ASSIGNMENT DESPITE OBJECTION

Facility:

PURPOSE: The purpose of this form is to notify hospital supervision that you have been given an assignment which you believe is potentially unsafe for the patients and/or staff. This form will document the situation. The union may use it to address the problem.

INSTRUCTIONS: Please print clearly or use the computer to fill this form out. **One or More RN's may complete/sign the form**. Send one copy to the **union** via inter office mail, email, fax # _____ or drop at office, one **copy to the supervisor** or manager on duty and **keep one**.

SECTION 1: **Before** accepting the assignment and completing this form, you must give your Supervisor/Manager (not the Charge Nurse) notice of your objection to the assignment in writing. Please put the complete name and title of the person(s) making the assignment and receiving the objection. Please complete the response section with what was said or done as well as the date/time of the response. If you do not get a response note this and submit a copy of the completed form to the next level of administration as well.

In accordance with the my obligations as Registered Professional Nurse and a patient advocate, I am objecting to my work assignment on unit _____ for the _____ shift as a:

☐ Charge Nurse ☐ Staff Nurse ☐ Float Nurse ☐ Team Leader ☐ Other: _____

I have **notified** *(Name)*_____ *(Management Position):* ☐ Nurse Manager or ☐ Shift Supervisor that in my professional(*Your Name*)_____nursing judgment I am unable to assure the delivery of safe or adequate nursing care: Date/Time:_____.

SECTION 2: Please check all appropriate statements. I am objecting this assignment on the grounds that:

☐ Staff not trained or experienced in area assigned/or equipment
☐ Inadequate staff for acuity (short staffed)
☐ Unit staffed with unqualified personnel or inappropriate personnel (mix not correct RN/LPN/NA/Clerical/Support, etc)
☐ New Patients transferred or admitted to the unit without adequate staff
☐ The assignment posed a serious threat to health and safety of staff
☐ The assignment posed a serious threat to health and safety of the patients
☐ Staff involuntarily forced to work beyond scheduled tours (Mandatory OT)
☐ Other (please explain): _____

☐ Staff not given adequate orientation to unit
☐ Unit staffed with excessive float staff
☐ Equipment broken
☐ Violence in the work place
☐ Missed Breaks
☐ Missed Meals

SECTION 3: Complete to the best of your knowledge the patient census at the time of your problem. From your assessment, indicate for each acuity level, the number if patients on the unit that fit in to that category. If there are acuity factors not listed please specify.

Patient Census Start of shift		Patient Census END of shift		Unit Capacity		Admits		Discharges/ Transfers	

Factors Influencing Acuity: (check all that apply and indicate numbers if needed for clarification)

☐ On Ventilators 0
☐ Frequent VS/Assessments 0
☐ Complete Care 0
☐ Frequent Transport Duties 0
☐ Isolation Precautions 0
☐ Receiving Blood Products 0
☐ Restrained 0
☐ Multiple Mini Bags 0
☐ < 4 hrs Post-op 0
☐ TPN/Chemo 0
☐ High Risk Falls 0
☐ Other (explain)_____
☐ IV Drips 0
☐ Resp.Tx 0
☐ 1:1 Patients 0

SECTION 4: Staffing Complete to the best of your knowledge

	RN	LPN	NA/HT	Clerk	Float Staff	Overtime Staff
# Start of Shift						
# End of Shift						
# Per Staffing Methodology for shift						

Section 5: Complete this section if you think the situation cannot be explained adequately in sections 2 & 3, or if you think additional information is relevant. Brief statement of problem:

I indicate my acceptance of the assignment despite objection; I will despite objection attempt to carry out the assignment to the best of my professional ability. It is not my intention to refuse to accept the assignment and thus raise questions of meeting my obligations to the patient or of my refusal to obey an order, if such were given. However, I hereby give notice to my employer of the above facts and indicate that for the reasons listed, full responsibility for the consequences of this assignment must rest with the employer. Copies of this form may be provided to any and all appropriate state and federal agencies.

RN Name and Title:_____ Date: _____

Response of Management official:

Name of Supervisor:_____ Your signature _____