



TOP 10 VIOLENCE-PREVENTION MEASURES

The BC government must take action to prevent violence against nurses.

Safety in Numbers: Minimum Nurse-to-Patient Ratios

Fully implement and enforce evidence-based nurse-to-patient ratios pursuant to the BC government's policy directive in order to reduce patient mortality and mitigate violence risks linked to inadequate staffing levels.

Respect, Respond, Prevent: Expanding and Enhancing Hospital Security

ASK: Relational Security and Trained Safety Personnel

Establish a province-wide approach to the role of relational security officers (RSOs), including a standardized job description and training program. Prioritize prevention-focused presence, early intervention, trauma-informed care, and respectful collaboration with health-care teams. Consider the integration of hospital police who possess the appropriate authority to enforce the law within hospital settings.

No More Waiting: Reliable Systems for Real Protection

ASK: Effective Alert Systems and Technological Infrastructure

Ensure fully functional panic buttons, mobile alerts, surveillance, lighting and real-time monitoring. eTechnology should support quick response and integrate with security and care teams. Invest in AI-assisted weapons detection.

Track the Trends, Mitigate Risks

ASK: Data-Driven Improvement and Continuous Monitoring

Track leading and lagging indicators (near misses, code whites, sick time, etc). Use this data to guide quality improvement, policy changes and resource allocation to prevent violence proactively. Include analysis of incidents involving exposure to non-prescribed substances, especially where substance use contributes to aggressive or unpredictable behavior. Identify and adjust risk assessments, PPE guidelines and staff-support protocols accordingly.

Promises Made, Promises Broken

ASK: Fulfillment of the 2016 MOU on Violence Prevention

In 2016, the Ministry of Health committed through a memorandum of understanding with the Nurses' Bargaining Association to deliver a provincial violence prevention framework, complete with timelines, accountabilities and clear policy direction to health authorities by Dec. 31, 2016. This obligation remains unfulfilled.



Health authorities must take action to prevent violence against nurses.

Assess the Risk, Place with Purpose

ASK: Comprehensive Risk Assessments, Appropriate Patient Placement and Integrated Care Planning

Standardize violence risk assessments at both facility and unit levels using dynamic and static indicators (e.g. acuity and patient history). Ensure high-risk or behaviorally complex patients are placed in safe, suitable environments with proper staffing and resources. Triage processes must support early identification of violence risk factors. Consideration should be provided to establishing a provincial alert system, linked to individual care cards, to proactively identify and communicate known risks of violence across care settings and health authorities. Enhance care continuity through team-based planning, effective communication and clear handover between departments, units and facilities. Strengthen discharge planning and care transitions to reduce patient frustration and aggression.

Smart Training, Safe Teams

ASK: Mandatory, Role-Specific Violence Prevention Training

Provide ongoing, scenario-based training (in-person and virtual reality-based where possible) for all staff levels – clinical, support and leadership – focusing on early warning signs, de-escalation and trauma-informed responses.

From Incident to Insight: Report, Reflect, Recover

ASK: Incident Reporting, Debriefing and Support Systems

Streamline digital reporting tools, ensure timely debriefings and establish post incident support systems, including psychological first aid, peer support and counselling. Communicate resources clearly and ensure access for impacted workers.

Safe Workplaces Are a Right, Not a Luxury

ASK: Environmental Design, Controlled Access and Patient Search Policies

Improve facility design to support safety, i.e., fewer multi-bed rooms, clear wayfinding, secure intake areas, good lighting and limited access to staff-only areas. Ensure visibility and physical layout reduce risk and support timely response. Incorporate policies regarding weapons and patient searches with input from frontline health-care workers.

Accountability in Action: Building a Culture of Trust and Safety

ASK: Leadership Accountability and Safety Culture

Make workplace safety a leadership priority through clear policies, named safety champions, zero-tolerance policies for violence and visible follow-up on staff-reported concerns. Embed psychological safety and encourage transparency.