

Assignment Despite Objection



Name(s): _____

Date: _____

Facility: _____

Unit: _____

Number of Patients Assigned: _____ Acuity of Patients assigned: High _____ Average _____ Low _____

Staffing Patterns at time of this notice:

Patient census _____ Bed Capacity: _____ Admissions _____ Transfers/Discharges _____
of RN's: _____ # of LPN's: _____ # of CNAs _____ # of MHAs _____

Under the laws Indiana I, (your name) _____, am responsible and accountable for the safety of the patient I am treating while in the employ of _____.

Therefore, you are hereby notified that, in my professional judgment, management's assignment of duties on (today's date) _____ is unsafe and places patients at risk.

As a result, "the Facility" carries responsibility for any and all adverse affects my mandated performance of the assigned tasks has on patient care.

As I have no authority to adjust the number of staff assigned to my shift, or change the manner or nature of the assignment of duties, under documented protest, I will attempt to carry out my supervisor-assigned tasks in a manner which does not result in harm to patients.

Factors that compromised delivery of quality patient care:

(Check all that are appropriate)

- Inadequate staff to serve acuity and census fluctuation levels
- Insufficient number of _____
- Inappropriate assignment for skill level of self or coworker
- Forced to work beyond scheduled hours
- Absent scheduled staff not replaced
- Unable to delegate, perform or safely supervise
- Missed meals and/or breaks
- Do not have resources I need such as supplies, equipment or medications
- Other: _____

Staffing situations that posed actual or potential threat to CNA or Patient:

- Injury if checked, please indicate: Violence Patient/Family Complaint
- Medication and or treatment delayed or omitted
- Other: _____

When notified did the supervisor come to unit to make assessment: Yes No

Comments:

Printed Name and Title of Staff Preparing Report:

Signature:

Date