



## Kent Hospital Local 5008 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 feel that my efforts and those of the staff will not be sufficient and am therefore requesting further consideration for increased staffing on the unit.

Therefore, I am informing you that I am concerned in regards to any errors or incidents that take place as a result of the staffing level on this unit.

Total # of patients \_\_\_\_\_ RN's \_\_\_\_\_ LPN's \_\_\_\_\_ CNA's \_\_\_\_\_

Signature(s): \_\_\_\_\_

*Please indicate the reason(s) for use of this form:*

- Insufficient staff scheduled
- Unexpected call out
- Unexpectedly high acuity

*Specific staffing deficiencies:*

- Inappropriate number of professional staff
- 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

*Details of Staffing:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Management's response:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

## **Unsafe Staffing Form Instructions**

The following instructions must be followed when using this Unsafe Staffing Objection Form:

1. Prior to using this form, you *must* notify your 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. Use this form only if you don't have adequate help. If these forms are used indiscriminately and without justification, it will dilute their usefulness.
3. Give the original Unsafe Staffing Objection Form to your supervisor and send a fax to the Union office at 831-3677. Managers and Supervisors will complete their section as soon as possible and fax a copy of their response to the Union office and give the form to Patient Care Services Department.
4. Notify the union of any written or other response you receive to this form.

Unsafe Staffing Forms serve as a means to:

- provide your supervisor with an opportunity to correct an unsafe situation
- limit your personal and professional liability
- document trends in staffing, patient volume and/or acuity levels

*\*\*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.*