INTRODUCTION

While most bomb threats do not actually involve an explosive device, we cannot afford to assume that they are simply idle threats. Similarly, any suspicious package should be considered to be a potential bomb until proven otherwise.

Evacuation of an area or building occurs when there is reason to believe there is imminent danger or after consultation with Police and/or Security. This decision is made after careful consideration of the facts and potential consequences. If evacuation is deemed necessary, a Code Green is announced.

PROCEDURE

Bomb Threat

Staff Responsible	Action	
Staff who receive threat	 A staff member who receives a bomb threat over the phone should try to prolong the conversation as long as possible, in order to collect as much information from the caller as possible. Listen Be calm and courteous Do not interrupt the caller Obtain as much information as possible to be transferred to Bomb Threat Checklist at earliest convenience. After the caller hangs up, call Switchboard at 333, and to report, providing details and location. Note: If threat is received via e-mail or other electronic it should not be forwarded or deleted. 	
Switchboard Operator	 Contact Security Contact Director/Delegate for the affected area OR After Hours Manager of Patient Care Services (if after hours) Follow direction provided by Emergency Code Coordinator and/or Emergency Command Manager which may include: Make announcements Notify Police Notify other contacts 	
Security Guard	 Receives call from Switchboard and initiates action as per Facilities Services restricted access policy. Proceeds to impacted area and conducts preliminary investigation to determine if threat is credible Communicates with Emergency Code Coordinator and Emergency Command Manager (as available) to discuss required action (ie. evacuation of area, police response, etc.) If police response required, meet and liaise with police 	

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Director of Patient Care Services/ Delegate OR After Hours Manager of Patient Care Services	 Assume the role of Emergency Code Coordinator Communicate with and provide situational awareness to Emergency Command Manager Liaise with Security to determine credibility of threat determine appropriate action Ensure police have been alerted to the threat Coordinate search of clinical areas by ROHCG employees as per security instruction Notify Security of any items or areas of concern and follow
Emergency Command Manager	 Act as Senior Management contact In consultation with Security and Emergency Code Coordinator, make decision to activate Hospital Command Center Organize appropriate response to the event including escalation and activating other Emergency Color Codes as dictated by the circumstances of the event (e.g. Code Green). Ensure appropriate follow up including: Appropriate archiving of incident documentation. Completion of after-action report and corrective action plan Summary of incident and actions taken Recommendations for corrective actions
All other staff	 Stay calm and avoid panic Reassure patients/visitors that the situation is under control Follow direction of Emergency Code Coordinator Conduct their area search quickly and safely, erring on the side of caution if unsure and reporting any search omissions or gaps
Facilities Services Personnel	 Participate in search of their work areas, including: Maintenance rooms, Housekeeping Rooms and Kitchens/Serveries.

Suspicious Package

Staff Responsible	Action			
Staff who discovers	A staff member who discovers who discovers a suspicious package or			
suspicious object	object should:			
	Remain Calm			
	Leave item alone.			
	Do not handle or open the item			
	• Isolate area: Leave the room, close the door and prevent others from			
	entering area			
	• Call switchboard at 333 to report, providing details and location.			

Switchboard Operator	 Contact Security Contact Director/Delegate for the affected area OR After Hours Manager of Patient Care Services (if after hours) Follow direction provided by Emergency Code Coordinator and/or Emergency Command Manager which may include: Make announcements Notify Police Notify other contacts
Security Guard	 Receives call from Switchboard and initiates action as per Facilities Services Restricted access policy. Proceeds to impacted area and conducts preliminary investigation to determine if threat is credible Communicates with Emergency Code Coordinator and Emergency Command Manager (as available) to discuss required action (ie. evacuation of area, police response, etc.) If police response required, meet and liaise with police
Director of Patient Care Services/ Delegate OR After Hours Manager of Patient Care Services	 Assume the role of Emergency Code Coordinator Liaise with Security to determine credibility of threat determine appropriate action
Emergency Command Manager	 In consultation with Security and Emergency Code Coordinator, make decision to activate Hospital Command Center Organize appropriate response to the event including escalation and activating other Emergency Color Codes as dictated by the circumstances of the event (e.g. Code Green). Ensure appropriate follow up including: Appropriate archiving of incident documentation. Completion of after-action report and corrective action plan Summary of incident and actions taken Recommendations for correction actions
All other Staff	 Stay calm and avoid panic Reassure patients/visitors that the situation is under control Follow direction of Emergency Code Coordinator

Appendix A BOMB THREAT CHECKLIST

If you receive a bomb threat telephone call: Remain calm and courteous and obtain as much information as possible.

Where is the bomb located?						
What part of the building is it in? Is it in a patient area? Floor Room						
When will it explode?						
What does it look like?						
CALLER'S IDENTITY Male () Female () Race (Specify): Age (Approx.):						
Voice Characteristics: Loud () Soft () Fast () Slow () High Pitched () Deep Distinct () Distorted () Raspy () Pleasant () Stutter () Nasal () Intoxicated () Familiar () Slurred ()						
Language Spoken/Grammar: Excellent () Good () Fair () Poor () Foul ()						
French () English () Other (Specify)						
English with French Accent () French with English Accent () Foreign Accent ()						
Manner: Background:						
Calm()Angry()Office Machines()Voices()Rational()Irrational()Street()Airplanes()Coherent()Incoherent()Factory Machines()Trains()Deliberate()Emotional()Party Atmosphere()Other (Specify)Righteous()Laughing()						
ORIGIN OF THE CALL:						
Date: Day () Month () Year () Time: Local Long DistanceBoothInternal						
Cell Phone Fax Email						

Reporter's Signature Da

Date & Time

This form is to be provided to Security as soon as possible.

Appendix B BOMB SEARCH CHECKLIST

Systematically search all rooms and areas on involved unit, remembering to:

Not move furniture-look under and behind.

<u>Never</u> move suspicious objects or packages. <u>Search</u> each room or area completely before moving onto the next. <u>Suspect</u> what you do not know.

Patient Search Areas

Search all rooms even those that are locked. Completely search all parts of patients' rooms, including closets

Non-Patient Search Areas

Include (but do not be limited to) the following in your search

WASHROOMS	OFFICE AREAS	
Waste containers	On and under desks	
Towel and sanitary napkin dispensers	Stationary cupboards	
Flush tanks/under tanks	Light fixtures	
Light fixtures	Clothes closet	
Lockers	Window sills	
Cabinets	Behind drapes	
Ledges/ flat surfaces	Book cases	
False ceilings	Filing cabinets	
	False ceilings	
HALLWAYS	All suitcases, briefcases and parcels	
Waste containers		
Fire hose cabinets	OUTSIDE AREAS	
Fire extinguishers	Receiving areas	
Window sills	Windows	
Cushions	Sewers	
Closets and water cooler	Furniture and doors	
Light fixtures	Shrubbery	
Electrical panels	All ledges	
	Machinery and equipment	
MECHANICAL and MACHINERY ROOMS	Ductwork and drains	
In/behind all machinery		
All locker and storage spaces		
Drawers		
Light fixtures		
Electrical panels		
Drains		
Light wells		
Pipes and ductwork-in/out		