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**Counter Terrorism/ Suspect packages policy**

**Date Created:**

**Date of last review: NB Policies should be reviewed annually**

**Expected Standards**

There are 4 licensing objectives of equal importance:

* The prevention of crime and disorder
* Public safety
* The prevention of public nuisance
* The protection of children from harm

**Terrorist attacks in the UK are a real and serious danger; it is possible that your premises could be involved in a terrorist incident.**

Basic Good Housekeeping reduces the opportunity for placing suspect packages and helps to deal with false alarms and hoaxes.

**[managers/supervisors/all staff]** must be vigilant and consider the following:

* Searching and checking the premises (inside and out) before, during and after opening hours for anything that looks out of place
* Remaining vigilant during opening hours.
* Ensure all emergency exits are secured when not in use, in order to prevent unauthorised entry.

**[Management/supervisors]** must ensure that evacuation responsibilities and roles are clearly communicated to all staff.

* Routes and exits must be well defined and evacuation plans exercised regularly.
* It may be safer to stay inside the building if the threat is outside.
* Consider the possibility of a multiple attack and the need to move people away from other areas of potential danger, which may include glazing.
* CCTV can help clarify if a security alert is real and is often vital in any post-incident investigation.

**Reporting suspicious activity is vital in the effort to combat terrorism**

If you have suspicions about somebody’s activities or behaviour, call the Anti-Terrorist hotline on 0800 789 321.

If you have information that requires an urgent or immediate police response, always dial 999.

<https://www.gov.uk/government/publications/crowded-places-guidance>

Please sign this document to acknowledge that you have understood your responsibilities in regards to Counter Terrorism and Suspect packages.

Date: ………………………………………………………………..

Trainer’s Name: ………………………………………………. Trainer’s Signature: …………………………………….

Trainee’s Name: ………………………………………………. Trainee’s Signature: ……………………………………