



# 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 \_\_\_\_\_

Signature(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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please explain: \_\_\_\_\_  
\_\_\_\_\_

## **Unsafe Staffing Form Instructions**

The following instructions must be followed when using this Unsafe Staffing 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 top copy of the Unsafe Staffing Form to your supervisor and send the bottom copy to the Union office. We will then fax a copy to Risk Management, Human Resources, and your Department Director.
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.*