OCCUPATIONAL HEALTH & SAFETY AND STAFF ABUSE CONCERNS



Purpose: To ensure that Nurses continue to have a healthy and safe work environment. Filing an OH&S form ensures that unhealthy or unsafe working condition's will be addressed.

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Immediate	y file this form with your I	Local Union. Keep the	oink copy for your records
		ile #:	
Local #:	Employer:		
Worksite (ward/unit/office):	Date &	Time/Shift:	
Describe the Nature of Incident (Do not us	e names of patients, clien	ts, residents, staff or doc	tors):
What is the suspected hazard?:			
Any injury or disease related to problem? (if known):		
What action is required?:			
Was the incident reported to your Superviso	or?: yes □ no □		
Name of Supervisor:		Date of Dis	ussion:
Action Taken:			
Action raken:			
Action Taken:			
ACOUST TAKEN:			
ACROSS LIBECTS:			
Name (Printed)		E-Mail	Phone No.
		E-Mail	Phone No.
		E-Mail	Phone No.
Name (Printed)		This form does not replace	





Complete the Occupational Health & Safety and Staff Abuse Report form. This will bring OH&S concerns to the attention of your manager. You have a right to a safe and healthy workplace.



Contact your manager with your concerns. Note the response on the form, as you may be able to resolve your concerns at this point prior to taking them to the Committee.



Engage with your colleagues when writing your concerns in the OH&S form. This may include discussing concerns and writing possible solutions to the problem of the form.



Please submit form electronically on UNA's DMS. If you cannot submit the form electronically please submit it to your local OH&S Committee or local executive for entry into the system.



Discuss the form with your local executive or designated OH&S committee member and provide them with the information regarding your concern(s).

If you need support bringing the information forward to your manager because of intimidation, a member of your local executive may accompany you. Please contact your Labour Relations Officer at the UNA Provincial Office if you are intimidated further.



OH&S concerns provide managers with information and opportunities to address health and safety concerns in a timely manner for unsafe or unhealthy work conditions. The form does not replace the employers incident report form or OH&S form. Please refer to the employer's policies to determine whether an incident report or OH&S form is required.



Please follow your OH&S concern with your OH&S Committee and the resolutions you have suggested to resolve your unsafe or unhealthy work conditions.