# **Emergency Scenarios with Case Review**

## **Bomb Threat**

This emergency scenario reviews a bomb threat in the clinic, and is set up for role-play and case review with your staff.

- 1) The person facilitating scenarios can print out the pages below.
- 2) Undertake the role-play as if it were actually occurring in your clinic.
- 3) Following role-play, gather the staff to review questions for debriefing and teaching.
- 4) Repeat scenario for further practice as time allows.
- 5) Record date of scenario and topic on your emergency scenario log (as appropriate)

## **Bomb Threats**

Scenario: Receptionist receives a call saying, "I've put a bomb in your office!"

Set Up: Choose one person to receive the call. Designate 2-3 staff to be patients: one

is hysterical, one refuses to leave, the other is in the bathroom.

Action: Consider running each drill twice. The first drill is used to see what staff

would normally do and the second to make improvements.

## After the first drill review these key points:

• When a bomb threat call comes in, try to document as much about the call and caller as you can.

- When call is over, hang up and dial \*57 to trace the call if the service is available in your area. If not, dial \*69 and record whatever information you can. Be sure you are using the same phone line that the call came in on.
- Dial 911 from a different phone line to report the bomb threat.
- Assess whether you are going to search or evacuate. About 98% of threats are hoaxes meant only to disrupt clinic services.
- If you decide to search, call 911 to inform the police.
- You must inform the patients. Tell the patients you have received a threat but you are not evacuating, you are going to conduct a search. If they would like to leave, you'll re-schedule them for a later time. Make sure they take all their belongings. They are welcome to stay, but while you search they need to stand up and hold on to all their belongings so you can identify any suspicious items.

#### How To Conduct A Search:

- Search public areas first (waiting room, patient bathrooms, anywhere a patient could be un-escorted).
- Search semi-private areas second exam rooms, counseling rooms, anywhere the patient goes but is escorted or not left alone.
- Search locked areas last.
- In each area make three sweeps. First looking at everything from your waist to the floor; second from your waist to shoulders; and third from shoulders to the ceiling.
- Law enforcement should search the outside of the building. However, a search of the inside of the clinic is much more effective if done by the staff, not the police. The police do not know the clinic like you do and do not know what belongs there and what doesn't.
- If nothing suspicious is found, communicate that to the police. Document everything that has been done. Let the patients know that you will continue services as planned and that they can sit down.
- If a suspicious item is found, calmly inform staff and patients that you will be evacuating the clinic, by which route and where you will gather a safe distance away (at least two hundred yards).
- If the police have already arrived at the clinic, tell them where you found the suspicious item. Otherwise wait at the evacuation point until police arrive.

## If you choose to evacuate:

- Discuss how you will communicate that there is an emergency and a need to evacuate the clinic.
- Have several pre-planned and practiced escape routes. A suspicious item may be in the way of one escape route.
- Did you evacuate all patients?
- Did you remember to bring the schedule so you can account for all patients?
- Have a designated meeting point a safe distance from the clinic and make sure to notify all staff of which place will be used, prior to evacuating.
- Set a goal of an amount of time in which you want to complete the evacuation and work toward it.

## Perform the drill a second time:

- Review staff performance and improvements
- Debrief. These drills may bring up a lot of emotions for you and your staff.

## Things to think about:

- 1) Finding something suspicious doesn't necessarily mean finding something that looks like a bomb. Finding a bag, purse or backpack that doesn't belong to staff and isn't claimed by any of the patients is suspicious. Evacuate.
- 2) Do you have drop ceilings? Your search should include noting if any shifting in ceiling tiles has occurred; if so, this is suspicious. Evacuate.

Do you want to designate someone to be in charge? If so, you need to have a back-up plan in case that person isn't in the clinic at the time of an incident.