



NYS PUBLIC EMPLOYEES FEDERATION STATEWIDE NURSES' COMMITTEE PROTEST of ASSIGNMENT FORM



The purpose of this form is to notify administration that in your professional opinion this assignment is unsafe. When you have been given an assignment that you believe is unsafe, you should immediately, verbally notify your supervisor of the protest then complete this form as soon as possible, but without interrupting your work or interfering with patient care. PEF may distribute copies of this form to any and all appropriate State and Federal agencies and private accreditation entities. **Nurses should not distribute this form to these entities or any other third party.**

Supervisor Notified _____ Date _____ Time _____

Agency _____ PEF Region _____ PEF Division _____

Workplace/Unit _____ Shift _____ Census _____ RNs _____ Ancillary Staff _____

In accordance with the Nurse Practice Act, this form confirms that I notified you that, in my professional judgment, this assignment is unsafe and places the patients at risk. Because I may be subject to discipline by the employer for refusal to accept this assignment, I indicate my acceptance under protest and will carry out this assignment to the best of my ability. Responsibility for the consequences of this assignment must rest with the employer. I request that the administration take appropriate corrective action to ensure that no nurse or patient be placed in this situation in the future.

I believe this assignment is unsafe because (check appropriate items)

- ☐ Assignment poses threat to health/safety of staff &/or patients
- ☐ Inadequate staff for acuity &/or volume of patients
- ☐ Inadequate staff for activity of unit (admissions, discharges, etc)
- ☐ Lack of training or experience in area assigned

Many factors influence a nurse's ability to provide quality of care. These may include but are not limited to:

- Lack of supplies/equipment/ancillary staff (techs, clerks, aide/attendant, transporter etc)
- Acuity of condition including confusion, combativeness, restraints, elopement risks, isolation and other precautions, complete care, frequent assessments
- Complexity of interventions, ventilators, blood transfusions, chemotherapy, TPN, dialysis, etc.

Please provide details including patient consequences (delayed or missed meds, treatments, diagnostic tests, injuries, etc. and personal consequences (family abandonment, mandatory overtime, and missed meal and rest periods).

☛ **In order to protect patient/client confidentiality, DO NOT use patient name(s) or identify patient(s) in any way.**

Name and Civil Service title of nurse completing form (*Please Print*) _____

INSTRUCTIONS

Immediately notify your supervisor verbally that you have an unsafe assignment. Then complete this form as soon as possible upon receiving assignment under protest, but without interrupting your work or interfering with patient care.

Keep a file copy and give a copy to your:

- (1) Immediate supervisor
- (2) Local PEF Steward, Council Leader, Field Representative or Regional Office
- (3) Mail or fax to: PEF Nurse Organizer
NYS Public Employees Federation
PO Box 12414 • 1168-70 Troy Schenectady Road • Albany, New York 12212-2414
Fax: (518)785-1814 Phone: 1-800-342-4306 ext 348

More forms are available at <http://www.pef.org/nurses/files/nursepoaform.pdf>, your PEF Regional Office or Nurse Organizer