

LONG-TERM CARE RPN/RN PROFESSIONAL RESPONSIBILITY FORM

RPN/RNs are required to complete every section of this form prior to submitting it to the Manager (or designate)

Section 1: General Information

Date/Time of Occurrence:	Date Form Submitted to Employer:
Site/Location:	Department/Unit:
Type of Work Being Performed:	Number of Staff on Duty:
Usual Number of Staff on Duty:	<p>If there was a shortage of staff at the time of the occurrence, please check one or all of the following that apply:</p> <p><input type="checkbox"/> Absence:</p> <p><input type="checkbox"/> Sick Calls:</p> <p><input type="checkbox"/> Vacancies:</p> <p><input type="checkbox"/> Off Unit:</p>

Section 2: Details of Occurrence

I/We the undersigned RPN/RNs, believe that I/we was/were given an assignment that was excessive or inconsistent with quality resident care and/or created an unsafe working environment for the following reasons. (Provide a brief description of the problem/assignment below):

Check One: <input type="checkbox"/> This is an isolated Incident <input type="checkbox"/> This is an ongoing problem	
RPN/RN Recommended Solution:	

Section 3: Contributing Factors

Please select the relevant factors and provide details

<input type="checkbox"/>	Staffing Shortages:
<input type="checkbox"/>	Resident /Work Preparation Concerns:
<input type="checkbox"/>	Resident /Work Volume:
<input type="checkbox"/>	Other:

Section 4: Immediate Supervisor Notification

Name/Title of Immediate Supervisor Notified by RPN/RN:

Date/Time RPN Notified Immediate Supervisor:

Response Received from Immediate Supervisor:

Signature of Employee & Printed Name:

Signature

Printed Name:

A summary of workload concerns may be tabled as an agenda item at the next scheduled Labour Management Meeting.

