

ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 17 February 2020

Response Date: 20 February 2020; updated 30 December 2024

Type of TA Request: Complex

Request:

The requestor stated that his hospital is discussing notification steps for bomb threats and asked for technical assistance with identifying related policies. In particular, the requestor would like information on who gets notified (staff only or patients and visitors, too), how notification is handled, and who responds to these notifications.

Response:

The ASPR TRACIE Team reached out to members of our Subject Matter Expert (SME) Cadre for more information. We also conducted a search online and reviewed existing ASPR TRACIE resources for relevant materials; namely the [Active Shooter and Explosives](#), and [Workplace Violence](#) Topic Collections. Comments from ASPR TRACIE SME Cadre members along with materials gathered can be found in the following sections.

I. ASPR TRACIE SME Cadre Member Comments

Please note: These are direct quotes or paraphrased comments from emails and other correspondence provided by ASPR TRACIE SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

SME Cadre Member 1:

- As far as notification is concerned, we would work very quickly with law enforcement to determine whether the bomb threat is a hoax or an actual threat. Until this is determined, notification is limited.
- If the threat is a hoax, an overhead page will be made using pre-existing language from our plan, and staff will know what to do.
- If there is significant information to confirm a threat or if a device is found, high-risk areas would be evacuated, and limited information would be shared with patients and visitors.

SME Cadre Member 2:

- From a notification standpoint, our hospital's approach would be to notify all personnel on site via electronic means and control access to the area.
- We would also make an overhead announcement in plain English similar to the following: "Security Alert - Please avoid the area of X until further notice."

SME Cadre Member 3:

- The Hospital Incident Command System (HICS) material has both a planning and response guide for an explosive incident. It is not a simple situation and they vary in type.

- We found a suspicious package outside of our Emergency Department (ED) entrance last week and we cleared the immediate ED waiting area. Ambulances were put on diversion and we notified the staff who remained out of the area while we waited for the Police Department (PD) and Emergency Medical Services (EMS) to clear the package, which took an hour.
- It was critical to establish the unified command for this incident, and it is important for any hospital to do in an emergency. For this situation, I worked with leadership from the PD and Fire Department to make decisions. There was no need for an announcement. Phone calls were made to select key leaders.
- The PD also wanted to look at security footage to try and determine who left the package and when.
- Had the package been inside the facility, there would have been more evacuations, and a need to let more people know, including patients so they can be reassured.

SME Cadre Member 4:

- There are different variations of a bomb threat. The majority are only threats, but all must be taken seriously. The threat could be a virtual one coming through as a phone call or as a suspicious package or person.
- Notification of HICS is needed, at least at the Command Center level, as this will alert security. If the threat is considered credible, additional notification to departmental leaders can occur. In the event that emergency evacuation of part or the whole facility is needed, this alert will quickly mobilize staff to assist.
- Since so many "suspicious" packages can be found on hospital campuses, the reality is that usually staff will just call security to let them know about an item that has been found. Most of the time, they are just things that patients or families forgot about in the chaos of what they are going through. Staff need to maintain situational awareness of their workplace.
- Staff take "suspicious" packages much more seriously when there is an elevated threat level such as terrorist incidents.
- Hospitals tend to concentrate on staff actions when the threat comes through as a phone call. They are trained to remain calm; keep the caller on the phone as long as possible; note background noises, accents; ask what, where and when the threat may occur; and note other details. They are then told to notify their department leader, security, and activate their hospital code if appropriate.
- Staff are instructed during orientation to be observant of their departmental area to learn what belongs and what doesn't. Hospital policies usually direct them to not move an object if one is found but to do a quick observation for exposed wires, a ticking sound, electronic lighting, and the like.
- Therefore, the concept is to identify a threat, contain it by protecting others from going near it, evacuate patients and staff from the area, and close fire doors.
- Security can set up a perimeter. Hospital policies usually want security to call law enforcement. Law enforcement then makes the decision to call in a bomb squad if they feel the incident rises to that level.
 - Whether it is a phone call or a suspicious package, all are considered security incidents.
- An ongoing relationship with local law enforcement is vital. They are the experts to inform about any needed emergency evacuation. I personally have been involved in a

credible suspicious package incident on ED night shift. Thankfully, the situation was eventually deemed as not requiring total evacuation of the hospital after evaluation by hospital security who called local law enforcement. It was a bit shocking to learn that if evacuation was advised in that incident, we would have had to evacuate the hospital 500 feet in every direction. A significant evacuation.

- Visitors need to be restricted from a threat area until it is cleared. Both patients and visitors who are evacuated can simply be told that there is a security incident. Overhead announcement of a bomb threat in coded language is still controversial; however, if it is used, it should indicate the location of the incident to deter traffic through that area.
- It is scary to witness the bomb squad in their full outfits and robotic equipment. Debriefing and behavioral/ mental health support of involved healthcare staff is recommended.

II. Bomb Threat Resources for Hospitals

California Department of Public Health. (2010). [Organizational Self Assessment: Hospital Bomb Threat / Suspicious Package Event.](#)

This checklist provides a list of items that hospitals should address specific to a bomb threat or suspicious package incident. It is broken down into the mitigation/ preparedness, and response/ recovery phases.

California Hospital Association. (2006). [Bomb Threat Incident Planning Guide for Hospitals.](#)

This planning guide, specific to bomb threats, provides a checklist of roles/ responsibilities and actions to be considered during the various operational phases.

Cybersecurity and Infrastructure Security Agency. (2022). [What to Do-Bomb Threat.](#)

This webpage includes information and links to resources that can help healthcare staff react if they receive a bomb threat or find a suspicious item. Guidance on planning and additional resources are also included.

Heartland Surgery Center. (2014). [Disaster and Safety Policies and Procedures.](#)

This document identifies the policies and procedures that healthcare facility staff should follow during various hazards (e.g., fire, flooding, and bomb threat). **NOTE:** Bomb threat procedures are addressed on pages 17-18.

Hick, J., Hanfling, D., Evans, B. et al. (2016). [Health and Medical Response to Active Shooter and Bombing Events.](#)

This National Academies of Medicine perspective paper examines some of the issues and potential best practices during responses to terrorist incidents, including mass shootings and bombings. Response coordination and planning considerations are also discussed which could optimize patient outcomes.

Kaiser Permanente. (2020). [Kaiser Sample Code Yellow Bomb Threat Policy.](#)

Healthcare emergency managers can use this sample bomb threat policy as a template for creating or updating their facility's plans.

MedStar Washington Hospital Center. (2020). [MedStar Suspicious Package/Bomb Threat Plan and Checklists.](#)

This set of materials includes a hospital emergency operations plan for a “code white” (bomb threat/suspicious item), a set of guidelines for handling telephone threats, a list of bomb threat call procedures, and a list of suspicious package procedures. These forms can be tailored to different healthcare settings.

Relias Media. (2003). [Northwest Community Hospital Administrative Policy: Bomb Threats — Bomb on Site.](#)

This resource outlines the policies and procedures hospital staff should take during a bomb threat incident.

Royal Cornwall Hospitals NHS Trust. (2022). [Security Policy.](#)

This document outlines the procedures that staff should follow when dealing with issues related to security of a healthcare facility. **NOTE:** This resource is from the United Kingdom but may provide useful information that can be applied in the United States. Section 6.23 addresses bomb threats and suspicious packages, and Appendix 6 provides procedures for staff receiving bomb threats or finding suspicious packages.

St. Cloud Hospital. (2013). [Active Threat Situation Response Plan.](#)

This document provides an activation plan for hospital staff to follow when dealing with an active threat situation, such as a bomb threat.