



MOHAWK VALLEY HEALTH SYSTEM

Bomb Threats in Healthcare
Recent Events, Response, & Lessons Learned

"Chance favors the preferred mind" - Louis Pasteur

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Learning Objectives

By the end of this presentation participants will:

- Review two recent bomb threat incidents impacting our health system
- Discuss operational response actions and decision-making
- Examine lessons learned and corrective actions implemented
- Explore emerging trends affecting healthcare facilities
- Identify opportunities to strengthen local preparedness

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Why This Matters

Common Perception
"Bomb threats rarely happen to hospitals."

Reality
Healthcare facilities continue to receive bomb threats nationwide.
While most threats are determined to be hoaxes, every threat requires:

- Immediate assessment
- Law enforcement response
- Operational decision-making
- Communication management
- Potential disruption to patient care

Key Point:
The threat may be false, but the response is always real.

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Bomb Threats in Healthcare: National Perspective

Recent Healthcare Incidents

- Multiple hospitals nationwide have experienced bomb threats requiring evacuation, lockdown, or law enforcement investigation.
- Threats have been communicated via phone, email, social media, and online reporting systems.
- Federal agencies have reported increases in hoax threats and swatting incidents targeting critical infrastructure.

Research Findings

A review of U.S. hospital evacuations found that bombs and bomb threats represented one of the leading causes of intentional-event hospital evacuations.



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Local and Regional Examples

Recent Regional Activity

- Over a two-week period:
- Two bomb threats occurred within MVHS.
 - E.F. Thompson Hospital experienced a bomb threat requiring law enforcement response.
 - Columbia Memorial Health experienced a bomb threat requiring police investigation.

Key Observation

These events demonstrate that bomb threats can affect any healthcare facility regardless of size, location, or affiliation.

Preparedness must be maintained even when the perceived risk is low.



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How Hospitals Differ From Other Occupancies

- Patients cannot self-evacuate.
- Critical care patients may not tolerate movement.
- OR cases may be in progress.
- Behavioral health and correctional patients create unique challenges.
- Hospitals must continue operations while assessing the threat.



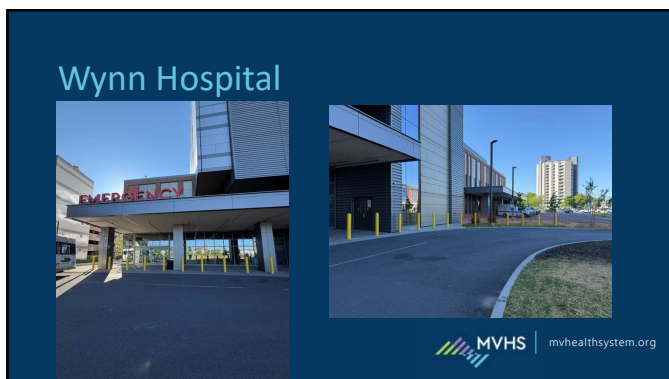
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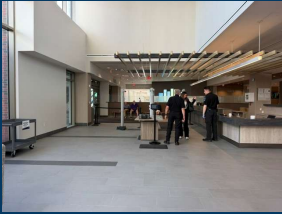


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Wynn Hospital



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Wynn Hospital – Security Ops



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Incident Overview

Event #1 January 22, 2026

Call made to the switchboard at 0615

- How threat received – Called the main line
- Initial notifications - Safety
- Law enforcement involvement – Bomb Squad
- Operational impacts – K9 Walk through
- Resolution – Police made contact with the caller

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Incident Overview

Event #2 February 5, 2026

Call made to switchboard and asked to be connected to the Security office @ 1008

- How threat received – Phone call
- Initial notifications – Safety and EP
- Law enforcement involvement – K9 and Bomb Squad
- Operational impacts – K9 walk through
- Resolution



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What Went Well

Strengths Identified

- ✓ Rapid recognition of the threat
- ✓ Appropriate escalation to leadership
- ✓ Strong partnership with local law enforcement
- ✓ Effective coordination with bomb squad personnel
- ✓ Incident command principles applied
- ✓ Continued focus on patient care and operations



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Challenges Identified

Areas for Improvement

- Information gathering during the initial phone call
- Variability in staff familiarity with bomb threat procedures
- Managing staff concerns and rumors
- Communication timing and message frequency
- Determining what information should be shared and when

Key Lesson

Communication management became almost as important as threat management.



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Bomb Threat Decision Making

Common Misconception

A bomb threat automatically means evacuation.

Reality

Evacuation may:

- Move occupants closer to a hazard
- Place patients at greater risk
- Create operational disruptions
- Increase vulnerability during movement

Considerations

- Specificity of threat
- Location identified
- Time identified
- Method of delivery
- Known suspicious items
- Law enforcement assessment
- Patient care impact and FBI guidance.



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Corrective Action #1

Bomb Threat Phone Cards - CISA

What We Implemented

Bomb Threat Question Cards placed at telephones.

Purpose:

- Standardize information collection
- Improve documentation
- Reduce stress on staff receiving calls
- Provide immediate guidance

Expected Benefits

- Better intelligence for law enforcement
- Faster decision-making
- Improved consistency across facilities

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Corrective Action #2

Public Information Officer Integration

Lesson Learned

The PIO must be engaged early.

Without coordinated messaging:

- Rumors spread rapidly
- Anxiety increases
- Information becomes inconsistent
- Operational disruption expands

Future State

PIO involvement begins early in the response process.

One message.

One source.

One coordinated strategy.



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Corrective Action #3

Bomb Squad Partnership

Lesson Learned

Bomb technicians bring unique expertise not available within the hospital.

Key Point

Relationships built before an incident improve outcomes during an incident

Future Enhancements

- Earlier notification
- Stronger relationship building
- Participation in exercises
- Joint planning discussions
- Shared understanding of search procedures



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Additional Lessons Learned

Staff Know Their Areas Best

- Hospital personnel are often the first to identify suspicious items because they know what belongs in their workspace.

Every Threat Becomes a Business Continuity Event

Even when no device exists:

- Resources are diverted
- Leadership attention is consumed
- Patient concerns increase
- Media inquiries occur
- Operations may be disrupted

Bomb threats are both:

Security Events

AND

Business Continuity Events



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Recommendations for Coalition Partners

Consider Reviewing

- ☐ Bomb Threat Policies
- ☐ Bomb Threat Phone Cards
- ☐ PIO Notification Procedures
- ☐ Bomb Squad Contact Information
- ☐ Staff Search Procedures
- ☐ Exercise and Drill Programs
- ☐ Internal Communication Templates
- ☐ Incident Command Activation Criteria



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Key Takeaways

Keep

- ✓ Rapid leadership notification
- ✓ Early law enforcement engagement
- ✓ Structured incident command approach
- ✓ Unified decision makingImprove
- ✓ Earlier PIO activation
- ✓ Disciplined messaging cadence
- ✓ Staff education
- ✓ Bomb squad integration
- ✓ Ongoing training

Final Thought

The threat itself may be a hoax, but the operational response is always real.

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What to Do: Bomb Threats



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