the Regional Operations Business Manager, Regional/Office/Division Director, or the highest level supervisor in the case of Augusta Central Office, who shall determine if evacuation and contact to law enforcement is necessary. Bomb threats may require immediate evacuation of the affected facility.

2. **Non-bomb, specifically direct threats:** shall require that all employees immediately notify the nearest law enforcement agency of any and all imminent and specifically directed threats directed toward an employee(s) or building, without delay.

a. **Regional Offices – Specific Threat – Supervisors**

Whenever a supervisor is informed of a threat he/she shall immediately take steps to:

- i. Ensure that the nearest law enforcement agency has been notified of said threat and inform them of the name and address of person(s) who allegedly made the threat.
- ii. Immediately notify the highest ranking supervisor and Regional Operations Business Manager who take the lead for building security measures.
- iii. The Department of Health and Human Services threat information form shall be filled out by the employee directly involved, checked for completeness by the supervisory/manager and forwarded to the Deputy Commissioner for Operations and Support or designee.

b. **Augusta Central Offices – Specific Threat - Supervisors**

Whenever a supervisor is informed of a threat he/she shall immediately take steps to:

- i. Ensure that the nearest law enforcement agency has been notified of said threat and inform them of the name and address of person(s) who allegedly made the threat.
- ii. Immediately notify the Office/Division Director or other top supervisor immediately available in the building at that time, who will take the lead for building security, in consultation with the Deputy Commissioner for Operations and Support.
- iii. The Deputy Commissioner for Operations and Support will notify the Commissioner
- iv. The Department of Health and Human Services threat information form shall be filled out by the employee directly involved, check for completeness by the supervisor and forward to the Deputy Commissioner for Operations and Support.

3. **Non-bomb, all other non-specific conditional threats** (e.g., “if I don’t get my check something very bad is going to happen...”) shall be immediately reported to the employee’s supervisor who will notify the Regional Operations Business Manager or highest level Division/Office Director. The Departmental threat form will be filled out by the employee directly involved. If law enforcement is not involved, an explanation will include as to action steps taken/needed.

4. **Employees shall fully cooperate with the investigating law enforcement agency,** including submission of detailed written reports and attendance at any interviews or hearings requested.

B. Immediate actions to be taken by manager:

- 1a. The Business Manager or highest ranking supervisor will notify the Regional/Program Administrator who shall immediately notify the Office Director.
- 1b. Central Office will then notify the Office Director or Deputy Commissioner for Operations and Support who will, in turn, notify the Commissioner.
2. The Department of Health and Human Services threat information form shall be filled out by employee directly involved, checked for completeness by appropriate administrator and forwarded to the Deputy Commissioner for Operations and Support or designee.

IV. DEFINITIONS

For the purpose of this policy statement, the term "threat" is defined to be any oral or written communication or gesture directed to or against any Department of Health and Human Services employee which articulates/conveys an intention to inflict physical, emotional, or financial harm or damage to property of or to the individual against whom the threat is directed.

Bomb threat: Must mention a bomb.

Specific threat: Directed toward an individual (s) with a specific action immediately. For example; "right now I'm going to come to your office and hurt worker X."

Non-specific threat: Does not have an immediate timeline and the threat isn't against a specific worker or office, and is without a specific action. For example: "If I don't get my check, something very bad is going to happen."

V. DISTRIBUTION

All employees via e-mail and hard-copy postings on designated bulletin boards.

VII. ATTACHMENT: Threat Information Form Bomb Threat Information Sheet

February 22, 2007
Review Date

Brenda M. Harvey
Commissioner

Date: _____

BOMB THREAT CARD
PLACE THIS CARD UNDER YOUR TELEPHONE

Check Caller I.D. #: _____

Questions to ask:

1. When is bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your address?
9. What is your name?

Exact Wording of the Threat:

Sex of Caller: _____ Age: _____

Length of Call: _____

Number at which call is received: _____

Time: _____ Date: _____

Caller's Voice:

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

If voice is familiar, who did it sound like?

Background Sounds:

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Voices | <input type="checkbox"/> PA System | <input type="checkbox"/> Music |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Clear | <input type="checkbox"/> Static |
| <input type="checkbox"/> Booth | <input type="checkbox"/> Long Distance | <input type="checkbox"/> Local |
| <input type="checkbox"/> Crockery | <input type="checkbox"/> Factory Machinery | |
| <input type="checkbox"/> Street | <input type="checkbox"/> House | <input type="checkbox"/> Animal |
| <input type="checkbox"/> Noises | <input type="checkbox"/> Noises | <input type="checkbox"/> Noises |
| <input type="checkbox"/> Other (Describe): _____ | | |

Threat Language:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Foul | <input type="checkbox"/> Irrational | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Taped | <input type="checkbox"/> Well Spoken (educated) | |
| <input type="checkbox"/> Message read by threat maker | | |

Remarks: _____



**Department of Health
and Human Services**
*Maine People Living
Safe, Healthy and Productive Lives*

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services
Commissioner's Office
221 State Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-3707; Fax (207) 287-3005
TTY: 1-800-606-0215

THREAT REPORT, INCLUDING BOMB THREATS

Date: _____ Time: _____

Person Making Threat

Name: _____
Address: _____

Phone #: _____
Age: _____ Date of Birth: _____
Physical Description: Hair color/style: _____
Eye Color: _____ Glasses: _____ Hgt: _____ Wt: _____
Facial Hair: _____ Scars: _____ Other: _____

DHHS Office: _____
DHHS Unit/Program: _____
Location: Office Visit
Other, specify: _____
Sex: _____
Type of threat: Written Phone In Person
Other, specify: _____

Possible reason for threat: children were taken into custody

Unusual attire: _____
Relation to DHHS: Client _____ Other _____

Has threatened previously? _____

Person Being Threatened

Name/Title: _____
Phone: _____

Person Receiving Threat

Name/Title: _____
Phone: _____

Threat Details: Threat Against Worker: Worker's Family:

Verbal (Written or Oral)

To destroy property: _____
Used obscenities/name calling: _____
Threatened to get/use weapon: _____
Voice tone: _____
Language/exact words: _____
Other Notes: _____

Non-Verbal (behavioral, physical):

Gestures: _____
Physical contact: _____
Pacing: _____
Showed/threatened with weapon: _____
Used weapon: _____
Property damage (specify): _____
Other Notes: _____

Action Taken:

Reported to Law Enforcement:

Date:

Agency:

To (name/title):

By Whom:

Action Taken:

Action to be taken (disposition unknown):

Reported to DHHS Staff:

Regional Operations:

Program Supervisor:

Other Units:

Other:

Building Security Measures Taken:

(None:)

Building evacuated:

Other: (specify)

Other Notes:

Follow-up Notes: (events following threat)

Regional Client Services Offices send copies of this report to all of the following:

1. Business manager for Regional Operations for your building
2. Commissioner's Office, 221 State Street, Station #11, Augusta, ME 04333-0011

Augusta Central Offices only send copies of this report to all of the following:

1. Highest level administrator in your building.
2. Supervisor of employee involved and any intermediate supervisors
3. Commissioner's Office, 221 State Street, Station #11, Augusta, ME 04333-0011