



ASSIGNMENT DESPITE OBJECTION

SEIU/DISTRICT 1199 WV/KY/OH

SECTION I:

I/We _____

Contact Person _____ Unit _____

Nursing Staff at _____ On _____
Unit Shift

hereby protest my/our assignment as _____

made to me/us by _____
Name & Title Date & Time

As a patient advocate, in accordance with the Nurse Practices Act, this is to confirm that I/we notified you that in my/our professional judgment, today's assignment is unsafe and places my/our 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

I'm/we're objecting to the aforementioned assignment on the grounds that:

- | | |
|--|--|
| <input type="checkbox"/> I/We was/were not trained or experienced
In area assigned. | <input type="checkbox"/> I/We was/were given an assignment
which posed potential threat to the
health and safety of my/our patients. |
| <input type="checkbox"/> I/We was/were not given adequate staff
for acuity (short staffed). | <input type="checkbox"/> I/we was/were involuntarily forced to
work beyond my/our scheduled hours. |
| <input type="checkbox"/> The unit was staffed with excessive
registry. | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> The unit was staffed with unqualified
personnel. | _____ |
| <input type="checkbox"/> New patients were transferred/admitted
to unit without adequate staff. | |

SECTION III:

Census _____ Unit Capacity _____

Acuity: ___ High ___ Average ___ Low

Patient Classification I ___ II ___ III ___ IV ___

SECTION IV:

Patient care staffing count:

Clerk? Yes No

	Regular	Float	Registry
RN			
LPN			
Aide			
Other			

SECTION V: (Optional)

Brief Problem Statement: _____

SECTION VI:

Action taken:___

Notified Supervisor _____

Name & Title

Date & Time

Supervisor's Response _____

Other Persons Notified _____

Name & Title

Date & Time

Other Persons' Response _____

INSTRUCTIONS

The purpose of this form is to notify hospital supervision that you have been given an assignment which you believe is potentially unsafe for your patients. This form will document the situation. We will use these forms to facilitate resolutions of the problems. Give your supervisor a copy and send a copy to SEIU/District 1199 or give a copy to your Executive Board member. Please Print or Type. One or more nurses may complete this form.

SECTION I - You must orally protest your assignment to your supervisor before you complete this form. Please don't forget to complete name and time of person making assignment.

SECTION II - Check all appropriate boxes.

SECTION III - Complete to the best of your knowledge. Census is at the time of your objection. Acuity - check box you think is appropriate. We want your assessment.

SECTION IV - Complete to the best of your knowledge.

SECTION V - Complete this section if you think the situation cannot be explained in Sections II and III, or if you think additional information is relevant.

SECTION VI - You must notify your supervisor or the "person in charge" (not the charge nurse). Please complete both name and title of the supervisor. Please complete the section labeled supervisor's response. Please complete the section "Other Persons Notified" if you notified the Staffing Office, a doctor or any other persons.