



2010 Statewide health and medical exercise: Phase 2

California Hospital Association • California Association of Health Facilities • California Primary Care Association • California Emergency Medical Services Authority

Organizational Self Assessment: Hospital Bomb Threat / Suspicious Package Event

<i>Section I: MITIGATION AND PREPAREDNESS</i>	<i>Done</i>	<i>In Progress</i>	<i>Not Begun</i>
1. The hospital Emergency Operations Plan (EOP) has an incident specific annex that details the response to and recovery from a suspicious package/bomb threat.			
2. The hospital has procedures to activate its Emergency Operations Plan in the event of a suspicious package/bomb threat.			
3. The hospital utilizes a Hospital Incident Command System organization.			
4. The hospital provides training to security staff and/or personnel on how to recognize and respond to suspicious activity, including unidentified packages and persons exhibiting suspicious behavior.			
5. The hospital utilizes procedures to identify and establish the command structure in a bomb threat/suspicious package scenario.			
6. The hospital utilizes a system to process information to support incident management, planning and decision-making in a bomb threat/suspicious package event.			
7. The hospital Emergency Operations Plan provides for the continuity, transfer and termination of command.			
8. The hospital actively participates in community wide bomb threat/suspicious package planning with emergency response partners such as law enforcement, emergency medical services (EMS), LHD, and other health care organizations.			
9. The hospital provides training to security and/or facility personnel on how to recognize and respond to suspicious activity, including unidentified packages and persons exhibiting suspicious behavior.			
10. The hospital provides training to staff on shelter-in-place and lockdown procedures.			
11. The hospital Emergency Operations Plan includes emergency patient registration and tracking procedures.			
12. The hospital has a procedure for conducting a thorough search of the entire facility and grounds in the case of a bomb threat/suspicious package event.			

13. The hospital has provided training to staff on evacuation procedures, including the use of evacuation assist devices, patient prioritization, safe sites of refuge, relocation sites and tracking of patients, staff and visitors.			
14. The hospital utilizes procedures for identifying and removing unattended vehicles during a bomb threat/suspicious package event.			
15. The hospital utilizes a communication plan to notify, maintain communications with, and exchange appropriate information with response partners, including law enforcement, hazardous materials, bomb squad, public health, EMS, and emergency management authorities.			
16. The hospital maintains 24/7 contact information for the Medical Health Operational Area Coordinator (MHOAC)			
17. Contact information for medical health partners and emergency management is verified and updated at least quarterly.			
18. The hospital works with emergency management authorities in disseminating coordinated communication and public education messages to stakeholders and participates in the Joint Information System when activated.			
19. The hospital has procedures and systems to communicate estimated numbers of casualties to MHOAC.			
20. The hospital (including non-specialty facilities) maintains policies and procedures to implement surge capacity plans that accommodate increased numbers of patients, both adult and pediatric, with trauma, blast and burn injuries.			
21. The hospital has procedures to rapidly increase supplies, equipment and personnel in a suspicious package/bomb threat.			
22. The hospital has procedures to determine if the device contained radioactive, chemical or biological agents and prepare for the possibility of contaminated victims.			
23. The hospital has developed a mass fatality surge plan that includes provisions for contaminated decedents.			
24. The hospital has procedures for collecting forensic evidence and maintaining chain-of-evidence for law enforcement.			
25. The hospital has a plan to use non-electronic communication methods as needed during a suspicious package/bomb threat.			

<i>Section II: RESPONSE AND RECOVERY</i>	<i>Done</i>	<i>In Progress</i>	<i>Not Begun</i>
1. The hospital can rapidly evaluate the situation and activate the Emergency Operations Plan and bomb threat/suspicious package incident annex.			
2. The hospital has a checklist available to staff for taking a threat call and capturing data.			
3. The hospital activates search procedures when indicated.			
4. The hospital establishes an Hospital Command Center and collaborates with the (field) incident command post.			
5. The Command and General Staff identifies the overall strategy, develops an Incident Action Plan, and assigns personnel consistent with plans and standard operating guidelines.			
6. The Command and General Staff review, evaluate, and revise (as needed) the Incident Action Plan.			
7. The hospital provides for the safety and welfare of patients, visitors and personnel including the development of an Incident Action Safety Analysis (HICS form 261).			
8. The hospital initiates, maintains and controls the communication process, both internally and externally and participates in the Joint Information System when activated.			
9. The hospital communicates hospital status, requests assistance and supplies, and obtains situation and community status, with the local Emergency Operations Center and other area hospitals.			
10. The hospital Emergency Operations Plan ensures development of control zones and access points throughout the facility and campus as needed.			
11. The hospital notifies field incident command of the hospital decontamination location, and ingress and egress routes for emergency medical services.			
12. Hospital staff demonstrate their roles and responsibilities in shelter-in-place and lockdown procedures.			
13. The hospital can activate the plan for vertical and horizontal evacuation (e.g. department, floor, wing, and building) if needed during a bomb threat/suspicious package event.			
14. Hospital staff demonstrate their roles and responsibilities in emergency evacuation procedures.			
15. The hospital rapidly triages adult and pediatric blast patients and prioritizes care and resources. (This includes facilities without trauma, burn or pediatric specialty care).			
16. The hospital utilizes a plan to continue patient care services during a bomb threat/suspicious package event.			
17. The hospital utilizes Memoranda of Understandings (MOUs) or agreements with trauma and burn centers to transfer adult and pediatric patients for specialty care transport, suppliers and personnel registries.			

18. The hospital considers it may be a secondary target and activates appropriate security precautions.			
19. The hospital regularly inventories bed availability/census and report to the county and through established HAvBED procedures.			
20. The hospital provides scheduled family briefings and provides for a family center.			
21. The hospital modifies family visitation policies due to security concerns.			
22. The hospital establishes a media conference area, a procedure to provide scheduled media briefings in conjunction with the MHOAC, Joint Information System (JIS), and emergency management authorities to disseminate coordinated information to stakeholders and the general public.			
23. The hospital tracks all event related expenses, including supplies and equipment, personnel and lost revenue.			
24. The hospital tracks all cancelled procedures, appointments and services to allow for future rescheduling and return to normal operations.			
25. The hospital plans for extended operations and demobilization of response when applicable.			
26. The hospital provides behavioral health services to staff and patients as appropriate.			
27. The hospital ensures that after action review and corrective improvement plans are coordinated with all response partners.			

Comments Section

Use the following section to note any applicable comments or follow-up activities as identified in the Organization Self Assessment. Additional rows may be added if needed.

EXAMPLE

Section	Comments	Follow-up
I.1	No response plan developed for the facility that addresses how to handle a suspicious package.	<ul style="list-style-type: none"> ○ Identify internal ad hoc committee to develop plan ○ Work with other partners on a best practice ○ Engage local law enforcement in development of a plan

Section	Comments	Follow-up