



4 Yearly Review of Modern Awards (AM2016/31)

Outline of submissions regarding ANMF
substantive claims re *Nurses Award*

17 March 2017

Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) refers to the Directions issued by the Fair Work Commission on 23 November 2016 regarding the *Nurses Award 2010* ('the Award'). In accordance with those Directions, the ANMF makes the following submissions regarding substantive variations to the Award sought by the ANMF.
2. Please note the references to clause numbers are references to the *existing* award, ie. the Award as amended to 20 December 2016, *not* to clause numbers in any exposure draft of the Award.

Clause B.1 (Schedule B) – definition of nursing assistant

3. The ANMF withdraws the proposal, as outlined in ANMF submissions dated 15 July 2015, to vary the definition of Nursing Assistant in clause B.1 of the Award.

Clause 16 – Allowances – In-charge and leading hand allowances (new clauses)

4. The ANMF proposes the introduction of an in-charge allowance for registered nurses (RNs) and a leading hand allowance for enrolled nurses and nursing assistants.
5. The ANMF submits that registered nurses, enrolled nurses and nursing assistants are not being adequately compensated for work performed under the Award.

In-charge allowance (registered nurses)

6. The ANMF proposes the insertion of the following new clause into the Award:

16.6 In charge allowance

- (a) A registered nurse who is designated to be in charge of a facility during the day, evening or night shall be paid in addition to his or her appropriate salary, whilst so in charge, the per shift allowance set out as follows:
 - (i) in charge of facility of less than 100 beds – 2.75% of standard rate
 - (ii) in charge of facility, 100 beds or more - 4.44% of standard rate
 - (iii) in charge of a section of a facility - 2.75% of standard rate
 - (b) This clause shall not apply to registered nurses holding classified positions of a higher grade than registered nurse – level 2.
7. The 'standard rate' in the Award is defined by clause 3 (definitions) as the minimum wage for a Registered nurse – level 1 pay point 1, which is currently \$853.30 per week. The amount of allowance payable per shift for the three categories would therefore be currently \$23.47, \$37.89, and \$23.47.
 8. The proposed variation seeks to address the situation where a Registered Nurse of a lower classification (RN 1 or 2) is required to take charge of a facility (or a section of a facility), for

example an aged care facility. The ANMF submits that the registered nurse taking charge takes on significant additional responsibilities in addition to their normal duties without appropriate compensation under the Award.

9. The allowance would be payable to nurses who are in charge at any time of the day or night. As demonstrated by the witness statements, registered nurses may be in charge during either morning, afternoon or night shifts, for example Fletcher is the nurse in charge during her day shifts as she is the only RN on duty at that time.

Evidence

10. The witness statements filed in this matter demonstrate the nature of additional duties performed by registered nurses who are 'in charge'. They are usually the only RN on the premises as the usual situation is that the manager is not present.
11. Duties performed while in charge include supervising kitchen staff, answering phones, arranging for laundry, arranging maintenance, dealing with security issues, and arranging for staff replacements. These are duties that the RN would not be performing if a more senior nurse or manager was present.
12. The evidence indicates that minimal compensation (if any) is received for these additional responsibilities. For example, Matthews receives a minimal \$12.40 per shift (43 beds). Other witnesses indicate in their statements that no compensation is received.

2012 awards review

13. An RN in-charge clause proposed by the ANMF in the 2012 awards review was rejected by the Fair Work Commission. Vice-President Watson concluded that:

I do not consider that a case has been established for inserting this allowance. The matter was addressed in the award modernisation process. In my view, in an award such as this with wide-ranging application, there are sound reasons for leaving matters of this nature to the agreement or overaward area where the precise circumstances can be considered and appropriate compensation can be given to the extent that it is agreed to be warranted.¹

Term may be included in modern award - responsibilities/skills not taken into account

14. Paragraph 139(1)(g) of the Act provides that a modern award may include allowances including for 'responsibilities or skills that are not taken into account in rates of pay'.
15. The ANMF submits that the type of responsibilities assumed by nurses when in charge, as outlined in the witness statements and summarised above, are clearly not encompassed within the existing classification descriptors for Registered nurse – level 1 (RN1)(clause B.5.1) and Registered nurse – level 2 (RN2)(clause B.5.2), and are therefore not taken into account in rates of pay under the award.

¹ [2012] FWA 9420 at [23]

16. As demonstrated by the witness statements, the in-charge role is wider than, among other things, merely 'providing support' to other staff.
17. Some of the duties performed by in-charge nurses fall instead within some of the descriptors contained in the Registered nurse – level 3 (RN3) classification (clause B.5.3), including 'allocation and rostering of staff' and 'being accountable for the management of human and material resources ...'

Modern Awards Objective

18. The ANMF submits that the absence of appropriate compensation in the award for performing in-charge responsibilities means that the Award is not meeting the modern awards objective as it is not providing a fair and relevant minimum safety net of terms and conditions, having regard to the relevant factors set out in section 134 of the Act.
19. The reasons for the 2012 FWC decision were confined to the matter having been considered in the 2008-09 award modernisation process and the requirement for the FWC to consider the need to encourage collective bargaining.
20. While it is recognised that the tribunal has considered a similar claim on previous occasions, the ANMF submits that the scope of the 4 yearly review is wider than that of the 2012 review, which largely focussed on technical issues arising out of the award modernisation process. In addition, past history is relevant but not conclusive of the matter.²
21. Other factors in the modern award objective were not referred to in the 2012 decision, nor was the overriding requirement to provide a fair and relevant safety net.
22. Regarding the requirement to take into account the need to encourage collective bargaining (paragraph 134(1)(b) of the Act), the presence of such an allowance in the award would encourage parties as part of collective bargaining to negotiate over the appropriate amount of the allowance and the situations in which it should apply. The fact that there may be differences between facilities is not a reason in itself to not include an allowance in the award. We also note that the ANMF proposal makes a distinction between facilities with more and less than 100 beds.
23. Regarding paragraph 134(1)(f), the ANMF submits that the insertion of the allowance would have a very modest impact upon employment costs. Assuming that an RN1 or RN2 is in charge (which will not always be the case), there will only be one employee per shift receiving the allowance. Assuming a maximum of three shifts per day (morning/day, afternoon/evening, and night shift), this means an amount payable of less than \$120 per day for larger facilities (over 100 beds) and less than \$75 per day for smaller facilities.
24. Regarding paragraph 134(1)(g), the ANMF submits that the clause would not be difficult to understand and the persons to whom it applies would be obvious.
25. The other factors relevant to the modern awards objective are either not significant or neutral.

² 4 yearly review of modern awards - Penalty Rates [2017] FWCFB 1001 at [269]

26. The witness statements demonstrate that the additional duties take up a significant amount of time for relevant RNs and in these circumstances the ANMF submits that an allowance is justified and necessary to achieve the modern awards objective.

Leading hand (enrolled nurses and nursing assistants)

27. Enrolled nurses or nursing assistants are sometimes placed in supervisory roles regarding other employees, for example acting as a team leader.
28. The ANMF therefore proposes to introduce a leading hand allowance for enrolled nurses and nursing assistants performing supervisory functions. The rate of the allowance would be based on the number of employees supervised, as follows:

16.7 Leading hand allowance

(a) A leading hand is an enrolled nurse or nursing assistant who is placed in charge of not less than two other employees of the classification of enrolled nurse or nursing assistant.

(b) A leading hand will be paid a weekly allowance of the amount specified in the following scale:

Leading hand in charge of:	% of standard rate
2-5 other employees	2.67
6-10 other employees	3.81
11-15 other employees	4.81
16 or more other employees	5.88

(c) This allowance will be part of salary for all purposes of this award.

(d) An employee who works less than 38 hours per week will be entitled to the allowances prescribed by this clause in the same proportion as the average hours worked each week bears to 38 ordinary hours.

29. The 'standard rate' in the Award is defined by clause 3 (definitions) as the minimum wage for a Registered nurse – level 1 pay point 1, which is currently \$853.30 per week. The amount of allowance payable per week for the four levels would therefore be currently \$22.78, \$32.51, \$41.04, and \$50.17.

Modern Awards Objective

30. The ANMF submits that supervisory responsibilities of enrolled nurses and nursing assistants are not currently recognised or compensated for in the Award and are not taken into account in rates of pay under the Award.
31. The classification descriptors for an Enrolled Nurse (B.4) and Nursing assistant (B.1) clearly do not include supervisory responsibilities.

32. The absence of appropriate compensation means that the Award is not providing a fair and relevant minimum safety net. The reasoning in support of an in-charge allowance for RNs above is equally applicable to the leading hand allowance proposal.
33. We also note that a leading hand allowance is common in other modern awards. For example, there is a leading hand allowance in the *Aged Care Award*.³ There is also a leading hand allowance in the *Manufacturing Award* and the *Building and Construction General On-Site Award 2010*.
34. In the circumstances, the ANMF submits that a leading hand allowance is justified and necessary to achieve the modern awards objective.

On call and recall

Telephone and other remote recall (clauses 28.5-28.6)

35. Clauses 28.5 and 28.6 of the existing Nurses Award provide for a minimum payment of three hours work at the overtime rate where an employee is recalled to work. The ANMF proposes to vary these clauses to confirm that they apply to situations where nurses are recalled to perform work remotely, for example via telephone.
36. The ANMF's proposed determination would amend the existing recall to work clauses to remove any doubt that the clauses apply to a situation where an employee is required to perform work without needing to return to the usual workplace:

28.5 Recall to work when on call

- (a) An employee, who is required to be on call and who is recalled to work, will be paid for a minimum of three hours work at the appropriate overtime rate. **To avoid doubt, this includes any occasion where the work can be managed without the employee having to return to the workplace, such as by telephone.**

28.6 Recall to work when not on call

- (a) An employee who is not required to be on call and who is recalled to work after leaving the employer's premises will be paid for a minimum of three hours work at the appropriate overtime rate. **To avoid doubt, this includes any occasion where the work can be managed without the employee having to return to the workplace, such as by telephone.**
- (b) The time spent travelling to and from the place of duty will be deemed to be time worked. Except that, where an employee is recalled within three hours of their rostered commencement time, and the employee remains at work, only the time spent in travelling to work will be included with the actual time worked for the purposes of the overtime payment.
- (c) An employee who is recalled to work will not be obliged to work for three hours if the work for which the employee was recalled is completed within a shorter period.

³ *Aged Care Award*, clause 15.3

- (d) If an employee is recalled to work, the employee will be provided with transport to and from their home or will be refunded the cost of such transport.

Meaning of existing clause

37. The ANMF submits that 'recalled to work' in existing clauses 28.5 and 28.6 includes situations where an employee is required to perform work away from the usual workplace including, for example, by receiving telephone calls at home or another location.
38. The *Polan* cases support this construction.⁴ In *Polan*, the Federal Court decided that similar recall provisions to the Nurses Award provisions were capable of being interpreted as meaning that an employee does not have to return to the usual workplace to be recalled to work. Justice Mortimer stated that it was conceivable that the relevant clauses could apply in their terms to the performance by an employee of duties other than at a workplace.⁵
39. *Polan* also determined, on the facts of that case, that a telephone call and other duties performed away from the workplace may in certain circumstances be considered to be overtime rather than recall.⁶

Evidence

40. The Ball and Fletcher statements describe arrangements whereby registered nurses are required to provide advice remotely including details of the frequency and duration of calls and follow-up work.
41. The statements outline the impacts of working on-call and receiving telephone calls including the effects on the witnesses and their families (including lack of sleep and fatigue) and outline concerns about the potential effects on nursing practice.
42. The witness in the Ball statement notes that she did not receive any compensation for giving telephone advice and was only paid the on call allowance, which she considered insufficient.
43. The Dawson and Paterson statement refers to research regarding the effects of performing recall work including fatigue and sleep inertia.

Modern Awards Objective

44. The ANMF submits that to ensure that the Nurses Award is a fair and relevant safety net, employees covered by the Award must receive suitable compensation for being required to perform work during otherwise off-duty hours, including for work performed by telephone or computer or text message.

⁴ *Polan v Goulburn Valley Health* [2016] FCA 440 (29 April 2016) ('*Polan*'); *Polan v Goulburn Valley Health (No 2)* [2017] FCA 30 (31 January 2017)

⁵ *Polan* at [44]. See also [43], [52], [77].

⁶ *Polan* at [73-77], *Polan (No 2)* at [5-7]

45. Currently ambiguity exists regarding the existing clauses and the appropriate compensation for 'remote' work.
46. In these circumstances, the ANMF submits that the appropriate course is to clarify that the existing clauses apply to these situations or otherwise clearly specify the compensation that applies.
47. The number and length of calls including follow-up work, and the impact on the witnesses (including effects on work/life balance, sleep, occupational health and safety, and patient/resident safety) outlined above in the ANMF witness statements demonstrates that the level of compensation should be appropriate.
48. Given the impacts of this type of work, and to act as a disincentive on employers, the ANMF submits that the relevant rate must be an overtime rate of payment and a minimum payment must be specified.
49. Among other factors, the modern awards objective requires that the need to provide additional remuneration for employees working overtime and employees working unsocial, irregular or unpredictable hours be taken into account. Given that the recall work performed is clearly overtime, and will frequently occur during unsocial and unpredictable hours (ie. during night and sleep time), the relevant payment for this type of duty is appropriately an overtime rate.
50. Clarifying the meaning of clause 28.5 and 28.6 would be consistent with the MAO requirement for a simple, easy to understand award.

Excessive on call (clause 16.4)

51. The ANMF is also proposing additional amendments to ensure suitable award conditions for nurses and midwives placed on call, ie. whether they are recalled to perform duties or not.
52. Existing clause 16.4 provides that an employee who is required by an employer to be on call at their private residence or any other mutually agreed place is to be paid an allowance. Currently (since July 2016) this allowance is worth \$20.05 for on call performed between rostered shifts Monday-Friday, \$30.21 for Saturdays, and \$35.24 for Sundays, public holidays, and any day when an employee is not rostered to work.
53. The ANMF proposal would provide for the accrual of additional annual leave when a particular amount of on-call duty is performed. The amount of additional annual leave would be accrued on a sliding scale based on the amount of on call work performed in a particular period:

16.4 (c) Employees shall accrue up to an additional 5 days of annual leave if they are placed on call for 50 or more times in any one year, according to the following:

Placed on call for 10 or more times in any one year – 1 day additional annual leave

Placed on call for 20 or more times in any one year – 2 days additional annual leave

Placed on call for 30 or more times in any one year – 3 days additional annual leave

Placed on call for 40 or more times in any one year – 4 days additional annual leave
Placed on call for 50 or more times in any one year – 5 days additional annual leave

This leave is paid at ordinary rates and is exclusive of leave loading.

Evidence

54. The witness statements demonstrate the significant amounts of on-call work being performed by nurses. This on-call work is performed on top of up to 38 hours per week work.
55. The witness statements outline the serious effects working on call has on the work/life balance and health of nurses.
56. The Dawson and Paterson statement refers to research that demonstrates that on-call work has negative impacts on the health of employees. Among other things, on-call work can lead to fatigue which has serious and known risks to health and safety.
57. On-call can have negative impacts on workers' sleep patterns, mental health and personal life. On call work decreases the quality and quantity of sleep for workers and can leave people feeling fatigued for periods after their on-call work. On-call work may also play a role in increasing stress and decreasing mental wellbeing.⁷
58. As noted below, the effects of being awake for extended periods can be likened in its effects to alcohol intake.
59. Material regarding the proposal for an increased rest break between rostered work is also relevant to this proposal.
60. The witness statements indicate that the witnesses consider the on-call rates that they receive inadequate.

Modern awards objective

61. The ANMF submits that to ensure that the Nurses Award is a fair and relevant safety net, employees covered by the award must receive suitable compensation for performing on-call work.
62. The evidence of excessive levels of on-call being performed demonstrates that the existing levels of compensation are not acting sufficiently as a disincentive to employers to rostering employees on for excessive amounts of on-call. The rates of on-call represent a serious intrusion into the work/life balance of employees and a risk to health and safety.
63. The amounts of compensation for employees should therefore be improved and the proposed ANMF clause is necessary to achieve the modern awards objective.

⁷ Anne-Marie Nicol and Jackie S Botterill, 'On-call work and health: a review', *Environmental Health: A Global Access Science Source* (2004), especially page 5-6

Free from duty and on-call (clause 21.4)

64. In addition, to address the problem of inadequate breaks from work, the ANMF proposes to make clear that the existing clause 21.4, which requires an employee to be free from duty for specified periods, includes periods when an employee is on call:
- 21.4 Each employee must be free from duty for not less than two full days in each week or four full days in each fortnight or eight full days in each 28-day cycle. Where practicable, such days off must be consecutive. **For the purposes of this sub-clause, duty includes time an employee is on call.**

Evidence

65. The witness statements demonstrate that nurses experience a lack of time free from *both* duty and on-call, and outlines the consequent impacts this can have on them. For example, the Bell statement notes that, because she was expected to work her normal 38-hour week *and* do on-call for most of the weekend (every fortnight), she did not have two full days free from duty (including on call) each week. Other statements point out that they tend to get rostered on call on their only weekends off.
66. The Dawson and Paterson statement outlines research regarding the negative implications of being on-call for sleep and health and safety.

Modern Awards Objective

67. The ANMF submits that to achieve the modern awards objective of a fair and relevant safety net, the Nurses Award should be amended to provide that 'free from duty' includes any periods that an employee is rostered to be on-call.
68. It is submitted that the purpose of the existing clause is to enable employees to have a certain period in each work cycle completely free from work commitments to enable adequate rest and recuperation.
69. The evidence of the witness statements and research evidence shows the necessity of adequate breaks from work and the inadequacy of the existing clause. Nurses are effectively performing either work duties or on-call most of the time.
70. The ANMF proposal would ensure (or make more likely) the taking of adequate breaks from work.
71. It is noted that another modern award applying to nurses already provides that free from duty "includes on-call/recall work".⁸

⁸ *Nurse and Midwives (Victoria) State Reference Public Sector Award 2015 (MA000125)*, clause 14.4(c)

Clause 23 – Rest breaks between rostered work

72. Existing clause 23 of the Nurses Award provides that “an employee will be allowed a rest break of eight hours between the completion of one ordinary work period or shift and the commencement of another ordinary work period or shift.” Unlike in the case of a rest period after overtime (existing clause 28.3), the Award does not outline any penalty for a breach of this entitlement.
73. The ANMF proposes that the minimum rest break between ordinary shifts be increased to ten hours except where an individual employee agrees to an eight hour break. In addition, the ANMF proposes the introduction of a *penalty* for breach of this entitlement, ie. an employee returning to work without having had the minimum rest break would be entitled to be paid at overtime rates until they have taken the minimum rest break. The proposed clause 23 would read:

23. Rest breaks between rostered work

23.1 An employee will be allowed a rest break of **ten** hours between the completion of one ordinary work period or shift and the commencement of another ordinary work period or shift.

23.2 **By mutual agreement between employer and employee, the ten hour rest break may be reduced to eight hours.**

23.3 **If, on the instruction of the employer, an employee resumes or continues to work without having had 10 consecutive hours off duty, or 8 hours as agreed, they will be paid at the rate of double time until released from duty for such period.**

Evidence

74. Quick returns often occur in rotational schedules, typically when an evening shift is followed by a morning shift the next day.⁹
75. These short breaks can occur quite frequently. One witness statement notes that the witness works a late shift followed by an early shift at least once per fortnight.
76. The ANMF submits that the existing eight hour break is insufficient to allow employees an adequate period of rest and recuperation before recommencing work.
77. One witness statement outlines the fatigue that the witness feels because of short breaks between shifts, while the Fox statement refers to the witness getting less than 5.5 hours sleep.
78. Research also demonstrates the link between inadequate breaks and health outcomes. Lack of breaks between shifts can lead to fatigue which has serious and known risks to health and safety and patient/resident safety. The Dawson and Paterson statement refers to some of the effects of quick returns to work.

⁹ Flo, E., Pallesen, S., Moen, B. E., Waage, S. and Bjorvatn, B. Short rest periods between work shifts predict sleep and health problems in nurses at 1-year follow-up. *Occupational and Environmental Medicine*, 2014, 71: 555-61.

79. Research also indicates that the effects of being awake for extended periods can be likened in its effects to alcohol intake, and therefore poses risks to staff at and after work (eg driving home) and patients.¹⁰ Dawson and Reid show there is an association between reduced opportunity for sleep (and reduced sleep quality) and accidents. Tests have shown that poor quality sleep and inadequate recovery leads to increased fatigue, decreased alertness and impaired performance. Dawson and Reid demonstrate that fatigue can produce higher levels of impairment than alcohol intoxication.
80. Other research shows that ongoing reduced sleep, and the effects thereof, are *cumulative* over time. One study showed that three days of recovery sleep after a period of days of reduced sleep did not restore performance to baseline levels. Due to a persistent, pervasive change in brain function, rapid recovery to baseline levels of alertness and performance does not occur.¹¹
81. Lack of adequate breaks also has significant negative effects on work-life balance, for example the ability of employees to complete non-work related obligations outside work hours.
82. One witness notes that she does not get to see her children during the evenings when she has a short break between shifts, and when she does, is very tired.
83. Commute times can reduce the time away from work even further. A witness statement refers to a travel time of 45 minutes between her home and work. This would suggest that she has approximately six hours at most to spend at home (including sleep) before needing to commence travelling to work again.
84. Evidence also exists that employers are scheduling breaks shorter than the minimum period in the award. The effect of one witness' evidence is that she is not rostered to have at least an 8 hour break between ordinary shifts.

Modern awards objective

85. The ANMF submits that a fair and relevant safety net requires an adequate break from work between rostered shifts. The break should be sufficient to maximise the health and safety of employees and their work/life balance.
86. The ANMF submits that the witness statements and research evidence establishes that the existing eight hour break is insufficient and should be increased to ten hours.
87. In addition, the ANMF submits that, to ensure a fair and relevant safety net, a penalty needs to be inserted into the Award to provide a disincentive for employers to schedule a break shorter than the minimum period specified.
88. The ANMF notes that the Award already specifies an overtime penalty (in clause 28.3) as a disincentive for employers providing an insufficient break after a period of overtime work is

¹⁰ Drew Dawson and Kathryn Reid, 'Fatigue, alcohol and performance impairment', *Nature* vol 388, 17 July 1997, p235

¹¹ Gregory Belenky et al, 'Patterns of performance degradation and restoration during sleep restriction and subsequent recovery: a sleep dose-response study', *Journal of Sleep Research* (2003), especially page 10

performed and it is appropriate that a similar disincentive exist regarding breaks after ordinary hours. Currently, there is little incentive for employers to take clause 23.1 into account as no penalty exists.

Clause 27.1 – Meal breaks

89. The ANMF proposes two changes to the existing meal breaks clause. The proposed amended clause is:

27.1 Meal breaks

- (a) An employee who works in excess of five hours will be entitled to an unpaid meal break of not less than 30 minutes and not more than 60 minutes. **Such meal breaks will be taken between the fourth and the sixth hour after beginning work, unless otherwise agreed by the majority of employees affected. Provided that, by agreement of individual employees, employees who work shifts of six hours or less may forfeit the meal break.**
- (b) Where an employee is required to ~~remain available or~~ **be** on duty during a meal break, the employee will be paid overtime for all time worked until the meal break is taken.
- (c) Where an employee is required by the employer to remain available ~~or on duty~~ during a meal break, **but is free from duty, the employee will be paid at ordinary rates for a 30 minute meal break. If the employee is recalled to perform duty during this period the employee will be paid overtime for all time worked until the balance of the meal break is taken.**

Timing of meal break (proposed clause 27.1(a))

90. Existing clause 27.1(a) provides that an employee who works in excess of five hours is entitled to an unpaid meal break of 30 to 60 minutes.
91. The existing clause does not specify *when* during the shift the meal break must be taken. On its face, the clause may mean that a meal break could occur at any time during a shift, even if it resulted in an employee working excessive hours before taking a break or finishing their shift.
92. To ensure that long periods are not worked without a meal break, the ANMF proposes to clearly specify that meal breaks will be taken between the fourth and the sixth hour after beginning work, unless otherwise agreed by the majority of employees affected.

Evidence

93. The witness statements show that several witnesses are not getting meal breaks at all due to their workload levels. Alternatively, they may take or commence a minimum 30 minute meal break, but many hours after commencing work, in some instances after 6.5 hours.
94. The statements also show that rosters often do not specify a meal break at all.
95. Additionally, the witness statements demonstrate that nurses feel fatigued as a result of missing meal breaks or working long periods without a break. Witnesses have complained to their employers about their inability to take meal breaks.

96. The witness statements indicate that no or insufficient compensation is paid for not receiving a meal break or for accessing a meal break after a long period of work. Matthews (at [17]) indicates that she does not receive any compensation, at either overtime rates or ordinary rates, for being required to work through her meal break. Similarly, Fletcher (at [26]) states that she is not compensated and Le Compte (at [17]) states that she does not receive overtime rates for not taking a break.
97. Matthews (at [17]) indicates that she receives no compensation for being required to remain available (although she has not received a meal break in any event). Le Compte indicates that she is paid ordinary rates for the 30 minute meal break because she is unable to leave the facility.
98. Research demonstrates the negative OHS impacts of working long hours without a break. The Dawson and Paterson statement notes that working for long hours without a break can lead to fatigue which in turn leads to an increased risk of accidents.

2012 awards review

99. In the 2012 Awards Review, Watson VP rejected a similar claim made by the ANMF regarding clause 27.1(a) on the grounds that the proposed variation would inhibit flexibility. Watson VP also emphasised the obligation under the Award for the employer to pay overtime if a meal break is not provided:

In my view the employers have correctly acknowledged the obligations under the Award. Any practice whereby an employee is not provided with a meal break must result in overtime payments being made until the scheduled meal break is given. A small amount of give and take based on operational requirements is understandable, but a failure to provide a break, or overtime payments until the end of a shift would not be consistent with the intent of the clause. Nevertheless, I do not consider that a case has been made out for regulating the time for the meal break in the way proposed by the ANF. Such an approach would inhibit the existing flexibility which is no doubt necessary in many operations covered by this Award. The clarification of obligations in this decision and the availability of the disputes procedure should assist in the event of further difficulties with regard to meal breaks.¹²

Modern awards objective

100. The ANMF submits that existing clause 27.1 is not achieving its intended purpose. As a consequence, the award is not a fair and relevant safety net and it is necessary to amend the award in the form suggested.
101. While the 2012 decision clarified obligations to some extent, issues remain including regarding what happens if no meal break is scheduled. The 2012 decision confirmed that overtime payments are applicable 'until the scheduled meal break is given', however does not address the situation where no meal break is scheduled.
102. The witness statements demonstrate that this situation occurs. The existing clause states that an employee is entitled to receive overtime if they remain on duty during a meal break, but it is silent regarding what happens if no meal break is scheduled. It is difficult to

¹² [2012] FWA 9420 at [42]

see from which time the overtime requirement in clause 27.1(b) commences without a concrete time for the meal break being specified. A time at which (or a period during which) the meal break *must* occur accordingly needs to be specified in the award. The proposed fourth to sixth hour requirement would provide a 'peg' from which to trigger the overtime.

103. The other major issue is that, as shown by the witness statements, even if a meal break is taken (or commenced), it frequently occurs at an unsuitable time, usually towards the end of the shift.
104. For health and safety reasons, as demonstrated by the witness statements and research evidence, the break should be required to be taken at an appropriate time.
105. The provision of a majority agreement would enable some flexibility in the operation of the clause at particular workplaces. Additionally, individual employees who work shifts of six hours or less could, by agreement, forfeit the meal break.

Remaining available during a meal break (proposed clause 27.1(c))

Interpretation of existing clause

106. The second change to the existing clause 27.1 relates to subclause 27.1(b) which currently provides that "where an employee is required to remain available or on duty during a meal break, the employee will be paid overtime for all time worked until the meal break is taken."
107. Currently, when an employee is required to work (ie. is "on duty") during a meal break, the employee must be paid overtime for all time worked until the meal break is taken.
108. Under the existing wording however, despite the phrase being used, the consequence of 'remain[ing] available' during a meal break is unclear. An employee may take all or part of their meal break but may be required to remain available during it, ie. be ready to end their break immediately and return to perform work duties if required. In addition, they effectively cannot leave the workplace.
109. Under the existing clause, employees receive no compensation for being required to remain available because the minimum thirty minutes break is an *unpaid* break. The employee is effectively 'on call' during their meal break without compensation.

ANMF proposal

110. The ANMF proposal seeks to address this situation and clarify existing subclause (b) by splitting it into two subclauses.
111. The effect of new paragraph 27.1(b) would be the same as currently, ie. where an employee is required to work during a meal break, the employee must be paid overtime for all time worked until the meal break is taken.
112. New paragraph 27.1(c) would provide for compensation while being effectively 'on call' during a meal break. The ANMF proposes accordingly that an employee would receive ordinary rates for a period during which they are required to remain available.

113. The proposal would either require employers to enable employees to take their meal break free from any expectation that they will be required to perform duties (including being able to leave the workplace) or compensate them for being prevented from doing so.
114. If employees were required to *restart* duty, the existing clause 27.1(b) (as slightly amended to move the existing 'remain available' words to paragraph (c)) would require that they receive overtime payments until they took the balance of the meal break.

Evidence

115. Several witness statements demonstrate that, where meal breaks are commenced (which is frequently not the case) it is common for nurses to effectively remain on-call during meal breaks and are unable to leave the premises. Le Compte (at [17]) notes she is unable to leave the facility, Fletcher (at [21]) states that she is required to remain on the premises as there are no other registered staff available, and Matthews (at [15]) is always required to remain on the premises.
116. The statement of Dawson and Paterson indicates that on-call work *during* work hours has similar negative consequences as being on call *between* shifts.

Modern awards objective

117. To achieve a fair and relevant safety net, nurses and midwives should receive compensation for being required to remain available (including on premises) during their meal breaks.
118. The presence of the words 'remain available' in the existing clause suggests that it was *intended* that some consequence should follow from this circumstance.
119. In any event, nurses should receive compensation for this situation, which is analogous to on-call between rostered shifts. Nurses should be able to wind down and disengage from work. It is not an effective break from work if nurses are constantly expecting to return to work at any moment.

FAIR WORK COMMISSION

Matter No. AM2016/31

s.156 – 4 yearly review of modern awards

STATEMENT OF FELICITY BALL

My name is Felicity Claire Ball [REDACTED] in the State of Queensland and I state as follows:

1. I have been a Registered Nurse since 1990. I have worked as a Registered Nurse for various organisations including Casino Memorial Hospital, now known as Northern Rivers Area Health Services, and for Blue Care.
2. I worked at Blue Care from March 2003 to May 2016 as a Registered Nurse and as a Clinical Nurse working in the community.
3. My duties included nursing assessment, palliative care, wound care, continence assessments and general nursing duties. I was also mentor and educator of other registered nurses.
4. In addition to my 38 hours per week work, on average once every fortnight, I was rostered to be on call on both Saturdays and Sundays from 06:00 to 19:00.
5. When I was on call my day usually started at 06:00, as all nurses and carers commencing shifts needed to report to me at their starting time. Also because I needed to be ready to address any problems they may encounter, including finding alternate staff if rostered nurses or carers reported to be on sick/carers leave.
6. During the on call shifts I texted on and off with four carers and with two nurses. They also reported to me when they completed their shift.
7. On an ordinary on call shift I received between two and five phone calls, but there were some quiet weekends when I was not called. I was often called to resolve issues, including clients not being at home at the time medication was meant to be administered. I was also called when the carers and nursing staff wanted to report workload issues. On average the length of each call was between five and ten minutes.
8. The average follow up work after the call was thirty minutes. Some of the follow up tasks included cancelling visits for the next day if someone was sent to hospital, phoning family if a client was not answering the door (to confirm their whereabouts), phoning carers who were on call if staff were needed and phoning nursing staff to follow-up on missed visits.

9. The on call shifts had an impact on my personal and family life as I suffered from broken sleep and I felt fatigued, it was draining. My husband was also affected by the calls, as he was also woken up by the phone calls from 06:00 on weekends. Furthermore, being on call limited the weekend activities with my family, as I needed to be at home or close by and I was unable to travel too far on weekends.
10. Due to the amount of on call I was doing, I did not have two full days free from duty (including on call) each week.
11. During my 13 years working for Blue Care I was only physically recalled to work 6 times, but I was regularly required to give telephone advice to carers and nurses in the community.
12. I never received any compensation for giving telephone advice; I was only paid the on call allowance. I considered the on call allowance amount inadequate.
13. Before I was made redundant at Blue Care, the organisation increased the on call requirements to 24 hour daily rosters. The change was due to Blue Care taking on the palliative care on call from Queensland Health.
14. I was requested to work on call for the palliative care, but I refused as the staff were expected to work their normal weekly rostered hours and to be on call for up to four days in a week on a 24 hour shift, once per month. The nurse on call is responsible for the four community centres that share the on call.
15. I believe the previous on call arrangements were excessive but the new arrangements are even worse as nurses are required to be on call for a longer period of time. With the new on call requirements I believe nurses have the potential to make mistakes due to their fatigue levels.

Signed



Date

27/2/17

FAIR WORK COMMISSION

Matter No. AM2016/31

Fair Work Act 2009

s.156 – 4 yearly review of modern awards

STATEMENT OF SUSAN ELIZABETH FLETCHER

My name is Susan Elizabeth Fletcher of [REDACTED] in the State of QLD, and I state as follows:

1. I am a Registered Nurse (RN) employed by Blue Care Wirunya Centre of Care, 559 Beenleigh Redland Bay Rd, Carbrook, Qld, 4130.
2. I commenced work at Blue Care in July of 2015.
3. I work weekends and week days and I always do six shifts per fortnight. I only work day shifts, that is, from 06:30 to 14:30 hrs.

In charge

4. I am always the nurse in charge of the shifts I work. I am the only RN on duty with six Assistants in Nursing (AIN) who are under my supervision. There are 42 beds in the facility.
5. My ordinary duties include, but are not limited to, residents' admissions, attending all medication rounds, briefing doctors, attend the visit with the General Practitioner (GP) to document orders and change of medications as well as new orders. Likewise, I assess unwell residents and coordinate transfer to hospitals when needed.
6. I regularly have face to face engagement with families and relatives and I also have many phone calls from families enquiring about their loved one's health status. I also perform clinical duties such as routine wound care and observations.
7. Additional duties for being in charge include doing and regularly updating quarterly care plans, respond to walk in visitors and answer all phone calls on weekends and after 1300 hrs, as receptionist leaves at 1300 hrs. Often when I'm in charge the call bell/ phone systems do not function, sometimes I can only get on with my work and have the carers do regular checks before I can sort out the problem.
8. Furthermore, I am required to attend maintenance issues and any events arising during the day, such as contacting the maintenance man before proceeding with an outside service. Other issues would be kitchen equipment failures and loss of power.

9. I am also the fire warden when on duty. The fire panel has false alarms which I check to see whether it was a false alarm and then ring help desk.
10. Over the past 6 months we have had no Clinical nurse to support us and the manager is often absent as she manages four facilities.
11. I am paid a supervisor allowance for 2 hours per fortnight, though my hours are 44 hrs per fortnight.

On call

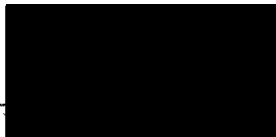
12. I am rostered to be on call once every fortnight. The on call was imposed on all RNs in four community centres that share the on call, making the nurse to be on call for all four centres. The on call arrangements were imposed on all RNs from approximately March 2016 and the on call shift is 14 hours.
13. The roster for on call is arranged so that the RNs work the day shift (06:30 to 14:30 hrs) and then they are on call from 16:00 hrs until 06:00 hrs as predominantly on the night duty shifts only Enrolled Nurses (EN) are usually on the premises.
14. The nurse on call is required to return the next day for the morning shift.
15. The on call remuneration is \$30.91 for the whole 14 hours. The on call staff are only giving telephone advice, they do not come to the workplace.
16. I had a one to one meeting with the manager, on approximately 28th or 29th September 2016, where I expressed my concerns regarding the impact the excessive requirements to be on call would have on my personal and work life and I refused to be on call. I also expressed my concerns regarding the impact this requirement would have on my personal and work life.
17. I believed having my sleep interrupted would cause me to make mistakes at work therefore my practice would be unsafe for the residents and my work colleagues.
18. After expressing my concerns, the manager puts me on the roster but she has always replaced me at the last minute, so I am currently not doing on call shifts, but I do not feel my concerns have been addressed.

Meal breaks

19. I should have a 30 minute break at 13:00 hrs but this is a rare occurrence as I am too busy trying to catch up with routine work if I have had any exceptional events during the shift. This occurs most days I work. The time to take the meal break is not written anywhere. I go at 1300 hrs because I have finished a medication round at this time and this is the only chance to take the break.

20. The manager changed the shift times to 0630-1430 so she could cut a staff member. Since then, the workload has increased and now it is harder than before to adjust the meal break, so about 99% of the time I eat a snack as I do my computer work trying to finish on time.
21. We are required to remain on the premises while on duty as there is no other registered staff to take the phone calls or respond to any emergencies.
22. My meal breaks, if commenced, are always interrupted by phone calls from relatives, doctors and carers.
23. Not being able to take my meal breaks impacts my fatigue levels because it is stressful trying to do the right thing by the residents and making sure documentation and everything required to maintain their health status has been done.
24. I have raised the workloads issue but my management has done nothing to address the work load. I have put in workload forms and sent them on to QNU, but the manager only says thank you for the work load forms. I usually write my finishing time on the sign off ledger so management are aware of the increase in the work load
25. I have requested meetings for the staff on numerous occasions but we have had none in 6 months.
26. I am never compensated for losing my meal breaks. In fact I go home well over my finishing times
27. I'm not aware that I am being paid to remain on the premises and no deduction is made for a meal break.

Signed _____



Date _____

27/2/2017

FAIR WORK COMMISSION

Matter No. AM2016/31

Fair Work Act 2009

s.156 – 4 yearly review of modern awards

STATEMENT OF SONIA LE COMPTE

My name is Sonia Le Compte of [REDACTED], in the State of Queensland and I state as follows:

1. I work at Gympie Private Hospital as Registered Nurse (RN) Level 2. I commenced employment at Gympie Private Hospital in approximately August 2010.
 2. I am assigned to work on both surgical and medical wards together with an Enrolled Nurse (EN). We are the only nurses on duty in those wards during my shifts. The hospital has approximately 28 beds. I work 7 shifts a fortnight.
BUT IS LICENSED FOR 40.
- In charge**
3. The Nurse Unit Manager (NUM) or general manager are on call from home during my shift.
 4. When on call, the NUM or the general manager only attend the hospital in case of an emergency like transfer of a patient or inability to replace staff.
 5. As I work night duties, starting at 2245 and finishing at 0715 hrs, and I am the only RN on site, my role includes delegation of duties, replacing staff for the following morning shift if someone calls in sick, dispensing all medications throughout the hospital, assessments, care planning, audits and general nursing duties.
 6. I am also responsible to assess all patients, to be competent enough to recognise a deteriorating patient, to know when to call a doctor (we do not have doctors on site) and when to call '000'.
 7. This is standard practice for every shift I do, but I do not get paid any allowance for the additional responsibilities derived from being the only RN in the hospital on my shift.
 8. When the NUM is on premises during the morning shift there is always another RN on the premises but the NUM is responsible for all the above referred tasks.

On call

9. It is expected that all Registered Nurses (RN) be on call on a roster basis from 1530 on Friday to 0700 on Saturday, from 0700 on Saturday to 0700 on Sunday and from 0700 on Sunday to 0900 on Monday. Each RN does either Friday, Saturday or Sunday.
10. As I am usually rostered to work on the wards for the weekend, in general I am on call once per month, but this is not ideal as it is usually on the only weekend I have off the roster.
11. Being on call impacts my family life greatly as sometimes I would not get a weekend off for 5 weeks, either because I am working or because I am on call so I am unable to go anywhere.
12. RNs are given the choice of being on call, but they know if they refuse, other RNs will be expected to do more than their fair share, so we all feel obliged to take the on calls.
13. The on call is only used for staff replacement or if the work load has become higher, that is when you are obliged to come in.

Meal breaks

14. On my particular shift, being only two staff we sometimes are not able to take meal breaks. There is no set time to take meal breaks.
15. When we are busy it is not uncommon to be eating at the desk whilst writing reports at 5:00 am, this is 6.25 hours since commencement of our shifts.
16. On quieter shifts we will commence a break but this is usually disturbed by patients' needs, because as we are only two nurses on duty if the EN is with a patient and another patient rings the bell I have to attend the patient's call.
17. We are paid for the 30 minutes meal break at ordinary rates, because we are unable to leave the facility, as we are only two staff members in the ward. We are never paid overtime rates for not taking our breaks and we are told to "manage our time better".

Signed _____

Date 25/2/17

FAIR WORK COMMISSION

Matter No. AM2016/31

Fair Work Act 2009

s.156 – 4 yearly review of modern awards

STATEMENT OF SHERRELLE FOX

My name is Sherrelle Fox of [REDACTED], in the State of Queensland and I state as follows:

1. I work at Gympie Private Hospital and have since September 2015. I am employed as a Registered Nurse (RN) Level 1 and have multiple shifts where I am the team leader/charge nurse on the floor. I work between six to ten shifts per fortnight; they are a mix of morning, afternoon and night shifts.

In charge

2. My duties include but are not limited to: supervision of Enrolled Nurses and Assistants in Nursing, delegation of duties, undertaking staff rostering when staff call in sick for the following shift and finding replacements. Furthermore, I am the fire warden in the event of a fire.
3. I am not paid any allowance for the additional duties when I am the only RN in the hospital because the Nurse Unit Manager (NUM) or the general manager (GM) are on call. However, the NUM/GM is not even there to prioritise care, they only attend the hospital in case of an emergency.

Rest break between rostered work

4. At least once per fortnight I work a late shift followed by an early shift, having less than 10 hours break in between. The late shift is meant to end at 11:15 pm and the early shift commences at 7:00 am.
5. Our load is anywhere from six to ten patients per nurse, therefore leaving on time is hard to do most days. Often I have to work beyond 11:15 pm.
6. I have to travel approximately 45 mins between home and the hospital. I feel this is not enough of a break, as I can get less than five and a half hours sleep. The lack of sleep leaves me fatigued.
7. I have discussed with my supervisor my fatigue concerns relating to the short break between shifts, but my concerns are yet to be addressed. The only response I have gotten is that they try not to roster nurses on late and early shifts but still nothing has changed.

8. When I work a late shift followed by an early shift I do not get to see my children as they are already asleep by the time I arrive home and they have not woken up when it is time for me to go back to work. I am extremely tired once I have finished work.

On call

9. I am usually on call once or twice per month. Often I am on call on my only day off on a weekend. This is not good because being on call is like working without being at work and without proper remuneration.

10. Being on call disturbs my life as I am unable to plan activities with my children because I need to be available for work.

11. The allowance for being on call for 24 hours is insufficient. Usually I am not recalled when on call. When staff are needed, other staff get called in before the nurse on call because they do not want to pay overtime.

Signed _____



Date _____

27/2/17

FAIR WORK COMMISSION

Matter No. AM2016/31

Fair Work Act 2009

s.156 – 4 yearly review of modern awards

STATEMENT OF Prof. DREW DAWSON and Dr. JESSICA PATERSON

Our names are Professor Drew Dawson and Dr. Jessica Paterson, both [REDACTED] in the State of South Australia and we state as follows:

1. Professor Drew Dawson is the Director of the Appleton Institute at CQUniversity.
2. Dr. Jessica Paterson is a Senior Lecturer in the School of Medical and Applied Sciences, within the Appleton Institute at CQUniversity.
3. Professor Dawson is a nationally and internationally recognised expert for his contributions to the scientific community and to industry in the areas of sleep and fatigue research, organisational psychology and human behaviour, industrial relations negotiations, and the human implications of hours of work. Professor Dawson has worked extensively with the health care, aviation, manufacturing, retail, entertainment, transportation and mining sectors in Australia, and is a world-renowned expert on fatigue in the workplace. He has instigated fatigue management programs, developed shift work and fatigue policy, undertaken pre-employment assessments, and facilitated shift work education sessions. Prof. Dawson also regularly presents at national and international conferences and has provided expert witness testimony in many fatigue-related court cases.
4. Dr. Paterson is a research psychologist with specialist expertise in the relationship between sleep, mental health, and wellbeing, particularly in shift work populations. She received her BPsych(Hons) degree in 2007, and her PhD in Psychology in 2010, at the University of South Australia. Dr. Paterson's PhD research addressed the relationship between shift work, sleep loss, health and safety for Australian midwives. She has since conducted multiple research and consulting projects in the health care field, as well as in other industries relying on shift-work, all broadly concerned with the relationship between sleep, fatigue, health and safety.

Working on-call

5. On-call schedules are common in health care settings, and involve personnel being available to perform work tasks away from their usual workplace and/or outside of their usual duty period. This can include after their official duty period has ended and the individual has returned home, or during ‘breaks’ taken on-site during the work period.
6. There is a growing body of evidence showing that both forms of on-call work, even in the absence of a call, are associated with significant cost to the employee and cannot be counted as equivalent to an off-duty period.
7. While there is limited research specifically addressing the on-call experiences of nursing personnel, the wider body of evidence in this area may be applied.
8. On-call periods may involve an opportunity for individuals to obtain recovery sleep. However, sleep obtained during these on-call periods is not comparable to sleep obtained during an off-duty period, regardless of whether a call occurs. For example, a study of hospital interns found that those who were on-call during a sleep opportunity and knew they may be called had poorer sleep efficiency and less slow-wave sleep than doctors whose sleep was “protected” from call, despite both groups sleeping onsite in the hospital (Richardson *et al.*, 2007).
9. Even sleep that occurs in the individual’s home, but which may be disrupted by a call, has been shown to be negatively affected by the anticipation of a call. Indeed, doctors sleeping at home on-call reported shorter total sleep time, even without receiving a call, compared to nights at home and not on call (Jay *et al.*, 2008).
10. Being on-call has demonstrated negative consequences for health and safety, regardless of whether the on-call period occurs during a sleep opportunity. For example, in a longitudinal study of 2,617 registered nurses, on-call work was associated with increased risk of musculoskeletal disorders (Trinkoff *et al.*, 2006).
11. In another study, on-call schedules were associated with increased irritation and negative mood, and decreased social participation and household activities (Bamberg *et al.*, 2012). There were no differences between employees that were called in to work during the on-call period, and those who were not. The authors concluded that “the mere possibility of being disturbed by calls shows negative consequences” (Bamberg *et al.*, 2012).

12. In addition, work breaks where the individual is not formally 'on-call' but may be called back to duty due to operational demands are likely to be associated with the same negative consequences as formal on-call periods, as discussed above. This relates to on-site 'breaks' that require individuals to remain present should they be required to work.
13. As described above, on-call work is not a homogenous experience. The experience of on-call work may also vary depending on the frequency of calls received. A recent study of nurses in the United States showed that working more than five on-call shifts per month was associated with increased fatigue (Domen *et al.*, 2015). In turn, fatigue was associated with making errors in patient care.
14. When considering the 'cost' of the on-call shift to the individual, it is also important to consider the cognitive load of the task required of the individual being called. An individual called to make complex decisions, or decisions with significant consequences (for example regarding patient safety), may be more likely to experience fatigue as a result of being on-call. It is particularly critical to consider the cognitive load associated with calling personnel when the call occurs during a sleep period, given the potential for sleep inertia. Sleep inertia is the period of grogginess and performance impairment experienced immediately upon waking (Tassi and Muzet, 2000). How long an individual has been asleep, what sleep stage they are woken from, the time of day they are woken, and what type of performance task is required upon waking, can all impact the duration and severity of sleep inertia.

Rest breaks

15. The length of breaks between shifts is an important contributor to work-related fatigue. A 'quick return' is when the length of a break between the end of one shift and the beginning of the next is less than 11 hours. There is a significant body of research demonstrating that quick returns are associated with negative health and safety outcomes for nurses.
16. Quick returns have been shown to increase the risk of a nurse developing shift work disorder, pathological fatigue, excessive sleepiness, and insomnia over a 1-year period (Flo *et al.*, 2014, Eldevik *et al.*, 2013).
17. A recent study of nurses has shown that the frequency of quick returns is associated with poor sleep quality, short sleep, difficulty unwinding, exhaustion, dissatisfaction with work hours, and greater work-to-family interference (Dahlgren *et al.*, 2016).

18. Similarly, a systematic review of research related to quick returns and health, sleep, functional ability and work–life balance outcomes found that quick returns have a negative impact on sleep, sleepiness, and fatigue (Vedaa *et al.*, 2016).

Meal breaks

19. Meal breaks are an important part of managing fatigue in the workplace. Successive hours on duty without a break have been associated with corresponding cumulative increases in accident risk, controlling for exposure (Folkard and Tucker, 2003).
20. Previous consideration of the relationship between successive work hours and breaks has suggested a reduction in risk after the 5th hour on shift as a result of a meal break (Folkard and Tucker, 2003).

References


- Bamberg, E., Dettmers, J., Funck, H., Krähe, B. and Vahle-Hinz, T. Effects of on-call work on well-being: results of a daily survey. *Applied Psychology: Health and Well-being*, 2012, 4: 299-320.
- Dahlgren, A., Tucker, P., Gustavsson, P. and Rudman, A. Quick returns and night work as predictors of sleep quality, fatigue, work-family balance and satisfaction with work hours. *Chronobiology International*, 2016, 33: 759-67.
- Domen, R., Connelly, C. D. and Spence, D. Call-shift fatigue and use of countermeasures and avoidance strategies by certified registered nurse anesthetists: a national survey. *AANA Journal*, 2015, 83: 123-31.
- Eldevik, M. F., Flo, E., Moen, B. E., Pallesen, S. and Bjorvatn, B. Insomnia, Excessive Sleepiness, Excessive Fatigue, Anxiety, Depression and Shift Work Disorder in Nurses Having Less than 11 Hours in-Between Shifts. *PLOS ONE*, 2013, 8: e70882.
- Flo, E., Pallesen, S., Moen, B. E., Waage, S. and Bjorvatn, B. Short rest periods between work shifts predict sleep and health problems in nurses at 1-year follow-up. *Occupational and Environmental Medicine*, 2014, 71: 555-61.
- Folkard, S. and Tucker, P. Shift work, safety and productivity. *Occupational Medicine*, 2003, 53: 95-101.
- Jay, S. M., Thomas, M. J. W., Weissenfeld, A. P., Dawson, D. and Ferguson, S. A. Doctors' sleep disturbance when on-call. *Sleep and Biological Rhythms*, 2008, 6: A:32.
- Richardson, A., Turnock, C., Harris, L., Finley, A. and Carson, S. A study examining the impact of 12-hour shifts on critical care staff. *Journal of Nursing Management*, 2007, 15: 838-46.
- Tassi, P. and Muzet, A. Sleep inertia. *Sleep Medicine Reviews*, 2000, 4: 341-53.

Trinkoff, A. M., Le, R., Geiger-Brown, J., Lipscomb, J. and Lang, G. Longitudinal relationship of work hours, mandatory overtime, and on-call to musculoskeletal problems in nurses. *American Journal of Industrial Medicine*, 2006, 49: 964-71.

Vedaa, Ø., Harris, A., Bjorvatn, B. *et al.* Systematic review of the relationship between quick returns in rotating shift work and health-related outcomes. *Ergonomics*, 2016, 59: 1-14.

Signed 
Prof. Drew Dawson

Date 17/3/2017

Signed 
Dr. Jessica Paterson

Date 16/3/2017

FAIR WORK COMMISSION

Matter No. AM2016/31

Fair Work Act 2009

s.156 – 4 yearly review of modern awards

STATEMENT OF CHERISE NICOLE MATTHEWS

My name is Cherise Nicole Matthews [REDACTED] Qld, [REDACTED]
and I state as follows:

1. I am a Registered Nurse Level 1 Pay Point 4, employed by Blue Care. I commenced work in June of 2003 at Blue Care Wirunya Centre of Care, 559 Beenleigh Redland Bay Rd, Carbrook, Qld, 4130.
2. On a typical shift I attend medication rounds, wound care, behaviour management, oxygen/nebuliser therapy, palliative care as well as supervising six Assistants in Nursing (AIN).

In charge

3. I always work evening shifts, that is, from 14:15 to 22:00. I work seven shifts per fortnight. I am in charge of the whole facility every shift I work from the beginning of the shift. The facility has 43 beds.
4. Most days our manager is offsite, as she also manages four other facilities. During my shift I am the most senior person as well as the only Registered Nurse at the facility. I supervise six Assistants in Nursing (AINs) and one kitchen staff member.
5. Most shifts I have to replace staff who call in sick, which can often take hours out of your shift as I need to call other nurses to see if they are available to come to work, sometimes to no avail. I also attend care plan reviews regularly and have conversations with family members about their loved ones. Sometimes I also have to attend to specialist doctors rounds.
6. I am expected to attend to any maintenance issues that arise on my shift, as there is no one else there to attend to these things. Examples of issues include: broken perimeter gates, stiff door hinges (safety issues) and fixing faulty air mattresses that are needed for resident pressure area care.
7. I am also responsible for dealing with any random issues such as people showing up wanting information about the facility and wanting to be shown through on a weekend and delivery drivers needing signatures. I have to answer the main telephone line from the time I start my shift as there is no receptionist from 13:00. Weekends are particularly difficult as there is no support staff and there are more

visitors and family members wanting your time and there are more phone calls than on weekdays.

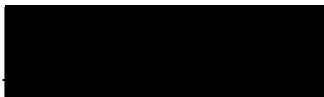
8. Although there is an on call nurse, they are an RN from another facility who is no more senior than I am and she or he has no experience at my facility and has never even laid eyes on the residents I take care of. The nurse on call only gives phone advice as RNs have been told they should never have to go into the facility and should only have to give phone advice.
9. The nurse call system is constantly failing and residents are not able to call for assistance, therefore I have to call the property help desk to log the issue and then get someone out to fix the issue. This happens regularly. I am also expected to lock up the facility after hours and then answer the front door if there are any visitors after this time, which there always are.
10. Being the most senior staff member on shift, I am also the fire warden in the event of a fire.
11. At times, in addition to these duties, I have to deal with adverse events such as falls, mandatory reports, skin tears and sick residents who require extra care.
12. For the in charge duties I receive a supervisory allowance of \$12.40 per shift. I do not believe this amount compensates the amount of extra duties I am undertaking and the consequent stress involved. I am exhausted all the time.

Meal breaks

13. I have not had a meal break since the beginning of 2013 due to the horrendous workload levels.
14. There is no set time to take a meal break.
15. I am always required to remain on the premises in case I am needed urgently as I am the only registered staff member for the entire facility during my shift and I must have my dect phone on me at all times. A dect phone is a cordless phone nurses use during the shift to be contacted if they are needed.
16. If I were to have a meal break it would be constantly interrupted. I am constantly receiving calls for all kinds of issues, from family members calling to check on their loved ones to staff on the floor needing me to examine a resident urgently or deal with dangerous behaviours. There is always something I have to do.
17. In spite of my enterprise agreement providing for compensation for remaining on the premises during meal breaks or for being required to work during my meal break, I do not receive any compensation (at either overtime rates or ordinary rates). Blue Care refuses to pay overtime of any kind unless it is authorised prior by the supervisor.

18. In the day sheet we have to fill in and sign on a daily basis I always include missed meal breaks and overtime, but they are never paid. Around May 2015 I was told by the then Acting Service Manger to stop claiming overtime because Blue Care could not afford it.
19. Regularly Blue Care does not feel the reasoning for not taking a meal break is acceptable and we are never paid overtime for being unable to take a meal break. Most of the time the employer argues that if employees do not access their meal breaks, this is due to time management issues and other adverse issues that they call "one off".
20. There is no acknowledgment from the employer of employees' complaints or workload forms. Attached to this statement are numerous forms I have submitted advising my employer that our workloads are too heavy and that I have been unable to take meal breaks.
21. I have submitted 23 workload forms and only the first one was somehow addressed, as the evening shift was extended for half an hour by the Acting Service Manager. The extension of the shift did not address the workload issue or the impossibility to take my meal break, but at least I am provided with payment for the additional 30 minutes I was not compensated for before.
22. The other 22 workload forms have been ignored, I have not even received acknowledgment of receipt of the forms.
23. Not being able to stop and have a meal break has an enormous impact on my entire life. My health, social life and ability to care for my grandfather have suffered greatly and the sole cause for this has been the horrendous workload and conditions at Blue Care. I am physically, mentally and emotionally exhausted by the time I finish a shift. I no longer play basketball which was a great source of joy for me as I was too tired to even play one game per week because I am under tremendous pressure all the time and I am not even able to take meal breaks.
24. The only reason I have not left aged care to pursue another area of nursing work is because it is my passion. There are not too many nurses under the age of 30 who are able to make that statement these days and I would not blame them. There is absolutely nothing to attract young skilled, passionate nurses into Aged Care.

Signed



Date

23/02/17



PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 16-02-17

Name/s: Cherise Matthews

Facility: Blue Care Wirunya Work area: Blue Care Wirunya Time/Shift: 1415-2200hrs.

STEP 1: Identify the problem(s) on this day/shift:

- | | |
|--|--|
| <input type="checkbox"/> Resident admissions | <input type="checkbox"/> Excessive use of casual staff |
| <input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks | <input checked="" type="checkbox"/> An insufficient number of care staff |
| <input type="checkbox"/> Resources/equipment not available | <input checked="" type="checkbox"/> Resident acuity increases |
| <input type="checkbox"/> Inadequate skill mix | <input type="checkbox"/> Technology/equipment failure |
| <input checked="" type="checkbox"/> Overtime required (paid or unpaid) | <input type="checkbox"/> Sick leave/absence not replaced |
| <input type="checkbox"/> Staff moved to other areas | <input checked="" type="checkbox"/> Insufficient handover time |
| <input checked="" type="checkbox"/> Other (please detail) <u>Resident behaviours, replacing staff.</u> | |

STEP 2: Brief details of the problem: Time spent replacing staff. Sick residents requiring extra attention. Significant amount of time spent completing documentation on RMS. General workload is too heavy and unsafe for only one RN/EN.

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN AIN/PCA Number of hours required: 5

Type of equipment: _____

Reason: Workload is overwhelming and basic tasks cannot be completed safely.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

- | | |
|---|--|
| <input checked="" type="checkbox"/> ACFI paperwork | <input type="checkbox"/> Cup/crockery collection |
| <input checked="" type="checkbox"/> Non clinical cleaning | <input checked="" type="checkbox"/> Admissions |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Preparation for outings |
| <input type="checkbox"/> Answering telephones | <input type="checkbox"/> Making beds |
| <input type="checkbox"/> Re-stocking | |
| <input checked="" type="checkbox"/> Other (please detail) <u>Care plan reviews, staff education, answering front door constantly.</u> | |

Please provide details of the intended recipient of this completed form:

Name: [Redacted] Position: AIMM.
Date: 16.02.17 Time: 2350 hrs.

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

- Fax a copy to QNU to
- Brisbane: 3844 9387
 - Toowoomba: 4639 5052
 - Bundaberg: 4151 6066
 - Rockhampton: 4922 3406
 - Townsville: 4721 1820
 - Cairns: 4051 6222

Mic

Day Sheet

Date Range: 16/02/2017 to 16/02/2017

Thursday

Time Range: 00:00:00 to 23:59:59

Cost Centre Type: ALL TYPES

Cost Centre ID: WIRUNYA ACF to WIRUNYA ACF

Roster ID: CARE STAFF to SUPPORT STAFF

Rostered Shift Details				Replacement Employee Details			Changed Attendance Details EMPLOYEE TO ONLY RECORD ACTUAL HOURS WORKED IF DIFFERENT FROM ROSTERED SHIFT			Comments (Incl. Allowance Claim)	Emp Signature	Shift Sup Initials
Name	Emp ID	Shift Times	Task / Roster	Absence Reason	Replacement Employee	Emp ID	Amended Hours					
							Shift Start	Shift End	Hours Worked			
[REDACTED]	[REDACTED]	16/02/2017 14:00 - 22:00	Q-PC CARE STAFF	SICK	[REDACTED]	[REDACTED]	14:00	22:00	8hr			
[REDACTED]	[REDACTED]	16/02/2017 14:00 - 20:15	Q-KITCHEN HAND KITCHEN									
[REDACTED]	[REDACTED]	16/02/2017 15:00 - 19:00	Q-PC CARE STAFF	is replacing [REDACTED] to 14:00 - 22:00			14:00	22:00				
[REDACTED]	[REDACTED]	16/02/2017 14:30 - 20:00	Q-PC CARE STAFF									
ATTHEWS, Terise	[REDACTED]	16/02/2017 14:15 - 22:00	Q-RN SUP REGISTERED NURSES				14:15	00:10				
[REDACTED]	[REDACTED]	16/02/2017 14:00 - 22:00	Q-PC CARE STAFF	UNABLE TO WORK	[REDACTED]	[REDACTED]						
[REDACTED]	[REDACTED]	16/02/2017 14:00 - 22:00	Q-PC CARE STAFF									
[REDACTED] ancisca	[REDACTED]	16/02/2017 14:00 - 21:00	Q-PC CARE STAFF	SICK	[REDACTED]	[REDACTED]	14:00	21:00				

vacant PC shift 16/2/17 15:00 - 19:00 - Filled by [REDACTED] [REDACTED] [REDACTED]

--	--	--	--	--	--	--	--	--	--

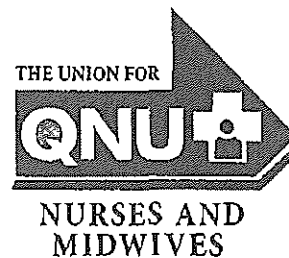
STAFF SIGN-IN RECORD

(Visitors to centre please complete Visitor Sign-in & collect badge)

Attention: All Staff
It is a requirement of the *Building Fire Safety Legislation* that the safety of all persons within a building is accounted for in the event of a fire or emergency. Please ensure that you complete the Sign-In record as you enter and leave this Blue Care premises to ensure compliance with the legislation and to ensure your safety.

DATE	EMPLOYEE NAME	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
16.2.17		13.55	22.10						
16.2.17		8.30	16.30						
16/2/17		14.30	19.10						
16/2/17		14.30	20.00						
16/2/17		21.45	06.00						
16/2/17		21.45	06.45						
16.2.17		21.45	6.00						
16/02/17	Chense Matthews	14.15	00.10						

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 14.02.17

Names: Cherise Matthews

Facility: Blue Care Wirunya Work area: Blue Care Wirunya Time/Shift: 1415-2200hrs

STEP 1: Identify the problem(s) on this day/shift:

- | | |
|---|--|
| <input type="checkbox"/> Resident admissions | <input checked="" type="checkbox"/> Excessive use of casual staff |
| <input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks | <input checked="" type="checkbox"/> An insufficient number of care staff |
| <input type="checkbox"/> Resources/equipment not available | <input checked="" type="checkbox"/> Resident acuity increases |
| <input checked="" type="checkbox"/> Inadequate skill mix | <input type="checkbox"/> Technology/equipment failure |
| <input checked="" type="checkbox"/> Overtime required (paid or unpaid) | <input type="checkbox"/> Sick leave/absence not replaced |
| <input type="checkbox"/> Staff moved to other areas | <input checked="" type="checkbox"/> Insufficient handover time |
| <input type="checkbox"/> Other (please detail) | |

STEP 2: Brief details of the problem: Workload is excessive. Basic tasks cannot be completed safely. Documentation takes up a significant amount of time

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN AIN/PCA Number of hours required: 5

Type of equipment: _____

Reason: Tasks cannot be completed safely with only one RN/EN on shift.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

- | | |
|--|--|
| <input checked="" type="checkbox"/> ACFI paperwork | <input type="checkbox"/> Cup/crockery collection |
| <input checked="" type="checkbox"/> Non clinical cleaning | <input checked="" type="checkbox"/> Admissions |
| <input checked="" type="checkbox"/> Filing | <input type="checkbox"/> Preparation for outings |
| <input type="checkbox"/> Answering telephones | <input type="checkbox"/> Making beds |
| <input checked="" type="checkbox"/> Re-stocking | |
| <input type="checkbox"/> Other (please detail) <u>Core plan reviews, staff education</u> | |

Please provide details of the intended recipient of this completed form:

Name: [Redacted] Position: AIMS

Date: 14.02.17 Time: 2330hrs

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to
Brisbane: 3844 9387
Toowoomba: 4639 5052
Bundaberg: 4151 6066
Rockhampton: 4922 3406
Townsville: 4721 1820
Cairns: 4051 6222

Day Sheet

Date Range: 14/02/2017 to 14/02/2017

Tuesday

Time Range: 00:00:00 to 23:59:59

Post Centre Type: ALL TYPES

Post Centre ID: WIRUNYA ACF to WIRUNYA ACF

Roster ID: CARE STAFF to SUPPORT STAFF

Rostered Shift Details				Replacement Employee Details			EMPLOYEE TO ONLY RECORD ACTUAL HOURS WORKED IF DIFFERENT FROM ROSTERED SHIFT			Comments (Incl. Allowance Claim)	Emp Signature	Shift Sup Initials
Name	Emp ID	Shift Times	Task / Roster	Absence Reason	Replacement Employee	Emp ID	Amended Hours					
							Shift Start	Shift End	Hours Worked			
		14/02/2017 14:30 - 20:00	Q-PC CARE STAFF				14:30	20:00				
		14/02/2017 14:00 - 21:00	Q-PC CARE STAFF	SICK								
		14/02/2017 14:00 - 22:00	Q-PC CARE STAFF									
		14/02/2017 14:00 - 22:00	Q-PC CARE STAFF									
TTHEWS, arise		14/02/2017 14:15 - 22:00	Q-RN SUP REGISTERED NURSES				1330	2330		1330-1600hrs Education @ Springwood.		
		14/02/2017 14:00 - 22:00	Q-PC CARE STAFF	SICK								
		14/02/2017 14:00 - 20:15	Q-KITCHEN HAND KITCHEN									
		14/02/2017 15:00 - 19:00	Q-PC CARE STAFF									
		14/02/2017 21:45 - 06:45	Q-RN REGISTERED NURSES									
		14/02/2017 22:00 - 06:00	Q-PC NIGHT STAFF PC									

14.00 PC
20.00

64350 2400 2200.

STAFF SIGN-IN RECORD

Attention: All Staff

It is a requirement of the *Building Fire Safety Legislation* that the safety of all persons within a building is accounted for in the event of a fire or emergency. Please ensure that you complete the Sign-in record as you enter and leave this Blue Care premises to ensure compliance with the legislation and to ensure your safety.

DATE	EMPLOYEE NAME	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
14/2/17		05:50	1300						
14/2/17		05:50	1400						
14.2.17		05:50	1335						
14/2/17		13:00	22:20						
14/2/17		1345	2107						
14/2/17		1400	2200						
14/2/17		14:30	20:00						
14/2/17		14:30	19:10						
14/02/17	Cherise Matthews	1630	2330						
14.2.17		1400	2015						
14.2.17		21:40							
14.2.17		21:40							
14.2.17		21:50							
14.2.17		1400	2200						

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 10-02-17

Name/s: Cherise Matthews

Facility: Blue Care Winunya Work area: Blue Care Winunya Time/Shift: 1415-2200hrs

STEP 1: Identify the problem(s) on this day/shift:

<input type="checkbox"/> Resident admissions	<input type="checkbox"/> Excessive use of casual staff
<input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks	<input checked="" type="checkbox"/> An insufficient number of care staff
<input type="checkbox"/> Resources/equipment not available	<input checked="" type="checkbox"/> Resident acuity increases
<input type="checkbox"/> Inadequate skill mix	<input type="checkbox"/> Technology/equipment failure
<input checked="" type="checkbox"/> Overtime required (paid or unpaid)	<input type="checkbox"/> Sick leave/absence not replaced
<input type="checkbox"/> Staff moved to other areas	<input checked="" type="checkbox"/> Insufficient handover time
<input checked="" type="checkbox"/> Other (please detail) <u>Agency EEN for night duty.</u>	

STEP 2: Brief details of the problem: General workload is too heavy & unsafe for only one RN/EEN. Dementia behaviours and documentation take up a significant amount of time. Agency EEN had to be orientated to the facility as had never been to Winunya before.

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN AIN/PCA Number of hours required: 5

Type of equipment: _____

Reason: Workload is dangerous for only one RN/EEN. Tasks cannot be completed safely.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

<input checked="" type="checkbox"/> ACFI paperwork	<input type="checkbox"/> Cup/crockery collection
<input checked="" type="checkbox"/> Non clinical cleaning	<input checked="" type="checkbox"/> Admissions
<input checked="" type="checkbox"/> Filing	<input type="checkbox"/> Preparation for outings
<input checked="" type="checkbox"/> Answering telephones	<input type="checkbox"/> Making beds
<input checked="" type="checkbox"/> Re-stocking	
<input checked="" type="checkbox"/> Other (please detail) <u>Care plan reviews</u>	

Please provide details of the intended recipient of this completed form:

Name: [Redacted] Position: AISM

Date: 10-02-17 Time: 2340

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to

Brisbane:	3844 9387
Toowoomba:	4639 5052
Bundaberg:	4151 6066
Rockhampton:	4922 3406
Townsville:	4721 1820
Cairns:	4051 6222

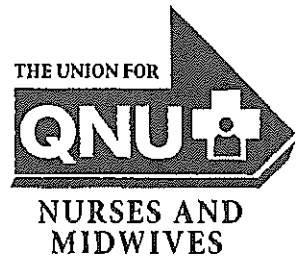
STAFF SIGN-IN RECORD

Attention: All Staff

It is a requirement of the *Building Fire Safety Legislation* that the safety of all persons within a building is accounted for in the event of a fire or emergency. Please ensure that you complete the Sign-in record as you enter and leave this Blue Care premises to ensure compliance with the legislation and to ensure your safety.

DATE	EMPLOYEE NAME	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
10/2/17		0740	1630						
10.2.17.		05.50.							
0.2.17		8.30	16.15						
10.2.17		8.30	15.00						
10.2.17		9.00	15.35						
10.2.17		0600	1330						
10.2.17		05.50	1400						
10.2.17		13:00							
10-2-17		13.30	20.20						
10.2.17		13.50.	22.05						
10.2.17		14:00	22:05						
10.2.17		14 20	20 15						
10.02.17	Cherise Matthews	1410	0100						

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 09-02-17

Name/s: Cherise Matthews

Facility: Blue Care Wirunya Work area: Blue Care Wirunya Time/Shift: 1415-2200hrs

STEP 1: Identify the problem(s) on this day/shift:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Resident admissions | <input type="checkbox"/> Excessive use of casual staff |
| <input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks | <input checked="" type="checkbox"/> An insufficient number of care staff |
| <input type="checkbox"/> Resources/equipment not available | <input checked="" type="checkbox"/> Resident acuity increases |
| <input checked="" type="checkbox"/> Inadequate skill mix | <input type="checkbox"/> Technology/equipment failure |
| <input checked="" type="checkbox"/> Overtime required (paid or unpaid) | <input checked="" type="checkbox"/> Sick leave/absence not replaced |
| <input type="checkbox"/> Staff moved to other areas | <input checked="" type="checkbox"/> Insufficient handover time |
| <input checked="" type="checkbox"/> Other (please detail) <u>Spent time replacing staff.</u> | |

STEP 2: Brief details of the problem: Spent time replacing staff for AM shift. Staff not replaced for this shift, so working short. Residents returning from hospital, 2x skin tears. General workload is unsafe for only one RN/EEN.

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN AIN/PCA Number of hours required: 5

Type of equipment: _____

Reason: Only one RN/EEN on shift cannot complete tasks safely.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

- | | |
|--|--|
| <input checked="" type="checkbox"/> ACFI paperwork | <input type="checkbox"/> Cup/crockery collection |
| <input checked="" type="checkbox"/> Non clinical cleaning | <input checked="" type="checkbox"/> Admissions |
| <input checked="" type="checkbox"/> Filing | <input type="checkbox"/> Preparation for outings |
| <input checked="" type="checkbox"/> Answering telephones | <input type="checkbox"/> Making beds |
| <input checked="" type="checkbox"/> Re-stocking | |
| <input checked="" type="checkbox"/> Other (please detail) <u>Care plan reviews</u> | |

Please provide details of the intended recipient of this completed form:

Name: _____ Position: AIMM

Date: 09-02-17 Time: 2340hrs

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to

Brisbane:	3844 9387
Toowoomba:	4639 5052
Bundaberg:	4151 6066
Rockhampton:	4922 3406
Townsville:	4721 1820
Cairns:	4051 6222

Day Sheet

Date Range: 9/02/2017 to 9/02/2017

Thursday

Time Range: 00:00:00 to 23:59:59

Cost Centre Type: ALL TYPES

Cost Centre ID: WIRUNYA ACF to WIRUNYA ACF

Roster ID: FIRST to LAST

Rostered Shift Details				Replacement Employee Details			EMPLOYEE TO ONLY RECORD ACTUAL HOURS WORKED IF DIFFERENT FROM ROSTERED SHIFT					
Name	Emp ID	Shift Times	Task / Roster	Absence Reason	Replacement Employee	Emp ID	Amended Hours			Comments (Incl. Allowance/Claim)	Emp Signature	Shift Sup Initials
							Shift Start	Shift End	Hours Worked			
[REDACTED]	[REDACTED]	09/02/2017 14:30 - 20:00	Q-PC CARE STAFF									
[REDACTED]	[REDACTED]	09/02/2017 14:00 - 20:15	Q-KITCHEN HAND KITCHEN									
[REDACTED]	[REDACTED]	09/02/2017 14:00 - 22:00	Q-PC CARE STAFF		[REDACTED]	[REDACTED]						
[REDACTED]	[REDACTED]	09/02/2017 15:00 - 19:00	Q-PC CARE STAFF		[REDACTED]	[REDACTED]	14:00	22:00				
[REDACTED]	[REDACTED]	09/02/2017 14:00 - 21:00	Q-PC CARE STAFF									
J. THEWS, nurse	[REDACTED]	09/02/2017 14:15 - 22:00	Q-RN REGISTERED NURSES				14:15	00:30				
[REDACTED]	[REDACTED]	09/02/2017 14:00 - 22:00	Q-PC CARE STAFF									
[REDACTED]	[REDACTED]	09/02/2017 21:45 - 06:45	Q-RN REGISTERED NURSES									
[REDACTED]	[REDACTED]	09/02/2017 22:00 - 06:00	Q-PC NIGHT STAFF PC									
[REDACTED]	36734	09/02/2017 22:00 - 06:00	Q-PC NIGHT STAFF PC	sick	[REDACTED]	[REDACTED]	22:00	06:00				

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE

THE UNION FOR



NURSES AND
MIDWIVES

You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 07/02/17

Name/s: Cherise Matthews

Facility: Blue Care Wininya Work area: Blue Care Wininya Time/Shift: 1415-2200hrs

STEP 1: Identify the problem(s) on this day/shift:

- | | |
|--|--|
| <input type="checkbox"/> Resident admissions | <input type="checkbox"/> Excessive use of casual staff |
| <input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks | <input checked="" type="checkbox"/> An insufficient number of care staff |
| <input type="checkbox"/> Resources/equipment not available | <input checked="" type="checkbox"/> Resident acuity increases |
| <input checked="" type="checkbox"/> Inadequate skill mix | <input type="checkbox"/> Technology/equipment failure |
| <input checked="" type="checkbox"/> Overtime required (paid or unpaid) | <input checked="" type="checkbox"/> Sick leave/absence not replaced |
| <input type="checkbox"/> Staff moved to other areas | <input checked="" type="checkbox"/> Insufficient handover time |
| <input checked="" type="checkbox"/> Other (please detail) <u>Resident behaviours. Roster issues.</u> | |

STEP 2: Brief details of the problem: Significant time spent managing behaviours in Kingfisher. Time spent trying to replace staff to no avail as micro roster was incorrect and staff did not know they had been rostered to work. Had to stay back + wait for night duty nurse to arrive. Her micro roster was also incorrect + she did not know she was on duty.

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN AIN/PCA Number of hours required: 5

Type of equipment:

Reason: Only one RN/EN on shift is dangerous. Tasks cannot be completed safely.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

- | | |
|---|--|
| <input checked="" type="checkbox"/> ACFI paperwork | <input type="checkbox"/> Cup/crockery collection |
| <input checked="" type="checkbox"/> Non clinical cleaning | <input checked="" type="checkbox"/> Admissions |
| <input checked="" type="checkbox"/> Filing | <input type="checkbox"/> Preparation for outings |
| <input checked="" type="checkbox"/> Answering telephones | <input type="checkbox"/> Making beds |
| <input checked="" type="checkbox"/> Re-stocking | |
| <input checked="" type="checkbox"/> Other (please detail) <u>Care plan reviews.</u> | |

Please provide name of the intended recipient of this completed form:

Name: [Redacted] Position: AISM

Date: 07/02/17 Time: 2330hrs

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to

Brisbane: 3844 9387
Toowoomba: 4639 5052
Bundaberg: 4151 6066
Rockhampton: 4922 3406
Townsville: 4721 1820
Cairns: 4051 6222

STAFF SIGN-IN RECORD

Attention: All Staff

It is a requirement of the *Building Fire Safety Legislation* that the safety of all persons within a building is accounted for in the event of a fire or emergency. Please ensure that you complete the Sign-in record as you enter and leave this Blue Care premises to ensure compliance with the legislation and to ensure your safety.

DATE	EMPLOYEE NAME	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
7/2/16		5.45	13.30						
7.2.17		13.15	22.10						
7-2-17		06.15	13.15						
7.2.17		13.45	20.15						
7.2.17		13.45	22.00						
7.2.17		13.55	22.10						
7.7.17		14.00	21.05						
7.2.17		14.15							
07/02/17	Cherise Matthews	14.15	0030						
7/2/17		21.45	0600						
7.2.17		21.50	0600						
		21.45							

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 05/02/17

Name/s: Cherise Matthews

Facility: Blue Care Wirunya Work area: Blue Care Wirunya Time/Shift: 1415 - 2200

STEP 1: Identify the problem(s) on this day/shift:

- | | |
|--|--|
| <input type="checkbox"/> Resident admissions | <input type="checkbox"/> Excessive use of casual staff |
| <input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks | <input checked="" type="checkbox"/> An insufficient number of care staff |
| <input type="checkbox"/> Resources/equipment not available | <input checked="" type="checkbox"/> Resident acuity increases |
| <input checked="" type="checkbox"/> Inadequate skill mix | <input type="checkbox"/> Technology/equipment failure |
| <input checked="" type="checkbox"/> Overtime required (paid or unpaid) | <input type="checkbox"/> Sick leave/absence not replaced |
| <input type="checkbox"/> Staff moved to other areas | <input checked="" type="checkbox"/> Insufficient handover time |
| <input checked="" type="checkbox"/> Other (please detail) <u>Resident behaviours, unwell residents</u> | |

STEP 2: Brief details of the problem: General workload is too heavy for only one RN/EN. Does not allow time for adverse events - behaviours, falls, sick residents etc. Struggling to provide basic care.

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN AIN/PCA Number of hours required: 5

Type of equipment: _____

Reason: Workload is too heavy for only one RN/EN to complete tasks safely.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

- | | |
|---|--|
| <input checked="" type="checkbox"/> ACFI paperwork | <input type="checkbox"/> Cup/crockery collection |
| <input checked="" type="checkbox"/> Non clinical cleaning | <input checked="" type="checkbox"/> Admissions |
| <input checked="" type="checkbox"/> Filing | <input type="checkbox"/> Preparation for outings |
| <input checked="" type="checkbox"/> Answering telephones | <input type="checkbox"/> Making beds |
| <input checked="" type="checkbox"/> Re-stocking | |

Other (please detail) Answering front door constantly, care plan reviews

Please provide details of the intended recipient of this completed form:

Name: [Redacted] Position: AISM

Date: 05/02/17 Time: 2330hrs

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to
 Brisbane: 3844 9387
 Toowoomba: 4639 5052
 Bundaberg: 4151 6066
 Rockhampton: 4922 3406
 Townsville: 4721 1820
 Cairns: 4051 6222

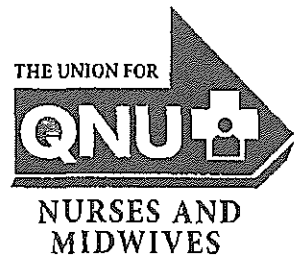
STAFF SIGN-IN RECORD

Attention: All Staff

It is a requirement of the *Building Fire Safety Legislation* that the safety of all persons within a building is accounted for in the event of a fire or emergency. Please ensure that you complete the Sign-In record as you enter and leave this Blue Care premises to ensure compliance with the legislation and to ensure your safety.

DATE	EMPLOYEE NAME	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
05.2.17		05.45	1300						
05.2.17		13.30	22.10						
5.2.17		13.40	22.00						
5.2.17		7.30	13.14						
5.2.17		14.00							
5.2.17		14.00	20.15						
5.2.17		14.25	20.00						
05.02.17	Cherise Matthews	14.05	23.55						
05.02.17		15.00	19.00						
5.02.17		14.00	21.00						
5/2/17		21.45	06.00						
5/2/17		21:50							
5/2/17		21:50	06:56						

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 04/02/17

Name/s: Cherise Matthews

Facility: Blue Care Wirinya Work area: Blue Care Wirinya Time/Shift: 1445 - 2200hrs

STEP 1: Identify the problem(s) on this day/shift:

- | | |
|--|--|
| <input type="checkbox"/> Resident admissions | <input type="checkbox"/> Excessive use of casual staff |
| <input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks | <input checked="" type="checkbox"/> An insufficient number of care staff |
| <input type="checkbox"/> Resources/equipment not available | <input checked="" type="checkbox"/> Resident acuity increases |
| <input type="checkbox"/> Inadequate skill mix | <input type="checkbox"/> Technology/equipment failure |
| <input checked="" type="checkbox"/> Overtime required (paid or unpaid) | <input type="checkbox"/> Sick leave/absence not replaced |
| <input type="checkbox"/> Staff moved to other areas | <input checked="" type="checkbox"/> Insufficient handover time |
| <input checked="" type="checkbox"/> Other (please detail) <u>Resident with ↓ BGLs - having to be monitored constantly.</u> | |

STEP 2: Brief details of the problem: Residents needs are higher than they've ever been. Workload is already very heavy for only one person and documentation takes up a significant amount of time at the end of the shift. Documentation cannot be handed over to next shift.

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN AIN/PCA Number of hours required: 5

Type of equipment: _____

Reason: Workload too heavy for one RN/EN to complete tasks safely. No room to incorporate any adverse events - fall behaviours etc.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

- | | |
|---|--|
| <input checked="" type="checkbox"/> ACFI paperwork | <input type="checkbox"/> Cup/crockery collection |
| <input checked="" type="checkbox"/> Non clinical cleaning | <input checked="" type="checkbox"/> Admissions |
| <input checked="" type="checkbox"/> Filing | <input type="checkbox"/> Preparation for outings |
| <input checked="" type="checkbox"/> Answering telephones | <input type="checkbox"/> Making beds |
| <input checked="" type="checkbox"/> Re-stocking | |
| <input checked="" type="checkbox"/> Other (please detail) <u>Answering front door, care plan reviews.</u> | |

Please provide details of the intended recipient of this completed form:

Name: [Redacted] Position: AIMS

Date: 04-02-17 Time: 2300hrs-

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to

Brisbane:	3844 9387
Toowoomba:	4639 5052
Bundaberg:	4151 6066
Rockhampton:	4922 3406
Townsville:	4721 1820
Cairns:	4051 6222

Day Sheet

Date Range: 4/02/2017 to 4/02/2017

Saturday

Time Range: 00:00:00 to 23:59:59

Cost Centre Type: ALL TYPES

Cost Centre ID: WIRUNYA ACF to WIRUNYA ACF

Roster ID: FIRST to LAST

Rostered Shift Details				Replacement Employee Details			EMPLOYEE TO ONLY RECORD ACTUAL HOURS WORKED IF DIFFERENT FROM ROSTERED SHIFT			Comments (Incl. Allowance Claim)	Emp. Signature	Shift/Sup Initials
Name	Emp ID	Shift Times	Task / Roster	Absence Reason	Replacement Employee	Emp ID	Amended Hours					
							Shift Start	Shift End	Hours Worked			
[REDACTED]	[REDACTED]	04/02/2017 14:00 - 21:00	Q-PC CARE STAFF									
		04/02/2017 14:00 - 20:15	Q-KITCHEN HAND KITCHEN									
		04/02/2017 15:00 - 19:00	Q-PC CARE STAFF									
		04/02/2017 14:00 - 22:00	Q-PC CARE STAFF									
		04/02/2017 14:15 - 22:00	Q-RN REGISTERED NURSES					1415	2300			
[REDACTED]	[REDACTED]	04/02/2017 14:00 - 22:00	Q-PC CARE STAFF									
		04/02/2017 06:00 - 14:00	Q-PC CARE STAFF									
		04/02/2017 14:00 - 22:00	Q-PC CARE STAFF									

ATTHEWS,
terise

FCC 1400 - 2100

STAFF SIGN-IN RECORD

Attention: All Staff

It is a requirement of the *Building Fire Safety Legislation* that the safety of all persons within a building is accounted for in the event of a fire or emergency. Please ensure that you complete the Sign-In record as you enter and leave this Blue Care premises to ensure compliance with the legislation and to ensure your safety.

DATE	EMPLOYEE NAME	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
04/02/17	Cherise Matthews	1410	2300						
04/02/17		14:25	2000						
4/2/17		14:50							
4/2/17		2130							
4/10/17									
4/2/17		21:50							

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 02-02-17

Name/s: Cherise Matthews

Facility: Blue Care Wirunya Work area: Blue Care Wirunya Time/Shift: 1415-2200hrs

STEP 1: Identify the problem(s) on this day/shift:

- | | |
|--|--|
| <input type="checkbox"/> Resident admissions | <input type="checkbox"/> Excessive use of casual staff |
| <input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks | <input checked="" type="checkbox"/> An insufficient number of care staff |
| <input type="checkbox"/> Resources/equipment not available | <input checked="" type="checkbox"/> Resident acuity increases |
| <input checked="" type="checkbox"/> Inadequate skill mix | <input type="checkbox"/> Technology/equipment failure |
| <input checked="" type="checkbox"/> Overtime required (paid or unpaid) | <input checked="" type="checkbox"/> Sick leave/absence not replaced |
| <input type="checkbox"/> Staff moved to other areas | <input checked="" type="checkbox"/> Insufficient handover time |
| <input checked="" type="checkbox"/> Other (please detail) <u>Replacing staff, resident fall.</u> | |

STEP 2: Brief details of the problem: Time spent trying to replace staff. Unable to replace one staff member so then working short. Workload is already very heavy and documentation takes significant time at the end of the shift. Resident fall at 2200hrs.

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN AIN/PCA Number of hours required: 5

Type of equipment: _____

Reason: Workload too heavy for one RN/EN to complete tasks safely. No room left to incorporate any adverse events - falls, behaviours etc.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

- | | |
|---|--|
| <input checked="" type="checkbox"/> ACFI paperwork | <input type="checkbox"/> Cup/crockery collection |
| <input checked="" type="checkbox"/> Non clinical cleaning | <input checked="" type="checkbox"/> Admissions |
| <input checked="" type="checkbox"/> Filing | <input type="checkbox"/> Preparation for outings |
| <input checked="" type="checkbox"/> Answering telephones | <input type="checkbox"/> Making beds |
| <input checked="" type="checkbox"/> Re-stocking | |
| <input checked="" type="checkbox"/> Other (please detail) <u>Answering front door constantly, Care plan reviews</u> | |

Please provide details of the intended recipient of this completed form:

Name: [Redacted] Position: AIMS
Date: 02/02/17 Time: 2330hrs

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to
Brisbane: 3844 9387
Toowoomba: 4639 5052
Bundaberg: 4151 6066
Rockhampton: 4922 3406
Townsville: 4721 1820
Cairns: 4051 6222

Day Sheet

Date Range: 2/02/2017 to 2/02/2017 **Thursday** Time Range: 00:00:00 to 23:59:59

Cost Centre Type: ALL TYPES

Cost Centre ID: WIRUNYA ACF to WIRUNYA ACF Roster ID: FIRST to LAST

Rostered Shift Details				Replacement: Employee Details			Changed Attendance Details EMPLOYEE TO ONLY RECORD ACTUAL HOURS WORKED IF DIFFERENT FROM ROSTERED SHIFT			Comments (Incl. Allowance Claim)	Emp Signature	Shift Sup Initials
Name	Emp ID	Shift Times	Task / Roster	Absence Reason	Replacement Employee	Emp ID	Amended Hours					
							Shift Start	Shift End	Hours Worked			
[REDACTED]	[REDACTED]	02/02/2017 14:00 - 22:00	Q-PC CARE STAFF									
[REDACTED]	[REDACTED]	02/02/2017 14:00 - 20:15	Q-KITCHEN HAND KITCHEN									
[REDACTED]	[REDACTED]	02/02/2017 15:00 - 19:00	Q-PC CARE STAFF	S/L NO COVER								
[REDACTED]	[REDACTED]	02/02/2017 14:30 - 20:00	Q-PC CARE STAFF				1430	2200			Two short shift starts - extended	
MATTHEWS, Cherise	[REDACTED]	02/02/2017 14:15 - 22:00	Q-RN REGISTERED NURSES				1415	2330				
[REDACTED]	[REDACTED]	02/02/2017 14:30 - 20:00	Q-PC CARE STAFF	S/L			1430	2000				
[REDACTED]	[REDACTED]	02/02/2017 14:00 - 21:00	Q-PC CARE STAFF	S/L								
[REDACTED]	[REDACTED]	02/02/2017 14:00 - 22:00	Q-PC CARE STAFF									

[REDACTED]

STAFF SIGN-IN RECORD

Attention: All Staff

It is a requirement of the *Building Fire Safety Legislation* that the safety of all persons within a building is accounted for in the event of a fire or emergency. Please ensure that you complete the Sign-in record as you enter and leave this Blue Care premises to ensure compliance with the legislation and to ensure your safety.

DATE	EMPLOYEE NAME	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
2/2/17	[REDACTED]	05:45	13:30						
2-2-17	[REDACTED]	0600	1330						
2-2-17	[REDACTED]	13:20	22:20						
2-2-17	[REDACTED]	15:20	1330						
2-2-17	[REDACTED]	13:45	20:15						
2-2-17	[REDACTED]	13:50	22:05						
2-2-17	[REDACTED]	0600	14:00						
2-2-17	[REDACTED]	14:15	2000						
2-2-17	[REDACTED]	14:35	2100						
2.2.17	[REDACTED]	14:30	2200						
02/02/17	Cherise Matthews	1405	2330						
2/2/17	[REDACTED]	21:35							

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 27-01-17
 Name/s: Cherise Matthews

Facility: Blue Care Wirunya Work area: Blue Care Wirunya Time/Shift: 1415-2200hrs

STEP 1: Identify the problem(s) on this day/shift:

<input checked="" type="checkbox"/> Resident admissions	<input type="checkbox"/> Excessive use of casual staff
<input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks	<input checked="" type="checkbox"/> An insufficient number of care staff
<input type="checkbox"/> Resources/equipment not available	<input checked="" type="checkbox"/> Resident acuity increases
<input type="checkbox"/> Inadequate skill mix	<input type="checkbox"/> Technology/equipment failure
<input checked="" type="checkbox"/> Overtime required (paid or unpaid)	<input type="checkbox"/> Sick leave/absence not replaced
<input type="checkbox"/> Staff moved to other areas	<input checked="" type="checkbox"/> Insufficient handover time
<input checked="" type="checkbox"/> Other (please detail) <u>2 x sick residents that required extra attention.</u>	

STEP 2: Brief details of the problem: New respite admission, resident behaviours, 2x sick residents that required extra attention. Workload is already too heavy for only one registered staff member to complete tasks safely.

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN AIN/PCA Number of hours required: 5

Type of equipment: _____

Reason: Tasks cannot be completed safely with only one registered staff member.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

<input checked="" type="checkbox"/> ACFI paperwork	<input type="checkbox"/> Cup/crockery collection
<input checked="" type="checkbox"/> Non clinical cleaning	<input checked="" type="checkbox"/> Admissions
<input checked="" type="checkbox"/> Filing	<input type="checkbox"/> Preparation for outings
<input checked="" type="checkbox"/> Answering telephones	<input type="checkbox"/> Making beds
<input checked="" type="checkbox"/> Re-stocking	
<input checked="" type="checkbox"/> Other (please detail) <u>Care plan reviews, answering front door constantly.</u>	

Please provide details of the intended recipient of this completed form:

Name: [Redacted] Position: AISM
 Date: 27-01-17 Time: 2330hrs

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to
 Brisbane: 3844 9387
 Toowoomba: 4639 5052
 Bundaberg: 4151 6066
 Rockhampton: 4922 3406
 Townsville: 4721 1820
 Cairns: 4051 6222

STAFF SIGN-IN RECORD

Attention: All Staff

It is a requirement of the *Building Fire Safety Legislation* that the safety of all persons within a building is accounted for in the event of a fire or emergency. Please ensure that you complete the Sign-In record as you enter and leave this Blue Care premises to ensure compliance with the legislation and to ensure your safety.

DATE	EMPLOYEE NAME	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
27/1/2017		14:50	19:05						
27/1/17		14:00	22:05						
27/1/17		21:35	7:00						
27/1/17		21:25	06:00						
27-1-17		21:50	06:00						
27-1-17		14:00	21:00						
27-01-17	Cherise Matthews	14:15	01:00						

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 26-01-17

Name/s: Cherise Matthews

Facility: Blue Care Wirunya Work area: Blue Care Wirunya Time/Shift: 1415-2200

STEP 1: Identify the problem(s) on this day/shift:

- | | |
|--|--|
| <input type="checkbox"/> Resident admissions | <input type="checkbox"/> Excessive use of casual staff |
| <input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks | <input checked="" type="checkbox"/> An insufficient number of care staff |
| <input type="checkbox"/> Resources/equipment not available | <input checked="" type="checkbox"/> Resident acuity increases |
| <input type="checkbox"/> Inadequate skill mix | <input type="checkbox"/> Technology/equipment failure |
| <input checked="" type="checkbox"/> Overtime required (paid or unpaid) | <input type="checkbox"/> Sick leave/absence not replaced |
| <input type="checkbox"/> Staff moved to other areas | <input checked="" type="checkbox"/> Insufficient handover time |
| <input checked="" type="checkbox"/> Other (please detail) <u>Resident behaviours</u> | |

STEP 2: Brief details of the problem: Workload is too heavy for only one registered staff member to complete tasks safely. Resident behaviours take up a significant amount of time. Took 25mins total just to assist one behavioural resident with their medications this shift.

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN AIN/PCA Number of hours required: 5

Type of equipment: _____

Reason: Workload too heavy for only one registered staff member to complete tasks safely.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

- | | |
|--|--|
| <input checked="" type="checkbox"/> ACFI paperwork | <input type="checkbox"/> Cup/crockery collection |
| <input checked="" type="checkbox"/> Non clinical cleaning | <input checked="" type="checkbox"/> Admissions |
| <input checked="" type="checkbox"/> Filing | <input type="checkbox"/> Preparation for outings |
| <input checked="" type="checkbox"/> Answering telephones | <input type="checkbox"/> Making beds |
| <input checked="" type="checkbox"/> Re-stocking | |
| <input checked="" type="checkbox"/> Other (please detail) <u>Answering front door constantly, care plan reviews.</u> | |

Please provide details of the intended recipient of this completed form:

Name: [Redacted] Position: ALSM

Date: 26-01-17 Time: 2230hrs-

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to

Brisbane:	3844 9387
Toowoomba:	4639 5052
Bundaberg:	4151 6066
Rockhampton:	4922 3406
Townsville:	4721 1820
Cairns:	4051 6222

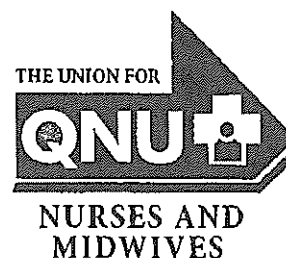
STAFF SIGN-IN RECORD

Attention: All Staff

It is a requirement of the *Building Fire Safety Legislation* that the safety of all persons within a building is accounted for in the event of a fire or emergency. Please ensure that you complete the Sign-in record as you enter and leave this Blue Care premises to ensure compliance with the legislation and to ensure your safety.

DATE	EMPLOYEE NAME	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
26/1/17	[REDACTED]	13:30	22:10						
26/1/17	[REDACTED]	13:30							
26/1/17	[REDACTED]	15:00	19:00						
26-01-17	Cherise Matthews	14:15	23:00						
26-01/17	[REDACTED]	14:00	22:15						
26.1.17	[REDACTED]	14:30	20:00						
26/1/17	[REDACTED]	21:44	06:09						
26/1/17	[REDACTED]	21:45	06:09						
26/1/17	[REDACTED]	21:45	06:45						
27/1/17	[REDACTED]	05:55	13:20						
27/1/17	[REDACTED]	06:00	14:20						
27.1.17	[REDACTED]	6:15	12:15						
27-1-17	[REDACTED]	6:30							

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 24-01-17

Name/s: Cherise Matthews

Facility: Blue Care Wirinya Work area: Blue Care Wirinya Time/Shift: 1415-2200

STEP 1: Identify the problem(s) on this day/shift:

- | | |
|---|--|
| <input type="checkbox"/> Resident admissions | <input type="checkbox"/> Excessive use of casual staff |
| <input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks | <input type="checkbox"/> An insufficient number of care staff |
| <input type="checkbox"/> Resources/equipment not available | <input checked="" type="checkbox"/> Resident acuity increases |
| <input type="checkbox"/> Inadequate skill mix | <input type="checkbox"/> Technology/equipment failure |
| <input checked="" type="checkbox"/> Overtime required (paid or unpaid) | <input type="checkbox"/> Sick leave/absence not replaced |
| <input type="checkbox"/> Staff moved to other areas | <input checked="" type="checkbox"/> Insufficient handover time |

Other (please detail) Required to assist with visit from Aged Care Commission, resident behaviours, 2x incidents

STEP 2: Brief details of the problem: General workload is already too heavy for one registered staff member. 2x resident incidents during shift. Difficult resident behaviours take up a significant amount of time. Was required to assist visitors from the Aged Care Complaints scheme in their investigation.

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN AIN/PCA Number of hours required: 5

Type of equipment: _____

Reason: workload is too heavy for one registered staff member to complete task safely.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

- | | |
|---|--|
| <input checked="" type="checkbox"/> ACFI paperwork | <input type="checkbox"/> Cup/crockery collection |
| <input checked="" type="checkbox"/> Non clinical cleaning | <input checked="" type="checkbox"/> Admissions |
| <input checked="" type="checkbox"/> Filing | <input type="checkbox"/> Preparation for outings |
| <input checked="" type="checkbox"/> Answering telephones | <input type="checkbox"/> Making beds |

Other (please detail) Answering front door constantly, care plan reviews

Please provide details of the intended recipient of this completed form:

Name: [Redacted] Position: AIMM

Date: 24-01-17 Time: 2300hrs.

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to

Brisbane:	3844 9387
Toowoomba:	4639 5052
Bundaberg:	4151 6066
Rockhampton:	4922 3406
Townsville:	4721 1820
Cairns:	4051 6222

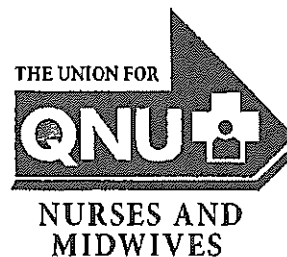
STAFF SIGN-IN RECORD

Attention: All Staff

It is a requirement of the *Building Fire Safety Legislation* that the safety of all persons within a building is accounted for in the event of a fire or emergency. Please ensure that you complete the Sign-In record as you enter and leave this Blue Care premises to ensure compliance with the legislation and to ensure your safety.

DATE	EMPLOYEE NAME	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
24.1.17	[REDACTED]	8.25	12.30						
24.1.17	[REDACTED]	13.05	22.10						
24.1.17	[REDACTED]	13.45	20.15						
24.1.17	[REDACTED]	7.30	18.45						
24.1.17	[REDACTED]	13.50	22.15						
	[REDACTED]	13.55	22.10						
24.1.17	[REDACTED]	05.40	14.10						
24.01.17	Cherise Matthews	14.10	01.45						
24/1/17	[REDACTED]	14.30	20.00						
24/1/17	[REDACTED]	14:50	19:15						
24/1/17	[REDACTED]	21.35	7.00						
"	[REDACTED]	22:00	06:00						
"	[REDACTED]	22.00	06.00						

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 22-01-17

Name/s: Cherise Matthews

Facility: Blue Care Wirunya Work area: Blue Care Wirunya Time/Shift: 1415-2200

STEP 1: Identify the problem(s) on this day/shift:

- | | |
|--|--|
| <input type="checkbox"/> Resident admissions | <input type="checkbox"/> Excessive use of casual staff |
| <input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks | <input type="checkbox"/> An insufficient number of care staff |
| <input type="checkbox"/> Resources/equipment not available | <input checked="" type="checkbox"/> Resident acuity increases |
| <input type="checkbox"/> Inadequate skill mix | <input type="checkbox"/> Technology/equipment failure |
| <input checked="" type="checkbox"/> Overtime required (paid or unpaid) | <input type="checkbox"/> Sick leave/absence not replaced |
| <input type="checkbox"/> Staff moved to other areas | <input checked="" type="checkbox"/> Insufficient handover time |
| <input checked="" type="checkbox"/> Other (please detail) <u>Time spent replacing staff.</u> | |

STEP 2: Brief details of the problem: Time spent replacing staff. One resident fall. Resident sundowning behaviours in Kingfisher take up a significant amount of time. General workload is too heavy for only one registered staff member.

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN AIN/PCA Number of hours required: 5

Type of equipment: _____

Reason: Workload is too heavy for only one registered staff member to complete tasks safely.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

- | | |
|--|--|
| <input checked="" type="checkbox"/> ACFI paperwork | <input type="checkbox"/> Cup/crockery collection |
| <input checked="" type="checkbox"/> Non clinical cleaning | <input checked="" type="checkbox"/> Admissions |
| <input checked="" type="checkbox"/> Filing | <input type="checkbox"/> Preparation for outings |
| <input checked="" type="checkbox"/> Answering telephones | <input type="checkbox"/> Making beds |
| <input checked="" type="checkbox"/> Re-stocking | |
| <input checked="" type="checkbox"/> Other (please detail) <u>Answering front door, care plan reviews</u> | |

Please provide details of the intended recipient of this completed form:

Name: [Redacted] Position: AISM

Date: 22-01-17 Time: 2340 hrs

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to
 Brisbane: 3844 9387
 Toowoomba: 4639 5052
 Bundaberg: 4151 6066
 Rockhampton: 4922 3406
 Townsville: 4721 1820
 Cairns: 4051 6222

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 21-01-17
 Name/s: Cherise Matthews

Facility: Blue Care Wirunya Work area: Blue Care Wirunya Time/Shift: 1415-2200

STEP 1: Identify the problem(s) on this day/shift:

<input type="checkbox"/> Resident admissions	<input type="checkbox"/> Excessive use of casual staff
<input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks	<input checked="" type="checkbox"/> An insufficient number of care staff
<input type="checkbox"/> Resources/equipment not available	<input checked="" type="checkbox"/> Resident acuity increases
<input checked="" type="checkbox"/> Inadequate skill mix	<input type="checkbox"/> Technology/equipment failure
<input checked="" type="checkbox"/> Overtime required (paid or unpaid)	<input checked="" type="checkbox"/> Sick leave/absence not replaced
<input type="checkbox"/> Staff moved to other areas	<input checked="" type="checkbox"/> Insufficient handover time
<input type="checkbox"/> Other (please detail) _____	

STEP 2: Brief details of the problem: Core staff on sick leave not replaced. Care staff that were in KF lodge were not familiar with the residents or the routine and required assistance. Documentation also taking up a significant amount of time.

STEP 3: In your professional judgement or experience, what additional resources are required?
 Type of staffing: RN EN AIN/PCA Number of hours required: 5
 Type of equipment: _____
 Reason: A second registered staff member is required to complete tasks safely.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

<input checked="" type="checkbox"/> ACFI paperwork	<input type="checkbox"/> Cup/crockery collection
<input checked="" type="checkbox"/> Non clinical cleaning	<input checked="" type="checkbox"/> Admissions
<input checked="" type="checkbox"/> Filing	<input type="checkbox"/> Preparation for outings
<input checked="" type="checkbox"/> Answering telephones	<input type="checkbox"/> Making beds
<input checked="" type="checkbox"/> Re-stocking	
<input checked="" type="checkbox"/> Other (please detail) <u>Answering front door constantly throughout the shift.</u>	

Please provide details of the intended recipient of this completed form:

Name: [Redacted] Position: AIMS
 Date: 21-01-17 Time: 2220

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to	
Brisbane:	3844 9387
Toowoomba:	4639 5052
Bundaberg:	4151 6066
Rockhampton:	4922 3406
Townsville:	4721 1820
Cairns:	4051 6222

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 19-01-17
Name/s: Cherise Matthews

Facility: Blue Care Wirinya Work area: Blue Care Wirinya Time/Shift: 1415-2200hrs

STEP 1: Identify the problem(s) on this day/shift:

- | | |
|--|--|
| <input type="checkbox"/> Resident admissions | <input type="checkbox"/> Excessive use of casual staff |
| <input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks | <input checked="" type="checkbox"/> An insufficient number of care staff |
| <input type="checkbox"/> Resources/equipment not available | <input checked="" type="checkbox"/> Resident acuity increases |
| <input type="checkbox"/> Inadequate skill mix | <input type="checkbox"/> Technology/equipment failure |
| <input checked="" type="checkbox"/> Overtime required (paid or unpaid) | <input type="checkbox"/> Sick leave/absence not replaced |
| <input type="checkbox"/> Staff moved to other areas | <input checked="" type="checkbox"/> Insufficient handover time |
| <input checked="" type="checkbox"/> Other (please detail) <u>Resident behaviours</u> | |

STEP 2: Brief details of the problem: Workload is too heavy for one staff member - Resident behavioural issues taking up a significant amount of time (90mins). Documentation taking up a significant amount of time. Constantly having to answer front door & undertake administrative duties after hours.

STEP 3: In your professional judgement or experience, what additional resources are required?
Type of staffing: RN EN AIN/PCA Number of hours required: 5

Type of equipment: _____
Reason: Workload is too heavy and resident acuity too high for one registered staff member to complete tasks safely.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

- | | |
|--|--|
| <input checked="" type="checkbox"/> ACFI paperwork | <input type="checkbox"/> Cup/crockery collection |
| <input checked="" type="checkbox"/> Non clinical cleaning | <input checked="" type="checkbox"/> Admissions |
| <input checked="" type="checkbox"/> Filing | <input type="checkbox"/> Preparation for outings |
| <input checked="" type="checkbox"/> Answering telephones | <input type="checkbox"/> Making beds |
| <input checked="" type="checkbox"/> Be-stocking | |
| <input checked="" type="checkbox"/> Other (please detail) <u>Care plan reviews, answering front door constantly throughout shift</u> | |

Please provide details of the intended recipient of this completed form:
Name: _____ Position: AISM
Date: 19-01-2017 Time: 2330hrs

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to	
Brisbane:	3844 9387
Toowoomba:	4639 5052
Bundaberg:	4151 6066
Rockhampton:	4922 3406
Townsville:	4721 1820
Cairns:	4051 6222

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 17/01/17
 Name/s: Cherise Matthews

Facility: Blue Care Wirunya Work area: Blue Care Wirunya Time/Shift: 1415 - 2200hrs

STEP 1: Identify the problem(s) on this day/shift:

<input checked="" type="checkbox"/> Resident admissions	<input type="checkbox"/> Excessive use of casual staff
<input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks	<input checked="" type="checkbox"/> An insufficient number of care staff
<input type="checkbox"/> Resources/equipment not available	<input checked="" type="checkbox"/> Resident acuity increases
<input checked="" type="checkbox"/> Inadequate skill mix	<input type="checkbox"/> Technology/equipment failure
<input checked="" type="checkbox"/> Overtime required (paid or unpaid)	<input type="checkbox"/> Sick leave/absence not replaced
<input type="checkbox"/> Staff moved to other areas	<input checked="" type="checkbox"/> Insufficient handover time
<input checked="" type="checkbox"/> Other (please detail) <u>Resident behaviours -</u>	

STEP 2: Brief details of the problem: Resident behavioural issues taking up significant amounts of time, nurse call system needing to be reset. Documentation taking up a significant amount of time. Fifteen minutes not an adequate amount of time for handover.

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN AIN/PCA Number of hours required: 5

Type of equipment: _____

Reason: Workload is too heavy + resident acuity too high for only one registered staff member.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

<input checked="" type="checkbox"/> ACFI paperwork	<input type="checkbox"/> Cup/crockery collection
<input checked="" type="checkbox"/> Non clinical cleaning	<input checked="" type="checkbox"/> Admissions
<input checked="" type="checkbox"/> Filing	<input type="checkbox"/> Preparation for outings
<input checked="" type="checkbox"/> Answering telephones	<input type="checkbox"/> Making beds
<input checked="" type="checkbox"/> Re-stocking	
<input checked="" type="checkbox"/> Other (please detail) <u>Answering front door, attending to faulty nurse call system.</u>	

Please provide details of the intended recipient of this completed form:

Name: [Redacted] Position: AISM

Date: 17-01-2017 Time: 2230 hrs

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to

Brisbane:	3844 9387
Toowoomba:	4639 5052
Bundaberg:	4151 6066
Rockhampton:	4922 3406
Townsville:	4721 1820
Cairns:	4051 6222

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 13-01-2017
 Name/s: Cherise Matthews
 Facility: Blue Care Wirunya Work area: On the floor Time/Shift: 1415-2200hrs

STEP 1: Identify the problem(s) on this day/shift:

<input type="checkbox"/> Resident admissions	<input type="checkbox"/> Excessive use of casual staff
<input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks	<input checked="" type="checkbox"/> An insufficient number of care staff
<input type="checkbox"/> Resources/equipment not available	<input checked="" type="checkbox"/> Resident acuity increases
<input checked="" type="checkbox"/> Inadequate skill mix	<input type="checkbox"/> Technology/equipment failure
<input checked="" type="checkbox"/> Overtime required (paid or unpaid)	<input type="checkbox"/> Sick leave/absence not replaced
<input type="checkbox"/> Staff moved to other areas	<input checked="" type="checkbox"/> Insufficient handover time
<input checked="" type="checkbox"/> Other (please detail) <u>Resident behaviours</u>	

STEP 2: Brief details of the problem: Dealing with residents sundowning behaviours takes up a significant amount of time. Workload is too heavy for only one registered staff member. Tasks cannot be completed safely. Significant amount of unpaid overtime required to complete tasks & documentation.

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN AIN/PCA Number of hours required: 5

Type of equipment: _____

Reason: A second registered staff member is required to complete tasks safely.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

<input checked="" type="checkbox"/> ACFI paperwork	<input type="checkbox"/> Cup/crockery collection
<input checked="" type="checkbox"/> Non clinical cleaning	<input checked="" type="checkbox"/> Admissions
<input checked="" type="checkbox"/> Filing	<input type="checkbox"/> Preparation for outings
<input checked="" type="checkbox"/> Answering telephones	<input type="checkbox"/> Making beds
<input checked="" type="checkbox"/> Re-stocking	
<input checked="" type="checkbox"/> Other (please detail) <u>Answering the front door constantly throughout the shift.</u>	

Please provide details of the intended recipient of this completed form:

Name: [Redacted] Position: AIMM
 Date: 13-01-2017 Time: 0014 hrs (14-1-17)

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to	
Brisbane:	3844 9387
Toowoomba:	4639 5052
Bundaberg:	4151 6066
Rockhampton:	4922 3406
Townsville:	4721 1820
Cairns:	4051 6222

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift: 12-01-2017
 Name/s: Cherise Matthews

Facility: Blue Care Wirunya Work area: On the floor Time/Shift: 1415-2200hrs

STEP 1: Identify the problem(s) on this day/shift:

<input type="checkbox"/> Resident admissions	<input type="checkbox"/> Excessive use of casual staff
<input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks	<input checked="" type="checkbox"/> An insufficient number of care staff
<input type="checkbox"/> Resources/equipment not available	<input checked="" type="checkbox"/> Resident acuity increases
<input type="checkbox"/> Inadequate skill mix	<input type="checkbox"/> Technology/equipment failure
<input checked="" type="checkbox"/> Overtime required (paid or unpaid)	<input type="checkbox"/> Sick leave/absence not replaced
<input type="checkbox"/> Staff moved to other areas	<input checked="" type="checkbox"/> Insufficient handover time
<input checked="" type="checkbox"/> Other (please detail) <u>Issues with family, resident behaviours.</u>	

STEP 2: Brief details of the problem: Workload is too heavy for the time allowed. Paperwork inc. RMS & other documentation take a significant amount of time. Constantly having to answer the front door and undertake administrative duties after hours.

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN AIN/PCA Number of hours required: 5

Type of equipment: _____

Reason: Workload is too heavy & resident acuity is too high for one registered staff member.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

<input checked="" type="checkbox"/> ACFI paperwork	<input type="checkbox"/> Cup/crockery collection
<input checked="" type="checkbox"/> Non clinical cleaning	<input checked="" type="checkbox"/> Admissions
<input checked="" type="checkbox"/> Filing	<input type="checkbox"/> Preparation for outings
<input checked="" type="checkbox"/> Answering telephones	<input type="checkbox"/> Making beds
<input checked="" type="checkbox"/> Re-stocking	
<input checked="" type="checkbox"/> Other (please detail) <u>Answering the front door constantly throughout the shift.</u>	

Please provide details of the intended recipient of this completed form:

Name: _____ Position: AIMS
 Date: 12-01-2017 Time: 2300hrs

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to

Brisbane:	3844 9387
Toowoomba:	4639 5052
Bundaberg:	4151 6066
Rockhampton:	4922 3406
Townsville:	4721 1820
Cairns:	4051 6222

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift:

Name/s: Cherise Matthews

Facility: Wirungu Centre of care Work area: Rosella/Kingfisher/Bellbird Time/Shift: 1445 - 2200 hrs

STEP 1: Identify the problem(s) on this day/shift:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Resident admissions | <input type="checkbox"/> Excessive use of casual staff |
| <input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks | <input checked="" type="checkbox"/> An insufficient number of care staff |
| <input type="checkbox"/> Resources/equipment not available | <input checked="" type="checkbox"/> Resident acuity increases |
| <input checked="" type="checkbox"/> Inadequate skill mix | <input type="checkbox"/> Technology/equipment failure |
| <input checked="" type="checkbox"/> Overtime required (paid or unpaid) | <input type="checkbox"/> Sick leave/absence not replaced |
| <input type="checkbox"/> Staff moved to other areas | <input type="checkbox"/> Insufficient handover time |
| <input checked="" type="checkbox"/> Other (please detail) <u>NO RN on duty overnight. Handing over to EEN.</u> | |

STEP 2: Brief details of the problem: Unable to complete respite admissions and attend regular care plan reviews whilst working on the floor. Unable to take breaks because of workload.

Medication round is rushed and therefore unsafe. Constantly leaving work after finish time. NOT paid for overtime. Residents more frail. Needing more care.

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN AIN/PCA Number of hours required: 3/shift

Type of equipment: Desperately require assistance with medication round to

Reason: make administration safe. Should not be handing over to EEN overnight

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

- | | |
|---|--|
| <input type="checkbox"/> ACFI paperwork | <input type="checkbox"/> Cup/crockery collection |
| <input checked="" type="checkbox"/> Non clinical cleaning | <input checked="" type="checkbox"/> Admissions |
| <input checked="" type="checkbox"/> Filing | <input type="checkbox"/> Preparation for outings |
| <input checked="" type="checkbox"/> Answering telephones | <input type="checkbox"/> Making beds |
| <input type="checkbox"/> Re-stocking | |
| <input checked="" type="checkbox"/> Other (please detail) <u>Not all basic cares are always able to be attended. Sometimes eye drops to ear drops will not be attended.</u> | |

Please provide details of the intended recipient of this completed form:

Name: [Redacted] Position: Acting RSM

Date: 30/04/15 Time: 1400hrs

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

Fax a copy to QNU to

Brisbane: 3844 9387
 Toowoomba: 4639 5052
 Bundaberg: 4151 6066
 Rockhampton: 4922 3406
 Townsville: 4721 1820
 Cairns: 4051 6222

PROFESSIONAL WORKLOADS REPORTING FORM — AGED CARE



You should IMMEDIATELY verbally report a workload issue on your shift to the nurse in charge/facility manager, then fill out this form and give it as written notification.

When staffing or skill mix is inadequate or workloads compromise resident care, completing this form and following through with management will enable you to comply with your professional responsibilities. It may also be used in your defence to help protect your professional liability should the NMBA initiate a 'show cause' action against an Registered Nurse or Enrolled Nurse.

Employee to complete ALL SECTIONS of this form and forward to their manager or supervisor.

The following staff hereby notify a workload issue on this shift:

Name/s: Cherise Matthews

Facility: Wirunya Centre of Care Work area: Rosella/Kingfisher/Bellbird Time/Shift: 1445 - 2200hrs

STEP 1: Identify the problem(s) on this day/shift:

- | | |
|---|---|
| <input type="checkbox"/> Resident admissions | <input type="checkbox"/> Excessive use of casual staff |
| <input checked="" type="checkbox"/> Inability to take rest pauses/meal breaks | <input type="checkbox"/> An insufficient number of care staff |
| <input type="checkbox"/> Resources/equipment not available | <input checked="" type="checkbox"/> Resident acuity increases |
| <input checked="" type="checkbox"/> Inadequate skill mix | <input type="checkbox"/> Technology/equipment failure |
| <input checked="" type="checkbox"/> Overtime required (paid or unpaid) | <input type="checkbox"/> Sick leave/absence not replaced |
| <input type="checkbox"/> Staff moved to other areas | <input type="checkbox"/> Insufficient handover time |
| <input type="checkbox"/> Other (please detail) | |

23/04/15 and 24/04/15.

STEP 2: Brief details of the problem: Was not able to attend all resident eye drops, ear drops, creams or pessaries on these two shifts. Did not have a break or leave work on time for either shift. Needed to attend to sick residents + behavioural issues.

STEP 3: In your professional judgement or experience, what additional resources are required?

Type of staffing: RN EN or AIN/PCA Number of hours required: at least 3.

Type of equipment: _____

Reason: Require additional staff member to assist with medication round so that main RN can attend to other issues that arise.

STEP 4: Identify low priority tasks that will not be undertaken on this day/shift to manage and make the workload safe:

- | | |
|---|--|
| <input type="checkbox"/> ACFI paperwork | <input type="checkbox"/> Cup/crockery collection |
| <input checked="" type="checkbox"/> Non clinical cleaning | <input checked="" type="checkbox"/> Admissions |
| <input checked="" type="checkbox"/> Filing | <input type="checkbox"/> Preparation for outings |
| <input checked="" type="checkbox"/> Answering telephones | <input type="checkbox"/> Making beds |
| <input type="checkbox"/> Re-stocking | |
| <input type="checkbox"/> Other (please detail) | |

Care plan reviews, Eye drops, ear drops, creams + pessaries may not all be administered if there is a more urgent issue that requires my attention.

Please provide details of the intended recipient of this completed form:

Name: [Redacted] Position: Acting RSM

Date: 30/04/15 Time: 1400hrs-

ONCE THE FORM IS COMPLETE, MAKE TWO COPIES:

- Give the original to your facility manager/supervisor
- Keep the second copy for your own records
- Mail, email, or fax a copy to the QNU

This QNU form is a valid reporting form. If you need more forms please contact the QNU on 07 3840 1444 or visit www.qnu.org.au/workloads

- Fax a copy to QNU to
- Brisbane: 3844 9387
 - Toowoomba: 4639 5052
 - Bundaberg: 4151 6066
 - Rockhampton: 4922 3406
 - Townsville: 4721 1820
 - Cairns: 4051 6222

COPY

Handed in to Acting RSM

17/3/15



1445 hrs

Employee Workload Concern Identification Form

Employee to complete all sections of this form and forward to their Manager or Supervisor



Employee Name: *Cherise Matthews*

Blue Care Facility/ Service: *Wirunga*

Position: *RN/EGN*

Shift: *0700-1500 & 1445-2115*

Date when workload issue occurred:

What do you understand to be the cause of the workload issue?

<input type="checkbox"/> Staff not replaced (planned leave)	<input type="checkbox"/> Equipment not available/ failure
<input type="checkbox"/> Staff not replaced (unplanned leave)	<input type="checkbox"/> Involved in training of new staff
<input type="checkbox"/> Staff skill mix/ level of experience	<input type="checkbox"/> Change of duties or policy
<input type="checkbox"/> Limited support staff (e.g. Admin)	<input type="checkbox"/> Changes in client/ resident needs
<input type="checkbox"/> Work not completed by previous shift	<input type="checkbox"/> Changes in service requirements
<input type="checkbox"/> Duty lists inaccurate	<input type="checkbox"/> Non availability of casual/ agency staff
<input checked="" type="checkbox"/> Other (please detail):	

Please provide details, action and attach (if available) any supporting information for the workload issue you have identified.

Workload issues attached.

Did you at the time...

Report this issue to your manager/ supervisor?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Complete all duties by the end of the shift?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Ask for assistance from fellow staff?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Take your designated meal breaks?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finish your shift on time?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Claim and payment for overtime?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Has this happened in the month prior?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

If so, how often? *Every shift*

Do anything else? (outline what you did)

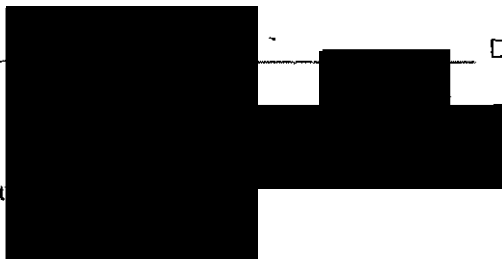
Staff prioritise workload + stay back to complete tasks.

How did you manage this workload issue at the time?

How do you think this workload issue could be resolved?

*More staff, particularly at medication rounds.
PC's workload has increased & they are unable to provide assistance*

Employee Signature:



Date: *17/3/15*

Workload concerns for registered staff for both 0700-1500hrs and 1445-2115hrs shifts.

0700-1500hrs shift

- Not enough time to complete tasks in a safe manner. Too much room for errors to occur due to rushing to complete work.
- Unable to provide person centred care to residents and they are not receiving the care to which they are entitled.
- Unable to spend adequate time discussing resident issues with family members.
- Precious time spent doing tasks in a repetitious manner e.g. monthly BP's come up again and again in daily workbook report.
- Weekly doctors round is now longer due to aging and more frail residents. There are more tasks to attend and most times staff are unable to have their lunch break. Suggestion: 8am-3pm shift be increased to an 8am-4pm shift to assist with this.
- The 15 minute time frame allocated for handover is not sufficient. Handover takes between 45 minutes to one hour, especially on Thursday doctors round. Consequently, morning staff do not finish work on time and evening staff lose much needed time on the floor.
- Staff are expected to take the laptop with them on the floor to enter information into RMS when doing wound dressings. It takes far too long to connect the dongle in order to make the laptop portable. The dongle connection is not stable, constantly cutting in and out if the laptop is bumped. WiFi or a tablet would be more realistic as the current system is wasting too much time.
- Staff are doing hundreds of hours of overtime per year that they are not being paid for. Morning staff come in early and finish late. Even coming in on days off to enter information into RMS as there is not enough time during their shift.
- One of the most serious issues is the constant rushing to complete medication rounds whilst also dealing with interruptions/phone calls. One registered staff member cannot be in several places at one time and there are certain tasks that PC's just cannot assist with. Currently the method of administering medications is not safe.
- There are no allocated days for staff to attend to care plan reviews. Currently staff are expected to do care plan reviews on the days when they are also working on the floor. There simply is not any time for this. Consequently, care plan reviews are not being attended on time and staff are constantly playing "catch up" to complete them.

1445-2115hrs shift

- In 2013, afternoon shift hours were reduced due to budget cuts. At this time, PC's were assisting with medications. Care staff then also had their hours reduced due to budget cuts and were no longer able to assist the registered staff with medications. Care staff are no longer medication competent. Registered staff are having to administer medications for 43 residents between the acceptable hours of 4pm and 6pm. This is not possible. Consequently staff are rushed when doing medications and this is not safe practice.
- There are many medications that have to be crushed for high care residents. There are nine S8 drugs, eye drops, puffers, nebulisers, ear drops, pessaries, nasal sprays, BGL's/insulin, fungal nail creams and skin creams. There are 11 resource drinks to be given, most of which have to be thickened. All of this takes time. Over the past few years, the number of high care

residents have increased. In fact, the majority of our residents are now high care. If staff do not start work on the floor until 3.30pm- 4pm due to lengthened handover, there is only half an hour or sometimes no time at all to complete these tasks before having to start the 1700hrs medication round at 4pm. There is not time to return later and complete these tasks. This is unacceptable.

- Evening staff are constantly being interrupted during medication rounds with phone calls and incidents or staff require assistance/support. This is unsafe. Care staff do not have the time to assist registered staff due to their increasing workload. If care staff were to be given the RN phone during medication rounds and there was an incident/emergency, PC's would not be able to contact the nurse on duty to assist them. Time would be wasted phoning each lodge trying to locate the RN.
- All registered staff have been allotted 5 residents each to attend 3 monthly care plan reviews. There is absolutely no time whatsoever to complete these reviews when working on the floor. Staff are already leaving work late every shift or staying back to complete documentation in RMS. Staff are also expected to find extra time to attend weekly wound reviews.
- Evening shift and night duty shifts do not cross over and proper handover is not able to be given.
- Staff must be available to assist carers when necessary. Staff act in a supervisory role on the PM shift and are constantly rushing to complete tasks in the hours given. This is unsafe practice and too difficult to give the "person centred care" that is expected of our position. Staff are encouraged to practise "person centred care" however, most times staff do not even have enough time to check on each resident during the shift. Registered staff have no spare time to even assess/check on very frail/sick residents. This is not an acceptable level of care.
- Evening (2000hrs) medication round does not finish until 8.45-9pm or sometimes even 9.15pm. Staff then have to enter information into RMS. This leaves no time to document properly. Sometimes entering just basic information into RMS takes half an hour to an hour to complete.
- When a new respite resident comes in for care, staff are expected to admit the resident and enter their information into RMS. It takes approximately 1.5hrs to sit down with the resident and their family on the day of admission and complete the Baseline assessment and Dietary preference. As well as entering diagnoses, allergies and completing the Baseline care plan. Other staff do not have time to complete this process if not done on the day of admission.
- Staff are coming into work early on the days they are working on the floor or coming in on their days off to complete documentation that could not be finished during a previous shift.
- If residents are sick/injured or an incident occurs, there is not enough time to deal with the situation comprehensively. Everything is rushed. There is already not enough time to complete basic tasks without any unexpected incidents.
- Care staff do not have time to assist with the evening DD round. They are busy with repositioning and getting residents into bed. This means registered staff have to wait until PC's are free to assist with DD's, wasting valuable time.
- Six hours is not an acceptable time frame to complete the tasks given. Staff regularly do not have a dinner break and always stay back after the shift has ended to complete work. Staff are doing hours and hours of unpaid overtime each year. This is not acceptable. All staff are stressed and are not able to maintain the level of care that is expected or that our residents deserve. More hours are needed for the evening shift and assistance during medication

rounds is required. Care staff do not have the skills or the knowledge to be expected to assist with medications.

