



Safe Staffing & Unplanned Absences

**Know
YOUR
Rights!**



Short staffing and inappropriate skill mix places a burden on all nurses on a shift. Collectively, we can work together and ensure like-for-like replacement occurs in line with Clause 53, Section I of the *Public Health System Nurses' and Midwives' (State) Award*.

Our Award provides for minimum nursing hours per patient day.

When nurses are absent at short notice, the Award provides that they should be replaced by another nurse of the same classification where possible.

As soon as an unplanned absence occurs, the NUM should immediately review the roster and make a decision on whether to replace the absence, based upon the clinical requirements of the ward and the effect not replacing the absence would have on workloads.

When an absence is replaced it should, by default, be replaced by a nurse of the same classification.

A Registered Nurse should be replaced with a Registered Nurse, an Enrolled Nurse with an Enrolled Nurse, and an Assistant in Nursing with an Assistant in Nursing. This is what we call "like-for-like" replacement.

Only when all avenues to backfill the absence with a like-for-like nurse are exhausted should the NUM consider filling the absence with a nurse of a lower classification. This should only be done if it is clinically safe to do so.

If a NUM replaces an unplanned absence with a nurse of a lower classification then they must keep a record of this decision, together with the reasons.

Protect yourself and protect your patients!

If at any time you believe the staffing on your ward is unsafe because it is too low or there is an inappropriate skill mix:

1. Escalate this to your NUM/ MUM or in-charge



It's important, in the first instance, you raise this with your NUM/MUM. If they aren't able to resolve the issue, ask for it to be escalated in accordance with local policies and procedures. Most Local Health Districts have an escalation point in nursing management, both within hours and after hours, that your NUM or in-charge can refer to.

2. File a safe-staffing IIMS.



Filing an IIMS is critical.

An IIMS is an official document that can provide important data for when workloads are reviewed and safety issues are addressed. Placing an IIMS is a professional responsibility and is an appropriate course of action if staffing levels are unsafe in your professional view.

No one can direct you not to put in an IIMS if in good faith you believe there's a risk to safety.

The NSWNMA has reference cards for lanyards and keychains detailing exactly how to enter an unsafe staffing incident. Contact your local branch of the NSWNMA at your hospital and they will provide you with as many as you need.

Remember, if there's no official IIMS then management can officially dispute there was an issue.



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3. Collect data and raise it with your local NSWNMA branch.



If this is occurring regularly on your ward, your local branch of the NSWNMA can raise the issue with the Reasonable Workloads Committee at your hospital.

It is important to gather evidence of staffing issues by recording staffing, skill mix, acuity and complexity of patients on a shift by shift basis.

We're always here to help. Please don't hesitate to contact the Association on 1300 367 962 to discuss how to escalate skill mix and understaffing issues and to find the contact details of your local branch. You can also find us on Facebook and privately message us or email us.

NOT A MEMBER OF THE NSWNMA?

www.nswnma.asn.au

Being part of the Association means we have more collective power to deliver positive change on pay and conditions at your work. **Join us today and together, we can make our future stronger.**

Authorised by S. Candish, General Secretary, NSWNMA | August 2022 | 1.3

