# COVID-19 Protest of Assignment Form

**To Supplement a Protest of Assignment**

<table>
<thead>
<tr>
<th>Facility code</th>
<th>Facility name</th>
<th>Time of Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Code of nursing unit</th>
<th>Name of nursing unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>M M</td>
<td>D D</td>
<td>Y Y Y Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of individual filing report:</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What type of nursing unit is this?**

- [ ] ICU/MICU/NICU
- [ ] Med/Surg
- [ ] ER
- [ ] Maternity/GYN
- [ ] ICU/MICU/NICU
- [ ] Psychiatry
- [ ] Ambulatory Surgery
- [ ] Other ________________________________________

**What issues are you reporting?**

- [ ] Unsafe nurse: patient ratio impedes safe care or contributes to potential spread of disease
- [ ] Inadequate number of N95 Respirators
- [ ] Not fit tested for respirator, or with proper size.
- [ ] Not given same size/model N95 fitted for originally.
- [ ] Told to reuse N95 respirators when caring for patient on airborne, droplet and contact precautions
- [ ] Inadequate number of impenetrable gowns, masks, booties, face shields/eye protection
- [ ] Screening/triage shortcomings put staff at risk
- [ ] Not adequately trained for using equipment
- [ ] Inadequate number of negative pressure rooms
- [ ] Lack of proper disinfection supplies
- [ ] Strict visitor policy not enforced

**How many staff exposed as a result?**

**How many patients or visitors exposed?**

**Other conditions:**

**Additional Comments:**

*Please write on back if more space is needed.*

**Management Comments and Signature**

**How to return this POA:**

- **Fax** to your facility’s POA fax line, or to the main NYSNA POA fax lines at 212-785-0429 or 518-782-1286
- **Email** a scan or photo to covidpoa@nysna.org
- **Text** a photo to your NYSNA rep

Under the laws of NY, as a registered professional nurse, I am responsible and accountable to my clients. Therefore, this is to confirm that I notified you that, in my professional judgement, today’s assignment is unsafe and places my clients at risk. As a result, the Hospital and you share responsibility for any adverse effects on patient care and myself as an employee working under your direction. I will, under protest, attempt to carry out the assignment to the best of my professional ability.

**Signature:** __________________________________________________________________________