



Workload Alert....Workload Alert.... Workload Alert

To all HPD members:

You have told us that:

- Your workload has increased but staffing levels have remained the same or have declined
- You are expected to work faster
- You are responsible for more patients
- You are covering for absent co-workers more often

Most of you say you usually or often skip breaks in order to get the work done.

Most of you say you feel rushed because you have too much to do during the day, and that it's just getting worse.

Now's the time to bring your workload issues to your employer.

We have that right.

Article 6.07 (i) Professional Responsibility:

- (i) The Parties have a mutual interest in the provision of quality patient care. Therefore, when an employee, or group of employees, covered by this agreement and governed by an Ontario College under the Regulated Health Professions Act, have cause to believe that they are being asked to perform more work than is consistent with proper patient care it is agreed by the parties that such workload problems may be discussed by the local Labour Management Committee. Such complaint must be filed in writing within fifteen (15) calendar days of the alleged improper assignment, using the form in Appendix A. This fifteen day period shall include the attempt to resolve the issue at the unit/departamental level. The manager/designate will provide a written response to the complainant(s), with a copy to the bargaining unit President or designate and the Labour Management Committee.

The attached form can be used by individual members or groups of members.



Please be advised that the undersigned has cause to believe that he/she is being asked to perform more work than is consistent with proper patient care. A written response to this request is requested.

Section 1: General Information			
Name of Employee(s)	_____	_____	_____
Reporting:	_____	Steward:	_____
Employer/site:	_____	Unit/Area/Program:	_____
Date of Occurrence:	_____	Time:	_____
Name of Supervisor:	_____	Date/Time Submitted:	_____

Section 2: Details of Occurrence
Provide a concise summary of the occurrence(attach additional pages if necessary)

Check One: <input type="checkbox"/> Is this an isolated incident? <input type="checkbox"/> An ongoing problem?

Section 3: Contributing Factors
<input type="checkbox"/> Staffing Shortages _____
<input type="checkbox"/> Patient/Work Preparation Concerns _____
<input type="checkbox"/> Patient/Work Volume _____
<input type="checkbox"/> Equipment Concerns _____
<input type="checkbox"/> Other _____

Section 4: Identify the specific risk issues to staff/patient care
<input type="checkbox"/> Emergency Situation (will result in serious impact on patient in the immediate future)
<input type="checkbox"/> Urgent Situation (will result in serious impact on patient in future)
<input type="checkbox"/> Pressing Situation (could result in serious impact on patient in the immediate/foreseeable future)

Section 5: Employee Signatures	
Signature: _____	Phone No.: _____
Signature: _____	Phone No.: _____
Signature: _____	Phone No.: _____
Date Submitted: _____	

Note to Members and Stewards: Copies of any completed form should be retained by the member, his/her steward and further copies forwarded to the Department Manager, and Human Resources.