PURPOSE

The purpose of this policy is to provide a procedure for implementation of steps that will ensure the safety of patients, employees, visitors, and medical staff, in the event of a bomb threat.

POLICY:

1. Phone Threat: Employees who receive calls indicating harm or destruction to employees, visitors, patients, or medical staff by use of an explosive device will follow these guidelines to ensure immediate and appropriate response and investigation by Campus Police and other law enforcement agencies:
   a. Keep the caller on the line as long as possible. Ask him/her to repeat the message.
   b. Attempt to have another individual listen to the phone communication.
   c. If the caller does not indicate the location of the bomb or time of possible detonation, ask specifically for this information.
   d. Listen closely and try to obtain as much information as possible. Use of the Bomb Threat Checklist is encouraged, to record call observations
   e. If possible have someone contact Security (11112) while on the call, if not possible, contact Security immediately after the call.
   f. Complete the Bomb Threat Checklist for Security investigation.

2. Written Threat:
   a. If the threat is received through a written message, avoid further unnecessary handling. Save all materials that are involved with the message (i.e., envelope, box, written on walls, etc.)
   b. Notify Security (11112) and give the exact location of the written message.

3. Electronic Media Threat:
   a. If the threat is received through an electronic media source (email, pager, text, etc.), do not use the device and leave the message in place. Do not turn off or use the device for further messaging.
   b. Notify Security (11112) and give them the exact location of the device. Provide the Campus Police officer with the device information (i.e., number, computer ID, etc.)
RESPONSIBILITIES:

1. Security:
   a. Will notify the Administrator On-Call (AOC) and Chief of Security or senior officer.
   b. Notify appropriate law enforcement and fire/EMS agencies as identified by the Chief of Security.
   c. Notify the Nursing Supervisor of the facility affected.
   d. Under the direction of the Chief Security or AOC, direct PBX to announce overhead in the affected facility: “Code Black”.

2. Administrator on Call:
   a. Will determine the need to establish incident command and establish a Hospital Command Center (could be co-located out of the affected facility).
   b. Notify the Chief Executive Officer (CEO) and other senior staff members as needed.

3. Campus Security:
   a. Will notify specialized agencies based on the nature, type, and timing of the threat.
   b. Provide a representative to the incident command staff for direct consultation to the incident commander.
   c. Determine the need and method of search activities within the facility.

4. Incident Command Staff:
   a. Provide intelligence information that has been obtained from staff to law enforcement agencies through the Campus Police representative on the Command Staff.
   b. Through consultation with law enforcement, determine the need for evacuation and implement Code Green if warranted. Development of an evacuation plan should include whether it is a complete or partial; timing of resources; movement through the facility, and the requirements of the responding law enforcement agencies.

5. Hospital Staff
   a. Report any suspicious activity to Security or the Hospital Command Center.
   b. Visually inspect their work area and halls, noting items that could indicate potential location of a bomb (i.e., moved ceiling tiles, equipment not in normal locations, boxes or packages that are left unattended, etc.)
   c. Staff should not:
      i. Turn off any electrical devices or switches.
      ii. Rearrange any furniture, equipment, or boxes/packages.
      iii. Use cell phones, radios, or paging systems.
      iv. Pick up or handle unknown packages.
d. Once outside the building during an evacuation, do not return inside the building unless part of an evacuation team.
e. Assist in the investigation through written reports and interview with law enforcement agencies.

6. RECOVERY
a. Incident Commander or AOC will determine and have announced the “All Clear” based on information and recommendations of responding agencies.
b. A plan will be developed by the Incident Command staff to return patients and staff back to normal operations.