



BOMB THREATS / IDENTIFICATION OF A SUSPICIOUS PACKAGE PROCEDURE

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1	11/06/14	20/06/2014	New Document
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BOMB THREAT PROCEEDURE

1 INTRODUCTION

During the last thirty years organisations have had to deal with the threat of terrorist crime. This terror is well known in Great Britain and manifests itself as bomb threats.

Terrorist groups have resorted to this type of action to publicise their political, religious or personal objectives but it is important that this is kept in perspective. Whilst hospitals may not seem or be a logical target it must not lead to complacency. It is as important as any other incident and consequently a contingency plan is necessary to minimise disruption and to address the potential physical and psychological effects of receiving such a threat.

2 THE THREAT

Bomb threats can be made at any time, day or night. Callers could bypass switchboard and threats could be received at any UHB telephone extension.

Notification of a bomb threat can be made or delivered by several means and will usually be anonymous, and all notifications must be considered genuine and taken very seriously. All staff members and third parties, honorary contractors, and suppliers, have a duty to report bomb threats or suspicious telephone calls.

a Telephone calls

With direct dialling into the hospital potentially any person could receive notification of a bomb threat. In such circumstances staff should be mindful of the checklist in Appendix 2 in helping them deal with such a call; and procedures in Section 3 should be followed.

Switchboard and security staff are trained in the operational procedures necessary, using the checklist to ensure all details are captured and recorded.

b Postal Threats

It is possible that the postal system will be used to facilitate notification of a bomb threat. Forensic evidence CAN be obtained from an envelope with the advancement of DNA profiling; therefore it is important that any package / envelope is preserved. Preservation can be easily achieved by placing the suspicious envelope in an unused plastic bag / large envelope. This should be sealed and handed to a Police officer.

c Letter Bombs

A letter bomb may give tell tale indications of its contents.

- Grease marks on the envelope or wrapping.
- An unusual odour such as almonds, marzipan or machine oil.
- Visible wiring or tinfoil.
- The envelope or package is unusually heavy for its size.

- The weight may be unevenly distributed and contents rigid in a flexible envelope.
- There may be poor handwriting, spelling or typing.
- There may be excess wrapping or too many stamps for the weight of the package.
- It may have been posted elsewhere other than Great Britain or hand delivered by an unknown source.

If a suspicious package is received the following action should be taken:

- The package or letter must immediately be placed in isolation and kept away from water, sand, chemicals, heated surfaces, naked flames and gaseous substances or combustible materials.
- Do not cover or enclose the package. If it is covered or enclosed in a container, such as a metal waste bin, the bin will increase the potential of the device by turning it into a shrapnel bomb.
- Immediately alert UHB Security by telephoning 3333. Clearly state that you have identified a suspicious package and require immediate assistance.
- Evacuate the immediate area leaving doors and windows open and lights switched on, Open and unlocked doors will aid the Police search and facilitate deployment of the Bomb Disposal robot.
- Remove personal effects e.g. handbag / briefcase / car keys if it is safe to do so. This will reduce the number of suspect bags to be checked. In addition it will ensure that staff retain the capability to leave site and gain access to their residence if they are denied access to their place of work for a prolonged period.
- Verbally inform your immediate neighbours of the alert and instruct them to evacuate.
- If possible staff should be positioned at each access point to form a cordon and restrict entry
- If the room is a ward or clinical area visitors and non-essential staff must be requested to leave calmly and quietly. Using all available information provided by the duty Security Manager / Site Manager / Senior clinician the Police will decide upon an appropriate course of action with regard to evacuation.
- If the location is within Theatres or an Intensive Care area the senior clinician in charge of the area will liaise directly with the Senior Police Officer and decide on the feasibility of evacuation.
- In the event of any dispute the Senior Police Officer will take primacy and dictate the necessary course of action to ensure public safety.

d In Person

It is possible that someone may have overheard the threat of a bomb being planted or a suspicious conversation and reported it. In this instance the UHB Security Control room should be contacted by telephoning 48043. Security will refer the intelligence to South Wales Police control room.

e Unattended suspicious packages

The term “package” incorporates a letter, parcel, carrier bag, suitcase, sports holder, handbag, any luggage, etc. Unidentified packages, bags and other items left unattended for some time may be considered as suspicious and should be reported to the UHB Security control room in the first instance.

Packages of this nature must not be touched or tampered with in anyway.

Security staff will make tentative investigations and liaise with the duty manager of the area concerned.

Attempts will be made to identify the owner of the package, including reviewing CCTV if available. Where this fails and cause for concern remains, the police must be called by dialling 999.

Prior to the arrival of the Police the hospital security team may coordinate a controlled evacuation of the immediate area.

3 CO-ORDINATED RESPONSE TO A BOMB THREAT

During office hours when a bomb threat is made the following staff are to be notified:

- Security staff (3333)
- Police (999)
- Head of Health and Safety
- Site Manager / Nurse Practitioner (Patient access team)
- Relevant Clinical Board HOD
- Civil Contingency Manager
- UHB Press office

Out of hours the following staff are to be notified:

- Security staff (3333)
- Police (999)
- Site Manager / Nurse Practitioner (Patient access team)
- Senior Manager (on call)
- Estates Engineer (on call)
- Executive Director (on call)
- Civil Contingency Manager
- UHB Press office

In the event that the threat is confirmed by the Police – the Site Manager (Patient access team) must consider declaration of Major Incident “stand by”.

a Assess the Threat

The most common method of notification is by telephone. The UHBs telephonists are highly trained in dealing with these situations and follow a precise routine in how to deal with a bomb threat call.

A Telephone bomb threat checklist (Appendix 4) is maintained during the call and supplied to the Security / Site Manager immediately the call is concluded.

All staff who may receive such a call should remain calm throughout and use the checklist proforma to guide them.

If it is possible, alert someone else to the fact that a bomb threat call is in operation. That person should immediately notify switchboard by dialling 3333. It may be possible to access the caller ID and / or trace the call.

Whilst the call is in progress special attention should be paid to any other clues which may help in the course of police enquiries. Every effort should be made to retain the information given – ideally, verbatim and recorded in a contemporaneous manner. Staff should pay particular attention to any code words which may be given, and obtain precise details of the location of the bomb. The call log must be timed and dated.

b Radio Transmitter and Receiving Devices

At this stage and from a point of safety all devices capable of picking up or sending a radio signal must be excluded from use in the area to which the caller refers, e.g. personal radios, mobile phones, radio pagers, and vehicle fobs..

During the management of a bomb threat communication will be by telephone and person to person. Until such a time when it can be assured that a radio signal presents no risk to detonate a device this advice must be maintained. The distance for the safe use of radios is considered to be 50 meters away from threat.

c Response to the Threat

With the information provided by the duty Security Manager / Site Manager the Police will assume primacy and decide upon a course of action. This may include:

- Asking hospital staff to assist with a search of the area. In light of intelligence and if no suspicious objects are located the Police may conclude that the call was malicious.
- To search - and evacuate, if a suspicious object is found.
- To evacuate everyone immediately without searching.

Searches should be carried out by staff who are responsible for the area in question – they will be fully aware if there is a suspicious item or if an item has appeared within their area which is not accounted for. Security should concentrate on searches of the public areas where people congregate.

4 EVACUATION

If a suspicious package/object is found and the decision is made to evacuate – people should not automatically use traditional fire evacuation routes. People must be directed as quickly and efficiently as possible away from the device and any potential further devices i.e. secondary devices.

Rooms should be left with doors and windows open to minimise any blast, and facilitate entry of Police search teams and Bomb Disposal team robots. Lights should be left on and machinery shut down.

Staff must endeavour to take their personal belongings with them, to assist in eliminating suspicion over articles of property left behind after evacuation.

The area around the suspect bomb must be evacuated immediately and cordoned off to prevent other staff from having to pass close to the suspect area.

Special consideration must be given to the assistance of vulnerable, disabled, or non English speaking patients and visitors to ensure that they are not unduly alarmed by events; and are safely evacuated.

Additional security / portering staff may be called upon to assist with directing staff along the appropriate routes towards the exits. However, depending upon the extent of the geographical area under threat, departmental managers / supervisors may be required to undertake this role.

a Restricted areas

Within the Health Board there are a small number of specialist departments which have restricted access criteria. These areas must remain secure and are subject to separate arrangements.

b Assembly Points

Where convenient, fire assembly points can be utilised for this purpose, but only if they are located at a distance of at least 200 metres from the potential bomb site. In the event of the bomb being in a vehicle the distance must be extended to 400 metres. Safe assembly points are best situated behind a solid building, avoiding area with glass doors / windows, or designated car parks.

Staff who have been evacuated may have to remain outside for a long time before the all clear is given. In these circumstances its advisable if some form of shelter could be made available to cater for individual needs.

INVAC should also be considered where staff and patients do not need to leave the building.

A personnel check must be initiated to account for all invac/ evacuated staff and efforts made to ensure that areas are also empty of visitors.

They must be instructed by security officers not to re-enter until the building is declared safe. This information will normally be passed to the UHB Site / Senior Manager from the senior Police Officer or Chief Fire Officer in charge of the scene.

c Access to Premises

Once the invac/evacuation has been completed, the police may erect a wider cordon around the suspect area whilst the incident continues.

During this time staff will only be able to gain access to the site on production of official proof of identity, and with the authority of the Police Officer in charge.

5 STAND - DOWN

Where the outcome of the threat is assessed as a hoax and / or the device has been dealt with by the bomb disposal team the all clear will be given to the Site Manager co-ordinating the incident. The information will be relayed in person by the Site Manager or via the switchboard cascade system. If a Major Incident “stand by” was declared then this confirmation of “stand down” will come from a member of the Tactical (Silver) control team.

6 STAFF TRAINING

Telephonists, Secretaries, Receptionists and other persons constantly answering telephones should receive training and instruction on how to deal with a bomb threat call. This needs to be co-ordinated and recorded at Clinical Board level, and supported by periodic exercises to test that the training is appropriate and fit for purpose

Mail handlers, e.g. Porters, Post room staff, Specimen Reception staff should also receive training in vigilance and how to identify a potentially suspect parcel or letter.

7 DEALING WITH THE MEDIA

Reporting the incident must be factual and accurate. It is essential that all communication is coordinated via the UHB press office.

No press release or comment should be given without prior approval of the police in light of disclosure of evidence and the potential to prejudice judicial process.

8 THE AFTERMATH OF A BOMB ALERT

The trauma experienced by staff in dealing with a bomb threat or discovery of a suspicious package can be intense and lasting. These feelings can be mitigated by the level of support shown to the person co-ordinating the response to a bomb threat. This support should continue post incident and include a debriefing session. A structured debrief may identify lessons and invaluable information for the management of future incidents.

a Debriefing

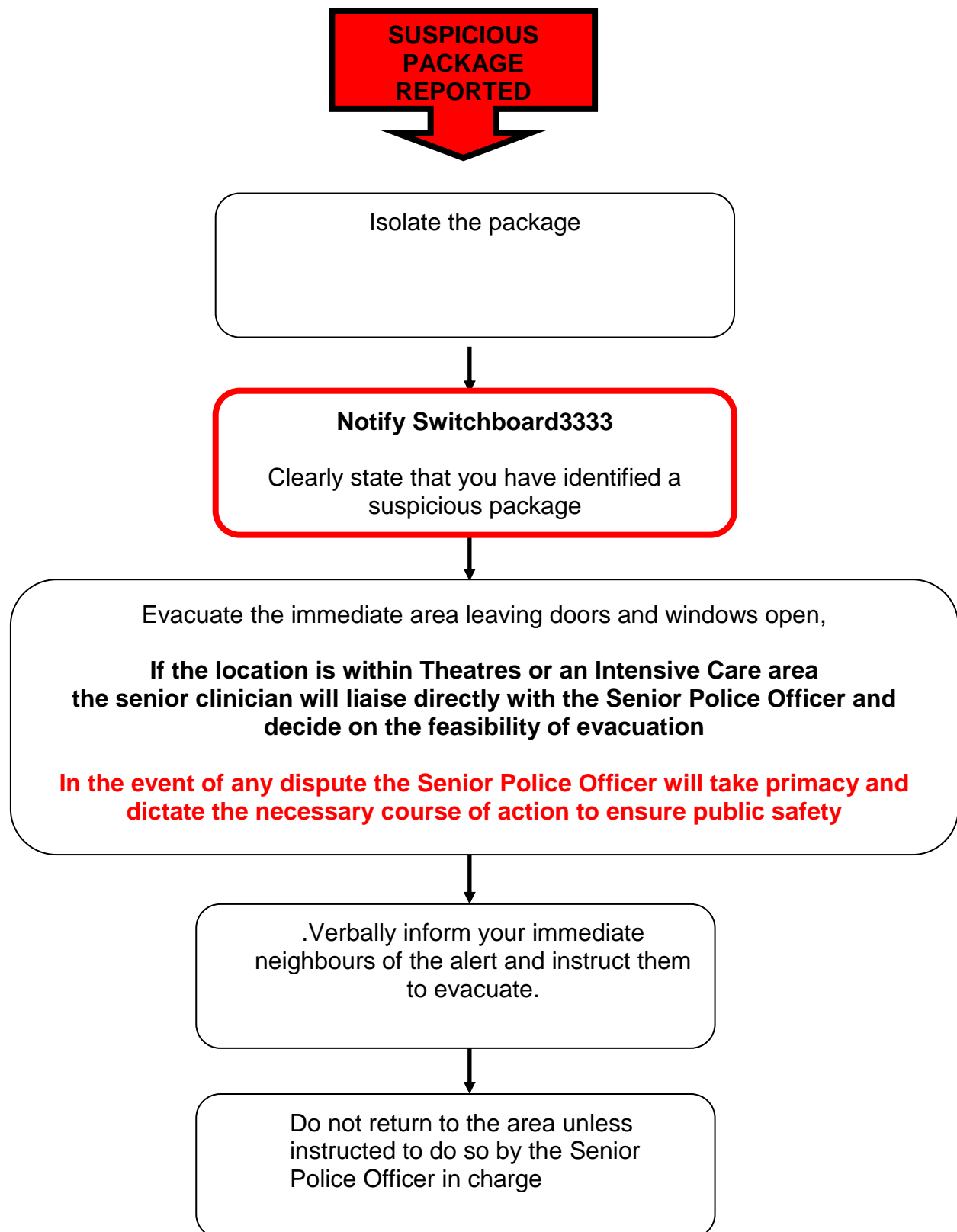
The Head of Health and Safety will convene a session to include the front line staff involved in the alert to provide an information exchange as to all the circumstances and action which occurred during the alert.

b Counselling

Receiving a bomb threat call - particularly if it proves to be genuine and if people are subsequently killed or injured is likely to have a significant psychological impact on the individual. CVUHB recognise the need for appropriate care and counselling in such cases and will ensure support pathways to deal with any long-term effects.

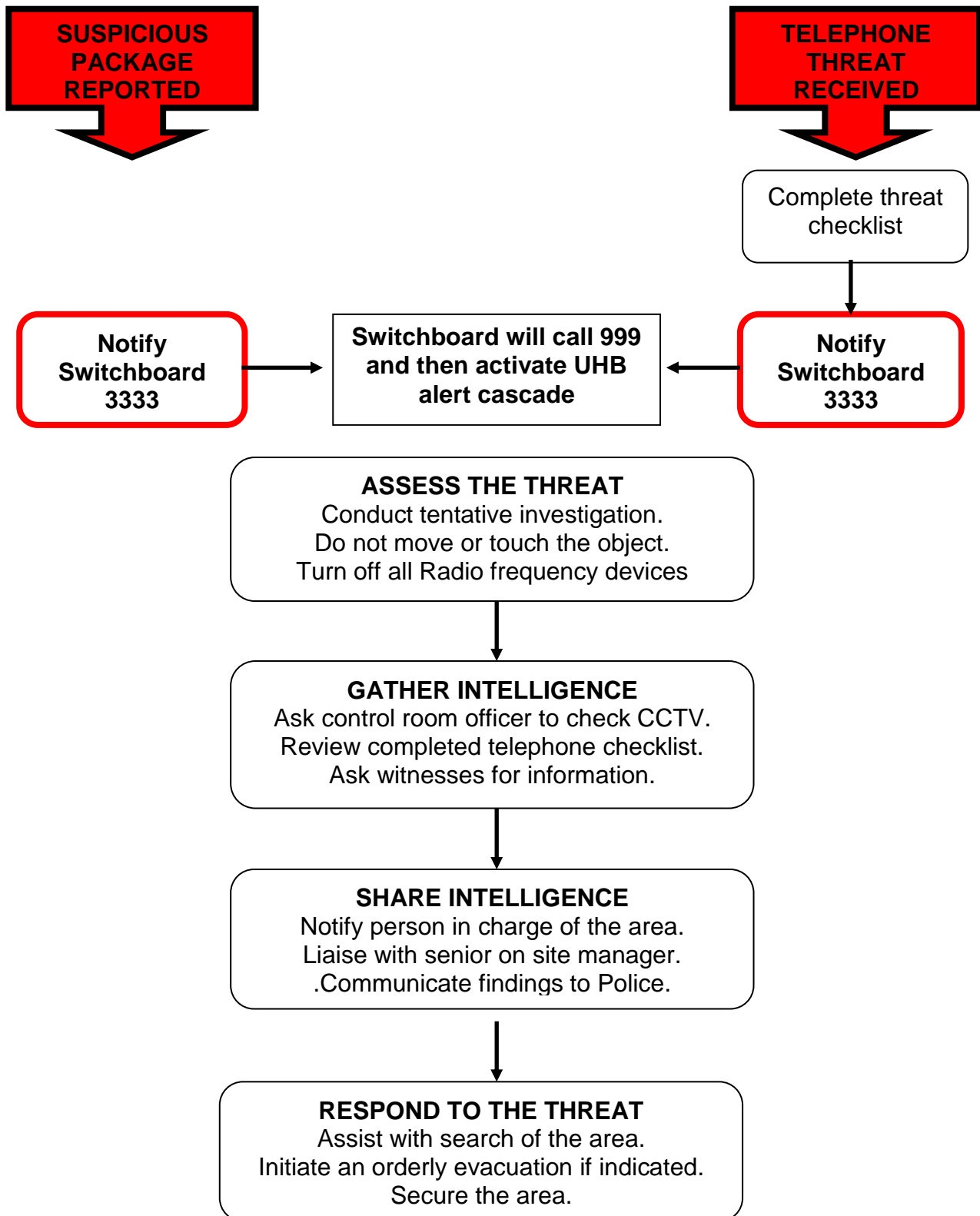
APPENDIX 1

SUSPICIOUS PACKAGE ACTIONS TO BE TAKEN BY STAFF



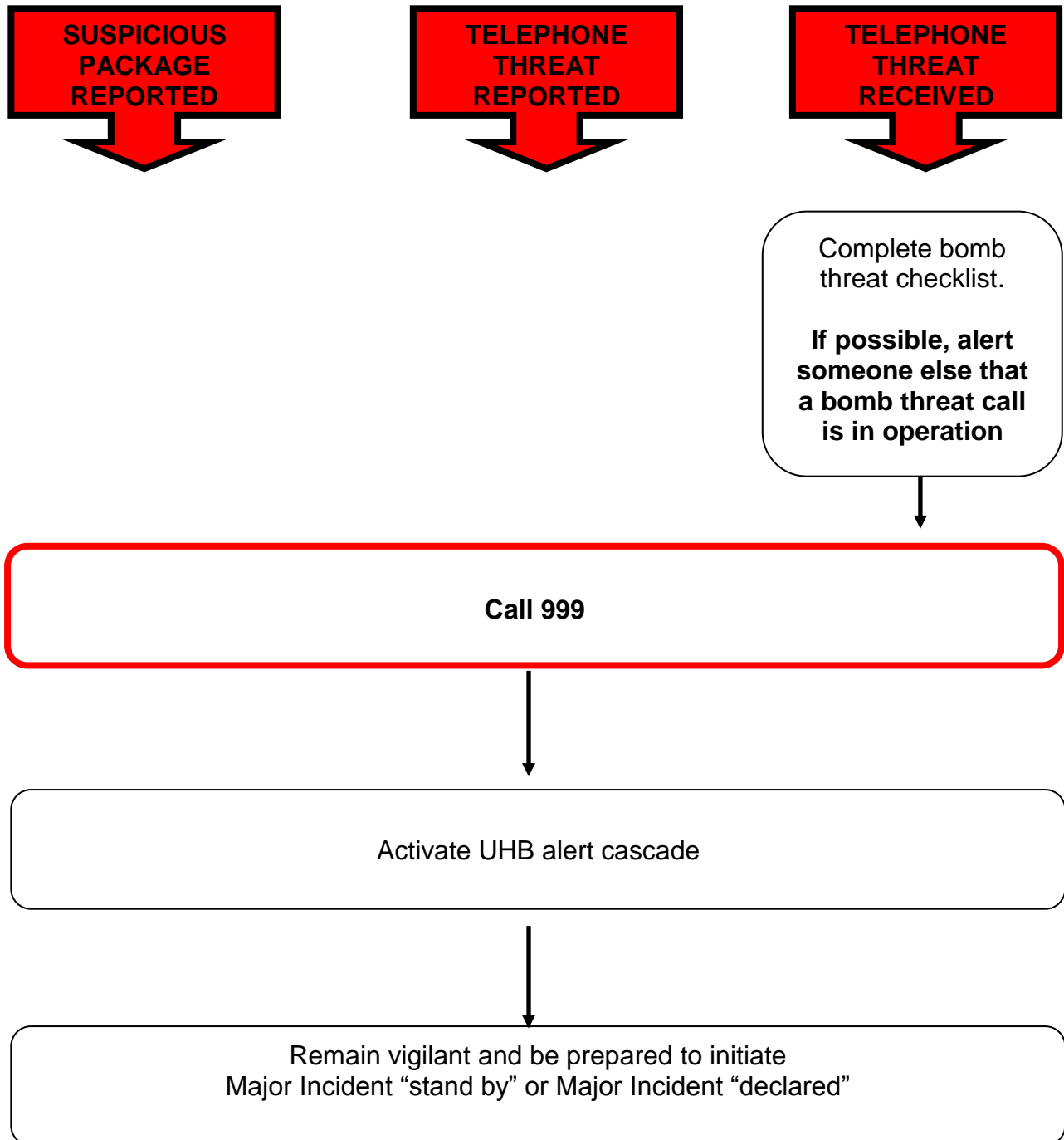
APPENDIX 2

**SUSPICIOUS PACKAGE / BOMB ALERT
ACTIONS TO BE TAKEN BY SECURITY STAFF**



APPENDIX 3

SUSPICIOUS PACKAGE / BOMB ALERT ACTIONS TO BE TAKEN BY SWITCHBOARD



APPENDIX 4**TELEPHONE BOMB THREAT CHECKLIST**

- 1) Let the caller finish their message without interruption.
- 2) Try to keep the caller on the line as long as possible, ask the questions listed below.
- 3) At the conclusion of the call do not hang up the telephone as Police may attempt to trace number.

WORDING OF THE THREAT (Try to record exact words)**CALLER'S VOICE_** (Tick all applicable)

Calm	Angry	Excited	Sad
Slow	Rapid	Stutter	Slurred
Nasal	Lisp	Raspy	Deep
Soft	Loud	Clear	Muffled
Laughing	Crying	Intoxicated	
Disguised	Accent		
Estimated age		Gender	
CODEWORDS(S)			

THREAT LANGUAGE_ (Tick all applicable)

Well Spoken (educated)	Good Command of Language
Poorly Spoken	Incoherent Speech
Irrational Speech	Foul Language
Message read by threat maker	

BACKGROUND NOISE_ (Tick all applicable)

Street noise	House noise	Factory noise	Vehicle noise
Voices	Children	P A system	Music
Clear	Static	Local call	Long distance

QUESTIONS TO ASKWhen is bomb going to explode?Where is it right now?What does it look like?What kind of bomb is it?What will cause it to explode?Who placed the bomb?When was it placed?Why?Where are you?What is your name?Will you call back?

Time of call....

.....

Date of call....

.....

Extension number at which call is received.

.....

Internal extension from which call from received

External number generated from 1471

Details of person completing the checklist

Name.....

Position.....

Contact number.....

ASSESSMENT OF THE THREAT BY THE UHB RESPONSE TEAM

OUTCOME

- ☐ Device - Explosion
- ☐ Device - No explosion
- ☐ No Device - Hoax call

- ☐ Police responded
- ☐ Search conducted
- ☐ No evacuation
- ☐ Evacuation completed
- ☐ Major incident "stand by"
- ☐ Major incident "declared"