



# 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 of it's representative, that in my professional judgement, 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 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:

- I/We was/were not given adequate staff for the Patient's Acuity.
- The Department was staffed with excessive Float/Registry/Travelers.
- The Department was staffed with unqualified personnel.
- New Patients were transfered or admitted without adequate department staff.
- I/We was/were not trained/oriented/or have competencies in area assigned.
- Unsafe patient care due to department not staffed to Matrix:  
RNs \_\_\_\_, Resource RNs \_\_\_\_, Break Relief RNs \_\_\_\_, Care Partners \_\_\_\_\_
- Other(Specify) \_\_\_\_\_

## Section III

Census: \_\_\_\_\_

Number of Staff Working this Shift:

Acuity Utilization % \_\_\_\_\_  
Unit Secretary? Y/N

Lead \_\_\_\_\_ RNs \_\_\_\_\_ LVNs \_\_\_\_\_ Break/Relief RNS \_\_\_\_\_  
Float/Registry/Travel RNs \_\_\_\_\_ CPs \_\_\_\_\_ Float CPs \_\_\_\_\_

## Section IV

Brief Problem Statement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Nurse'(s) Signature: \_\_\_\_\_

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

**A copy of this form is to be given to your Manager and the Nursing Supervisor on duty**  
**Also fax this form to the SNA Office 707-575-8138**