

## **REGISTERED NURSE OBJECTION OR REFUSAL FORM**

Connecticut law permits a registered nurse to object or refuse to participate in any activity, policy, practice or task assigned by a hospital ***if the registered nurse is not competently able based on education, training or experience to participate in the activity, policy, practice or task without compromising the safety of a specific patient.*** Notwithstanding any such objection or refusal, nurses may not abandon a patient or refuse to perform patient care activities (1) during an ongoing surgical procedure until such procedure is completed; (2) in a critical care unit, labor and delivery or emergency department until such nurse is relieved by another nurse; (3) in the case of a public health emergency; (4) in the case of an institutional emergency; or (5) in any instance where inaction or abandonment by the nurse would jeopardize patient safety.

**THIS FORM MUST BE SUBMITTED WITHIN 12 HOURS AFTER ANY SUCH OBJECTION OR REFUSAL TO PARTICIPATE.  
COMPLETED FORMS MUST BE SUBMITTED TO DANBURY HOSPITAL.**

### **INITIAL REPORT TO SUPERVISOR**

If you are objecting to or refusing to perform an activity, policy, practice or task assigned by Danbury Hospital, you are required to immediately contact a supervisor for assistance or to allow the hospital to find a suitable replacement. Please Specify the following:

Name of Supervisor contacted: \_\_\_\_\_

Date and Time of Report to Supervisor: \_\_\_\_\_

### **BASIS FOR REFUSAL OR OBJECTION**

**Check all that apply:**

- I object to performing or participating in an activity, policy, practice or task assigned by Danbury Hospital
- I refuse to perform or participate in an activity, policy, practice or task assigned by Danbury Hospital
- I object to but do not refuse to perform an activity, policy, practice or task assigned by Danbury Hospital

**Responses must be provided to all of the following sections. If you need additional space, please continue your answers on a separate page.**

Specify the activity, policy, practice or task at issue: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a detailed statement of the reasons that you object to performing, or refuse to participate in, the activity, policy, Practice or task: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a description of how performing the activity, policy, practice or task would have compromised patient safety of a Specific patient: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify the ways in which the activity, policy, practice or task was not consistent with your education, training, experience or job description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***[Danbury Hospital] will not tolerate retaliation against those submitting an objection or refusal pursuant to this form. Concerns regarding retaliation should be promptly reported to Danbury Hospital.***