



RI Hospital United Nurses & Allied Professionals, Local 5098 Unsafe Staffing Form

To: _____ Date: _____ Time: _____
(supervisor)

Unit/Department: _____ Shift: _____

I have notified you that the staffing provided is not adequate to meet the needs of the patients on/in this unit/department at this time. Proper staffing has not been provided.

Please be aware that while I will do all that I can to ensure safe and proper care for my patients, I fear that my efforts and those of the staff will not be sufficient.

Therefore, I am informing you that I cannot take responsibility for any error or incidents that take place as a result of the unsafe conditions the hospital has created.

Total # of patients _____ RN's _____ LPN's _____ CNA's _____

Please indicate the reason(s) for this unsafe staffing form:

- insufficient staff scheduled unexpected call out unexpectedly high acuity

Specific staffing deficiencies:

- inappropriate number of professional staff inappropriate number of per diems/floats/temps
 inappropriate number of ancillary staff no unit secretary

Additional risk factors:

- Assignment is excessive and poses a threat to the safety and well-being of patients
 Patients were transferred, discharged, or admitted to unit without adequate staff.
 Staff member(s) working mandatory overtime
 Staff member(s) not oriented to unit
 Staff member(s) not trained or experienced with equipment and/or procedures

Further explanation: complete 2nd page

Management's response to this unsafe staffing form was: Acceptable Unacceptable

The hospital has agreed to respond to the first person on the signature list below – write your name clearly. Please check your email and forward any responses to hmacedo@unap.org. If you do not get a timely reply, contact your unit rep or liaison.

Signature(s): _____

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