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Subject: Code Black- Bomb Threat or Suspicious object/package			Date Issued: November, 20 Date Reviewed: September, 2024 Date Revised: March 11, 2025	

Code Black - Bomb Threat or suspicious object/package

Purpose

To provide an immediate response to protect life and/or property in response to threats that include:

- Written, telephone or verbal bomb/explosive device threat
- Discovery of suspicious package or item
- Suspicious mail or package delivery a brief description of the policy

POLICY:

General Principles:

1. Code Black will be activated in the event of an individual within NGH/NHNH receiving a verbal or written bomb threat, a mail bomb threat, or a package containing a suspicious substance.
2. Code Black may also be activated in the event a suspicious package/item is found within the facility, an individual presents claiming a bomb or explosive will be detonated (Suicide Bomber), and/or a Suspicious Vehicle is found.
3. If there is a threat to life safety, a Code Green may be initiated.
4. A Code Black may precede or proceed activation Lockdown & Hold and Secure implementation.
5. Police Services and Security will assume Incident Command on arrival to the hospital/building, in collaboration with Hospital Incident Management Structure (IMS) Command or Emergency Operations Centre (*refer to IMS policy*).

Definitions:

Area Charge Person (ACP) - The Charge person or Team Lead of the unit/department. This individual will manage the response to the code in their unit/area based on their knowledge of the code response plan and their assessment of the situation at hand. The ACP will also act as the liaison to leadership.

Emergency Operations Centre (EOC) - Established by the Incident Manager, the EOC consists of senior leaders and other staff as required. The EOC directs the hospital's operations during an emergency.

Classification of Threat:

Each classification of Code Black is a guide for responders and provides further information including "triggers" for initiating the response level based on the potential for life safety or infrastructure risk.

Verbal / Telephone Threat

- Bomb Threat is received by telephone/verbal either directly to Switchboard, Department/Unit, or to an individual, i.e. "There is a bomb in your building."

Written Threat

- Department/Unit or individual receives a written note or letter, claiming a Bomb Threat, i.e. "There is a bomb in your building".

Suspicious Package / Mail Bomb Threat

A suspicious package or mail is delivered to a Department/Unit or individual (*Refer to Appendix A-Suspicious Package/Mail Alert (Canada Post)*)

Suspicious Vehicle

- A suspicious vehicle is left unattended, possibly without license plate, out of province/out of Country license plate, not a registered/known service van/cube van, and has not been authorized to park, should be investigated as a threat
- If a bomb is visible inside vehicle

Timeframe of Threat

- If the threat is determined to be for the future, the Code Black may not be initiated until further direction is received from the Police, Security, Incident Commander or Emergency Operations Centre (EOC).

PROCEDURE:

Authority to Declare

- Any Staff, Credentialed Staff,, Contracted workers, Volunteers & Learners have the ability to call a Code Black in the event they recognize a safety risk or receive a bomb threat.
- Security or Program Leadership will be contacted to verify credibility of the activation prior to overhead announcement.

This Emergency Response Program guideline applies to all Norfolk General Hospital, Norfolk Hospital Nursing Home and Holmes House Health Care Workers (HCWs), patients, residents, visitors, volunteers, students, contractors and any other persons on the grounds and/or in the facilities of any of these establishments.

This guideline is a framework for managing a received verbal (phoned-in or in-person) or written (email, fax, letter/communique, note) threat against Norfolk General Hospital (NGH), Norfolk Hospital Nursing Home (NHNH), and/or Holmes House, Simcoe, ON. These threats usually express the intent to detonate, in the near future, an explosive or incendiary device to cause death, injury, property/equipment damage and/or to incite fear. This is whether or not such a device actually exists.

Emergency Code Announcement and Activation Procedures:

- To **ACTIVATE** a Code Black response dial ext. "1-911" from any Hospital phone extension and provide the switchboard operator with the location of the emergency/event.
- Notification to Hospital staff will be made through the public address system which activates the Code Black response and by email to leadership using the established email distribution lists.
- Switchboard will make two (2) concurrent overhead announcements stating "Code Black - indicating location by overhead page and/or activate Search and Sweep Activities".
- In the event of a communication failure with switchboard and ext. "1-911" is not accessible; the power failure phone must be utilized.
- Security services will also respond to the area to assist the Code Black responders with perimeter and crowd control, and searching in public space.

Clearing a Code Black:

The Code Black will be "cleared" on advisement of the Incident Commander/Emergency Operation Centre on direction of Police Services when it is determined that evacuation activities are complete.

Switchboard will make an announcements stating "**CLEAR Code Black - Location**", and Switchboard staff will document the name and position of the person canceling the Code Black in their documentation .

Recognizing the Threat:

Upon recognition that a threat is being received in person or by telephone the immediate responder should attempt to collect as much information as possible using the **Appendix B – Verbal/Telephone Threat Assessment Checklist**.

Upon completion of the interaction, immediately call 911, Security, Manager/Admin on Call and Senior Leader On Call.

Search and Sweep Process:

It is the responsibility of all staff to participate in search and sweep activities with the goal to identify and expedite the identification of any suspicious packages/items.

- Staff are to perform search and sweep ideally in pairs when able to (second person following the search patterns of the first)
- Staff are to report all suspicious packages (objects or mail discovered anywhere in the facility to their Area Charge Person/Incident Commander immediately.
- Staff are not to handle suspicious packages, objects or mail but clear and bar entrance to the area. Police on arrival to the scene will handle the package, object or mail.
- Staff who search and sweep should be familiar with the area as they are the best judge of normal placement of objects and can identify suspicious items
- On entering a space, stop, look and listen. Pay special attention to unusual/unidentifiable sounds, foreign items, odours and moved or disturbed equipment/furniture.
- Search slowly and systematically.
- In occupied areas, ask if anyone unfamiliar, acting strangely or carrying out an unusual function was noticed in the area within the past few days.
- Ensure the search of your area includes every room, adjacent offices, meeting rooms, waiting rooms, washrooms, corridor(s), stairwell(s), utility/storage rooms, closets, locker rooms, cupboards, fire hose cabinets.
- Visually inspect drawers, cupboards, trash containers, under furniture, covered areas. Look for something that does not belong, is out of the ordinary or out of place. If a suspicious object is found, **Do Not Touch** It and notify the Incident Commander/Area Charge Person.
- If an area/room is not accessible, make note of it on the search and sweep report. If you have suspicions about the room, contact Security to open it.
- The area with the reported suspicious package, object or mail is deemed to be a crime scene and potential threat until proven otherwise. All effort should be made not to disrupt the area.
- If a suspicious item is found in a patient care area(s), all attempts should be made to move patients, families, and visitors away from the area. The Incident Commander/Admin On Call will work with police to determine if a Code Green needs to be activated

Evacuation Locations and Routes

Local and Horizontal evacuation locations are outlined in the **Code Red - Unit/Department Specific**

Plans. This includes primary and secondary evacuation areas.

Evacuation procedures are outlined in the **Code Green – Evacuation Policy and Procedure**.

ROLES AND RESPONSIBILITIES:

Staff, Credentialed Staff, Contracted workers, Volunteers & Learners

- Return to unit/department using the stairs if possible
- Check in with Area Charge Person /Admin- On Call or designate to establish emergency response roles and responsibilities
- Activate Search and Sweep activities as delegated
- Reassure patients/visitors and provide instructions
- Evacuate to primary or secondary on direction of the Area Charge Person /Incident Command(er) or Police

Area Charge Person/Supervisor

- Retrieve reference materials in the Red Emergency Codes Binder or electronically in the Emergency Codes folder (located on every network desktop) from designated location.

Security

- Initial coordination and ongoing collaboration with Police
- Provide known details to the Manager/Admin On Call
- Oversee searches of the common unrestricted areas such as public reception lounges, corridors, public rest rooms, access doors and vulnerable unoccupied areas. This includes any locked stairwells
- When the interior areas have been searched and reported, proceed to search other general areas and potential targets like the exterior perimeter of the building
- After hours, areas normally locked and unavailable to the public or patients will not be searched unless there is reason to be suspicious
- Activate Lockdown and Hold & Secure procedures and/or facilitate building/property access and control.
- Ensure Police access to all areas of the hospital

Manager/Admin On Call – Incident Manager

- Upon notification of potential Code Black emergency, activate the Incident Management Structure committee if required.
- Oversee operations in collaboration with the Police, and assume responsibility for communication and escalation processes during the situation

- Check in with team and patients to ensure ongoing safety.
- Act as the Incident Commander, and establish coordination and command of the immediate situation
- Identify if activation of Code Green is required
- Provide updates to leadership, and escalate as required to Senior Leadership

Director/Admin On Call – Incident Management Centre

- Collect all relevant information related to the emergency, current operations and needs assessment in response to immediate event .
- Consider activation of Emergency Operations Centre.
- If vertical or organizational evacuation is required (on direction of Police), immediately activate Emergency Operations Centre.
- Provide updates to Senior Leadership and/or activate Incident Management System/ Emergency Operations Centre procedures.

Patient Registration

- Provide current status for impacted and potential evaluation location
- Provide a copy to the Incident Commander/ Manager/ Admin-On Call or Designate

Facilities

- Complete Search and Sweep of mechanical rooms and shafts
- Assess situation, environment and impact
- Provide current hospital floor plans as requested
- Consider limiting air handling in impacted areas

Communications

- Facilitate internal/external communications
- Assume Emergency Information Officer role at Emergency Operations Centre if required
- Activate Incident Management Structure Communication Plan as required

Code Black “Cleared” and Demobilization:

- The “**all clear**” direction will be provided by the Incident Commander/Emergency Operations Centre (in collaboration with Police) when it is safe to resume standard operations.
- If activated the Emergency Operations Centre will provide direction and communications regarding return to standard operations
- Identify anyone in need of medical attention and transport them to the ED for treatment or transfer to a neighbouring ED

- Environmental remediation can begin once cleared
- Consider repatriation of patients that were evacuated

Documentation of a Code Black:

- All Emergency Code activations are documented in the Incident Tracker Tool.
- The Incident Command will submit or delegate the submission of the details and subsequent debriefing and follow up in the Incident Tracker tool.
- Employees impacted by the event should complete and submit an Employee Incident using the Incident Tracker
- If the Emergency Operations Centre (EOC) is activated, EOC documentation processes will be shared and stored electronically in the identified shared folder.

Debriefing and Evaluation:

- Upon completion of the Code Black, the participants of all impacted units/department will hold a short huddle to debrief on the events of the Code Black using the NGH/NHNNH **Code Debriefing Form**. This quick check in allows team members to reflect on and identify any concerns or opportunities for quality improvement opportunities. The debriefing is led by the Team Leader/ Manager or delegate. This document will be scanned and included as part of the Incident Report.
- A formal organizational debriefing and completion of an Incident After Action Review and report submission will be arranged by the Incident Commander in collaboration with the impacted leadership team and the OHS Department

Critical Incident Stress Management

Senior Leadership, Human Resources and Occupational Health Services will provide employee support, to begin immediately after resolution of the bomb threat situation:

- Support and facilitate onsite counselling services for employees
- Assist with the coordination of the critical incident debrief
- Assist injured employees with their early and safe return to work
- Provide follow-up counselling support and act as a liaison between the Employee and the Employee and Family Assistance Provider (EFAP)
- Maintain contact with affected employees to ensure they are in receipt of the proper treatment and counselling services

Education and Training

- All staff are required to complete the Emergency Code Black module once per year
- Emergency Code Debrief must completed after every emergency code

RELATED DOCUMENTS:

- Incident Management System (IMS)
- Code Lockdown and Hold & Secure Policy and Procedure
- Code Purple Policy and Procedure
- Code Silver Policy and Procedure

REFERENCES:

- Accreditation Canada. (2017). Leadership Standards, Section 14. • Emergency Management Ontario. (2022). Basic Emergency Management Course (EM 200) - Version 5.

Canada, P. S. (2015, January 15). *Bomb threats*. Public Safety Canada. <https://www.getprepared.gc.ca/cnt/hzd/bmbthrts-en.aspx>

London-Middlesex Health Unit- Emergency Codes

APPENDICES

- Appendix A – Suspicious Package/Mail Alert (Canada Post)
- Appendix B – Verbal/Telephone Threat Assessment Checklist
- Appendix C – NHGH Code Debriefing Tool

Attachments

[!\[\]\(faf942dc3e59ce8eb64b4ac481eca7e0_img.jpg\) Appendix A- Suspicious Mail Alert.pdf](#)

[!\[\]\(cf531ed27e91483460120fcc057b3901_img.jpg\) Appendix C- NGH Code Debreifing Tool new 2024.docx](#)

[!\[\]\(d3102649f02e825ddb76dc3de0190154_img.jpg\) Code Black - Appendix B - Verbal.Telephone Threat Assessment Checklist \(1\) \(4\).pdf](#)

Approval Signatures

Step Description	Approver	Date
Senior Leadership Team Approval	Charlene Charles: NGH - ADMINISTRATIVE ASSISTANT	09/2024

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