

BOMB THREAT PROCEDURE

General: Although the majority of bomb threats continue to be false alarms, each threat must be taken seriously. This plan includes provisions for handling threats, searching for and locating explosive devices, and arranging for their removal. The bomb threat could come by phone, mail, or personally. Regardless of how the information comes, the switchboard operator will be notified by whoever receives the threat.

I. Notification of Threat:

- A. If the threat is received by telephone, the person receiving the call shall attempt to record the following information:

TIME: Call received _____ Terminated _____

Exact words of caller: _____

Delay - Ask caller to repeat.

QUESTIONS TO BE ASKED:

Time bomb is set to explode: _____

Where located? Floor _____ Area _____

Kind of bomb? _____

Description? _____

Why kill or injure innocent people? _____

DESCRIPTION OF VOICE:

Male _____ Female _____ Calm _____ Nervous _____

Young _____ Old _____ Middle-Aged _____ Rough _____

Refined _____ Accent _____ Speech Impediment _____

Unusual phrases _____

Recognize voice? If so, who do you think it was? _____

BACKGROUND NOISE:

Music _____ Running Motor (Type) _____ Traffic _____

Whistles _____ Bells _____ Horns _____ Aircraft _____

Tape Recorder _____ Machinery _____ Other _____

ADDITIONAL INFORMATION:

Did caller indicate knowledge of building? If so, how? _____

What line did call come in on? _____

Is this line listed or unlisted? _____

The preceding information, if received by anyone other than a switchboard operator, will be immediately relayed to switchboard personnel by the most expeditious means available.

- B. If the threat is received by mail, it shall be immediately delivered to the switchboard operator.
- C. If the threat is received from an individual, in person, an effort to detain the person shall be made, if it can be done without jeopardy. If Security Officers are near, their assistance should be solicited, but only in a safe manner. This threat shall also be immediately reported to the switchboard operator.

II. Action by Switchboard Operator:

When the switchboard operator receives notification of a bomb threat she shall immediately:

- A. Announce "Dr. Search, Dr. Search, stat". Repeat three (3) times at 10 second intervals. If the floor or area is known, add this following "stat": (Example: "Dr. Search, Dr. Search, stat, Boiler Room" or "Surgery", etc.).
- B. Contact Hospital Director during normal work hours.
- C. During off-duty hours when the Director or his representative is not in the hospital, the Nursing Service Supervisor functions in his capacity until he arrives. This includes manning the Control Center until relieved. The Nursing Supervisor will ensure that each Nursing Service area is notified and that the search has commenced. She will then immediately report to the Control Center, taking with her appropriate personnel to accomplish the duties as described in paragraph B under Control Center.
- D. Contact the police department (762-9641) and inform them.
- E. Contact the hospital Security Department (Extension 2446) and apprise them of the situation.
- F. Call the personnel as described on the "Bomb Threat Call List", appendix 6.
- G. Notify Central Communications, who will then call each department in hospital to ascertain that they have heard the page.
- H. Stand by to keep communications open by limiting calls on 7040 and 7042 to calls within the hospital only. Calls concerning the bomb threat from outside should be placed on 7043 or 7045 only, once the Control Center is manned.

III. Prevention of Panic:

- A. During the time of a bomb threat, a special effort should be made to avoid exciting patients, visitors, or other personnel. Normal visiting will be allowed to continue, unless advice to the contrary is received from police officials, or Administration cancels visiting for other reasons.

- B. Assurance should be provided where necessary. Reassure by giving information and instructions calmly. Exert positive leadership, and instruct personnel to avoid any mention of "bomb threat", unless in reply to a specific question.
- C. Unrest should be eliminated where necessary. If rumors are circulating, an attempt should be made to dispel them. If possible, identify those spreading rumors and prevent them from spreading fear and discontent.

IV. Control Center:

- A. The control Center will be established in the hospital Director's office (extension 7040).
- B. As mentioned, the Nursing Supervisor on duty (outside of normal hours) shall man the Control Center until relieved by the Director or Administrator on Call. Upon manning the Control Center, the Nursing Supervisor shall ensure that all personnel on the "Bomb Threat Call List", appendix 6, under "To be called by Control Center" are notified of the threat. A record of all personnel contacted shall be kept.
- C. Those persons listed on the Bomb Threat Call List under "To Be Called Routinely by Switchboard" shall, upon arrival, report to the Control Center for assignment.
- D. The Control Center shall ensure that the "Bomb Threat Check List", located in the Director's Office, is used to assure that all areas of the Hospital are checked as described under V, E, of this section.

V. Search Responsibilities:

- A. It shall be the ultimate responsibility of each Department Head, once notified, to ensure that his/her areas of responsibility have been searched thoroughly and cleared with the Control Center.
- B. During normal working hours, each department will be searched by departmental personnel on duty at the time of the threat. Department heads shall ensure that their personnel are aware of the contents of this plan and are capable of organizing and conducting a thorough search of their spaces.
- C. Patient Care areas have Nursing Service personnel on duty at all times, and these personnel will conduct the search of their areas of responsibility. The Director of Nursing Service or Administrator on Call shall ensure that the search of these areas is conducted in an adequate manner.
- D. Master keys will be available, behind glass, at the switchboard for the following areas: (It should be noted that Security has a Master Key available, if necessary, for the entire institution which unlocks all doors in the institution.)

| | | |
|-----------------|------------------|----------------------|
| Pathology | X-Ray | Administrative Areas |
| Outpatient Dept | Special Testing | Medical Records |
| Operating Room | Physical Therapy | Engineering |

These keys will be issued to appropriate personnel when needed during the execution of the search. The switchboard operator shall keep a record of the person each key was issued to.

Master keys for the following areas will be available behind glass, in the Engineering Department Shop Area.

| | | | |
|-----------|--------------|-----------------|---------|
| Dietary | Housekeeping | Central Service | Laundry |
| Snack Bar | Purchasing | Pharmacy | |

These keys will be issued, or instructed to be issued, by the senior administrative representative present. This person shall keep a record of all keys issued.

The Control Center shall ensure that the following areas are searched and that the search results are reported, whether during working hours or outside working hours. Outside normal working hours, the Control Center shall utilize whatever personnel are present to accomplish the search of any area not having assigned personnel present.

Service Floor:

Dietary Spaces, including Snack Bar
 Purchasing and Print Shop
 Pharmacy
 Housekeeping
 Central Service
 Laundry and Linen Churn
 Inhalation Therapy
 Data Processing
 Laboratory
 Engineering Spaces, including Boiler Room, Shop and Mechanical Rooms
 Personnel Office
 Telephone Switch Rooms
 Locker Rooms
 Toilets
 Sanitation Lockers
 Stairways
 Elevators and Elevator Shaft
 Respiratory Therapy Storage and Trash Chute
 Tunnel
 Fire Extinguisher Cabinets
 Security
 Basement of AHEC
 Quality Review
 Volunteers

First Floor:

Area of northwest corner of floor, from Surgical family waiting area south to main stairway, forward to front lobby door

Area of wouthwest corner of floor, from Chapel to front lobby door including Outpatient Clinic, Physical Therapy
Emergency Room
Margarey Graham Conference Room
Laboratory
X-Ray
Radiation Therapy Building
Special Testing
Operating Room, Recovery Room, including Doctors' Dressing Rooms and Females' Dressing Rooms
Bathrooms
Sanitation Lockers
Stairways
Elevators and Elevator Shaft
Fire Extinguisher Cabinets
Intensive Care and Coronary Care Units
Ambulatory Care Lobby
AHEC (including Physician's Lounge, Conference Rooms, all office space, etc.)
Administrative Offices
Social Services
Medical Records
Admitting
Cashiers
Nursing Office

Second Floor:

Entire floor, including Nourishment Pantry
Stairways

Third Floor:

Entire floor, including Nourishment Pantry
Labor and Delivery Suite
Day Program area
Stairways

Fourth Floor:

Entire Floor, including Nourishment Pantry
Stairways

Fifth Floor:

Entire floor, including Nourishment Pantry
Stairways

Sixth Floor:

Entire Floor, including Nourishment Pantry
Stairways

Seventh Floor:

Entire floor, including Nourishment Pantry
Neuro-Psychiatric Unit
Stairways

Eighth Floor:

Entire floor, including Nourishment Pantry
Stairways

Ninth Floor:

Entire floor, including Nourishment Pantry
Stairways

Tenth Floor:

Entire floor, including Nourishment Pantry
Stairways

Roof:

Entire Roof
Stairways

Exterior of Building and Grounds:

Entire area around building, including drains, garbage cans,
shrubby, etc.

VI. Search Techniques:

- A. During the search, if anyone should discover a suspicious object, it shall be reported to the Control Center, extension 7040. DO NOT MOVE OR TOUCH THE OBJECT.
- B. Each floor and department involved in the search should have one person designated as the search supervisor for that area. This person shall be responsible for supervising the search in the assigned area, and for reporting search results to the Control Center.
- C. When a search team first enters a room to be searched, the first action should be to listen. The person should stand in various parts of the room WITH EYES SHUT and listen for any ticking from a clock work device. This action will also cause the searcher to be aware of the background noises of that particular area.

- D. The room being searched should then be divided into two parts. A good division would be from the waist level to the floor and waist level to the ceiling. When the division has been decided upon, the searcher should be ready to commence the first sweep.
- E. During the first sweep, the searcher should cover all items from the floor up to the selected height. This height generally includes tables or desks, chairs, bedside lockers, beds, air conditioners, built-in wall cupboards, bathroom fixtures including the water tank of commodes, trash cans, etc.
- F. During the second sweep, the searcher should include all items from the selected height to the ceiling, including pictures, hanging light fixtures, high cupboards or cabinets, etc.
- G. When searching an area with several rooms, such as Patient Care floors, a small piece of tape shall be applied to the door, to indicate to other searchers that the room has been searched, and to permit the search supervisor to make quick rounds to determine that no room has been missed.

VII. Reports:

- A. When the area search supervisor is satisfied that a thorough search has been conducted in the area of responsibility, this fact shall be reported to the Control Center, extension 7040.
- B. Each department head will ensure that a written report is submitted to the Chairman of the Disaster Committee within twenty-four hours after completion of the search. The report need not be typed and shall include, but not be limited to, the following:
 - 1. Identification of the area involved
 - 2. Name and position of the search supervisor
 - 3. Names of all area searchers
 - 4. Results of the search
 - 5. Information regarding conditions creating difficulty in the conduct of the search
 - 6. Any comments or recommendations which could improve our posture of readiness to deal with future threats

This written report should be comprehensive and should reflect serious thought and consideration by all involved in the search. These reports will be invaluable in their contribution to future updating or revision to our bomb threat procedure.

VIII. Completion of the Search:

When the hospital Director, or Senior Administrative representative on duty, is satisfied that a thorough search has been completed and that the emergency is over, he shall instruct the operator to announce "Dr. Search, all clear" three (3) times.

IX. Critique:

Immediately upon conclusion of the search, a critique will be held in the Control Center. If the search has been conducted during normal working hours, all department heads shall attend. If conducted outside working hours, all departemnt heads present shall attend. During this critique, all actions shall be reviewed and suggestions for improvement in technique will be solicited.