# The Unsafe Assignment Toolkit

What to assess, say, request, document, and escalate before and after accepting a patient assignment.

**Assess**

Name the risk.

**Escalate**

Request a solution.

**Document**

Preserve the facts.

# What you need, in order of use

# The 5-Minute Response

Use this sequence while the assignment is being made. State the risk, request a workable response, and preserve the facts.

**First principle**

A difficult shift is **not** automatically an unsafe assignment. Identify the specific patient need, competency gap, or resource failure that creates foreseeable risk.

**Steps 1–3 of 6**

1

### PAUSE

Clarify the complete assignment, expected role, acuity, monitoring demands, and available support.

2

### NAME THE RISK

Identify the essential patient need that may not be met and why.

3

### STATE THE LIMITATION

Describe the competency, capacity, supervision, equipment, or staffing problem objectively.

# The 5-Minute Response

Steps 4–6 of 6

4

### REQUEST A SOLUTION

Ask for redistribution, qualified help, direct supervision, delayed workload, or a higher level of care.

5

### ESCALATE

Use the chain of command and the correct state or facility process at the required time.

6

### DOCUMENT

Record who was notified, what was requested, the response received, and the mitigation provided.

Say this

“I am concerned that I cannot meet the essential care and monitoring requirements of this assignment with the available resources. I am requesting that the assignment be modified or that qualified assistance be provided.”

# Risk Scan: Unsafe or Difficult?

The strongest objection identifies a foreseeable patient-care failure, not merely an undesirable workload.

**Signals that require closer evaluation**

| | |
|---|---|
| **Acuity** | Acuity or instability exceeds available surveillance and response capacity. |
| **Time-critical care** | Time-critical assessments, medications, treatments, admissions, or transfers conflict. |
| **Competency** | Required education, validated competency, recent experience, or direct supervision is absent. |
| **Resources** | Unit geography, equipment, medications, supplies, or emergency support are inadequate. |
| **Personal capacity** | Fatigue, illness, injury, or impairment affects the ability to practice safely. |
| **Scope or regulatory** | The assignment exceeds scope, a regulatory limit, or an enforceable staffing requirement. |

# Convert the concern into a defensible statement

Too vague

"This assignment is unsafe."

More useful

"Two patients require hourly neurologic reassessment, one requires blood administration, and I am also assigned a new admission without available support."

Timing changes the response

| | |
|---|---|
| Before report | Clarify, object, request modification, and invoke any applicable process. |
| During report | Pause if new information reveals acuity or competency concerns. |
| After acceptance | Continue essential care, escalate, reassess, and arrange a safe handoff. |

# Scripts for Speaking Up

Be respectful, objective, and specific enough to create a meaningful safety record.

**01 Initial concern**

“Before I accept this assignment, I need to clarify the patient acuity, required monitoring, and available support. I am concerned that the assignment may exceed what I can safely manage under the current conditions.”

**02 Specific risk**

“Adding this patient creates a foreseeable delay in the essential monitoring and reassessment required by my current patients.”

**03 Competency limitation**

“I have not been educated, trained, or validated to perform this responsibility independently. I am requesting direct supervision or reassignment.”

# Scripts for Speaking Up

**04 Requesting modification**

"I am requesting that the assignment be redistributed, qualified support be provided, or the additional workload be delayed until essential care requirements can be met."

**05 Escalating**

"I raised this concern with [name/role] at [time]. The patient-care risk remains unresolved, so I am escalating through the chain of command."

**06 If directed to proceed**

"Please confirm the direction you are giving me and the resources being provided. I will continue essential care while escalating the unresolved safety concern according to policy and applicable law."

# Ask for a Workable Solution

"I need help" is important. A defined request gives leadership something concrete to approve, modify, or deny.

| | Request | Purpose |
|---|---|---|
| 01 | Redistribute patients | Move patients based on acuity, monitoring requirements, competency, or geography. |
| 02 | Add qualified support | Assign a resource nurse, additional clinician, observer, assistant, or other appropriate support. |
| 03 | Provide direct supervision | Pair the nurse with a clinician qualified for the unfamiliar population, procedure, or device. |
| 04 | Sequence the workload | Delay a nonurgent admission, discharge, procedure, or transfer when appropriate. |
| 05 | Escalate level of care | Obtain provider evaluation, rapid response, transfer, or higher-acuity placement. |
| 06 | Activate contingency resources | Use float staff, staffing office, on-call leadership, or the emergency staffing plan. |

# Chain-of-Command Record

Write the name, time, and response on each line.

**Charge nurse notified / time / response**

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**Manager or nursing supervisor notified / time / response**

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**Administrator on call, patient safety, risk, staffing, or other resource contacted**

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**For charge nurses**

Obtain the specific concern, assess acuity and available resources, modify the assignment when possible, escalate unresolved risk, and document the assessment and response.

# Document the Right Facts in the Right Place

The clinical record and the staffing or employment record serve different purposes.

**Patient medical record**

- Patient assessment findings and changes
- Interventions actually performed
- Provider notifications and orders
- Escalation, response, and disposition
- Delayed or omitted care documented factually

**Assignment concern record**

- Date, time, unit, shift, and role
- General acuity and assignment conditions
- Specific safety concern or competency limitation
- Assistance requested and response received
- Mitigation and unresolved concerns

**Factual formula**

Condition observed + patient need at risk + person notified + request made + response received + mitigation provided + outcome.

# Keep These Out of the Patient Chart

- × "Unsafe assignment form completed."
- × Criticism of staffing, management, or coworkers unrelated to clinical care.
- × Threats, blame, legal conclusions, or defensive commentary.
- × A reference to an incident report or a copied personal note.

**Privacy**

Do not place patient identifiers in personal notes, private email, text messages, photographs, cloud drives, or documents taken home. Use only approved systems and processes.

# Unsafe Assignment Concern Record

Organize facts here. Use the organization’s approved form or reporting process to submit a concern.

**PRIVACY**

Do not place patient names, record numbers, dates of birth, room numbers, or other identifiers on a personal copy.

**DATE / SHIFT / UNIT / ASSIGNED ROLE**

**ASSIGNMENT: ACUITY, MONITORING, ADMISSIONS, TRANSFERS**

**PATIENT-CARE NEED THAT MAY NOT BE MET**

**STAFFING, COMPETENCY, SUPERVISION, OR EQUIPMENT GAP**

**PERSON NOTIFIED / ROLE / TIME**

**ASSISTANCE OR MODIFICATION REQUESTED**

**RESPONSE RECEIVED / TIME**

**MITIGATION AND CONCERN REMAINING**

**HANDOFF OR TRANSFER OF RESPONSIBILITY COMPLETED**

# After Accepting the Assignment

Protect patients from a gap in care while the concern is escalated and reassessed.

## Immediate actions

- [ ] Perform an immediate acuity and risk scan.
- [ ] Identify time-critical medications, treatments, assessments, monitoring, and escalation needs.
- [ ] Notify the charge nurse and supervisor of the unresolved risk.
- [ ] Request immediate redistribution or qualified assistance.
- [ ] Prioritize according to acuity and foreseeable harm.
- [ ] Document actual care, delays, notifications, escalation, and patient responses.
- [ ] Reassess when conditions change and complete a safe handoff before leaving.

# Unsafe Assignment Is Not the Same as Abandonment

**Category A**

## Generally not abandonment by itself

Declining before accepting responsibility, subject to state law and the facts.

Refusing mandatory overtime when no nurse-patient relationship has been established.

Requesting a modified assignment, additional support, or supervision.

**Category B**

## May raise abandonment concerns

Leaving accepted patients without reasonable notice.

Ending care without arranging qualified continuation.

Failing to communicate patient status during handoff.

**Do not overgeneralize**

Whether report, arrival, clock-in, or another event establishes acceptance depends on the state, setting, facts, and applicable policy. Verify the controlling authority.

# Not Every State Calls It Safe Harbor

Use the mechanism that exists in the nurse’s jurisdiction. These categories are not legally interchangeable.

### 01 Safe Harbor

A named statutory or regulatory process. Timing, notice, forms, coverage, and protection vary.

### 02 Objection or Refusal

A facility or statutory route to request relief, refuse qualifying work, or record an objection.

### 03 Staffing Limit or Plan

A ratio, staffing plan, committee, disclosure, or complaint route; no automatic immunity.

### 04 Board / NPA Baseline

Start with Board standards, competency duties, chain of command, and the facility’s process.

## HOW TO USE THE 50-STATE DIRECTORY

**01** Find the state where patient care is delivered and identify its pathway signal.

**02** Open the source. Confirm scope, setting, timing, forms, and effective date.

**03** Check the facility’s current policy for its operational process.

**04** Assess, notify, request help, mitigate risk, document care, and hand off safely.

**IMPORTANT LIMIT**

A baseline label does not rule out other state laws, facility rules, or employment protections. It means this review did not identify a comparable nurse-initiated pathway. Verify the current authority.

# State Assignment Pathways

### Alabama through California

Use each linked reference as a starting point; verify current law and facility policy.

REVIEWED AUG 31, 2026

| STATE | PATHWAY SIGNAL | WHAT TO USE NOW | SOURCE |
|---|---|---|---|
| **Alabama** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Alaska** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Arizona** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Arkansas** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **California** | **Mandatory hospital ratios** | Use the unit-specific Title 22 ratio and facility escalation route. A ratio issue does not, by itself, resolve abandonment or refusal questions. | **R07** |

Baseline route: consult the state Board/Nurse Practice Act and the facility’s current escalation and reporting processes. This label does not rule out other protections.

# State Assignment Pathways

### Colorado through Georgia

Use each linked reference as a starting point; verify current law and facility policy.

REVIEWED AUG 31, 2026

| STATE | PATHWAY SIGNAL | WHAT TO USE NOW | SOURCE |
|---|---|---|---|
| **Colorado** | **Staffing committee + competency** | Use the unit staffing plan and complaint route. Hospitals may not assign staff to a unit without documented training and demonstrated competency. | **R08** |
| **Connecticut** | **Objection / refusal + complaint** | Use the hospital's DPH-approved form. The objection/refusal form is submitted to the hospital no later than 12 hours after the objection or refusal. | **R06** |
| **Delaware** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Florida** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Georgia** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |

Baseline route: consult the state Board/Nurse Practice Act and the facility’s current escalation and reporting processes. This label does not rule out other protections.

# State Assignment Pathways

### Hawaii through Iowa

Use each linked reference as a starting point; verify current law and facility policy.

REVIEWED AUG 31, 2026

| STATE | PATHWAY SIGNAL | WHAT TO USE NOW | SOURCE |
|---|---|---|---|
| **Hawaii** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Idaho** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Illinois** | **Staffing plan + written report** | Compare the assignment with the adopted staffing plan. An RN may make a written report about a plan variation or object to a shift-to-shift adjustment. | **R09** |
| **Indiana** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Iowa** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |

Baseline route: consult the state Board/Nurse Practice Act and the facility’s current escalation and reporting processes. This label does not rule out other protections.

# State Assignment Pathways

### Kansas through Maryland

Use each linked reference as a starting point; verify current law and facility policy.

REVIEWED AUG 31, 2026

| STATE | PATHWAY SIGNAL | WHAT TO USE NOW | SOURCE |
|---|---|---|---|
| **Kansas** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Kentucky** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Louisiana** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Maine** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Maryland** | **2026 staffing law - phased** | Clinical staffing committee and plan requirements phase in. Verify the current effective date and the hospital's implementation status before relying on the process. | **R10** |

Baseline route: consult the state Board/Nurse Practice Act and the facility’s current escalation and reporting processes. This label does not rule out other protections.

# State Assignment Pathways

### Massachusetts through Missouri

Use each linked reference as a starting point; verify current law and facility policy.

REVIEWED AUG 31, 2026

| STATE | PATHWAY SIGNAL | WHAT TO USE NOW | SOURCE |
|---|---|---|---|
| **Massachusetts** | **ICU assignment limit** | In an ICU, use the acuity-based 1:1 or 1:2 requirement. For other settings, use the Board/NPA and facility route. | **R11** |
| **Michigan** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Minnesota** | **Core staffing plan reporting** | Locate the hospital's core staffing plan and actual direct-care reporting. Use the internal escalation route for immediate assignment concerns. | **R12** |
| **Mississippi** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Missouri** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |

Baseline route: consult the state Board/Nurse Practice Act and the facility’s current escalation and reporting processes. This label does not rule out other protections.

# State Assignment Pathways

### Montana through New Jersey

Use each linked reference as a starting point; verify current law and facility policy.

REVIEWED AUG 31, 2026

| STATE | PATHWAY SIGNAL | WHAT TO USE NOW | SOURCE |
|---|---|---|---|
| **Montana** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Nebraska** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Nevada** | **Relief / refusal / objection** | In covered facilities, follow the written policy: request relief; if statutory conditions are met, use the refusal process or accept under objection. | **R05** |
| **New Hampshire** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **New Jersey** | **Staffing disclosure** | Review the posted and reported staffing level. Use facility escalation and the Board/NPA route for the immediate assignment decision. | **R13** |

Baseline route: consult the state Board/Nurse Practice Act and the facility’s current escalation and reporting processes. This label does not rule out other protections.

# State Assignment Pathways

### New Mexico through Ohio

Use each linked reference as a starting point; verify current law and facility policy.

REVIEWED AUG 31, 2026

| STATE | PATHWAY SIGNAL | WHAT TO USE NOW | SOURCE |
|---|---|---|---|
| **New Mexico** | **Safe Harbor for Nurses Act** | Invoke before engaging in the conduct or assignment, or when a changed assignment creates a qualifying concern. The facility must maintain a process. | **R04** |
| **New York** | **Clinical staffing plan** | Use the hospital's clinical staffing plan and committee complaint process for a plan variation; continue immediate chain-of- command escalation. | **R14** |
| **North Carolina** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **North Dakota** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Ohio** | **Staffing committee + plan** | Request the current evidence-based staffing plan. Route plan concerns through the hospital's internal process while escalating immediate patient risk. | **R15** |

Baseline route: consult the state Board/Nurse Practice Act and the facility’s current escalation and reporting processes. This label does not rule out other protections.

# State Assignment Pathways

### Oklahoma through South Carolina

Use each linked reference as a starting point; verify current law and facility policy.

REVIEWED AUG 31, 2026

| STATE | PATHWAY SIGNAL | WHAT TO USE NOW | SOURCE |
|---|---|---|---|
| **Oklahoma** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Oregon** | **Ratios + plan + complaint** | Use the applicable unit plan or statutory ratio. A state complaint generally must be filed within 60 days; immediate concerns still require real-time escalation. | **R16** |
| **Pennsylvania** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Rhode Island** | **Core staffing plan / disclosure** | Use the hospital's core staffing plan, chain of command, and Board/NPA. Verify the current codified requirements and facility complaint process. | **R17** |
| **South Carolina** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |

Baseline route: consult the state Board/Nurse Practice Act and the facility’s current escalation and reporting processes. This label does not rule out other protections.

# State Assignment Pathways

### South Dakota through Vermont

Use each linked reference as a starting point; verify current law and facility policy.

REVIEWED AUG 31, 2026

| STATE | PATHWAY SIGNAL | WHAT TO USE NOW | SOURCE |
|---|---|---|---|
| **South Dakota** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Tennessee** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Texas** | **Safe Harbor Nursing Peer Review** | Invoke in good faith before engaging in the requested conduct or assignment and follow Rule 217.20's quick-request and comprehensive-request requirements. | **R03** |
| **Utah** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Vermont** | **Staffing disclosure** | Use the hospital's public census and nursing staffing information as context; use the facility and Board/NPA route for the immediate concern. | **R18** |

Baseline route: consult the state Board/Nurse Practice Act and the facility’s current escalation and reporting processes. This label does not rule out other protections.

# State Assignment Pathways

### Virginia through Wyoming

Use each linked reference as a starting point; verify current law and facility policy.

REVIEWED AUG 31, 2026

| STATE | PATHWAY SIGNAL | WHAT TO USE NOW | SOURCE |
|---|---|---|---|
| **Virginia** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Washington** | **Staffing plan + complaint** | Use the hospital staffing plan and committee complaint route. Washington's Board states that the state does not have a Texas-style Safe Harbor law. | **R19** **R20** |
| **West Virginia** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Wisconsin** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |
| **Wyoming** | **Board / NPA + facility route** | Clarify the assignment; state the patient-care risk and competency limit; request modification; use chain of command and the facility's approved objection or event process. | **R01** |

Baseline route: consult the state Board/Nurse Practice Act and the facility’s current escalation and reporting processes. This label does not rule out other protections.

# Official Reference Directory

Click the reference title in the PDF. Use the source to confirm scope, definitions, effective dates, exceptions, and required forms.

**R01** NCSBN - Find Your Nurse Practice Act

Official locator that routes users to each jurisdiction's Nurse Practice Act and Board rules.

**R02** ANA - Questions to Ask in the Decision to Accept Assignments

Assignment assessment framework addressing acuity, expertise, geography, resources, and good-faith acceptance.

**R03** Texas Board of Nursing - Safe Harbor Nursing Peer Review

Official Board guidance for invoking Safe Harbor under Rule 217.20, including timing and protections.

**R04** New Mexico Legislature - Safe Harbor for Nurses Act

Enacted framework requiring covered facilities to maintain a process for nurses to invoke safe harbor.

**R05** Nevada Revised Statutes - NRS 449.2423

Written facility process for relief, qualifying refusal, and assignment objection in covered facilities.

**Source standard**

Primary government, legislature, Board of Nursing, NCSBN, and professional nursing sources were prioritized. A linked bill is used only when it is the official enacted act or the clearest official path to the controlling framework.

# Official Reference Directory

Click the reference title in the PDF. Use the source to confirm scope, definitions, effective dates, exceptions, and required forms.

**R06** Connecticut DPH - Hospital Staffing Reporting

Hospital-specific DPH-approved objection/refusal and staffing complaint forms; includes submission timing.

**R07** California Department of Public Health - Nurse-to-Patient Ratios

Official guidance summarizing unit-specific licensed nurse-to-patient ratio requirements.

**R08** Colorado General Assembly - HB 22-1401

Hospital staffing committees, staffing plans, complaint processes, and training/competency restrictions.

**R09** Illinois General Assembly - 210 ILCS 85/10.10

Hospital-wide staffing plan and nursing care committee; written reports for plan variations and objections.

**R10** Maryland General Assembly - Safe Staffing Act of 2026

Enacted clinical staffing committee and plan requirements with phased implementation dates.

**Source standard**

Primary government, legislature, Board of Nursing, NCSBN, and professional nursing sources were prioritized. A linked bill is used only when it is the official enacted act or the clearest official path to the controlling framework.

# Official Reference Directory

Click the reference title in the PDF. Use the source to confirm scope, definitions, effective dates, exceptions, and required forms.

**R11** Massachusetts - Acts of 2014, Chapter 155

ICU patient assignments generally limited to 1:1 or 1:2 based on patient stability and an acuity tool.

**R12** Minnesota Statutes - Section 144.7055

Core staffing plan and direct patient care reporting requirements.

**R13** New Jersey Department of Health - Staffing Levels

Public posting and reporting route for hospital and nursing-home direct-care staffing levels.

**R14** New York Public Health Law - Section 2805-t

Clinical staffing committees, facility staffing plans, and disclosure requirements.

**R15** Ohio Revised Code - Chapter 3727.50-.57

Hospital nursing care committees, evidence-based staffing plans, review, and access to the plan.

**Source standard**

Primary government, legislature, Board of Nursing, NCSBN, and professional nursing sources were prioritized. A linked bill is used only when it is the official enacted act or the clearest official path to the controlling framework.

# Official Reference Directory

Click the reference title in the PDF. Use the source to confirm scope, definitions, effective dates, exceptions, and required forms.

**R16** Oregon Revised Statutes - ORS 441.760-.795

Staffing committees, unit plans, nurse-to-patient ratios, complaint pathway, exceptions, and enforcement.

**R17** Rhode Island - Hospital Core Staffing Plan Law

Core staffing plan submission and staffing disclosure framework; verify current codification and facility process.

**R18** Vermont Statutes - 18 V.S.A. Section 1854

Hospital public disclosure of census and nursing staff by category.

**R19** Washington Revised Code - RCW 70.41.420

Hospital staffing committees, annual unit/shift plans, standards, and internal complaint handling.

**R20** Washington Board of Nursing - Practice FAQs

Official Board clarification that Washington does not have a Texas-style Safe Harbor law.

**Source standard**

Primary government, legislature, Board of Nursing, NCSBN, and professional nursing sources were prioritized. A linked bill is used only when it is the official enacted act or the clearest official path to the controlling framework.

# Prepare Before You Need the Process

The worst time to locate the controlling policy is during an escalating assignment dispute.

- [ ] My state Board of Nursing and assignment / abandonment guidance
- [ ] My facility's assignment-objection process and form location
- [ ] My facility's statutory or Safe Harbor process - if applicable
- [ ] My charge nurse, nursing supervisor, and administrator-on-call route
- [ ] My non-negotiable competency limits and the supervision I will request

### Core official authorities

- ANA: Rights of RNs When Considering a Patient Assignment
- ANA: Questions to Ask Before Accepting a Staffing Assignment
- New Mexico Legislature: Safe Harbor for Nurses Act
- NCSBN: Find Your Nurse Practice Act
- Texas BON: Safe Harbor Nursing Peer Review
- Nevada Revised Statutes: Chapter 449

“The goal is not to win an argument at the nurses' station. Identify the risk early enough to protect the patient and create a clear record of what was done about it.”