

RIH – UNAP UNSAFE STAFFING FORM (UPDATED DEC 2020)

No Union member should be harassed, coerced, intimidated or discriminated against for signing an Unsafe Staffing Form. Please report any form of intimidation or retaliation to UNAP ASAP.

FOLLOW these STEPS

1. PRIOR TO USING THIS FORM you must notify your Manager/ACM/Supervisor, in person or by phone of your need for more help. This form is to document your request. If you didn't make the request, you can't use it.
2. Give a copy of the Unsafe Staffing Form to your Mgr/Supervisor or ACM.
FAX a copy of this form to UNAP 831 3677 (do not use the area code)
4. Write your name(s) clearly below in the signature section.

Date: _____ Time: _____ Shift: _____

Unit/Department: _____

TO: (Supervisor, Manager or ACM) _____

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 _____ # Workers: RN _____ LPN _____ CNA _____ Tech _____ Tech Assistant _____

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 ancillary staff
 inappropriate number of per diems/floats/temps 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

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

Signatures (legible): No Union member should be harassed, coerced, intimidated or discriminated against for signing an Unsafe Staffing Form. Please report any form of retaliation to the Union office immediately.

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Unit/Department: _____

Issues in detail: Include nurse to patient ratios, how today's unsafe staffing conditions affected your patients & your unit as a whole. PLEASE write or print CLEARLY.