

# A Nurses' Guide to Filling Out an Assignment Despite Objection (ADO) Form

## Objective »»»

- To educate nurses about what to do when given an assignment they believe is potentially unsafe for patients and staff.
- To inform nurses about how to properly fill out an ADO form.

## The ADO Form »»»

- Is used by registered nurses to formally document circumstances in which the RN believes a staffing situation is unsafe or inadequate.
- Ensures and documents that appropriate supervision has been notified.
- Notifies supervision that nurses have been given an assignment which in their independent professional judgment is unsafe for their patient. The ADO documents the situation.
- Is reviewed by the Professional Practice Committee (PPC) to identify trends in unsafe assignments and to raise these issues with management.
- Protects a nurse's license and shifts responsibility back to management.

## How the ADO Works

**STEP 1** The RN(s) with the concern makes a good faith effort to inform the manager, assistant manager, or nursing supervisor at the time of the objection to the assignment. The nurse(s) must notify their supervisor or the "person in charge", not the charge nurse or team leader. The immediate goal is to address the concerns at hand, relative to quality or safety within the resources available, or appropriate scope of practice or policy. The supervisor must be aware of the problem to be able to solve the problem.

**STEP 2** If no resolution, the RN(s) complete an ADO.

**STEP 3** Copies of the ADO are submitted as follows:

1. White copy to supervisor.
2. Pink copy to PPC, place in ADO box.
3. Green copy to labor rep, place in ADO box.
4. Golden copy to be kept by nurse for their records.

**STEP 4** When management receives a copy of the ADO, the date and time it was received will be noted on the upper right corner of the form.

**STEP 5** Management will respond in writing to the ADO within one week of its receipt. If there are extenuating circumstances necessitating additional time to respond to the ADO, the initiating RN(s) and PPC shall be notified within one week that the ADO is under review.

**STEP 6** Management will return the response to the initiating RN(s), PPC chair, and the CNE.

## ASSIGNMENT DESPITE OBJECTION

*"You must VERBALLY protest your assignment to your supervisor which based on your professional judgment is unsafe. This is usually at the start 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 on the reverse side."*

### SECTION I • Nurse(s) Information

Print your name and other nurses' names.

Employed: facility, unit, shift.

Protest assignment as: check all that apply.

Given to you by: list supervisor's name.

### SECTION I • Nursing Practice Act

*"As a patient advocate, in accordance with the California Nursing Practice Act, this is to confirm that I notified you that, in my professional judgment, today's assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will, under protest, attempt to carry out the assignment to the best of my ability."*

### SECTION IIa • Title 22

Why are you objecting to the assignment? (See reverse of ADO form for Title 22 explanation.) Check all that apply.

### SECTION IIb • Working Conditions

Did you miss your meal period or break? Did you work overtime? Check all that apply.

### SECTION III • Patient Care Staffing Count

Did you have a: clerk (UA), lift team, transport, or if applicable, write in PCT? How many RNs: reg, float, travelers?

### SECTION IV • Problem Statement

Explanation of the situation.

### SECTION V • Patient Care Affected

*This might need to be done at the end of the shift or the next day.*  
How was patient care affected? (E.g. unable to ambulate patients, delay in patient care, unable to discharge or transfer, etc.)

## CALIFORNIA Assignment Despite Objection/InPatient



California  
Nurses  
Association



National  
Nurses  
United

You must first verbally protest your assignment to your supervisor which based on your professional judgment is unsafe. This is usually at the start 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 on the reverse side.

### SECTION I

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

Registered Nurse(s) employed at \_\_\_\_\_ Facility \_\_\_\_\_ Unit/Dept \_\_\_\_\_ Shift \_\_\_\_\_

Hereby protest my/our assignment as:  primary nurse  charge nurse  relief charge  team leader  team member given to me/us by \_\_\_\_\_ Name/Title \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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

Supervisor notified: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Supervisory response: \_\_\_\_\_

Other person notified: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Other person's response: \_\_\_\_\_

### SECTION IIa See reverse side

I am objecting to the aforementioned assignment on the grounds that: (check all that apply)

- I was given an assignment where I did not receive or complete
  - orientation to the unit/clinical area (Title 22 Section 70213, 70214, & 70217)
  - validation of current demonstrated competency (Title 22 Section 70213, 70016.1, & 70217)
- I was given an assignment which posed a threat to the health and safety of my patients (explain in Section V)
- Staffing/skill mix is/was insufficient to:
  - meet the individual patient care needs/requirements of my patients due to failure to provide additional staff based on acuity (Title 22 Section 70217)
  - perform effective assessments of patients assigned to me (Title 22 Section 70215 & 70217)
  - meet the teaching/discharge needs identified by my patient's condition (Title 22 Section 70215)
  - prevent overtime due to post-shift documentation requirements (Title 22 Section 70215 & 70217)
  - provide breaks by a direct-care RN to prevent fatigue, accidents, and/or errors (Title 22 Section 70217)
- The unit is staffed with unqualified:
  - licensed  unlicensed  certified staff
  - nursing personnel whose competency was not validated (Title 22 Section 70213, 70016.1, & 70217)
- Direct patient care duties did not allow time for charge nurse duties — clinical supervision/coordination of care
- Hospital non-compliance with the required ratios  1:1  1:2  1:3  1:4  1:5  1:6  other \_\_\_\_\_ Unit name \_\_\_\_\_ (Title 22 Section 70217)
- New patients were transferred or admitted to unit without adequate staff to stay in compliance with the ratios (Title 22 Section 70217)
- Patient(s) on the unit require a higher level of care than can be provided (Title 22 Section 70217)
- Other (explain in Section IV)

### SECTION IIb Working conditions:

Meal period missed?  Yes  No Break missed?  Yes  No Overtime worked?  Yes  No

### SECTION III Patient care staffing count:

Number of RNs \_\_\_\_\_ Number of Aides \_\_\_\_\_

Clerk?  Yes  No Lift team?  Yes  No Transport?  Yes  No

### SECTION IV Brief problem statement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(If more space is needed, attach additional information and make four copies to distribute)

### SECTION V Complete this section as appropriate:

Patient care affected (this may need to be filled out at the end of your shift, if appropriate). Interference with safe, therapeutic, and effective patient care in areas of assessments, formulating RN diagnosis, planning/designing/implementing individualized patient care, evaluation of patient's response to treatment, teaching, and patient advocacy. Potential/actual hazard that resulted from this situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REV. 1/2019

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