STRATHMERE LODGE

EMERGENCY MANAGEMENT PROGRAM

ERP-001

BOMB THREAT - CODE BLACK

TABLE OF CONTENTS

1. PURPOSE

1.1 Purpose

The purpose of this Emergency Response Plan (ERP) is to provide a coordinated, organized and effective response to bomb threats, suspicious packages and suspected explosive devices affecting Strathmere Lodge. The term “Code Black” is used to refer to such.

This Plan has been developed to:

- protect residents, staff, visitors, volunteers, contractors and emergency responders;
- support the continued delivery of resident-centred care;
- establish a standardized emergency response;
- define responsibilities during a Code Black;
- support coordination with police and other emergency responders;
- minimize disruption to Home operations; and
- support recovery following an emergency.

1.2 Objectives

The objectives of this Plan are to:

- protect life and safety;
- establish Incident Command;
- coordinate emergency response activities;
- support responding police;
- maintain accountability for residents, staff and visitors;
- maintain essential resident care;
- ensure effective communication;
- restore normal operations safely; and
- identify opportunities for continuous improvement.

2. SCOPE

This Plan applies to every individual working within or on behalf of Strathmere Lodge including:

- employees;
- physicians;
- contracted service providers;

- volunteers;
- students.

The procedures contained within this Plan apply to:

- telephone bomb threats;
- written bomb threats;
- email or electronic bomb threats;
- verbal bomb threats;
- suspicious packages;
- suspected explosive devices; and
- police notification of an external bomb threat affecting the Home.

This Plan applies twenty-four hours a day, seven days per week.

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3. LEGISLATIVE AUTHORITY

This Plan has been developed with consideration of:

- Fixing Long-Term Care Act, 2021
- Ontario Regulation 246/22
- Occupational Health and Safety Act
- Fire Protection and Prevention Act
- Ontario Fire Code
- Ontario Incident Management System (IMS)
- Applicable police emergency response guidance
- Strathmere Lodge policies and procedures

Nothing contained within this Plan limits the authority of police, fire or emergency medical services under applicable legislation.

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4. RELATED DOCUMENTS

This Plan should be read in conjunction with other Lodge emergency response plans, such as Fire and Evacuation.

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5. DEFINITIONS

Bomb Threat

Any communicated threat indicating that an explosive device has been placed or may be placed within or near Strathmere Lodge.

Code Black

The emergency code used to initiate the response to a bomb threat or suspicious package.

Familiarity Check

A visual inspection conducted by staff who are familiar with their normal work area to identify anything unusual or out of place.

A familiarity check is **not** a search.

Employees shall never touch or move suspicious objects.

Incident Commander

The individual responsible for directing the overall emergency response.

During evenings, nights, weekends and statutory holidays, the Charge Nurse (RN) will normally assume Incident Command until relieved.

Resident Home Area

A designated resident living area within Strathmere Lodge.

Shelter-in-Place

A protective action directing occupants to remain in a safe location while police assess the incident.

Suspicious Package

Any package, bag, container or object that appears unusual, abandoned or otherwise suspicious.

Employees shall not touch, open or move suspicious packages.

6. PLANNING ASSUMPTIONS

The following assumptions support this Plan.

- Every bomb threat shall be treated seriously until assessed by police.
- Most bomb threats do not involve an actual explosive device; however, every threat requires an organized response.
- Residents of Strathmere Lodge may require significant assistance during any protective action due to mobility, cognitive or medical needs.
- Evacuation is not automatically the safest response to a bomb threat.
- Police will determine investigative requirements and provide recommendations regarding public safety.
- Maintaining essential resident care remains a priority throughout the incident.
- Clear leadership, effective communication and accurate documentation are essential to successful incident management.

7. FACILITY INFORMATION

General Information

Strathmere Lodge is a 160-bed municipal long-term care home owned and operated by the Corporation of the County of Middlesex.

The Home consists of:

- five Resident Home Areas;
- two occupied resident floors;
- a basement containing support services;
- one secure Resident Home Area;
- automatic sprinkler protection;
- monitored fire alarm system; and
- emergency electrical generation supporting essential building systems.

Incident Command Post

Primary

Hickory Woods

Alternate

To be designated by the Incident Commander if Hickory Woods cannot operate as the Primary Incident Command Post.

Assembly Areas

Internal Assembly Area

Rose Room

External Assembly Area

Visitor and Staff Parking Lot

Off-site Reception Centre

The Strathroy East Christian Reformed Church

Operational Considerations

During every Code Black the Incident Commander shall consider:

- resident mobility;
- oxygen-dependent residents;
- residents with dementia or responsive behaviours;
- visitors within the Home;
- contractors working on site;
- weather conditions;
- time of day; and
- staffing levels.

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8. INCIDENT MANAGEMENT AND COMMAND

8.1 Purpose

A standardized Incident Management structure ensures that all Code Black incidents are managed safely, efficiently, and consistently.

Incident Management provides:

- clear leadership;
- coordinated decision-making;
- effective communication;
- accountability;
- continuity of resident care; and
- coordinated recovery.

Every Code Black shall have **one clearly identified Incident Commander**.

8.2 Incident Commander

Unless otherwise directed, Incident Command will normally be assumed by:

Time	Incident Commander
Regular Business Hours	Administrator (or designate)
Evenings, Nights, Weekends & Statutory Holidays	Charge Nurse (RN)

Only one individual shall function as Incident Commander at any given time.

8.3 Responsibilities of the Incident Commander

The Incident Commander shall:

- assess the situation;
- establish incident objectives;
- activate Code Black procedures;
- notify emergency services (via 911);
- establish the Incident Command Post;
- assign responsibilities;
- coordinate communications;

- authorize protective actions;
- maintain resident and staff safety;
- coordinate with responding police;
- document significant decisions;
- authorize recovery activities; and
- formally terminate the incident.

8.4 Transfer of Command

When senior leadership arrives, command may be transferred.

The transfer should occur face-to-face whenever practical.

The briefing should include:

- current situation;
- threat details;
- police recommendations;
- protective actions implemented;
- resident status;
- staffing status;
- outstanding issues;
- resource requirements; and
- anticipated next steps.

The transfer of command shall be documented.

8.5 Unified Command

Bomb threats are criminal investigations.

Upon arrival, police assume responsibility for the criminal investigation and public safety decisions within their legislative authority.

Strathmere Lodge remains responsible for:

- resident care;
- staffing;
- business continuity;
- family communication;
- regulatory reporting; and
- recovery activities.

The Incident Commander shall work collaboratively with police throughout the incident.

8.6 Incident Command Post

Primary

Hickory Woods

Alternate

To be designated by the Incident Commander if Hickory Woods cannot operate as the Primary Incident Command Post (ICP).

The ICP should contain:

- emergency response plans;
- building floor plans;
- emergency contact lists;
- communications equipment;
- incident documentation forms; and
- writing materials.

8.7 Incident Objectives

Throughout the incident the Incident Commander shall continually evaluate priorities.

Objectives include:

1. Protect life and safety.
2. Confirm the nature of the threat.
3. Support the police investigation.
4. Maintain resident care.
5. Maintain accountability.
6. Communicate effectively.
7. Restore normal operations.

Objectives may change as the incident develops.

8.8 Incident Documentation

Incident documentation shall begin as soon as practical.

Documentation should include:

- time threat received;
- notifications;
- police arrival;
- protective actions;
- command transfers;
- communications;
- significant decisions; and
- recovery activities.

Emergency Management Forms should be used whenever practical (see Appendices).

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9. ROLES AND RESPONSIBILITIES

9.1 General Responsibilities

Every member of staff has responsibilities during a Code Black.

All staff shall:

- remain calm;
- immediately report bomb threats or suspicious packages;
- follow the direction of the Incident Commander;
- assist residents;
- avoid spreading rumours;
- maintain confidentiality; and
- document actions when requested.

Staff shall **never**:

- touch a suspicious package;
- move a suspicious package;
- open a suspicious package; or
- independently order an evacuation unless immediate life safety requires action.

9.2 Administrator

The Administrator provides overall strategic leadership.

Responsibilities include:

- assuming Incident Command when appropriate;
- liaising with police and Middlesex County officials;
- approving communications;
- authorizing additional resources;
- coordinating business continuity;
- ensuring regulatory reporting; and
- authorizing return to normal operations.

9.3 Director of Resident Care

The Director of Resident Care provides clinical leadership.

Responsibilities include:

- coordinating resident care;
- supporting Incident Command;
- assessing staffing requirements;
- maintaining resident accountability;
- coordinating clinical decision-making; and
- restoring clinical operations.

9.4 Charge Nurse (RN)

The Charge Nurse (RN) is normally the initial Incident Commander outside regular business hours.

Responsibilities include:

- receiving reports of bomb threats;
- activating Code Black;
- notifying 911;
- notifying the Administrator and Director of Resident Care;
- establishing Incident Command;
- directing immediate staff actions;
- initiating documentation;
- implementing protective actions; and
- maintaining communications.

9.5 Registered Staff (RN/RPN)

Registered staff shall:

- continue resident care;
- reassure residents;

- monitor residents for distress;
- prepare residents for relocation if directed;
- maintain accountability;
- communicate significant clinical concerns; and
- document resident care.

9.6 Personal Support Workers

Personal Support Workers shall:

- remain with assigned residents whenever practical;
- reassure residents;
- assist with protective actions;
- report suspicious observations;
- assist with resident accountability; and
- report concerns promptly to registered staff.

9.7 Receptionist

The Receptionist supports communications and access control.

Responsibilities include:

- notifying the Charge Nurse of reported threats;
- assisting with telephone communications;
- restricting public access when directed;
- preserving any documentation/evidence
- maintaining visitor information; and
- referring media inquiries to the Administrator.

9.8 Environmental Services Manager

The Environmental Services Manager shall:

- coordinate Maintenance, Housekeeping and Laundry;
- provide building information to police;
- assist with access to building systems; and
- coordinate facility restoration.

9.9 Maintenance

Maintenance personnel shall:

- provide technical expertise;
- provide access to service areas;
- identify utility systems;
- support police as requested; and
- avoid handling suspicious packages.

9.10 Housekeeping

Housekeeping staff shall:

- report suspicious objects;
- assist with area control; and
- support recovery and cleaning after police release affected areas.

9.11 Laundry

Laundry staff shall:

- remain alert for unusual objects;
- report concerns immediately; and
- continue essential laundry services unless otherwise directed.

9.12 Dietary

Dietary staff shall:

- continue meal service whenever safe;
- implement contingency meal service if necessary; and
- support hydration and nutritional needs during prolonged incidents.

9.13 Recreation

Recreation staff shall:

- reassure residents;
- provide diversionary activities during prolonged shelter-in-place situations; and
- assist with resident supervision if requested.

9.14 Infection Prevention and Control (IPAC) Lead

The IPAC Lead shall:

- provide infection prevention guidance during resident relocation;
- advise on cohorting or other precautions if required; and
- support recovery planning.

9.15 Department Responsibility Matrix

Department	Initial Response	Ongoing Response	Recovery
Administration	Strategic leadership	External coordination	Recovery oversight
Nursing	Resident safety	Clinical operations	Resume care
PSWs	Resident assistance	Accountability	Resident support
Reception	Communications	Access control	Resume reception

Department	Initial Response	Ongoing Response	Recovery
Environmental Services	Building support	Logistics	Facility restoration
Maintenance	Technical support	Building systems	Repairs
Housekeeping	Area awareness	Environmental support	Cleaning
Laundry	Essential services	Operational support	Resume services
Dietary	Meal continuity	Food service	Resume operations
Recreation	Resident reassurance	Therapeutic support	Activity restoration
IPAC	Clinical consultation	Infection prevention	Recovery support

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10. OPERATIONAL RESPONSE

10.1 Purpose

This section establishes the operational procedures to be followed when responding to a bomb threat, suspicious package, or suspected explosive device.

Every Code Black shall be managed in a calm, organized, and coordinated manner with resident safety as the primary consideration.

10.2 Response Priorities

During every Code Black, staff shall prioritize actions in the following order:

1. Protect life and safety.
2. Notify the Charge Nurse (RN).
3. Contact Police (911).
4. Establish Incident Command.

5. Support the police investigation.
6. Maintain resident care.
7. Maintain accountability.
8. Restore normal operations.

10.3 Receiving a Telephone Bomb Threat

The employee receiving a bomb threat by telephone shall remain calm and attempt to keep the caller talking.

Whenever practical:

- listen carefully;
- avoid interrupting the caller;
- write down the caller's exact words;
- note the time of the call;
- observe voice characteristics;
- listen for background noises; and
- note any caller identification information.

If it can be done naturally, ask:

- Where is the bomb?
- When will it explode?
- What does it look like?
- What kind of bomb is it?
- Why was it placed?
- Who placed it?
- What is your name?

The employee should not argue with the caller or attempt to challenge the threat.

If possible, allow the caller to hang up first.

Immediately after the call:

- notify the Charge Nurse (RN);
- complete **EM-001 Bomb Threat Telephone Checklist** (Appendix B); and
- preserve all written notes.

10.4 Written or Electronic Bomb Threat

Bomb threats may be received by:

- letter;
- note;
- email;
- text message;
- social media; or
- other electronic communication.

Staff receiving an electronic or written threat shall:

- preserve the original communication;
- avoid deleting or altering electronic evidence;
- notify the Charge Nurse immediately; and
- initiate call 911.

Electronic evidence should be retained for police.

10.5 Verbal Bomb Threat

If a threat is made in person:

Staff should:

- remain calm;
- avoid confrontation;
- observe the person's appearance;

- note the direction of travel;
- immediately notify the Charge Nurse; and
- initiate contact with police via 911.

Staff shall not attempt to detain the individual unless immediate life safety requires intervention.

10.6 Suspicious Package or Object

Any unattended package or object that appears unusual shall be treated as suspicious until assessed by police.

Examples include:

- unattended backpacks;
- suitcases;
- boxes;
- packages with exposed wiring;
- objects producing unusual sounds or odours; and
- packages located where they would not normally be expected.

Staff shall:

✓ Stop immediately.

✓ Do not touch the object.

✓ Do not move the object.

✓ Keep others away.

✓ Notify the Charge Nurse immediately.

✓ Await police instructions.

10.7 Immediate Actions by the Charge Nurse (RN)

Upon notification of a bomb threat, the Charge Nurse shall:

- assess available information;
- activate Code Black;
- contact 911 immediately;
- notify the Administrator;
- notify the Director of Resident Care (or designate);
- establish Incident Command;
- begin incident documentation;
- determine immediate protective actions; and
- prepare for police arrival.

10.8 Code Black Announcement

The following announcement should be used:

"Code Black. Code Black. [Location if known]. Code Black."

If the location is unknown:

"Code Black. Further information to follow."

Announcements should remain calm and concise.

10.9 Notification of Police

The following information should be provided to the 911 dispatcher:

- facility name;
- address;
- telephone number;
- nature of the threat;
- exact wording of the threat (if known);
- location identified by the caller (if any);
- suspicious package information (if applicable); and

- immediate safety concerns.

Remain on the telephone until instructed to disconnect.

10.10 Initial Protective Actions

Protective actions shall be based upon:

- available information;
- police recommendations;
- resident safety;
- staff safety; and
- operational considerations.

Possible protective actions include:

- continue normal operations;
- shelter-in-place;
- partial relocation;
- internal evacuation;
- external evacuation; and
- off-site evacuation.

Evacuation shall **not** occur automatically following every bomb threat.

10.11 Familiarity Checks

Police may request employees to conduct familiarity checks of areas with which they are familiar.

A familiarity check is a visual inspection only.

Employees shall:

- inspect only their normal work areas;
- look for anything unusual; and

- immediately report suspicious observations.

Employees shall **not**:

- open cupboards;
- open lockers;
- move equipment; or
- touch suspicious objects.

10.12 Police Arrival

The Incident Commander shall meet responding police and provide:

- Bomb Threat Telephone Checklist (Appendix B, if applicable);
- incident summary;
- building floor plans;
- familiarity check results;
- resident census;
- building information; and
- current protective actions.

The Incident Commander shall remain available throughout the investigation.

10.13 Decision Support

The Incident Commander shall continually evaluate:

- credibility of the threat;
- police recommendations;
- resident risk;
- staffing;
- ability to continue care; and
- operational impacts.

Protective actions shall always balance the risks associated with the threat against the risks associated with moving vulnerable residents.

10.14 Shelter-in-Place

Shelter-in-place may be appropriate when:

- the threat location is unknown;
- evacuation may create greater danger; or
- police recommend remaining in place.

During shelter-in-place:

- continue resident care;
- minimize unnecessary movement;
- maintain communications; and
- prepare for possible relocation.

10.15 Partial Relocation

When police identify a specific area requiring isolation, the Incident Commander may authorize relocation of affected residents.

Relocation priorities include:

- maintaining Resident Home Area groupings whenever practical;
- maintaining medication access;
- maintaining staff assignments; and
- maintaining resident accountability.

10.16 Internal Evacuation

Internal evacuation shall normally occur only:

- upon police recommendation; or
- when an immediate life safety risk exists.

Residents shall be relocated to the safest available fire compartment or designated area.

10.17 External or Off-Site Evacuation

External evacuation shall occur only when:

- police determine the building cannot be safely occupied; or
- an immediate life safety threat exists.

The Evacuation Response Plan shall be implemented.

The Incident Commander shall coordinate transportation, resident tracking, and communication with receiving facilities, if required.

10.18 Resident Accountability

The Charge Nurse shall ensure:

- every Resident Home Area reports resident status;
- relocated residents are tracked; and
- resident movement is documented.

Use **Resident Accountability Form** (Appendix F).

Any resident not immediately accounted for shall be reported to the Incident Commander without delay.

10.19 Staff Accountability

Department Managers shall account for staff working within their areas.

Visitors, volunteers, students, and contractors should also be accounted for whenever practical.

10.20 Communications

The Incident Commander shall ensure accurate communication with:

- staff;

- residents;
- families and Substitute Decision-Makers;
- Middlesex County officials;
- police; and
- emergency responders.

Only verified information shall be communicated.

Employees shall not speculate regarding the credibility of the threat.

10.21 Media Relations

The Administrator, or designated spokesperson, shall respond to all media inquiries.

Employees shall not provide statements to the media unless authorized.

10.22 Business Continuity

Essential resident services shall continue whenever practical.

Priority services include:

- nursing care;
- medication administration;
- meals and hydration;
- infection prevention and control;
- environmental services; and
- security.

10.23 Incident Stabilization

As the incident progresses, the Incident Commander shall continually evaluate:

- resident safety;
- staff safety;

- police recommendations;
- staffing requirements; and
- operational impacts.

Recovery planning should begin as soon as practical.

10.24 Transition to Recovery

Recovery begins when police advise that the immediate threat has been resolved.

The Incident Commander shall:

- confirm protective actions may be discontinued;
- authorize reoccupation of affected areas when appropriate;
- communicate incident status;
- ensure documentation is complete; and
- begin recovery activities.

The Incident Commander shall formally announce termination of Code Black.

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11. RECOVERY

11.1 Purpose

Recovery is the coordinated process of safely returning Strathmere Lodge to normal operations following a Code Black while continuing to support residents, staff, visitors and emergency responders.

Recovery activities should begin as soon as practical after the immediate threat has been resolved.

11.2 Recovery Objectives

The objectives of recovery are to:

- confirm the safety of residents, staff and visitors;
- restore essential resident care;

- resume normal Home operations;
- support residents, families and staff following the incident;
- complete all required documentation;
- evaluate the response; and
- identify opportunities for continuous improvement.

11.3 Immediate Recovery Priorities

Following police clearance, the Incident Commander shall ensure:

✓ Residents remain safe.

✓ Staff remain safe.

✓ Resident accountability has been confirmed.

✓ Staff accountability has been confirmed.

✓ Affected areas have been released by police.

✓ Essential services are operating.

✓ Families receive appropriate updates.

✓ Documentation continues.

11.4 Reoccupation of Affected Areas

Areas affected by the incident shall not be reoccupied until:

- police authorize access;
- hazards have been eliminated; and
- Environmental Services confirms the area is safe for occupancy.

If repairs or cleaning are required, Environmental Services shall coordinate restoration before residents return.

11.5 Resident Care During Recovery

The Director of Resident Care shall ensure:

- medications are available;
- treatments resume;
- nutrition and hydration needs are met;
- behavioural and emotional support is provided; and
- resident routines are restored whenever practical.

Special consideration should be given to residents experiencing anxiety, confusion or distress.

11.6 Staff Support

Participation in a Code Black may be stressful.

Following the incident, consideration should be given to:

- informal staff debriefing;
- critical incident stress support when appropriate;
- Employee Assistance Program (EAP) resources; and
- additional education where required.

11.7 Family Communication

Where the incident has affected resident care or resulted in relocation, the Administrator (or designate) shall ensure families and Substitute Decision-Makers receive timely and accurate information.

Communications should include:

- reassurance regarding resident safety;
- operational impacts; and
- expected next steps.

Only confirmed information shall be communicated.

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12. DOCUMENTATION AND REPORTING

12.1 Purpose

Accurate documentation provides an official record of the incident and supports:

- operational review;
- police investigations;
- regulatory reporting; and
- organizational learning.

12.2 Documentation Principles

Documentation shall be:

- accurate;
- objective;
- factual;
- timely; and
- complete.

Speculation or personal opinions shall not be included in official incident documentation.

12.3 Required Documentation

The Incident Commander shall ensure documentation includes:

- time threat received;
- method of communication;
- exact wording of the threat (if available);
- activation of Code Black;
- notification of emergency services;
- arrival of police;
- protective actions;

- command transfers;
- significant operational decisions;
- communications;
- recovery activities; and
- incident termination.

12.4 Resident Documentation

Registered staff shall document in the resident's health record when a Code Black has directly affected:

- resident care;
- relocation;
- injury;
- behavioural response; or
- communication with the Substitute Decision-Maker.

Routine emergency management activities do not require documentation in the resident health record unless resident care has been affected.

12.5 Notifications

The Administrator shall ensure required notifications are completed, as appropriate.

Depending on the circumstances, notifications may include:

- Middlesex County officials;
- Ministry of Long-Term Care;
- Police;
- Fire Services;
- Emergency Medical Services; and
- families and Substitute Decision-Makers.

12.6 Records Management

All incident documentation shall be retained in accordance with Strathmere Lodge's records retention policies.

Documentation related to police investigations shall be preserved.

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13. TRAINING AND PLAN MAINTENANCE

13.1 Purpose

Education and training ensure staff understand their responsibilities during a Code Black.

13.2 Orientation

All new staff shall receive orientation regarding:

- Code Black procedures;
- emergency codes;
- reporting responsibilities;
- suspicious packages;
- familiarity checks; and
- departmental responsibilities.

13.3 Ongoing Education

Education should occur:

- annually;
- following significant revisions;
- following emergency exercises; or
- following actual Code Black incidents when lessons learned are identified.

Education may include:

- classroom education / huddles;

- tabletop exercises;
- practical simulations; or
- online learning.

13.4 Exercises

Code Black procedures should be validated through periodic emergency exercises.

Exercise objectives include:

- testing decision-making;
- evaluating communication;
- assessing documentation;
- validating resident accountability; and
- identifying improvement opportunities.

Results should be incorporated into future revisions of this Plan.

13.5 Plan Maintenance

The Administrator is responsible for maintaining this Plan.

The Plan shall be reviewed:

- annually;
- following every Code Black;
- following emergency exercises;
- following significant organizational changes; or
- following legislative or regulatory changes.

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14. CONTINUOUS IMPROVEMENT

14.1 Commitment

Strathmere Lodge is committed to continual improvement of its Emergency Management Program.

Every emergency and every exercise provides an opportunity to strengthen preparedness.

14.2 After Action Review

Following every Code Black, the Administrator shall ensure an After Action Review is completed.

The review should evaluate:

- incident management;
- communications;
- leadership;
- resident care;
- documentation;
- coordination with emergency responders;
- operational challenges; and
- successes.

14.3 Corrective Actions

Corrective actions should identify:

Item	Description
Issue Identified	What requires improvement?
Corrective Action	What will be done?
Responsible Position	Who is accountable?
Target Completion Date	Completion date

Status	Open / Closed

Corrective actions shall be monitored until completed.

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15. REFERENCES

This Plan has been developed with consideration of:

- *Fixing Long-Term Care Act, 2021*
- Ontario Regulation 246/22
- *Occupational Health and Safety Act*
- *Fire Protection and Prevention Act, 1997*
- Ontario Fire Code
- Ontario Incident Management System (IMS)
- applicable police guidance
- Strathmere Lodge Emergency Management Program
- Strathmere Lodge Fire Safety Plan
- Strathmere Lodge Evacuation Plan

PLAN MAINTENANCE SUMMARY

Activity	**Responsibility**	**Frequency**
Plan Review	Administrator	Annually
Exercise	Administrator / Environmental Services Manager	As required by legislation and organizational schedule
After Action Review	Incident Commander / Administrator	Following every Code Black and exercise
Revision Approval	Administrator	As Required

OPERATIONAL APPENDICES

APPENDIX A

Code Black Quick Action Guide

FOR IMMEDIATE USE

IF YOU RECEIVE A BOMB THREAT

1. REMAIN CALM

☐ Stay calm.

☐ Listen carefully.

☐ Keep the caller talking (telephone threats).

☐ Record the exact wording whenever possible.

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2. NOTIFY

☐ Charge Nurse (RN)

☐ Call 911

☐ Administrator (or designate)

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3. PRESERVE INFORMATION

☐ Complete Bomb Threat Telephone Checklist (Appendix B).

☐ Preserve written notes or electronic communications.

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4. IF A SUSPICIOUS PACKAGE IS FOUND

DO NOT

☒ Touch it

☒ Move it

☒ Open it

☒ Shake it

☒ Place anything on top of it

DO

☐ Leave the area.

☐ Prevent others from entering.

☐ Notify the Charge Nurse immediately.

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5. FOLLOW DIRECTIONS

☐ Shelter-in-place

☐ Partial relocation

☐ Internal evacuation

☐ External evacuation

Only as directed by the Incident Commander or emergency responders.

APPENDIX B

Bomb Threat Telephone Checklist

Incident Information

Date: _____

Time Received: _____

Received By: _____

Extension/Phone: _____

Exact Words Used by Caller

Questions Asked

Question	**Response**
Where is the bomb?	
When will it explode?	
What does it look like?	
Type of bomb?	
Why was it placed?	
Who placed it?	
Caller name?	

Caller seems to have knowledge of The Lodge?	

Caller Description

Voice:

☐ Male

☐ Female

☐ Unknown

Approximate Age _____

Accent _____

Speech

☐ Calm

☐ Angry

☐ Excited

☐ Slow

☐ Fast

☐ Slurred

☐ Crying

☐ Laughing

Background Sounds

☐ Traffic

☐ Music

☐ Machinery

☐ Voices

☐ Office

☐ Silence

☐ Animals

☐ Other _____

Caller ID

Immediately Reported To

☐ Charge Nurse

☐ Police

Time: _____

APPENDIX C

Incident Commander Checklist

Initial Response

☐ Assume Incident Command.

☐ Activate Code Black.

☐ Call 911.

☐ Notify Administrator.

☐ Establish Incident Command Post.

☐ Begin Incident Log.

Operational Management

☐ Meet police.

☐ Determine protective actions.

☐ Assign responsibilities.

☐ Maintain communications.

☐ Confirm resident accountability.

☐ Confirm staff accountability.

☐ Continue resident care.

Recovery

☐ Confirm police clearance.

☐ Resume operations.

☐ Notify families if required.

☐ Conduct debriefing.

☐ Complete documentation.

☐ Schedule After Action Review.

APPENDIX D

Department Responsibility Matrix

Department	Initial Response	Operations	Recovery
Administrator	Lead	Coordinate	Recovery
Director of Resident Care	Clinical Leadership	Clinical Coordination	Resume Care
Charge Nurse	Incident Command	Operations	Recovery Support
Registered Staff	Resident Care	Accountability	Clinical Documentation
PSWs	Resident Support	Accountability	Resident Support
Reception	Communications	Visitor Control	Resume Operations
Environmental Services	Logistics	Facility Support	Restoration
Maintenance	Technical Support	Building Systems	Repairs
Housekeeping	Environmental Support	Cleaning	Restoration
Laundry	Continue Operations	Essential Services	Resume Operations
Dietary	Meal Service	Contingency Meals	Resume Operations
Recreation	Resident Support	Therapeutic Activities	Resume Activities
IPAC	Consultation	Clinical Advice	Recovery

APPENDIX E

Familiarity Check Worksheet

Area Assigned:

Completed By:

Time Started:

Time Completed:

Check for:

☐ Unfamiliar packages

☐ Unusual bags

☐ Boxes

☐ Wires

☐ Chemical odours

☐ Tampering

☐ Unusual objects

Suspicious Object Located?

☐ No

☐ Yes

Location

Reported To

Time

APPENDIX F

Resident Accountability Form

Resident Home Area:

Completed By:

Time:

Resident	Present	Relocated	Destination	Initials
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

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APPENDIX G

Communications Log

Time	Person / Agency	Method	Information Provided	Initials

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APPENDIX H

Incident Decision Log

Time	Decision	Authorized By	Reason

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APPENDIX I

Family / Substitute Decision-Maker Notification Log

Resident	Contact	Time	Staff Initials

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APPENDIX J

After Action Review

Incident

Date

Incident Commander

What Happened?

What Went Well?

Opportunities for Improvement

Corrective Action Plan

Issue	Action	Responsible	Due Date	Complete
				☐
				☐
				☐

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