POLICY
Bomb threats are often used by disgruntled persons as a way of interrupting normal business operations. They may, however, represent an actual danger to the building and occupants should an actual explosive or incendiary device be placed. It is for this reason that all threats are assumed to be serious and are afforded full attention. No bomb threat should be taken lightly or ignored.

PROCEDURES
DEPARTMENT RECEIVING CALL
A bomb threat is most usually communicated by telephone. It may be received on any Hospital phone at any time. It is, therefore, important that all employees be prepared to respond appropriately when a call is received.

Should an employee receive a threat, they must remember the following:

1. Remain calm. Record caller ID if listed.
2. Try to keep the caller talking as long as possible. Ask the caller to repeat the message. **DO NOT HANG UP.**
3. Using the Bomb Threat Checklist, ask as many of the questions as possible. Attached to this procedure is a copy of a bomb threat checklist which can be duplicated, folded and placed under any phone in the department/unit. This can be pulled out immediately in the event of a threat and will alert the person receiving the call of the information they need.
4. As soon as the call is ended, the person receiving it is to be relieved and permitted to record all information before speaking to anyone else. Leave phone off the hook at end of conversation to keep line open for trace.
5. Notify the Hospital Switchboard Operator at (MRH-extension 4444, RMH-extension 2111) immediately. Report all information recorded on the bomb threat record card to the Operator and have the card taken to the telephone switchboard on the Lobby floor. RMH—The person receiving the call should immediately report with the completed checklist to the Command Center, located in the Boardroom.

TELECOMMUNICATIONS
1. Upon receiving notice of a Bomb Threat, and the location is given, announce over public address system the following: “Code Yellow + Location” three times if a specific location/department/area is given. Then go to Step 2. If no location is given, do not announce over public address systems but go immediately to Step 2.
2. The Switchboard operator shall notify:
   a. Security – (MRH-ext 5158) (RMH-ext 3339, 3759, or 3760)
   b. 911 (County Emergency Communications Center)
Title: Code Yellow

c. Administrator-on-Call (Pager)
d. Safety Director (MRH-ext. 3279 or Beeper 1-800-694-9542) (RMH-ext 3617 or 800 211-8135)
e. Nursing Administration (Nursing Supervisor during off hours)
f. Public Relations (910 715-1478)

3. Direct all outside inquiries regarding the bomb threat to Public Relations.

4. The Code Yellow condition shall remain in effect until an all clear is given by either the Safety Director, Senior Security Officer, AOC, or Nursing Supervisor.
Upon notification as per the above, the operator shall announce three times over public address system “Code Yellow + Location All Clear”.

SECURITY-MRH

1. Assemble all Security personnel
2. Terminate all two-way radio communication
3. Secure affected area, if known
4. The Charge Officer shall establish a command center in the Cancer Center Classroom at MRH or the Boardroom at RMH to be manned by the Safety Director, AOC, and Nursing Supervisor.
   
   Note: If the threat specifically mentions the Cancer Center Classroom or that Building, relocate the Command Center to the 2C Conference Room/Auditorium.
5. Accommodate arriving emergency personnel and direct to the Command Center.
6. Assign Security personnel to participate as part of search teams (as available).
7. Assist with evacuation as ordered by the Safety Director, AOC, or Nursing Supervisor.
8. Ensure the Rehabilitation Conference Room is opened for Public Relations. The Public Relations Conference Room at MRH or the Cafeteria at RMH is designated as an alternate site for Public Relations.

SECURITY-RMH

1. Ensure all two-way radio communication is terminated.
2. Ensure the Board Room is open. If the threat specifically mentions the Board Room or the ground floor of the building, relocate the Command Center to the Auditorium.
3. Accommodate arriving law enforcement personnel and direct them to the Command Center.
4. Assist with evacuation if ordered by the Chief Executive Officer, Administrator-on-Call, Nursing House Supervisor, or law enforcement.

ADMINISTRATOR-ON-CALL/SAFETY DIRECTOR or LOCAL POLICE DEPARTMENT

1. Report to the Incident Command Center
2. Assign clerical personnel to man telephone. In absence of the Safety Director, the AOC/Nursing Supervisor will assume their responsibilities.
3. Break buildings down into search areas
4. Assign search teams of two people each. These should be personnel familiar with building (Environmental Services, Facilities Management, Food & Nutrition, Security) whenever possible.
5. Instruct search teams in these duties (see search team section).
6. Have clerical personnel record progress of search process as completed areas are called in.
7. Should a device or suspicious package be found, follow guidelines under device located section.
8. Route all media inquiries directly to Public Relations.

SEARCH TEAMS

1. Search teams shall be composed of a minimum of two members each. Search team members should include Security Department (when possible), Materials Management, Environmental Services, and Facilities Management personnel. The senior member of Facilities Management should supervise the search.

2. All two-way radios SHALL BE KEPT TURNED OFF to avoid accidental detonation of a radio-controlled device.

3. Search team personnel shall report to the Incident Command Center to be assigned.

4. Once assigned a search location, proceed directly to that area and contact the Department Director/Asst. Director or person in charge. DO NOT DISCUSS THE NATURE OF THE ACTIVITY WITH ANYONE OTHER THAN THE DEPARTMENT OR SUPERVISORY PERSONS INVOLVED. This will avoid unnecessary panic.

5. A search of the dept./unit is to be conducted without delay. Ask the department supervisor to accompany the search team for two reasons.
   a. They are more familiar with items, such as packages, which may be out of place.
   b. They will be able to determine the proper times to check patient areas, bathrooms, etc.

6. Search teams should be wary of the following types of items:
   a. Packages or boxes which are out of place;
   b. Wrapped "gifts" which no one can account for;
   c. Paper or plastic bags which are out of place:
   d. Suitcases or briefcases which no one can account for;
   e. Any package, box or other container making clicking, ticking or other unusual sounds;
   f. Unaccounted for tool boxes

7. Searches are conducted as follows:
   a. Search one room at a time.
   b. Advise patients or others in the room being searched that you are making a routine maintenance inspection of heating/air conditioning, lighting and room conditions.
   c. Divide the room into four sections horizontally:
      Area 1 - from floor to waist
      Area 2 - from waist to chin
      Area 3 - from chin to ceiling
      Area 4 - above false ceilings
   d. Visually inspect the entire space carefully in a counter clockwise motion.
   e. When a room has been determined to be "clear," make a written note of this information (to avoid duplication of effort).
   f. Contact the Command Center as each floor or dept. within each floor is completed.

8. Should a suspicious device be located:
   a. Do not touch the item
   b. Notify the Incident Command Center immediately
   c. Do not allow anyone to enter the room involved
   d. Relocate anyone in the room
   e. Wait for further direction from the AOC Incident Command Center or police personnel.
DEPARTMENT DIRECTOR/ASST. DIRECTOR
1. Do not initiate evacuation until instructed to do so.
2. Assist search teams in identifying packages and other items within your work area.
3. Limit panic by involving as few persons as possible.
4. Instruct staff on restricting information from visitors and/or patients.
5. Should evacuation be necessary, all persons will be evacuated from the involved floor, two floors above and one floor below.
6. When ordered to do so, initiate orderly evacuation:
   a. Persons nearest danger shall be moved first.
   b. Ambulatory patients shall be the initial group relocated in any evacuation. Patients should be located two floors below or three floors above the involved area.
   c. Non-ambulatory patients may be moved by whatever means is available. Elevators may be used.
   d. Patients who cannot be moved due to life support systems, traction or danger from trauma of movement should be left in place (with attendants if possible) until the emergency is over.
7. Respiratory Care personnel are to be contacted to assist in supplying portable O² as required.
8. The Director/Asst. Director (or designee) is responsible for ensuring that patient's records and charts are evacuated with patients. Patient records should be placed in pillow case and transported to designated evacuation point.

PUBLIC RELATIONS-MRH
1. Report to the Rehabilitation Conference Room to establish Media Relations Center, unless directed to Conference Room C by Security.
2. Notify ACC of location and phone number when they arrive.
3. Coordinate release of information to media.
4. Arrange press conference, briefings, etc.

COMMUNITY RELATIONS-RMH
1. Report to the Conference Dining Room, located on the ground floor, to establish a Media Relations Center.
2. Coordinate the release of information with the Command Center.
3. Arrange press conferences, briefings, etc., as needed.

LAW ENFORCEMENT
The local Emergency Communications Center (911) will have the responsibility of notifying:
1. Local Police Department
2. The Fire Department
3. The Sheriff's Department
4. State Bureau of Investigation
5. Military Police Ft. Bragg
6. NC Highway Patrol

In the event a bomb or suspected object is located, the responsibility for removal will be that of the Ft. Bragg Bomb Detachment Unit (910-436-5651).

OFF SITE LOCATION
Should evacuation be ordered, evacuate the facility as per instructions in the Code Red Policy.
PREVENTIVE CONSIDERATIONS
Unauthorized persons should not have access to the boiler rooms, maintenance areas, and other areas where an explosive might be deposited.

All staff personnel should be alert for suspicious looking and acting people. Watch for foreign or suspicious objects, items or parcels which do not appear to belong in the area where such items are observed. Ensure that doors and access ways to such areas such as boiler room, supply, elevator machine room, computer areas, and electrical utility closets are securely locked when not in use.

Alert medical personnel to stand by during a bomb threat situation.

Attachment: Bomb Threat Check List
BOMB THREAT CHECK LIST

Questions to ask:
1. When is the bomb going to explode?
2. Where is it located?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why did you place the bomb?
8. How many bombs are here?
9. Is the bomb hidden?
10. What is your address?
11. What is your name?

Exact Wording of the Threat: _______________________________________________
_______________________________________________________________________

Sex of caller:_____________________________
Race:___________________________________
Approximate age:_________________________
Length of call:____________________________
Number at which call was received:_________
Time:___________________________________

Back Ground Noises:
☐ Street Noises ☐ Office ☐ Voices ☐ Animal Noises
☐ PA System ☐ Music ☐ Motor ☐ House Noises
☐ Clear ☐ Static ☐ Booth ☐ Factory/Machines

Caller’s Voice:
☐ Calm ☐ Nasal ☐ Angry ☐ Stutter
☐ Lisp ☐ Slow ☐ Raspy ☐ Rapid
☐ Loud ☐ Crying ☐ Soft ☐ Slurred
☐ Accent ☐ Familiar ☐ Whispered ☐ Excited
☐ Deep ☐ Distinct

Threat Language: ☐ Well Spoken ☐ Incoherent
☐ Foul ☐ Taped ☐ Message (as if reading it)

Name:_________________________________________ Date_____/_____/_____