



**ASSIGNMENT UNDER PROTEST FORM 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 its 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 as: STAFF NURSE LEAD NURSE made to me/us by (name, title) _____ on (date, time) _____ despite my/our notification to the immediate supervisor 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 aforementioned assignment on the grounds that:
- Lead required to take patient assignment.** (Please complete Section III)
 - I/we was/were not given adequate staff for patient's acuity (short staffed).
 - The department was staffed with excessive float/registry/travelers.
 - The department was staffed with unqualified personnel.
 - New patients were transferred or admitted without adequate department staff.
 - I/we was/were not trained/oriented/or have competencies in area assigned.
 - Other (specify): _____

Section III

Lead Nurse/Number of hours with patient assignments: _____
Scheduled to core? YES NO Staffed to matrix/ratios? YES NO
If NO to either, provide schedule: _____

Section IV

Census: _____
Grasp Acuity Utilization %: _____
Secretary? YES NO

Patient care staffing count:

	LEAD	REGULAR	RELIEF	FLOAT	REGISTRY/ TRAVELER
R.N.					
L.V.N.					
C.P.					
OTHER					

Section V

Brief Problem Statement: _____

Supervisor's signature: _____
Nurse(s)' Signature: _____

NOTE: The purpose of this form is to notify hospital supervision that you have been given an assignment which you believe is potentially unsafe to you or your patients. This form will document that concern. The SNA and PRNC will use this form to facilitate resolution of the concern and follow-up the proposed solution. Completion of this form will generate a meeting between yourself(s) and management, at which a SNA representative will be present.

👉 PRESS HARD! You are making FOUR copies to be distributed BY YOU as follows:

#1. You keep	#3. SNA (give to a representative or mail to: 401A College Avenue, Santa Rosa, CA 95401)
#2. Nursing Management	#4. PRNC (give to a representative or send via in-house mail to PRNC mailbox in Nursing Office)