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BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES

In the Matter of Lori Chern, RN, 2026-0959

SUMMARY PROTECTION ORDER

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

Introduction

1. Lori Chern (the "Respondent") is a licensee of the British Columbia College of Nurses and Midwives ("BCCNM" or the "College") with the designation of Registered Nurse.

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

Background

3. On August 6, 2026, the College received a complaint from a member of the public. The Complainant stated that he was given the Respondent's contact information from a pharmacist. Upon contacting the Respondent, the Respondent confirmed they could do an assessment and complete the necessary medical forms required for an RCMP assessment. The Complainant was instructed to attend the Respondent's home for the assessment, following which she would complete the forms. The Respondent runs a business, RN Collaborate, a health and wellness practice in Kamloops with a focus on men over 40.

4. The Complaint stated that on arrival at the Respondent's home, the Complainant was asked to sit on the living room couch, and the Respondent proceeded to sit right next to him. During the blood pressure assessment, the Respondent began caressing the Complainant's right arm.

5. After taking the reading, the Respondent complimented the Complainant on their physique as well as heart rate and blood pressure saying they seemed to have the health of an 18-year-old and making other gestures and remarks that appeared flirty.

6. After asking about the Complainant's sex life, the Respondent commented how sex was very important for a man to regulate himself and be in good health and then proceeded to offer to have sex with the Complainant. After the Complainant declined, the Respondent indicated the Complainant was free to text or call them outside of work to meetup for sex.

7. The Complainant provided screenshots of text messages they reported to be between them and the Respondent. The Respondent had not submitted the assessment forms that were the purpose of the visit, indicating it was because their MSP number was not working.

Reasons

Test

8. 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.

9. *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.

10. 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?

11. 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.

12. 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.

13. 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

14. The Investigation Committee was satisfied that a *prima facie* case was established by the evidence to date. While the Respondent in their submissions denies any sexual misconduct, the Investigation Committee at this stage is only 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.

15. The Investigation Committee saw nothing manifestly unfounded or exaggerated about the complaint, also noting that the subsequent text messages largely conformed to the assertions in the complaint. They noted that the allegations fall within the definition of sexual misconduct in the *Health Professions and Occupations Act* and that complaints involving sexual misconduct are among the most serious the College deals with.

Is there a significant risk of harm

16. Given the complaint alleges sexual misconduct and occurred in the unsupervised setting of the Respondent's home, the Investigation Committee was satisfied that there was a significant risk of harm. While the Respondent does not have a disciplinary record with the College involving prior instances of nurse-client boundary violations, this does not obviate the finding that the complaint establishes a *prima facie* case with attendant risk.

17. The Investigation Committee noted that there are currently no measures in place to protect the public and that acts of sexual misconduct can result in serious harm.

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

18. The Investigation Committee was satisfied that the risk identified could be mitigated by restrictions on the Respondent's practice to address the seeing of clients in their home through their business. This would address the risk identified but also allow the Respondent to continue to practice as a nurse, outside their home and business. The Respondent also holds positions with Interior Health at the Dr. Helmcken Memorial Hospital and Princeton General Hospital, and the Investigation Committee saw no reason to place restrictions on that employment or go so far as a suspension.

The impact on the Respondent must be proportional to the risk

19. The Investigation Committee was satisfied that this was addressed by the above imposition of limits rather than a suspension

Order

20. The Respondent's registration is subject to the following limits as of the date of this SPO:

The Respondent is limited to practicing only at the Dr. Helmcken Memorial Hospital and Princeton General Hospital.

And will remain subject to those limits 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.

21. 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; and
(e) summary of concerns raised in the complaint.

Dated at Vancouver, British Columbia, on this 04 of November 2026.

Dr. Natasha Prodan-Bhalla
Registrar and Chief Executive Officer
British Columbia College of Nurses and Midwives