



LABOR MANAGEMENT COMMITTEE
 To collaborate on issues
 affecting professional nursing



Safe Staffing Form

Safe staffing concerns should be communicated by the affected employee working in the department at the time of the safe staffing concern to the Supervisor, Nurse Manager, House Coordinator, or designee so it can be addressed in real time. If the staffing concerns cannot be reported or resolved in real time, this form will be used. Please complete and submit to the Department manager within 3 days of the concern. Changes to the form must be mutually agreed upon by the Employer and Union.

Date: _____ Shift: _____ Unit _____ *(Please complete at time of concern)*

I have notified, at the time of the incident *(name)* _____ *(management position)* _____ that in my professional opinion, I am unable to assure the delivery of safe or adequate nursing care because of the following conditions: *(check all that apply)*

Orientation/Experience

- Not trained on using equipment used to care for patient: *(specify)* _____
- Not oriented to the unit
- Not experienced in providing care for the type of patients on unit

Patient Acuity

- Unplanned events *(specify)* _____
 (e.g., code, severe change in patient acuity)
- Case load assignment is excessive/acuity and interferences with delivery of adequate patient care
- Number of patients assigned _____ Acuity (check one) high medium low

Staffing

- I believe the number of staff provided is/was not adequate. *Reason:* _____
- Lack of ancillary staff *(check all that apply)* housekeeping pharmacy clerical nurse aide maintenance
- Poor skill mix of staff *(specify)* _____
 (e.g., large proportion of less experienced or float staff)
- Transferred, discharged, admitted new patient(s) to unit without adequate staff
 # of Admits _____ # of Discharges _____ # of Transfers _____
- Missed breaks Missed meal Late meal Time: _____
- Other: *(Situation, Background, Assessment, Recommendation)*

Situation: _____

Background: _____

Assessment: _____

Recommendation: _____

Name *(please print)*: _____ Signature: _____ Date: _____

Submit completed form to Unit Manager Date: _____