



**UNITED NURSES ASSOCIATIONS OF CALIFORNIA/ UNION OF HEALTH CARE PROFESSIONALS
ST. FRANCIS REGISTERED NURSES ASSOCIATION**

STAFFING OBJECTIONS

Part I

RN

Nurse/s Employed at: _____ on _____
HOSPITAL/CLINIC

RN

UNIT _____ SHIFT _____

RN

hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage RN

As a patient advocate, in accordance with the California Nurse Practice Act, this is to confirm that I notified you that, in my professional judgment, today's assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will under protest, attempt to carry out the assignment to the best of my ability.

Part II

I am objecting to the above assignment on the grounds that:

- | | |
|--|---|
| <input type="checkbox"/> I was not trained or experienced in area assigned. | <input type="checkbox"/> Increased acuity of patients without adjustment to assignment. |
| <input type="checkbox"/> I was not given adequate staff for acuity (short staffed). | <input type="checkbox"/> Inadequate support staff to allow safe quality care. |
| <input type="checkbox"/> The unit was staffed with excessive registry. | <input type="checkbox"/> LVN coverage causing OOR. |
| <input type="checkbox"/> New Patients were transferred or admitted to unit without adequate staff. | <input type="checkbox"/> Functioning in multiple assignments/areas (i.e. Charge and Monitor Tech.; Charge and Break relief) |
| <input type="checkbox"/> I was given an assignment which posed a potential threat to the health and safety of my patients. | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> I was involuntarily forced to work beyond my scheduled hours. | _____ |

Part III

#Beds/Pt's: _____ Census of Unit _____ Ratio: (number of patients per nurse) _____

Acuity: High Average Low Clerk: Yes No

Part IV

Shift

	Regular/Float Casual	Registry
RN		
LVN		
Aide		
Other		

Part V

ACTION:

Notified supervisor/other _____
NAME/TITLE DATE/TIME

Supervisor response: _____

Part VI

Comments: _____
