

Objection and Documentation of Unsafe Staffing and/or Use of Equipment/System Technology

I, _____ a _____
[NAME] [TITLE]
employed at _____ on _____
[HOSPITAL/AGENCY/FACILITY] [SHIFT & DATE] [UNIT]

Section I - Unsafe Staffing

hereby object to the assignment as:

charge nurse staff nurse other _____

based upon the following grounds (check one Main Heading):

floating to another unit forced overtime inadequate staffing with typical patient census heightened patient acuity
 unable to meet professional standards of care for patients

Subheadings (check *all* that apply):

- a. Not oriented to unit
 b. Not trained or experienced within the last year in area of assigned practice
 c. Given an assignment which poses a serious threat to my health and safety
 d. Given an assignment which poses a serious threat to the safety and well-being of my patients
 e. Case load assignment is excessive and interferes with delivery of safe and adequate care
- f. Transferred, discharged, or admitted new patients to unit without adequate staff
 g. Improper use of unlicensed personnel
 h. Not given appropriate staff for census:
 inappropriate number of temp. professional personnel
 inappropriate number of unlicensed personnel
 inappropriate number of professional staff
 not provided with unit clerk
 other (specify): _____

Staffing count at time of objection

	Regular	Float/Casual	Agency	Needed Staff to Provide Patient Care	Minimum Staffing Quotas as Set by Administration
RN					
Ancillary					
Secretary					

Patient census at time of objection: _____ Unit capacity: _____ Acuity (amt. of nursing care required): Acute Hi Ave.

Brief statement of problem and effect on patient care _____

Section II - Technology

I am objecting to the aforementioned assignment based on equipment/system technology

I was given an assignment where I did not receive effective orientation, training, clinical experience, resource available to demonstrate current competency in the safe, therapeutic, and effective use of

_____ equipment or _____ system.

Name the technology (system, program, device) _____ and how patient care was affected _____

Supervisor(s)/Administration notified:	Time	Response
_____	_____	_____
_____	_____	_____

I believe the situation described above is unsafe. I will continue to provide the best professional nursing care possible in this situation. However, I decline to accept any legal responsibility for any untoward events that may occur as a result of unsafe staffing by the hospital/agency/facility.

Signature _____ Date _____