North York General Hospital Policy Manual

Code Black – Bomb Threat

CROSS REFERENCE:  Code Green (XIII-30)
                 Code Red (XIII-70)
                 Code Purple (XIII-60)
                 Emergency Operations Centre (XIII-110)
                 Corporate Fan Out Policy (1-150)
                 Safety Learning Incident Process (II-110)

ORIGINATOR: Emergency Preparedness Committee

APPROVED BY: Medical Advisory Committee
               Operations Committee

ORIGINAL DATE APPROVED: September, 2002
DATE REVISED: April, 2012
DATE OF IMPLEMENTATION: June 19, 2012

POLICY STATEMENT

It is North York General Hospital’s (NYGH) policy to provide a safe environment for all its patients/residents, visitors, families, staff and volunteers. In the event of a bomb threat, immediate action will be taken to maintain patient and staff safety; assess the threat; isolate the risk area; and, eliminate the potential danger. The Code Black policy informs staff of appropriate actions to be taken in a bomb threat emergency in order to minimize damage and disruption to the facility and personnel at all NYGH sites- General, Branson, 4000 Leslie and the Seniors’ Health Centre (SHC).

Healthcare Workers responding to a code will take care to assess the environment during the response to protect their own health and safety.

DEFINITIONS

Area-Specific Emergency Code Staging Location: The one location designated in your area where staff are asked to gather to receive instructions and report on actions during an emergency code.

Area Specific Floor Plan: A floor plan available in the Code Response Kit and on the intranet under Emergency Preparedness for the area depicting all rooms within the area and the perimeter corridors, stairwells and adjacent rooms.

Search Checklist: A written checklist available in the Code Response Kit and on the intranet under Emergency Preparedness that details all rooms, corridors, stairwells, etc. in the building.

Code Captain: The individual who is designated as being responsible for coordinating and assigning personnel to carry out procedures/instructions during a Code Black. If the Code Captain is not present for a Code situation, the charge person or delegate assumes these responsibilities.
Emergency Operation Centre: The designated area at each site that serves as the central information centre in the event of a Code Black will depend on the specific situation but in general, the Emergency Operation Centre at each site are as follows: General – McGowan Board Room; Branson – Board Room; Seniors’ Health Centre – Main Reception Area. Emergency Operation Centre locations will be announced over the public address system. Prior to setting up the Emergency Operation Centre, ensure that designated Emergency Operation Centre has been searched.

Fan-Out: A process by which all staff within a defined group who are not working are contacted to determine their availability to report to work, if requested, during an emergency situation.

Healthcare Worker: The term Healthcare Worker (HCW) is defined as employees, physicians, volunteers, students, medical staff and contract workers.

Incident Manager: Upon notification of a Bomb Threat, the most senior administrative person in the hospital is designated as the Incident Manager. Upon the arrival of an individual with more expertise, this role is transferred to him/her (refer to Incident Management System).

ROLES AND RESPONSIBILITIES OF THE STAFF MEMBER RECEIVING THE BOMB THREAT BY PHONE

1. The staff member that receives notification of a bomb threat by telephone will:

   a) Remain calm
   b) Treat the call seriously
   c) Speak in a normal voice
   d) **Not** interrupt the caller
   e) Take notes, if possible on the Bomb Threat Information Checklist Form (Appendix “A”)
   f) Observe the telephone display (if available) and note the number calling you or any other information on the display
g) Attempt to ask questions and prolong the conversation. Try to get information about whom or what the threat is directed against.

h) Whenever possible, alert a co-worker to contact Security STAT to respond to your location.

2. On completion of the phone call, the person who received the call will:

   a) Remain calm

   b) At the General, 4000 Leslie and the Branson Sites - Inform Telecommunications by calling 5555, Seniors’ Health Centre call 14-5555: State their name, department, that they have received a Bomb Threat and any significant details

   c) Document all information relating to the phone call on the Bomb Threat Information Checklist Form (Appendix “A”) and take the completed Checklist in person to the Incident Manager in the Emergency Operation Centre

   d) **Not** leave the facility until authorized to do so

**NOTE:** If the threat is on voicemail– do not delete the message and respond as per #2 above.

**ROLES AND RESPONSIBILITIES OF THE STAFF MEMBER WHO FINDS A SUSPICIOUS OBJECT OR PACKAGE**

The staff member who finds a suspicious object/package will:

   a) **Not touch** the item

   b) Isolate the item

   c) At the General Site, or 4000 Leslie notify Security at 5555. At SHC at 14-5555. At the Branson Site notify Security at 5555

**ROLES AND RESPONSIBILITIES OF THE STAFF MEMBER WHO RECEIVES A BOMB THREAT BY MAIL/FAX OR EMAIL**

The staff member who receives notification of a bomb threat by letter/parcel/fax will:

   a) If letter or parcel, handle the item as little as possible. **Do not** allow anyone else to touch it in order to preserve fingerprints or other evidence
b) Notify Security at the General Site or 4000 Leslie at 5555, SHC at 14-5555 or Security at the Branson Site at 5555.

c) Isolate the area and prevent anyone from entering the area.

The staff member who receives notification of a bomb threat by email will:

a) Not delete the email

b) Notify Security at the General Site or 4000 Leslie at 5555, SHC or at 14-5555 or Security at the Branson Site at 5555.

**ROLES AND RESPONSIBILITIES OF THE STAFF MEMBER WHO RECEIVES A BOMB THREAT BY PERSONAL CONTACT**

The staff member that receives notification of a bomb threat by someone in person will:

a) Remain calm

b) Note characteristics of informant

c) Take the threat seriously and conduct self in a manner similar to being taken as a hostage (refer to Code Purple)

d) Gather as much information as possible about the individual and the nature of the bomb

e) If possible notify Security at the General Site or 4000 Leslie at 5555, SHC at 14-5555 or Security at the Branson Site at 5555

f) When possible, document all information on the Bomb Threat Information Checklist Form (Appendix “A”) and take the completed checklist in person to the Incident Manager in the Emergency Operation Centre

g) Not leave the facility until authorized to do so

The staff member that receives notification of a bomb threat from a secondary source will:

a. Ask where the person got the information, at what time, obtain a description of the person giving the information

b. Ask WHEN? WHERE? WHY? HOW?

c. If possible, notify Security at the General Site or 4000 Leslie at 5555, SHC at 14-5555 or Security at the Branson Site at 5555

d. If possible to do so safely, detain informant as long as possible

e. Observe direction the informant goes if unable to be detained
f. Report receipt of Bomb Threat Information to the Telecommunications at the General, 4000 Leslie and the Branson Sites by calling 5555, Seniors’ Health Centre by calling 14-5555

g. Complete the Bomb Threat Information Checklist Form (Appendix “A”) and present it in person to the Incident Manager at the Emergency Operation Centre

**ROLES AND RESPONSIBILITIES OF TELECOMMUNICATIONS**

1) Notify Security STAT via pager.
2) Call 9-911
3) Notify the Administrative Coordinator if on duty
4) Notify the Senior Administrator-on-Call and the Clinical Team Manager-on-Call
5) Notify Branson Site Leader, Seniors’ Health Centre Director as applicable.
6) As directed by the Incident Manager page via the Fire Alarm Paging System: "**ATTENTION! ATTENTION! CODE BLACK, (location if known)**”. **Repeat three (3) times**
7) Initiate the Fan-Out Procedure upon direction of Incident Manager
8) Direct media enquiries to Corporate Communications and Public Affairs on-call
9) Notify Manager of Telecommunications and Protection
10) Only upon direction of the Incident Manager when the All Clear has been given. Page **“ATTENTION! ATTENTION! CODE BLACK ALL CLEAR! Repeat three (3) times.”**

**ROLES AND RESPONSIBILITIES OF SECURITY**

1) Upon notification that a bomb threat has been received, proceed immediately to the location of the person reporting the threat
2) Obtain all information and report with the individual who received the threat to the Emergency Operation Centre.
3) If a suspicious item is found, isolate the item and restrict the immediate area
4) Ensure that there is no further contact with the letter/package/fax and advise the Incident Manager of the contents
5) Commence Search using the appropriate Area Specific Floor Plan

**ROLES AND RESPONSIBILITIES OF THE INCIDENT MANAGER**

1) Instruct the Telecommunications Operator to:
   a. Page Code Black
   b. Initiate the Fan Out procedure
2) Ensure that the Command Centre has been searched prior to being set up
3) Communicate with the Emergency Department to put hospital on redirect.
4) Restrict entry to the hospital where possible
5) In consultation with the Police and Fire Commander direct a limited/hospital wide evacuation (Refer to Code Green.)
6) Keep Corporate Communication and Public Relations Officer informed
7) Upon completion of the Bomb Threat Search and after consultation with the Police, instruct the Telecommunications Operator to page, "**Code Black All Clear**" three (3) times

**ROLES AND RESPONSIBILITIES OF THE CODE CAPTAIN**

1) Obtain Code Response Kit available in all Units which contains:
   i. search instructions
   ii. area specific floor plan and search checklist
   iii. tape indicators for doors
   iv. clipboard
   v. yellow/orange vest for Code Captain
   vi. flashlight
   vii. pens
2) Assign search areas to staff using Area Specific Floor Plan
3) Instruct staff to search for any suspicious object
4) Assign a monitor to answer phones
5) Report any suspicious object found to Emergency Operation Centre **DO NOT** Touch.
6) Evacuate people from immediate areas if deemed necessary
7) Log all activities on Bomb Threat Information Checklist Form
8) Deliver Area Specific Floor Plan to Emergency Operation Centre when search is completed
9) Inform Emergency Operation Centre of any problems encountered

ROLES AND RESPONSIBILITIES OF THE UNIT STAFF

1) Participate in hospital search procedure as directed by Code Captain.
2) Conduct search as follows:
   • Enter the area using the appropriate Area Specific Floor Plan
   • Stop. Close eyes and listen for unusual stimuli
   • Search the area on three levels:
     (i) Above Head Level – Check that the ceiling tiles are in place. Look for unusual objects on shelves or on top of cupboards.
     (ii) Between Waist and Head Level – Visual search only. DO NOT open drawers, closets, etc.
     (iii) Below Waist Level – Visual search only - Under beds, below sinks, window sills, around radiators
   • Place tape indicator on door of each room that has been searched indicating that search is complete for room
   • Place a check mark (✓) on the Area Specific Floor Plan
   • Document search start and completion times and sign
   • Notify Code Captain of any problems being encountered, e.g., doors locked, keys not available then record on Area Specific Floor Plan (DO NOT CALL SECURITY) Unless directed otherwise, the search is to be completed for all areas regardless of whether or not a suspicious object has been found.

IF A SUSPICIOUS OBJECT IS FOUND:

1. **DO NOT TOUCH ANY SUSPICIOUS OBJECTS**
2. Immediately report to Code Captain who will then phone the Emergency Operation Centre
3. If the suspicious object is in an area containing patients, assist with the patient evacuation as directed by the Incident Manager. Ensure that the
area the patients are being evacuated to is thoroughly searched prior to the move

4. Establish a perimeter around the area where the object has been found, allowing no one to enter

5. Close all drapes and bed curtains, but leave open all windows and doors. This will allow the explosion to vent as much as possible, but minimize the damage from flying glass

6. If no patients are in the immediate area, leave the area as quickly as possible. The person who found the device should remain available in a safe area so as to advise Police and Fire Departments of the physical layout of the area and also to advise them of any hazardous materials that may be stored there

7. Should the bomb explode and fire result, all personnel shall participate in their department’s fire procedures (Code Red) and evacuation of the affected areas as identified in the "CODE GREEN" policy

POST EVENT DEBRIEFING

The team will have an informal debrief amongst themselves within the shift that the Code Black occurred as organized by the Team Leader/Incident Manager

The Manager of the affected unit/department will discuss with the Corporate Risk Manager the need for a corporate debriefing, and will assemble the appropriate individuals within 10 days of the event to review and assess:

- The effectiveness of the response
- Requirement for additional documentation
- Opportunities for improvement

POST EVENT DOCUMENTATION:

Person who first identifies a Code Black will complete a SLIP electronically within 48 hours

If a patient/visitor is injured, a SLIP will be completed within 48 hours

In the event that an employee is injured, the employee will be provided with aid or medical treatment, if needed, either in the Occupational Health and
Safety Department or the Emergency Department. The manager or designate will be informed of the injury immediately and within 24 hours, the employee will complete an electronic Employee Incident Report. If the employee is sent to seek medical care for their injury, the manager or designate is to email the Occupational Health and Safety Department and provide details of the injury/incident. If there is a critical injury or fatality, ensure that the Occupational Health and Safety Department is notified immediately.
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Code Black – Bomb Threat

NUMBER: XIII-10

CROSS REFERENCE: Code Green (XIII-30)  
Code Red (XIII-70)  
Code Purple (XIII-60)  
Emergency Operations Centre (XIII-110)  
Corporate Fan Out Policy (1-150)  
Safety Learning Incident Process (II-110)

APPENDIX A

North York General Hospital

BOMB THREAT INFORMATION CHECKLIST FORM

<table>
<thead>
<tr>
<th>Hospital Site: __________</th>
<th>Date: __________</th>
<th>Time: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Name: ______________</td>
<td>Ext. ___________</td>
<td></td>
</tr>
<tr>
<td>Dept. _________________</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Suspicious Item</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Location:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description:</td>
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<table>
<thead>
<tr>
<th>In Person</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Location:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Arrived:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Departed:</td>
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<table>
<thead>
<tr>
<th>Letter/Parcel or Email/Fax</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Arrived:</td>
<td></td>
<td></td>
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<tr>
<td>Tel.# Faxed From:</td>
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<table>
<thead>
<tr>
<th>Telephone Call</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Name and/or phone number on Telephone display:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Call Received:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Call Terminated:</td>
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<table>
<thead>
<tr>
<th>Exact Wording of Caller and Threat, if by phone or in person.</th>
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QUESTIONS TO ASK CALLER:

1. When is bomb going to explode?: ________________________________
2. Where is bomb located?: _______________________________________
3. What kind of bomb is it?: _____________________________________
4. What does it look like (size, shape)? ___________________________
5. Why did you place the bomb?: _________________________________
6. What will cause it to explode?: ________________________________
7. What is your name and address?: _______________________________
8. Where are you calling from?: _________________________________
9. How do you know so much about the bomb?: _______________________

Person’s Identity:  □ Male  □ Female  □ Juvenile  □ Adult  □ Approx. Age ______
Height ______ Weight ______ Hair Colour/Length ______ Glasses ______
Complexion ________ Scars ________ Tattoos ________
Clothing __________________________________________________________
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Caller’s Voice: □ Loud □ Soft □ High-Pitched □ Deep □ Raspy □ Calm □ Pleasant □ Intoxicated □ Excited □ Nervous □ Crying □ Laughing □ Disguised □ Heavy breathing

Accent: □ No □ Yes Specify:__________________________________

Speech: □ Fast □ Slow □ Distinct □ Distorted □ Normal □ Lisp □ Stutter □ Nasal □ Slurred □ Incoherent

Language/Grammar: □ Excellent □ Good □ Fair □ Poor □ Foul

Background Noises: □ Clear □ House noises □ Music □ Aircraft □ Train/Subway □ Traffic □ Animal noises □ PA system □ Factory Machinery □ Street noises □ Horns □ Party atmosphere □ Office machinery □ Other:____________________________________________________

Was the caller’s voice familiar? □ No □ Yes -Who does it remind you of? _______

Does caller seem familiar with hospital? □ No □ Yes – Explain: ___________________________