

UNSAFE WORKING CONDITIONS

DATE:

VA FACILITY:

TO:

FROM:

As a licensed Registered Nurse it is my professional responsibility as a patient advocate and direct care giver to notify you that I consider the:

- practice of nursing
 work conditions

to be unsafe on ward _____, on the _____ shift, on this date _____ and I am so notifying you in writing. I (did, did not) contact you at the time about the unsafe conditions. You have:

- been unable to provide assistance.
 been able to provide some assistance but not enough.
 assigned me to float to an area with which I am not familiar and/or requires some special orientation I have not had recently.

You have instructed me to:

- set my priorities.
 do the best I can.
 chart the next day.
 leave orders undone unless "stat" or "now" orders.
 other: _____

I will not abandon my patients and will continue to give care under protest.

At the end of the tour I reassessed the staffing to be:

- adequate.
 marginally adequate.
 marginally inadequate.
 very inadequate.
 adequate to do patient care but not adequate to do all necessary documentation to protect the hospital and myself legally.
 inadequate to provide patient care without unusual delay thus compromising the patient either psychologically and/or physically.
 inadequate to provide all necessary patient care.
 placed the staff at risk of injury/illness.
 created extremely stressful working conditions.
 other: _____

In my opinion the following would have helped to relieve the situation:

- more NAs.
 more LVNs.
 more RNs.
 more secretarial support.
 more house keeping support.
 supplies better stocked or delivered as needed.
 more escorts available.
 other: _____

Use backside of form to give details of ward activity.

Original to supervisor.

1 copy to AFGE Local 3943 union steward.

Keep one copy for personal records.