



Weapons in the Workplace

1. Introduction

1.1. Purpose

Providence Health Care (PHC) is committed to the prevention of workplace violence and aggression, which includes taking all reasonable steps to protect its [Staff](#), patients/clients/residents, volunteers and visitors. Consistent with this commitment is the prohibition of Weapons in all PHC facilities and a strict protocol for Staff when encountering any [Weapons](#) in its acute and long term care facilities and in community settings, which includes patients'/clients' homes.

The purpose of this policy is to:

- Support PHC's commitment to the prevention of workplace violence and aggression;
- Help Staff identify Weapons and respond safely based on their Point-of-Care Risk Assessment;
- Establish standard responses for Staff when confronted with a situation involving a Weapon; and
- Provide guidance to PHC units/sites for developing Weapons response procedures to help reduce the likelihood of harm to the individuals involved.

1.2. Scope

This policy applies to at all PHC work sites and must be followed when any person in a PHC facility, or community is carrying, displaying, or having in their possession, a Weapon, regardless if it is used or intended for use in a threatening manner.

1.3. Exceptions

This policy does not apply to:

- Law enforcement personnel, such as Police officers, or other persons who have a lawful obligation to carry a Weapon on PHC property; and
- Ceremonial Weapons (e.g. a Kirpan – Deemed an article of Sikh faith, many Canadian court decisions have allowed kirpans in a variety of contexts provided that safety is not an issue of overriding importance and the blade is properly contained. As a matter of policy, those who practice the Sikh faith are entitled to wear the kirpan on PHC sites as it is viewed as a religious symbol and not a Weapon).

2. Policy

Under no circumstances are Staff to attempt to physically disarm anyone holding a Weapon.

Except as provided in Section 1.3 above, no person is permitted to bring a Weapon onto PHC premises, sites or facilities. This includes Staff, patients, residents, clients and visitors.

PHC recognizes that some patients, residents, clients and visitors may carry potential Weapons for self-defense associated with their unsafe living situation or other reasons.



Staff response to individuals with a Weapon will depend on factors such as the level of threat and the behavior of the person carrying the Weapon. Where site/unit specific procedures based on this Policy exist, staff should follow the steps outlined within them.

A Trauma-Informed approach to encountering a Weapon that is not being used in a threatening manner will be taken when conducting a Point-of-Care Risk Assessment and securing Weapons as per 2.2 below.

Staff have a responsibility to make every effort, without placing themselves at risk of harm, to act to ensure their safety and the safety of their patient/clients/residents, and other Staff.

Staff will not perform a bodily search for Weapons on anyone including patients, residents, clients, or visitors. Searching through belongings must only be conducted, or directly supervised by, clinical Staff as per the PHC Search of Inpatient Rooms and/or Belongings Policy.

Staff have a right to refuse unsafe work as per [Section 3.12](#) of the Occupational Health and Safety Regulation (B.C. Reg 279/2019).

The obligation to ensure Staff safety overrides a person's right to privacy. Information about a risk of violence, including the risk posed by a Weapon, may be shared between Staff without the person's permission.

2.1. Mitigating Violence Risk

Proactive measures to mitigate the risk associated with any individuals that have a history of violence and/or Weapons must be incorporated into unit/program specific procedures.

Preventative strategies can include: a violence risk screening process; verbal de-escalation; developing and enacting behaviour support plans; collaborating with Security where available; and/or managing patient/resident/client/visitor belongings.

2.2. Weapon Discovery

When a Weapon is identified in the workplace, staff will report the presence of the Weapon to their Leader/Supervisor.

Before taking any action, staff and/or the Leader/Supervisor will conduct a Point-of-Care Risk Assessment to determine whether the Weapon:

- Is potentially dangerous but does not pose a threat of immediate or imminent harm and/or was not discovered as a result of an aggressive or violent act;
- Can cause immediate or imminent harm, and is being used in an aggressive, violent or suspicious way but is not being used to seriously harm or kill others; or
- Is being used by a person that is actively engaged in seriously harming, killing or attempting to kill others on facility grounds.



2.2.1 Weapons that pose an Active Threat

Staff will:

- Immediately leave the area, and if that is not possible, seek safety by protecting themselves as per their site-specific Code Silver procedure.
- Call 911 and then 7111 to initiate a Code Silver emergency Staff response (where applicable) when it is safe to do so.

2.2.2 Weapons that pose an Immediate Threat

Staff will:

- Immediately leave the area following discovery.
- Call the Police (911), Security and/or Code White as per their site/unit specific procedure if available. [Note: Staff should be aware that Security will have limited ability to physically intervene (i.e. disarm the escalated person with a Weapon) in violent situations involving Weapons, until Police arrive].
- Not physically touch the Weapon and will not ask the individual with the Weapon to surrender it.

2.2.3 Weapons that pose No Immediate Threat

The Leader/Manager:

- Must notify the Police directly if the Weapon is a firearm or prohibited Weapon/device as defined by the *Criminal Code*;
- Will investigate further with the owner as necessary/appropriate;
- May work with Police and/or Security (where available) assistance as necessary to remove the Weapon from the site as soon as possible;
- May consider storing the item according to the PHC Safekeeping of Patient and Resident Valuables Policy.

2.3. Reporting and Follow-Up

In any situation involving a Weapon, including incidents where the Weapon was not being used in an aggressive, violent or suspicious way, the Staff member that initially encountered the Weapon shall:

- Report the incident to their Leader/Manager as soon as it is safe to do so;
- Advise other Staff and contracted agencies that may be exposed to the situation/encounter the Weapon;
- Document the incident in the patient's/client's/resident's chart. If Staff are in a client or patient's home, this will include updating the [Community Risk Screening Tool](#);
- Initiate/update a [Violence Risk Alert](#) and Violence Risk Care Plan if the incident/behaviour meets the Violence Risk Alert criteria;
- Report the event to the Patient Safety Learning System (PSLS) if the incident had the potential to impact or impacted the safety of any patient, resident or client or staff;
- Report the event by calling the Provincial Workplace Health Call Centre (PWHCC) if Staff were injured or potentially injured (including psychological injury).



In any situation where a Weapon is involved, the Leader/Manager shall:

- Assess the risk by conducting a point-of-care risk assessment;
- Work with Integrated Protection Services/Security and Police to secure and/or remove the Weapon as appropriate;
- Advise family members or other community members of the situation if they may be at risk of harm;
- If all attempts available to the care team to ensure the safety of Staff and patients/residents/clients have been unsuccessful, consider a change in care status. Discuss with the health care team, Patient Relations, Risk Management, Ethics Services, and the PHC Violence Prevention Program to determine if continuation of care is required or if the patient/client/resident can be discharged safely or provided care in a different venue;
- Provide Staff with post-incident support resources;
- Notify Staff about the incident and the safety plan;
- Organize a team de-briefing where appropriate i.e. Staff were impacted by the incident;
- Complete all incident investigations as required and notify Staff of the investigation outcomes.
- Identify and implement safety measures to decrease the risk for future incidents;

3. Roles and Responsibilities

3.1. Leaders/Managers

- Directors must ensure that every Manager within their program communicates and implements a site specific, written Weapons in the Workplace response procedure based on this Policy in consultation with the Joint Occupational Health and Safety Committee and/or workers, Indigenous Wellness and Reconciliation, Diversity, Equity and Inclusion, and the PHC Violence Prevention Program.

An example of such a procedure is the [Weapons in the Workplace – Emergency Department SPH](#) guideline.

- Ensure that Staff are aware of and have reviewed the Weapons in the Workplace Policy and any related procedures and follow appropriate measures in the event of a Weapon discovery.

3.2. Staff

- Be familiar with and follow this policy and any related site/unit based procedures.
- Not enter a person's home if they feel unsafe, and leave the home immediately if they feel unsafe or a Weapon is presented.
- Leave the site/person's home if they become aware of an unsecured or illegally stored firearm.

3.3. Integrated Protection Services/Security

- Support violence prevention-related policies in conjunction with the PHC Violence Prevention Program.



- Ensure contracted site security are trained in intervention principles and techniques as per the Provincial Violence Prevention Curriculum and Advanced Team Response training.
- Ensure that contracted site security working at PHC sites respond immediately to all aggressive or violent incidents.
- Provide statistical information on violent incidents.
- Assist in the evaluation of violence prevention policies in conjunction with Violence Prevention and Joint Occupational Health and Safety Committees.

4. Compliance

All staff members are responsible for adhering to this policy and monitoring their activities in accordance with the policy. Staff members may warn others if they observe a violation of this policy. Failure by staff to comply with this policy may result in disciplinary action up to and including termination of employment, services or privileges.

5. Supporting Documents

5.1. Related Policies

[Code White Emergency Response \(B-00-11-10190\)](#)

[Violence Risk Alert \(B-00-11-10178\)](#)

[Domestic Violence Policy for Employees \(B-00-11-10188\)](#)

[Gunshot and Stab Wound Reporting \(B-00-11-10127\)](#)

[Managing Disrespectful, Aggressive or Violent Behaviour of Visitors \(B-00-11-10198\)](#)

[Right to Refuse Unsafe Work \(B-00-11-10197\)](#)

[Safekeeping of Patient and Resident Valuables \(B-00-11-10148\)](#)

[Violence Prevention in the Workplace \(B-00-11-10196\)](#)

[Working Alone or in Isolation \(B-00-11-10189\)](#)

[Search of Inpatient Rooms and/or Belongings \(B-00-11-10124\)](#)

5.2. Guidelines/Procedures/Forms

Code Silver: Active Attacker

VCH Community Risk Screening Standard

[Weapons in the Workplace – Emergency Department SPH](#)

6. Definitions

“Active Threat” is a situation where a person is actively engaged in seriously harming, killing or attempting to kill others with a Weapon on facility grounds. The goal of an Active Threat Notification, also known as Code Silver, is to initiate a formal emergency Staff response to warn people to move away from a life-threatening situation.

“Code White” is a call for help when Staff witness a person experiencing an emotional crisis or behavioural emergency and there is a physical risk of harm to themselves, Staff and others. A weapon



may or may not be involved. A Code White should not be called during an Active Threat because doing so will increase the risk of harm to responders.

The **“Community Risk Screening Tool”** is used by health care providers who work alone in the community to identify any potential risk and put a risk control plan in place prior to and during service provision.

A **“Point-of-Care Risk Assessment”** is a series of questions to ask yourself about the patient/resident/client, environment, task and yourself. The purpose of this informal check-in is to help you determine if it is safe to start or continue a task or interaction.

The following questions provide guidance on assessing the violence risk when staff encounter a weapon:

- Is the Weapon designed to cause death or injury (e.g. gun) or does it have the potential to cause death or injury?
- Is/Was the Weapon being used in an aggressive, violent or suspicious way?
- Does the person have a history of violence/aggression, a Violence Risk Alert/Behavioural Care Plan, and/or is the person presenting with aggression?

“Staff” includes all employees (excluded and unionized), students, medical Staff, researchers, physicians, medical residents, fellows and trainees, volunteers, executives, contractors, suppliers, and employees of academic institutions.

“Trauma-Informed” is a strengths-based approach grounded in an understanding of and responsiveness to the impact of trauma. It emphasises physical, psychological, and emotional safety for everyone, and creates opportunities for survivors to rebuild a sense of control and empowerment.

“Violence Risk Alert” is the organizational process of identifying persons at risk for violence and providing supporting written documentation to communicate and mitigate the risk.

A **“Weapon”** means anything used, designed to be used or intended for use

- in causing death or injury to any person, or
- for the purpose of physically threatening or intimidating any person

Examples of Weapon types and items that can be used as Weapons are listed below:

“Impact” is any object used to strike a subject and inflict pain, injury, or death through blunt force (e.g. a stick, hammer or aluminum water bottle).

“Edged” is any object that uses an edge or point to increase the user’s pressure by concentrating the applied force onto a smaller surface area causing death or injury (e.g. knife, screwdriver, pen).

“Pulsed Energy” is any Weapon that uses pulses of electricity to fire a projectile or operates by transferring electric current to its target (e.g. stun gun or taser).

“Chemical” is any chemical agent (aerosol, liquid, or powder) that is used specifically to cause death, incapacitation, or harm through toxic or noxious properties (e.g. pepper spray, hot coffee, acid).



“Projectile” is any object that can be either discharged mechanically (firearm) or physically (thrown) and is capable of causing injury or death (e.g. rock, hand gun/bullet, throwing star).

“Improvised Explosive Device (IED)” is any destructive device used for the purpose to destroy, incapacitate, harass, or distract (e.g. bomb).

“Flexible” is any object or material that can be bent easily and used to cause injury or death (e.g. rope, chain, whip, tubing)

7. References

Barnett, L. (2013). Freedom of Religion and Religious Symbols in the Public Sphere. Publication No. 2011-60-E Retrieved from:
<https://lop.parl.ca/staticfiles/PublicWebsite/Home/ResearchPublications/BackgroundPapers/PDF/2011-60-e.pdf>

Beresford, J. (2013, April 10). Kirpan policy introduced for B.C. courthouses. Government of B.C.
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Canadian Border Services Agency (2019, May 29). Memorandum D19-13-2 Importing and Exporting Firearms, Weapons and Devices. Canada Border Services Agency. <https://www.cbsa-asfc.gc.ca/publications/dm-md/d19/d19-13-2-eng.pdf>

Criminal Code (R.S.C., 1985, c. C-46)

Government of British Columbia (n.d.). Trauma-Informed Practice (TIP) – Resources.
<https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/trauma-informed-practice-resources#:~:text=Trauma%2DInformed%20Practice%20is%20a,sense%20of%20control%20and%20empowerment.>

Provincial Violence Prevention Curriculum Working Advisory Committee (2016). Provincial Violence Prevention Curriculum Participant Toolkit.

Storage, Display, Transportation and Handling of Firearms by Individuals Regulations (SOR/98-209)

8. Appendices

There are no appendices to include with this policy.



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