Acute Care Emergency Codes Quickstep Guide

Code	Meaning
Code Red	fire
Code Blue	cardiac arrest
Code Orange	disaster or mass casualties
Code Green	evacuation
Code Yellow	missing patient
Code Black	bomb threat
Code White	aggression
Code Brown	hazardous spill
Code Grey	system failure

The **Island Health** Emergency Colour Code Quickstep Guide includes procedures to ensure staff members are able to respond to an emergency or disaster within an effective, co-ordinated approach.

It is the responsibility of each staff member to be knowledgeable and understand these procedures and expectations should such an emergency occur.

Steps	Code RED - FIRE Response	Site Specific
Categorize the Crisis	Receive notification or become aware of "**Code Red**"-Fire	
Call for Help	Call out **"CODE RED"** Click for numbers to call for **Acute Care** sites	To report a **FIRE** in my facility call:
Determine level of response	**Fire Alarm: Always treat a Fire Alarm as if it were real.** **Follow R.A.C.E.** Be prepared to take direction from Protection Services/ Security/ Fire Warden and Fire Department. Do not evacuate until directed by Fire Department or Protection Services, unless there is an immediate safety threat.	Activate your facility Fire Response Plan **Assess the fire:** 1) Feel the door handle for heat; 2) If hot - do not open; 3) If cool - cautiously open door.
Respond	**<u>R.A.C.E.</u>** **R- Rescue** • Rescue if it is safe to do so. • If unable to *rescue* alert Protection Services/Security/Fire Warden and Fire Department. • Take necessary steps to protect other patients and visitors. • Prepare for possible evacuation. • Move patients to safe location and/or behind fire doors.	If fire occurs in a treatment room, stop treatment immediately and move patient to safe area.

fire

Steps	Code RED - FIRE Response	Site Specific

Respond	**A-Alarm**
	• Activate the nearest pull station or designate a team member.
	• Notify Protection Services/Security/Fire Warden and Fire Department.
	• Give your exact location/site.
	
	C-Confine
	• Confine the fire by closing doors and windows.
	• Turn off oxygen. Consideration will be given to patients with oxygen therapy and portable oxygen will be used in a safe location.
	• Protection Services/Security/Fire Warden and Fire Department will direct to shut off main oxygen to unit/department.
	
	E-E xtinguish/Evacuate
	• **ONLY EXTINGUISH THE FIRE IF SAFE TO DO SO**
	• Operate Fire Extinguisher using P.A.S.S.
	  P - Pull PIN
	  A - Aim the nozzle to the base of the fire
	  S - Squeeze the handle
	  S - Sweep at the base of the fire
	
	Evacuate the immediate area if necessary for patient and staff safety
		If fire not in immediate area, continue treatment until complete. Do not start further treatments till "all clear" announced.
		
		Stage 1: Bell rings 60 rings per minute and <u>secure rooms do not unlock.</u>
		
		Prepare to evacuate
		• Clear hallways.
		• Place patients/clients and visitors behind fire doors.
		• Gather vital patient/client information for evacuation (ie: patient chart and MAR).
		• Report to internal assembly area (on unit/department) for further direction.
		Stage 2: Bell rings 120 rings per minute and <u>secure rooms do unlock</u>

fire

Steps	Code RED - FIRE Response	Site Specific
Respond	**Elevators** are NOT to be used during a "Code Red" in the fire zone, they are for the use of FIRE personnel ONLY (Exceptions: Code Blue and Operating Room emergencies at direction of Protection Services/Security/Fire Warden and Fire Depart- ment). **Rooms containing hazardous materials:** If it is necessary to enter a room that contains hazardous materials such as radioisotopes or biological waste, consult with expert staff. If expert staff is not available, seek direction from Protection Services/Security/Fire Warden and Fire Department.	**Evacuation (Code Green)** • Wait for and follow evacuation orders from Fire Department, Protection Services/Security and/or Fire Warden. • Familiarize yourself with the location of the extin- guishers in your area.
Handover	**Report to Protection Services/Security/Fire Warden/ Fire Department** • Description of fire (size, location, type). • Actions taken (fire extinguished, confined). • Outcome of actions. • Unit Census: # of patients, conditions and are all of the patients accounted for?	
Report	• Notify Supervisor, Manager and/or Director on call. • Update and/or complete an Incident Report.	
Next Steps 	• Debrief your team: Critical Incident Stress Debriefing (CISD) may be considered.	

fire

Steps	Code BLUE - Cardiac Arrest Response	Site Specific
Categorize the Crisis	Receive notification or become aware of "Code Blue"- Cardiac Arrest.	
Call for Help	Call out **"CODE BLUE"** Click for numbers to call for **Acute Care** sites	Number to call in my facility is:
Determine level of Response	**The first person to discover the patient** • Shake and shout to determine consciousness. • If no response: call for **HELP**. **First on Scene** • Begin CPR (Cardio Pulmonary Resuscitation). • Utilize Automatic External Defibrillator (AED) if available.	Request AED and Emergency/Defib Crash cart to patient's location.
Respond	**Second on Scene** • Ensure **"Code Blue"** call initiated. • Bring "Emergency Defib" crash cart and AED to patient's location. • Position backboard for effective compressions. • Apply/utilize AED as per Basic Life Support (BLS) standards and institution policies. • Ensure bag/valve/mask connected to oxygen at 15 L/min. • Clear immediate area for arrival of Code Blue Team (where available). • Take over compressions PRN (as required).	Composition of "**Code Blue**" Team will vary in each facility.

cardiac arrest

Steps	Code BLUE - Cardiac Arrest Response	Site Specific
Respond	**Code Team Arrival** • 2 RN's stand by to assist (if available). • Set up suction. • Remove headboard if required. • Prepare IV Normal Saline. • MRN (Most Responsible Nurse) to have chart and provide patient history to team. • Clear room of unwanted spectators. • Act as a runner when instructed to do so by the Code Team. • Be available to do CPR. • Change person doing compressions every 2 minutes.	Request AED and Emergency/Defib Crash cart to patients location.
Handover	**Report to Code Blue Team and/or Unit** • Description of event. • Actions taken (patient response). • Outcome of actions taken (patient disposition). • Assist with resuscitation and transfer to critical care unit as required.	
Report	**In-Patient** • Complete documentation in chart and Cardiac Arrest Notes. • Notify Most Responsible Physician. • Notify Hospital Admitting. **Visitor/Staff** • Notify your Supervisor, Manager and/or Director On-Call. • Complete Incident Report.	
Next Steps	Notify Next of Kin. Debrief your team.	

cardiac arrest

Steps	Code ORANGE - Disaster Response	Site Specific
Categorize the Crisis	Receive notification or become aware of **"CODE ORANGE"** – Disaster/ Mass Casualty Event.	
Call for Help	Notify Supervisor, Manager and/or Director On Call (Director/Executive On Call or Emergency Room Physician declare **"Code Orange"** and notifies switchboard to announce **"Code Orange")**. Start department phone "Fan-Out" list when directed by Supervisor, Manager, and/or Director On Call. Fan-Out telephone list is located in your Emergency/Disaster Response Plan	
Determine level of response	When **"CODE ORANGE"** is declared overhead, locate your Emergency/Disaster Response Plan (orange binder) for response information and actions. An EOC (Emergency Operations Centre) will be established by executive/management staff to provide direction and support.	**(EOC) Contact Number:** Click for numbers to call for **EOC** sites
Respond disaster	**PATIENT CARE AREAS:** **CNL\Charge Nurse** or **Supervisor** 1) Initiate phone fan-out list when directed by your Manager or EOC; 2) Report the current status of both patients and staff to the EOC using the Patient/Staff Status & Tracking Report Form (located in pocket on back cover).	Refer to unit specific information in Emergency/Disaster Response Plan (orange binder).

Steps	Code ORANGE - Disaster Response	Site Specific
Respond	**CNL/Charge Nurse or Supervisor** cont'd a) Begin priority patient assessment to identify patients whose acuity has changed and require immediate care. b) Identify patients for early discharge. c) Assess number of staff needed on unit/department. d) Assess competencies of staff and determine suitability of staff to be deployed to other areas. e) Ensure staff has adequate rest/break periods. f) Observe staff for stress/fatigue. g) Keep Supervisor/Manager aware of unit situation. **Initial Response Bedside RN** 1) Ensure patient safety. 2) Report to your unit Supervisor/Charge Nurse to identify who can be discharged. 3) Prepare empty beds for admission and be prepared to receive patients. 4) Prepare patients for discharge/ensure paperwork in order. 5) Complete documentation on patient charts as events occur. 6) Discharge patients as required. 7) Provide updates to patients and families.	Continue Critical Activities as identified in your orange **Emergency/Disaster Response (orange binder).**

disaster

| Steps	Code ORANGE - Disaster Response	Site Specific
Respond	*Patient Care Areas cont'd* **Unit Clerk** 1) Gather patient charts and MARs in a central location. 2) Ensure all new patient paperwork is kept with patient. 3) Field phone calls from outside callers and redirect them to appropriate areas to keep phone lines clear. 4) Initiate phone fan-out list as directed. **NON-PATIENT CARE AREAS** **Supervisor** 1) Initiate phone fan-out list when directed to do so by your Manager or EOC. 2) Document current status of Visitors & Staff and report to EOC using the Unit & Patient Status Report Form. 3) Assess competencies of staff to be deployed to other areas. 4) Ensure staff has adequate rest/break periods. 5) Keep Manager aware of department status. **Administrative Clerk** 1) Gather documents as directed by Supervisor in case of evacuation. 2) Field Phone calls from outside callers and redirect them to appropriate areas to keep phone lines clear. 3) Initiate phone fan-out as directed. 4) Keep Supervisor aware of department status.	Refer to unit specific information in Emergency/Disaster Response Plan (orange binder).

disaster

Steps	Code ORANGE - Disaster Response	Site Specific
Respond	*Non-Patient Care Areas cont'd* **All Staff** 1) Locate your Emergency/Disaster Response Plan (orange binder). 2) Report to your Supervisor. 3) Assist where needed as directed by Supervisor.	
Handover	Provide the Following Information • Description of event. • Actions taken. • Outcome of actions taken (patient disposition).	
Report	Complete an **Incident Report** Provide status updates to EOC using the Patient/Staff Status & Tracking Report Form, as requested by the EOC. (located in pocket on back cover)	
Next Steps	**Be ready to receive direction from Supervisor, Manager, and/or Director On Call or EOC.**	

disaster

Steps	Code GREEN - Evacuation Response	Site Specific
Categorize the Crisis	Receive notification or become aware of "**Code Green**" – Evacuation.	
Call for Help	Take direction from Emergency Services (Police or Fire Dept) and/or Protection Services/Security (if at your facility) Executive On-Call and Director On-Call will make the decision to evacuate if Emergency Services (Police or Fire Department) has not already done so.	
Determine level of response evacuation	An EOC (Emergency Operations Centre) will be established by executive/management staff to provide direction and support for evacuation. Do not evacuate until directed by Police, Fire Department, Protection Services/Security and/or EOC, unless there is an immediate safety threat. *_Horizontal Evacuation:_* • Behind Fire Door or; • A designated area on site (designated by EOC). *_Vertical Evacuation:_* • Downward either externally to a pre-designated assembly area or; • To an alternate internal location (designated by EOC). **Click for site specific evacuation maps:** RJH VGH SPH GRH NRGH	**(EOC) Contact Number:** Click for numbers to call for **EOC** sites Click to visit **CODE GREEN** intranet page
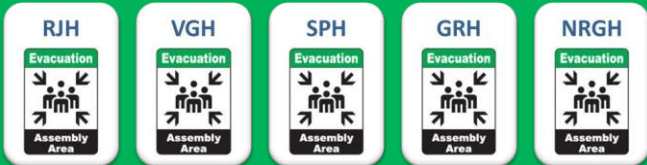
Steps	Code GREEN - Evacuation Response	Site Specific
Respond	Sequence of evacuation will be determined by the Emergency Services (Police or Fire Department) or the **EOC**. **Move patients by:** 1) Walking with/without assistance; 2) On blankets/mattresses; 3) Wheelchairs; 4) Newborns/Infants may be wrapped and given to a staff member to carry. **Preparation for Evacuation** • Provide EOC with number, age, acuity and condition of patients and staff, using **Unit Status Report Form**. • Gather patient charts and MAR (Medication Administration Record). • Ensure patient has identification in place. • After evacuation, gather at assembly area and ensure patients and staff are accounted for. **Patients being Transported** • Charts/MARs and patient specific medications to be kept with patient and charting will be point-in-time. • Ensure essential personal items/equipment ONLY accompany patient. • Note any concerns during transfer. • EOC will establish the order and destination of patient evacuation.	Evacuating from a secure area/room is a Nursing responsibility. Identify on **Unit Status Report Form** where patients are transported or discharged to.

evacuation

Steps	Code GREEN - Evacuation Response	Site Specific
Respond	**Patients being discharged** • Call contact person. • Ensure patient has all personal belongings/medications. • If family is not available, patients will be directed to discharge holding area.	
Handover	Communicate events including current status to oncoming staff to ensure patient and staff safety.	
Report	**Report to Emergency Services (Police or Fire Dept) / Protection Services/Staff** • Description of event. • Actions taken/Outcome Next of Kin/ MRP (Most Responsible Physician) notification. • Update/complete an Incident Report.	
Next Steps evacuation	Debrief your team. Notify your Supervisor, Manager and/or Director On-Call.	

Steps	Code YELLOW - Missing Patient Response	Site Specific
Categorize the Crisis	Receive notification or become aware of **"Code Yellow"**- Missing Patient.	
Call for Help	Notify Protection Services/Security (if at your facility). Notify Supervisor. Do not announce **"Code Yellow"** until unit level search completed. Click for numbers to call for **Acute Care** sites	**Number to call in my facility:**
Determine level of response ?	This response applies to all patients including infants, children and adults. • Search all immediate areas – patient's unit. • If unsuccessful, assign risk level (1-4). See **Risk Level Information.** • Determine which stage of search plan (1-3) will be initiated. See **Search Plan Stages.** In verified elopement cases of involuntary/committed patients or residents notify the Police. missing patient ?	**Risk level information:** 1) Patient cannot cope independently. 2) Patient left facility against medical advice, requires continued treatment and may pose threat to self or others. 3) Patient is able to cope independently and has not notified anyone of departure. 4) Patient is able to cope and has notified of their departure.

Steps	Code YELLOW - Missing Patient Response	Site Specific
Respond	**SEARCH PLAN STAGES**	Protection Services/ Security/Police will require specific information such as name, unit/ward/room number, physical description, clothing worn and date/time patient was last seen.
	Stage 1-Unit Level Search	
	• Staff will conduct a second more thorough search of the patient's unit including all stairwells a floor above and below the unit.	
	• A search of all public areas of the unit with results reported back to the Supervisor.	
	Stage 2- General Search	
	• "**Code Yellow**" to be paged overhead.	
	• All units to do a general search.	
	• Search of all unoccupied rooms and unlocked areas as well as grounds and roof will be done by Protection Services/ Security (if at your facility), FMO and/or staff members.	If Protection Services/ Security is available, they will conduct the search of public areas.
	• If unsuccessful assume patient has left the grounds.	
	• Notify Supervisor, Manager and/or Director On-Call, who will make the decision to contact the Police.	
	• Initiate an Incident Report.	
	Stage 3- Detailed Search	
	• Repeat search of all nursing units.	
	• Protection Services (if at your facility)/FMO and or Staff will search all locked areas and unoccupied areas making sure doors are relocked.	
	• A search of the grounds is also repeated.	
	missing patient	

Steps	Code YELLOW - Missing Patient Response	Site Specific
	If patient/resident not found Director On-Call will in consultation with Next Of Kin, Protection Services/Security and Police consider: • Next steps to be taken; or • Discontinuation of search.	
Handover	**Report to Protection Services** (if at your facility)/ **Police and Oncoming Staff** • Description of event. • Actions taken. • Outcome of actions taken (e.g. person found or not?). • And any activities to follow.	
Report	**Notify** • Supervisor, Manager and/or Director On-Call. • Next of Kin. • Most Responsible Physician. Update/complete an Incident Report **1)** If patient was not found after **Stage 3 - Detailed Search;** 2) When incident is resolved. missing patient	

Steps	Code YELLOW - Missing Patient Response	Site Specific
Next Steps	**Debrief your team** If patient/resident is found • Announce **"Code Yellow"** all clear; • Notify Protection Services/Security/Police (if involved); • Notify Supervisor, Manager and/or Director On-Call; • Complete Incident Report.	

missing patient

Steps	Code BLACK - Bomb Threat Response	Site Specific
Categorize the Crisis	Receive notification or become aware of a "**Code Black**"- Bomb Threat.	If there is clear and present danger, the Site Administrator or designate, has the authority to take necessary action for the safety of the staff, patients and visitors.
Call for Help	Notify Protection Services (if at your facility) and your local Police Department. Notify Supervisor, Manager and/or Director On-Call Protection Services or Emergency Services (Police or Fire Department) will assume responsibility.	Number to call in my facility Click for numbers to call for **Acute Care** sites
Determine level of Response	**Bomb threat sources** • Threatening phone call to an employee. • Written notice or email. • Information received from staff, private citizen or external agency.	
Respond bomb threat	**Suspicious Package** • VIHA personnel are **NOT** to pick up, touch or handle any suspected device or known explosive device. **Written Threat** • A threatening document should be handled by as few people as possible. • If received via Email, **DO NOT** reply, delete or forward.	Occupants of the building will be asked to do a search as they are familiar with the site and can make the most efficient determination of any objects found. This responsibility will be assumed by Protection Services / Security or Police when available.

Steps	Code BLACK - Bomb Threat Response	Site Specific
Respond	**Verbal Threat** • Keep caller calm and on the line as long as possible to gather information. • **Refer to the CODE BLACK: BOMB THREAT CHECKLIST** (located at the back of this reference guide) to record information. • After the call or voicemail has ended (do not forward or delete), immediately contact your local Police Department and Protection Services dispatch to receive further direction.	Aside from Law Enforcement, only the Executive on-call or the **CEO** has the authority to issue a "**Code Green**" (Evacuation) prior to or in anticipation of the location or identification of a suspected device.
Handover	Communicate events including current status to oncoming staff to ensure patient and staff safety.	
Report	• Notify your Supervisor. • **CODE BLACK BOMB THREAT CHECKLIST** to be completed and given to Protection Services/Police as requested. • **Complete Incident Report.**	
Next Steps	• Await further instruction from the Police or Protection Services/Security (if at your facility).	

bomb threat

Steps	Code WHITE - Aggression/Violence Response	Site Specific
Categorize the Crisis	Receive notification or become aware of "**Code White**" – Aggression/Violence.	
Call for Help	Call for help/support (to include Contracted Security staff- where available), Protection Services staff (where available) and/or Police (when required). Activate personal/duress alarm **and** communicate the **"Code White"** incident via overhead page by dialing your site specific number.	**Number to call in my facility is:** _____ Click for numbers to call for **Acute Care** sites
Determine level of Response	• Take threats of violence seriously • Do not intervene alone • Assess the aggressor's behaviour; team capability; environment • Can the team safely intervene? • If the team cannot safely intervene, staff must call Protection Services (where available) or the police • Be prepared to take direction from Protection Services or police	
Respond aggression	**Team Response:** • Approach the code white incident using caution (to not walk into a dangerous situation) • Maintain a safe distance from the aggressor, i.e. a minimum of her/his leg length.	

Steps	Code WHITE - Aggression/Violence Response	Site Specific
Respond	- Decrease stimuli e.g., turn off the television - Remove potential weapons, (e.g. scissors, cutlery, etc.) - Provide a team presence (if safe to do so, using violence prevention strategies learned in the **Provincial Violence Prevention Curriculum (PVPC).** - Protection Services Officers (where available) are an integral part of the team response - Ensure the aggressor has access to an exit to leave the area. - The team disengages (if necessary, RUNNING WITH DIGNITY) if de-escalation techniques are unsuccessful, the aggressor's behavior escalates beyond the team's ability to safely intervene and/or if there is a weapon involved. **NB: Staff must call the police department at any time if it is un-safe for the team to intervene** **The Clinical Coordinator/MRN:** - Direct backup staff to monitor busy areas, exits to: - Re-direct other staff or relatives away from the incident - Move people at risk to a safer location - Ensure a 'flag' is placed on patient chart, to identify history of violence (Purple Dot System) - Initiates, reviews and revises the patient's care plan with unit staff	

aggression

Steps	Code WHITE (Aggression/Violence) Response	Site Specific
Handover	**Report to Protection Services/Security and/or Police Department** • Description of the event. • Actions taken. • Outcome of actions. • Injuries.	
Report **Patient Safety Learning System** **Workplace Health Call Centre**	All Code White incidents **must** be reported. This includes: • Report incident on the **PSLS** (Patient Safety and Learning System) as required; • Report the injury or incident to the **Workplace Health Call Center** as required. **Call:** ☐	
Next Steps **aggression**	• Debrief team • Clinical Coordinator/MRN to arrange for staff to complete/ revisit applicable PVPC training.	

| Steps	Code BROWN - Hazardous Spill Response	Site Specific
Categorize the Crisis	Receive notification or become aware of "**Code Brown**"- Hazardous Spill.	

Call for Help	1. Phone your facility's switchboard and provide the following information:
	  a) Your name/contact information;
	  b) Chemical substance spilled;
	  c) Size of spill and location.
	
	2. Request that the switchboard notify:
	  a) Housekeeping;
	  b) Facilities, maintenance and operations;
	  c) Security-where available;
	  d) Occupational Health and Safety;
	  e) Manager/Coordinator of Site Operations.
		Number to call in my facility:
		
		 Click for numbers to call for **Acute Care** sites

Determine level of Response	**Employee's Responsibilities** • In the event of a "**Code Brown**", always ensure your own personal safety and the safety of your patient(s), visitors and colleagues. • Patient care personnel have the authority to remove patients who are in immediate danger. • Spill clean-up can only be carried out by those trained in Spill Response procedures to include the use of appropriate. Personal Protective Equipment (PPE). hazardous spill	Areas that normally manage their own spills (e.g. **Lab, Pharmacy, Laundry, Nuclear Medicine, Stores and FMO**) will continue to follow established protocols.
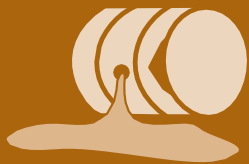
Steps	Code BROWN - Hazardous Spill Response	Site Specific
Respond	• Where possible, place absorbent materials (e.g. incontinence pads) on the spill to prevent further spread of chemical. Ensure not to soil clothing or shoes in the process. • Isolate spill area if possible (e.g. close the door), move away from spill and inform others in the area of the spill. • If the chemical has come in contact with you, remove contaminated clothing, and shower/wash the affected area. • Report spill to Supervisor/Manager and seek First Aid if required. Be ready to: a) Direct the spill responder to the spill area; b) Provide the Material Safety Data Sheet (MSDS) for the chemical; c) Description of event and MSDS for the product, location and approximate spill volume. **In the event that a spill cannot be remediated at a local level, the Executive/Administrator On-Call will make the decision to evacuate patients and staff.** hazardous spill	To contact Executive/ Admin On-Call dial RJH Switchboard at: **250-370-8000**

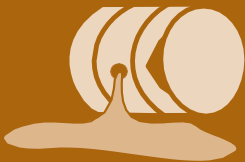| Steps	Code BROWN - Hazardous Spill Response	Site Specific
Handover	Be ready to: • Direct the spill responder to the spill area; • Provide the Material Safety Data Sheet **(MSDS)** for the chemical; • Description of event and MSDS for the product, location and approximate spill volume.	
Report Patient Safety Learning System Workplace Health Call Centre	Workplace Health Call Center: Report all spills using the Patient Safety and Learning System (located on VIHA intranet front page). If deemed necessary, an Emerging Incident Report must be completed by the Coordinator of Site Operations, Director, and/or Medical Director or designate.	
Next Steps	Await further direction from the Spill Response Team.	

hazardous spill

Steps	Code GREY - System Failure Response	Site Specific
Categorize the Crisis	Receive notification or become aware of "**Code Grey**"- System Failure. **Code Grey Includes:** • Water Failure. • Electrical Failure. • Sanitary Failure. • Steam Failure. • IM/IT Communications Failure. • Air Intake System Failure. • Elevator Failure. • Medical Gases/Oxygen Failure.	
Call for Help	**Notify Facility Maintenance and Operations Engineer/Staff. Notify Supervisor, Manager and/or Director On-Call.**	**Number to call in my facility:** Click for numbers to call for **Acute Care** sites
Determine Level of Response	There may be alarms heard in a facility or unit that will indicate System Failure (i.e. electrical or medical gas fault). Report all alarms to FMO. system failure	

Steps	Code GREY - System Failure Response	Site Specific
Respond	**Ensure Staff and Patient Safety** External Air Contamination resulting in Air Intake Shutdown may result in need to Shelter-in-Place. 1. Stay indoors. 2. Close doors & windows and tape gaps. 3. Turn off appliance/equipment using external air (i.e. air conditioner, HVAC, external fans). 4. Remain indoors until advised by FMO.	
Handover	Provide the following to FMO: • Description of event; • Actions taken; • Outcome of actions taken (affect on patient disposition).	
Report	**Complete appropriate Incident Report.**	
Next Steps	**Be ready to receive direction from FMO (Facility Maintenance and Operations Staff).**	

system failure

Island Health Acute Care Sites
Emergency Color Codes: Phone Numbers

	Sites	Red	Blue	Orange	Green	Yellow	Black	White	Brown	Grey
GEO 1	CICHC	911	792	792	792	792	911	911	792	792
	CRG*	222	333	222	222	18575	222	222	0	0
	CVH*	222	333	222	222	18575	222	222	0	0
	PMH	911	792	792	792	792	911	911	792	792
	PHH	911	792	792	792	792	911	911	792	792
GEO 2	CDH*	222	*72	0	222	18575	222	222	0	0
	NRGH*	222	333	222	222	18575	222	222	0	0
	TGH	911/792	792	792	792	792	911/792	Lifeline 911 / 792	792	64132/ 792
	WCGH❖	333	333	333	333	333	333	333	0	0
GEO 3	LMH	911	792	792	792	792	911	911 / 792	792	65480/ Pager 1.250.41 3.3877
	SPH❖	797/ER call 911	797	0	797	797	911/797	797	0/792	0/792
GEO 4	RJH*	222	333	0 & 222	222	18575	222	222	0	0
	VGH*	222	333	0 & 222	222	18575	222	222	0	0

* Protection Services provides Security/Emergency Response to these site

❖ Contracted Security provides Security/Emergency Response to these sites

Emergency Codes: https://intranet.islandhealth.ca/emergency_codes

Emergency Operation Centres (EOCs)

	SEOC	Site Support e.g. a single site is affected or public /community health staff are mobilized to assist a localized incident e.g. an apartment fire.
	GEOC	Geo Coordination e.g. multiple sites affected and higher level of control is required. (i.e. SEOCs active at 2 or more sites)
	HAEOC	Health Authority e.g. multiple sites affected across multiple Geos (i.e. multiple GEOCs active)

Site	Designation & Contact Info	Location	Room	Directions
RJH	HAEOC & GEOC 3-4 & SEOC EOC Hotline: 250-370-9509 Switchboard: 250-370-8000	PCC S150 (PCC Learning Center) 1952 Bay Street, Victoria, BC		From PCC main entrance, go straight ahead past the Gift Shop
NRGH	GEOC 2 and SEOC EOC Hotline: 250-716-7732 Switchboard: 250-755-7691	Room E0013 (Emergency) 1200 Dufferin Cr., Nanaimo, BC		Access via Level G Hallway near the NRGH Library
CRG	GEOC 1 and SEOC EOC Hotline: + 67435 Switchboard: 250-286-7100	Meeting Room 1-3 375 - 2nd Avenue, Campbell River, BC V9W 3V1		From CRG main entry turn left to Education & Conference, & left again to Rooms 1-3
VGH	SEOC & Backup HAEOC EOC Hotline: 250-479-5425 Switchboard: 250-727-4212	Room S208 (Admin Conf. Room) 1 Hospital Way, Victoria, BC		From VGH main entrance turn left, follow signs to Admin Offices
CVH	SEOC & Backup GEOC 1 EOC Hotline: + 65130 Switchboard: 250-331-5900	Meeting Room 1-3 101 Lerwick Road, Courtenay, BC V9N 0B9		From CVH main entry turn left to Education & Conference, & left again to Rooms 1-3
SPH	EOC EOC Hotline: 250-652-7537 Switchboard: 250-554-7676	Room 1236 (Site Admin Offices) 2166 Mt Newton Cross Rd, Saanichton, BC		From SPH main entrance turn right, follow signs to Admin Offices

For more emergency preparedness information or to request additional copies of this guide, please contact **Health Emergency Management BC** for Island Health at:

HEMBC@islandhealth.ca

or visit us at:
https://intranet.islandhealth.ca/departments/em

island health

CODE BLACK: BOMB THREAT CHECKLIST

island health
PROTECTION SERVICES

Complete this checklist IMMEDIATELY upon receiving a Bomb Threat.

Time call received:	
Caller:	☐ Male ☐ Female ☐ Adult ☐ Juvenile
Origin:	☐ Local ☐ Long distance

Ask:	Response:
1. When will it explode?	
2. Where is it located?	
3. When did you put it there?	
4. What type of bomb is it?	
5. What does it look like?	
6. What will make the bomb explode?	
7. Did **you** place the bomb?	
8. Why did you place the bomb?	
9. What is your name?	
10. Where are you?	
11. What is your address?	

Voice:	☐ Loud	☐ Deep	☐ Raspy	☐ Intoxicated
	☐ Soft	☐ High-pitched	☐ Pleasant	☐ Other:
Speech:	☐ Fast	☐ Distinct	☐ Distorted	
	☐ Slow	☐ Impediment	☐ Nasal	
Language:	☐ Excellent	☐ Fair	☐ Foul	
	☐ Good	☐ Poor	☐ Other:	
Accent:	☐ Yes	☐ No	☐ Origin:	
Manner:	☐ Calm	☐ Emotional	☐ Pre-recorded	☐ Other:
	☐ Angry	☐ Irrational	☐ Irrational	
Background noises:	☐ Quiet	☐ Factory	☐ Airplanes	☐ Animals
	☐ Street traffic	☐ Machines	☐ Trains	☐ Music
	☐ Other:			

Time call ended:				
Notified:	☐ Police	☐ RCMP	☐ Fire	☐ Protection Services/Security
Completed by:		**Date:**		

Additional copies of this form can be located on the Emergency Codes Intranet site.

C·A·R·E