

**Staffing Request and Documentation Form  
American Red Cross**

DATE OF INCIDENT \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_ LOCATION OF INCIDENT \_\_\_\_\_

SHIFT \_\_\_\_\_ DRIVE # \_\_\_\_\_ DRIVE TYPE:  Fixed Site  Dx  SCU  Truck Drive

APHERESIS:  Fixed Site  Clinical SPECIAL DONOR SERVICES:

REPORTED BY:  An individual nurse  A group of nurses  Other \_\_\_\_\_

**I HAVE NOTIFIED THE FOLLOWING ADMINISTRATIVE EMPLOYEES IN MY FACILITY OF THE SITUATION:**

Charge Nurse \_\_\_\_\_ NAME  COS \_\_\_\_\_ NAME  COM \_\_\_\_\_ NAME

Team Supervisor \_\_\_\_\_ NAME  Other \_\_\_\_\_ NAME/TITLE

**REQUEST FOR STAFF AND REASON FOR REPORT:** I am hereby informing you that, in my professional nursing judgment, I am unable to assure the delivery of safe or adequate nursing care at the site with the current configuration and/or number of staff assigned to the site. I request the following additional staff be assigned to this site immediately.

\_\_\_\_\_ RN(s) \_\_\_\_\_ LPN(s) \_\_\_\_\_ COM(s) \_\_\_\_\_ COS(s) \_\_\_\_\_ MA \_\_\_\_\_ MUA \_\_\_\_\_ Other (describe) \_\_\_\_\_

**REASON FOR REPORT:**

Not enough staff  Site suitability  Safety  Worked too many hours in a row (# of hours worked \_\_\_\_\_)

I indicate my acceptance of the assignment under protest. It is not my intention to refuse to accept the assignment and thus raise questions of meeting my obligations to the donor/patient nor am I refusing to obey an order if such were given. However, I hereby give notice to my employer of the above facts and indicate that for the reasons listed, full responsibility for the consequences of this assignment must rest with the employer. Copies of this form may be provided to any and all appropriate state and federal agencies.

\_\_\_\_\_  
STAFF NURSE OR TEAM MEMBER SIGNATURE(S)

\_\_\_\_\_  
STAFF NURSE OR TEAM MEMBER NAMES (PRINTED)

**SUMMARY:**

	Start of Drive	End of Drive
Donors Scheduled		
Donors Arrived		
Number of RNs		
Number of LPNs		
Number of MUAs		
Number of MAs		

**UNINTENDED CONSEQUENCES SUMMARY:** (Note: this section must be completed)

Breach of Contract  Safety  No RN/LPN in charge

Donor Consequences: \_\_\_\_\_  
\_\_\_\_\_

**DRIVE SUMMARY:** (Check all that apply)

No RN in charge  No additional staff added  Mandatory overtime worked  Voluntary overtime worked

Product(s) lost or compromised \_\_\_\_\_

**RESOLUTION AT END OF DRIVE:**

RN added to charge  More staff arrived (How many \_\_\_\_\_)  No change

Please attach additional comments to this form, if needed.

COPIES: WHITE (ONA) YELLOW (Employer) PINK (BU or PNCC Chair) GOLDENROD (Self)