



EAST TENNESSEE CHILDREN'S HOSPITAL

Category: Administrative
Unit/Division: Administration
Policy No.: A00045
Former Policy No.: Code Black
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Effective Date: 2/10/12

TITLE: CODE BLACK – BOMB THREAT

PURPOSE: To give detailed instructions on what specific actions are required in the event of a bomb threat.

SCOPE: All Hospital Staff, Medical Staff, and Volunteers

POLICY:

Any staff member who receives a bomb threat will take action as described in procedures below. Compliance is necessary to gather information and decrease the potential for personal injury and property damage.

RELEVANT FACTORS:

DEFINITIONS:

Bomb Threat and Code Black are synonymous on East Tennessee Children's Hospital's property. (Code Black is used as a code word so that patients and visitors aren't alarmed when the policy is implemented).

PROCEDURE:

I. RECEIPT OF THREAT

A. **Receipt of Threat** – A bomb threat may be received in the form of a note, telephone call or in person. Bomb threats are normally received via telephone, with the three most common areas being PBX, the Security Department and the Emergency Department. Even though these areas are the most likely to receive bomb threats, everyone should know what action to take if they receive a bomb threat. **The Bomb Threat Checklist** will aid you as you compile all necessary information.

1. If the bomb threat is in the form of a phone call, remain calm, keep the caller on the line as long as possible and write down as near as possible every word spoken by the person calling. The following information will be needed:
 - a. **Time call was received.**
 - b. **Sex, age, accent, or speech impediment.**
 - c. **Caller's knowledge of Children's Hospital.**
 - d. **Background noises.**
 - e. **If the caller is talkative, try to obtain the following information:**
 - When will it explode?
 - Where is the bomb?
 - What does it look like?
 - What kind of bomb is it?
 - What will cause it to explode?



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- Did you place the bomb? Why?
- Where are you calling from?
- What is your name?

* See [Bomb Threat Checklist](#)

2. If a written bomb threat is found, do not touch or move anything in the immediate area.

B. After Receipt of a Bomb Threat:

1. Immediately notify Security at extension 8479 or call PBX and have the officer on duty call you back.
2. A Security officer will respond to your location to investigate and ensure that the Bomb Threat Checklist is accurately completed.
3. Information regarding the bomb threat should not be discussed with anyone except the Security officer, Nurse Manager, Coordinator or an Administrator.

C. Security Officer will:

1. Upon receipt of a bomb threat during normal working hours (8:00 AM - 5:00 PM, Monday - Friday), the following personnel will be notified by phone or beeper.
 - a. Administration
 - b. Director of Security
 - c. Security Manager
2. After normal working hours (evenings, nights, weekends, and holidays), the following personnel will be notified by the Security officer on duty.
 - a. Nursing Coordinator (will notify Administrator on call)
 - b. Administrator on call
 - c. Director of Security
 - d. Community Relations(Further instructions will be given by one of the above).

II. ACTIVATION

- A. When the decision has been made to implement Code Black, either by an Administrator or his/her designee, the PBX Switchboard Operator will be advised as to what action to take.
- B. If advised to do so, PBX will announce over the PA System (three times), "Attention all personnel - Attention all personnel - Attention all personnel--Code Black is now in effect. - Code Black is now in effect" (repeating same message again after waiting for one (1) minute). Location should not be announced to avoid panic and unnecessary people arriving on the scene.
- C. The charge person for each department will then check in with the Nursing Coordinator.



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III. RADIO COMMUNICATION

- A. When a bomb threat has been received and Code Black has been implemented, portable radio communications throughout the hospital will be terminated. If a specific area is identified, there will be no radio transmission within 300 feet of the threatened area. Any communications will be via phone.
- B. Security will contact all departments who use radios--Engineering, Environmental Services, Respiratory Therapy and Surgery--and remind them of radio silence.

IV. CONTROL CENTER

- A. The Administrator will activate the Control Center during normal working hours. The Nursing Coordinator, in collaboration with the Administrator on call, will activate the Control Center during hours other than Monday – Friday 7A – 4:30 P.M.
- B. The Security Office will be used as the Control Center.
- C. If an area close to the Emergency Department (ED) has been threatened, the Control Center will be located elsewhere (location will be decided upon at that time). A person manning the Control Center will notify each department/unit of the location of the Control Center, along with the telephone number (a phone list of departments to notify is attached to the Control Center log).
- D. The Control Center will be responsible for, but not limited to, maintaining a log of events, actions, coordinations, notifications, search areas, results of searches, and termination of Code Black.
- E. Outside agencies who respond to assist will be directed to the Control Center and will be dispatched by same.

V. SEARCH*

- A. The following actions are required when a Code Black is activated:
 - 1. Security and/or Engineering will search all common areas and closed areas.
*See Search Technique
 - 2. **Visually search** your area of responsibility (Security and/or Engineering will conduct a more thorough search).
 - a. Have personnel who are familiar with the area conduct the search and always try to work in teams of two (2) when conducting the search.
 - b. Attention should be directed primarily to an object in any area where its presence is neither routine nor normal.
 - c. If a suspicious or questionable item is found or observed, **DO NOT TOUCH IT**--have one person stand by the area and the other person contact the Control Center.
- B. When a visual search of your department has been conducted, contact the Control Center and inform them that the search area is complete. The following information will be given:
 - 1. Person responsible for search.



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2. Specific area searched.
3. Time search was initiated and terminated.

VI. EVACUATION

- A. **The decision to evacuate patients will be made by the Administrator, either on site or on call. In the event that an Administrator cannot be located, the Nursing Coordinator will make that decision.**
- B. **Evacuation zones shall be designated as the situation dictates. Floors above or below the danger area must be considered for evacuation. Personnel evacuated must be sent to a specific location and instructed to remain at that location until Code Black is terminated.**

VII. PRESS

The Community Relations Department will handle any and all communications with the news media.

VIII. SEARCH TECHNIQUE

- A. **The following room search technique is based on the use of a two-person search team:**
 1. The individual in charge of the team should look around the room and determine how the room is to be divided for searching and to what height the first searching sweep should extend. The first searching sweep will cover all items resting on the floor up to a selected height, usually four (4) to five (5) feet.
 2. The room should be divided into two virtually equal parts. This division should be based on the number and type of objects in the room to be searched and not on the size of the room. An imaginary line is then drawn between two objects in the room, e.g., the center of the north wall to the center of the south wall (based on patient room).
- B. **First Searching Sweep:**
 1. Look at the furniture and objects in the room and determine the average height of the majority of the items resting on the floor. In an average room, this height usually includes bedside tables and chair backs. The first searching height usually covers items in the room up to chest level.
 2. After the room has been divided and the searching height has been selected, both team members go to one end of the room division line and start from a back-to-back position. This is the starting point and the same point will be used on each successive searching sweep.



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3. Each person now starts to search their way around their part of the room, working toward the other person, checking all items resting on the floor around the wall area of the room. When the two individuals meet, they have completed a "wall sweep". They should then work together and check all items in the middle of the room up to chest level, including trash containers, desk drawers, in and around beds, chairs and personal items.
4. Bathrooms and closets in patient rooms are checked by the person whose wall search adjoins them.

C. Second Searching Sweep:

The second searching sweep is usually from the height of the chest to the ceiling. The two persons return to the starting point and repeat the searching technique at the second selected height. This search includes pictures or any item attached to the wall, such as TVs, VCRs and/or medical monitors.

D. Third Searching Sweep:

1. The third searching sweep covers light fixtures, high mounted air ducts, PA speakers and suspended ceilings (if so equipped) for any that appear to have been moved.
2. Place a black dot at eye level on the door frame, hinge side, outside the room/area, indicating "Visual Search Completed" and, if practical, place a piece of colored tape across the door and door jamb about two (2) feet above the floor to indicate if entry is made after search. A sheet of "black dots" is located inside the Code Black policy packet.
3. In conclusion, the following steps should be taken in order to search a room:
 - a. **Divide the area and select a search height.**
 - b. **Start from the bottom and work up.**
 - c. **Start back-to-back and work toward each other.**
 - d. **Go around the walls and proceed toward the center of the room.**

IX. SUSPICIOUS OBJECT LOCATED

It is imperative that personnel involved in a search understand that their only mission is to search for and report suspicious objects. Under no circumstances should anyone move, jar or touch a suspicious object or anything attached to it. The removal or disarming of a bomb must and will be left to professionals in explosive ordinance disposal. When a suspicious object is discovered, the following procedures are recommended.

- A. **Report the location and an accurate description of the object to the Control Center. The Control Center will then notify the Knoxville Police Department.**
- B. **Identify the danger area, and block it off with a clear zone of at least 25 feet, including floors above and below the object.**



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X. RECOVERY

- A. The decision to resume normal operation shall be made by an Administrator or the Nursing Coordinator.
- B. Staff will return to their work areas.
- C. A debriefing can be scheduled.

PRECAUTIONS: N/A

SUPPORTIVE DATA:

I. Preparedness

- A. The Department Directors, or their designees, and all key personnel involved with the incident, will prepare a written critique for the Emergency Preparedness Committee through the Security Director within 24 hours, or the next normal working day following the incident. Any difficulties encountered in implementing Code Black procedures should be documented in this report.
- B. The Emergency Preparedness Committee will review a summary of the reports regarding the incident and evaluate the effectiveness of the policy and/or corrective actions needed. Recommendations will be forwarded to the EOC Committee.
- C. Staff are oriented to Code Black procedures during orientation.
- D. Periodic exercises of Code Black procedures are scheduled by the Emergency Preparedness Committee.

Policy Owner:	Safety Officer
References:	
Related Policies:	
Related Documents:	
Origination Date:	4/02
Revision Dates:	4/10 (format), 2/12
Last Review Date:	2/12
Next Review Date:	2/15
Date Retired:	
Approved:	Environment of Care Committee Emergency Preparedness Committee