



160 Capitol Street, Suite 1 ♦ Augusta, Maine 04330 ♦ Phone: (207) 622-1057 ♦ Fax: (207) 623-4072 ♦ E-mail: mainenurse@calnurses.org

**ASSIGNMENT DESPITE OBJECTION**

You must first verbally protest your assignment to your supervisor at the time you believe it is suboptimal or unsafe. This is usually at the beginning of the shift, but may occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge and distribute the ADO copies according to the instructions below.

**SECTION I**

I/We \_\_\_\_\_

Registered Nurse(s) employed at \_\_\_\_\_ facility \_\_\_\_\_ dept. \_\_\_\_\_ shift

Hereby protest my/our assignment as:  primary nurse  charge nurse  relief charge nurse  team leader

Given to me/us by \_\_\_\_\_ name/title on \_\_\_\_\_ date/time

As a patient advocate, in accordance with the Maine State Nurse Practice Act, this is to confirm that I/we notified you that, in my/our professional judgment, today's assignment places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I/We will, under protest, attempt to carry out the assignment to the best of my/our ability.

**SECTION II a.** I/We are objecting to the aforementioned assignment on the grounds that: (check all that apply)

- I/We was/were given an assignment where I/we did not receive -
  - Orientation to the unit.
  - Training to competently perform my/our assigned duties and responsibilities
- I/We was/were given an assignment which posed a potential threat to the health and safety of my/our patients (explain in sect. V)
- Staffing/Skill mix is/was insufficient to -
  - Meet the individual patient care needs/requirements of my patients
  - Perform effective assessments of patients assigned to me
  - Meet the teaching/discharge needs identified by my patient's condition
  - Provide breaks to prevent fatigue, accidents, and/or errors
- The unit is/was staffed with -
  - Unqualified licensed/unlicensed staff
  - Excessive per diem personnel whose competency was not communicated to me
- Direct patient care duties did not allow time for charge nurse duties
- ICU/CCU patient(s) requiring 1:1 or 1:2 nurse staffing ratio are/were not at this level
- New patients were transferred or admitted to unit without adequate staff
- Patient(s) placed inappropriately on the unit who required a higher level of care than could be provided
- I was forced to work beyond my scheduled hours (mandatory overtime)
- Other (explain in Section V)

**SECTION II b** Working Conditions: (circle)

Meal period missed? YES / NO

Break missed? YES / NO

Overtime worked? YES / NO

**(OVER)**

Make copies of this document and send to PPC; Nursing Unit Manager; Bargaining Unit President; MSNA Office

**SECTION III Acuity Information:**

Census \_\_\_\_\_ Acuity: High \_\_\_\_ Average \_\_\_\_ Low \_\_\_\_ Unit Capacity \_\_\_\_\_

Typical RN Staffing \_\_\_\_\_ Actual RN Staffing on shift in dispute \_\_\_\_\_

**SECTION IV Patient Care Staffing Count**

	STAFF	FLOAT	PER DIEM		STAFF	FLOAT	PER DIEM
RN				TECH			
LPN				UNIT SEC.			

**SECTION V Brief Problem Statement: (attach additional paper if more space needed)**

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**SECTION VI Patient care affected. Nursing care not done/not done effectively (ex: delay of care; unable to perform charge duties). Complete this section as appropriate**

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Potential/actual hazard that resulted from this situation:

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**SECTION VII Action**

Notified Supervisor: \_\_\_\_\_ name/title \_\_\_\_\_ date/time \_\_\_\_\_

Supervisory response:

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