



**ASSIGNMENT UNDER PROTEST FOR
SANTA ROSA MEMORIAL HOSPITAL AND THE
STAFF NURSES ASSOCIATION**



As a Patient advocate, in accordance with the CALIFORNIA NURSE PRACTICE ACT, this is to confirm that I notified you, the Hospital or it's representative, 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 patients or staff. I will, under protest, attempt to carry out the assignment to the best of my ability.

SECTION I: I/We _____

Registered Nurse(s) employed at Santa Rosa Memorial Hospital in Dept. _____, and shift _____ hereby protest my/our assignment on (date, time) _____ despite providing notification to the immediate nurse leader of my/our objections, at the time the assignment was made. This problem was not resolved to my/our satisfaction.

SECTION II: I/We am/are objecting to the assignment on the grounds that:

- Unsafe patient care due to department not staffed to Matrix
- I/We was/were not given adequate staff for the Patient's Acuity.
- Flexed out of ratio
- The Department was staffed with excessive Float/Registry/Travelers.
- The Department was staffed with unqualified personnel.
- I/We was/were not trained/oriented or do not have competencies in area assigned.
- Other (Specify) _____

SECTION III: Census: _____ RN/LVN with patient assignment _____ Lead _____.

Break RNs _____ Resource RN _____ CPs _____ Tele Tech _____

How many nurses working were: Float RNs _____ Travel RNs _____ LVN _____.

Due to this assignment I/we have the following concerns completing the following patient care intervention OR was/were unable to complete the following patient care interventions:

- | | |
|---|---|
| <input type="checkbox"/> Timely medication administration | <input type="checkbox"/> Deliver meal trays |
| <input type="checkbox"/> Timely assessments and/or reassessments | <input type="checkbox"/> Feed or supervise patient during meals |
| <input type="checkbox"/> Hourly rounding | <input type="checkbox"/> Timely response to bed alarms |
| <input type="checkbox"/> Ability to ambulate and/or follow MD frequent repositioning orders | <input type="checkbox"/> Answer call lights |
| <input type="checkbox"/> Perform wound care as ordered | <input type="checkbox"/> Respond to codes |
| | <input type="checkbox"/> No meal/break for staff |

SECTION IV: Additional information/details:

Signature or Name of Leader/Staffing Office Notified: _____

Time notified: _____

Nurse(s)' Signature: _____

The purpose of this form is to notify hospital representative that you have been given an assignment that you believe is potentially unsafe to you and/or your patients.

Please fax this form to the SNA office 707-575-8138
A copy of this form is to be given to your Nurse Leader and SNA.