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:

☐ I/We was/were not trained or experienced in area assigned.

☐ I/We was/were not given adequate staff for acuity (short staffed).

☐ The unit was staffed with excessive registry.

☐ The unit was staffed with unqualified personnel.

☐ New patients were transferred/admitted to unit without adequate staff.

☐ I/We was/were given an assignment which posed potential threat to the health and safety of my/our patients.

☐ I/we was/were involuntarily forced to work beyond my/our scheduled hours.

☐ Other (please specify) __________________________

SECTION III:

Census ____________ Unit Capacity _______

Acuity: __ High __ Average __ Low

Patient Classification I____ II____ III_____ IV____
SECTION IV:

Patient care staffing count:  

<table>
<thead>
<tr>
<th></th>
<th>Regular</th>
<th>Float</th>
<th>Registry</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LPN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clerk?  __ Yes  __ No

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.