

HPAE LOCAL 5131 UNSAFE STAFFING SITUATION

Notice to Supervisor: Please be advised that despite an unsafe staffing situation I attempted to carry out my responsibilities and provided patient care to the best of my ability.

NAME OF SUPERVISOR YOU INFORMED/RESPONSE _____

Division _____ **Department** _____ **Date** _____ **Shift** _____

Name of Staff filing (may be more than one person) _____

What is the ratio of patients to nurses? _____ **What should it be?** _____

Situation (Please circle) Equipment Shortage/Failure Transport Delay Non-Nursing duties
Inadequate Staffing/Acuity Loss of Staff due to 1:1 Inadequate supplies Delay in supervisor response
Delay/missed meds of patients Staff Missed 15 min break or 30 min meal break
Other _____

Potential/Actual impact on care (Please circle) Delay in assessment Delay in ambulation/turning patient
Delay in cleaning incontinent patient Delay in feeding patient/medicating patient Patient Fell
Delay in Scheduled Procedure
Other _____

Distribution: Retain a copy for yourself, give one copy to the supervisor, and drop a copy off in the Union Mailbox.

Union Mailbox Locations: RMC– Employee entrance Garden Level, Elmer– Adjacent to Volunteers' offices, Bridgeton– Magnolia Street Entrance, Community Services– 2nd Floor Salem Location



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