BOMB THREAT POLICY AND PROCEDURE

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1 INTRODUCTION

This policy and procedure should be read in conjunction with the trust Security and Fire Policies and Procedures (see section 9).

During the past few decades, organisations have had to deal with the threat of terrorist crime. This is well known in Great Britain and can manifest itself as bomb threats.

Various terrorist groups have resorted to this type of action to publicise their political objectives but it is important that this is kept in perspective.

Terrorist or religious crimes are often very violent and may be targeted against specific people and organisations, but as is becoming common these may be indiscriminate and everyone and every organisation is at risk.

Whilst hospitals and health premises may not seem to be a logical target, it must not lead to complacency. Bomb threats are as important as any other incident and consequently a contingency policy is necessary.

The receipt or setting of explosive or other potential dangerous devices (bomb threats) is a potential hazard in all premises. The consequence of an incident within the trust could be potentially serious. The aim at all times must be to protect, so far as it is reasonably practical, the safety of patients, the general public and staff.

2 PURPOSE

The purpose of the policy is to outline to staff how to recognise a bomb threat and what action to take if a bomb threat occurs.

3 SCOPE

All staff within the Trust have a legal responsibility to observe the Bomb Threat Policy and procedure at all times. It is imperative that all staff understand what to do in the event of a bomb threat to protect the safety of their colleagues, patients, the general public and themselves.

4 RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1 CHIEF EXECUTIVE

The Chief Executive has overall responsibility for managing all bomb threat situations throughout the Trust.

4.2 DIRECTORS

The Directors are responsible for;

- Being aware of what to do in the event of a bomb threat and take appropriate action.
- Being aware of what to do if a suspicious package / letter is discovered and take appropriate action.
- Managing all bomb threat situations within their area, or as Duty Director, until more suitable management takes over.
- Liaising with the more suitable manager to effectively manage the situation.
4.3 MANAGERS
The Manager is responsible for;
- Being aware of what to do in the event of a bomb threat and take appropriate action.
- Being aware of what to do if a suspicious package / letter is discovered and take appropriate action.
- Implementing the procedures and precautions when dealing with bomb threats.
- Ensuring that all staff receive the necessary training and clearly understand the procedures for bomb threat.
- Co-ordinating and directing staff, patients, and the general public in the event of a bomb threat.
- Reporting all bomb threat incidents to their manager, Director and police.
- Completing an IR1 report

4.4 STAFF
Staff have a responsibility to;
- Be aware of what to do in the event of a bomb threat and take appropriate action.
- Be aware of what to do if a suspicious package / letter is discovered and take appropriate action.
- Attend any training session or practice evacuation as required
- Comply with other security initiatives and procedures such as carry identity Cards, secure entrances etc.
- Immediately report all bomb threat incidents to their manager and if necessary the police.
- Complete an IR1 report

5 PROCEDURE / IMPLEMENTATION
5.1 Notification of a Bomb Threat
Notification of a bomb threat can be made at any time and can be made and delivered by several means, usually anonymous, but all must be considered seriously.

Telephone Calls
With direct dialling into a hospital, potentially any person can be on the receiving end of a bomb threat. In such circumstances staff should be mindful of the actions to be taken to help them deal with such a call. A list of actions is contained in the checklist attached to the Bomb Alert Procedure at Appendix A. These actions include;
- Let the caller finish their message without interruption
- Try to keep the caller on the line as long as possible and ask the caller where the bomb is located, when the bomb is going to explode, what kind of bomb it is and what it looks like, who placed the bomb, when and why.
• Ask for the name of the caller and where they are calling from and whether they intend to call back.
• Make note of the caller’s voice, accent, tone, foul language, etc
• Listen for background noises

5.2 Letter Bombs / Contaminated Letters and Packages

Devices of this sort can take many forms and are designed to maim or kill the person opening them. Possible indications of this type of device are;
• Grease marks on the envelope or wrapping
• An unusual odour, such as almonds or machine oil
• An unknown powder or liquid substance is leaking from the package
• Visible wiring or tin foil, especially if the wrapping has been damaged
• The envelope or package is heavy for its size
• The distribution of weight may be uneven, a flexible envelope may have rigid contents
• The package has been excessively wrapped
• There may be poor handwriting, spelling or typing
• The name and, or address may be misspelled or incorrect. The package may come from an unexpected source.
• Does the postmark agree with the sender’s address if shown? Is the postmark recognised?
• There may be too many stamps for the weight of the package
• The package may be hand delivered from an unknown source

If a suspicious package is received the following actions should be taken (note comments on contaminated packages below);
• The package or letter must immediately be placed on a flat surface. It is more likely to be an incendiary device than a bomb; i.e. it is designed to start a fire;
• Do not shake it, squeeze, or open the letter or package;
• Turn off all air conditioners, fans, photocopiers, printers, computers and heaters within the room where the letter/package is located;
• Inform the Security Advisor (via Tickhill Road Switchboard 01302 796000), or out of hours the Duty Manager (via Tickhill Road Switchboard 01302 796000), of the situation as soon as the room is vacated;
• Call the Police;

If the letter/package has been opened and appears to contain a chemical or biological contaminant (such as white powder or unexpected liquid substances, unusual musty smell), the priority is to prevent spread and manage the situation;
• The package or letter must immediately be placed in isolation and away from water, sand, chemicals, heated surfaces, naked flames and gaseous substances;
Do not shake, squeeze, or handle the letter or package more than necessary;

Items of mail should be placed in a transparent, sealed plastic bag or container, if a bag or container is not available then cover it with anything to hand e.g. clothing, paper, waste bin and do not remove this cover;

Turn off all air conditioners, fans, photocopiers, printers, computers and heaters within the room where the letter/package is located;

Close all windows and evacuate the room, lock all doors and leave the keys in the lock;

Place a clearly visible warning on the door;

Inform the Security Advisor, or out of hours the Duty Manager, of the situation as soon as the room is vacated;

Call the Police;

Go to an isolated room and avoid other people if you can. It is vitally important that you segregate yourself and others who may have come into contact with the suspicious package.

REASSURE YOUR STAFF OR COLLEAGUES. It is unlikely that they are contaminated and they will get medical treatment if required;

Do not rub your eyes; touch your face or other people;

Thoroughly wash your hands in soap and water as soon as possible.

5.3 Car Bombs And Other (Suspicious Packages)

A suspicious object is an item, which may contain a bomb, which is out of place and which cannot be accounted for. Any suspicious package or box found must be treated with extreme caution, and must be reported immediately.

Unidentified parcels, packages, bags and other items left unattended for some time must be considered as suspicious and reported to the most senior person on duty, if applicable the Site Security Officer, and during normal working hours the Trust’s Security Advisor in the first instance. Packages of this nature must not be touched or tampered with in any way.

Attempts must be made to identify the owner of the package. Where this fails and cause for concern remains, the Police must be called upon to advise the next possible course of action.

5.4 Alert Process

In all cases, the member of staff receiving the threat, or identifying the possible threat, must report it to their immediate Manager / Assistant Director, or if they are not available the Duty Manager or Security Advisor.

If the incident occurs on an RDASH site then an RDASH Director may invoke the RDASH Major Incident Plan. Invocation may be taken after the Director has consulted with relevant Managers.

Each department/service under the Trust’s management control is required to have in place local Business Continuity Plans and evacuation procedures that may be required to be implemented in the event of a bomb alert or other major incident.
For Trust services based within a building controlled by another organisation, their Major Incident Plan is to be followed and their managers are to be contacted for their cascade system to be activated.

The Duty Manager or Security Advisor will assess the threat and if necessary contact the following;

DURING OFFICE HOURS:
- Switchboard (if on a hospital site) to commence the hospital cascade system
- Police
- Service Director for affected area
- Director of Estates & Facilities
- Security Management Director
- Head of Health, Safety & Security
- Communications Manager
- Site Manager
- Estates Manager/Engineer
- Health and Safety Lead
- Emergency Planning Officer

OUT OF NORMAL WORKING HOURS:
- Switchboard (if on a hospital site) to commence the hospital cascade system
- Police
- Duty Facilities Manager
- Duty Estates Engineer
- Site Security (where applicable)
- Communications Manager
- Duty Site/Service Manager/Bleep Holder
- Most Senior Manager on duty

5.5 Receiving A Telephone Or Verbal Threat

In usual circumstances the information regarding the bomb threat will be relayed to the Switchboard by telephone or by runner.

As stated earlier a Bomb Alert Procedure and Telephone Bomb Threat Checklist is attached to this Policy document at Appendix A. It is essential that the checklist is maintained during the call and supplied to the Security Advisor or Duty Manager immediately the call is concluded.

All staff that may receive such a call should remain calm throughout and use the checklist proforma to guide them.

If it is possible, alert someone else to the fact that a bomb threat call is in
operation. That person should immediately notify the Security advisor or Duty Manager to the fact and where on a hospital site the hospital switchboard who will notify the relevant personnel and the Police.

Whilst the call is in progress special attention should be paid to any other clues that may help in the course of Police enquiries. Any words spoken must be remembered verbatim and recorded on the checklist, especially any code words. The call must be timed and dated.

5.6 Radio Transmitter And Receiving Devices

As soon as a specific area has been identified from the caller, or a suspect package has been located, all devices capable of picking up or sending radio signals must be excluded from use in the area, for example mobile phones, radio pagers, ‘walkie-talkies’.

During the management of a bomb threat, communication will be by the telephone and person to person. Until such a time when it can be assured that a radio signal presents no risk to detonate a device, this advice must be maintained.

Response to the Threat

With the information provided on the checklist, the most senior person on site or the On-Call Duty Manager will make a decision based also on advice from other members of the team, including the Police to;

- Do nothing – decision having been reached that the call was a malicious hoax;
- To search and evacuate if a suspicious object is found;
- To evacuate all – except search teams and essential staff, then to carry out a search and evacuate all persons if a suspicious object is found;
- To evacuate all immediately without searching.

To aid the most senior person on site or On-Call Duty Manager’s decision, Police can, if requested, bring ‘sniffer’ dogs in to check specific areas of concern.

5.7 Evacuation

If a suspicious package/object is found, and depending on the Security Advisor or Duty Manager’s decision, evacuation commences as for fire via the nearest available exits as quickly and efficiently as possible, the only difference being;

- Rooms should be left with windows open to minimise any blast.
- Lights should be left on and machinery shut down.
- Staff must take their personal belongings with them, to assist eliminating suspicion over articles of property left behind after evacuation.
- The assembly point may be different from that used in a fire (see below)

In the absence of a public address system, a runner will be needed to pass on this information, however this should be balanced with the time it would take and consideration should be made to using the fire alarm as the only way of ensuring rapid evacuation. Messages will need to be relayed to fire wardens shepherding sectional evacuation and adopt the appropriate role and procedures.

The area around the suspect bomb must be evacuated immediately and cordoned
off to prevent other staff from having to pass close to the suspect area. Additional staff from other areas can be called upon to assist with directing staff along the appropriate routes towards the exits.

5.8 Assembly Points

Where convenient, fire assembly points can be utilised for this purpose, but only if they are located at a distance of at least 400 meters from the suspected bomb site. Safe assembly points are best situated behind a solid building at a distance away from the blast site.

Staff, patients and visitors who have been evacuated may have to remain outside for a long time before the all clear is given. In these circumstances, it is advisable if some form of shelter could be made available to cater for individual needs.

Car parks should not be designated as assembly areas.

A personnel check must be initiated to account for all evacuated and check that areas are also empty of visitors who should be recorded during evacuation. They must be instructed by senior managers/officers/staff not to re-enter until the building is declared safe.

This information will normally be passed to the most senior person on duty/on call from the Police Officer in charge or Chief Fire Officer.

5.9 Access To Premises

Once the evacuation has been completed, the Police will erect a wider cordon around the suspect area whilst the incident continues. During this time it may be necessary for certain trust staff to be called to the hospital/property by personnel conducting the investigation.

Staff will only be able to regain access on production of official proof of identity. Similarly whilst a cordon is in place, contractors and other facilities estates/works people will only be allowed access on the authority of the Police.

5.10 Stand-Down

Where the outcome of a threat is assessed as a hoax, it is expected that the all clear will be given to the most senior person co-ordinating the incident on behalf of the Trust.

The information will be relayed to all parties who have responded to the alert.

Where the all clear is given to a different member of the response team it must be passed on to the most senior person without delay.

Where the outcome is realised to be of a serious nature eventual stand down and the all clear will be given to the Police from the operatives called to deal with the device. This may be a number of hours (or even days) later and so the most senior person co-ordinating the incident on behalf of the Trust must liaise with other Trust officer and decide if longer term relocation of patients and staff is required.

5.11 Dealing With The Media

Reporting the incident must be factual and accurate. All media requests for information should be referred to the Trust’s Head of Communications who will manage the best line of response to meet the inevitable press enquiries.
5.12 The Aftermath Of A Bomb Alert
The trauma experienced by staff in dealing with a bomb threat can be intense and lasting. These feelings can be mitigated by the support shown to the person coordinating the response to a bomb threat and afterwards during a de-briefing session during which many lessons can be learned gaining valuable information for future incidents.

5.13 Debriefing
The Director for the area affected, assisted by the Head of Health, Safety & Security, will convene a session to include the front line staff involved in the alert to provide an information exchange as to all circumstances and actions which occurred during the alert. Key staff will include;
- Director/Duty Director
- Communications Manager
- Duty Site/Service Duty Manager
- Most Senior Manager on duty at time of alert
- Duty Managers involved in alert
- Emergency Planning Officer
- Security Staff
- Director of Estates
- Duty Facilities Manager if involved
- Key personnel involved in managing the threat
This will provide the opportunity to expand on existing information provided within the Policy and maintain regular update.

5.14 Staff Support And Counselling
Receiving a bomb threat call particularly if it proves to be genuine and if people are subsequently killed or injured is likely to have a significant psychological impact on the individual.

The Trust recognises the need for appropriate care and counselling in such cases and should prepare to deal with any long-term effects. A counselling service is always available from the Trust’s Occupational Health Service.

6 TRAINING IMPLICATIONS
There are no specific training needs in relation to this policy, but the following staff will need to be familiar with its contents:
- All Managers and Staff, in particular switchboard and reception staff, and any other individual or group with a responsibility for implementing the contents of this policy.

As a Trust policy, all staff need to be aware of the key points that the policy covers. Staff can be made aware through a number of a variety of means such as;
- Team Brief / Weekly Newsletter
• Team meetings
• One to one meetings / Supervision Group supervision
• Local Induction

7  MONITORING ARRANGEMENTS

<table>
<thead>
<tr>
<th>Area for monitoring</th>
<th>Monitoring process</th>
<th>Responsibility</th>
<th>Frequency</th>
<th>Reported to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness of the policy</td>
<td>Debrief and review after each threat received</td>
<td>Local Security Management Specialist</td>
<td>After each threat</td>
<td>Risk Management Sub-Group</td>
</tr>
</tbody>
</table>

8  EQUALITY IMPACT ASSESSMENT

The completed Equality Impact Assessment for the Organisation-wide Policy for the Development and Management of Procedural Documents has been published on the Equality and Diversity webpage of the RDaSH Website.

8.1 Privacy, Dignity And Respect

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

Indicate how this will be met

There are no additional requirements in relation to privacy, dignity and respect

8.2 Mental Capacity Act

Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court.

Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.

Indicate How This Will Be Achieved

All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)
9 LINKS TO ANY ASSOCIATED DOCUMENTS
This policy should be read and implemented in association with the following Trust policies;
• Security Policy
• Policy and Procedure for the Lockdown of a Trust Site or Premise
• Major Incident Plan

10 REFERENCES
CPNI Restricted documents

11 APPENDICES
Appendix A  Action To Be Taken On Receipt Of A Bomb Threat
ACTION TO BE TAKEN ON RECEIPT OF A BOMB THREAT
(Ensure copies of this form are to hand)

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOUR NAME</td>
<td>YOUR PHONE No.</td>
</tr>
</tbody>
</table>

1. RECORD THE EXACT WORDING OF THREAT (Best you can)
2. **ASK THESE QUESTIONS**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Where is the bomb right now?</td>
<td></td>
</tr>
<tr>
<td>b) When is it going to explode?</td>
<td></td>
</tr>
<tr>
<td>c) What does it look like?</td>
<td></td>
</tr>
<tr>
<td>d) What kind of bomb is it?</td>
<td></td>
</tr>
<tr>
<td>e) What will cause it to explode?</td>
<td></td>
</tr>
<tr>
<td>f) Did you place the bomb?</td>
<td></td>
</tr>
<tr>
<td>g) Why?</td>
<td></td>
</tr>
<tr>
<td>h) What is your name?</td>
<td></td>
</tr>
<tr>
<td>i) What is your address?</td>
<td></td>
</tr>
<tr>
<td>j) What is your telephone number?</td>
<td></td>
</tr>
</tbody>
</table>

3. **OTHER DETAILS;**

**DO YOU KNOW THE NUMBER THE CALL WAS MADE FROM?**
(Where automatic number reveal equipment is available record number shown / use the ‘1471’ facility)

**INFORM THE SENIOR MANAGER/NOMINATED DEPUTY**
Time, Name and telephone number of person informed.

**CONTACT THE POLICE BY USING THE EMERGENCY TELEPHONE NUMBER 999**
Name of person informed, time of call to police

**TURN TO NEXT PAGE**
# ABOUT THE CALLER

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
<th>Cause / Complaint</th>
<th>Nationality? (Guess)</th>
<th>Age? (guess)</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Unsure</th>
</tr>
</thead>
</table>

## THREAT LANGUAGE (tick any applicable)

<table>
<thead>
<tr>
<th>Well-spoken</th>
<th>Irrational</th>
<th>Taped message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incoherent</td>
<td>Message reading</td>
<td>Altered voice</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## CALLER’S VOICE (tick any applicable)

<table>
<thead>
<tr>
<th>Calm</th>
<th>Crying</th>
<th>Clear throat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angry</td>
<td>Nasal Slurred</td>
<td>Excited</td>
</tr>
<tr>
<td>Stutter</td>
<td>Disguised</td>
<td>Slow</td>
</tr>
<tr>
<td>Lisp</td>
<td>Accent</td>
<td>Hoarse</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the voice sounded familiar, who did it sound like?

If the voice sounded familiar, who did it sound like?

What accent?

## BACKGROUND SOUNDS (tick any applicable)

<table>
<thead>
<tr>
<th>Street noises</th>
<th>House noises</th>
<th>Animal noises</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crockery</td>
<td>Motor</td>
<td>Clear Voices</td>
</tr>
<tr>
<td>Static</td>
<td>P A system</td>
<td>Booth Music</td>
</tr>
<tr>
<td>Factory machinery</td>
<td>Office machinery</td>
<td></td>
</tr>
</tbody>
</table>

Add more detail or comment on other sounds (specify)

## REMARKS

Print your name ........................................ Date .........................