

**THE KING'S BENCH
Winnipeg Centre**

BETWEEN:

MANITOBA ASSOCIATION OF HEALTHCARE PROFESSIONALS,

Applicant,

– and –

THE GOVERNMENT OF MANITOBA,

Respondent.

**AFFIDAVIT OF CORY SZCZEPANSKI
AFFIRMED: June 4, 2026
Affidavit in Support of Application for Mandamus**

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File No. 25-56591

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I, **CORY SZCZEPANSKI**, of the City of Winnipeg, in the Province of Manitoba, Legal Assistant,

AFFIRM THAT:

1. I am a Labour Relations Officer Safety Specialist for the Applicant, Manitoba Association of Healthcare Professionals ("**MAHCP**"), and as such, have personal knowledge of the facts and matters herein after deposed by me, except where same is stated to be based on information received or statements made to me, in which case I do verily believe the statements and the information imparted to me to be true.

2. Prior to my employment as a Labour Relations Officer Safety Specialist, I was employed with MAHCP in the role of Senior Labour Relations Officer.
3. I make this Affidavit in support of MAHCP's application for an order of *mandamus*, requiring the Government of Manitoba, through the Workplace Safety and Health Branch, to enforce sections 7.4, 40 (10), 41(8) of *The Workplace Safety and Health Act*, C.C.S.M. c. W210 (the "**Act**") and sections 11.6 and 11.7 of the *Workplace Safety and Health Regulation*, M.R. 107/2011 (the "**Regulation**") as against Shared Health Manitoba Inc. ("**Shared Health**").

Background

4. MAHCP is a labour union in the Province of Manitoba of more than 7,500 allied health professional. MAHCP represents almost 90% of all Manitoba's allied health professionals.
5. Shared Health is the provincial health authority responsible for healthcare delivery and regulation in Manitoba. It is also the largest employer of healthcare workers in the Province of Manitoba, and is responsible for more than 18,000 employees and operates over 200 health service facilities.

6. The *Act* grants the Workplace Safety and Health Branch of the Government of Manitoba (hereinafter, the “**Branch**”) with the legislative jurisdiction to ensure the safety, health and welfare at work of all provincially regulated employees. The Branch holds the exclusive jurisdiction to enforce provincially regulated employers to comply with the requirements of the *Act*.

Violations of the Act

7. In my capacity as a Senior Labour Relations Officer with MAHCP, I have observed workplaces operating within the purview of Shared Health that exhibit deficient safety measures. These deficiencies are evidenced by significant and ongoing breaches of, and non-compliance with, the requirements set out in the *Act*. Such breaches, violations and inadequate safety measures have created ongoing and serious risks to healthcare workers and MAHCP members across the Province of Manitoba.
8. I, on behalf of MAHCP, have notified the Branch of the Shared Health’s ongoing violations to the *Act*. However (as will be described in greater detail herein), the Branch has failed to enforce Shared Health’s compliance with the obligations of the *Act*.

9. I have observed the following instances where the express requirements of the *Act* and *Regulation* are not being adhered to, in word or in spirit.

Failure to Investigate, Control and Report Workplace Violence – Sections 11.6 & 11.7 of the Regulation

10. I have reviewed and familiarized myself with sections 11.6 and 11.7 of the *Regulation*. Based on my review, I understand those sections of the *Regulation* to require employers to investigate instances of workplace violence, implement control measures as a result of the investigation, and prepare reports surrounding instances of workplace violence.
11. Specifically, section 11.6 of the *Regulation* provides that, as soon as reasonably practicable after an incident of violence, an employer must:
(a) investigate the incident; and (b) implement any control measure that is identified as a result of the investigation that will eliminate or control the risk of violence to a worker.
12. Section 11.7 of the *Regulation* provides that an employer must prepare a report that compiles: (a) the records of the incidents of violence in the workplace; (b) the results of any investigation into an incident of

violence, including recommendations for control measures; (c) the measures implemented as a result of the investigation. Section 11.7 further requires that that an annual report respecting violence in the workplace must be provided to the committee, representatives or workers at the workplace.

13. As part of my role with MAHCP, I contacted Shared Health and requested that Shared Health provide MAHCP with information respecting its compliance with the requirements under sections 11.6 and 11.7 of the Regulation. Specifically, I requested copies of the reports that Shared Health was required to prepare regarding incidents of workplace violence.
14. Shared Health responded to my inquiry by stating that MAHCP was not entitled to the requested information and denied my request for access to the information.
15. Following the denial that I received from Shared Health, on or about October 10, 2024, I filed a request through the *Freedom of Information and Protection of Privacy Act* (“**FIPPA**”) for copies of the annual reports with respect to workplace violence prepared by Shared Health, on behalf of MAHCP.

16. Specifically, I, on behalf of MAHCP, requested the following information:

For Emergency Response Services, for each year from 2019/20 to present, broken down by operational zone:

1) How many incidents involving workplace violence were reported to Shared Health by paramedics?

2) How many reported incidents were reviewed by Shared Health?

3) How many incidents were referred to police?

4) How many times were charges laid?

5) How many incidents incurred work time lost?

6) Please provide any related documentation or reports from each incident.

7) Please provide annual reports respecting violence in the workplace as required in Article 11 of the Workplace Safety and Health Act Regulation 217/2006.

17. On or about November 25, 2024, Shared Health provided its response to MAHCP's FIPPA request. Shared Health indicated that it kept no such records, with its response stating: "*Please note that records do not exist currently within Shared Health*". A copy of MAHCP's FIPPA request and Shared Health's response is attached hereto as **Exhibit 'A'** to my Affidavit.

18. Based on the information provided through MAHCP's FIPPA request and given Shared Health's refusal to respond, I believe that Shared Health has failed to compile and provide annual reports on workplace violence, including records of incidents, investigation results, recommendations for control measures, and details of any actions taken.
19. After discovering that Shared Health had failed to keep records as required by sections 11.6 and 11.7 of the *Regulation*, I contacted the Branch on behalf of MACHP and asked it to investigate Shared Health's failure to prepare annual workplace violence reports. MAHCP's communications with the Branch are attached as **Exhibits 'B' through Exhibit 'I'** to my Affidavit and are described in greater detail in paragraphs 45 – 59 herein.
20. Despite raising the issue of Shared Health's non-compliance with sections 11.6 and 11.7 of the Regulation, the Branch has not addressed or responded to Shared Health's continued failure to provide annual reports of incidents of workplace violence.
21. I believe that the failure to properly track workplace violence incidents has contributed to unsafe working environments for MAHCP members.

Deficiencies in Workplace Safety and Health Committees – Sections 40 & 41 of the Act

22. I have reviewed and familiarized myself with sections 40 and 41 of the *Act*. Pursuant to section 40(1) of the *Act*, employers, including Shared Health, must establish a workplace safety and health committee for each workplace where 20 or more workers are regularly employed. The duties of those committees are outlined in section 40(1) of the *Act*.
23. Section 41(1) of the *Act* requires that a worker be designated as a workplace safety and health representative. Section 41(8) of the *Act* requires that employers, including Shared Health, ensure that the workplace health and safety representative(s) are trained to competently fulfill his or her duties as a representative
24. In my role with MAHCP, I have obtained information regarding the total number of staff employed by Shared Health, as well as the total number of Workplace Safety and Health committees and representatives. This information has previously been shared by Shared Health and is supported by my observations of various workplaces.

25. In the information provided by Shared Health, the total staff numbers, committees and representatives at approximately 117 workplaces operating under the purview of Shared Health was provided. Those workplaces are listed in a schedule of Shared Health workplaces, which is attached hereto at **Exhibit 'J'** to my Affidavit.
26. Based on the information provided by Shared Health, there are approximately 47 workplaces for which a Workplace Safety and Health Committee is required. Of these, only 15 have an established committee. Accordingly, despite the requirements of section 40 of the *Act*, there are at least 32 workplaces operating under Shared Health's authority do not have an established Workplace Safety and Health Committee.
27. Despite operating large healthcare institutions that clearly exceed the 20-employee threshold, based on my review of the workplaces operating under Shared Health's purview, I believe that Shared Health has failed to implement health and safety committees that comply with the legislative requirements outlined in section 40 of the *Act*.

28. Similarly, based on the information provided by Shared Health, there are at least 72 non-compliant Shared Health workplaces where additional safety representatives are required pursuant to section 41 of the *Act*.
29. After discovering that Shared Health had failed to comply with sections 40 and 41 the *Act*, I contacted the Branch on behalf of MACHP to request that it conduct an investigation into Shared Health's failure to establish compliant Workplace Safety and Health Committees. MAHCP's correspondence with the Branch is attached as **Exhibits 'B'** through **Exhibit 'I'** to my Affidavit and is addressed in greater detail in paragraphs 45 – 59 herein.
30. Despite raising the issue of Shared Health's non-compliance with section 40 and 41 of the *Act*, the Branch has not addressed or responded to Shared Health's continued failure to establish workplace safety and health committees for workplaces with 20 or more workers or meet the requirements for designating a workplace safety and health representative.

31. I believe, based on my experience as a Senior Labour Relations Officer and Labour Relations Officer Safety Specialist, that the result of the Branch's failures is that MAHCP members, and other Manitobans, are deprived of important safeguards set out in the *Act*.

*Failing to Establish Compliant Workplace Safety and Health Programs –
Sections 7.4 of the Act*

32. I have reviewed and familiarized myself with section 7.4 of the *Act*. Based on my review, I understand that section requires employers to establish a written workplace safety and health program for each workplace where 20 or more workers are regularly employed.
33. Specifically, I have reviewed section 7.4(5) of the *Act*. Based on my review, the content of every workplace safety and health program must include the following:
- (a) a written safety and health policy;
 - (b) identification of hazards and risk control measures;
 - (c) procedures for safe work;
 - (d) procedures for training and supervision;
 - (e) emergency response procedures;
 - (f) procedures for incident reporting and investigation;

- (g) workplace inspections;
 - (h) worker participation (committee or representative); and
 - (i) regular program review.
34. Despite operating large healthcare institutions which meet the 20-employee threshold, based on certain information that I have obtained in my role with MAHCP, I believe that Shared Health has failed to implement health and safety programs that meet the legislative requirements.
35. In particular, in the course of my duties with MAHCP, I have obtained Shared Health's Violence Prevention Program for Healthcare Workers (the "**Violence Prevention Program**"). Attached and marked as **Exhibit 'K'** to my Affidavit is a copy of the Violence Prevention Program.
36. The Violence Prevention Program states that it is "*Applicable to: All Shared Health staff and at all Shared Health governed sites, including contracted facilities*".
37. Shared Health operates more than 200 health service facilities. In my role with MAHCP, I have attended numerous Shared Health facilities and observed material differences in the safety and health

requirements from one facility to another. Despite the material differences between individual facilities, Shared Health has purported to impose a single, uniform violence prevention program across every Shared Health facility, through the Violence Prevention Program.

38. Based on my review, the Violence Prevention Program:

- (a) does not tailor or specialize the program to any particular workplace;
- (b) does not identify existing and potential dangers to workers at the workplace, or the measures taken to reduce, eliminate or control those dangers;
- (c) does not identify internal and external resources that may be required to respond to an emergency at the workplace, and instead states that resources are “not applicable”;
- (d) does not contain a statement of the responsibilities of the employer, supervisors and workers in the workplace;
- (e) does not contain a schedule for the regular inspection of a workplace;

- (f) does not contain a plan for the control of any biological or chemical substance at a workplace;
- (g) does not contain a statement of the procedures to be followed to protect the safety and health of workers in a particular workplace, including a criterion for evaluating and selecting employers or procedures for monitoring employers;
- (h) does not contain a procedure for investigating incidents, dangerous occurrences and refusals to work;
- (i) does not contain a procedure for worker participation in workplace safety and health activities, including inspections and the investigation of incidents, dangerous occurrences and refusals to work; and
- (j) does not contain a procedure for reviewing and revising the workplace safety and health program every three years or more often if circumstances at a workplace change in a way that poses a risk to the safety or health of workers at the workplace.

39. By virtue of my role with MAHCP, I have observed safety and health programs that are applied inconsistently, are poorly documented, and fail to incorporate proactive procedures for investigating hazardous incidents or acts of workplace violence. Further, I have interacted with committee members who are frequently unaware of their duties or lack the support required to carry them out effectively.
40. The Violence Prevention Policy does not contain any individualized risk assessment of a particular facility and is instead relied upon at every Shared Health facility in the Province of Manitoba. Based on my review of the Violence Prevention Policy, I believe that Shared Health has failed to implement health and safety programs that meet the legislative requirements in section 7.4 of the *Act*.
41. I believe, based on my experience as a Senior Labour Relations Officer and Labour Relations Officer Safety Specialist, that the failures to have the abovementioned procedures materially contribute to less safe workplaces for MAHCP members and all Manitobans who frequent these health care sites.

42. After discovering that Shared Health had failed to comply with section 7.4 of the *Act*, I contacted the Branch on behalf of MACHP to request that the Branch investigate Shared Health's failure to establish a compliant workplace safety and health program. MACHP's attempts at contacting the Branch are attached hereto at **Exhibits 'B'** through **Exhibit 'I'** to my Affidavit, and addressed in greater detail at paragraphs 45 – 59 herein.
43. Despite raising the issue of Shared Health's non-compliance with section 7.4 of the *Act*, the Branch has not addressed or responded to Shared Health's continued failure to establish a written workplace safety and health program for workplaces with 20 or more workers.
44. The violations under sections 7.4, 40 (10), 41(8) of the *Act* and sections 11.6 and 11.7 of the Regulation against Shared Health are hereinafter referred to as the "**Violations**".

Attempts made to contact Government of Manitoba

45. In or around late 2024, I contacted the Branch on behalf of MACHP to notify it of Shared Health's ongoing Violations.

46. On or about December 17, 2024, I wrote an email to a health and safety officer from the Branch. Attached at **Exhibit "B"** to my Affidavit is a copy of the December 17 email.
47. In the December 17, 2024, email, I advised that:
- i. approximately 4515 MAHCP members were employed by Shared Health organizations;
 - ii. in September of 2024, a group of labour relations officers met with Shared Health employer representatives and requested information in relation to annual reporting on violent incidents in the workplace;
 - iii. Shared Health admitted to not being aware of those obligations, and did not know if any of the statistics were being tracked;
 - iv. MAHCP therefore filed a FIPPA request which requested that Shared Health provide information in relation to the violence in the workplace, including the annual reports and related documentation; and

v. in response, Shared Health advised that the requested information and records did not exist.

48. In addition to the lack of information of annual reporting on incidents of workplace violence, I also raised concerns to the Branch's health and safety officer that there were deficiencies in the requirement for safety and health committees at the majority of Shared Health workplaces, and lack of training for committee members.
49. I received no response from the Branch to my December 17, 2024 email at Exhibit 'B'. Therefore, on or about February 5, 2025, I sent a follow up email to the Branch. My February 5, 2025 email is attached at **Exhibit 'C'** to my Affidavit.
50. Once again, I received no response from the Branch to my February 5, 2025 email. Therefore, on April 9, 2025, I sent a follow up email, expressing frustration on the lack of response from the Branch. My April 9, 2025 is attached at **Exhibit 'D'** to my Affidavit.
51. On April 9, 2025, I received a response from the Branch requesting a call to discuss MAHCP's concerns. However, the health and safety office from the Branch did not call at the time that we had scheduled.

The April 9 – 10, 2025 email correspondence is attached hereto at **Exhibit 'E'** to my Affidavit.

52. Subsequently, on April 14, 2025, a third health and safety officer, Mr. Darren James, responded to my email. Mr. James requested further particulars of the deficient workplaces under Shared Health's purview. In response, I advised that:

- i. there were currently no active Health and Safety Committees within Shared Health's EMS operations outside the City of Winnipeg. Although one committee was previously established in the West Zone, it has met only a handful of times over the past three years and is no longer active. As such, approximately 700 paramedics were presently working without the protection of a properly constituted Health and Safety Committee;
- ii. MAHCP have been engaged in discussions with Shared Health for several months in an effort to establish such committees, yet no tangible progress has been made. I expressed concern as to how this issue was not identified during a workplace inspection.

iii. I asked the following questions of the Branch:

1) to which committee was the annual report of violence for EMS submitted?

2) will the Branch enforce workers' right to have competent and adequately trained managers and supervisors?

3) will the Branch investigate the absence of safety committees throughout Shared Health, particularly where employee numbers exceed legislative thresholds?

53. Some further discussions ensued between Mr. James and I between April 2025 and August 2025. Those emails are attached to my Affidavit at **Exhibit 'F'**.

54. On or about October 14, 2025, I followed up again with Mr. James and Jamey McMillan, a Project Manager with the Branch, to formally request an update from the Branch regarding unresolved concerns that MAHCP raised regarding Shared Health. My October 14, 2025 email is attached to my Affidavit at **Exhibit 'G'**. In my October 14 correspondence, I offered the following summary of MAHCP's engagement with the Branch:

- (a) **December 6, 2024 (1:10 PM):** I made a telephone call to the Branch outlining the Shared Health Violations to the Branch, which was referred to an officer of the Branch.
- (b) **December 9, 2024:** I received a return call from Officer Bloomfield and reiterated the Violations.
- (c) **March 19, 2025:** I left a voicemail with Officer Bloomfield seeking an update on our December telephone calls. No response was received.
- (d) **April 10, 2025 (8:50 AM):** I contacted Officer Bloomfield again, and was informed that she was unaware of further issues beyond violence reporting. The Officer admitted to not having any notes from our December conversation and stated that "*what I was asking for was very hard to do.*" I requested a meeting with her and her superior.
- (e) **April 14, 2025:** I was contacted by Mr. Darren James, who advised me that Officer Victoria Bloomfield had escalated our concerns. Based on my recollection of the conversation, I recall the discussion being productive regarding the lack of committees across Shared Health. Mr. James acknowledged the complexity but provided no concrete timelines.

(f) **June 9, 2025:** I received a written update. After the second fiscal quarter (Q2) concluded, I reached out again for a meeting or further information. A proposed meeting fell through after MAHCP asked for relevant documents in advance of the meeting. No follow-up occurred from the Branch.

(g) **October 10, 2025:** I received a call from Jamey McMillan, Project Manager for the healthcare project. Based on my recollection, the call was disappointing. It became clear to me that Jamey was unaware of the Violations that had previously been reported by MAHCP, and could not provide any substantive information regarding the lack of committees in Emergency Response Services, and provided me with no details regarding investigations that had taken place by the Branch. Jamey requested that MAHCP re-submit our concerns via email and suggested we could file a FIPPA request for improvement orders.

55. I concluded my email of October 14, 2025 to the Branch at Exhibit 'G' with a formal demand for: 1) an explanation as to why the province has not investigated the workplace safety violations reported in December 2024; 2) copies of all work orders and improvement orders issued to

Shared Health since December 2024; and 3) an in-person meeting to discuss these matters directly.

56. Mr. James provided a response on October 15, 2025. A copy of Mr. James' response is attached hereto at Exhibit 'H' to my Affidavit.
57. On or about October 20, 2025, I, together with Keely Richmond, the Executive Director of MAHCP, participated in a follow up meeting with the Jamey McMillan and Darren James. After the meeting, we were provided with the public reporting from Q2 in respect of the number of inspections and workplace safety and Health reporting that the Branch had performed between July 1 – September 30, 2025. Attached and marked as Exhibit "I" to my Affidavit is the October 20, 2025 email and Q2 Report provided by the Branch.
58. Ultimately, the result of the discussions with the Branch was that the Branch would not commit to reviewing Shared Health workplace's compliance with the *Act* and Regulations.
59. Despite the foregoing Violations being identified to the Branch by MAHCP, the Branch has refused and failed to enforce the requirements of the *Act* against Shared Health.

Government Inaction

60. Based on information obtained in the course of my role with MAHCP, I believe that the Province of Manitoba has been aware of security vulnerabilities at Shared Health's hospitals for a prolonged period of time.
61. In or around March of 2019, the Manitoba Government, under then-Health Minister Cameron Friesen, issued a Request for Proposals to review security programs, services, and systems at key healthcare facilities across the province. The Request for Proposals was issued by the Winnipeg Regional Health Authority on behalf of the Province. Based on my recollection and understanding of the context of the time period, there was a significant increase in methamphetamine-related violent incidents at healthcare facilities during this period of time.
62. Despite the Request for Proposal being issued over 7-years ago, the number of instances of workplace violence against healthcare workers has increased markedly.
63. I believe that the lack of enforcement efforts of the requirement under the *Act* from the Branch has contributed to the lack of improvement in Shared Health workplaces in the years following the issuance of

Request for Proposal. Moreover, I believe the Branch's decision to not enforce clear breaches of the Act has furthered the degradation of security and safety at the relevant facilities.

Impact of the Lack of Enforcement

64. Based on my experience in my role with MAHCP, I believe that incidents of workplace violence against healthcare workers have increased significantly over the past few years.
65. The recent safety concerns of healthcare workers have been well documented by the media. Several of the largest hospitals in Manitoba have been "grey listed" by unionized workers, including the Health Sciences Centre, the Thompson General Hospital, and St. Boniface Hospital. The designation of "grey listing" is a formal action which discourages nurses from seeking work at the designated facility. The purpose of the grey listing designation is to reflect the unsafe working conditions at those hospitals. Attached and marked hereto as **Exhibit 'L'** is an article from the Winnipeg Free Press, dated April 17, 2026, regarding the recent grey listing of several large healthcare facilities in Manitoba.

66. In the course of my duties with MAHCP, I have reviewed the Worker's Compensation Board ("**WCB**") data in respect of workplace violence against healthcare workers, through the workplace injury and illness statistics that are published annually by the WCB. The data, published by the WCB, is available through an online directory, accessible through the following link: <https://www.wcb.mb.ca/injury-and-illness-statistics/>.
67. Based on my review of the publicly available WCB injury and illness statistics, incidents of workplace violence and abuse against health care workers have nearly doubled between 2015 and 2024.
68. The following table lists the source of injuries in the workplace and the number of incidents for each year between 2015 and 2024, which I obtained through publicly available data provided by the Worker's Compensation Board's online directory:

Source of Injuries in Health Care											
Year		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Bodily Reaction and Exertion	Total	1,486	1,494	1,452	1,220	1,250	1,245	1,402	1,299	1,335	1,329
	Bodily Reaction	629	764	754	609	624	608	673	644	650	682
	Overexertion	727	605	592	532	545	543	636	540	565	527
	Repetitive Motion	130	125	106	79	81	94	93	115	120	120
Contact with Objects, Equipment	Total	234	258	249	228	212	220	269	250	330	286
	Struck by Objects	115	138	131	132	128	137	133	147	179	170
	Struck Against Objects	73	77	71	62	57	45	90	65	85	69
	Caught in Objects	42	40	45	30	23	31	40	33	63	45
	Rubbed or Abraded	4	3	2	4	4	7	6	5	3	2
Falls	Total	381	484	477	391	451	474	506	520	443	505
	Fall on Same Level	329	318	429	346	382	402	469	461	388	442
	Fall From Height	52	166	48	45	69	72	37	59	55	63
Exposure to Harmful Substances	Total	74	71	55	63	84	804	484	1,124	378	175
Assaults and Violent Acts by Person	Total	285	347	412	418	398	385	397	368	407	506
Transportation Accidents	Total	26	37	31	34	41	31	28	25	30	39
Fires and Explosions	Total		1	1							1
Unknown	Total	7	2	2	1	3	3	3		2	
Total		2,493	2,694	2,679	2,355	2,439	3,162	3,089	3,586	2,925	2,841

69. Moreover, in my role with MAHCP, I have reviewed data relating to the frequency of incidents of workplace violence against healthcare workers. For example, the publicly available WCB data demonstrates that the number of accepted WCB claims for violent injuries in the

workplace demonstrates that healthcare workers make up over 1/3rd of all violent injuries, despite only making up a fraction of the overall workforce in the Province of Manitoba. The data published through WCB demonstrates the number of accepted claims for violent injuries in the workplace for healthcare workers, which data is summarized in the following table:

Accepted WCB Claims for Violent Injuries 2024		
Occupation	Number of Violent Injuries	Percentage of All Violent Injuries
Nurse aides, orderlies and patient service associates	180	15.0%
Home support workers, housekeepers and related occupations	150	12.5%
Registered nurses and registered psychiatric nurses	86	7.2%

70. Importantly, the data set out in the table above is limited to instances of violence which were reported to WCB and for which claims were made. Therefore, the total number of instances of workplace violence is necessarily higher, as not every instance of workplace violence will result in a WCB claim. However, the total number of instances of violence is not known to MAHCP, due to Shared Health's failure to compile and report on the data, and the Branch's continued refusal to enforce the legislation.

Inspections and Improvement Orders

71. Recently, MAHCP requested a list of all of the improvement orders issued by the Branch against Shared Health Workplaces, which the Branch subsequently provided. Based on my review, a total of 54 Report Forms and Improvement Order forms were issued between February 2024 and February 2026.

72. I have reviewed the 54 Report Forms and Improvement Orders provided by Branch. Based on my review, I believe that there are issues with the scope and methodology of the Branch's Orders, including:

(a) the employers listed are not accurate;

(b) there is no evidence of where the orders were posted, and therefore, there is no ability to determine if improvement orders were rectified;

(c) there are issues which, if present at one site, would likely be present at other sites, without any indication of a follow up inspection to the other similar sites; and

(d) the Orders contain reference to non-Shared Health facilities.

73. In the course of my role with MAHCP, I have obtained statistics relating to the number of inspections which have been performed by the Branch between 2023 – 2026, inclusive of the inspections that are performed by the Branch in a particular industry.
74. Attached and marked hereto as **Exhibit “M”** to my Affidavit is a copy of the Workplace Safety and Health Public Report from January 1 – March 31, 2026 (the “**Workplace Safety and Health Public Report**”). The Workplace Safety and Health Public Report was provided by the Government of Manitoba, in response to a request made by MAHCP.
75. In the Workplace Safety and Health Public Report at **Exhibit ‘N’**, there were 7,297 inspections reported in 2025/2026. The percentage of inspections which were received against the healthcare industry specifically is listed at 6% of the total inspections. Further, the report states that the healthcare industry is responsible for 6% of contraventions.
76. For context, the industries subject to a similar percentage of inspections are education (7%); mines, quarries and oil wells (5%); and public administration and defence (4%).

Conclusion

77. In my role as a Senior Labour Relations Officer with MAHCP, I have observed numerous Shared Health workplaces that exhibit deficient safety measures. Shared Health has committed and continues to commit numerous, clear Violations which do not conform to the requirements of the *Act*.
78. Based on my experience through my role with MAHCP, I believe that Healthcare workers are uniquely vulnerable to workplace violence and safety concerns. The inadequate safety measures and Violations have resulted in ongoing and serious risks to healthcare workers and MAHCP members across the Province of Manitoba.
79. MAHCP has continuously raised the aforementioned issues with Shared Health but Shared Health has, and continues, to blatantly and flagrantly ignored the *mandatory* provisions of the *Act*. In light of Shared Health's conduct, MAHCP turned to the body who's mandate necessarily includes ensuring that the mandatory language of the *Act* is adhered to.

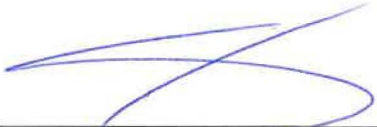
80. Accordingly, MAHCP has notified the Branch of the Shared Health's ongoing Violations to the *Act*. However, those efforts have ultimately not resulted in any meaningful action by the Branch to investigate or enforce Shared Health's compliance with the statutory requirements of the *Act*.

81. The failures of the Branch to enforce the *Act* and *Regulation* have had tangible and adverse consequences for healthcare workers, including rising rates of workplace injury and violence against healthcare workers in Manitoba.

82. I make this Affidavit in good faith.

AFFIRMED before me at)
the City of Winnipeg, in the)
Province of Manitoba, this)
4th day of June, 2026)


A Notary Public)
in and for the Province of Manitoba)


CORY SZCZEPANSKI

This is Exhibit "A" to the Affidavit of
Cory Szczepanski, affirmed the 4th day
of June, 2026.

A Barrister and Solicitor in and for the
Province of Manitoba

November 25, 2024

Tim Smith
101-1500 Notre Dame Avenue
Winnipeg MB R3E 0P9

Dear Tim Smith:

Re: Your request for access to information under Part 2 of
The Freedom of Information and Protection of Privacy Act:
(Our File No. SH 2024/25-034-679307)

On October 10, 2024, Shared Health received your request for access to the following records:

SH2024/25-034-679307

"For Emergency Response Services, for each year from 2019/20 to present, broken down by operational zone:

- 1) How many incidents involving workplace violence were reported to Shared Health by paramedics?
- 2) How many reported incidents were reviewed by Shared Health?
- 3) How many incidents were referred to police?
- 4) How many times were charges laid?
- 5) How many incidents incurred work time lost?
- 6) Please provide any related documentation or reports from each incident.
- 7) Please provide annual reports respecting violence in the workplace as required in Article 11 of the Workplace Safety and Health Act Regulation 217/2006."

Please note records do not exist currently, within Shared Health. Therefore, under section 12(1)(c)(i) of *The Freedom of Information and Protection of Privacy Act* this information cannot be provided because it does not exist.

- 12(1) In a response under section 11, the head of the public body shall inform the applicant
- (c) if access to the record or part of the record is refused,
- (i) in the case of a record that does not exist or cannot be located, that the record does not exist or cannot be located.

Subsection 59(1) of *The Freedom of Information and Protection of Privacy Act* provides that you may make a complaint about our decision respecting your request for access to the Manitoba Ombudsman. You have 60 days from the receipt of this letter to make a complaint on the prescribed form to:

Manitoba Ombudsman
750 - 500 Portage Avenue
Winnipeg, MB R3C 3X1
204 982-9130
1-800-665-0531

If you have any questions regarding this letter, please contact Tiffany Dewan Reimer, Access and Privacy Officer in writing at 15th floor, 155 Carlton Street, Winnipeg MB R3C 3H8 or by telephone at (204) 792-0810.

Sincerely,

Original signed by TDR

Christina Von Schindler
Access and Privacy Coordinator

CVS/tdr

This is Exhibit “B” to the Affidavit of
Cory Szczepanski, affirmed the 4th day
of June, 2026.

A Barrister and Solicitor in and for the
Province of Manitoba

Cory Szczepanski

From: Cory Szczepanski
Sent: December 17, 2024 2:30 PM
To: Bloomfield, Victoria
Subject: RE: follow up

Hi Victoria,

Yes, likewise it was great to have a conversation on this important issue and we thank you for your willingness to look into the discrepancies.

As we discussed there are 3 employer organizations in MB health and they are Shared Health approx. 4515 MAHCP members, WCREO (Winnipeg Churchill Regional Employer Organization) approx. 2231 MAHCP members and the NREO (Northern Region Employer Organization) approx. 150 MAHCP members.

MAHCP has concentrated on obtaining the data from Shared Health more recently due to our belief that violent incidents with employees of that employer have been escalating over the last several years.

In September of 2024 (error of the year in the complaint letter submission) a group of labour relations officers from MAHCP met with Shared Health employer representatives from ERS division of Shared Health and asked for information in relation to 11.7 (1)(2) Annual report on violent incidents. The employer admitted to not being aware of the obligations and did not know if any statistics were tracked.

MAHCP filed a freedom of information request with Shared Health and received the below response :

*Re: Your request for access to information under Part 2 of
The Freedom of Information and Protection of Privacy Act:
(Our File No. SH 2024/25-034-679307)*

*On October 10, 2024, Shared Health received your request for access to the following records:
SH2024/25-034-679307*

"For Emergency Response Services, for each year from 2019/20 to present, broken down by operational zone:

- 1) How many incidents involving workplace violence were reported to Shared Health by paramedics?*
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- 5) How many incidents incurred work time lost?*
- 6) Please provide any related documentation or reports from each incident.*
- 7) Please provide annual reports respecting violence in the workplace as required in Article 11 of the Workplace Safety and Health Act Regulation 217/2006."*

Please note records do not exist currently, within Shared Health. Therefore, under section 12(1)(c)(i) of The Freedom of Information and Protection of Privacy Act this information cannot be provided because it does not exist.

*12(1) In a response under section 11, the head of the public body shall inform the applicant
(c) if access to the record or part of the record is refused,*

- (i) in the case of a record that does not exist or cannot be located, that the record does not exist or cannot be located.*

The response is a concern and has led to MAHCP contacting Manitoba Safety and Health
As I had mentioned in our call there are 3 main pillars of Shared Health, and they are:

ERS (emergency response services) This group represents around 700 employees
that has oversight of
-EMS all paramedics outside of Winnipeg, Brandon and Thompson
-Adult and child transport teams

- Manitoba Transportation communication centre (rural 911 and dispatch)
- Vectrs (online medical support and transport consultation)

Diagnostic imaging and Labs that has oversight over
MRI, CT, Ultrasound, Xray and other imaging services in facilities across the province
Along with all of the labs and blood work outside of an employer called dynacare
This group of employees is somewhere around 2500 people
Sites include but not limited to
-Cadham Labs
-Interlake- PMH- NRHA- Southern
-Westman labs
-Winnipeg hospital labs

Community mental health and addictions
Include sites but not limited to
Selkirk mental health
Former AFM
Crisis response centre
Eden Mental health
PACT/FACT

Along with the complaint of the lack of information being tracked or provided to workers within shared health we are also concerned that
We do not have functioning Shared Health safety and health committees for a majority of the areas Shared Health has employees represented, although some do exist.
Our main concern of the lacking committees falls under ERS and DI/Labs, the employer has relied on the use of facility committees, something we have objected to.
Regional facilities are not the employer of the shared health employees who may work within the region or facility and they do not have a vote or voice at the committee level they are considered observers.
Another issue is the lack of training for committee members along with supervisors and managers, there is a lack of knowledge of the obligations people with supervisory duties have.

I hope this is enough information or background for you to look into, please let me know if you have more questions or need anything else from me.

Thank you



Cory Szczepanski
Senior Labour Relations Officer

Cell: 204-914-1936 | Toll-Free: 1-800-315-3331
Email: cory@mahcp.ca www.mahcp.ca

We respectfully recognize that our office is on the original lands of the Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and on the homeland of the Red River Métis.

Upcoming Absences:

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From: Bloomfield, Victoria <Victoria.Bloomfield@gov.mb.ca>
Sent: December 9, 2024 3:22 PM
To: Cory Szczepanski <cory@mahcp.ca>
Subject: follow up

Hi Cory,

Was nice chatting with you today. Just for clarity I have attached the bulletin for report serious incidents. If an incident / injury meets the definition than yes, it needs to be reported to us. However, the employer is still required to investigate whether it meets that definition or not.

As per our conversation can you provide a recap / breakdown of the area concerns discussed. What areas are struggling etc. regarding committee functioning, any specific incidents you feel should have been reported to us that were not?

The more information / understanding I have the better. Thanks a bunch Cory, chat soon.

Victoria Bloomfield

Safety and Health Officer
Workplace Safety and Health Branch
Department of Labour and Immigration
200 – 401 York Avenue
Winnipeg MB R3C 0P8
Cell 204-479-0806
Office 204-957-7233 (SAFE)
Fax 204-948-2209
victoria.bloomfield@gov.mb.ca

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This is Exhibit "C" to the Affidavit of
Cory Szczepanski, affirmed the 4th day
of June, 2026.

A Barrister and Solicitor in and for the
Province of Manitoba

Cory Szczepanski

From: Cory Szczepanski
Sent: February 5, 2025 10:44 AM
To: Bloomfield, Victoria
Subject: FW: follow up
Attachments: reporting serious incidents.pdf

Good day Victoria,

I am following up on the issues I had raised with you around Christmas, do you have anything you are able to update me with ?

Or anything more I could help you with ?

Thank you



Cory Szczepanski
Senior Labour Relations Officer

Cell: 204-914-1936 | Toll-Free: 1-800-315-3331
Email: cory@mahcp.ca www.mahcp.ca

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As per our conversation can you provide a recap / breakdown of the area concerns discussed. What areas are struggling etc. regarding committee functioning, any specific incidents you feel should have been reported to us that were not?

The more information / understanding I have the better. Thanks a bunch Cory, chat soon.

Victoria Bloomfield
Safety and Health Officer

Workplace Safety and Health Branch
Department of Labour and Immigration
200 – 401 York Avenue
Winnipeg MB R3C 0P8
Cell 204-479-0806
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victoria.bloomfield@gov.mb.ca

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Cory Szczepanski, affirmed the 4th day
of June, 2026.

A Barrister and Solicitor in and for the
Province of Manitoba

Cory Szczepanski

From: Cory Szczepanski
Sent: April 9, 2025 4:17 PM
To: Bloomfield, Victoria
Subject: Shared health complaints

Good afternoon Victoria,

I am once again reaching out and requesting some sort of response from your office. I have not heard back from anyone since raising concerns in mid December of 2024.

If you are not able to or unwilling to speak with me about the series of concerns I made to the safety and health branch please let me know.

I am not sure if this is a normal part of the process, but the lack of communication to several requests for a follow up is very frustrating.

Thank you



Cory Szczepanski
Senior Labour Relations Officer

Cell: 204-914-1936 | Toll-Free: 1-800-315-3331
Email: cory@mahcp.ca www.mahcp.ca

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This is Exhibit "E" to the Affidavit of
Cory Szczepanski, affirmed the 4th day
of June, 2026.

A Barrister and Solicitor in and for the
Province of Manitoba

Cory Szczepanski

From: Cory Szczepanski
Sent: April 10, 2025 8:40 AM
To: Bloomfield, Victoria
Subject: Re: Shared health complaints

Are you still calling me this morning? I have meetings starting at 9

Get [Outlook for Android](#)

From: Bloomfield, Victoria <Victoria.Bloomfield@gov.mb.ca>
Sent: Wednesday, April 9, 2025 5:04:49 PM
To: Cory Szczepanski <cory@mahcp.ca>
Subject: Re: Shared health complaints

Hi Cory,

It has been beyond hectic for me, but I will contact you tomorrow.

In regards to your concerns raised I thought the explanation/ clarification on the definition of a “serious incident” and the reporting requirements etc was more what you wanted. I had provided the bulletin as a reference. I hope you can appreciate we deal with multiple employers at a time, however my apologies for not responding to you reaching out.

Our legislation is very clear on the requirements for a violence prevention policy, the required content of that policy and the requirement of an annual report.

Correct me if I’m wrong but your concern is the “employer” is not investigating the incidents of violence?

When dealing with each different health authority over the years, I’d say it’s fair to say they do have the correct policies in place ? Your concern is just they are being followed?

I’m at home now and not at my PC currently, but I will commit time to you after my 815 am meeting and before I head out for the day.

We enforce an employer has a policy and in the policy it states they must investigate those incidents.

I will call you tomorrow around 830 give or take, our morning meeting is typically short.

Thank you,
Victoria

Sent from my iPhone

On Apr 9, 2025, at 4:16 PM, Cory Szczepanski <cory@mahcp.ca> wrote:

You don't often get email from cory@mahcp.ca. [Learn why this is important](#)

Good afternoon Victoria,

I am once again reaching out and requesting some sort of response from your office. I have not heard back from anyone since raising concerns in mid December of 2024.

If you are not able to or unwilling to speak with me about the series of concerns I made to the safety and health branch please let me know.

I am not sure if this is a normal part of the process, but the lack of communication to several requests for a follow up is very frustrating.

Thank you



Cory Szczepanski
Senior Labour Relations Officer

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Cory Szczepanski, affirmed the 4th day
of June, 2026.

A Barrister and Solicitor in and for the
Province of Manitoba

Cory Szczepanski

From: James, Darren <Darren.James@gov.mb.ca>
Sent: April 14, 2025 10:51 AM
To: Cory Szczepanski
Subject: Tip follow up- Shared Health Workplace Violence Reporting

Good morning Cory,

SHO Victoria Bloomfield has communicated your concerns regarding this workplace safety and health tip to me. Because your concerns broadly relate to a number of workplaces, I will respond on behalf of WSH.

Each year, WSH undertakes proactive enforcement projects which are outlined on our website. One of these ongoing projects is in the Health Care sector which includes all Shared Health worksite locations including the EMS and Patient Handling account. A number of both urban and rural EMS locations have been inspected in the last 12 months, with more planned to be inspected throughout 2025. The topic of workplace violence prevention is a primary inspection discussion, and Officers ask questions about violence prevention policies that have been developed and implemented, as well as the employer's obligation to investigate and implement control measures, and to prepare an annual report of violence that is shared with the committee at the workplace.

These inspections will continue in 2025. If you have any specific information related to a particular workplace where systems have either not been implemented or are not followed, please feel free to communicate those concerns to me for inclusion in our proactive project.

Please feel free to contact me should you have any other questions or information to share.

Regards and nice day,
Darren

Darren James (him/he/his)
Regional Manager- Inspections Services Unit
Workplace Safety and Health Branch
Labour and Immigration
200-401 York Av, Winnipeg MB
Phone 204.232.0178 Fax 204.948.2209
Treaty 1 and Dakota Territory, Home of the Red River Metis

Website: www.manitoba.ca/labour/safety/
Email: darren.james@gov.mb.ca

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Cory Szczepanski

From: James, Darren <Darren.James@gov.mb.ca>
Sent: April 15, 2025 7:59 AM
To: Cory Szczepanski
Cc: Jason Linklater
Subject: RE: Tip follow up- Shared Health Workplace Violence Reporting

Good morning Cory.

Thanks very much for your email, and for your input and knowledge about the matters you've raised. I appreciate your comments and concerns.

I am going to elevate our discussion to our Executive Director Crystal Baldwin for her awareness. I am also engaging my co-manager Jamey McMillan who coordinates our proactive projects in the health care sector.

Id like to talk. Would you have time for a call this morning? After 9 am maybe?

Thanks
Darren
204-232-0178

From: Cory Szczepanski <cory@mahcp.ca>
Sent: April 14, 2025 1:57 PM
To: James, Darren <Darren.James@gov.mb.ca>
Cc: Jason Linklater <president@mahcp.ca>
Subject: RE: Tip follow up- Shared Health Workplace Violence Reporting

Hi James,

Thank you for your response regarding our ongoing health and safety concerns. As you may recall, these issues were initially brought forward in December 2024. You are now the third officer I have spoken with regarding this matter.

It is important to reiterate that there are currently no active Health and Safety Committees within EMS operations outside the City of Winnipeg. Although one committee was previously established in the West Zone, it has met only a handful of times over the past three years and is no longer active. As such, approximately 700 paramedics are presently working without the protection of a properly constituted Health and Safety Committee, as required under current legislation.

We have been engaged in discussions with the employer for several months in an effort to establish such committees, yet no tangible progress has been made. I am concerned as to how this issue was not identified during a workplace inspection. While there are some smaller EMS stations with fewer than 20 employees, many locations do exceed that threshold and should therefore have functioning committees in place.

This issue is not unique to EMS. Diagnostic Imaging and Laboratory departments across the province face similar challenges—some may have active committees, while many do not. The employer, Shared Health, has relied on facility or regional committees to address these responsibilities. However, this approach does not comply with legislation, which places the duty of care squarely on the employer, regardless of the employee’s physical work location.

Furthermore, participation in the committee of a separate employer does not afford our members the same protections and rights as those outlined in legislation. Shared Health must take direct responsibility for ensuring a safe work environment for all of its employees.

Additionally, we submitted a Freedom of Information request to Shared Health regarding the annual reporting of violent incidents. We received a formal response stating that Shared Health does not maintain records or track such incidents. This directly contradicts any assertion that violence data is being accurately reported or monitored.

These questions arose following a series of violent assaults on paramedics while on duty—incidents that required medical treatment due to injuries such as lacerations. In our view, none of these incidents in 2024 (or in previous years under Shared Health’s oversight) have received appropriate investigation or follow-up with affected employees.

Another matter of concern raised by MAHCP involves the alleged lack of training provided to supervisors, lead hands, or others performing supervisory duties—something we believe is a clear violation of workplace safety standards.

Accordingly, I would appreciate your response to the following questions:

- 1. To which committee was the annual report of violence for EMS submitted?**
- 2. Will the Branch enforce workers' right to have competent and adequately trained managers and supervisors?**
- 3. Will the Branch investigate the absence of safety committees throughout Shared Health, particularly where employee numbers exceed legislative thresholds?**

Thank you for your attention to these serious and unresolved matters. I look forward to your timely response.

Sincerely,



Cory Szczepanski

Senior Labour Relations Officer

Cell: 204-914-1936 | Toll-Free: 1-800-315-3331

Email: cory@mahcp.ca www.mahcp.ca

Cory Szczepanski

From: Cory Szczepanski
Sent: April 16, 2025 10:01 AM
To: James, Darren
Subject: RE: MAHCP Site Lists of employers

I do not have a thorough understanding of the situation they are city employees who the city of Winnipeg pays for but shared health is the contract services agreement.
The city pays their pay cheque



Cory Szczepanski
Senior Labour Relations Officer

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From: James, Darren <Darren.James@gov.mb.ca>
Sent: April 16, 2025 9:58 AM
To: Cory Szczepanski <cory@mahcp.ca>
Subject: RE: MAHCP Site Lists of employers

I will summarize here-
I wanted to confirm my understanding with you that EMS within the city of Winnipeg are COW employees and not shared health. Because of this, WCB has the rural EMS workers in Health Care while COW paramedics are part of Public Administration

Darren

From: Cory Szczepanski <cory@mahcp.ca>
Sent: April 16, 2025 9:53 AM
To: James, Darren <Darren.James@gov.mb.ca>
Subject: RE: MAHCP Site Lists of employers

Hi Darren

I should be able to chat around 1130 if that works for you ?



Cory Szczepanski
Senior Labour Relations Officer

Cell: 204-914-1936 | Toll-Free: 1-800-315-3331
Email: cory@mahcp.ca www.mahcp.ca

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From: James, Darren <Darren.James@gov.mb.ca>
Sent: April 16, 2025 9:20 AM
To: Cory Szczepanski <cory@mahcp.ca>
Subject: RE: MAHCP Site Lists of employers

Hi Cory- thank you for this email.

Do you have a moment for a short phone call this morning?
Darren

From: Cory Szczepanski <cory@mahcp.ca>
Sent: April 15, 2025 11:16 AM
To: James, Darren <Darren.James@gov.mb.ca>
Subject: MAHCP Site Lists of employers

Hi Darren,

Thank you again for the conversation this morning. I spoke with my executive director who assured me there was no issues with sharing these lists with you.
There is a NRHA site list along with Shared Health and WCHREO.

Many of the programs listed on the Shared health site list are spread across the province and have employees located in different regions and facilities, please reach out if you have any questions.



Cory Szczepanski
Senior Labour Relations Officer

Cell: 204-914-1936 | Toll-Free: 1-800-315-3331
Email: cory@mahcp.ca www.mahcp.ca

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Cory Szczepanski

From: James, Darren <Darren.James@gov.mb.ca>
Sent: April 16, 2025 9:58 AM
To: Cory Szczepanski
Subject: RE: MAHCP Site Lists of employers

I will summarize here-

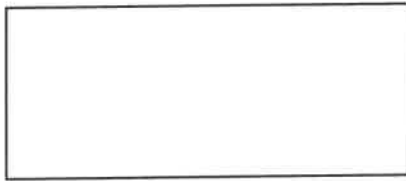
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Darren

From: Cory Szczepanski <cory@mahcp.ca>
Sent: April 16, 2025 9:53 AM
To: James, Darren <Darren.James@gov.mb.ca>
Subject: RE: MAHCP Site Lists of employers

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Cory Szczepanski
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Sent: April 16, 2025 9:20 AM
To: Cory Szczepanski <cory@mahcp.ca>
Subject: RE: MAHCP Site Lists of employers

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Do you have a moment for a short phone call this morning?
Darren

From: Cory Szczepanski <cory@mahcp.ca>
Sent: April 15, 2025 11:16 AM

To: James, Darren <Darren.James@gov.mb.ca>

Subject: MAHCP Site Lists of employers

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Cory Szczepanski

From: Cory Szczepanski
Sent: June 3, 2025 11:41 AM
To: James, Darren
Subject: RE: MAHCP Site Lists of employers

Hi Darren,

Wondering if you are able to update me on the issues that have been raised ?

Thank you



Cory Szczepanski
Senior Labour Relations Officer

Cell: 204-914-1936 | Toll-Free: 1-800-315-3331
Email: cory@mahcp.ca www.mahcp.ca

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Sent: April 16, 2025 9:58 AM
To: Cory Szczepanski <cory@mahcp.ca>
Subject: RE: MAHCP Site Lists of employers

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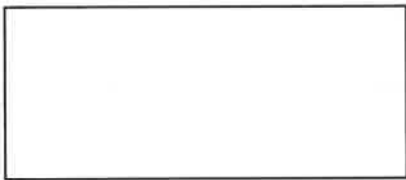
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Darren

From: Cory Szczepanski <cory@mahcp.ca>
Sent: April 16, 2025 9:53 AM
To: James, Darren <Darren.James@gov.mb.ca>
Subject: RE: MAHCP Site Lists of employers

Hi Darren

I should be able to chat around 1130 if that works for you ?



Cory Szczepanski
Senior Labour Relations Officer

Cell: 204-914-1936 | Toll-Free: 1-800-315-3331
Email: cory@mahcp.ca www.mahcp.ca

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Subject: RE: MAHCP Site Lists of employers

Hi Cory- thank you for this email.

Do you have a moment for a short phone call this morning?
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From: Cory Szczepanski <cory@mahcp.ca>
Sent: April 15, 2025 11:16 AM
To: James, Darren <Darren.James@gov.mb.ca>
Subject: MAHCP Site Lists of employers

Hi Darren,

Thank you again for the conversation this morning. I spoke with my executive director who assured me there was no issues with sharing these lists with you.
There is a NRHA site list along with Shared Health and WCHREO.

Many of the programs listed on the Shared health site list are spread across the province and have employees located in different regions and facilities, please reach out if you have any questions.



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Cory Szczepanski

From: James, Darren <Darren.James@gov.mb.ca>
Sent: June 9, 2025 8:06 AM
To: Cory Szczepanski
Subject: RE: MAHCP Site Lists of employers

Good morning-

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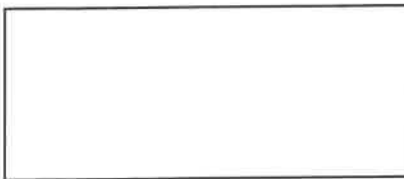
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To: Cory Szczepanski <cory@mahcp.ca>
Subject: RE: MAHCP Site Lists of employers

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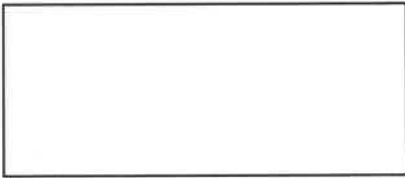
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Hi Darren,

Cory Szczepanski

From: Cory Szczepanski
Sent: August 14, 2025 11:54 AM
To: 'James, Darren'
Subject: RE: MAHCP Site Lists of employers

Good day Darren

Wondering if we can set up a meeting to discuss any findings and fill you in on what I have been trying to accomplish with Shared health.
Let me know if you have any availability in the coming days, we could do a call or met up in person if you have the time.

Look forward to hearing from you



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From: James, Darren <Darren.James@gov.mb.ca>
Sent: August 19, 2025 10:50 AM
To: Cory Szczepanski
Cc: McMillan, Jamey
Subject: RE: MAHCP Site Lists of employers

Good morning Cory,

Thanks for your email and apologies for the delay responding.

Happy to meet later this week or maybe next week early. I'd like to pull together a summary of activities since April. Also interested in your update.

I've copied Jamey McMillan- he is overseeing the Health Care project. He will be in touch with you to sort the details if that's ok.

Thanks
Darren

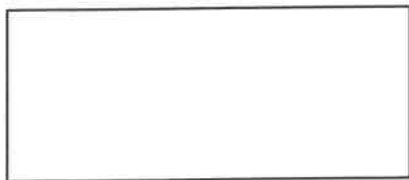
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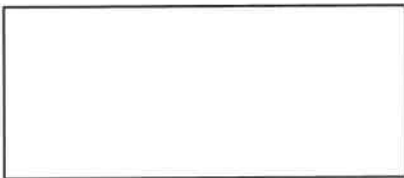
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From: McMillan, Jamey <Jamey.McMillan@gov.mb.ca>

Sent: August 21, 2025 10:44 AM

To: Cory Szczepanski <cory@mahcp.ca>

Subject: FW: MAHCP Site Lists of employers

Good morning Cory,

Darren and I would be happy to meet with you next week. I'm away on Monday, would Tuesday or Wednesday work? We would be fine with a Teams meeting or in person at our head office. Let me know if the dates work and meeting preference and I will schedule something up as soon as I can.

Thanks,

Jamey McMillan

Department of Labour and Immigration

Workplace Safety and Health

Inspection Services Unit

Regional Manager

200-401 York Avenue

Winnipeg, Manitoba

R3C 0P8

Phone #204-232-0180

Fax # 204-948-2209

E-mail address: jamey.mcmillan@gov.mb.ca



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From: James, Darren <Darren.James@gov.mb.ca>

Sent: August-19-25 10:50 AM

To: Cory Szczepanski <cory@mahcp.ca>

Cc: McMillan, Jamey <Jamey.McMillan@gov.mb.ca>

Subject: RE: MAHCP Site Lists of employers

Good morning Cory,

Thanks for your email and apologies for the delay responding.

Cory Szczepanski

From: Cory Szczepanski
Sent: August 21, 2025 2:48 PM
To: 'McMillan, Jamey'
Subject: RE: MAHCP meeting request

Hi Jamey,

Thank you for your reply and the invitation. Would it be possible to look at scheduling the meeting for next Friday early afternoon? I'm currently working to coordinate availability with our President, Jason Linklater, and our Executive Director, Keely Richmond, as they would both like to attend.

Ahead of the meeting, we are requesting an update regarding what actions have been taken to address the concerns we raised. We would appreciate receiving a summary of where things currently stand and what has been done in preparation for this review.

To be candid, our frustration with the delays from Shared Health and the lack of a formal committee structure in labs and DI along with EMS has reached a critical point. In recent months, we've participated in multiple meetings where we've raised serious concerns about:

- Unmet education commitments
- The absence of proper committee creation
- Insufficient time allocated for worker representatives to participate in committee work
- A lack of education and oversight processes

These issues were first brought to your office's attention in December 2024. We are now expecting a comprehensive and timely response to these ongoing violations.

We would also like to ensure we are properly prepared for a productive meeting, which is why receiving an update in advance is essential.

We look forward to your reply.

Best regards,



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Cory Szczepanski

From: McMillan, Jamey <Jamey.McMillan@gov.mb.ca>
Sent: August 22, 2025 9:26 AM
To: Cory Szczepanski
Cc: James, Darren
Subject: RE: MAHCP meeting request

Good morning Cory,

Before I make changes to the meeting, I would like to discuss that with my Executive Director before I confirm a time. She is away till Tuesday so I can confirm a meeting time with you sometime after that. It would be helpful for Darren and I to have a quick pre-meeting phone conversation with you today if possible. Let me know if that's possible and what time would be work for you.

Thanks,

Jamey McMillan

Department of Labour and Immigration
Workplace Safety and Health
Inspection Services Unit
Regional Manager
200-401 York Avenue
Winnipeg, Manitoba
R3C 0P8
Phone #204-232-0180
Fax # 204-948-2209
E-mail address: jamey.mcmillan@gov.mb.ca



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To: Cory Szczepanski <cory@mahcp.ca>
Subject: FW: MAHCP Site Lists of employers

Good morning Cory,

Cory Szczepanski

From: McMillan, Jamey <Jamey.McMillan@gov.mb.ca>
Sent: August 26, 2025 3:25 PM
To: Cory Szczepanski
Subject: FW: MAHCP meeting request

Good afternoon Corey,
Unfortunately Darren is scheduled to be away this Friday and next Tuesday. Would we be able to schedule a meeting sometime next week between Wednesday & Friday?

Thanks,

Jamey McMillan

Department of Labour and Immigration

Workplace Safety and Health

Inspection Services Unit

Regional Manager

200-401 York Avenue

Winnipeg, Manitoba

R3C 0P8

Phone #204-232-0180

Fax # 204-948-2209

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This is Exhibit "G" to the Affidavit of
Cory Szczepanski, affirmed the 4th day
of June, 2026.

A Barrister and Solicitor in and for the
Province of Manitoba

I am following up once again to formally request a comprehensive update from the Branch regarding the longstanding and unresolved concerns we've raised about Shared Health. As has been repeatedly communicated, Shared Health remains in direct violation of the legislation due to its failure to establish Safety and Health Committees. This issue has been with your office since December 2024. It is one of several serious violations we have flagged — and, quite frankly, we expected timely and appropriate action from the very Branch tasked with enforcing the Act and its associated legislation.

To summarize our engagement to date:

- **December 6, 2024 (1:10 PM):** Initial phone call to the Branch outlining several Shared Health violations; referred to a City of Winnipeg officer.
- **December 9, 2024:** Received return call from Officer Bloomfield and reiterated the violations.
- **March 19, 2025:** Left a voicemail seeking an update — no response.
- **April 10, 2025 (8:50 AM):** Contacted Officer Bloomfield again. Was informed they were unaware of further issues beyond violence reporting. Officer admitted not having notes from our December conversation and stated that “what I was asking for was very hard to do.” I requested a meeting with her and her superior, expressing the urgency.
- **April 14, 2025:** Darren James contacted us, confirming that SHO Victoria Bloomfield had escalated our concerns. We had a productive discussion regarding the lack of committees across Shared Health. Darren acknowledged the complexity but provided no concrete timelines.
- **June 9, 2025:** Received a written update. After Q2 concluded, we again reached out for a meeting or further information. A proposed meeting fell through after the Association asked for relevant documents in advance. No follow-up occurred.
- **October 10, 2025:** Received a call from Jamey McMillan, Project Manager for the healthcare project. The call was, unfortunately, deeply disappointing. It became clear that Jamey was unaware of the violations we've reported, could not speak to the lack of committees in ERS, and had no details regarding any investigations. Jamey requested we re-submit our concerns via email and suggested we could file a FIPPA request for improvement orders — information that should already be available and shared in the interest of transparency.

This ongoing lack of communication, accountability, and action is unacceptable — and potentially in violation of legal obligations.

We are now formally demanding the following:

1. An explanation as to why the province has not investigated the workplace safety violations reported in December 2024.
2. Copies of all work orders and improvement orders issued to Shared Health since December 2024.
3. An in-person meeting with both of you before the end of October to discuss these matters directly.

Please treat this request with the urgency it demands. Continued inaction places workers at risk and undermines the legislative framework your Branch is mandated to uphold.

Cory Szczepanski

Senior Labour Relations Officer

Cell: 204-914-1936 | Toll-Free: 1-800-315-3331

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Subject: RE: MAHCP Site Lists of employers

Good morning-

WSH is implementing our adjusted Health Care proactive inspection project for Q2. Specifically we have sought and received location and injury information about ERS, D.I., and other specific units your raised as concerns. Health Care is one of 8 major sector projects currently underway, and safety and health officers have been committed specifically to each project. These activities are ongoing from previous projects with additional focus on the topics raised in your emails and during our discussions. If you contact me in Mid July, I could share our Q1 inspection stats (April-June) to illustrate the attention in the sector. However, I suspect Q2 report will be more reflective of the recent adjustments made.

Hope this is of value-

Darren

From: Cory Szczepanski <cory@mahcp.ca>

Sent: June 3, 2025 11:41 AM

To: James, Darren <Darren.James@gov.mb.ca>

Subject: RE: MAHCP Site Lists of employers

Hi Darren,

Wondering if you are able to update me on the issues that have been raised ?

Thank you

Cory Szczepanski

Senior Labour Relations Officer

Cell: 204-914-1936 | **Toll-Free:** 1-800-315-3331

Email: cory@mahcp.ca www.mahcp.ca

We respectfully recognize that our office is on the original lands of the Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and on the homeland of the Red River Métis.

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From: James, Darren <Darren.James@gov.mb.ca>

Sent: April 16, 2025 9:58 AM

To: Cory Szczepanski <cory@mahcp.ca>

Subject: RE: MAHCP Site Lists of employers

I will summarize here-

I wanted to confirm my understanding with you that EMS within the city of Winnipeg are COW employees and not shared health. Because of this, WCB has the rural EMS workers in Health Care while COW paramedics are part of Public Administration

Darren

From: Cory Szczepanski <cory@mahcp.ca>

Sent: April 16, 2025 9:53 AM

To: James, Darren <Darren.James@gov.mb.ca>

Subject: RE: MAHCP Site Lists of employers

Hi Darren

I should be able to chat around 1130 if that works for you ?

Cory Szczepanski

Senior Labour Relations Officer

Cell: 204-914-1936 | Toll-Free: 1-800-315-3331

Email: cory@mahcp.ca www.mahcp.ca

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From: James, Darren <Darren.James@gov.mb.ca>

Sent: April 16, 2025 9:20 AM

To: Cory Szczepanski <cory@mahcp.ca>

Subject: RE: MAHCP Site Lists of employers

Hi Cory- thank you for this email.

Do you have a moment for a short phone call this morning?

Darren

From: Cory Szczepanski <cory@mahcp.ca>

Sent: April 15, 2025 11:16 AM

To: James, Darren <Darren.James@gov.mb.ca>

Subject: MAHCP Site Lists of employers

Hi Darren,

Thank you again for the conversation this morning. I spoke with my executive director who assured me there was no issues with sharing these lists with you.

There is a NRHA site list along with Shared Health and WCHREO.

Many of the programs listed on the Shared health site list are spread across the province and have employees located in different regions and facilities, please reach out if you have any questions.

Cory Szczepanski

Senior Labour Relations Officer

Cell: 204-914-1936 | Toll-Free: 1-800-315-3331

Email: cory@mahcp.ca www.mahcp.ca

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This is Exhibit "H" to the Affidavit of
Cory Szczepanski, affirmed the 4th day
of June, 2026.

A Barrister and Solicitor in and for the
Province of Manitoba

Linklater <jason@mahcp.ca>

Subject: RE: branch updates and communication

Hi Darren,

We would be available on Tuesday morning and would be very interested to meet with you.

Would you be willing to join us at MAHCP (101-1500 Notre Dame ave)

Or would you prefer to have a virtual set up ?

Thank you

Cory Szczepanski

Senior Labour Relations Officer

Cell: 204-914-1936 | Toll-Free: 1-800-315-3331

Email: cory@mahcp.ca www.mahcp.ca

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From: James, Darren <Darren.James@gov.mb.ca>

Sent: October 15, 2025 8:53 AM

To: Cory Szczepanski <cory@mahcp.ca>

Cc: McMillan, Jamey <Jamey.McMillan@gov.mb.ca>; Keely Richmond <keely@mahcp.ca>; Jason Linklater <jason@mahcp.ca>

Subject: RE: branch updates and communication

Good morning,

Thanks very much for your email. Jamey and I spoke about your telephone conversation yesterday. I'd first like to remind you that I think you will find that Jamey and I will always be respectful and professional during our discussions as a minimum expectation of our roles as public servants. I'm grateful to anticipate that form of conduct in return going forward.

From my perspective, it appears there could be confusion about our previous discussions, and results from actions taken to date. As I explained in previous emails and conversations, WSH operates proactive inspection initiatives in all workplace sectors including health care. Our health care initiative was adjusted after discussions with you to further understand how safety and health committees function in hospitals specifically, among other topics such as violence prevention programming and incident reporting and investigation. I found the

information you provided to be extremely important and it has become a huge priority for our Health Care team. I can tell you there has been a large amount of progress made in terms of ensuring that all employers within the footprint of our selected target facility understand their obligation to operate committees and representative systems. D.I. at HSC was our first stand-alone WHSC action taken where a separate employer with more than 20 workers exists. And the topic of separate HSC committees at stand-alone locations requiring committees has been addressed. The options for that scenario is either their own committees or to seek exemption from regulation per Section 21(1) of the WSH Act to allow them to operate a single committee at multiple locations. That process includes workers and their bargaining unit to be consulted before decisions are made.

Our Health Care initiative will carry on throughout our region to address these and other priority topics, and WSH is grateful for the helpful information your organization contributed, including the workplace directories for various Shared Health offices and locations. We welcome that information. Having said that, WSH does not typically follow up with people or organizations providing tips about unsafe working conditions. We receive a lot of tips, and following up every time would not be a good use of SHO's time. If you require updates, please contact Jamey and or myself.

Since April 1 2025, WSH has conducted 220 inspections in Health care resulting in 501 Improvement Orders. Should you wish to receive copies of IOs issued to Shared Health, that request would go through our FIPPA process. edwash@gov.mb.ca is the email address for the Executive Directors office where you can find out more about that process. I'm not extremely familiar with it. FYI- All of the documentation related to actions taken to date (paragraph above) are posted on the safety bulletin board at the workplace.

We are available to meet on Tuesday morning at 9:00am. Let me know if that works. Please let me know if you require anything further than what I provided here. Id like to be able to attend on Tuesday prepared to answer any questions, or be able to direct you to a more appropriate person.

Thaks and regards
Darren.

From: Cory Szczepanski <cory@mahcp.ca>

Sent: October 14, 2025 2:06 PM

To: James, Darren <Darren.James@gov.mb.ca>

Cc: McMillan, Jamey <Jamey.McMillan@gov.mb.ca>; Keely Richmond <keely@mahcp.ca>; Jason Linklater <jason@mahcp.ca>

Subject: RE: branch updates and communication

Hello Darren and Jamey,

This is Exhibit "I" to the Affidavit of
Cory Szczepanski, affirmed the 4th day
of June, 2026.

A Barrister and Solicitor in and for the
Province of Manitoba

From: [James, Darren](#)
To: [Keely Richmond](#); [McMillan, Jamey](#)
Cc: [Cory Szczepanski](#)
Subject: RE: MAHCP
Date: Tuesday, October 21, 2025 3:15:35 PM
Attachments: [Public Report Q2 2025-26.pdf](#)

Good afternoon,

Thanks very much for our discussion today. I've attached the Q2 Report I shared with Corey today. I'd be happy to provide these going forward to update activities on the various sector projects underway.

Darren

From: Keely Richmond <keely@mahcp.ca>
Sent: October 21, 2025 11:55 AM
To: James, Darren <Darren.James@gov.mb.ca>; McMillan, Jamey <Jamey.McMillan@gov.mb.ca>
Cc: Cory Szczepanski <cory@mahcp.ca>
Subject: RE: MAHCP

Hii Darren an Jamey, thanks again for meeting with us this morning. I look forward to the Q2 info you will be sending. Would it be possible to meet again to review the Healthcare project?

Image removed by sender.



Keely Richmond *(she/her)*

Executive Director

Office: 204-772-0425

Toll-Free: 1-800-315-3331

Email: keely@mahcp.ca www.mahcp.ca

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-----Original Appointment-----

From: Cory Szczepanski <cory@mahcp.ca> **On Behalf Of** Darren.James@gov.mb.ca

Sent: October 20, 2025 4:25 PM

To: Keely Richmond

Subject: MAHCP

When: October 21, 2025 9:15 AM-10:00 AM (UTC-06:00) Central Time (US & Canada).

Where: Microsoft Teams Meeting

Get [Outlook for Android](#)

From: James, Darren <Darren.James@gov.mb.ca>

Sent: Monday, October 20, 2025 4:03:16 PM

To: Cory Szczepanski <cory@mahcp.ca>; McMillan, Jamey <Jamey.McMillan@gov.mb.ca>

Subject: MAHCP

When: Tuesday, October 21, 2025 9:15 AM-10:00 AM.

Where: Microsoft Teams Meeting

Apologies- I wasn't sure who was sending the meeting invitation for tomorrow.
Darren

Microsoft Teams [Need help?](#)

[Join the meeting now](#)

Meeting ID: 286 255 170 426 7

Passcode: rG76pT39

Dial in by phone

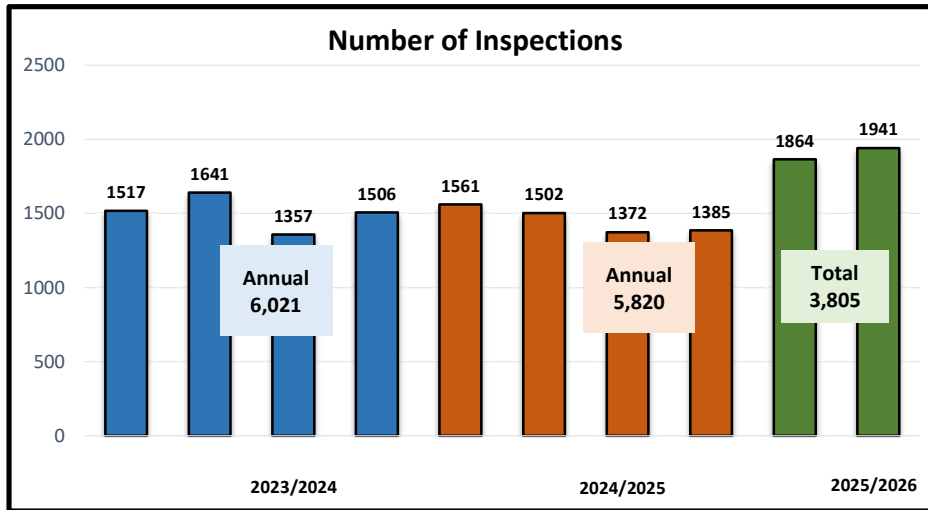
[+1 431-813-4588,,515591830#](#) Canada, Winnipeg

[Find a local number](#)

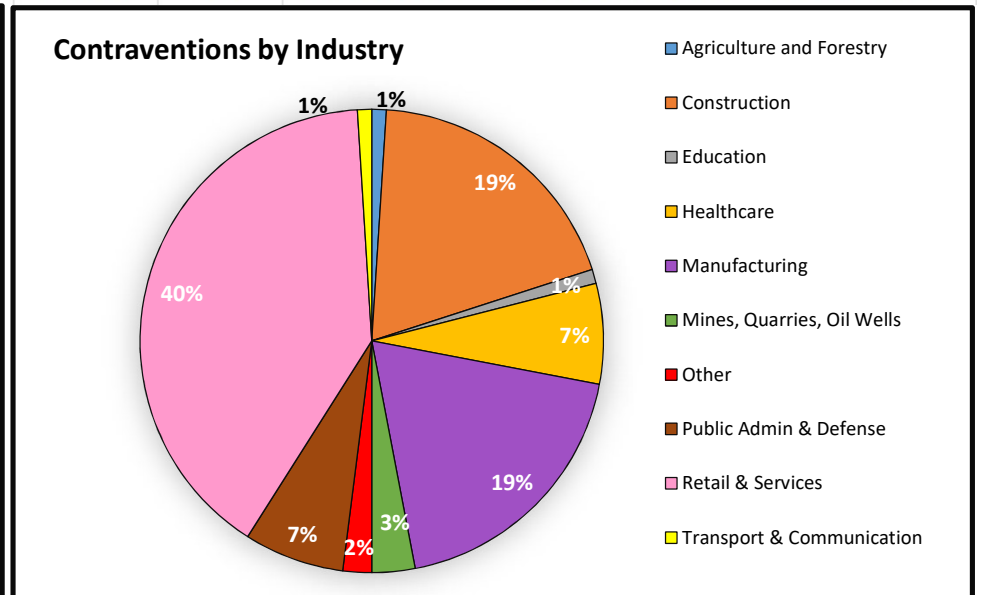
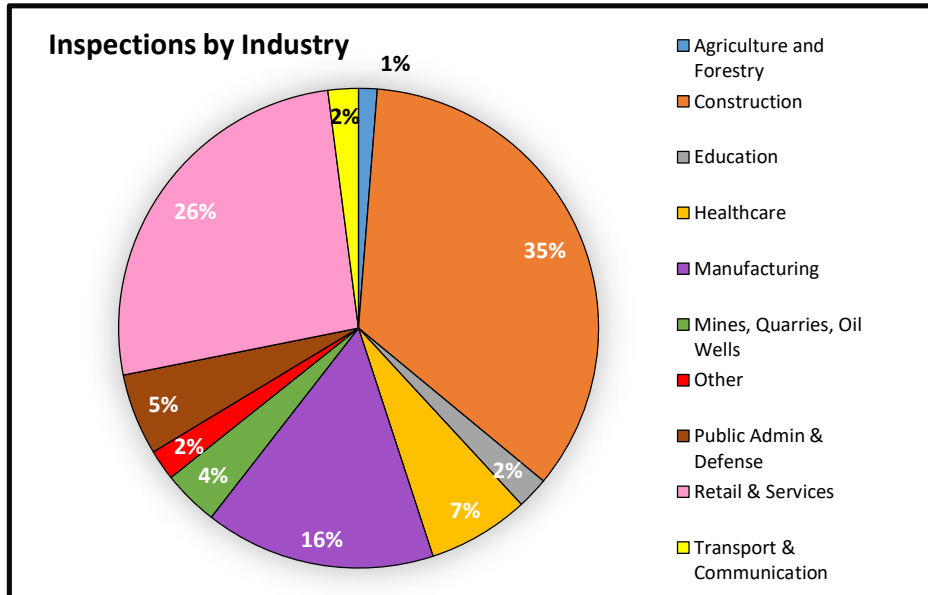
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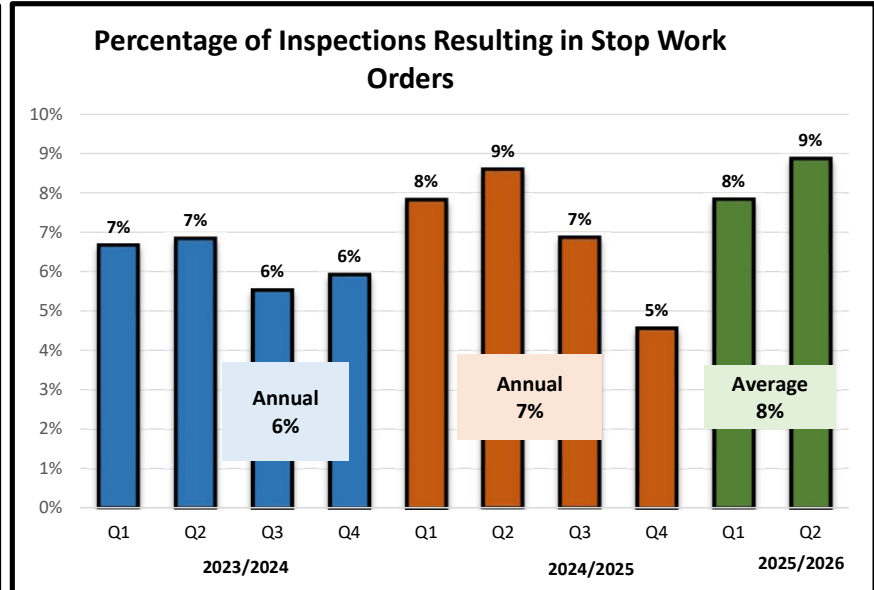
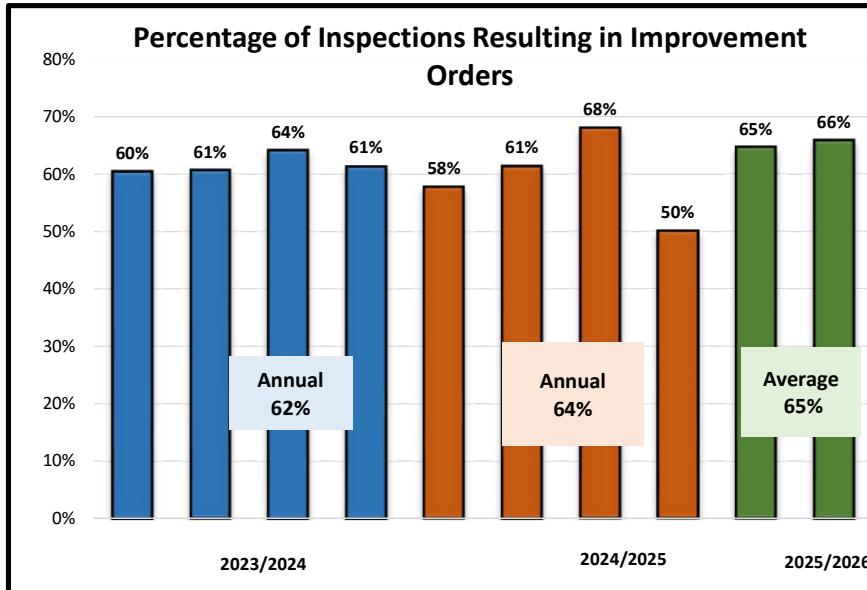
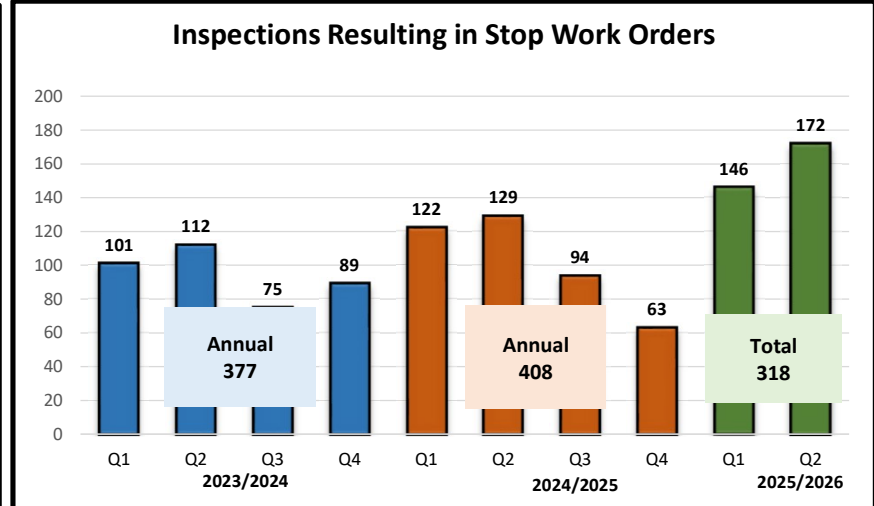
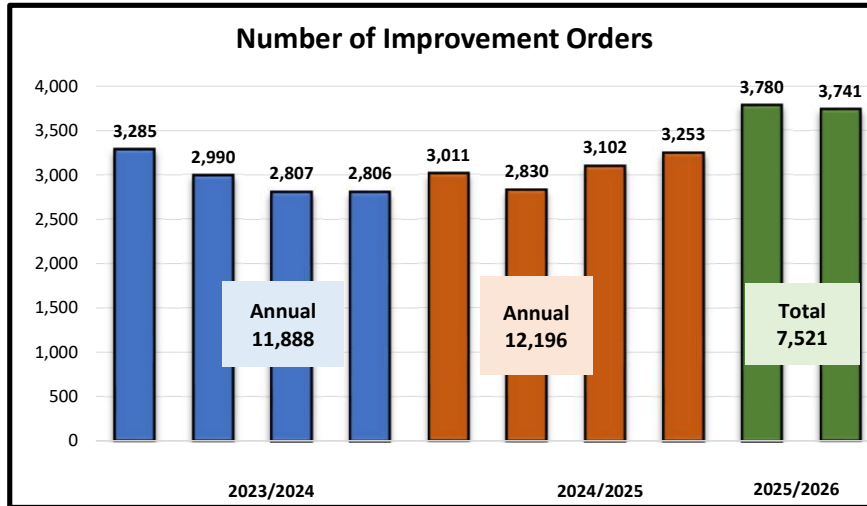
For organizers: [Meeting options](#) | [Reset dial-in PIN](#)
[Org help](#)

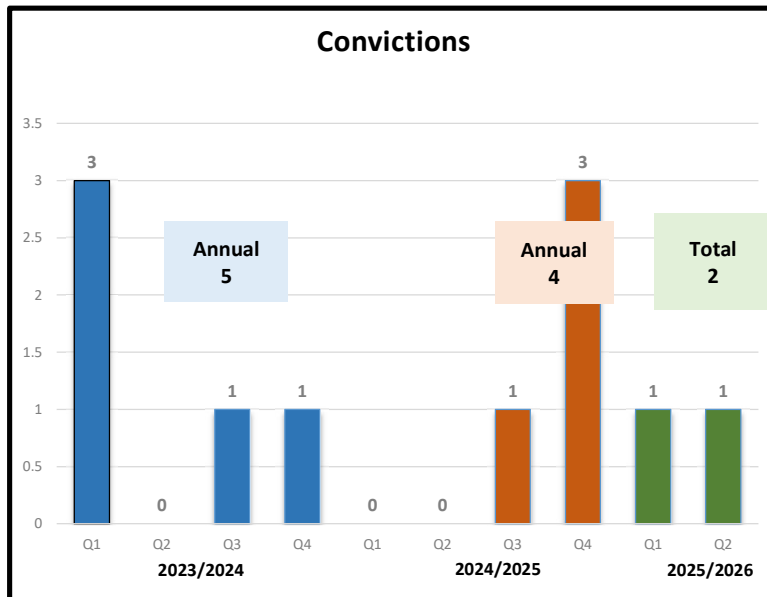
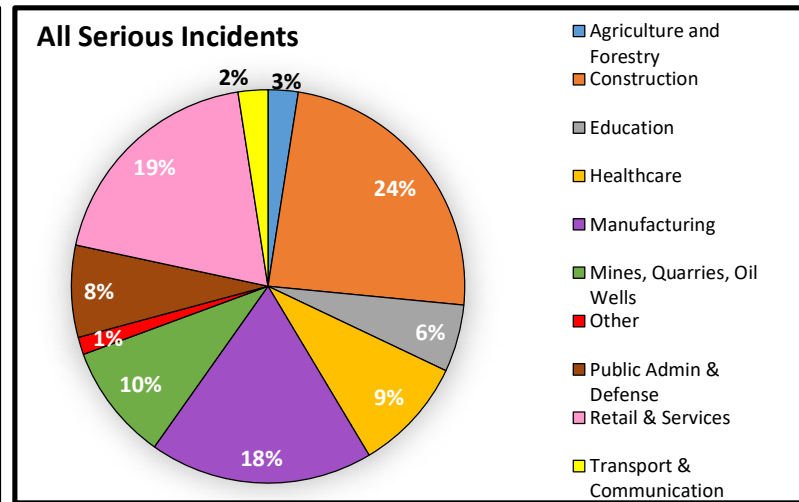
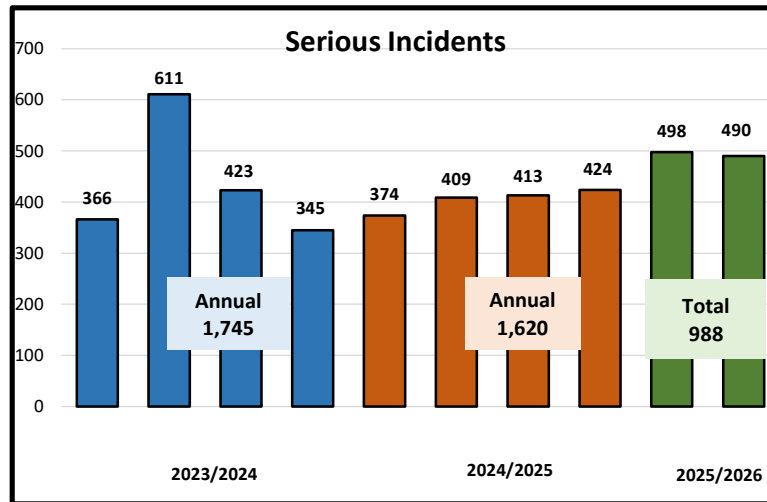
Workplace Safety and Health Public Report: July 1 - September 30, 2025 (Q2)

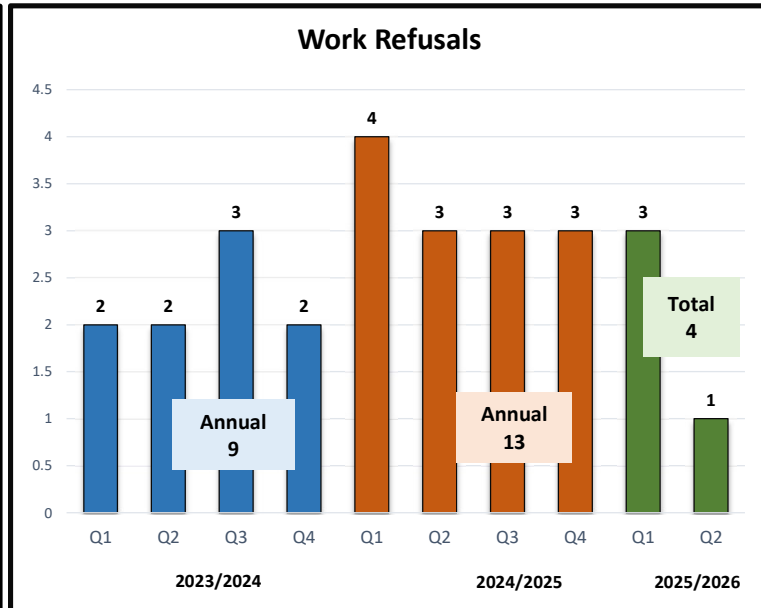
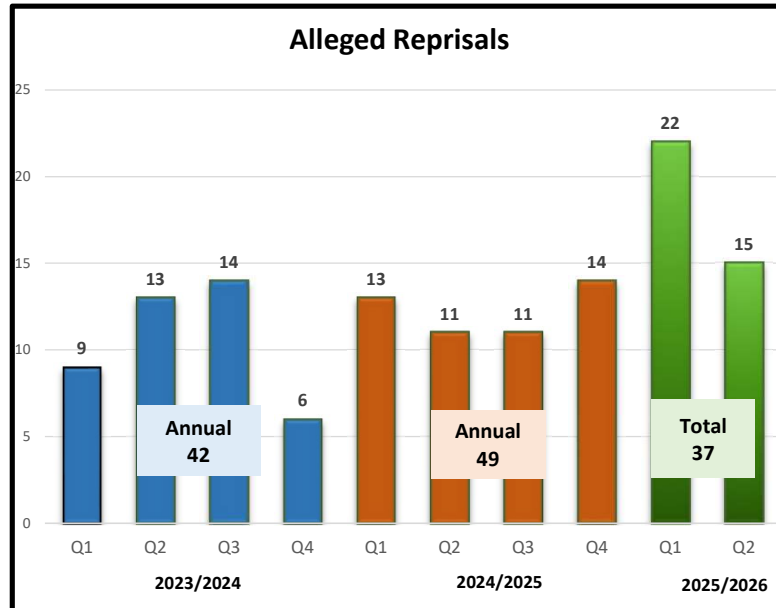
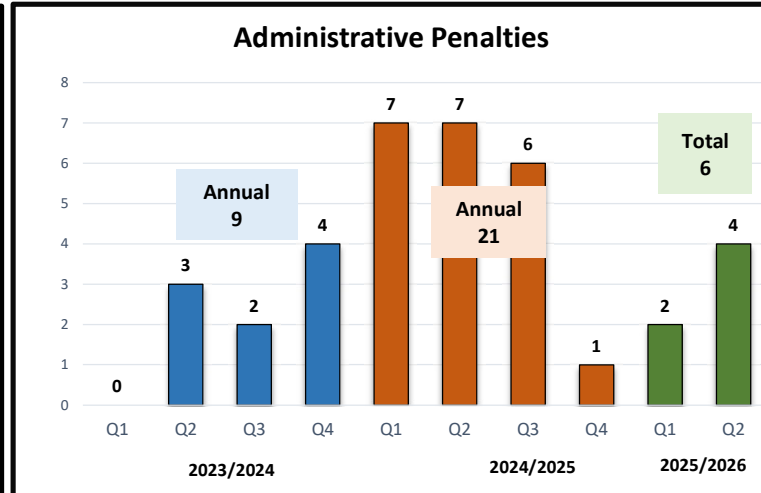
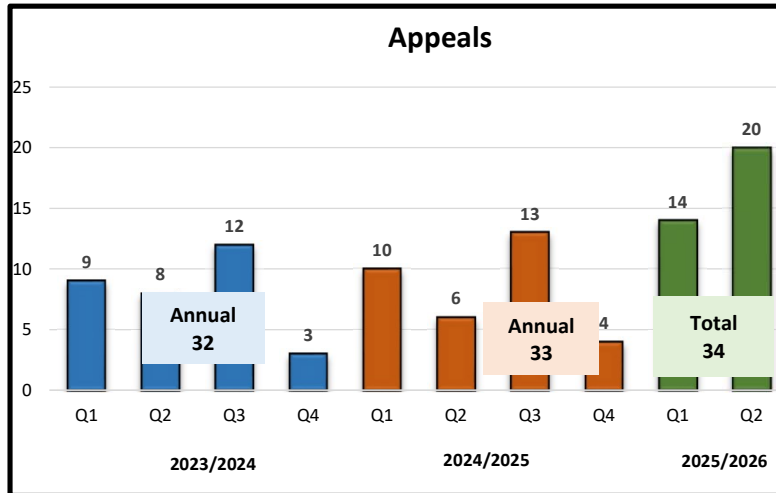


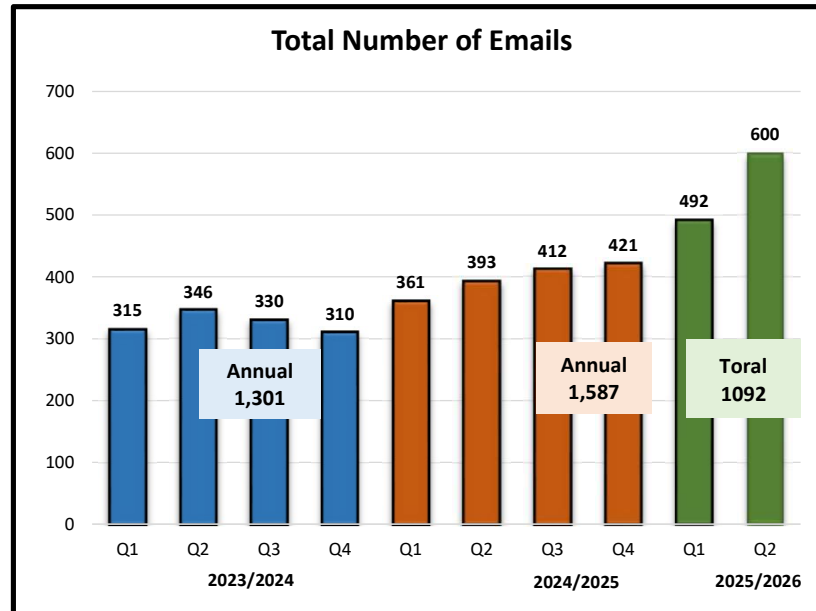
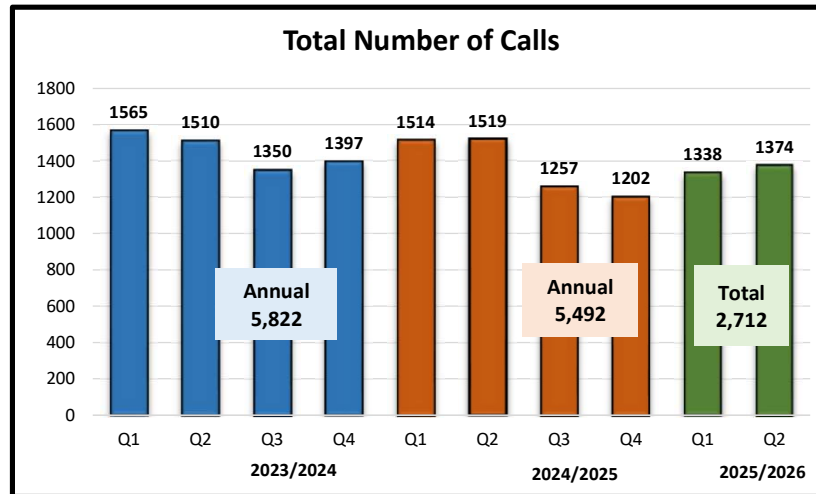
Reference	Number of Occurrences	Q2 Top Ten Improvement Orders
16.5(1)	130	Safeguards required (Machines, Tools and Robots)
21.2(4)	105	Duty to provide emergency washing facilities (maintain)
19.3(2)	96	Fire Extinguishers (Maintenance)
14.6	91	Fall Protection - Fall Protection Systems
10.1(1)(a)	87	Harassment - Harassment Prevention Policy
38.9(a)	78	Electrical Equipment to be Protected and Properly Installed
2.2.1(3)	72	Safe Work Procedures - New Worker Orientation (topics)
2.1(1)	71	General Safety Duties - Eliminating or Control of Risks
19.10	65	Fire and Explosive Hazards - Compressed Gas Equipment
35.15(1)	62	Safety Data Sheets - Employer produced safety data sheets











This is Exhibit “J” to the Affidavit of
Cory Szczepanski, affirmed the 4th day
of June, 2026.

A Barrister and Solicitor in and for the
Province of Manitoba

Building Code	Committee	Building Address	Total Staff	Diagnostics Services Staff	ERS Staff	ERS Committee	Rural Diagnostics Committee	Winnipeg Labs Committee	Rural Diagnostics Safety Representative	ERS Safety Representative
IARBORG	Arborg & District Health Centre	234 Glasgow Drive, Box 10	15	5	10	required	no	no	yes	required
IBEAUSE	Beausjour Health Centre	Box 1178 151 First St. S.	36	9	27	no	no	no	yes	n/a
IEMCROW	E.M. Crowe Memorial Hospital (Eriksdale)	Box 130, Railway Avenue	4	4	0	no	no	no	yes	required
IGIMIL	Gimli Community Health Centre	120 - 6th Avenue	30	11	19	no	no	no	yes	required
IGVPSUM	Gypsumville Primary Health Care Clinic	1st Street	4	4	0	no	no	no	n/a	required
IHUNTER	Hunter Memorial Hospital (Teulon)	3rd Avenue S.E., Box 89	11	3	8	no	no	no	yes	required
K	Kin Place Primary Health (Oabank)	689 Main St. S.	5	1	4	no	no	no	yes	required
ILACDUB	Lac du Bonnet District Health Centre	89 McIntosh Street	18	2	16	no	no	no	yes	required
ILAKESH	Lakeshore General Hospital (Ashern)	Stenson Drive, Box 110	28	6	22	required	no	no	yes	n/a
ILUNDAR	Lundar Health Centre - Nrse Prac Clinic	97 - 1st Street South	13	4	13	no	no	no	n/a	required
IPINAWA	Pinawa Hospital	30 Vanier Road	13	4	9	no	no	no	yes	required
IPINEFA	Pine Falls General Hospital	Box 2000, 37 Maple Street	18	10	18	no	no	no	yes	required
IRIVERTN	Riverton Community Health Office	Box 729 - 68 Main Street	4	4	0	no	no	no	n/a	required
ISELK237	Selkirk Medical Clinic (RRAM)	237 Manitoba Ave	3	3	0	no	no	no	n/a	required
ISELK825	Selkirk Mental Health Centre	825 Manitoba Avenue	715	715	0	yes	no	no	n/a	n/a
ISELKIR	Selkirk & District General Hospital	120 Easton Drive	170	72	98	required	yes	no	n/a	n/a
ISTLAURE	St Laurent Community Health Centre	Box 130 51 Parish Lane	6	6	0	no	no	no	n/a	required
ISTONEW	Stonewall & District Health Centre	589 - 3rd Ave. South	27	9	18	no	no	no	yes	required
IWESTSTP	West St. Paul EMS Station	Grassmere Road	17	17	0	no	no	no	n/a	required
IWHITEM	Whitemouth District Health Centre	75 Hospital Street	11	3	8	no	no	no	yes	required
NCRANBRV	Cranberry Portage	Box 186	4	4	4	no	no	no	n/a	required
NEASTERY	Easterville Nursing Station	Box 122	4	4	0	no	no	no	n/a	required
NFUNFL	Flin Flon General Hospital	Box 340	41	23	18	no	yes	no	n/a	required
NGILLAM	Gillam Hospital	Box 2000	8	2	6	no	no	no	yes	required
NGRAND	Grand Rapids Nursing Station	59 Beardy Point Rd.	5	1	4	no	no	no	yes	required
NLEAFRA	Leaf Rapids Health Centre	Box 370	4	4	4	no	no	no	n/a	required
NLYNOLA	Lynn Lake District Hospital	No. 38 Box 2030	4	3	1	no	no	no	yes	required
NPAS 2ND	AFM - The Pas	168-2nd St W	2	2	2	no	no	no	n/a	n/a
NSNOWIA	Snow Lake Health Centre	Box 453	5	2	3	no	no	no	yes	required
NTHEPAS	The Pas Health Complex	67 - 1st Street, Box 240	69	34	35	required	yes	no	n/a	n/a
NTHOMPS	Thompson General Hospital	871 Thompson Drive S.	51	49	2	required	yes	no	n/a	n/a
NWABOWDE	Wabowden Community Health Centre	88 Lakeside Drive	2	2	0	no	no	no	n/a	required
PBON SID	AFM - Brandon	510 Frederick St	1	1	0	no	no	no	n/a	n/a
PBONEMS	Brandon EMS Station	120 - 19th St North	2	2	0	no	no	no	n/a	required
PBOISSE	Boissevain Health Centre	P.O. Box 903, 305 Mill Rd S.	8	2	6	no	no	no	yes	required
PBRANDON	Brandon Regional Health Centre - MTCC	127 McTavish Ave East	127	127	required	yes	no	no	n/a	n/a
PCARBER	Carberry Plains Health Centre	Box 2000	9	2	7	no	no	no	yes	required
POAUPH	Dauphin Regional Health Centre	625 - 3rd St. S.W.	80	48	32	required	yes	no	n/a	n/a
POAVIDSN	Davidson Memorial Home	345 Davidson St	1	1	0	no	no	no	n/a	required
PDELORA	Deloraine Health Centre	109 Kellett St. S., Box 409	13	3	10	no	no	no	yes	required
PERICKS	Erickson Health Centre	Box 25, 60 Queen Elizabeth Ave	9	1	8	no	no	no	yes	required
PFALCON	Falcon Lake EMS	5 Shore Rd	8	8	0	no	no	no	n/a	required
PGILBER	Gilbert Plains Health Centre	Box 368, 100 Cutforth St. Nort	1	1	0	no	no	no	n/a	required
PGLENBO	Glenboro Health Centre	Box 310	11	2	9	no	no	no	yes	required
PGRANDV	Grandview District Hospital	Box 339 - 644 Mill St.	6	3	3	no	no	no	yes	required
PHAMJOT	Haminota Health Centre	177 Birch Ave.	4	6	2	no	no	no	yes	required
PKINOSOT	Kinnesota Trails Station		12		12	no	no	no	n/a	required
PMAFEKNG	Mafeking Emer Services	219 Main St.	3	3	0	no	no	no	n/a	required
PMEUTA	Melita Health Centre	Box 459	7	1	6	no	no	no	yes	required
PMINNED	Minnedosa Health Centre	334 1st St. SW., Box 960	20	4	16	required	no	no	yes	required
PNEEPAW	Neepawa Health Centre	500 Hospital St.	39	16	23	required	no	no	yes	n/a
POAKLAKE	Oak Lake EMS	268 Orcutt Trail	4	4	0	no	no	no	n/a	required
PRIVERD	Riverdale Health Centre (Rivers)	512 Quebec St., Box 428	15	3	12	no	no	no	yes	required
PROBLIN	Roblin Health Centre	Box 940, 15 Hospital St.	7	4	3	no	no	no	yes	required
PROSSBU	Rosburn District Health Centre	Box 40, 116 Parkview Dr.	1	1	0	no	no	no	yes	required
PRUSSEL	Russell Health Centre	426 Alexandria Ave.	20	9	11	required	no	no	yes	required
PSHOLAL	Shoal Lake-Strathclair Health Centre	Box 490, 524 Mary St.	4	1	3	no	no	no	yes	required
PSOURIS	Souris Health Centre	Box 790	17	5	12	no	no	no	yes	required
PSTROSE	Ste Rose General Hospital	Box 292, 408 - 3rd Ave. E.	15	6	9	no	no	no	yes	required
PSWANR	Swan River Valley Health Centre	1011 Main St. E.	25	19	6	required	no	no	yes	required
PSWANVAL	Swan Valley EMS Station	1201 Main St	13		13	no	no	no	n/a	required
PTIGER	Tiger Hills Health Centre (Treherne)	Box 130, 64 Clark St.	5	3	2	no	no	no	yes	required
PTRIALAK	Tri-Lake Health Centre (Killarney)	86 Ellis Dr.	24	14	10	no	no	no	yes	required
PVIRDEN	Virden Health Centre	P.O. Box 400	32	12	20	required	no	no	yes	required
PWAWANE	Wawanesa Health Centre	Box 309, 506 George St.	1	1	0	no	no	no	yes	required
PWESTMA	Westman Laboratory (Brandon)	150 McTavish Ave. East	236	224	12	required	yes	no	n/a	n/a
PWPGOSIS	Winnipegosis EMS Station	313 Victoria Ave	3	1	2	required	no	no	yes	required
SALTONA	Altona Community Memorial Health Centre	Box 660, 240 - 5th Avenue NE.	18	7	11	no	no	no	yes	required
SBETHES	Bethesda Hospital	316 Henry Street	91	48	43	required	in progress	no	n/a	required
SBOUNDA	Boundary Trails Health Centre	Box 2000 Station Main Jct. Hwy	99	66	33	required	yes	no	yes	required
SCARMAN	Carman Memorial Hospital	Box 610, 350 4th St. SW.	20	4	16	required	no	no	yes	required
SDESALA	DeSalaberry Dist Hlth (St. Pierre Jolys)	354 Préfontaine Ave	13	4	9	no	no	no	yes	required
SELUE	Carlier Health Centre Medical Clinic	7 Main Street	8		8	no	no	no	n/a	required
SILE-DES	Ile des Chênes EMS Station	682 Main St	9		9	no	no	no	n/a	required
SJORNE	Lorne Memorial Hospital (Swan Lake)	Box 40, 9 2nd St. N.	2	2	0	no	no	no	yes	required
SHAGCRE	MacGregor Health Centre	Box 250, 67 Grafton St. S.	8	1	7	no	no	no	yes	required
SMORRIS	Morris General Hospital	Box 519, 215 Railroad Ave. E.	19	1	18	no	no	no	yes	required
SNOTRED	Notre Dame Hospital	Box 190, 39 Roch Street	7		7	no	no	no	n/a	required
SOAKBLUF	Oak Bluff EMS Station	83 MacDonald Rd	8		8	no	no	no	n/a	required
SPEMBIN	Pembina Manitou Health Centre (Manitou)	Box 129, 232 Carrie St.	6	1	5	no	no	no	n/a	required
SPORTAG	Portage District General Hospital	524 - 5th Street SE.	80	37	43	required	yes	no	n/a	required
SROCKLA	Rock Lake Health Disr Hosp(Crystal City)	Box 130, 135 Macbray Ave.	3	2	1	no	no	no	yes	required
SSEVENR	Seven Regions Health Centre (Gladstone)	Box 1000, 24 Mill St.	12	1	11	no	no	no	n/a	required
SSTCLAU	St. Claude Health Centre	P.O. Box 400, 33 Roy St.	1		1	no	no	no	n/a	required
SSTEANN	Hospital Ste. Anne Hospital	52 Saint Gerard St.	15	5	10	no	no	no	yes	required
SSTHPORT	AFM - Southport	175 Nomad St	5		5	no	no	no	n/a	n/a
SVITA	Vita & District Health Centre	217 - 1st Ave. West	11	1	10	no	no	no	yes	required
W HKI	HKI - Joint Replacement	1155 Concordia Ave	7		7	no	no	no	n/a	n/a
WAFMCORP	AFM Corporate - Winnipeg	1031 Portage Ave	48		48	required	no	no	n/a	n/a
WBANNATY	AFM - MN Crisis Response Center	817 Bannatyne	7		7	no	no	no	n/a	n/a
WBHC	Breast Health Center	400 Tache Ave	28		28	required	no	no	n/a	n/a
WCADHAM	Cadham Provincial Laboratory	750 William Avenue	164	147	17	required	no	yes	n/a	n/a
WCHURCH	Churchill Health Centre	162 La Vérendrye Ave	4	4	0	no	no	no	yes	n/a
WCOM	Winnipeg Community	Winnipeg Community	63		63	required	no	no	n/a	n/a
WCANCOR	Concordia Hospital	1095 Concordia Avenue	128	67	61	required	no	no	n/a	n/a
WDERLIO	Deer Lodge Centre	2109 Portage Ave.	29	2	27	required	no	no	yes	n/a
WELICE	MATC Ellice	1700 Ellice Avenue	1		1	no	no	no	n/a	n/a
WGRACE	Grace Hospital	300 Booth Dr.	241	68	173	required	no	no	n/a	n/a
WHARGRAV	WRHA Community Health Services	496 Hargrave St	13		13	no	no	no	n/a	n/a
WHARPACT	PACT - Hargrave	490 B Hargrave St	17		17	no	no	no	n/a	n/a
WHEALTH	Health Sciences Centre #1	820 Sherbrook St.	8747	311	8436	yes	no	yes	n/a	n/a
	Health Sciences Centre #2				0	yes				
WLEILA	Seven Oaks Comm Health & SS	Unit 3 - 1050 Leila	13		13	no	no	no	n/a	n/a
WLGNPCT	PACT - Logan	400 B Logan Ave	19		19	no	no	no	n/a	n/a
WMAGNIUS	AFM - River Point Center	146 Magnus Ave	1		1	no	no	no	n/a	n/a
WMAINZ	Access Downtown	640 Main Street	1		1	no	no	no	n/a	n/a
WMARYLAND	MATC Maryland	228 Maryland Street	2		2	no	no	no	n/a	n/a
WMATC	MATC	120 Tecumseh Street	145		145	required	no	no	n/a	n/a
WMISERI	Misericordia Health Centre	99 Cornish Ave.	47	33	14	required	no	no	n/a	n/a
WPANAM	Pan Am Clinic	75 Poseidon Bay	26		26	required	no	no	n/a	n/a
WPORTG3	Downtown Comm Health & SS	755 Portage Ave	44		44	required	no	no	n/a	n/a
WPVILLGE	AFM - Newcomer Youth & Families	1008 Wall St.	1		1	no	no	no	n/a	n/a
WVRIVERV	Riverview Health Centre	1 Morley Ave	8	1	7	no	no	no	yes	n/a
WVROBUNJ	Roblin EMS Station	34 Maple Street	8		8	no	no	no	n/a	required
WSEVEN	Seven Oaks General Hospital	2300 McPhillips St.	149	21	128	required	no	no	n/a	n/a
WSTBONI	St. Boniface Hospital	409 Taché Avenue	595	187	408	required	no	yes	n/a	n/a
WVICTOR	Victoria General Hospital	2340 Pembina Hwy.	128	24	104	required	no	no	n/a	n/a
						existing committees	3			
						existing rural diagnostics committees	8			
						existing Winnipeg labs committees	4			
						new committees required	32			
						total committees required for Shared Health	47			
						existing rural diagnostics safety representative	49			
						additional safety representatives required	72			
						total safety representatives required for Shared Health	121			

This is Exhibit "K" to the Affidavit of
Cory Szczepanski, affirmed the 4th day
of June, 2026.

A Barrister and Solicitor in and for the
Province of Manitoba

Policy



Title: Violence Prevention Program for Healthcare Workers

Level: Shared Health

Applicable to: All Shared Health staff and at all Shared Health governed sites, including contracted facilities.

Approved by: Shared Health Executive Team

Document Number: 370.100.103

Category: 370 – Workplace Safety and Health

Subcategory: 370.100 – Occupation Safety

Supersedes: 80.140.015 (HSC); 60.10.055 (WRHA), 370.100.103 (Shared Health - Violence Prevention Program for Healthcare Workers in Manitoba)

Last Revision Date: 22-APR-2025

1.0. Purpose

- 1.1. Every reasonable effort will be made to mitigate, eliminate, or reduce all forms of violence in workplaces where healthcare services are provided. Where it is not reasonably practicable to eliminate the risk of violence, actions and measures will be taken to control that risk.
- 1.2. To implement a systematic and comprehensive program for the prevention of healthcare related violence toward health care workers in Manitoba.

2.0. Definitions

- 2.1. Act: The Manitoba Workplace Safety and Health Act, R.S.M. 1987, c. W210
- 2.2. Client: Patients, Residents, Clients.
- 2.3. Contractor: A person who, pursuant to one or more contracts, directs the activities of one or more employers or self-employed persons involved in work at a workplace.
- 2.4. Hazard: Any condition, activity, material, or substance that can cause injury or illness to a person.
- 2.5. Regulation: The Manitoba Workplace Safety and Health Regulation, M.R. 217/2006 (including all current and future amendments).

- 2.6. Risk: The potential that a chosen action or activity (including the choice of inaction) will lead to a loss (an undesirable outcome).
- 2.7. Supervisor: A person who has charge of a workplace or authority over a worker. A supervisor is not a job title but rather a position of responsibility, accountability, and authority. Job title examples may include, but not limited to, lead-hand, foreman, supervisor, charge nurse, manager, or director, etc.
- 2.8. Violence: any act that results in injury or threat of injury, real or perceived, by an individual, including but not limited to:
 - 2.8.1 Verbal or written threats;
 - 2.8.2 Vandalism of personal property
- 2.9. Violence, Types of:
 - 2.9.1 Type I (Criminal Intent): Results while a criminal activity is being committed and the perpetrator has no legitimate relationship to the workplace.
 - 2.9.2 Type II (Customer/client): The perpetrator is a customer or client at the workplace (e.g. health care client) and becomes violent while being served by the worker.
 - 2.9.3 Type III (Worker-on-Worker): Employees or past employees of the workplace are the perpetrators.
 - 2.9.4 Type IV (Personal Relationship): The perpetrator usually has a personal relationship with an employee (e.g. domestic violence in the workplace).
- 2.10. Visitor: Any person who is attending the site on a temporary basis and that is not an employee, volunteer, contractor, or client.
- 2.11. Volunteer: A person who performs a charitable service or helpful work willingly without pay.
- 2.12. Worker/Staff: Any person who is employed by an employer to perform a service whether for gain or reward, or hope of gain or reward or not;
 - 2.12.1 Any person engaged by another person to perform services, whether under a contract of employment or not;
 - 2.12.2 Any person undergoing training or serving an apprenticeship at an educational institution or at any other place.

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- 2.13. Workplace: Any building, site, workshop, structure, mobile vehicle, or any other premises or location whether indoors or outdoors in which one or more workers, or self-employed persons, are engaged in work or have worked.

3.0. Policy

- 3.1. Every reasonable effort will be made to mitigate, eliminate, or reduce all forms of workplace violence and to ensure that:
- 3.1.1 A violence-free workplace for all individuals' health, safety, welfare, and dignity is respected, protected and promoted;
 - 3.1.2 Risks of violence are identified, and appropriate prevention measures, controls, and practices are established that eliminate or minimize those risks;
 - 3.1.3 Documented procedures are established to identify and address specific hazards and the associated risks for each workplace or area;
 - 3.1.4 Workers are trained in and follow the safety procedures to prevent and respond to violence-related incidents;
 - 3.1.5 Workers are empowered to make and act on decisions regarding the risk of violence to protect themselves and others;
 - 3.1.6 Critical incident debriefing and other supports to workers affected by a workplace violence incident is available and accessible;
 - 3.1.7 All individuals including workers, contractors, volunteers, and management understand their roles and responsibilities related to violence prevention in the health care environment and are held accountable;
 - 3.1.8 All clients and visitors are expected to follow the violence-free workplace program;
 - 3.1.9 Employers and its supervisors comply with this policy and its requirements;
 - 3.1.10 At a minimum, compliance with The Workplace Safety and Health Act and Regulations, Accreditation Standards, and applicable Collective Agreements is maintained; and
 - 3.1.11 The program will be evaluated at appropriate intervals and sustainability measures are implemented.

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4.0. Procedure

- 4.1. Procedures to support the implementation of this policy will be established.

5.0. Resources

- 5.1. Not Applicable

6.0. References

- 6.1. Government of Manitoba. (2024). [*The Workplace Safety and Health Act*](#), C.C.S.M. c. W210
- 6.2. Government of Manitoba (2019). [*Workplace Safety and Health Regulation*](#), M.R. 217/2006
- 6.3. Government of Manitoba (2013). *HCS 215.5 Violence Prevention Program for Health Care Workers in Manitoba*.

7.0. Contact(s)

- 7.1. **Document Sponsor/Owner:** Chief Human Resources Officer – Shared Health

For questions about the implementation and application of this controlled document, please contact your immediate manager. Management may consult with their assigned Human Resources representative for support.

This is Exhibit "L" to the Affidavit of
Cory Szczepanski, affirmed the 4th day
of June, 2026.

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Another hospital, another grey-listing

Seven Oaks latest facility up
for designation amid
ongoing safety concerns
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Nurses at Seven Oaks General Hospital
are considering a grey-list vote over

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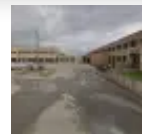
Nurses at three other Manitoba hospitals — Health Sciences Centre, St. Boniface and Thompson — voted in favour of grey-listing those facilities in recent months.

“We’re just in that period where they’ve come and asked for permission, and the board has granted permission to move ahead... with getting recommendations ready and looking at holding a vote with their membership,” Manitoba Nurses Union president Darlene Jackson said about Seven Oaks nurses Thursday.



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Nurses at Seven Oaks General Hospital are considering a grey-list vote over concerns about violence and the safety of staff and patients.

Safety officers on duty at Thompson hospital



Over-capacity surge at HSC emergency 'scary,' nurses union leader says



Nurses union paints health facilities grey only when NDP in power, health minister says



Nurses union president hints more health centres may be 'grey-listed'



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Nurses set to vote on grey-listing Seven Oaks



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The nurses' concerns and

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"It's very much along the same lines as St. Boniface Hospital — violence towards front-line workers, wait times, the staffing issues in urgent care, the staffing issues throughout their entire building," Jackson said. "It's really a lot of patient care and patient safety issues."

Grey-listing is a union tactic that discourages nurses from seeking work at a facility, and presses health authorities to take action in response to members' concerns. The action is considered a last resort, the nurses union has said.

Health Minister Uzoma Asagwara said violence against health-care workers is unacceptable, and the government has a zero-tolerance approach.

"We take safety and security of health-care workers, nurses, patients and visitors very seriously. I think our track record shows that," Asagwara said.

The minister pointed to several recent improvements at Seven Oaks and other hospitals.

"We don't really see an end goal here.

Our goal is to make sure that we

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consistently to address those concerns in a meaningful way,” Asagwara said.

Seven Oaks General Hospital published an updated statement on its website about a week ago regarding its security measures, which include a 24-7 security presence and a safe walk program for staff.

Recent steps include additional secured access points, upgraded lighting in parking areas, an urgent violent care prevention task force and amnesty lockers, where patients and visitors can place weapons or potential weapons.

Surveillance camera coverage upgrades are underway. An app, known as SAFE, that sends emergency notifications to staff, will be rolled out.

Nurses at HSC and Thompson enacted grey-listing at those facilities last year, while seeking security or other improvements. Discussions are ongoing, after the hospitals introduced or promised to introduce additional measures, Jackson said.

HSC’s recent steps include adding more institutional safety officers, a 24-

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ISOs were recently added at Thompson's hospital, which has also introduced a security checkpoint at its main entrance.

Nurses at St. Boniface voted in favour of grey-listing that hospital in February. The measure has not yet been enacted amid ongoing discussions with the employer, Jackson said. ISOs, the SAFE app and parkade patrols are among additional security measures at St. Boniface Hospital.

Asagwara said the NDP's 2026-27 budget contains \$5 million for additional safety and security improvements, plus funding for additional health-care workers at Seven Oaks and other hospitals.

ISOs are not in use at Seven Oaks. Asagwara said the government is open to exploring ways to "further improve" safety and security, using an evidence-informed approach.

The minister also cited the need to address safety and security concerns in communities.

"There are some real sort of fundamental beliefs that are

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address, and our government is taking action on,” Asagwara said.

The minister sent a letter to the MNU this month to reassure the union that the security measures implemented at Manitoba hospitals are permanent.

Last summer, Asagwara and Justice Minister Matt Wiebe wrote to federal Justice Minister Sean Fraser to support calls for Criminal Code amendments that would include assaults against health-care workers as an aggravating factor during sentencing.

A second letter was sent to Fraser this week, a government spokesperson said.

MNU has said nurses in hospitals across Manitoba have expressed concerns about the increasing frequency of violence and threats



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punched in the head by a patient,
while triaging the person, on Sunday.

The assault was unprovoked, she said.

An RCMP spokesperson said officers
were called to the hospital shortly
after 7 p.m. They arrested a 45-year-
old woman for assault.

The suspect was released on
conditions with a pending court date in
June. The 37-year-old female victim
suffered minor injuries, the RCMP
spokesperson said.

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Chris Kitching

Reporter  

Chris Kitching is a general
assignment reporter at
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2001, with stops in
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the way. After returning to
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Free Press in 2021, and
now covers a little bit of

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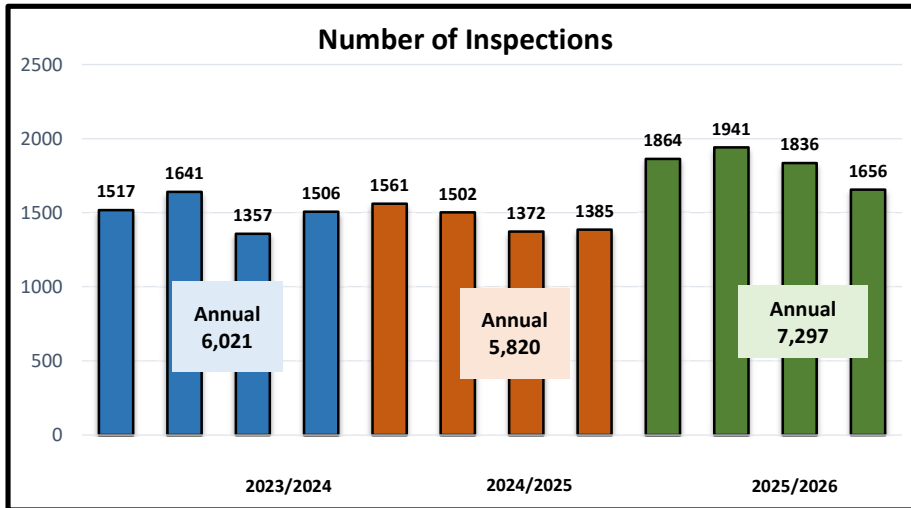
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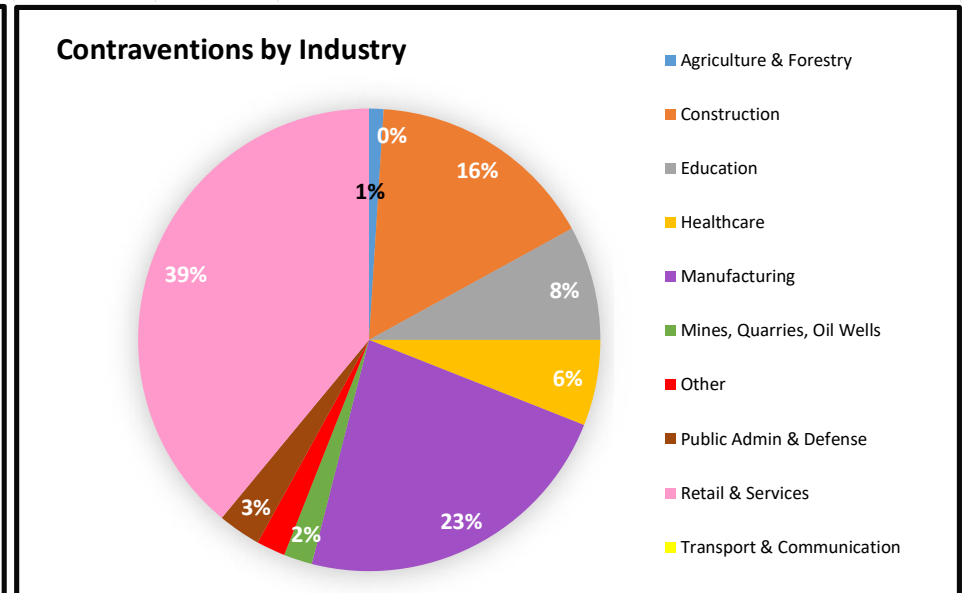
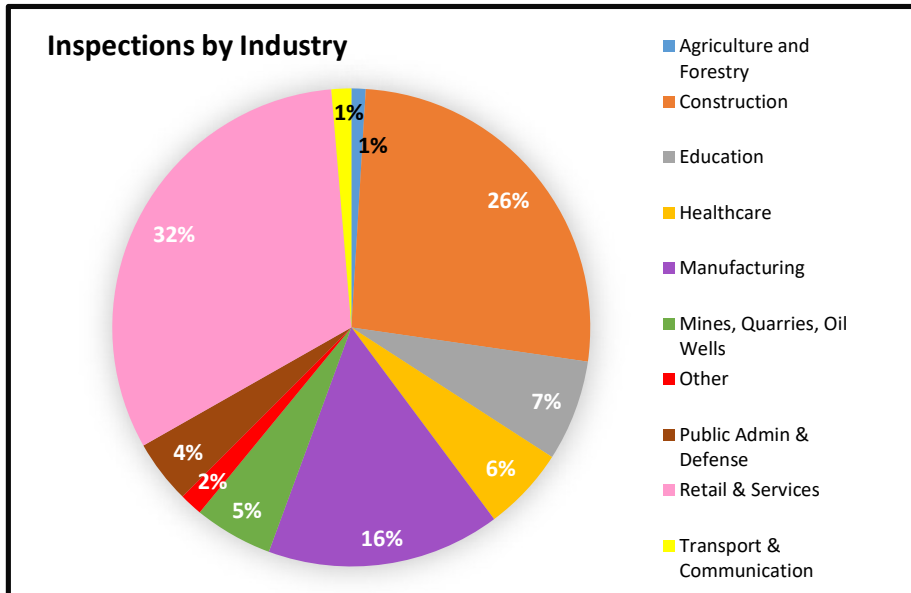
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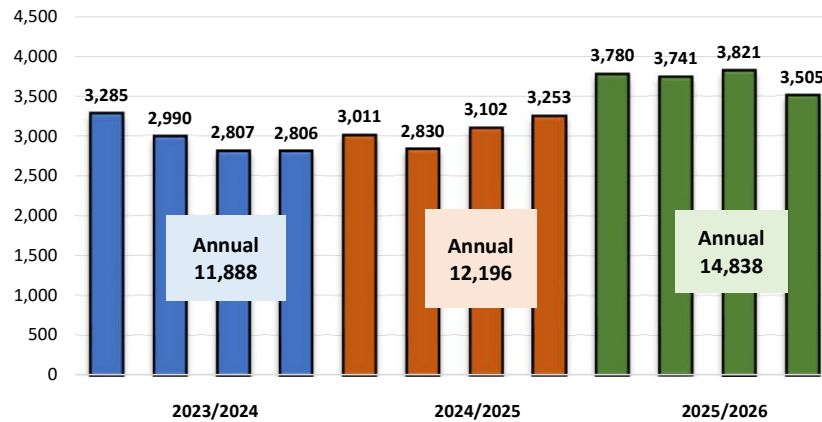
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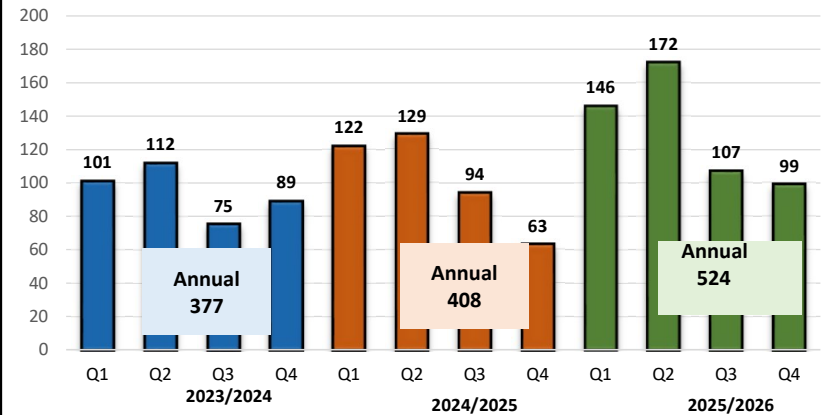
Reference	Number of Occurrences	Q4 Top Ten Improvement Orders
16.5(1)	178	Safeguards required (Machines, Tools and Robots)
21.2(4)	156	Emergency Washing Facilities (Maintained)
19.3(2)	105	Fire Extinguishers (Maintenance)
16.7(1)	104	Removing a safeguard (Machines, Tools and Robots)
38.9(a)	100	Electrical Equipment to be Protected and Properly Installed
2.7(1)	96	Notice of Serious Incident
2.1(1)	88	General Safety Duties - Safe Work Procedures
10.1(1)(a)	86	Harassment Prevention Policy
41(1)	70	Oil and Gas
10.3	69	Harassment- Posting Policy



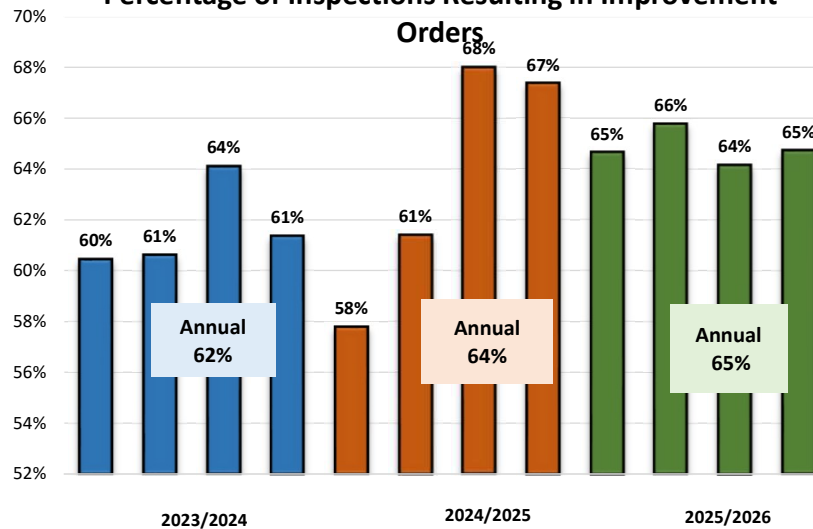
Number of Improvement Orders



Inspections Resulting in Stop Work Orders



Percentage of Inspections Resulting in Improvement Orders



Percentage of Inspections Resulting in Stop Work Orders

