

Investigation Summary

Security use of force in the emergency department

This investigation summary allows Patient Ombudsman to publicly share the outcome of a formal investigation to raise awareness of important issues and specific circumstances negatively impacting health care experiences in Ontario. More importantly, the resulting recommendations are intended to be a catalyst for systemic change and improvement.

Patient Ombudsman has decided not to share identifying information so that the focus remains on the complaint, the issues, and the resulting recommendations. Only those individuals and organizations directly involved with the investigation were provided with the full investigation report. Patient Ombudsman continues to follow-up with the health sector organization on its efforts to implement these recommendations.

Summary of Cases

Patient Ombudsman has been closely monitoring complaints related to use of force by security guards in public hospitals for several years. In 2024, we learned of an event about a senior citizen who sustained severe bruising following an interaction with security while in a hospital emergency department. This prompted an analysis of our complaint data related to this particular hospital where we found a slightly higher-than-average number of complaints to our office from the public regarding use of force by security guards compared with similar organizations. In addition, Patient Ombudsman had an open complaint file with this hospital that involved similar characteristics to the one we learned of. Considering the similarities of both cases, Patient Ombudsman's complaint data on this subject matter, public interest, and the opportunity for system-wide change, the Patient Ombudsman initiated an investigation on his own initiative.

Case #1

Patient Ombudsman learned of an elderly patient who sustained significant bruising during an interaction with a security guard while attending the hospital's emergency department. The patient told their loved one that they had been placed in a headlock by a security guard. We also learned that the family was dissatisfied with the hospital's response to what occurred in this case.

Case #2

Patient Ombudsman received a complaint from a patient who reported that a security guard placed them in a chokehold while they were in the emergency department seeking care. The

patient in this case expressed their view that the hospital was disinterested in their complaint, and they were dissatisfied that they did not receive an apology for the experience.

Summary of Findings

- Instances of use of force by security in this hospital emergency department represent a small proportion of total emergency department visits. However, the data suggests that such incidents still occur two to three times per week on average.
- The hospital has a comprehensive training program for security guards that prioritizes the importance of de-escalation and communication skills. The hospital supports the ongoing learning and development of its security guards.
- The hospital's investigation of the use of force specifically was reasonable in each case. However, each case provides examples of ways the hospital policies and processes can be improved to ensure that such investigations are consistent and fair.
- The security department's complaints policy does not include criteria for: escalating a complaint to the manager for a higher level of review; identifying when the human resources department should conduct the investigation; or deciding when to engage an external reviewer to assess a case.
- The hospital's policies relating to the provision of security services in the emergency department do not include any guidance for security staff in situations where they have been directed to evict a patient from the hospital but have concerns about the patient's condition. There is no reference to having a patient reassessed after they engage in self-harming behaviour while in security's custody.
- Several of the hospital's security service policies use language that is hawkish or militaristic (e.g., "tour of duty").
- The hospital's policies and processes do not consider real or potential conflicts of interest in the conduct of investigations or external reviews related to security or use of force.
- There are more than 250 video surveillance cameras strategically placed throughout the emergency department. Cameras are not installed in patient rooms nor is the sound activated, in both instances, due to privacy considerations. In its representations, the hospital pointed out that sound recordings would be challenging to review given the ambient noise in the busy emergency department. The hospital has purchased, but has not yet deployed, body-worn cameras for security personnel.

- The hospital has a number of initiatives underway aimed at improving the emergency department experiences of both seniors and mental health patients.

Recommendations

Based on the findings of this investigation, Patient Ombudsman makes the following recommendations:

Security Services

Complaint policies and procedures

1. Patient Ombudsman recommends that the hospital develop and incorporate procedures for investigating and resolving complaints about security guards into the security complaints policy so that cases are assessed consistently and with equal rigour.
2. Patient Ombudsman recommends that the security complaints policy require that clinical managers from the area of care where a complaint arose be notified of the complaint and, where warranted, are involved in the investigations process to ensure that there is a comprehensive understanding of what occurred, and that the patient's experience, health status, and care are considered.
3. Patient Ombudsman recommends that the hospital include criteria in the security complaint policy for escalating an investigation, whether to the human resources department or for an external review.
4. Patient Ombudsman recommends that the hospital codify requirements for external reviews in the security complaint policy, including noting potential conflict of interest and reasonable apprehension of bias.
5. Patient Ombudsman recommends that the hospital enhance security policies and procedures to empower security personnel to engage a clinical leader (such a charge nurse) if they have concerns about a patient's condition or a patient engages in self-harming behaviours while in security custody and security has concerns about the patient's safety.
6. Patient Ombudsman recommends that security policies be reviewed and any reference to a "tour of duty" and any other similar language should be removed and replaced with language more consistent with the health care setting.
7. Patient Ombudsman recommends that the hospital assess the security office environment for safety given that people who have been placed under arrest are detained in the office.

Equipment

8. Patient Ombudsman recommends that the hospital fully implement body-worn cameras so that there is direct, objective evidence to assess whether use of force was appropriate and proportional to the circumstances. Note: The hospital has committed to fully implementing body-worn cameras by September 30, 2025, or sooner.