



HPAE Local 5106

# Notice of Unsafe Staffing Situation

To: Nursing Administration Date: \_\_\_\_\_

At: \_\_\_\_\_, \_\_\_\_\_ was notified that, in  
(time shift- 7a-3p-11p-7a) (Manager or Supervisor)  
my/our professional opinion, the number of staff assigned to \_\_\_\_\_ was inadequate  
(Unit, shift)  
to meet the needs of our patients and placed both these patients and the staff at risk.

Please be advised that, in spite of the short staffing situation, we attempted to carry out our responsibilities and provide patient care to the best of our ability.

Signed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following problems and events may have been the result of unsafe staffing:

- \_\_\_\_\_ Medications not given in a timely manner
- \_\_\_\_\_ Call lights not answered in a timely manner
- \_\_\_\_\_ Patient assessments delayed
- \_\_\_\_\_ Patient/family education time inadequate
- \_\_\_\_\_ Patient injury
- \_\_\_\_\_ Employee injury
- \_\_\_\_\_ Other(explain) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

***Instructions: Give a copy of completed form to Nursing office and member of the Staffing Committee or LEB.***