

Short Staffing/ Protest of Assignment

Communications Workers of America (CWA)

Please print clearly!

Facility Name: _____

Name of Unit/Dept.: _____

Date: _____

Time Management Notified: _____ AM/PM (Please circle)

Manager's Name: _____
(First)

(Last)

What type of Department is this? (Mark the type that best applies)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> CCU/ICU/NICU | <input type="checkbox"/> Med/Surg | <input type="checkbox"/> ER | <input type="checkbox"/> Maternity/GYN |
| <input type="checkbox"/> Pede/NICU/PICU | <input type="checkbox"/> Nursing Home/ Rehab | <input type="checkbox"/> Other (STC) | <input type="checkbox"/> Ambulatory Surgery |
| <input type="checkbox"/> CNA/NA | <input type="checkbox"/> Ambulatory Care/Clinic | <input type="checkbox"/> Stepdown/Telemetry | <input type="checkbox"/> OR/Anesth/Recovery (PACU) |

What was your staffing like today? (Write numbers in boxes) *Regular is sum of FT/PT/PD

	Normal or Core Staff *Regular	Float	Agency	What you need
RN				
LPN				
Aides				
Ancillary				
Respiratory				

Cases: _____

Treatments: _____

Bed Capacity: _____

Census: _____

Manager Section

Please complete and fax copy to Union office @716-828-1158 within 72 hours

Was shift originally scheduled correctly? Yes No

If no, why? _____

What happened after schedule was posted to change staffing?

of Call-ins: _____ # of PTO Days: _____ # of DBL's/LOA/Comp in Dept: _____

Other: _____

What action was taken to resolve staffing issue?

You must provide the above employees with a written response.

Did you respond? Yes No **When?** _____

Comments: _____

Manager Signature: _____ Date/Time _____

Are you protesting this assignment? Yes No

If yes, list the date, time, and name of the supervisor notified: _____

For what reasons are you protesting this assignment? (Mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Patient acuity higher than usual | <input type="checkbox"/> Volume of admissions and discharges |
| <input type="checkbox"/> Not adequately trained for this situation | <input type="checkbox"/> Case load too high and impedes safe care |
| <input type="checkbox"/> Inadequate number of qualified staff | <input type="checkbox"/> Don't have resources I need such as supplies, equipment or medications |
| <input type="checkbox"/> Inadequate time for documentation | <input type="checkbox"/> Mandatory overtime |
| <input type="checkbox"/> Other _____ | |

Under the laws of this state, as a registered professional nurse, I am responsible and accountable to my patients. Therefore, this is to confirm that I notified you that, in my professional judgment, today's assignment is unsafe and places my clients at risk. As a result, the hospital/agency and you share the responsibility for any adverse effects on patient care.

I will, under protest, attempt to carry out the assignment to the best of my professional ability.

Signature(s): _____ Date: ____/____/____.