

Electronic submission of this form is available on the UNA app (available for iOS and Android) and online at dms.una.ab.ca/forms/prc

Purpose

Nurses are required by the standards of their professional licensing bodies to advocate for practice environments that have the organizational and human support systems, and the resources necessary for safe, competent, and ethical nursing care.

Employer: AHS Covenant Other (Specify) _____ Local #: _____
if known

Worksite: _____ Unit/Office: _____

Manager: _____

Manager/Manager on call contacted? No Yes Date Time

Name of Manager on call contacted: _____

Instructions

- Complete this form as soon as possible after observing conditions in which you believe the safety of patients/clients/residents may be at risk, or in situations where you believe administrative action needs to be taken to prevent risks to patients/residents/clients.
- You do not have to obtain permission from a manager to complete this Professional Responsibility Concern Form. However, you should inform a management representative of the conditions you are documenting in this form.
- This form and the information contained in it is the property of the United Nurses of Alberta. The concerns documented in this form will be presented to the Professional Responsibility Committee or alternate in your worksite for resolution as provided in the Collective Agreement between UNA and the Employer.
- Deliver or send the white copy of the PRC Report Form to the Local/Local office of the United Nurses of Alberta in your worksite.
Keep the pink copy for your personal records.
Deliver or send the yellow copy to the Unit/Program Manager.
- Stay in contact with your local executive as to the status of your PRC.

When did the incident or issue occur? Date Time Shift

Is staffing a factor for this issue? No Yes If yes complete the following, as applicable:

| | RN | RPN | LPN | HCA |
|-------------------------|----------------------|----------------------|----------------------|----------------------|
| Baseline staffing | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Number of staff working | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Number of patients on unit:
 Number of over-capacity patients on unit:
 Number of patients/residents/clients assigned to you:

Detailed Description of Incident/Issue (Do not use names of patients, residents, clients, staff, doctors, or others): _____

If more space is needed, please attach a sheet of paper.

RLS (or other incident report) completed? No Yes RLS/Incident Report #: _____
if known

(This form does not replace the Employer's incident reporting form/system. RLS is a voluntary reporting system. You are under no obligation to indicate whether you filled out a RLS report on this form).

Recommendations (What is needed to prevent this incident or issue from occurring again?): _____

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Provincial Office**
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www.una.ab.ca
nurses@una.ab.ca

TO BE COMPLETED
BY LOCAL:

Local File #: _____

Date Received:

Name (Printed) _____

Designation: RN RPN LPN Other (Specify) _____

Signature _____ Date Report Filed

Personal E-Mail _____ Phone _____