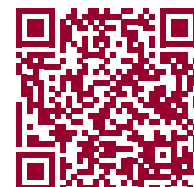


# A Nurses' Guide to Filling Out an Assignment Despite Objection (ADO) Form

## Objective »»»

- To educate nurses about what to do when given an assignment they believe is potentially unsafe for patients and staff.
- To inform nurses about how to properly fill out an ADO form.



## The ADO Form »»»

- Is used by registered nurses to formally document circumstances in which the RN identifies an unsafe patient care environment.
- Ensures and documents that nursing administration has been notified.
- Is received, reviewed, and analyzed by the Professional Practice Committee (PPC) to identify trends and collect data which negatively affects patient and nurse safety.
- Is admissible in court, with regulatory agencies, and is a protected activity under federal labor laws. It is unlawful for an employer to retaliate or discipline an RN for filing an ADO.

## How the ADO Works

**STEP 1** The RN(s) with the concern makes a good faith effort to inform the manager, assistant manager, or nursing supervisor at the time of the objection to the assignment. The nurse(s) must notify their supervisor or the “person in charge”, not the charge nurse or team leader. The immediate goal is to address the concerns at hand, relative to quality or safety within the resources available, or appropriate scope of practice or policy. The supervisor must be aware of the problem to be able to solve the problem.

**STEP 2** STEP 2 It's important that RNs complete the ADO, whether to document the failure or success in resolving the issue with management.

**STEP 3** Copies of the ADO are submitted as follows:

1. White copy to nursing unit manager.
2. Pink copy to PPC.
3. Green copy to bargaining unit president.
4. Golden copy to your labor rep.

**STEP 4** When management receives a copy of the ADO, the date and time it was received will be noted on the upper right corner of the form.

**STEP 5** Management will respond in writing to the ADO within one week of its receipt. If there are extenuating circumstances necessitating additional time to respond to the ADO, the initiating RN(s) and PPC shall be notified within one week that the ADO is under review.

**STEP 6** Management will return the response to the initiating RN(s), PPC chair, and the CNE.

## ASSIGNMENT DESPITE OBJECTION

*"You must VERBALLY protest your assignment to your supervisor which based on your professional judgment is unsafe. This is usually at the start of the shift, but may occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge and distribute the ADO copies according to the instructions on the reverse side."*

## SECTION I • Nurse(s) Information

Print your name and other nurses' names.

Employed: facility, unit, shift.

Protest assignment as: check all that apply.

Given to you by: list supervisor's name.

## SECTION I • Nurse Practice Act

*"As a patient advocate, in accordance with the Maine State Nurse Practice Act, this is to confirm that I notified you 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 patient care. I will, under protest, attempt to carry out the assignment to the best of my ability."*

## SECTION IIa • Objection

Why are you objecting to the assignment? Check all that apply.

## SECTION IIb • Working Conditions

Did you miss your meal period or break? Did you work overtime? Check all that apply.

## SECTION III • Acuity Information

What was the census and unit capacity?

Check appropriate acuity description.

What is typical staffing in this situation vs actual staffing?

## SECTION IV • Staffing Count

Check appropriate answers and staff categories.

Please use ball point pen and press firmly

**MAINE**

**MSNA**  
Maine State Nurses Association

**NOA**  
National Nurses Organizing Committee

**National Nurses Organizing Committee**

**National Nurses United**

## ASSIGNMENT DESPITE OBJECTION

You must first **verbally** protest your assignment to your supervisor at the time you believe it is suboptimal or unsafe. This is usually at the beginning of the shift, but may occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge and distribute the ADO copies according to the instructions on the reverse side.

### SECTION I

I/We are registered nurses, listed below:

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

Employed at: \_\_\_\_\_ Facility \_\_\_\_\_ Unit/Dept \_\_\_\_\_ Shift \_\_\_\_\_

I/We hereby protest the assignment as ☐ primary nurse ☐ charge nurse ☐ relief charge nurse ☐ team leader  
given to me/us by: \_\_\_\_\_

Name/Title \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

As a patient advocate, in accordance with the **Maine State Nurse Practice Act**, this is to confirm that I/we notified you that, in my/our professional judgment, today's assignment is unsafe and places my/our patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I/We will, under protest, attempt to carry out the assignment to the best of my/our ability.

### SECTION IIa

I am objecting to the aforementioned assignment on the grounds that: (check all that apply)

- ☐ I was given an assignment where I did not receive or complete:
  - ☐ orientation to the unit
  - ☐ training to competently perform my assigned duties and responsibilities
- ☐ I was given an assignment which posed a potential threat to the health and safety of my patients (explain in Section V)
- ☐ Staffing/skill mix is/was insufficient to:
  - ☐ meet the individual patient care needs/requirements of my patients
  - ☐ perform effective assessments of patients assigned to me
  - ☐ meet the teaching/discharge needs identified by my patient's condition
  - ☐ staff the unit consistent with the types of nursing care needed by the patients and the capabilities of the staff
  - ☐ provide breaks by a direct-care RN to prevent fatigue, accidents, and/or errors
- ☐ The unit is/was staffed with unqualified:
  - ☐ licensed ☐ unlicensed ☐ certified staff
  - ☐ excessive per diem personnel whose competency was not communicated to me
- ☐ Direct patient care duties did not allow time for clinical supervision/coordination of care
- ☐ ICU/CCU patient(s) requiring 1:1 or 1:2 nurse staffing ratio are/were not at this level
- ☐ New patients were transferred or admitted to unit without adequate staff
- ☐ Patient(s) placed inappropriately on the unit required a higher level of care than could be provided
- ☐ I was forced to work beyond my scheduled hours (e.g. mandatory overtime)
- ☐ Other (explain in Section V)

### SECTION IIb Working conditions:

Meal period missed? ☐ Yes ☐ No Break missed? ☐ Yes ☐ No Overtime worked? ☐ Yes ☐ No

### SECTION III Acuity information:

Census: \_\_\_\_\_ Unit Capacity: \_\_\_\_\_ Acuity: ☐ Low ☐ Medium ☐ High ☐ Extreme

Typical RN Staffing: \_\_\_\_\_ Actual RN Staffing on shift in dispute: \_\_\_\_\_

### SECTION IV Patient care staffing count:

Clerk? ☐ Yes ☐ No Lift team? ☐ Yes ☐ No Transport? ☐ Yes ☐ No

Staff	Float	Per Diem	Staff	Float	Per Diem
RN			TECH		
LPN			UNIT SEC.		

### SECTION V Brief Problem Statement: If more space is needed, attach additional information and make four copies to distribute.

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

### SECTION VI Complete this section as appropriate: This may need to be filled out immediately at the end of your shift, if appropriate.

Patient care affected. Nursing care not done/not done effectively (i.e. delay of care; unable to perform charge duties etc.).

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

Potential/actual hazard that resulted from this situation: \_\_\_\_\_

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

### SECTION VII Action:

Supervisor notified: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Supervisory response: \_\_\_\_\_

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

REVISION DATE: 04/2021

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## SECTION V • Problem Statement

Explain the situation.

## SECTION VI • Patient Care Affected

*This might need to be done at the end of the shift or the next day.*

How was patient care affected? (E.g. unable to ambulate patients, delay in patient care, unable to discharge or transfer, etc.)

## SECTION VII • Action

Fill in notified supervisor's name, date, time, and response.