
Provincial Colour Codes and Response Procedures Information Guide

This guide offers an overview of the standardized colour codes and emergency response procedures used by British Columbia (BC) health authorities, outlining their purpose and context, along with how the supporting documents can be used.

For questions about the colour codes, please email vch.phc.vc.ltc@phsa.ca.

What are the BC Health Authority colour codes and emergency response procedures?

The BC health authorities follow the BC Ministry of Health standardized provincial colour codes and response procedures that provide clear and concise communication for staff and ensure a coordinated effort across teams during an emergency situation. While colour codes are not mandatory components of each contracted long-term care (LTC)/assisted living (AL) home, HEMBC highly recommends implementing them to enhance emergency preparedness.

Why were the colour codes and emergency response procedures standardized?

The colour codes and emergency response procedures were standardized across BC health authority facilities to ensure staff working at different sites could quickly recognize and respond to emergencies. In 2009, a subcommittee of the BC Health Emergency Management Council (HEMC), made up of representatives from health authorities and the Ministry of Health Services, was formed to create a uniform set of provincial colour codes and response procedures for all facilities. The policy on standardized colour codes was approved by the Health Operations Committee on December 3, 2010, and took effect on February 1, 2011.

How to use the templates and supporting documents?

HEMBC has tailored the provincial colour code templates for contracted providers to strengthen emergency preparedness. These templates include **purpled-out text sections** for adjusting information to suit each site's needs. Some codes also include supplementary templates to assist with information dissemination and kit creation. These templates are found as separate documents to the standardized codes.

Each code includes:

- **Overview and Definition** – Outlines the purpose of the code and types of incidents it applies to.
- **Response Procedures** – Includes a series of actions for staff to follow, which can be customized to meet site-specific needs.

Overview of the Provincial Colour Codes and Response Procedures



Code Red – Fire

Definition: The code red emergency response is activated when a fire is discovered or suspected. It outlines the RACE procedures “*Rescue, Activate, Contain, and Extinguish*” and provides response actions.

Context: Fire emergencies can have severe consequences, especially for vulnerable clients/residents with limited mobility, cognitive impairments, or medical conditions. Rapid response is critical, as many clients/residents cannot self-evacuate/relocate without assistance. Quick evacuation/relocation to the other side of a fire door or fire containment is essential to prevent injury or death. It is essential that staff are aware of emergency procedures in response to fire to minimize risk.

Code Blue – Cardiac Arrest/Medical Emergency



Definition: The code blue response is activated when a person is experiencing an immediate medical emergency such as cardiac or respiratory arrest; unless a physician has written a Do Not Attempt CPR order or there is known advance care directives.

Context: Medical emergencies, such as cardiac or respiratory arrest, pose significant risks in LTC/AL settings. An efficient response, guided by clear protocols, ensures staff can manage the crisis, stabilize the client/resident, and prevent further complications.



Code White – Violence/Aggressive Behaviour

Definition: A code white response is activated when a person experiencing an emotional or behavioural crisis may pose a risk of harm to themselves or others and staff do not feel they have the ability to de-escalate the situation themselves.

Context: Clients/residents with cognitive impairments or medical conditions may experience sudden emotional or behaviour outbursts, which could escalate into physical confrontations. The response actions outlined in code white guide staff to call trained personnel for assistance. While the code provides the general procedures, specific response actions may be tailored to each client/resident based on their care plan.



Code Yellow – Missing Client/Resident

Definition: A code yellow response is activated when a client/resident with risk factors, such as cognitive impairment, is missing and has **not** been confirmed to have left the campus.

Context: Clients/residents with risk factors are at an increased risk of harm if they go missing and may not be able to communicate their whereabouts if they wander into an unfamiliar/unsupervised area of their building. The code response actions are divided into three stages – pre-code (preliminary search of unit), stage 1 (comprehensive search of campus), and stage 2 (intensive search of campus), when a client/resident is discovered missing.

It's important to note that code yellow only applies to searches within the campus. If an individual is known to have left the campus, staff should follow steps outlined in their care plan.

The general code has the following corresponding documents:

- Notification template for each stage of code yellow:
 - **Code yellow email notification template** – This template includes fields for the missing client/resident's details, which can be completed and shared with the site distribution list to facilitate a swift search. A photo of the individual may also be included.
- Components of a code yellow – Stage 2 kit:
 - **Search kit checklist** – Checklist for items to add to code yellow – stage 2 search kit
 - **Search map template** – This template provides space for building maps and descriptions of each floor of the facility. It is recommended to divide each floor into two maps to ensure thorough searches. The maps will be used to track the areas that have been searched. If a client/resident is found on site, these maps may be reviewed during the investigation.
 - **Search Map Tracking Form** – This form should be completed when search maps are distributed to search teams and returned, ensuring proper tracking of the forms.
 - **Job Action Sheets** – These sheets outline the roles and responsibilities of the Manager/Director of Care/Designate leading the search as EOC Director, as well as the Search Coordinators



Code Green – Evacuation

Definition: A code green is activated when an organized withdrawal or relocation of persons from an area at risk to a safe location is required. The decision to evacuate is always made by a thorough evaluation of risks to client/resident care.

Context: Emergencies that may require relocation/evacuation, such as fires, floods, or wildfire, can have severe consequences, particularly for vulnerable clients/residents with limited mobility, cognitive impairments, or medical conditions. HEMBC strongly advises that a thorough evaluation of risk be made prior to the movement of any clients/residents. Additionally, HEMBC recommends prioritizing horizontal relocation to the opposite side of a fire door before considering vertical or external evacuations.

The general code green template serves as the foundational document for the supplemental code green unit department plan, which outlines the specific needs and actions required by your unit/department to execute a safe relocation. The plan also includes staff and client/resident evacuation/relocation forms to ensure proper documentation of internal movements. For any external evacuations, HEMBC recommends using the Inter-and-Intra-Health Authority Relocation (IIHAR) Toolkit: <http://www.phsa.ca/our-services/programs-services/health-emergency-management-bc>

Code Black – Bomb Threat



Definition: A code black is activated when a threat is made to detonate an explosive or incendiary device, or a suspicious package is found.

Context: While rare in health care settings across BC, particularly in LTC and AL homes, the code details response for staff with police leading the response.



Code Brown: Hazardous Spill/Release

Definition: A code brown is activated if a spill meets certain criteria, and specialized cleanup is needed and/or there is a release/leak of a hazardous gas.

Context: The presence of hazardous substances in LTC/AL homes present risks to both residents/clients and staff. The code outlines the process to coordinate safe clean up by trained staff and guidance for contacting specialized teams, such as Fortis BC, specialized clean up teams, first responders, etc. when additional support is needed.

Code Grey: System Failure



Definition: A code grey is activated when there is a system failure that has impacted or has the potential to impact the delivery of health services.

Context: Aging infrastructure, climate change, and increasing reliance on technology can significantly impact LTC/AL homes, posing risks to residents/clients and staff. The general code grey template serves as the primary document for addressing system failure events, while the code grey unit/department plan supplements it by outlining specific contingencies for each type of failure.



Code Silver: Active Attacker

Definition: A code silver is activated to support the safety of all staff, residents/clients, and visitors when any person(s) are actively engaged in seriously harming, killing, or attempting to kill others with a weapon, and an enhanced police response is required.

Context: Although rare in LTC/AL settings, the industry-recognized principles of ***“Run-Hide-Fight”*** are outlined in this code as a response for situations involving immediate threats or active violence. This code provides detailed guidance on how to implement these principles to ensure the safety and security of residents/clients, staff, and visitors.



Earthquake

Context: Earthquakes have the potential to cause significant damage to LTC/AL homes, including structural collapse and injuries. The earthquake protocol outlines the critical steps of “**Drop – Cover – Hold On**” to ensure the safety of residents and staff during the shaking. Relocations or structural assessments should not be conducted until the shaking has stopped, as attempting to move during an earthquake can be highly dangerous.