



ONTARIO LABOUR RELATIONS BOARD

OLRB Case No: **2075-26-IO**

Ontario Nurses Association, Applicant v **Waterloo Regional Health Network**, Responding Party v Unifor Local 1106, United Steelworkers, Local 838, and OPSEU/SEFPO, Intervenor

OLRB Case No: **2073-26-HS**

Ontario Nurses Association, Applicant v **Waterloo Regional Health Network**, and A Director under the *Occupational Health and Safety Act*, Responding Parties

Ministry of Labour F.V. No: **4767FQFVDVC-4767-FV001**

OLRB Case No: **3045-24-HS**

Ontario Nurses Association, Applicant v **Grand River Hospital Corporation**, and A Director under the *Occupational Health and Safety Act*, Responding Parties v Unifor and its Local 1106, United Steelworkers on behalf of its Locals 838 and 9597, and OPSEU/SEFPO, Intervenor

Ministry of Labour F.V. No: **2808DCTZDFG-2808-FV001**

OLRB Case No: **0033-26-HS**

Ontario Nurses' Association, Applicant v **Waterloo Regional Health Network**, and A Director under the *Occupational Health and Safety Act*, Responding Parties v United Steelworkers on behalf of its Locals 838 and 9597, and Unifor Local 1106, Intervenor

Ministry of Labour F.V. No: **4767FFDRWKF-4767-FV001**

BEFORE: Jordan Kirkness, Vice-Chair

APPEARANCES: Tyler Boggs and Natasha Abraham on behalf of the Ontario Nurses Association; Grant R. Nuttall on behalf of the Hospital; Terry Wong and Alexis Qi on behalf of the Director; Katherine Ferreira on behalf of OPSEU/SEFPO; Thomas Goetz on behalf of the United Steelworkers; and Sevda Mansour on behalf of Unifor

DECISION OF THE BOARD: October 19, 2026

1. OLRB Case No. 2075-26-IO (the "Interim Order application") is an application for an interim order under section 61(3.4) of the *Occupational Health and Safety Act*, R.S.O. 1990, c. O.1, as amended (the "Act"). The applicant ("ONA") seeks an interim order requiring the responding party (the "Hospital")¹ to increase the security personnel assigned to the Hospital's 1st Floor, F Wing (the "1F Unit"), such that there would be an appropriately trained security guard in that unit twenty-four hours per day, seven days per week.

2. This Interim Order application is filed in connection with three applications (*i.e.*, OLRB Case No. 3045-24-HS (the "First Appeal"); OLRB Case No. 0033-26-HS (the "Second Appeal"); and OLRB Case No. 2073-26-HS (the "Third Appeal"); collectively, the "Appeals"). The Appeals have been filed by ONA under section 61(1) of the Act, each appealing the refusal of an inspector (the "Inspector") of the Ministry of Labour, Immigration, Training and Skills Development (the "Ministry") to issue orders under the Act in relation to separate incidents occurring in the 1F Unit.

3. Pursuant to a decision dated June 10, 2026, the First Appeal and the Second Appeal are being heard together. Hearings were already in progress when an incident occurred on August 28, 2026, giving rise to the Third Appeal and the Interim Order, both of which were filed on September 29, 2026.

4. The purpose of this decision is to determine the Interim Order application which proceeded to consultation on October 9, 2026. At the consultation, the Board did not question the declarants. The Board heard detailed submissions from counsel for all parties and has carefully reviewed all of the materials that have been filed. On this basis, for the

¹ The responding party employer in all applications, now known as Waterloo Regional Health Network at Midtown, operates a hospital formerly known as Grand River Hospital (the "Hospital").

reasons set out in this decision, an interim order is granted, as detailed below.

5. To be clear, in this decision, the Board is not assessing credibility, finding facts, or otherwise determining the Appeals. Rather, the Board is conducting a high-level assessment of whether it is appropriate to make an interim order in the circumstances, pending the outcome of a full hearing in which the Board will determine whether to substitute its findings for those of the inspector, and whether to rescind, affirm and/or substitute the inspector's order.

Preliminary Issues

6. Two preliminary issues were identified at the outset of the consultation, namely, whether the following documents will be accepted and considered by the Board:

- (a) the response of the Director under the *Occupational Health and Safety Act* (the "Director"), filed October 7, 2026; and
- (b) two documents filed by the Hospital on October 8, 2026.

7. The Board's interim order application process is intended to quickly address significant and competing interests in an expedited manner, while reserving findings of fact and credibility for the underlying application to which the interim order relates. As such, the Interim Order application must be expedited to achieve its purpose, and untimely filings can undermine the process. Nonetheless, under Rule 40.7 of the Board's Rules of Procedure, the Board retains discretion to accept late-filed documents where it considers it advisable.

8. The Director's full participation in these proceedings serves an important purpose, providing regulatory enforcement insight and representing the broader public interest. The Director opposes ONA's Interim Order application, and ONA provided a complete response to the Director's position at consultation. ONA did not establish any material prejudice resulting from the timing of the Director's response. As such, the Board will accept and consider the Director's response.

9. The two documents filed by the Hospital on October 8, 2026 included the following:

- (a) an email from Sherri Lamothe to Unit Staff regarding "Important: Safe Management Group Training & PICU Staff" dated March 12, 2026; and
- (b) a list of staff who have completed SMG training and/or SMG de-escalation training.

10. The Hospital states that it has submitted these documents to assist the Board in assessing statements set out in declarations regarding the training received by nurses involved in the incidents at issue. The Hospital does not assert that every member of the bargaining unit has received the training but maintains that the "SMG training" is one of many precautions taken by the Hospital to protect its workers.

11. ONA objects to the late-filed documents. It argues they are incomplete and unreliable.

12. The parties do not dispute that many nurses who work in the 1F Unit have received Code White training. What the parties dispute is the extent to which this training has been implemented and its overall adequacy. This dispute is factually nuanced and must be addressed in the Appeals. For the purposes of this decision, it is unnecessary for the Board to consider the details set out in the two documents that were filed by the Hospital on October 8, 2026. As such, the Board will not in this decision consider those documents.

Background

13. The following facts are not disputed.

14. ONA represents registered and graduate nurses employed in a nursing capacity at the Hospital (subject to exceptions not in issue). The intervenors represent bargaining units in which other employees at the Hospital are employed.

15. The Hospital's 1F Unit is an adult in-patient mental health unit that provides care to individuals with mental health disabilities. The 1F Unit contains approximately 58 beds for such patients who require the safety of a hospital setting. The 1F Unit also contains a more secluded, secure area referred to as the Psychiatric Intensive Care Unit (the "PICU").² About seven of the 58 beds in the 1F Unit are within the PICU.

² Also referred to as "PICA", the Psychiatric Intensive Care Area.

16. The 1F Unit is staffed by a multi-disciplinary team of healthcare professionals, including registered nurses ("RNs"), registered practical nurses ("RPNs"), physicians, social workers, therapists, neuropsychologists, clinical assistants, and other healthcare professionals. Security guards are stationed in the 1F Unit between 7 p.m. and 7 a.m. Monday through Friday, and 24 hours per day on Saturday and Sunday.

17. ONA members, and members represented by the intervenors, are required to work in the 1F Unit and PICA – some regularly and others occasionally. In the 1F Unit, more healthcare staff are scheduled to work weekday shifts as compared to weeknights and weekends.

18. In the 1F Unit, there is a nursing station. The nursing station has doors to both the PICU and the broader 1F Unit. Access to the nursing station from the PICU is normally locked.

19. Among other incidents, nurses and other workers working in and around the PICU were subjected to workplace violence on December 26, 2023; January 24, 2025; February 18, 2026; March 28, 2026; and August 28, 2026 (the "Five Incidents").

20. The Hospital has a "Code White" policy for managing violent or potentially violent situations. The Code White policy describes its purpose as follows:

Waterloo Regional Health Network (WRHN) manages violent and/or aggressive behaviour with the best strategies possible and the least amount of restraint, while maintaining the person's dignity and the safety of all. The organization is committed to integrating quality of care and safety solutions for all members of our hospital community.

A Code White response is initiated to:

- a. Regain control of a behavioural emergency in which an individual is escalating or threatening behaviours are beyond the unit/area team member's abilities to control.
- b. Provide the individual demonstrating aggressive behaviour with appropriate care until they regain control of their behaviour.
- c. Prevent injury to the escalating individual, other patients, team member and others.
- d. Prevent property damage.

21. Under that policy, a “Code White” is defined as follows:

Code White: An emergency procedure that provides an immediate response of additional clinical and security team members to assist with a situation in which there is a display of aggression (verbal or physical) or a threat of violence to self and or others, and:

- Verbal de-escalation is not effective; or,
- The level of aggression is increasing; or,
- A restraint (chemical, physical, environmental or mechanical) is required and/or it is anticipated that the patient will be resistive; or,
- The patient has become assaultive and/or combative.

22. The Code White policy provides that team members must participate in required training for their area.

23. Since December 26, 2023, Ministry inspectors have conducted several inspections and have issued orders requiring general compliance, a workplace violence assessment, and the development of procedures for preventing unwanted access to the nursing station. However, there have been no orders requiring additional security staffing, and, to date, there have been no orders resulting from the most recent of the Five Incidents that occurred on August 28, 2026.

24. At the time of the consultation on October 9, 2026, the patient involved in the August 28, 2026 incident was still an inpatient in the 1F Unit.

ONA’s Position

25. ONA requests the following interim order:

An interim order under ss. 25(2)(h) of the Act requiring the Hospital to assign immediately at least one appropriately trained security staff to the 1F Unit, who would be present for twenty-four hours each day, seven days per week.

As a corollary to this Order, such security staff would be authorized to place their hands on a patient and detain them if necessary, and would escort nurses whenever and wherever they are required to accompany a violent patient.

26. In support of its interim order request, ONA describes “a series of violent and escalating assaults by patients” against RNs and others in and around the 1F Unit. It characterizes this as a broader trend but has focused its submissions on the Five Incidents.

27. ONA’s written representations describe each of the Five Incidents in detail. According to ONA, each of these incidents involve patient violence in or around the PICU that resulted in serious physical injury and/or psychological trauma to worker(s). At the time of each of these incidents, a security guard was not stationed on the 1F Unit (though security personnel were present during one of the Five Incidents because they were escorting another patient in the unit at the time). The most serious of the physical injuries described by ONA relate to the most recent incident on August 28, 2026, which include a nurse suffering a broken orbital bone under her eye and prolapsed sinuses as a result of being struck by a patient.

28. In support of its description of the Five Incidents, ONA has provided several declarations of Brooks Patterson and Riley Barnhardt. Ms Patterson is a registered nurse at the Hospital, an ONA member, and a member of the relevant Joint Health and Safety Committee (“JHSC”). Ms Barnhardt is also an RN at the Hospital, and she works primarily in the PICU. Ms Barnhardt was directly involved in the incidents of January 24, 2025 and August 28, 2026.

29. As well, Unifor has filed a declaration of Ms Kat which is consistent with the above description of the incidents of August 28, 2026.

30. ONA relies on a report of Deloitte LLP titled, “Grand River Hospital, Physical Security and Corporate Security Assessment” dated February 2024 (the “Deloitte Report”). This was a report regarding the Hospital’s security measures that was commissioned by the Hospital in or around 2023. ONA submits that the report supports the view that the presence of security guards is an important visual deterrent and notes that the report recommended that the Hospital “[i]ncrease guard presence”.

31. ONA also relies on documents of the JHSC. For example, ONA has filed a report of the JHSC dated March 6, 2024 (the “2024 JHSC Recommendations”) which states that the JHSC recommended to the Hospital, in early 2024, that the Hospital ensure there is a security guard stationed in the 1F Unit 24 hours a day, 7 days a week.

32. ONA argues that the Hospital has taken no meaningful steps to protect its workers and inspector(s) have failed to issue the appropriate orders in response to the Five Incidents. It asserts that the interim order it has requested is necessary to ensure that the health and safety of workers is not jeopardized.

33. ONA submits that the Hospital's existing measures are clearly inadequate. It argues that security staff are unable to reach the 1F Unit quickly enough when there is a Code White during the daytime shift, and that clinical staff are not adequately trained to address the incidents of violence that are arising. It further submits that stationing a security guard on the unit at all times would act as a meaningful deterrent and would allow security to address violent incidents more effectively when they arise.

34. In support of its position, ONA cites the following cases: *Thorold Professional Fire Fighters' Assn. v. Thorold (City)*, 2000 CanLII 13596 (ON LRB) ("**Thorold**"); *Ontario Public Service Employees Union v. Central North Correctional Centre*, 2006 CanLII 34110 (ON LRB); *Ontario Nurses' Association v Royal Ottawa Health Care Group*, 2014 CanLII 71799 (ON LRB); and *Ontario Nurses' Association v Royal Ottawa Health Care Group - Brockville Mental Health Centre*, 2014 CanLII 75060 (ON LRB) ("**Brockville Mental Health Centre – Interim Order Decision**").

The Intervenor's Positions

35. The intervenors generally adopt ONA's position and submissions. They also add the following supplementary submissions.

36. The United Steelworkers on behalf of its Locals 838 and 9597 (the "USW") submits that any security staff assigned by the Hospital to the 1F Unit during the day shift from Mondays to Fridays should be in addition to the three security guards currently scheduled at the hospital during that shift. In support of this, the USW submits the following:

Should the Employer fail to [schedule an additional security guard] and instead pull one of the three (3) currently scheduled officers for the weekday day shift and reassign them to Unit 1F, this would leave a single security employee to conduct patrols and respond to security incidents throughout the entire hospital. This scenario leaves that officer in a more vulnerable position, undermining their ability to protect the safety of others in the hospital, as well as their own safety. The Union's members at WRHN are

highly trained security professionals – but they can only do their job effectively and safely when they have sufficient global security staffing on site.

37. OPSEU/SEFPO (“OPSEU”) requests that the interim order be extended to its bargaining unit members so that they too may be escorted by security staff when required to accompany and/or attend to a violent patient. OPSEU also cited *International Brotherhood of Electrical Workers Local 1739 v. International Brotherhood of Electrical Workers*, 2007 CanLII 65617 (ON SCDC) and *Ontario Nurses’ Association v Royal Ottawa Health Care Group - Brockville Mental Health Centre*, 2015 CanLII 24413 (ON LRB)(“*Brockville Mental Health Centre – Preliminary Motion Decision*”) in support of its position.

38. Unifor has, in addition to filing the declaration of Ms Kat (discussed above), provided a declaration of Kyle Weston, another RPN who has been working in the 1F Unit since 2015, and has been a member of the JHSC from 2024 to 2026. Mr. Weston declares that he is a certified Code White instructor for both the Canadian Training Institute and Safe Management Group. It is Mr. Weston’s view that Code White training itself is not effective in protecting the staff when responding to a violent incident. Mr. Weston declares that Code White training involves crisis intervention and management of aggressive behaviour, but not “use of force”.

39. According to Mr. Weston, the availability of staff in the 1F Unit is inconsistent because patient needs fluctuate significantly over time, and even a full staff complement is not always adequate. Mr. Weston disagrees with the Hospital’s view (discussed below) that it is unnecessary to have a dedicated security guard on the 1F Unit during the weekday shift.

The Hospital’s Response

40. The Hospital denies any breach of the Act and maintains that ONA has not satisfied its onus of establishing the necessary conditions for granting interim relief under section 61(3.4) of the Act. The Hospital asserts that the requested interim order is not necessary to avoid jeopardizing the health and safety of workers, and that it would therefore be inappropriate for the Board to interfere with the judgement of the inspector. In support of its position, the Hospital advanced several arguments, outlined below.

41. The Hospital describes its basic approach to scheduling security to the 1F Unit as follows:

Security guards are assigned to the Unit during nights and weekends, but are not specifically assigned to the Unit Monday to Friday from 0700 to 1900, when healthcare staffing levels are already higher. When security guards are not stationed on the Unit, they still frequent the Unit while on rounds, and will attend the Unit when called for patient assist activities, or when responding to other codes. Clinical staff can exercise their judgment to call for security assistance when they determine it is appropriate.

42. The Hospital points to several health and safety measures already in place to protect the 1F Unit against workplace violence. It notes that nurses assigned to the 1F Unit receive a comprehensive suite of health and safety training designed to prevent and manage workplace violence, including Code White response training, workplace violence prevention, deescalation, and other training initiatives.

43. Beyond training, the Hospital describes numerous related health and safety measures, including a comprehensive safety guideline for its mental health and addictions program, regular health and safety meetings, door access policies for restricted areas, dress code requirements, violence risk assessments, video surveillance, routine safety scans, a threat alert system, alarm systems, signage, convex mirrors to eliminate blind spots, and the removal of physical items that could impede staff movement or be used as weapons.

44. Broadly speaking, the Hospital has not denied that each of the Five Incidents occurred. The Hospital takes issue, however, with the accuracy of some of the details raised by ONA, and specifically disputes the contention that having a security guard stationed on the unit would have prevented the incidents or significantly changed the outcome.

45. The Hospital submits that many of its existing safety measures were not being followed when each of the Five Incidents occurred. For example, it asserts that its door-locking policies were not followed, that regular 15-minute patient checks had not occurred, and that CCTV monitoring was deficient. The Hospital submits that it would not be appropriate for the Board to issue an interim order when safety measures were put in place by the Hospital and were not properly followed by its staff.

46. The Hospital also submits that ONA's position is based upon unwarranted assumptions. For example, it submits that there is no evidence that patients engaging in unpredictable behaviours will be deterred by the visual presence of a security guard. It also submits that

ONA has assumed that security staff are best placed to intervene. The Hospital argues that in at least some circumstances clinical staff will be best placed to intervene given their Code White training and their clinical expertise.

47. The Hospital notes that the Board's power to issue an interim order is extraordinary and should be exercised with caution. It submits that, before issuing an interim order, the Board must not only find there is imminent risk, but also that the interim order sought will prevent that risk. The Hospital argues that there is nothing on the record beyond speculation to confirm that stationing a security guard on the 1F Unit 24 hours per day, 7 days per week would prevent the risk.

48. The Hospital also urges the Board to dismiss the Interim Order application because it is not sufficiently urgent. By way of analogy under section 98 of the *Labour Relations Act, 1995*, S.O. 1995, c. 1, Sched. A (the "LRA"), the Hospital argues that the timing of the Interim Order application – 27 days after the issuance of the inspector's Field Visit Report in respect of the incidents of August 28, 2026 – demonstrates that this matter is not sufficiently urgent and can be addressed through the Board's usual process.

49. In support of its position, the Hospital cited the following cases: *Power Workers' Union (Canadian Union of Public Employees, Local 1000) v. International Brotherhood of Electrical Workers*, 1996 CanLII 11186 (ON LRB); *Thorold; International Union, United Automobile, Aerospace & Agricultural Implement Workers of America v. Morrison Meat Packers Ltd.*, 1993 CanLII 8047 (ON LRB); *The Society of Energy Professionals, IFPTE Local 160 v National Judicial Institute*, 2018 CanLII 51312 (ON LRB); *Milk and Bread Drivers, Dairy Employees Caterers and Allied Employees, Local Union No. 647 v William Neilson Ltd*, 1994 CanLII 9961 (ON LRB); and *Ontario Public Service Employees Union/ Syndicat des employés de la fonction publique de l'Ontario, and Michael Kerr v Alternatives Community Program Services*, 2023 CanLII 64119 (ON LRB)

The Director's Position

50. Broadly speaking, the Director's position is consistent with that of the Hospital.

51. The Director submits that the Hospital's existing precautions are sufficient under the Act. The Director argues that there is conflicting

evidence as to whether the requested interim order is necessary to ensure the health and safety of workers.

52. The Director urges the Board to be cautious of the fact that, in the interim order process, it does not have the benefit of hearing and weighing conflicting evidence through the usual procedural safeguards. According to the Director, it is not clear that a security guard stationed on the 1F Unit would have prevented the incidents at issue. The Director states that it is equally possible that the additional security presence could have no effect upon, or even increase the risk of, violence against nurses.

53. In support of its position, the Director relies upon the following cases: *Thorold; Amalgamated Transit Union, Local 113 v Toronto Transit Commission*, 2021 CanLII 53270 (ON LRB); and *United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union (United Steelworkers), Local 16506 v GFL Environmental Services Inc.*, 2026 CanLII 97599 (ON LRB).

Analysis and Decision

54. Section 4.1 of the Act provides:

4.1 (1) The Minister is responsible for the administration of this Act.

(2) In administering this Act, the Minister's powers and duties include the following:

1. To promote occupational health and safety and to promote the prevention of workplace injuries and occupational diseases.
2. To promote public awareness of occupational health and safety.
3. To educate employers, workers and other persons about occupational health and safety.
4. To foster a commitment to occupational health and safety among employers, workers and others.
5. To make grants, in such amounts and on such terms as the Minister considers advisable, to support occupational health and safety.

55. Section 25(2)(h) of the Act provides:

25 (2) ...an employer shall,

(h) take every precaution reasonable in the circumstances for the protection of a worker;

56. Section 61 of the Act provides:

61 (1) Any employer, constructor, licensee, owner, worker or trade union which considers himself, herself or itself aggrieved by any order made by an inspector under this Act or the regulations may appeal to the Board within 30 days after the making of the order...

(3.4) The Board may make any interim or final order it considers appropriate after consulting with the parties...

(4) On an appeal under this section, the Board may substitute its findings for those of the inspector who made the order appealed from and may rescind or affirm the order or make a new order in substitution therefor, and for such purpose has all the powers of an inspector and the order of the Board shall stand in the place of and have the like effect under this Act and the regulations as the order of the inspector.

(5) In this section, an order of an inspector under this Act or the regulations includes any order or decision made or given or the imposition of any terms or conditions therein by an inspector under the authority of this Act or the regulations or the refusal to make an order or decision by an inspector.

57. In an interim order application under section 61(3.4) of the Act, the onus is upon the party requesting the interim order to establish that it is necessary while the main application is pending. The parties agree that the applicable legal test (the "Thorold Test") was described as follows in *Thorold* at paragraph 22:

22. Before the Board issues an interim order that would, in effect, countermand the decision of an inspector, I am of the opinion that the party seeking interim relief must provide compelling grounds or a persuasive reason for the Board to issue an interim order. That would, in my view, require that party to demonstrate that the Inspector's decision was clearly wrong or that an interim order is necessary to ensure that the health and safety of workers is not jeopardized by the absence of an interim order.

[emphasis added]

58. ONA has not specifically argued that the inspector's decision was "clearly wrong". ONA focused its submissions on the second branch of the test, arguing the interim order is necessary to ensure that the health and safety of workers is not jeopardized.

59. The Board's discretion under section 61(3.4) is broad. In *Brockville Mental Health Centre – Preliminary Motion Decision* at paragraph 31, the Board described the Board's power as follows:

31. The Act confers broad powers on the Board. Section 61(1) sets out the right of an employer, worker or trade union, among others, who considers himself or itself aggrieved by any order made by an inspector to appeal to the Board. Under ss. 61(3.4), the Board may make any interim or final order it considers appropriate after consulting with the parties. The words any, final order, and it considers appropriate confer broad discretion on the Board without limitation to the specific orders or remedies considered by the inspector.

60. The Board's power is, of course, not unlimited. For example, in *Brockville Mental Health Centre – Preliminary Motion Decision* at paragraph 36, the Board articulated the following limitations:

36. Despite the broad authority conferred by the Act, the Board has recognized that there should be some limits on what can be raised in an appeal under s. 61 of the Act. The Board has said that an appeal is not an enquiry of all issues...and is not intended to correct any and all issues that a union considers to be health and safety matters...The Board does not police the actions of the inspector or the Ministry... The Board has said that if an inspector has not made any assessment as to whether the Act has been violated, an application cannot seek, through an appeal, another sort of "refusal of an order" with a different reason.

61. Furthermore, inspectors under the Act are entitled to a significant degree of deference with respect to the determination of the orders that are issued and/or declined. The rationale for this was described in *Amalgamated Transit Union, Local 113 v Toronto Transit Commission*, 2021 CanLII 53270 (ON LRB) at paragraph 23:

23. It is the inspectors who are trained to go into a workplace and review whether there is a safety risk. They do this on a day-to-day basis and are presumed...to be keeping up with the relevant health and safety standards. This is why the Board provides deference to inspector orders and decisions:

they are the ones in the field dealing with these issues on a frequent basis, and their decisions should not be interfered with on an interim basis unless they are clearly wrong or the evidence demonstrates that the requested remedies are necessary to protect the health and safety of workers...

62. In any event, under the Thorold Test, it would be impractical to require the requesting party to establish with certainty that the interim order they seek will *eliminate the risk* at issue. Practically speaking, the Board must decide whether it is *reasonably* necessary to ensure that the health and safety of workers is not substantially jeopardized in the interim, having regard to the purposes of the Act and the appropriate level of deference that must be provided to inspectors. This interpretation of section 61(3.4) is consistent with the purposes of the Act – including promoting health and safety and promoting the prevention of workplace injuries – and it is implicit in the Board’s reasoning in *Thorold*, where the Board determined that it was appropriate to provide a firefighter who arrives alone at the scene of a fire with limited discretion to act alone.

63. The Appeals involve many complex factual issues that cannot be finally resolved without hearing and weighing conflicting evidence under the usual procedural safeguards. There is, for example, a serious question as to whether the Hospital’s existing safety precautions are sufficient, individually and collectively. Nonetheless, considering the purposes of the Act, and the particular circumstances of this case, an interim order is appropriate for the following four reasons.

64. First, the apparent frequency and severity of injuries resulting from workplace violence in the PICU is significant, even in a healthcare setting such as the PICU where there is an inherent and heightened risk of workplace violence that cannot be eliminated. For example, ONA has produced a chart of incidents occurring in the 1F Unit in 2026 which suggests that there were over 30 incidents of workplace violence between January 1, 2026 and June 30, 2026. A substantial portion of these incidents occurred during a time when a security guard was not stationed in the 1F Unit. The accuracy and severity of these incident descriptions cannot be fully assessed at this time, but the Board is prepared to infer from this information, for the purposes of the Interim Order application only, that there will be a serious risk of workplace violence to workers in the 1F Unit while the Appeals are proceeding.

65. Second, it is not disputed that the JHSC recommended to the Hospital’s Chief Executive Officer, on March 6, 2024, that a security guard be stationed on the 1F Unit 24 hours a day, 7 days a week. The

2024 JHSC Recommendations were signed by both the worker co-chair and the management co-chair after what appears to be a careful review of the December 26, 2023 incident.

66. The Hospital submits that, at the time of the 2024 JHSC Recommendations, the management co-chair was a security specialist and not a clinician. It asserts that the Hospital did not accept the recommendation because it was not appropriate from a clinical perspective. The Hospital asserts that – while having a designated security guard in the 1F Unit on evenings and weekends may be necessary – it also has a negative impact on the therapeutic environment and is not the preferred option during weekdays when there are more clinical staff working on the unit.

67. Considering the 2024 JHSC Recommendations, the Board is prepared to conclude, for the purposes of the Interim Order application only, that the proposed security increase will meaningfully reduce the risk and severity workplace violence in the 1F Unit.

68. Of course, the Hospital is entitled to exercise its own judgment lawfully and is not necessarily required to follow the recommendations of the JHSC. However, at this stage of the proceeding, and on a high-level assessment, it is difficult to reconcile the Hospital's viewpoint with information about the frequency of workplace violence in the 1F Unit during the weekday shift. These unfortunate incidents have given rise to significant injuries, and those incidents have continued despite the Hospital's attempt to implement numerous safety measures.

69. Ultimately, in the Appeals, the Board will hear evidence regarding the positive and negative effects of having a designated security guard, but for the purposes of the Interim Order application, the Board is compelled to prioritize the health and safety of the workers over the potentially negative clinical consequences of having a designated security guard on the 1F Unit during the daytime shift.

70. Third, while the parties strongly dispute the question of whether additional security staffing will deter workplace violence before it occurs in the 1F Unit, the Deloitte Report that was commissioned by the Hospital in or about 2023 appears to support ONA's position on visual deterrence. Again, the Board cannot reach any final conclusions at this stage. Nevertheless, on the basis of the language of Deloitte Report, it seems clear that Deloitte recommended increasing guard presence as a means of "visual deterrence" after conducting a broader review of the Hospital's security measures. This provides another basis on which the

Board can tentatively infer that the interim order will meaningfully reduce workplace violence in the 1F Unit.

71. Fourth, the Board notes that the Hospital already staffs a security guard on the 1F Unit during evenings and weekends. As such, the requested interim order would only require an incremental change – increasing the amount of time for stationing a security guard on the 1F Unit – as opposed to creating an entirely new position or security station.

72. In summary, considering sections 4.1 and 25(2)(h) of the Act, and having carefully reviewed the submissions of all the parties, the Board's assessment at this preliminary stage is that an interim order is reasonably necessary to ensure that the health and safety of workers is not substantially jeopardized in the interim. Again, this assessment is not concerned with credibility or fact findings which will be determined by the Board with the benefit of a full evidentiary record in the pending Appeals.

73. For completeness, the Board notes that the extent to which hospital staff failed to comply with existing health and safety measures is an important issue that will have to be fully addressed in the Appeals. However, the Board does not accept the submission that the possibility of non-compliance necessarily renders an interim order inappropriate. In this case, it is more consistent with the purposes of the Act to issue an interim order despite the possibility that workers have failed to comply with existing health and safety measures.

74. Finally, the Board does not accept the Hospital's submission that the timing of the Interim Order application demonstrates a lack of urgency. Considering the apparent seriousness of the workplace injuries that have occurred, the rather lengthy history of incidents that gave rise to the Appeals, and the volume of information that had to be gathered, the Board will refrain from drawing any inferences from the timing of the Interim Order application and considers the matter to be sufficiently urgent.

Interim Order

75. For the foregoing reasons, the Board orders the Hospital to adopt the following interim measures, until the Board makes a final decision in the Appeals or orders otherwise:

In addition to existing security and clinical staffing, the Hospital shall, commencing no later than October 26, 2026,

assign at least one appropriately trained security guard to the 1F Unit during weekdays, such that there will be a security guard stationed in the 1F Unit twenty-four hours per day, seven days per week. This security guard shall be authorized to place their hands on a patient, and detain them if necessary, to the extent that it is lawful and appropriate to do so under the Act. This security guard will be able to escort workers in the 1F Unit when they are required to accompany a violent patient.

Next Steps

76. In a letter dated September 29, 2026, ONA noted that it intends to bring a separate motion requesting that all three Appeals be heard together. ONA is hereby directed to deliver and file this motion in writing on or before **October 21, 2026**. The Hospital and interveners may file their response on or before **October 23, 2026**.

"Jordan Kirkness"
for the Board