

<b>Policy Title:</b>	<b>Staff: Objection / Refusal to Work Assignment</b>		
<b>Population:</b>	<input checked="" type="checkbox"/> Adults	<input checked="" type="checkbox"/> Pediatrics	<input checked="" type="checkbox"/> Neonatal
<b>Location:</b>	Summerlin Hospital Medical Center	<b>Department:</b>	
<b>Policy Number:</b>	PC – 315 “S” (VHS)	<b>Reviewed Date:</b>	
<b>Original Effective Date:</b>	10/2013	<b>Revised Date:</b>	11/2014

**I. Scope:**

Nurse Division

**II. Purpose:**

To provide a systematic method for reviewing the circumstances under which a licensed nurse or certified nursing assistant may object to, or refuse, a work assignment.

**III. Policy:**

It is the policy of the Hospital that a licensed nurse or Certified Nursing Assistant (CNA) can file an objection/refusal to a work assignment if the work assignment violates any provision of NRS 449.241 to 449.2421 (SB362) concerning the establishment and requirements of a staffing committee and a staffing plan.

**IV. Procedure:**

A. Assignment Despite Objection Process: The licensed nurse or CNA will report in writing on the “Assignment Despite Objection” form and submit to his or her immediate supervisor or person in charge **at the time the objection occurs**. The reason(s) for objecting to a work assignment needs to be included for example:

1. Lack of training or experience in area assigned.
2. An assignment that places themselves or the patients at serious risk for harm.
3. Lack of supplies or equipment.
4. Inadequate staffing for patient acuity.
5. Inappropriate skill mix.
  - The immediate supervisor will assess options and then seek to remedy the situation.
  - If no possible alternatives are identified, the immediate supervisor, or person in charge will contact his/her immediate supervisor on duty.
  - This supervisor will review the written request and attempt to resolve the situation utilizing available resources he/she determines appropriate.
  - If the licensed nurse or CNA is dissatisfied with the decision of the supervisor, the licensed nurse or CNA should initiate an Assignment Despite Objection (ADO) form at the time the objection occurs. The licensed nurse or CNA will still accept the work assignment, despite the objection.
  - The supervisor, Manager or Director will investigate and provide a written response to the objection in writing within 14 business days. The objection will be submitted to the Staffing Committee and reviewed for trends by reviewing number of objections to a work assignment filed by a licensed nurse or CNA.

- The objection will be reviewed by the staffing Committee members and a written response will be provided to the nurse or CNO regarding an explanation of how the healthcare facility addressed the ADO.
- B. Refusal of Work Assignment Process: A licensed nurse or Certified Nursing Assistant (CNA) refusing an assignment will communicate specific conditions concerning the request in the following manner:
- a. Report in writing , complete the “Refusal of Work Assignment” form and submit to his or her immediate supervisor or person in charge, that he or she does not possess the knowledge, skill or experience to comply with an assignment to provide nursing services to a patient as defined in NRS 499.205 Section 1, Subsection 1(b), as verified by documentation in the personnel file of the licensed nurse or CNA – concerning his or her competence to provide various nursing services to the patient, unless the refusal constitutes unprofessional conduct as set forth in NAC 632.890, or any regulation adopted pursuant thereto.
  - b. The licensed nurse or CNA will provide objection notice to the immediate supervisor or person in charge of the licensed nurse or CNA at the time of objection and *prior* to accepting an assignment.
  - c. If a licensed nurse or CNA is assigned a position or task for which he/she feels unqualified or unsuited, he/she should immediately express such concerns to the immediate supervisor or person in charge.
  - d. The immediate supervisor or person in charge will assess options and then seek to remedy the situation to relieve the licensed nurse or CNA from their work assignment.
  - e. If no possible alternative are identified, the immediate supervisor, or person in charge will contact his/her immediate supervisor on duty.
  - f. The Manager/Director will review the written request and attempt to resolve the situation utilizing available resources he/she determines appropriate.
  - g. Documentation of the “Refusal of Work Assignment” form will be submitted to the staffing committee for review.
  - h. The medical facility is prohibited from retaliating or discriminating against a licensed nurse or CNA as defined in NRS 449.205(see D. below).
- C. The Supervisor May Approve or Deny the Request:
- a. Approval of request:
    - 1. The RN / CNA will be relieved of his/her assignment.
  - b. Denial of request:
    - 1. If the supervisor fails to approve the request without proposing a remedy, or a remedy is proposed but inadequate or untimely, the licensed nurse or CNA can file a formal complaint with the Health Division within (21) business days of the refusal if the licensed nurse / CNA feel, in good faith, the refusal meets the condition of the written policy for refusal of assignment.

- c. The supervisor, Manager or Director has (14) days to investigate and provide a written response to the licensed nurse / CNA. A copy of the investigation will be submitted to the Staffing Committee.
  - d. The refusals will be reviewed by the staffing Committee members quarterly and a written response will be provided to the licensed nurse or CNA.
  - e. All RN and CNA objections and refusals to work assignments will be filed and trended by the Staffing Committee at the quarterly meeting. Noted patterns will be reviewed and avoidance strategies discussed.
  - f. The healthcare facility shall:
    1. Maintain records for at least two years of each objection / refusal of a work assignment filed by a licensed nurse or CNA.
    2. Provide to the Staffing Committee the number of objections / refusals of a work assignment.
    3. Provide to the Staffing Committee an explanation of how the requests, refusal / objections were addressed.
    4. Ensure compliance with the written policy.
- D. Retaliation or Discrimination against Employees; In accordance with NRS 449.205 (1)(b)(1)(2)(3)(4):
- a. The medical facility or any agent or employee thereof shall not retaliate or discriminate unfairly against a registered nurse or CNA employed by or contracted to provide nursing services for the medical facility who:
    1. In accordance with the policy reports to his or her immediate supervisor, in writing, that he or she does not possess the knowledge, skill or experience to comply with an assignment to provide nursing services to a patient
    2. Refuses to provide to a patient nursing services for which, as verified by documentation in the personnel file of the registered nurse or CNA - certified concerning his or her competence to provide various nursing services, he or she does not possess the knowledge, skill or experience to comply with the assignment to provide nursing services to the patient, unless the refusal constitutes unprofessional conduct as set forth in chapter 632 of NRS or any regulations adopted pursuant thereto.
    3. Accordance with a policy adopted pursuant to NRS 449.2423, requests to be relieved of, refuses or objects to a work assignment.
    4. In good faith, reports to the medical facility, the Board of Medical Examiners, the State Board of Osteopathic Medicine, the State Board of Nursing, the Legislature or any committee thereof or any other governmental entity:
      - 1) Any information concerning the willful conduct of another registered nurse, licensed practical nurse, nursing assistant or medication aide - certified which violates any provision of chapter 632 of NRS or which is required to be reported to the State Board of Nursing;
      - 2) Any concerns regarding patients who may be exposed to a substantial risk of harm as a result of the failure of the medical facility or any agent or

employee thereof to comply with minimum professional or accreditation standards or applicable statutory or regulatory requirements; or

- 3) Any other concerns regarding the medical facility, the agents and employees thereof or any situation that reasonably could result in harm to patients.
5. Refuses to engage in conduct that would violate the duty of the registered nurse, licensed practical nurse, nursing assistant or medication aide - certified to protect patients from actual or potential harm, conduct which would violate any provision of chapter 632 of NRS or conduct which would subject the registered nurse or CNA to disciplinary action by the State Board of Nursing.

**V. Related Hospital Policies:**

Staffing Plan

**VI. Attachments**

Assignment Despite Objection Form and Instructions

Refusal of work Assignment Form and Instructions

## Assignment Despite Objection Form

I, \_\_\_\_\_ a licensed nurse/CNA at \_\_\_\_\_ Hospital  
(Name)

Medical Center on \_\_\_\_\_, \_\_\_\_\_, hereby refuse to the assignment as:  
(Shift) (Date/Time)

Charge nurse       Licensed nurse       Certified Nursing Assistant       Other

In my professional opinion, the situation described here is not adequate to meet the needs of the patients assigned to me at this time.

***My objection(s) to this assignment are:***

***EXAMPLES:***

- Lack of training or experience in area assigned.
- An assignment that places themselves or the patients at serious risk for harm.
- Lack of supplies or equipment.
- Inadequate staffing for patient acuity.
- Inappropriate skill mix.

*Brief statement of issue(s):*

---

---

---

---

\_\_\_\_\_  
(Signature of RN or CNA)

\_\_\_\_\_  
(Date/Time)

*Those I notified about my refusal to this assignment:*

**This notification has to occur immediately**

Clinical Supervisor       House Supervisor       Nursing Director       CNO

**Attention:** Complete this form and have it signed by your immediate supervisor and fax to the Chief Nursing Officer. Provide any copy to your immediate supervisor and director.

\_\_\_\_\_  
(Supervisor's Name/Title)

\_\_\_\_\_  
(Action Taken)

\_\_\_\_\_  
(Date/Time)

\_\_\_\_\_  
Reviewed by Nursing Director

\_\_\_\_\_  
(Nursing Director's Signature)

\_\_\_\_\_  
(Date/Time)

\_\_\_\_\_  
Reviewed by Chief Nursing Officer

\_\_\_\_\_  
(Chief Nursing Officer's Signature)

\_\_\_\_\_  
(Date/Time)

## Refusal of Work Assignment Form

I, \_\_\_\_\_ a licensed nurse/CNA at \_\_\_\_\_ Hospital  
(Name)

Medical Center on \_\_\_\_\_, \_\_\_\_\_, hereby refuse to the assignment as:  
(Shift) (Date/Time)

- Charge nurse       Licensed nurse       Certified Nursing Assistant       Other

In my professional opinion, the situation described here is not adequate to meet the needs of the patients assigned to me at this time.

***My reason(s) for refusal to this work assignment are:***

*Brief statement of issue(s):*

---

---

---

---

---

---

---

---

---

---

*Those I notified about my refusal to this assignment:*

**This notification has to occur immediately**

- Clinical Supervisor       House Supervisor       Nursing Director       CNO

**Attention:** Complete this form and have it signed by your immediate supervisor and fax to the Chief Nursing Officer. Provide any copy to your immediate supervisor and director.

\_\_\_\_\_  
(Supervisor's Name/Title)

\_\_\_\_\_  
(Action Taken)

\_\_\_\_\_  
(Date/Time)

\_\_\_\_\_  
Reviewed by Nursing Director

\_\_\_\_\_  
(Nursing Director's Signature)

\_\_\_\_\_  
(Date/Time)

\_\_\_\_\_  
Reviewed by Chief Nursing Officer

\_\_\_\_\_  
(Chief Nursing Officer's Signature)

\_\_\_\_\_  
(Date/Time)