



Objection and Documentation of Unsatisfactory Staffing

I, _____ a _____
[name] [title]

employed at _____ on _____
[hospital/agency/facility] [date & shift] [unit]

hereby object to the assignment as: (check *all* that apply):

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> a. Given an assignment which poses a serious threat to patient's health and safety <input type="checkbox"/> b. Not oriented to unit <input type="checkbox"/> c. Case load assignment is excessive and interferes with delivery of safe and adequate care <input type="checkbox"/> d. Transferred, discharges, or admitted new patients to unit without adequate staff | <ul style="list-style-type: none"> e. Not given appropriate staff for census: <ul style="list-style-type: none"> <input type="checkbox"/> inappropriate number of temp. professional personnel <input type="checkbox"/> inappropriate number of unlicensed personnel <input type="checkbox"/> inappropriate number of professional staff <input type="checkbox"/> not provided with unit clerk <input type="checkbox"/> other (specify): _____ |
|---|---|

Staffing count at time of objection:

	Regular	Float/Casual	Agency
RN			
Ancillary			
Secretary			

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

Staff needed to provide safe patient care: _____

Brief statement of problem and effect on patient care: _____

Nurse Manager/Supervisor notified: _____

Date: _____ Time: _____

Response: _____

Signature _____ Date _____

Please be advised that the MNA considers this document to be notice to the hospital/facility under Massachusetts General Law 149, & 1879 (c)(1), the Health Care Worker's Whistle Blower Protection law.