SUBJECT: BOMB THREAT RESPONSE

PURPOSE: To provide guidelines for co-worker response in the event of a bomb threat at CIH.

POLICY & PROCEDURE:

I. Scope and Application:

It is the policy of CIH to have a comprehensive Bomb Search procedure plan to help reduce the inherent dangers involved when the hospital has been so threatened.

A Bomb Threat, while oftentimes a hoax, must always be taken seriously because of the potential disastrous loss of life and property due to the effects of an actual explosion. In order to effectively search the hospital buildings for a bomb, detailed procedures must be developed for search and discovery.

When the hospital is victimized by receipt of a “warning,” our objectives are:
* To find the “bomb” if any.
* To identify a hoax as quickly as possible in order to avoid recurrence and minimize wasted time in searching.
* To prevent panic.
* To prevent publicity, since publicity might lead to additional prank calls.

II. Types of bomb threats:

1. Suspicious Items Discovered without A Previous Warning: Packages “left behind” taped to chairs or toilets, hidden in trash, etc. Location, shape, ticking noises, and other factors could arouse suspicion.

2. Warnings Received by Mail: Whether detected by mailroom personnel or addressee.

3. Telephone Warnings: May be received by anyone answering the telephone.

III. Response:

GENERAL INSTRUCTIONS ALL PERSONNEL:

1. If a suspicious item is found, protect the scene (area where it is found) in order preserve the subsequent collection of any forensic evidence by law enforcement officials. Do not touch, move, or disturb any suspicious items. If found in a room with a door, close the door so that the potential blast may be confined to that room.

2. No Hospital employee or volunteer is authorized to neither make a public statement concerning this incident nor communicate with a member of the media without prior clearance from Public Relations or Administration.

3. Note any suspicious characters observed or who might have been seen in the area or around the Hospital. Record description and report this information to the Command Center.

4. When notified, each department should initiate a search of their work area, including stairwells, empty rooms.
PERSONNEL IN THE AREA OF CONCERN

All potential bomb threats:
1. All persons alerting others by telephone should identify themselves by name, title, and telephone extension. Persons in doubt may make verifying return calls.

2. Persons receiving the bomb threat or finding the suspicious article will immediately notify the Switchboard Operator by calling 0. Tell them that you have received a bomb threat by phone, mail or identified a suspicious item. They WILL NOT make an overhead page regarding the situation. They will make phone calls as outlined in the Switchboard instructions section below.

3. Persons receiving the bomb threat or finding the suspicious article will immediately notify the Police directly at 9-911 on the hospital phone system or 9-911 on a patient phone as appropriate. Provide them with as much information as possible including exact CIH location (Door, Elevator, Floor, Department/Area/Room number) of where to respond. Include information about the situation and your name and title.

4. If directed by the authorities, search the work area for any suspicious items. Report the findings of the search to the Command Center, which will be located in the Security Operations Center.

Telephone Warning:
1. Attempt to keep the caller in conversation. Under no circumstances break the circuit or be abrupt or speak in other than a normal tone. The Bomb Threat Call Questions Worksheet can be used as a guideline.

2. Attempt to persuade the caller to disclose the location of the object by building, floor, or room and the expected time of the event.

3. Listen for background noises or other clues that might give an idea of the location of the caller.

4. Observe the sex of the caller, whether young or elderly (by voice), odd expressions or slang used, type of accent if any, fast or slow talker, or any hint as to the seriousness of the call.

5. When the connection is broken, immediately initiate the process outlined above for “All potential bomb threats”. Make a written record of the details of the call on the Bomb Threat Call Questions Worksheet as soon as possible. This will be made available to the police department.

6. Record the exact time that the call was received.

SPECIFIC DEPARTMENTAL INSTRUCTIONS:

SWITCHBOARD
1. When receiving the call of a bomb threat, DO NOT make an overhead alert regarding the situation.

2. Notify the Security Operation (0 from hospital phone; 754-5151 outside).

3. Notify the Associate Director of Patient Care.

4. Notify the Administrator on Call.

5. Call the Communication Center at 911 to verify the reporting of the concern.

6. Notify the Public Relations Department.
MAINTENANCE/SECURITY CO-WORKER AND DEPARTMENT DIRECTOR

1. Activate the Facilities Management Department disaster call list to secure additional co-workers to assist with the search if indicated.

2. Provide a temporary Command Center for Administration on hospital premises, if appropriate. Security Operations Center is preferred.

3. Assist with the search if directed to do so by the Command Center.

ASSOCIATE DIRECTORS OF PATIENT CARE/ADMINISTRATOR ON DUTY

1. Establish the Command Center.

2. Obtain as much information as possible from the co-worker that received the threat.

3. Communicate as necessary with the Police on the premises by calling 754-5725. You will be connected to the officer through a phone patch.

4. If such decision is made, notify the appropriate hospital departments to initiate the search. Remind the departments not to touch or move any suspicious items; report their findings to the Command Center and the phone number of this area. Also remind personnel to keep the search and information about the incident confidential to avoid alarming patients and encouraging more Bomb Threats.

5. Search personnel should be assigned on a “one-on-one” procedure: One person familiar with the area with one Security co-worker or other person assigned by the Command Center. Each team will be assigned an area of the building or grounds. See attached General Search Procedure guidelines.

6. When the decision is made to terminate the search, notify the Switchboard operator and all departments that have been involved.

IV. Search

GENERAL: Evacuation of a department or building will not occur unless a bomb is actually found and the evacuation is authorized by the Command Center. Searching of hospital premises will be instituted by direction of the police, with notification via the Command Center to the existing hospital management channels. All hospital staff and personnel will be expected to assist.

GEOGRAPHIC RESPONSIBILITIES: Areas will be checked and searched by the personnel normally occupying or having control over them.

SUPERVISION: The Command Center will supervise searching activities. Supervisors in all areas and departments will direct local searching as directed by the Command Center. The Command Center will coordinate the required search parties for uncovered areas of unusual circumstances, such as conference rooms, hallways, Gift Shop, Lobby, surrounding buildings and grounds. All nonprofessional employees are subject to assignment to these parties.

REPORTS OF SEARCH RESULTS: Each department or area will report the completion of search by calling the Command Center.

TO REPORT A SUSPICIOUS OBJECT: Call the Command Center and report location and description of object.

Keep people away from object until police arrive in the area.

CHECKLIST: To ensure complete coverage and reporting, the Facilities Management/Security Department will maintain and make available to the police a complete set of floor plans for each building, together with an accompanying list of the administrative departments responsible for each and every area.

V. Termination of Search
1. If no suspicious object is found, the searching will continue until all areas have submitted negative reports and until the Command Center decide to terminate searching activities.

2. In the event the object is found and removed or the search has been terminated, all areas involved, including the Switchboard will be notified to cease searching by the same channels described for the alerting procedure.

3. All inquiries from the news media will be referred to the Public Relations Department.

VI. Reporting and Documentation

At the completion of any element of a security related activation of the Emergency Preparedness Plan, a co-worker from the department of the concern will initiate a variance report recording the pertinent details of the occurrence shall be submitted to the Performance Improvement Department. As much information as can be furnished is needed for proper documentation of the security related incident.

Originated By: Emergency Preparedness Committee
Safety Committee

___________________________________
Chief Executive Officer

___________________________________
Security Director

Revised: March 1997
Reviewed: July 2001
Reviewed: February 2004
Reviewed: February 2007
Reviewed: February 2010
Revised: March 2015
**General Search Instructions:**

**BUILDING**
1. Do not use beepers or hand held radios.
2. Do not touch any suspicious objects and remain calm.
3. Starting at the beginning of an area, work your way through one corridor at a time to the end of the area.
4. Pay particular attention to any public areas or areas where bomb threat suspect(s) may have had access:
   - Public Rest Rooms
   - Waiting Areas/Lobbies
   - Cafeteria/Vending Areas
   - Conference Rooms
   - Corridors/Alcoves
   - Employee Break Rooms
   - Trash Receptacles
   - Public Telephones
   - Furniture/Furnishings
   - Plants/Planters
5. Search all areas, rooms, closets, corridors, trash/linen receptacles, lockers, bathrooms, plants, storage containers, and under beds, and other such objects.
   - Use of flashlights is recommended as turning on of lights can be used to trigger an explosive device.
   - Have nursing staff check patient rooms to minimize patient concern.
6. Search behind movable objects and in unsecured counters and shelves.
   - Be especially careful in moving objects during the search because an object can be rigged to set off an explosion if moved.
7. Be especially observant for any ceiling tiles that look like they may have been disturbed.
8. Put a small piece of masking tape on the door of each room or area searched.
9. Areas that are normally kept secure do not need to be searched unless it is believed that the bomb threat suspect may have had access to those areas.

**GROUNDS**
1. If assigned the grounds area, start at the perimeter of the hospital and work your way around the hospital, going from center to edge of the lot, back and forth in a crisscrossing sweeping pattern.
2. Search around the hospital looking under and around the plants and bushes. Search under cars, especially any parked close to the hospital.

**BOMB IDENTIFICATION**
1. Look for any container that is suspicious or looks out of place.
2. **DO NOT MOVE** any suspicious container(s).
3. Immediately report the location of all suspicious containers to the Command Center for further identification.
4. The Command Center will contact the Police Department who will be responsible for removal or further examination of suspicious container(s).

**DOCUMENT SEARCH AREAS**
1. Contact the Command Center when the area you have been assigned has been thoroughly searched and is secure.
2. The Command Center will document all areas searched and verify that the entire hospital (or the appropriate areas) has been searched.
Call 5123 - then 9-911 

POLICE CHECKLIST -

Bomb Threat Call Questions
1. When is the bomb going to explode?

2. Where was it placed (address, floor, and room)?

3. Did you place it there?

4. What does it look like?

5. What kind of bomb is it?

6. What will cause it to explode?

7. Where are you now?

8. Why was it placed there?

9. What is your name? Address?

10. Exact wording of the threat:

Caller’s Voice

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Adult</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laughter</td>
<td>Stutter</td>
<td>Calm</td>
<td>Crying</td>
</tr>
<tr>
<td>Lisp</td>
<td>Angry</td>
<td>Distinct</td>
<td>Raspy</td>
</tr>
<tr>
<td>Soft</td>
<td>Loud</td>
<td>Slurred</td>
<td>Nasal</td>
</tr>
<tr>
<td>Deep</td>
<td>High Pitched</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Accent, Type

Does the voice sound familiar? Like whom?

__________________________________________

Background Sounds

<table>
<thead>
<tr>
<th>Street</th>
<th>PA System</th>
<th>Bus Station</th>
<th>Booth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restaurant</td>
<td>Music</td>
<td>Office Machines</td>
<td>Voices</td>
</tr>
<tr>
<td>Airport</td>
<td>Factory</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Threat Language

<table>
<thead>
<tr>
<th>Well Spoken</th>
<th>Irrational</th>
<th>Incoherent</th>
<th>Foul</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message played from tape</td>
<td>Message Text Read</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remarks: _____________________________________________________________________

Number at which call was received: ___________
Was it a single ring or a double ring? ______
Date: ___________ Time: ___________
Your Name: _______________ Your Title: ____________________________

February 2004