

ASSIGNMENT DESPITE OBJECTION

Before completing this form, you must first verbally protest your assignment to your supervisor when you believe it is unsafe or potentially unsafe. This typically occurs at the start of the shift but might happen at any time.

1. Name:..... 2. Facility:.....

3. Additional nurses objecting to assignment:.....

4. Department:.....

5. As patient advocate(s), I/we confirm that I/we have notified below identified supervisor that, in my/our professional judgment, this assignment is unsafe or potentially unsafe and puts my/our patients at risk. Under protest, I/we will attempt to carry out the assignment to the best of my/our ability.

6. I/We object to this assignment because:

- ☐ **Staffing/Skill mix:** Non-compliance with required ratios or staffing plans
- ☐ **Staffing/Skill mix:** Staffing was insufficient to meet individual patient care needs
- ☐ **Delegation:** Expected to delegate care in a manner inconsistent with my professional judgment
- ☐ **Competency:** Additional education, training, or competencies are necessary to provide safe, competent, therapeutic, and effective care
- ☐ **Floating:** Unsafe floating
- ☐ **Disruptive technology:** Technology interferes with RN professional judgment/does not work as intended
- ☐ **Clinical resources:** Broken or missing tools, devices, or supplies
- ☐ **Workplace violence:** Increased risk of workplace violence
- ☐ **Other**

7. Please briefly describe the problem: _____

8. How was patient care affected or how do you expect patient care to be affected? _____

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California
Nurses
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Organizing
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- | 9. Working conditions: | YES | NO |
|--|--------------------------|--------------------------|
| Missed meal/break..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Unplanned overtime..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Incidence of workplace violence | <input type="checkbox"/> | <input type="checkbox"/> |
| Injury or occupational exposure (infectious disease, chemical) | <input type="checkbox"/> | <input type="checkbox"/> |

10. Name of the supervisor notified:

11. Date and time of notification:

Date:

Time:

12. Supervisor response: