

NOTIFICATION TO ANF OF CONCERN OVER HEALTH, WELFARE OR SAFETY

Health Service _____

Date _____ 2011 Time _____ hours

Ward/Unit affected: _____

Management Representative _____

Direct contact phone _____

Direct email _____ @ _____

Nature of Industrial Action (tick a box):

Closed Bed	<input type="checkbox"/>	Surgical Procedure	<input type="checkbox"/>	Radiology Procedure	<input type="checkbox"/>
Data Entry	<input type="checkbox"/>	Outpatient visit	<input type="checkbox"/>	Home visit	<input type="checkbox"/>
Discharge docs	<input type="checkbox"/>	Redeployment	<input type="checkbox"/>	Referrals	<input type="checkbox"/>
Aged Care discharge	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>

Local Bed Management Committee response:

Please describe the nature of the concern and how this may endanger or threaten to endanger anyone’s personal safety, or health, or welfare:

Details of patient affected (patient name not required):

Approximate age	
Primary diagnosis	

CLINICAL URGENCY CATEGORY (per DoH rules)

Urgent	Semi-urgent	Non-urgent
Time on waiting list for that procedure (in days)		

Between the hours of 7.00am and 7.00pm – email to pgilbert@anfvic.asn.au Between the hours of 7.00pm and 7.00am – call 92759333 and contact on-call staff member