



WORK LOAD FORM

Please complete this form for **every shift** where you experience workload issues, and give it to your Workplace Representative or ANMF Organiser

Member
number
(optional)

Date

This shift, I... (Tick all that apply)

- Observed that the skill mix on the shift was deficient
- Had multiple patients waiting in DEM for an in patient hospital bed
- Worked short staffed
- Worked overtime
- Did not have adequate time for an appropriate handover at the start of my shift
- Worked a double shift
- Missed part – or all – of my breaks
- Completed non-nursing duties
- Felt a high level of stress for at least part of the shift
- Did not have time to get all patients regular observations done
- Was unable to provide the required quality of care to patients
- Worked with agency or pool staff.
- There was a risk to patient or staff safety

Comments:

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WORK LOAD FORM

The following are incidents and must be reported as well as noted here. Every time they occur you **must complete an incident report**. Contact your Workplace Representative or ANMF Organiser for assistance.

- | | |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Working short staffed | <input type="checkbox"/> There was a risk to resident or staff safety |
| <input type="checkbox"/> Could not manage to get all patients' regular observations done | <input type="checkbox"/> Believe an incident occurred due to short staffing |
| | <input type="checkbox"/> I completed an SRLS |

If you'd like to provide more information about the incident(s), you can do so here:

What can you do?

- Let your Workplace Representative or ANMF Organiser know your concerns by completing and handing in this form.
- Complete an incident report for your employer about short staffing, family complaints and distress, and the stress the incidents place on you.