



COMPREHENSIVE REQUEST FOR NURSING SAFE HARBOR REVIEW (SHR)

I am not invoking Safe Harbor. My issue was resolved, but I would still like a post occurrence review to be completed. *(skip to page 2, and complete section I.)*

I am invoking Safe Harbor and requesting a SHR for the following requested order or assignment because I believe in good faith the order/assignment requested would potentially cause me to violate my duty to maintain a safe environment and provide safe nursing care to a patient(s) or client(s), **or** would constitute unprofessional conduct under Board of Nursing statutes and rules, **or** criminal conduct.

I request the SHR examine the facts and evidence of the situation described below to make a determination if compliance with the requested order or assignment is one that would cause me to place patients at risk of harm, and thus violate my duty, or any other BON standards or rules, or criminal conduct.

I understand I may accept the assignment and carry it out to the best of my ability, without fear of risking licensure or disciplinary action unless the order or assignment requested would constitute:

- A. Unprofessional conduct
- B. A criminal act
- C. An act the nurse is unable to perform because he/she lacks the competency required to meet minimal standards of acceptable nursing practice.

Signature

Printed Name

Unit/Area/Clinic

Original document must stay together and will move through the process, copies may be made as needed

I. Nurse Request :

To be completed by Nurse invoking Safe Harbor prior to end of shift

(1) Print full name, date and time: _____

(2) Name of person requesting the order or making the assignment (include licensure, job title or responsibility): _____

(3) Describe your professional or reporting relationship to the supervisor/person requesting the order or assignment:

(4) Describe the order, assignment or directive received (if possible, attach photocopy if the request is in written form):

(5) Describe in detail, how the order requested or assignment would violate your duty to provide a safe environment and safe nursing care to a patient(s). If the order is patient specific, identify each affected patient by his/her initials and medical record number: Continue on separate paper and attach necessary. _____

Attach stickers or enter MRN below:

Patient Sticker or
MRN

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- 6) Attach and list below any written materials (documents, forms, policies, diagrams, records, procedures, published literature or standards from nursing professional organizations, etc.) you believe are pertinent to request for a SHR.

- (7) If you think the order or assignment could be carried out (without violation of your duty to a patient) if modified or changes were made in the practice setting, describe the necessary modifications or changes. (*Continue on separate paper and attach if necessary.*)

Signature of Nurse invoking Safe Harbor or
requesting post occurrence review

Printed Name

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II. On Duty Supervisor/Manager Actions

To be completed by on duty unit/area clinic supervisor within one (1) business day (excluding weekends) of invoking Safe Harbor and submit to unit/area/clinic Director/Manager

(1) Acknowledgment of Receipt of Request for Safe Harbor Comprehensive Request for Safe Harbor delivered to Supervisor by : _____ (Nurse Requesting Safe Harbor)

Name of Supervisor receiving Comprehensive Request for Safe Harbor form:
_____ Date: _____ Time: _____ Location: _____

(2) Attempted to Resolve with (utilize Chain of Command):

- Nurse on Unit: _____ (name/signature)
- Other: _____ name/signature)
- Other: _____ (name/signature)

(3) Supervisor's Comments and Actions:

(4) Description of Event:

(5) Attempts for Resolution: _____

Signature of On Duty Supervisor/Manager

Printed Name

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III. Unit/Area/Clinic Director/Manager

Unit Director/Manager of Safe Harbor event: Select like unit/area/clinic and send entire packet on next business day to like unit. Complete section below and return to Safe Harbor email UNMCCCSafeharbor@salud.unm.edu, within five business days.

(1) Name of like unit/area/clinic selected (to be filled out by unit of Safe Harbor event)

(2) Acknowledgment of Receipt of SHR:

by: _____ (Director/Manager)

Date: _____ Time: _____

(3) The Director/Manager determined on the above date/time/location the requested order, assignment, or directive:

Would have/Did violate the nurse's duty to the patient(s)

Would not have/Did not violate the nurse's duty to the patient

(4) Rationale for determination: _____

(5) On _____ (day/time), this form was forwarded to the Safe Harbor email: UNMCCCSafeharbor@salud.unm.edu.

Signature of Director/Manager

Printed Name

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IV. Like Unit/Area/Clinic Director/Manager & Nurse Post Occurrence Review

Complete section below and return to Safe Harbor email:

UNMCCCSafeharbor@salud.unm.edu, within five business days.

- (1) Name of like unit/area/clinic selected (to be filled out by unit of Safe Harbor event):

- (2) Acknowledgment of Receipt of Request for SHR: by: _____
(Director/Manager completing post occurrence review). Date: _____ Time: _____

- (3) The Post Occurrence Review determined in collaboration with the Unit Director/Manager & Nurse on the above date/time/location the requested order, assignment, or directive:
 - Would have/Did violate the nurse's duty to the patient(s)

 - Would not have/Did not violate the nurse's duty to the patient
- (4) Rationale for determination: _____

- (5) On _____ (day/time), this form was forwarded to the Safe Harbor email: UNMCCCSafeharbor@salud.unm.edu.

Signature of Nurse

Printed Name

Signature of Unit Director/Manager

Printed Name