Workplace Safety Key Points (WSKP) are included in this document for your protection.

1. Always use Standard Precautions including Personal Protective Equipment (PPE) when handling any blood/body fluid, liquids, and chemicals (e.g. disinfectant) or when handling spills.
2. Handwashing is the single most effective means of controlling the spread of infection; remember to always WASH YOUR HANDS.
3. Use proper body mechanics and equipment during patient transfer and/or repositioning. When lifting, bend at the hips and/or knees and keep your back straight. Ensure your work area is ergonomically correct.
4. Dispose of Sharps according to policy and procedure. NO NEEDLE RECAPPING

REFERENCES:

PURPOSE:
To provide guideline for handling bomb threats

SCOPE: This policy applies to all.

POLICY:
1. It is the policy to take immediate action to safeguard employees, physicians, members, visitors, and property in the event of a bomb threat at any facility.
2. Department Administrator (DA) or their designees are responsible for insuring that employees and staff are knowledgeable of and follow established procedures. The DA/designee will coordinate activities of their staff during a bomb threat.

PROCEDURE:
1. Telephone Threats: Any personnel receiving a bomb threat via the telephone should listen carefully and attempt to ascertain the answers to the following questions: (Refer to Attachment A)
   a. When will the bomb explode?
   b. Where will the bomb explode?
   c. What does the bomb look like?
d. What was time of the call?
e. Was the caller male or female?
f. Are there background noises? (Vehicular traffic, train, music, unusual noise, etc.)
g. Does the caller sound young or old?
h. Any accents, speech impediments, or other distinguishing characteristics of the caller’s voice?

2. Initial Action:
   a. After the call, the person receiving the bomb threat will:
      1) Immediately contact Telecommunication Department by calling ext. and request to announce “Code Yellow, (department name).”
      2) At Medical Office Buildings dial ext. and ask Operator to announce “Code Yellow, (department name)” three times.
      3) Telecommunication Department will notify:
         a). Security
         b). Administrator on Call
         c). House Supervisor or Medical Office Administrator at Medical Office Buildings.

3. Security
   a. Contact the affected department to collect all information gathered from the caller.
   b. Dispatch Security personnel to the bomb threat location.
   c. Assist the Incident Commander (Code Triage), or House Supervisor in bomb threat response.
   d. When Security Command is notified of Code Yellow at an MOB, Security must contact Telecommunication at ext so that DA of affected building and AOC are notified of Code Yellow.
   e. Contact local law enforcement to notify them of the bomb threat or inform them that a suspicious package or device has been found.

4. In-Person Bomb Threats or Other than a Caller via Telephone
   a. The person receiving the bomb threat will:
      1) Maintain a position of safety
      2) Notify security, immediate supervisor, and contact Telecommunication Department to announce a Code Yellow, (give department name).
      3) Dial ext. to ask Operator to activate Code Yellow, at MOB with overhead paging, also dial ext and announce three times.
   b. Security will notify local law enforcement upon report of threatening incident
   c. Security will gather initial information to prepare for police response.
      1) Notify Security Director and Administrator on Call
      2) Identify Reporting Party
      3) Identify subject(s), physical descriptions, and other pertinent information
      4) Generate a “Be on the Lookout” document for internal use.
      5) Initiate video camera coverage and searches, if applicable
6) Maintain patrols and observe and report suspicious persons or activity
7) Coordinate with local law enforcement.

d. If directed by the AOC or the Hospital Command Center, Security will lockdown the facility as directed.
   1) Lockdown: Refer to the Security protocol for Lockdown of the facility.
   2) Security will notify Facility Engineering via radio.
   3) All MOB Security Officers shall be notified as soon as possible and updated periodically and immediately if the incident migrate to clinic property.
   4) On arrival of the area law enforcement, Security will assist them in whatever support capacity is requested. This may involve way finding to the incident, access to locked areas, etc.

5. Bomb Search Procedures:
   a. All departments will search their own department for suspicious package or device. Department personnel will best know what is normal in their department.
   b. If a suspicious device is found, DO NOT TOUCH IT! Contact Security immediately by calling ext.
   c. If as suspicious device or package is found:
      1) Security will contact local law enforcement who will conduct an investigation of the suspicious package or device.
      2) The AOC or MCA, in consultation with AOC, will decide if a Code Triage (Internal) is to be activated. This will set up an Incident Command Center to deal with the Code Yellow situation.
      3) If possible, the Incident Commander will evacuate the building or area where the suspicious device is found. “Defend in place” strategy may need to be used in consideration of patient safety. This will be done in consultation with Security, local law enforcement, and the department where the suspicious package or device is located.

6. Incident Commander Procedures:
   a. When a Code Yellow is declared the Incident Commander (House Supervisor) will:
      1) Establish a command center to receive reports of the search for a device or suspicious package.
      2) Have Telecommunication announce the location of the Incident Command Center and the phone number where reports can be delivered.
      3) Collect reports from Security and all staffed departments concerning the completion of the search for a suspicious device or package.
      4) In consultation with Security and law enforcement determine if the Bomb Threat is a hoax or take action if a suspicious device or package is located.
      5) If the Bomb Threat is determined to be a hoax, then secure from Code Yellow by having Telecommunication announce on the overhead paging.
      6) If a suspicious device or package is found, then work with local law enforcement and the bomb squad to move patients and staff to safe locations and remove or order the device safe.

7. Recovery Procedures:
   a. When it has been determined that he Bomb Threat was a hoax or a found device has been removed, secure from Code Yellow and return to normal operations.
   b. The Incident Commander in consultation with Security will submit an after action report of the Code Yellow.
ATTACHMENT A: BOMB THREAT CHECKLIST

Exact time of call: _______________________________________________________________________________________

Exact words of caller: ____________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

QUESTIONS TO ASK:
1. When is the bomb going to explode? _________________________________________________________________
2. Where is the bomb? ______________________________________________________________________________
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? ___________________________________________________________________________________________
8. Where are you calling from? _______________________________________________________________________
9. What is your address? ____________________________________________________________________________
10. What is your name? ______________________________________________________________________________

CALLER’S VOICE (circle):

Calm    Slow    Crying    Slurred
Stutter Deep    Loud    Broken
Giggling Accent Angry    Rapid
Stressed Nasal    Lisp    Excited
Disguised Sincere    Squeaky Normal

If the voice is familiar, whom did it sound like? _______________________________________________________________________________________

Was there any background noise? __________________________________________________________________________

Remarks: __________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Person receiving call: ______________________________________________________________________________

Telephone number call received at: ______________________________________________________________________

Date: __________________________________________________________________________________________________