

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



Massachusetts Nurses Association

Massachusetts Nurses Association • 340 Turnpike St. • Canton, MA • 02021 • Tel: 781-821-4625 • Fax: 781-821-4445

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):

- |   |  |
|---|--|
| <p><input type="checkbox"/> a. Not oriented to unit</p> <p><input type="checkbox"/> b. Not trained or experienced within the last year in area of assigned practice</p> <p><input type="checkbox"/> c. Given an assignment which poses a serious threat to my health and safety</p> <p><input type="checkbox"/> d. Given an assignment which poses a serious threat to the safety and well-being of my patients</p> <p><input type="checkbox"/> e. Case load assignment is excessive and interferes with delivery of safe and adequate care</p> | <p><input type="checkbox"/> f. Transferred, discharged, or admitted new patients to unit without adequate staff</p> <p><input type="checkbox"/> g. Improper use of unlicensed personnel</p> <p><input type="checkbox"/> h. Not given appropriate staff for census:</p> <p style="margin-left: 20px;"><input type="checkbox"/> inappropriate number of temp. professional personnel</p> <p style="margin-left: 20px;"><input type="checkbox"/> inappropriate number of unlicensed personnel</p> <p style="margin-left: 20px;"><input type="checkbox"/> inappropriate number of professional staff</p> <p style="margin-left: 20px;"><input type="checkbox"/> not provided with unit clerk</p> <p style="margin-left: 20px;"><input type="checkbox"/> other (specify): _____</p> |
|---|--|

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 \_\_\_\_\_

