



HPAE Notice of Unsafe Staffing Situation

To _____, (Supervisor)

Unit: _____

Shift: _____

Date: _____

I have hereby notified you at _____ AM/PM that:

_____ The staffing provided is not adequate for this unit in order to meet the needs of the patients due to:
Circle one or more of the following:
patient volume / patient acuity / floating of staff members / other _____

_____ I have been given an assignment that poses a threat to my nursing license and liability due to:
Circle one or more of the following:
volume / acuity / other _____

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, this is to inform you that I cannot take responsibility for any error or incident that may arise as a result of the unsafe staffing conditions in this unit.

Signature: _____

Census: _____

Nurses: _____

Ancillary Staff: _____

Comments: _____

