



## UNSAFE STAFFING DOCUMENTATION ACCEPTANCE OF ASSIGNMENT UNDER PROTEST

As registered professionals, we are responsible and accountable to our patients. This document is to confirm we have notified you that in our professional judgment today's assignment is unsafe and places patients, our licenses, and the hospital at risk. Please be aware that while we will do all that we can to ensure safe and proper care for our patients, we feel that our efforts will not be sufficient. Therefore, we are informing you that we cannot take responsibility for any error or incidents that take place during this shift, and request that Administration take appropriate corrective action to insure that no employee or patient be placed in this position in the future. We believe that this assignment is unsafe for the following reasons ...

Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Nurse/Patient Ratio _____  | <input type="checkbox"/> Lack of ancillary staff             |
| <input type="checkbox"/> Assignment acuity/ does not permit adequate monitoring of patients         | <input type="checkbox"/> Ancillary staff/patient ratio _____ |
| <input type="checkbox"/> Interference with nursing judgment   | <input type="checkbox"/> Lack of support from medical staff  |
| <input type="checkbox"/> Assignment/acuity does not permit delivery of required nursing care        | <input type="checkbox"/> Scheduled short-staffed             |
| <input type="checkbox"/> Inadequate time for documentation  | <input type="checkbox"/> Working short-staffed               |
| <input type="checkbox"/> Inadequate time for patient education                                      | <input type="checkbox"/> RN floated to unfamiliar area       |
| <input type="checkbox"/> Multispecialist not available  | <input type="checkbox"/> Competencies don't match assignment |
| <input type="checkbox"/> Health/safety issues   | <input type="checkbox"/> Lack of supplies/equipment          |
| <input type="checkbox"/> Non-nursing functions interfering with patient care                        | <input type="checkbox"/> Missed meals                        |
| <input type="checkbox"/> Unit staff pulled to staff other areas leaving original unit short staffed | <input type="checkbox"/> Consistently missed breaks          |

Additional information:(Attach any additional information desired)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RN SIGNATURES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Notified: \_\_\_\_\_ Time \_\_\_\_\_  
Unit: \_\_\_\_\_ Shift: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Response: (If any)

\_\_\_\_\_

Give form to Unit Rep. or send to Unit #47 by Fax 203 748-2988 or mail to union office – Danbury Nurses' Union, 1 Padanaram Rd. Ste. 145, Danbury, CT 06811