

COVID-19 Protest of Assignment Form To Supplement a Protest of Assignment



Facility code Facility name _____ Time of Incident: _____

Date Code of nursing unit Name of nursing unit _____

M M D D Y Y Y Y

Name of individual/s filing report: Location: _____

Time Management notified _____ Manager's Name _____

What type of nursing unit is this?

- | | |
|---|--|
| <input type="checkbox"/> ICU/MICU/NICU | <input type="checkbox"/> Home Care/Public Health |
| <input type="checkbox"/> Med/Surg | <input type="checkbox"/> School |
| <input type="checkbox"/> ER | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Maternity/GYN | <input type="checkbox"/> Ambulatory Care Clinic |
| <input type="checkbox"/> ICU/MICU/NICU | <input type="checkbox"/> OR/Anesth/Recovery |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Stepdown/Telemetry |
| <input type="checkbox"/> Ambulatory Surgery | <input type="checkbox"/> Nursing Home/Rehab |

Other _____

How many staff exposed as a result?

How many patients or visitors exposed?

Other conditions: _____

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

Additional Comments-
Please write on back if more space is needed.

Number of RNs
signing this form

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: _____
