Violence in healthcare is on the rise, while

ENFORCEMENT OF SAFETY REGULATIONS HAS FLATLINED.

Where is the accountability?

Enforcement of Violence Regulations in Health Care Workplaces in Manitoba

An interim report prepared by

Sean Tucker, PhD,
Centre West Consulting

MANITOBA NURSES UNION

MAHCP.
Manitoba Association of Health Care Professionals

A Need for Enforcement:

Manitoba's Response to Violence in Health Care Workplaces

Interim Report Prepared for the Manitoba Nurses Union and

Manitoba Association of Health Care Professionals

November 9, 2026

Sean Tucker, PhD

Centre West Consulting

Executive Summary

Workplace injury statistics and accounts from injured workers lay bare the scope of the problem of violence in health care workplaces in Manitoba. Since 2022, the number of injury claims associated with violence in health care has increased by 41%. In 2025, nearly one in five of all injury claims in health care was due to violence.

Manitoba's Ministry of Labour and Immigration's Workplace Safety and Health Branch is responsible for enforcing the *Workplace Safety and Health Act and Regulations* in order to protect the safety and health of workers.

This interim report presents the preliminary findings of an independent review of the branch's response to violence in health care.

The evidence shows that:

- Violence in health care workplaces is not identified as an area for priority enforcement and no sub-sectors in health care (e.g., emergency departments) are formally designated as "high risk".
- Violent events are not explicitly categorized as "serious incidents" under Manitoba's OHS law.
- Administrative penalties for OHS offences do not include employer non-compliance with regulations related to workplace violence.
- Despite having an equal or higher injury rate and higher overall injury burden, health care employers are subject to substantially fewer inspections, stop work orders, administrative penalties and prosecutions than employers in other sectors. While health care accounts for approximately 20% of all loss-time injuries in Manitoba, health care employers have been subject to just 6% of inspections, 3% of stop work orders, 1% of administrative penalties and 1% of OHS prosecutions.

To improve health care employer compliance with violence provisions in Manitoba's OHS law, I recommend the Ministry of Labour and Immigration:

1. Designate sub-sectors in health care with high rates of violence as "high risk"
2. Amend the definition of "serious incident" to include serious incidents of violence
3. Amend the Administrative Penalty Regulation to include employer non-compliance with violence provisions
4. Hire 10 more Safety and Health Officers (SHO) to address violence and other hazards in health care
5. Reorganize SHOs in the branch by sector
6. Increase the number of OHS prosecutors and prioritize the prosecution of serious injuries and deaths associated with workplace violence
7. Expand key OHS performance indicators

Table of Contents

Executive Summary 2
1.0 Introduction 4
2.0 Scope of Review 4
3.0 Data Sources and Limitations 5
4.0 Work-Related Time-Loss Injury Trends in Manitoba 6
5.0 The Legal Framework for Occupational Health and Safety 8
5.1 Violence-Related Provisions 9
6.0 Workplace Safety and Health Branch 10
6.1 Enforcement Strategy 12
6.2 Enforcement Statistics 14
6.2.1 Inspections and Improvement Orders 15
6.2.2 Stop Work Orders 16
6.2.3 Administrative Penalties 18
6.2.4 Prosecutions 19
7.0 Discussion and Recommendations 20
Appendix 1: Duties of Workplace Safety and Health Committees 24
Appendix 2: Part 11 – Violence in the Workplace 25
Appendix 3: Workplace Safety and Health Branch Organizational Structure 29
Appendix 4: Administrative Penalty Regulation M.R. 89/2014 30

1.0 Introduction

> "There is not a single nurse or healthcare aide or support staff who went into their career thinking that today I might get hit. Today I might have someone pull a knife on me. Today one of the patients might have a gun in their knapsack. None of us entered a career thinking that this is something we have to worry about when we are trying to take care of patients. In our mind we have to think about 'am I standing in the right place in the room if I have to get out quickly or if my partner needs help am I in earshot to help?' This is what we face every day."
>
> - Manitoba Emergency Department Nurse[1]

The prevalence and severity of violence in health care workplaces has reached a crisis level across Canada. In 2025, exposure to violence was the second most common cause of all workers compensation board reported time-loss injuries in health care in Manitoba, accounting for 18% of the reported injuries in the sector.[2]

Under Manitoba's *Workplace Safety and Health Act and Regulation* employers are responsible for developing and implementing violence prevention measures including appropriate training, control measures, investigating and taking corrective action after incidents occur, and annual reporting of violent incidents to joint worker-management safety committees.

This report assesses Manitoba's enforcement of occupational health and safety regulations related to violence and makes recommendations to strengthen the province's regulatory response.

2.0 Scope of Review

The Manitoba Nurses Union and Manitoba Association of Health Care Professionals engaged Centre West Consulting to conduct an independent review of the Ministry of Labour and Immigration's enforcement activities related to violence in health care. The scope of this project involves:

1. Estimating the annual number of full-time, frontline OHS officers in the Workplace Safety and Health Branch including the number of officers responsible for overseeing the health care sector (2015 and present). Where possible, comparisons to other sectors (e.g., construction, mining) will be made.

2. Estimating the annual number of complaints of incidents of harassment and violence received by Workplace Safety and Health from health care workers, joint health and safety committees in health care, and health care unions and associations.

---

[1] Manitoba Federation of Labour. 2026. Ending Manitoba's Workplace Epidemic of Violence: Practical Solutions to a Long-Term Problem, p. 14. https://mfl.ca/wp-content/uploads/2026/07/Ending-Manitobas-Workplace-Violence-Epidemic-Practical-Solutions-to-a-Long-Standing-Problem.pdf.

[2] Manitoba WCB. 2026. Injury statistics. https://www.wcb.mb.ca/injury-and-illness-statistics/.

3. Describing the range of compliance and enforcement measures (orders, stop work orders, administrative penalties, prosecutions) available to OHS officers and crown prosecutors in Manitoba, and the annual use of each of these measures in relation to compliance with related regulations[3] and incidents of harassment and violence in health care (2015 to present).[4] Where possible, comparisons to other sectors (e.g., construction, mining) will be made.

4. Assess compliance with Section 11.7 of the Act and Regulations (employer annual report on violent incidents and related controls) through a survey of worker co-chairs of joint OHS committees in health care and/or through freedom of information requests of health care employers for the years 2024 and 2025.

This interim report focuses on the enforcement activities of the Workplace Safety and Health Branch. A final report will be issued once other information becomes available.

Special thanks to Jess Antonini, Tim Smith and Corey Szczepanski for their assistance with this project.

3.0 Data Sources and Limitations

This review draws on publicly available statistics, information obtained through freedom of information requests, media reports, legal decisions, and relevant legislation. Union representatives with direct knowledge of Manitoba's regulatory environment were also consulted.

This report presents workers' compensation injury statistics to contextualize the prevalence and severity of violence in health care. Injury claims data only reflect those injuries that are reported to and accepted by the Manitoba Workers' Compensation Board (WCB). There are several limitations associated with WCB injury claims statistics.[5] It should be understood that underreporting of physical and psychological injuries that result from incidents of violence in health care is a significant issue as such behaviour has become normalized in the sector.[6]

Caution should also be taken when making comparisons between WCB and Workplace Safety and Health Branch data because these two systems define sectors differently, therefore categorization may not align across WCB injury and OHS regulatory data sets.

---

[3] Specifically, compliance with Part 11 of the *Manitoba Workplace Safety and Health Act and Regulation*.
[4] Workplace Safety and Health publishes stop work orders, administrative penalties and prosecutions here: https://www.gov.mb.ca/labour/safety/compliance.html
[5] See Tucker, S. and Keefe, A. 2026. 2026 Report on Work Fatality and Injury Rates in Canada, pp. 10-15. https://www.researchgate.net/publication/404226980_2026_Report_on_Work_Fatality_and_Injury_Rates_in_Canada
[6] Manitoba Federation of Labour. 2026. Ending Manitoba's Workplace Epidemic of Violence: Practical Solutions to a Long-Term Problem. https://mfl.ca/wp-content/uploads/2026/07/Ending-Manitobas-Workplace-Violence-Epidemic-Practical-Solutions-to-a-Long-Standing-Problem.pdf

Finally, serious incidents of workplace violence maybe subject to police investigations and result in criminal charges and prosecutions. Such incidents are not reflected in the OHS regulator's enforcement statistics that are presented in this report.

4.0 Work-Related Time-Loss Injury Trends in Manitoba

It is important to first consider the prevalence of work-related injuries in Manitoba. Figure 1 shows that the health care sector accounted for the highest number of time-loss injuries in 2025 with 2,827 accepted claims.

Figure 1: Total Number of Time-Loss Injuries, 2025

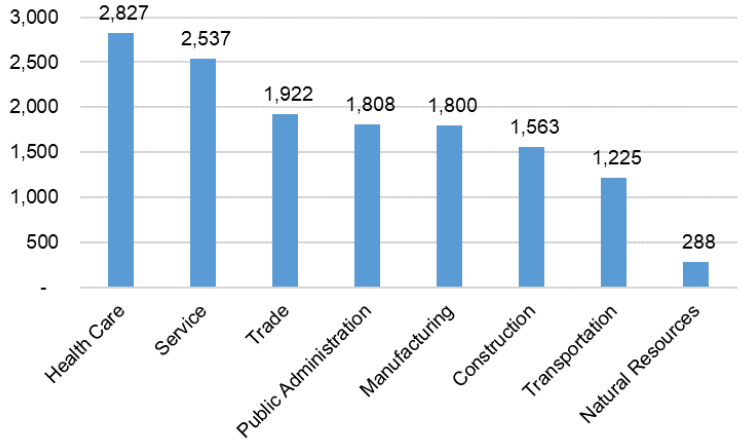
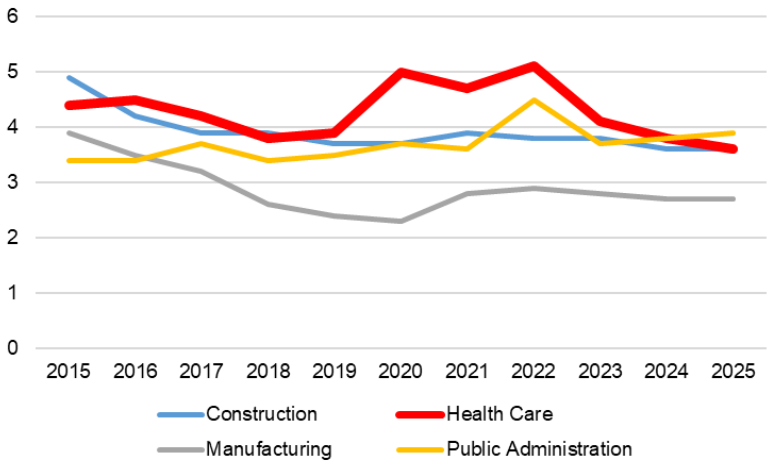


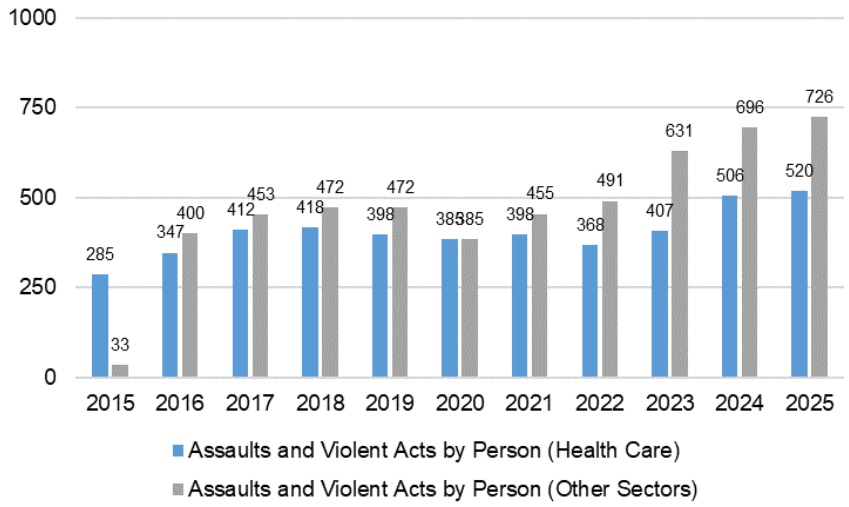
Figure 2 compares the annual time-loss injury rate (per 100 full-time equivalent employees) among the four sectors with the highest rates. Since 2015, health care has had the highest or near highest injury rate in Manitoba, acknowledging that COVID-related injury claims accounted for the sharp increase between 2020 and 2023.

Figure 2: Time-Loss Injury Rate (per 100), 2015-2025



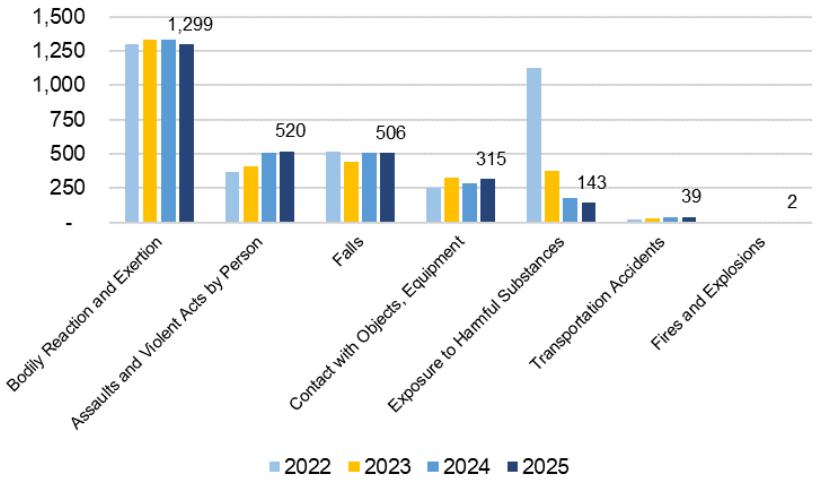
In 2025, assaults and violent acts accounted for 9.0% of all accepted time-loss injuries in Manitoba and disproportionately effected workers who are women.[7] Of the 1,246 related injury claims for assaults and violence, 520 or 42% of the total number were associated with incidents in health care workplaces (Figure 3).

Figure 3: Number of Time-Loss Injuries due to Assaults and Violent Acts, 2015-2025



Overall, in 2025, assaults and violent incidents accounted for 18.4% of time-loss injuries within health care (Figure 4). Further, since 2022, the number of these injury claims has increased by 41% (that is, from 368 to 520 claims).

Figure 4: Time-Loss Injuries in Health Care by Event, 2022-2025



[7] Manitoba Federation of Labour. 2026. Ending Manitoba's Workplace Epidemic of Violence: Practical Solutions to a Long-Term Problem. https://mfl.ca/wp-content/uploads/2026/07/Ending-Manitobas-Workplace-Violence-Epidemic-Practical-Solutions-to-a-Long-Standing-Problem.pdf

As mentioned, violence has become normalized in health care facilities and, due to underreporting, WCB claims data do not represent the frequency and impact of violence. Data from a recent Canadian Federation of Nurses survey was presented in a Manitoba Federation of Labour report that noted:

> "…98% of nurses in Manitoba experienced at least one incident of workplace violence or harassment in the past year, the highest rate of any province. In 63% of these incidents, the violence experienced was physical; in 96% [of cases] nurses experienced verbal abuse; and in 78% nurses experienced bullying."[8]

Exposure to violence can have serious physical and psychological health consequences for impacted workers. For this reason, medical care and return to work costs associated with these injuries can be significant. In June 2026, I submitted a freedom of Information and Protection of Privacy Act (FIPPA) request to the Manitoba WCB (Application 43-26) for a breakdown of claims by injury severity (as measured by injury duration in days) and event. When these data become available they will be included in this report.

5.0 The Legal Framework for Occupational Health and Safety

The *Workplace Safety and Health Act and Regulations* (WSHAR) establishes the legal framework for occupational health and safety in Manitoba. Like other jurisdictions in Canada, Manitoba's OHS system is premised on the internal responsibility system (IRS), a philosophy that assigns responsibilities for health and safety to workplace parties. Under this system, employers have by far the greatest responsibility for health and safety (e.g., providing training and competent supervision, maintaining facilities and equipment, developing and implementing policies, etc.) followed by supervisors and, finally, frontline workers.

In Manitoba, joint worker-management safety and health committees are required in all workplaces with 20 or more workers. Committees are led by worker- and employer-representative co-chairs. The duties of committees are broad and include, for example, identifying and controlling hazards, record keeping and making recommendations to an employer (see Appendix 1 for a complete list of committee duties).

The ministry's website describes a committee's overarching role this way:

> "… to review workplace safety and health concerns which have not been resolved at the supervisor level and have then been brought to the committee for discussion. These discussions are documented in the committee meeting minutes so all workers are aware of the actions being taken to address the

[8] Manitoba Federation of Labour. 2026. Ending Manitoba's Workplace Epidemic of Violence: Practical Solutions to a Long-Term Problem, p. 6. https://mfl.ca/wp-content/uploads/2026/07/Ending-Manitobas-Workplace-Violence-Epidemic-Practical-Solutions-to-a-Long-Standing-Problem.pdf

> concern. The committee's role is to "advise" the employer about workplace safety and health concerns and put forth recommendations."[9]

In keeping with this, employers have a general legal duty to consult and cooperate with committees regarding health and safety issues.

In theory, when workplace parties and joint committees effectively carry out their duties and responsibilities, as set out in Manitoba's OHS legislation, safe outcomes should result. The Ministry's Safety and Health Branch, which is discussed shortly, plays a critical role as a "check" on the effective functioning of the IRS.

5.1 Violence-Related Provisions

Manitoba's WSHAR defines "violence" as:

> "(a) the attempted or actual exercise of physical force against a person; and
>
> (b) any threatening statement or behaviour that gives a person reasonable cause to believe that physical force will be used against the person."[10]

In addition to compliance with a general due diligence requirement in Section 4.1 of the Act, employers of prescribed workplaces must comply with regulations related to workplace violence (Part 11 of the Regulation. See Appendix 2). Part 11.8 lists health care facilities, such as hospitals and community clinics, as prescribed workplaces.

Under Part 11, employers are required to develop a violence prevention policy, train workers in the policy and take steps to ensure workers comply with the policy (11.3(1)). Importantly, the development of the policy must be carried out in consultation with the joint committee (11.3(2)).

Part 11.4 sets out the minimum requirements of a violence prevention policy (e.g., identification and control measures, reporting and investigation procedures). Employers are also required to inform workers about the policy (11.5) and investigate incidents and take corrective action following investigations (11.6). Finally, employers must prepare an annual report with information about violent incidents and related investigations and corrective actions (11.7).

Under the Act, the committee co-chairs must also be notified immediately and investigate (along with employer representatives) events classified as "serious incidents"[11]. Violent incidents that do not meet the criteria for a serious incident should

---

[9] Ministry of Labour and Immigration. 2026. FAQs: Safety and Health Committees. https://www.gov.mb.ca/labour/safety/wsh_faqs_committees.html

[10] Manitoba. Workplace Safety and Health Regulation. Part 1 – Definitions and General Matters, 1(1).

[11] Part 2.6 Regulation: "serious incident" means an incident
(a) in which a worker is killed;
(b) in which a worker suffers
(i) an injury resulting from electrical contact,
(ii) unconsciousness as the result of a concussion,
(iii) a fracture of his or her skull, spine, pelvis, arm, leg, hand or foot,

also be investigated by the committee co-chairs.[12] The regulations also specify that joint committees receive the employer's annual report on violent incidents and, more generally, participate in the development and review of the violence prevention policy.

6.0 Workplace Safety and Health Branch

The Ministry of Labour and Immigration defines the role of the Workplace Safety and Health Branch as enforcing the "Workplace Safety and Health Act and its associated regulations in order to protect the safety and health of workers in Manitoba. Workplace Safety and Health's inspection and investigation activity focuses on improving legislative compliance in order to eliminate workplace fatalities, injuries and illnesses."[13]

The branch currently employs 56 safety and health officers (hereafter SHO) as well as operational and policy staff. Appendix 3 shows the branch's current organizational chart.

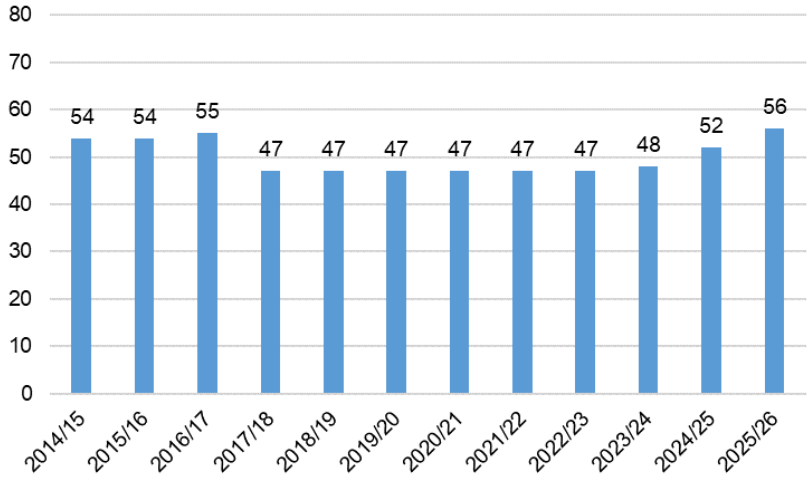
Figure 5 shows the annual number of SHO employed by the branch since 2014/15. According to Statistics Canada's annual Labour Force Survey, the total number of workers employed in Manitoba grew from 628,000 to 736,000 between 2014 and 2025, representing a 17.2% increase.[14] By comparison, over this period, the number of SHO has increased by only 3.7%.

The ministry's latest annual report highlights recruiting additional officers as a "key government priority" and a commitment to hire more SHO's in the current fiscal year.[15] Indeed, increasing the number of officers was a stated priority in the Minister of Labour and Immigration's 2023 mandate letter.[16]

(iv) amputation of an arm, leg, hand, foot, finger or toe,
(v) third degree burns,
(vi) permanent or temporary loss of sight,
(vii) a cut or laceration that requires medical treatment at a hospital as defined in The Health Services Insurance Act, or
(viii) asphyxiation or poisoning; or
(c) that involves
(i) the collapse or structural failure of a building, structure, crane, hoist, lift, temporary support system or excavation,
(ii) an explosion, fire or flood,
(iii) an uncontrolled spill or escape of a hazardous substance, or
(iv) the failure of an atmosphere-supplying respirator.

[13] Ministry of Labour and Immigration. 2026. Overview of ministry. https://www.gov.mb.ca/labour/. Consistent with this, the stated mission of the Ministry of Labour and Immigration's Workplace Safety and Health Branch is to "improve compliance with the workplace Safety and Health Act in order to prevent occupational injury, illness and death."
[14] Statistics Canada. Labour Force Survey. https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410039301&pickMembers%5B0%5D=2.3&cubeTimeFrame.startYear=2014&cubeTimeFrame.endYear=2024&referencePeriods=20140101%2C20240101
[15] Ministry of Labour and Immigration. 2026. 2026/27 Supplement to the Estimates of Expenditure, p. 23. https://www.gov.mb.ca/asset_library/en/estimates/2026_2027/see-li-26-27.pdf
[16] Kinew, Wab. October 19, 2023. Minister of Labour, Hon. Minister Malaya Marcelino. https://www.gov.mb.ca/asset_library/en/proactive/20232024/labour-and-immigraton-mandate-letter.pdf

Figure 5: Number of Safety and Health Officers, 2015-2026



For this project, I inquired with the branch about the number of SHOs assigned to each sector and was informed that "the department is unable to provide a staffing breakdown by sector as officer assignments are dynamic."[17]

The ministry's annual report highlights two primary OHS performance indicators: 1) annual number of proactive and reactive workplace inspections and 2) percentage of inspections resulting in orders (Table 1). The ministry's stated performance goal is to increase the annual number of SHO field inspections by 10% in 2026-27.

Table 1: Key Performance Measures[18]

Measure number	Measure	2023-24 Actual	2024-25 Actual	2025-26 Target	2026-27 Target
PM0482	Total number of Workplace Health and Safety inspections completed annually.	6,021	5,820	6,000	**6,600**
PM0785	Percentage of Workplace Health and Safety inspections resulting in orders annually.	62%	64%	55%-66%	**55%-66%**

[17] Response to Freedom of Information and Protection of Privacy Act (FIPPA) request 2627-LAB-0396. July 13, 2016

[18] Ministry of Labour and Immigration. 2026. 2026/27 Supplement to the Estimates of Expenditure. https://www.gov.mb.ca/asset_library/en/estimates/2026_2027/see-li-26-27.pdf

6.1 Enforcement Strategy

The ministry's annual report notes that the branch conducts "data-driven targeted enforcement throughout the province to ensure effective management of workplace safety hazards. The enforcement strategies were responsive to Manitoba's work environment and adapted as needed to ensure compliance and maximum effectiveness."[19]

The ministry's website identifies several "priority areas" for inspections and compliance activities.[20] At a high level these include:

- "workplaces that demonstrate repeated or willful non-compliance to high hazard contraventions
- high risk workplaces, with emphasis on those with high or increasing injury and illness rates, and those that employ vulnerable workers
- workplaces that fail to notify WSH of serious incidents
- workplaces associated with high risk hazardous substances or health hazards."[21]

Table 2 lists designated "high risk industries" (point two above) where high risk is defined in terms of high industry and sub-industry injury rates. [22] All else equal, workplaces in these sectors are subject to more SHO inspections and enhanced enforcement measures.

Table 2: Designated High Risk Industries

Recycling	Auto Parts Manufacturing	Roofing
Rough Cut Wood	Foundries	Wrecking Moving Buildings
Beams Trusses	Scrap Metal and Salvage	Concrete Work
Beds Bedding and Foam	Install Metal Products	Stone and Marble Manufacturing
General Labour Supply	Tower and Energy Construction	Excavations
Window Cleaning	Drywall Stucco	Metal Working Plants
Transportation	Landscaping	Paint Plating Engraving
Sawmills		

Despite having one of the highest sectorial injury rates (Figure 2) and high prevalence of violence (Figures 3 and 4), health care is not included in the list of high risk workplaces. Rather, health care along with schools, public administration, and

[19] Ministry of Labour and Immigration. 2025. 2024-25 Annual Report, p. 29. https://www.gov.mb.ca/asset_library/en/annualreports/2024_2025/annual-report-li-24-25.pdf
[20] Ministry of Labour and Immigration. 2026. OHS Enforcement. https://www.gov.mb.ca/labour/safety/enforcement.html
[21] Ministry of Labour and Immigration. 2026. OHS Enforcement. https://www.gov.mb.ca/labour/safety/enforcement.html
[22] The branch's website notes: "While all sectors were assessed, the following industry classifications have a significantly higher number of injuries requiring time away from work for every 100 workers than the provincial average." https://www.gov.mb.ca/labour/safety/print,enforcement.html

agriculture are identified as “other priority areas”. However, it is unclear what implications this designation has for inspections and other enforcement activities.

The ministry’s website also lists the following health hazards as strategically important areas for enforcement: exposure to lead, welding fumes, wood dust, asbestos, noise and hazards associated with musculoskeletal injuries. Currently, exposure to violence is not identified as a health hazard that warrants priority enforcement.

Although the majority of workplace inspections in Manitoba are driven by the aforementioned strategic priority areas, officers also conduct random inspections and complaint-driven worksite visits.

As mentioned, SHO play a critical role in supporting the function of the IRS through inspections and investigations and, where required, applying enforcement measures. In most cases where there is non-compliance, officers may issue what is known as an improvement order. These are legally-binding written notices that cite observed areas of regulatory non-compliance and require appropriate remedy within a specified period of time. Employers are expected to notify the officer when an issue is resolved.[23]

If orders are not effective in motivating compliance, or there is a danger of serious injury, an officer may employ more stringent enforcement measures. For example, in situations where there is an imminent risk of serious injury or illnesses in a workplace, officers may issue a stop work order, which requires an immediate end to all related work until the hazard is addressed.

In cases where there is wilful, severe or repeated non-compliance, officers may issue an administrative penalty. Currently, the size of these penalties range between $1,000 and $5,000, and are dependent on the type of contravention (e.g., failure to report a serious injury) and number of similar past violations. The schedule of penalties associated with the Administrative Penalty Regulation, M.R. 89/2014, does not list violence as a prescribed provision[24] nor are the size of the penalties proportional to the size of an employer (see Appendix 4). In other words, small and large employers are assessed the same penalty.

Finally, in response to cases involving a serious injury or fatality, the branch will investigate the incident to assess the culpability of an employer, contractor, and/or individual (e.g., supervisor). This may result in the branch forwarding a file to Manitoba Justice for consideration for prosecution. Each year, the crown receives 10-15 related files.

[23] Ministry of Labour and Immigration. 2026. FAQs: Orders. https://www.gov.mb.ca/labour/safety/faq/orders.html
[24] Government of Manitoba. Administrative Penalty Regulation. M.R. 89/2014. https://web2.gov.mb.ca/laws/regs/current/089-2014.php?lang=en

6.2 Enforcement Statistics

Compared to other jurisdictions in Canada, Manitoba publicly discloses a relatively significant amount of information about the Workplace Safety and Health Branch's enforcement activities. Annual statistics are provided since 2014/15 and the total number of workplace inspections and improvement orders for the current fiscal year are shown with a two-week lag.[25]

The ministry also maintains a searchable website that lists details related to stop work orders (SWO) (since 2020), administrative penalties (since 2013) and prosecutions (since 2008).[26] These databases are updated on a monthly basis with a one-month lag. The information includes:

- Date of the penalty
- Name of employer or individual
- Sector
- Size of penalty
- Description of the contravention

All of the publicly available data summarized in this report were downloaded on October 28, 2026, standardized and analyzed.

[25] Ministry of Labour and Immigration. 2026. Workplace Enforcement Activity. https://www.gov.mb.ca/labour/safety/reports.html
[26] Ministry of Labour and Immigration. 2026. Stop Work Orders, Penalties & Convictions. https://www.gov.mb.ca/labour/safety/compliance.html

6.2.1 Inspections and Improvement Orders

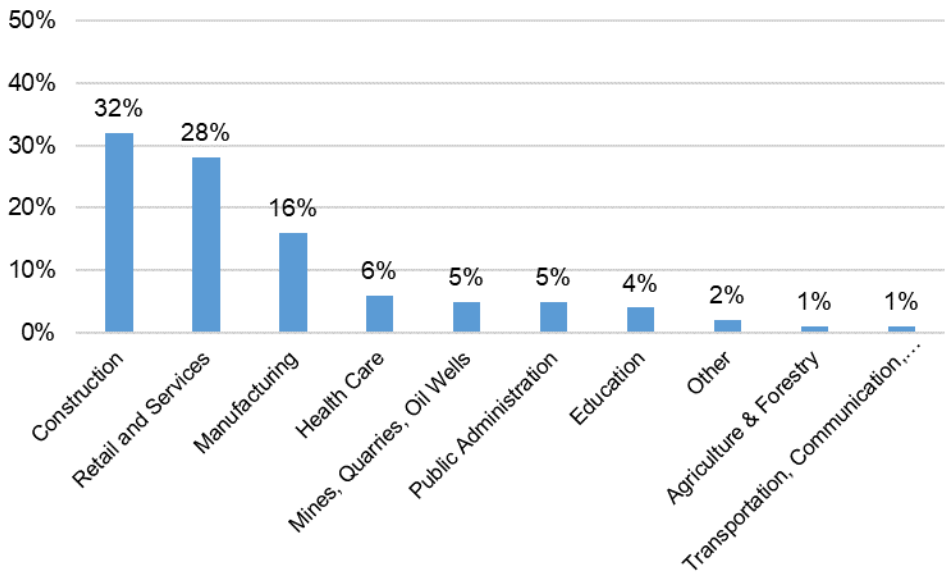
Table 3 shows that between 2022-23 and 2024-25 the number of inspections and improvement orders increased by 24% and 51%, respectively.

Table 3: Historical Enforcement Activity[27]

Date	Inspections	Inspections Resulting in Orders	Individual Improvement Orders	Stop Work Orders
2015-16	5,863	48%	8,725	423
2016-17	5,454	52%	8,771	477
2017-18	4,171	52%	6,228	346
2018-19	5,212	56%	8,803	582
2019-20	4,641	56%	5,931	399
2020-21	5,483	50%	6,739	404
2021-22	6,449	56%	10,579	396
2022-23	5,898	56%	9,816	277
2023-24	6,021	62%	11,888	377
2024-25	5,820	64%	12,191	413
2025-26	7,297	65%	14,838	524

Figure 6 breaks down the proportion of SHO worksite inspections by sector in 2025-26. Health care ranked fourth overall accounting for 6% or approximately 437 inspections. By comparison, there were approximately 2,335 inspections at construction worksites.

Figure 6: Worksite Inspections by Sector, 2025-26[28]



[27] Ministry of Labour and Immigration. 2026. Workplace Enforcement Activity. https://www.gov.mb.ca/labour/safety/reports.html

[28] Workplace Safety and Health Branch. 2026. Annual Report 2025/26.

Data related to the number of improvement orders by sector and compliance issue (e.g., violations joint committees, violence prevention policy) are not available. A related access to information request (2627-LAB-0912) was submitted in July 2026 and is currently being processed by the ministry. Once these data are available they will be summarized in this report.

6.2.2 Stop Work Orders

Figure 7 shows the number of SWO issued by sector. Since 2020, the majority of the 2,291 SWO were issued to employers in the construction sector (70%). Over this period, just 2.8% of SWO were issued for health care workplaces.

Figure 7: Number of Stop Work Orders by Sector, 2020 to September 2026

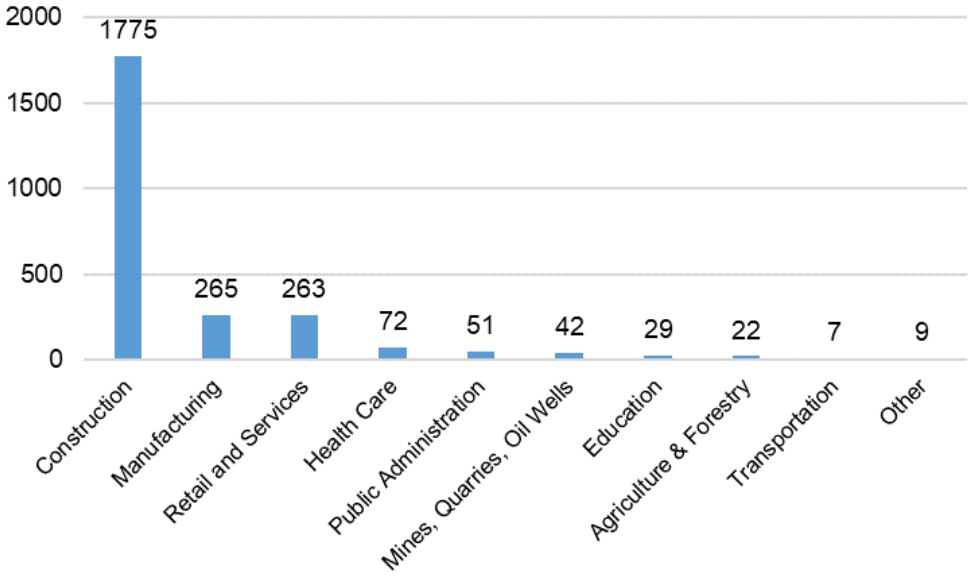
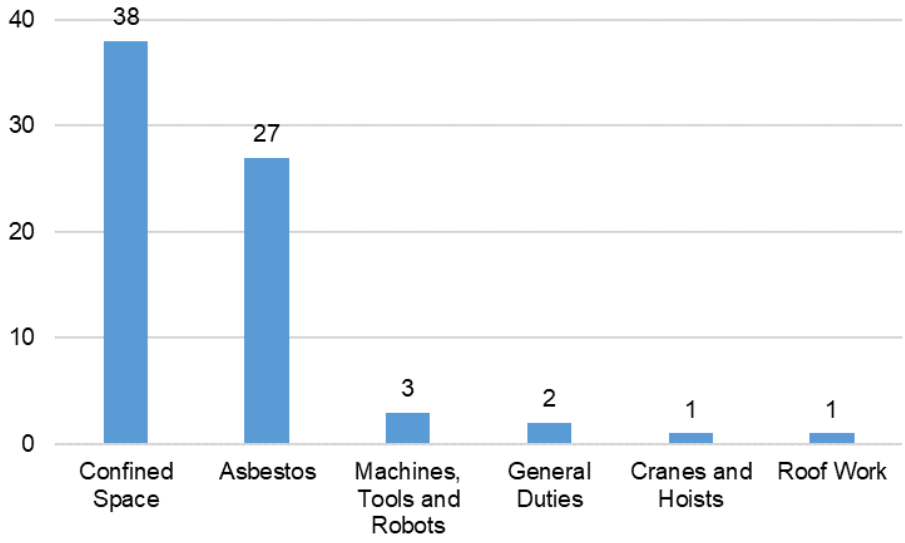


Figure 8 provides a breakdown of the number of SWOs in health care by contravention type. The leading grounds cited in SHO reports are confined space (38) and asbestos (27). No SWO have been assessed for violence or assaults in health care or any other sectors since 2020.

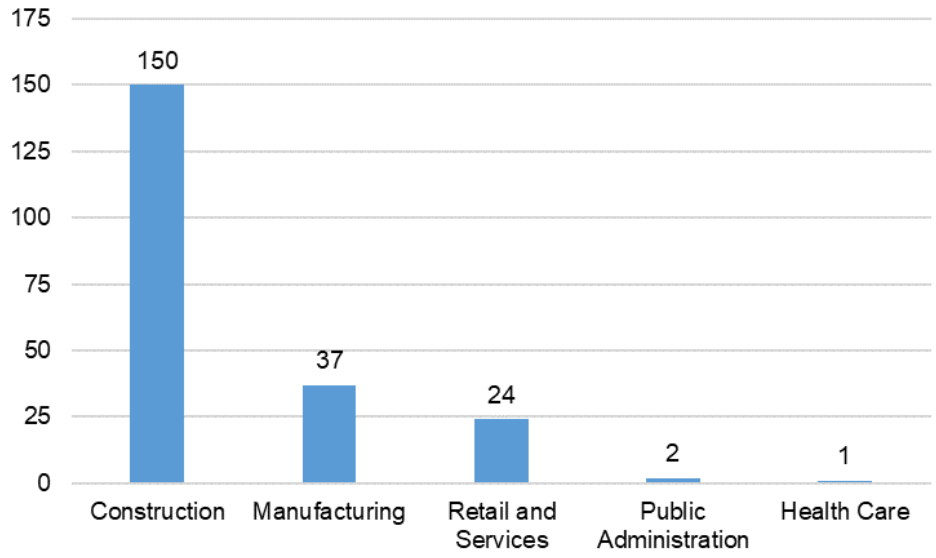
Figure 8: Number of Stop Work Orders in Health Care by Contravention Type, 2020 to September 2026



6.2.3 Administrative Penalties

Since 2013, 209 administrative penalties have been issued by the Workplace Safety and Health Branch. Figure 9 shows that the majority of penalties (71%) were assessed to employers in the construction sector. During this period there has been only one administrative penalty assessed to a health care workplace and it was related to asbestos.[29] Across all sectors, only one employer has been assessed an administrative penalty related to violence prevention since 2013.[30]

Figure 9: Number of Administrative Penalties by Sector, 2013 to September 2026

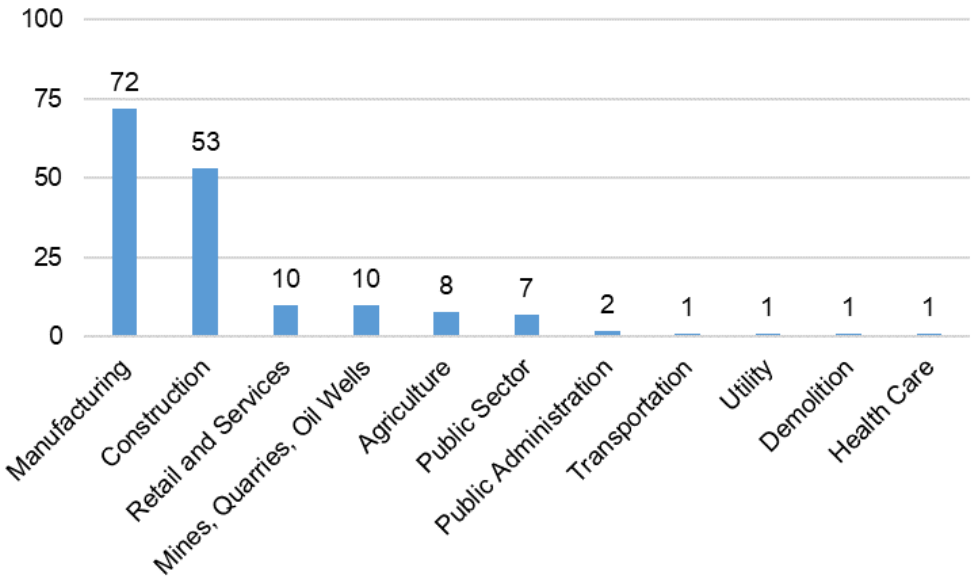


[29] On March 27, 2026, Birchwood Medical Clinic Health Care was assessed a $1,000 penalty for failing "to comply with an improvement order within the period specified in the order - Asbestos Inventory. (Workplace Safety and Health Regulation – 37.2(1))."
[30] On June 6, 2024, Western Star All Suites Hotel was assessed a $2,500 penalty for "failure to comply with IO within the period specified in the order – control measure required: Violence Prevention Policy."

6.2.4 Prosecutions

Since 2008, there have been 166 OHS-related prosecution convictions in Manitoba. These are broken down by sector in Figure 10. The majority of prosecutions have involved employers in manufacturing (72) and construction (53). The database showed no prosecutions related to serious injuries or deaths caused by workplace violence in the last 18 years. The single health care prosecution involved the Winnipeg Regional Health Authority and related to a serious physical injury that occurred in 2011. Over this period, there is no publicly available information concerning OHS-related charges that did not result in a conviction.

Figure 10: Number of Prosecutions by Sector, 2008 to September 2026



7.0 Discussion and Recommendations

Workers compensation board injury statistics and accounts from injured workers lay bare the scope of the problem of violence in health care workplaces in Manitoba. The sector has the most injuries caused by violent incidents of any in the province. The number of injury claims in health care due to violence has grown by 41% since 2022. And, in 2025, nearly one in five of all accepted injury claims in health care were related to violence.

Under Manitoba's OHS law responsibility for preventing workers being exposed to violence primarily rests with employers. For its part, the Ministry of Labour and Immigration's Workplace Safety and Health Branch is responsible for ensuring employer compliance with regulations through inspections, investigations and enforcement measures.

The evidence marshalled in this report demonstrates that the ministry is currently not effectively carrying out its responsibility with respect to ensuring employer compliance with violence regulations in health care workplaces.

At present, the ministry does not explicitly identify violence in health care as an area for priority enforcement while other workplace health hazards are prioritized (e.g., exposure to wood dust). Further, no sub-sectors within health care (e.g., emergency departments) are formally designated as "high risk" workplaces.

And despite violent incidents in health care facilities resulting in hundreds of injuries each year, and a number of such incidents seemingly meeting the Criminal Code of Canada definition of criminal assault causing bodily harm, these events are not explicitly categorized as "serious incidents" in Manitoba's OHS law.

The province's regime of administrative penalties for OHS offences does not list non-compliance with any of the regulations related to violence in its schedule of monetary penalties. Whereas, failure to comply with, for example, guardrails, fall protection, trenching, and six other areas are considered offences and subject to fines.

There are also serious shortcomings in enforcement in health care. Despite having an equal or higher injury rate (Figure 2) and higher total injury burden (Figure 11), health care employers are subject to substantially fewer inspections, stop work orders, administrative penalties and prosecutions than construction and manufacturing employers (Figure 12). While health care accounts for approximately 20% of all loss-time injuries in Manitoba, health care employers have been subject to just 6% of inspections, 3% of stop work orders, 1% of administrative penalties and 1% of prosecutions since 2013.

Figure 11: Percentage of Total Number of Accepted WCB Time-Loss Injuries, 2025

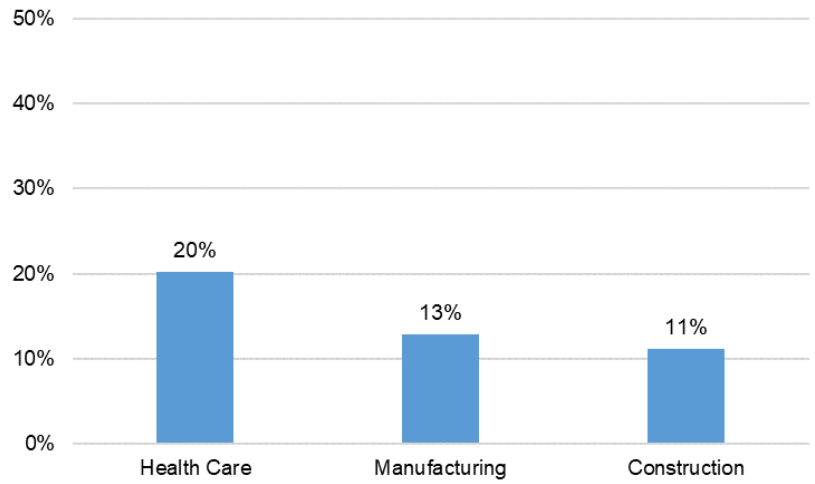
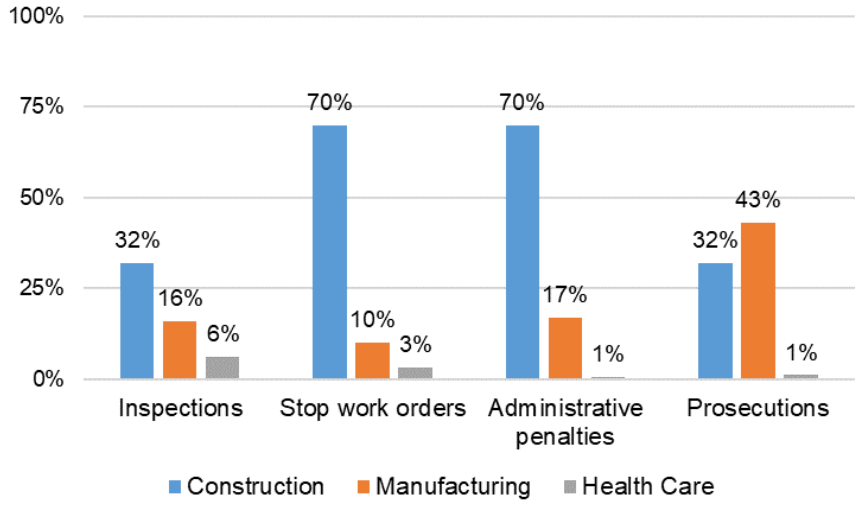


Figure 12: Percentage of Total Number of Inspections,[31] Stop Work Orders, Administrative Penalties and Prosecutions[32]



[31] Based on 2025-26 worksite inspections.
[32] Based on total number of SWO, administrative penalties and prosecutions between 2013 and September 2026

Violence in health care workplaces is a serious issue that demands a robust and sustained regulatory response. These events not only have negative psychological and physical health consequences for health care workers but also, more broadly, make staff recruitment and retention more difficult.

The challenge of short staffing and patient waitlists in health care cannot be addressed without acknowledging and taking action on the problem of violence. The issue demands a shift in mindset not only in terms of putting compliance with training and prevention at the fore, but also towards adopting a broader culture that genuinely prioritizes staff safety.

The Manitoba Federation of Labour has characterized workplace violence as an epidemic and made recommendations to address contributory issues such as short staffing, overcrowding and motivating employer compliance with OHS legislation.[33] The recommendations presented in this interim report focus on the latter and may be expanded as new information becomes available.

Recommendation 1: Designate sub-sectors in health care with high rates of violence as "high risk"

The Workplace Safety and Health Branch does not explicitly identify workplace violence and, specifically, violence in health care workplaces as a strategic priority for enforcement. Currently, 22 sub-sectors (e.g., roofing) are identified as "high risk" and some activities (e.g., noise exposure) are identified and subject to enhanced enforcement activities. Similarly, sub-sectors with in health care with high rates of injuries and violence should be formally designated as high risk and subject to more stringent, targeted enforcement.

Recommendation 2: Amend definition of "serious incident"

The definition of "serious incident" (Part 2.6 of the Regulation) should be reviewed and expanded to acknowledge both the serious physical and psychological harm that may result from workers being exposed to violent incidents. Violent events that result in or are likely to result in serious psychological injury and/or involve security or police response should be classified as serious incidents. Such a designation would place additional and expedited reporting and investigation responsibilities on employers.

Recommendation 3: Amend Administrative Penalty Regulation

Safety and Health Officers use administrative penalties to address repeated non-compliance with prescribed violations. Currently, the schedule of administrative penalties lists both general areas of application (e.g., failure to implement control measures) and prescribed hazards (e.g., fall protection systems), including prescribed

[33] Manitoba Federation of Labour. 2026. Ending Manitoba's Workplace Epidemic of Violence: Practical Solutions to a Long-Term Problem. https://mfl.ca/wp-content/uploads/2026/07/Ending-Manitobas-Workplace-Violence-Epidemic-Practical-Solutions-to-a-Long-Standing-Problem.pdf.

hazards in the mining sector (e.g., guardrails). This regulation should be amended so that non-compliance with all elements of Part 11 of the Regulation (Workplace Violence) are prescribed.[34] Lastly, the size of administrative penalties should be proportional to the size of an employer, as penalties in the current range of $1,000 to $5,000 are insufficient to motivate change in behaviour among large health care employers.

Recommendation 4: Hire 10 more Safety and Health Officers

In the past 12 years, the number of SHOs has not kept pace with increases in the size of Manitoba's workforce. The Ministry of Labour and Immigration has prioritized hiring and training more officers but has not set a target for the number of new officer positions. Given the growth in the size of the province's workforce and the urgency of addressing violence, the branch should fund at least 10 additional permanent SHO positions.

Recommendation 5: Reorganize SHOs in the Workplace Safety and Health Branch

With the exception of the mining sector, the branch does not appear to have dedicated teams of SHOs that are responsible for enforcement in specific sectors. The branch should consider reorganizing SHOs according to their expertise in health care, construction, manufacturing and other sectors. It should also consider establishing a dedicated violence and harassment unit staffed by SHOs with specialized training who receive and respond to, and when necessary, investigate related complaints from workers.

Recommendation 6: Increase the number of OHS prosecutors and prioritize prosecution of violence-related serious injuries and deaths

Since 2008, there have been no prosecutions related to violent workplace incidents and only one prosecution of a health care employer. Given the overall injury burden in health care and the serious problem of violence, Manitoba Justice should increase capacity for OHS prosecutions and prioritize cases related to violence in health care. Prosecution of related cases will have a positive deterrence effect on health care employers.

Recommendation 7: Strategic priority and key performance indicators

Finally, the Ministry of Labour and Immigration must make addressing workplace violence a strategic priority. Currently, the ministry has two annual key performance indicators (KPI): 1) the number of inspections and 2) the number of inspections resulting in orders. The ministry should post on its website a break down of improvement orders by sector and adopt additional KPIs that assess the effectiveness of its activities in motivating employer compliance with regulations related to workplace violence.

[34] I also recommend that Manitoba subject violations related to joint safety and health committee provisions to administrative penalties.

Appendix 1: Duties of Workplace Safety and Health Committees

40(10) The duties of a committee include:

(a) the receipt, consideration and disposition of concerns and complaints respecting the safety and health of workers;

(b) participation in the identification of risks to the safety or health of workers or other persons, arising out of or in connection with activities in the workplace;

(c) the development and promotion of measures to protect the safety and health and welfare of persons in the workplace, and checking the effectiveness of such measures;

(d) co-operation with the occupational health service, if such a service has been established within the workplace;

(e) co-operation with a safety and health officer exercising duties under this Act or the regulations;

(f) the development and promotion of programs for education and information concerning safety and health in the workplace;

(g) the making of recommendations to the employer or prime contractor respecting the safety and health of workers;

(h) the inspection of the workplace at regular intervals;

(i) the participation in investigations of accidents and dangerous occurrences at the workplace;

(j) the maintenance of records in connection with the receipt and disposition of concerns and complaints and the attendance to other matters relating to the duties of the committee; and

(k) such other duties as may be specified in this Act or prescribed by regulation.

Appendix 2: Part 11 – Violence in the Workplace

Application

11.1 A workplace is subject to this Part if
(a) the workplace is used to provide healthcare services, which for certainty includes the workplaces described in section 11.8;

(b) the workplace is used to provide the following services:
(i) pharmaceutical-dispensing services,
(ii) education services,
(iii) financial services,
(iv) police, corrections or other law enforcement services,
(v) security services,
(vi) crisis counselling and intervention services,
(vii) public transportation, if the workplace is a taxi cab or a transit bus;
(c) the workplace is open to the public for the purpose of retail sales between the hours of 11:00 p.m. and 6:00 a.m.;
(d) the workplace is a licensed premises within the meaning of The Liquor, Gaming and Cannabis Control Act; or
(e) the workplace is made subject to this Part as the result of an assessment done under section 11.2.

Employer must assess risk of violence

11.2 An employer at a workplace that is not described in clauses 11.1(a) to (d) must assess the risk of violence to a worker at the workplace. The assessment must be carried out in consultation with
(a) the committee at the workplace;
(b) the representative at the workplace; or
(c) when there is no committee or representative, the workers at the workplace.

A workplace is subject to this Part if a risk of violence to a worker is identified as a result of the assessment.

Violence prevention policy

11.3(1) For a workplace that is subject to this Part, the employer must
(a) develop and implement a violence prevention policy at the workplace;
(b) train workers in the violence prevention policy; and
(c) ensure that workers comply with the violence prevention policy.

11.3(2) The violence prevention policy must be developed in consultation with
(a) the committee at the workplace;
(b) the representative at the workplace; or
(c) when there is no committee or representative, the workers at the workplace.

Content of violence prevention policy

11.4 A violence prevention policy must set out the actions and measures the employer will take to eliminate the risk of violence to a worker or to control that risk if it is not reasonably practicable to eliminate it.

Without limitation, the violence prevention policy must include
(a) a description of
(i) any particular worksite at the workplace where an incident of violence has occurred or may reasonably be expected to occur, and
(ii) any particular job functions at the workplace where the worker performing the function has been, or may reasonably be expected to be, exposed to incidents of violence;
(b) the measures that the employer must implement to eliminate the risk of violence to a worker at the workplace, or to control that risk if it is not reasonably practicable to eliminate it;
(c) the measures and procedures that the employer has in place for summoning immediate assistance when an incident of violence occurs or is likely to occur;
(d) the procedure a worker is to follow in reporting an incident of violence to the employer, including how and when an incident is to be reported;
(e) the procedure the employer will follow to document and investigate any incident of violence to a worker that the employer becomes aware of;
(f) the procedure the employer will follow to implement any control measures identified as a result of the investigation that will eliminate or control the risk of violence to a worker;
(g) a recommendation that a worker who has been harmed as a result of an incident of violence at the workplace is advised to consult the worker's health care provider for treatment or referral for post-incident counselling, if appropriate;
(h) in respect of an incidence of violence, a statement that the employer must not disclose the name of a complainant or the circumstances related to the complaint to any person, other than where the disclosure is
(i) necessary in order to investigate the complaint,
(ii) required in order to take corrective action in response to the complaint, or
(iii) required by law;
(i) a statement that the personal information that is disclosed under clause (h) in respect of an incidence of violence must be the minimum amount necessary for the purpose; and
(j) a statement that the violence prevention policy is not intended to discourage or prevent a complainant from exercising any other rights, actions or remedies that may be available to him or her under any other law.

Policy and information to be given to workers

11.5(1) If a workplace is subject to this Part, the employer must
(a) post a copy of the violence prevention policy in a conspicuous place at the workplace or, if posting is not practicable, provide a copy of the violence prevention policy to each worker; and
(b) inform each of worker about the nature and extent of the risk of violence to a worker in the workplace.
11.5(2) Unless otherwise prohibited by law, the duty to inform a worker about the risk of violence under clause (1)(b) includes a duty to provide any information in the employer's possession, including personal information, related to the risk of violence from persons who have a history of violent behaviour and whom workers are likely to encounter in the course of their work.
11.5(3) The personal information provided under clause (1)(b) must be the minimum amount necessary to accomplish the purpose.

Employer's obligation to investigate and implement control measures
11.6 As soon as reasonably practicable after an incident of violence to a worker, the 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.

Annual report on violent incidents

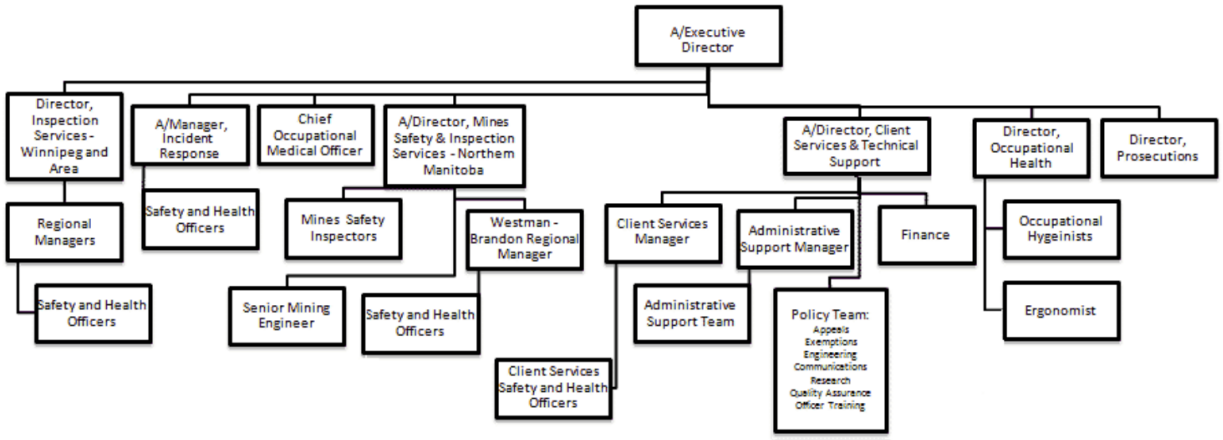
11.7(1) Annually, the employer must prepare a report that compiles
(a) the records of the incidents of violence to a worker in the workplace, if any;
(b) the results of any investigation into an incident of violence, including a copy of
(i) any recommendations for control measures or changes to the violence prevention policy, and
(ii) any report prepared under section 2.9 in respect of such an incident; and
(c) the control measures, if any, implemented as a result of an investigation into an incident.
11.7(2) The annual report respecting violence in the workplace must be provided to
(a) the committee at the workplace;
(b) the representative at the workplace; and
(c) when there is no committee or representative, the workers at the workplace.

Workplaces used to provide healthcare services

11.8 Without limiting clause 11.1(a), healthcare services are provided from the following workplaces:

(a) an institution or other facility designated as a hospital by regulation under The Health Services Insurance Act;
(b) a personal care home as defined in The Health Services Insurance Act;
(c) a psychiatric facility designated as a facility by regulation under The Mental Health Act;
(d) a medical clinic;
(e) a community health centre;
(f) a physician's office;
(g) an ambulance as defined in The Emergency Medical Response and Stretcher Transportation Act;
(h) a residential care facility for children, youth or adults;
(i) a place where home care services are provided;
(j) any other workplace where physical or mental health treatment or care is provided to a person, other than a place where first aid services are provided to employees in accordance with Part 5 (First Aid).

Appendix 3: Workplace Safety and Health Branch Organizational Structure[35]



[35] Ministry of Labour and Immigration. 2026. Organizational chart. https://manitoba.ca/labour/safety/wsh_org.html

Appendix 4: Administrative Penalty Regulation M.R. 89/2014[36]

SCHEDULE
(Section 4)

AMOUNT OF ADMINISTRATIVE PENALTY

Administrative Penalty		First Administrative Penalty	Second Administrative Penalty	Third or Subsequent Administrative Penalty
1	Failing to comply or maintain compliance with an improvement order that required a control measure.	$2,500	$5,000	$5,000
2	Failing to comply or maintain compliance with an improvement order that did not require a control measure.	$1,000	$3,000	$5,000
2.1	Failing to notify the branch of a serious incident or provide the required information respecting a serious incident.	$1,000	$3,000	$5,000
3	Resuming an activity that previously was the subject of a stop work order but was discontinued because the person had complied with it.	$2,500	$5,000	$5,000
4	Being ordered to take action under section 42.1 of the Act because the person took a reprisal against a worker.	$1,000	$3,000	$5,000
5	Failing to comply with one of the following prescribed provisions of the *Operation of Mines Regulation*:	$2,500	$5,000	$5,000
(a)	s. 4.7 (fall protection systems),			
(b)	s. 12.6 (fall protection at open pit or quarry),			
(c)	s. 18.4 (guardrails).			

[36] Government of Manitoba. Administrative Penalties. https://web2.gov.mb.ca/laws/regs/current/089-2014.php?lang=en

Administrative Penalty		First Administrative Penalty	Second Administrative Penalty	Third or Subsequent Administrative Penalty
6	Failing to comply with one of the following prescribed provisions of the *Workplace Safety and Health Regulation*:	$1,000	$3,000	$5,000
(a)	s. 25.4(1) (notice to electrical authority re work near overhead electrical line),			
(b)	s. 26.4 (notice to the branch of an excavation),			
(c)	s. 26.6(1) (notice to owners of underground facilities of an excavation),			
(d)	s. 28.22(1) (notice to the branch re suspended work platform use),			
(e)	s. 37.9(2) (notice to the branch re alteration, renovation or demolition that may release asbestos-containing material).			
7	Failing to comply with one of the following prescribed provisions of the *Workplace Safety and Health Regulation*:	$2,500	$5,000	$5,000
(a)	s. 14.3 (guardrails),			
(b)	s. 14.6 (fall protection systems),			
(c)	s. 26.15 (support structure in open excavation),			
(d)	s. 26.16 (support structure in trench),			
(e)	s. 26.16.1 (support for structure adjacent to excavation),			
(f)	s. 26.20 (immediate support structure when earth exposed),			
(g)	s. 26.28 (support structure for deep foundation excavations),			
(h)	s. 26.33 (support structure for shaft or tunnel),			
(i)	s. 37.9(1) (alteration, renovation or demolition re asbestos-containing material).			