Code Black Policy

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Risk of non-compliance	may result in significant harm to the patient/DHB
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• Organisation(s)	Auckland District Health Board
• Directorate(s)	All directorates
• Department(s)	All departments
• Used for which patients?	All patients, visitors and whānau
• Used by which staff?	All staff
• Excluded	
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Contents

1. Purpose of policy

This policy concerns workers actions on Auckland District Health Board (DHB) sites to reduce, be ready for, respond to, and recover from 'Code Black' Incidents.
This policy:

- Describes Code Black Incidents, key response principles, responsibilities and ethical considerations.
- Prevents, reduces, or limits potential risk to all people involved in, or affected by, a Code Black Incident.
- Maintains safety of workers, patients, and visitors located internally and externally to the site.
- Develops and maintains an Auckland DHB-emergency services partnership.
- Assists the Auckland DHB to fulfil its safety and security commitments and obligations.

2. Scope

Inclusions of this policy:

- Scope refers to the Grafton site detailed operational response plan being completed; the mid-term role out of the policy will include response plans for all other sites in line with the policy.
- Scope includes when a Code Black Firearm, Child Abduction, CBRE (Chemical, Biological, Radioactive or Explosive device or substance) or Offensive Weapon (non-firearm) incident is suspected or identified.

Exclusions of this policy:

- Code Orange Incidents are out of scope and covered in the Code Orange policy.

Figure 1 below shows the documentation required to operationalise the policy. There are four organisation wide response plans; one for each Code Black incident type. Each service with a Code Black role is responsible for developing, maintaining, and implementing systematic task cards and or Standard Operating Procedures (SOPs).

Figure 1 – Code Black Documentation

3.   Definitions and abbreviations

The table below defines terms used in this policy. This policy seeks to align with wider legislation definitions where possible for example, the Crimes Act 1961 or the Arms Act 1983.

Term	Definition
Access control	In the field of physical security, access control is the selective restriction of access to a place or other resource. The act of accessing may mean consuming, entering or using. Permission to use a resource is called authorisation.
Auckland DHB response lead	Responsible for leading response and recovery priorities. He or she will assess the situation and the responses required, especially if the incident includes more than one Code type e.g. a Code Orange during a Code Black; or more than one Code Black type e.g. abduction by firearm.
Child abduction	Intent to deprive a parent or guardian or other person having the lawful care or charge of a young person of the possession of the young person, unlawfully takes or entices away or detains the young person under 16 (Crimes Act, 1961, reprinted as at 1 January 2016, section 210 'Abduction of young person under 16' p. 128).
Clinical nurse manager (CNM)	CNMs on duty Monday to Friday 7am to 3pm: • Site CNM • Child CNM Monday to Friday, 3.01pm to 6.59am and Saturday to Sunday, combination of • Site CNM • Child CNM • Surgical CNM • Medical CNM
CBRE	A chemical, biological, radioactive or explosive device or substance.
Code black	An emergency situation requiring a Police presence and involving a threat to the safety of one or more persons, are classified as a: A) Code Black Firearm B) Code Black Abduction C) Code Black CBRE D) Code Black Offensive Weapon (non-firearm)
Code black child abduction	An emergency situation involving an abduction or suspected abduction of an infant or young person under 16 from an Auckland DHB site, in which (a) one or more offender unlawfully takes or entices away or detains an infant or young person under 16 (Crimes Act, 1961, reprinted as at 1 January 2016, section 210 'Abduction of young person under 16' p. 128), or

Term	Definition
	(b) there is an unexplained absence of an infant or young person (Southern Health, National Health Service (NHS) Foundation Trust, 2016, p7).
Code black CBRE	Code Black CBRE (chemical, biological, radioactive or explosive device or substance) is a specific type of emergency situation on Auckland DHB site in which: • A chemical, biological, radioactive or explosive device or substance, or incendiary device is found, OR • A device or substance is suspected of being chemical, biological, radioactive or explosive, OR • One or more offender is in possession of or reasonably suspected of being in possession of a chemical, biological, radioactive or explosive device or substance, OR • Any form of advice has been received that a chemical, biological, radioactive or explosive device or substance has been placed or will be placed on Auckland DHB site; AND requires a highly specialised intervention to control. ○ Accidental spills or loss of secure containment of chemical, biological, radioactive, explosive or flammable substance are not Code Black incidents as there is no criminal intent. For control of these refer to (Emergency Preparedness and Response Manuals (EPARM) 'Hazardous Substances').
Code black firearm	An emergency situation requiring a Police presence and involving a threat to the safety of one or more persons in which one or more offender: • Is, or is suspected to be, in possession* (Crimes Act 1961, reprinted as at 1 January 2016, section 202A 'Possession of offensive weapons or disabling substances, p.121) of a firearm(s), AND • Has the capability to use the firearm to threaten or cause injury. *Possession in this policy is defined as the offender having the weapon 'with him or her'
Code black offensive weapon (non-firearm)	An emergency situation on an Auckland DHB site requiring a Police presence and involving a threat to the safety of one or more persons in which one or more offender: • Is, or is suspected to be, in possession of an Offensive Weapon (non-firearm), AND has; • The capability to use the Offensive Weapon (non-firearm) to injure, AND; • Intent to use the Offensive Weapon (non-firearm) to injure.
Code black response team	The group of Auckland DHB workers responsible for the Auckland DHB Code Black response. Workers may differ depending on the type of Code Black; at the direction of the Incident Controller it is

Term	Definition
	expected to include Communications, Auckland DHB Contact Centre, Security Services, Clinical Nurse Manager, a Shift Engineer and an Incident Management Team.
Code range	Auckland DHB Emergency Call for aggression, other challenging behaviour or security risk (see Code Orange policy, p.1 refer [Associated documents](#)).
EAP	Employee Assistance Programme
Emergency operations centre (EOC)	Physical location of the Incident Management Team; the Emergency Operations Centre is the focal point for tactical and or strategic response co-ordination.
Emergency service(s)	Emergency services include all responding emergency agencies. For Code Black it will be the Police. Fire and Emergency New Zealand (FENZ) may be involved for CBRE.
Executive on call	An executive manager charged by the Auckland DHB leadership group for the executive leadership of after-hours emergencies.
Firearm	Firearm means anything perceived to be a firearm. This includes anything that can discharge a shot, anything resembling an operable firearm, and partially assembled firearms (Arms Act 1983, p. 11).
Incident	Any event where there is a credible, imminent prospect of, or there has been a breach of security, or imminent threat of, harm.
Incident control point (ICP)	The co-ordination centre or focal point for the operational management of a Code Black incident. The default location of the ICP will be the Integrated Operations Centre, located on Level 5, Building 32, Auckland City Hospital.
Incident management team (IMT)	The group of executive and senior leaders from across Auckland DHB who are trained in and responsible for managing major incidents.
Incident management team Incident Controller (IMT IC)	The Incident Controller (IC) coordinates and directs the response (New Zealand Government National Emergency Management Agency, 2019). Auckland DHB Code Black documents refer to the IC as the IMT IC.
Injure	'To injure' means to cause actual bodily harm (Crimes Act 1961, reprinted as at 1 January 2016, section 'Interpretation', p. 22).
Lead Agency	The agency with a mandate to manage the response to an incident through legislation, under protocols, by agreement, or because it has the expertise and experience. The lead agency establishes control to coordinate the response of all agencies involved. The lead agency may change as the incident progresses, if the required authority or expertise changes (Coordinated Incident Management System (CIMS), 2019, p. 11).

Term	Definition
Lockdown	A state of secured or restricted access instituted as a security measure. There are two types of Lockdown methods used at Auckland DHB: • Secure Mode: swipe access for all staff remains enabled • Restrict Mode: access to key staff only (e.g. Code Black Response team members plus patient at risk (PAR) team); no other staff able to swipe through doors.
Major Incident	Any actual or impending event, either internal or external, that may significantly impact and or compromise Auckland DHB services and or patient care (refer Auckland DHB Health Emergency Plan 2014-2017, see Associated documents).
Offensive Weapon (non-firearm)	Any article made or altered for use to cause bodily injury, or intended by the person having it with him or her for such use, AND any article capable of being used to cause bodily injury (Crimes Act 1961, reprinted as at 1 January 2016, section 202A 'Possession of offensive weapons or disabling substances', p.121).
Patient	Any person receiving, or registered to receive, medical care or treatment. This includes inpatients and outpatients.
Restrict	Refer to Lockdown definition.
Safe Forward Point (SFP)	A safe area at an incident level response, the Safe Forward Point is a meeting place for personnel. Resources called forward for deployment may be held at the Safe Forward Point for final briefings, or to await movement to their task areas (New Zealand Government National Emergency Management Agency, 2019).
SCR	Security Control Room, located in A01, Level 3.
SCR HSO	Security Control Room Healthcare Security Officer.
Secure	Refer to Lockdown definition.
Senior Manager On Call (SMOC)	A level two manager to ensure the safe and effective operation of Auckland DHB 24 hours a day. The SMOC works in partnership with the Clinical Nurse Manager and Executive On Call.
SOP	Standard Operating Procedures.
Visitor	Any person visiting the Auckland DHB sites, including patient visitors, whānau, business visitors and members of the public.
Weapon	Anything used as a weapon to assault any person (Crimes Act 1961, reprinted as at 1 January 2016, section '202C Assault with weapon', p. 122).
Workers	All employees, Auckland DHB contractors, external contractors, and members of partner organisations working on Auckland DHB premises

4.   Ethical considerations

Auckland DHB and its clinical workers have a duty of care for patients. The nature and dynamics of an evolving Code Black incident on a DHB site presents a particular set of challenges towards the duty of care for patients.

Any Auckland DHB worker may refuse to continue work in the event that continuing to do so would expose the worker, or any other person, to a serious health or safety risk (Health and Safety at Work Act, 2015, section 83. Right of worker to cease or refuse to carry out unsafe work). In the event of a Code Black Incident, workers may need to discontinue patient care to prioritise their own safety. In exceptional situations, it may be necessary to prioritise the order of patient movement and discontinue care to those unable to move to safety.

Auckland DHB is responsible for the provision of appropriate training to prepare all workers for a Code Black Incident. Even with the appropriate training, individuals will need to make Code Black response decisions with limited information in a threatening, dynamic environment.

5.   Reduction

The principles of reduction are to identify and analyse factors that may increase the likelihood or consequences of a Code Black Incident. Enabling actions to eliminate or mitigate these factors, where practicable to reduce likelihood and consequences. To achieve this, Auckland DHB will ensure:
- Code Black Incident response management, technology, and design is supported by this policy, the response plans, SOPs, and task cards.
- Access control measures are in place to support a safer environment. For example, visiting hours and swipe access door controls that can also be operated during a lock down.
- Environmental design of high risk areas such as lighting in car parks, two exit doors in high risk rooms, duress buttons, and building design and layout such as partitions.
- Security identification (ID) cards identify workers; their use encourages a culture that identifies individuals of concern.
- Operational security services are in place, for example patrols, monitoring of technologies such as closed circuit television (CCTV) and security officers being stationed in higher risk areas.
- Security services conduct regular reviews of the premises including an annual perimeter walk around and completing a risk assessment for each Code Black response.
- Related policies and processes are operationalised, such as Weapons Management in Adult Emergency Department (AED) (see Associated documents).
- On-going training of workers.
- Provisions for welfare support in the recovery phase.
- Risk based assessments such as patient management plans, particularly for patients who have a known history of violence or aggression.

6.   Readiness

Readiness involves planning and developing operational arrangements to prepare for a Code Black incident and must consider the response and recovery. Readiness includes training and equipping of workers and testing of systems and processes to ensure they are efficient and effective. To achieve this, the Auckland DHB will ensure:

- Code Black response plans are developed and operationalised as needed.
- Emergency Management Service will determine and direct regular table top, functional, and full-scale exercises to test the capability of the Auckland DHB response to a Code Black incident;
  - Emergency services will be invited to attend simulation exercises.
- Security services are operationally fit (trained and ready to respond) to deliver an effective lock down which endeavours (as far as practicable) to minimise risk;
  - This includes security control room workers and resource.
- Security services have access kits available at key locations for use by emergency services during a Code Black.
- Workers are equipped and trained;
  - Including security awareness training for all workers, specialist training for the Code Black Response Team and training for the IMT.
- The maintenance of emergency services relationships to ensure familiarity with response team workers and site layouts.

7.   Response

Response involves the actions taken immediately before, during, and after a Code Black Incident. Response involves mobilising and deploying resources as needed to ensure:

- Code Black response plans are operationalised
- Minimal impact on continuation of patient care
- Minimal impact to onsite safety.

7.1   Key principles for a Code Black response

Key principles guiding Auckland DHB responses are in the table below:

Principle KEY: always ✓ depends on the Incident ~ not applicable × The Auckland DHB will endeavour to:	Firearm	Abduction	Offensive Weapon (non-firearm)	CBRE
Communicate as soon as possible with those in the immediate vicinity of the Code Black.	✓	✓	✓	✓
Enable persons to reach a place of safety.	✓	×	✓	~
Identify safe zones that people can move to during a Code Black.	✓	×	✓	✓
Maintain clinical safety and care for patients during and following a Code Black.	✓	✓	✓	✓

Principle KEY: always ✓ depends on the Incident ~ not applicable × The Auckland DHB will endeavour to:	Firearm	Abduction	Offensive Weapon (non-firearm)	CBRE
Enable persons to leave the immediate Code Black area.	✓	×	✓	~
Prevent persons from entering the immediate Code Black area.	✓	✓	✓	✓
Restrict the movement of the offender(s).	✓	✓	✓	✓
Have escalation and management responsibilities until handover to the appropriate emergency services.	✓	✓	✓	✓
Engage the appropriate emergency service(s).	✓	✓	✓	✓
Handover to the emergency service(s) taking control of the incident, as appropriate.	✓	✓	✓	✓
Communicate with all workers as appropriate regarding the Code Black.	✓	✓	✓	✓
Communicate as appropriate to other external stakeholders.	✓	✓	✓	✓

7.2 Code Black response plans

Managers of services with a Code Black response role own the SOPs and or task cards relating to their service. They are responsible for managing the SOP and or task card development, review and amendment process.

During the life of the Security for Safety Programme, the Code Black project team will develop response plans. They will consult with representatives from the Incident Management and Code Black Response teams, and relevant service managers.

Response plans will be stored in a central location; service managers will hold soft copies online and hard copies in the Emergency Preparedness and Response Manuals (EPARM) in their services areas.

Response plans must not task untrained workers with any confrontation with, or control of, the offender(s).

All Code Black response plans must:
• Support this policy in its entirety
   o For example, response plans support the key response principles.
• Be reviewed at least every two years ensuring they are risk appropriate and reflect current personnel and building structure changes, and after every significant Code Black incident.
• Be communicated to relevant stakeholders as necessary.
• Give particular consideration to high risk or high need areas.
• Detail identification, notification, communication, classification, and escalation processes including but not limited to:
   o When and how lock downs will be initiated

- ○ Considerations for using lock down to isolation of the offender(s) when appropriate
- ○ Communication considerations during and after a Code Black incident.
- ○ Handover to, and from the emergency services.
- Be supported by technical security systems such as access control and CCTV to assist an effective Code Black response.
- Organisation wide response plans must be specific for each Code Black type.

7.2.1 Code Black Firearm response plan must include:

- Training for all workers on the Code Black Firearm Run from threat, hide, self-defend response
- Identification of safe zones for workers and visitors to get to a place of safety.

7.2.2 Code Black Child Abduction response plans must include:

- Safe and effective response for workers if a child abduction is suspected
- Security to conduct a lock down to prevent the offender(s) leaving the site and maintain a secure perimeter.

7.2.3 Code Black CBRE response plans must include:

- Considerations for assessing a CBRE device or substance
- Instruction to safely and effectively move away from the immediate area to isolate the substance or device.

7.2.4 Code Black Offensive Weapon (non-firearm) response plans must include:

- Provisions for different response options and associated thresholds for de-escalation, calming, and restraint.

8. Key responsibilities during a Code Black response

Organisational wide response plans will detail roles and responsibilities. Overarching roles and responsibilities include:

- Workers are responsible for their individual response, and for complying with lead agency direction.
- Service area leadership (e.g. Charge Nurse, Senior Medical Officer) will ensure that 777 Contact Centre has been informed and will notify and brief the response teams on arrival (e.g. Site Clinical Nurse Manager (CNM) as appropriate.
- The Auckland DHB Contact Centre is responsible for:
  - ○ Gathering the necessary information
  - ○ Notifying the appropriate Code Black response teams
  - ○ Notifying the relevant emergency service(s), including provision of information that supports appropriate emergency service(s) response.

- The Auckland DHB Response Lead is responsible for prioritisation, as necessary, when the incident includes more than one Code type (for example, a Code Orange during a Code Black) or more than one Code Black type (for example, abduction by firearm).
- The Site Clinical Nurse Manager (Site CNM) is responsible for:
  - Attending the Code Black Incident location and receiving a brief
  - Assuming the response role of Auckland DHB Response Lead, and once an IMT IC arrives, the CNM will handover the Auckland DHB Response Lead
  - Advising emergency services of any areas requiring special or urgent attention
  - Handover to the appropriate emergency services who will assume the role of lead agency, including identification of any high risk or high needs areas
  - Supporting the IMT IC or emergency services until the incident is resolved.
- The Code Black Response Team is responsible for:
  - Responding to the Code Black Incident as per response plans, SOPs and task cards.
- Security Services are responsible for:
  - Meeting emergency services when they arrive onsite
  - Escorting emergency services to the appropriate location (either Incident Control Point (ICP) or Safe Forward Point (SFP) if they are not already there
  - Providing emergency services with resource e.g. access kits
  - Ensuring security equipment and the Security Control Room (SCR) are set up to support an efficient and effective response.
  - Ensuring the SCR is equipped with:
    - floor plans
    - relevant policies and operational documents
    - evacuation procedures
    - current lists of key contacts
    - suitable communication technologies to enable its use as the primary Incident Control Point.
  - Ensuring a secondary location is available and resourced for use as an Incident Control Point and for Security Control Room purposes.
  - Utilising resources and systems as directed, for example:
    - dispatching personnel
    - initiating lock down
    - using CCTV to monitor and track the offender(s)
    - using other access control measures such as parking services e.g. cone off areas and restrict traffic movement in or out of car parks.
  - Remaining available to support emergency services and/IMT IC until the incident is resolved.
- The relevant emergency service (e.g. Police) is responsible for:
  - Receiving a brief from the Auckland DHB Response Lead and assuming the lead agency role
  - Managing the incident
  - Dispatching their response team(s) as appropriate to the Code Black type
  - Establishing cordons as necessary, for example, around the Incident area or Auckland DHB premises
  - The reunification of workers, patients and visitors with their families, this will take place outside of any cordons
  - Liaising with the Code Black Response Team until the incident is resolved

- ○ Being provided with liaison contact details for all responding emergency service(s) and agencies
- ○ Being provided with contact details of the Auckland DHB Response Lead and location of the Auckland DHB Emergency Operations Centre (EOC)
- ○ Giving the 'all clear' to Auckland DHB when the incident is resolved.

Evacuation of the Auckland DHB Grafton site should only take place when the emergency services and the IMT IC have agreed it as essential.

9.   Recovery

Recovery includes activities after the initial impact has been stabilised and extends until the restoration of routine business activities. Recovery is a complex process extending beyond restoring physical assets or providing welfare services. Recovery includes all opportunities to reduce the future risks and may involve multiple organisations. Successful recovery must be co-ordinated and allow for a wide and variable range of recovery needs.

The Police are responsible for crime scene management and investigation, liaising with Auckland DHB to minimise impact on patient care.

On receiving the 'all clear' message from emergency service, the Auckland DHB IMT IC will:
- Receive a briefing from emergency service and take over as the overall response lead
- Complete full, documented hot and cold debriefs
- Document and action debrief findings
- Review and update all documentation to reflect debrief findings, and ensure the following are updated:
  - ○ Code Black Policy
  - ○ All Code Black Response Plans
  - ○ SOPs and or task cards.
- Ensure provision of psychosocial support for all those affected for example, through liaison with victim support and utilising the Employee Assistance Programme (EAP).
- Manage all (internal and external) communications.

10.   Supporting evidence

- Australia-New Zealand Counter-Terrorism Committee. Australia-New Zealand Counter-Terrorism Committee Active Shooter Guidelines for Places of Mass Gatherings 2013. Retrieved from: https://www.nationalsecurity.gov.au/Media-and-publications/Publications/Documents/active-armed-offender-guidelines-crowded-places.pdf
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- National Health Service (NHS) Foundation Trust - Southern Health. (2020). Missing infant / child and potential abduction policy. Retrieved from: http://www.southernhealth.nhs.uk/
- Melmer, P., Carlin, M., Castater, C. A., Koganti, D., Hurst, S. D., Tracy, B. M., ... & Sciarretta, J. D. (2019). Mass casualty shootings and emergency preparedness: a multidisciplinary approach for an unpredictable event. Journal of Multidisciplinary Healthcare, 12, 1013.

11. Legislation

- Crimes Act 1961
- Arms Act 1983
- Health and Safety at Work Act 2015

12. Standards

Australian Standard® AS4083 2010 Planning for emergencies—Health care facilities

13. Associated documents

- Absent without Leave (AWOL) Guideline
- Code Orange Policy
- Emergency Management
- Employee Assistance Program
- Hazardous Substances Management
- Security Closed Circuit Television (CCTV) System Policy
- Security ID-Card Policy
- Security (Physical) Policy
- Weapons Management in AED
- Workplace Violence and Aggression Management
- Offensive Weapons Management

Other
- Auckland DHB Health & Safety Matrix
- Auckland DHB Health Emergency Plan 2014 – 2017
- Emergency Preparedness and Response Manual (EPARM)

14. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

15. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or Document Control without delay.