

Unsafe Staffing Form



SEIUHealthcare®
United for Quality Care

Use this form to report assignments which you are directed to accept despite your objections to your immediate supervisor and/or at any time which you feel patient safety or your safety is compromised.

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 request may take place during a huddle or privately. This form is to document your request. If you didn't make the request, do not use this form.
2. Use this form only if you don't have adequate help or if you experience unsafe conditions.
3. Return this form to the Union office via email, location, fax number or give it to a Worksite Leader.

Name(s) _____ Unit _____

Date _____ Shift _____ Time of problem _____ Incident report completed: Yes ___ No ___

I have made my objections known to (supervisor): _____
that the staffing provided is not adequate to meet the needs of the patients and placed both these patients and the staff at risk or caused a delay in services. Proper staffing, training, or supplies/equipment has not been provided.

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

Reason(s) for this unsafe staff form:

- Insufficient staff scheduled
- Unexpected call-in
- Unexpectedly high census

Risks/Threats to Safety (please check all that apply):

- Lack of appropriate training for assignment, equipment, or procedure
- Staff not able to take lunch/meal break
- Staff not able to take 15 min. breaks
- Security needs and/or incident(s)
- Assignment is too much to complete during shift
- Additional assignments added to workload
- Lack of equipment/supplies causing inadequate or delayed patient care
- Compelled to work beyond my scheduled hours (overtime)
- In my professional/critical judgment this assignment is/was unsafe and places patient(s) at risk
- In my professional/critical judgment this assignment is/was unsafe and places myself/other staff at risk
- I/other staff are/were at risk of injury or physical harm
- I/other staff accepted unsafe assignment(s) in fear of discipline or to avoid discipline.

Other problem(s): _____

Please use the back of this form to describe the issue(s) in detail.

Return this form to the Union office via email, drop-off, mail, fax or give it to a Worksite Leader.

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