

## **BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES**

In the Matter of Mark Wade, Registered Nurse, College Files #  
2026-0182, 2026-0261, 2026-0388, 2026-0438

### **SUMMARY PROTECTION ORDER**

Pursuant to s.153 (1) of the *Health Professions and Occupations Act*, SBC, 2022, c 43

#### **Introduction**

Mark Wade (the Respondent) is a licensee of the British Columbia College of Nurses and Midwives (BCCNM or the College) with the designation of Registered Nurse or RN.

This Summary Protection Order (SPO) is made by the Registrar, on the direction of the Investigation Committee.

Under the *Health Professions and Occupations Act* (the Act) SPOs are an interim risk management tool. Their purpose is to manage risk during an investigation.

#### **Background**

The College has received four complaints regarding the Respondent.

The first complaint is dated February 17, 2026, and is from the Manager of Clinical Operations, Interior Health, Dr. Helmcken Memorial Hospital, in Clearwater. The complaint raises concerns regarding the Respondent's narcotic handling practices while contracted to work at the hospital.

On April 10, 2026, further information was provided by way of a chart review which provides details on withdrawals of concern during the period of January 17 to February 14, 2026.

The second complaint is dated March 3, 2026, and is from the Director of Care at Dawson Creek and District Hospital. The complaint raises concerns covering the period of December 1 through December 25, 2025, regarding incomplete documentation of care, various practice shortcomings, a specific concern regarding narcotic administration and documentation, and leaving shift without permission for 45 minutes, while contracted to work at the hospital.

The third complaint is dated March 31, 2026, and is from the Emergency Coordinator at Abbotsford Regional Hospital. The complaint raises concerns regarding narcotic administration and documentation in September 2025, while contracted to work at the hospital.

The fourth complaint is dated April 18, 2026, and is from the Manager of Clinical Operations, Emergency Department, Burnaby Hospital. The complaint raises concerns regarding an ongoing narcotic diversion investigation into the Respondent while they were contracted to work at the Burnaby Hospital ER.

The Complainant subsequently provided a Discrepancy Investigation Report dated May 18, 2026, covering the period of March 2 to April 9, 2026. The report details:

- (a) Removal of hydromorphone without corresponding MAR documentation
- (b) Administration documentation inconsistent with quantities removed
- (c) Administration of injectable hydromorphone without a valid provider order
- (d) Delayed or incomplete waste documentation
- (e) Multiple withdrawals occurring within short timeframes
- (f) Repeated unreconciled narcotic quantities
- (g) MW frequently being the sole user removing controlled substances for affected patients

## **Reasons**

### Test

The test for the Investigation Committee to apply in weighing whether to direct a SPO is:

- (a) is there a *prima facie* case based on the allegations and any evidence collected to date;
- (b) is there a significant risk of harm;
- (c) a SPO should contain only those provisions necessary to address the risk, or in other words, be minimally impairing of the Respondent; and
- (d) the impact on the Respondent must be proportional to the risk.

*Prima facie* means based on first impression; in law it denotes evidence that, unless rebutted, would be sufficient to prove a particular proposition or fact. The Investigation Committee is expected to make a provisional assessment of the facts, and in doing so should limit its

assessment of the complaint to whether it is manifestly unfounded or manifestly exaggerated, and whether it raises a significant risk of harm.

In considering whether to direct a SPO the evidentiary focus is directed towards the matter of the significant risk of harm. The role the Investigation Committee is not to determine the merit of the allegations but rather to answer the question: Is action necessary to provide protection in the interim?

In considering whether there is a significant risk of harm, the College Bylaws add that the significant risk should also be immediate. This is taken by the Investigation Committee to mean a significant risk of harm that is not theoretical or based on some future possibility, but rather a significant risk of harm that requires interim action by the regulator to protect patients, colleagues and/or the public from harm while an investigation unfolds.

The Investigation Committee should consider the impact which a SPO may have on the Respondent: a SPO will impact upon the Respondent's ability to practice their profession and may also impact financially and on their reputation. The Investigation Committee must balance the need for a SPO against the consequences for the Respondent and satisfy itself that the consequences of a SPO are not disproportionate to the identified risk.

If the Investigation Committee decides that a SPO should be made, it should not automatically direct an interim suspension but should first consider whether interim limits and/or conditions would be sufficient to protect patients, colleagues and/or the public.

### Analysis

#### ***Is there a prima facie case based on the allegations and any evidence collected to date***

The Panel was of the view that the test of a *prima facie* case was met. The College has received four complaints from four employers in short succession, all raising similar concerns regarding narcotic handling over a period of seven to eight months, with two of the complaints including additional supporting documentation. There is nothing manifestly unfounded or manifestly exaggerated about the complaints; they can be relied upon for determining whether there is a *prima facie* case.

The first three allegations, and to a lesser extent the fourth one, require investigation to see whether there are witness statements and medical documentation to further support the concerns raised, but the threshold to meet for a SPO is the *prima facie* test.

### ***Is there a significant risk of harm***

The Panel was of the view that the threshold of a significant risk of harm that requires interim action by the regulator to protect patients, colleagues and/or the public from harm while an investigation unfolds is met. Allegations of potential diversion do not, in and of themselves, necessarily rise to the level of triggering consideration of a SPO, but the Panel was concerned with the aggregate and the timing of the complaints.

Within a relatively short timeframe, four employers have raised similar concerns, indicating a pattern of questionable behavior. A further pattern of concern is that in each case the Respondent has left or been terminated from the workplace, only to move on to another workplace and apparently repeat the conduct. This raises a regulatory concern of the Respondent actively seeking to avoid accountability, contrary to their professional obligations. Based on the fourth complaint, the Respondent has also changed travel nursing employers, further indicating concern over accountability.

In any case of possible diversion, a potential plausible alternative explanation is that the licensee has not been engaging in diversion, but rather the allegations could also be read as being consistent with poor medication administration and documentation. In this case the Panel notes that the Discrepancy Investigation Report indicates evidence of administration of injectable hydromorphone without a valid provider order, multiple withdrawals occurring within short timeframes, and the Respondent frequently being the sole user removing controlled substances for affected patients – which are less likely to be accounted for by poor administration/documentation.

A concern for the Panel was that with the Respondent moving between employers, the type of support and structure that an employer might provide to a permanent employee when narcotic handling concerns arose are absent, making it incumbent on the regulator to step in.

LEAP informed the Panel that the Respondent had obtained full time employment at the Kelowna General Hospital in the ER department as of May 4, 2026. However, the Respondent has not informed that employer of the complaints made against him, reinforcing the Panel's concern regarding the Licensee not being forthcoming and accountable.

While not a specific factor in the SPO test, a fairness consideration is whether to seek interim risk mitigation by way of an Undertaking before seeking a SPO. The Panel considered that the category of non-practicing is no longer available and that the information at hand suggests that Respondent may lack the professional accountability to be relied on to comply with an Undertaking such as to not practice nursing, while still holding practicing registration.

Taken together, the Panel is of the view that the information on hand at this point raises an immediate and significant risk of harm.

***A SPO should contain only those provisions necessary to address the risk, or in other words, be minimally impairing of the Respondent***

The Panel discussed whether a limit on the Respondent's practice could provide the necessary protection while the investigation unfolds, or is a suspension warranted; they were of the view that a suspension was needed.

LEAP indicated that the Respondent may be suffering from a health condition. In 2013 the Respondent suffered a traumatic event, with PTSD from that event. No medical information was presented to confirm that health issue, though LEAP indicated that the Respondent is engaged with health providers for support. When questioned by the Panel, LEAP indicated that the Respondent did not reveal this health information to his new employer when hired.

The Panel was of the view that the Respondent was less than forthcoming with the College and his new employer. In addition, the Respondent may be working while not fit to practice as a result of a health issue. They were of the view that while future medical information, such as a fulsome Independent Medical Examination, might indicate that the Respondent could safely practice with limits on their narcotic handling, at present the risk posed could only be addressed by suspension.

The information before the Panel indicates that the Respondent practiced for seven to eight months while he may not have been fit to practice as a result of a health issue, as he indicated, through LEAP, that the narcotic issues reported to the College were to a degree connected to his PTSD, indicating a concerning lack of self-regulation.

***The impact on the Respondent must be proportional to the risk***

To a degree, this is addressed by the above. While a suspension is obviously the most significant intervention the College can take during an investigation and one which will undoubtedly have an impact on the Respondent's livelihood, the Panel is satisfied that the risk in this case necessitates that the public protection consideration must outweigh the impact on the Respondent.

**Order**

On the direction of the Investigation Committee, the Registrar orders that:

1. The Respondent's registration is suspended as of the date of this SPO and will remain suspended until:

- (a) the Registrar makes an order to dispose of the complaint under s. 154, s. 156, s. 157, s. 158, or s. 159 of the Act;
  - (b) the Discipline Committee makes an order under s. 191 of the Act; or
  - (c) this SPO is varied or terminated.
2. The following Protected Information, as defined in s. 242(1) of the *Act*, be disclosed to the Respondent, the Complainant, the employer, and included in the Registry and the Public Notice:
- (a) Respondent's name;
  - (b) Respondent's designation;
  - (c) date of the complaint;
  - (d) Complainant's position;
  - (e) summary of concerns raised in the complaint; and
  - (f) summary of the administrative matter.

Dated at Vancouver, British Columbia, June 23, 2026

Dr. Natasha Prodan-Bhalla, DNP, MN/NP, BScN  
Chief Executive Officer /Registrar BC College of  
Nurses and Midwives