

# ASSIGNMENT DESPITE OBJECTION

You must first verbally protest your assignment to your supervisor at the time you believe it is unsafe. This is usually at the beginning of the shift, but it may occur at any time. If your supervisor does not make a satisfactory adjustment to the assignment, complete this form to the best of your knowledge.



Name/s \_\_\_\_\_ Date \_\_\_\_\_

Classification/s \_\_\_\_\_ Work Phone \_\_\_\_\_ Time \_\_\_\_\_

County Jail # \_\_\_\_\_ Shift \_\_\_\_\_ Supervisor Notified \_\_\_\_\_

As a patient advocate, in accordance with the California Nurse Practice Act, this is to confirm that I/we notified you that, in my/our professional judgment, that today's assignment is unsafe and places patients at risk. As a result, this facility is responsible for any adverse effects on patient care. I/We will, under protest, attempt to carry out the assignment to the best of my/our ability.

### In my/our professional opinion, this assignment is unsafe because of:

- lack of orientation, training, or experience in the area assigned.
- less staff is provided than is normal or safe for patient care.
- involuntary requirement to work beyond my/our scheduled hours.
- insufficient support staff.
- other \_\_\_\_\_

Jail Staffing Count: RNs: regular \_\_\_\_\_ per diem \_\_\_\_\_ float \_\_\_\_\_

LVNs \_\_\_\_\_ Unit Clerk \_\_\_\_\_ Other \_\_\_\_\_

Patients \_\_\_\_\_ Acuity (check one):  high  medium  low

Working Conditions:  Missed meal period  Missed break  Worked Overtime

### RN MOU Section V.A.2.c. Forensic Services (paragraph 616):

"These levels of direct care, by RNs and LVNs, will be budgeted for each 24-hour period:

	Monday-Friday	Weekends-Holidays
County Jail #1	104 Hours (56 hr. RN)	92 Hours (56 hr. RN)
County Jail #2	56 Hours (40 hr. RN)	48 Hours (32 hr. RN)
County Jail #5	96 Hours (64 hr. RN)	88 Hours (56 hr. RN)
County Jail #8	108 Hours (60 hr. RN)	96 Hours (48 hr. RN)
County Jail #9	72 Hours (72 hr. RN)	72 Hours (72 hr. RN)"

### WHEN LIFE AND/OR SAFETY OF A PATIENT IS IMPACTED CALL:

Board of Vocational Nursing (916) 263-7800

Board of Registered Nursing (916) 322-3350

**INSTRUCTIONS:** 1. Complete this form as soon as possible upon receiving an unsafe assignment, but without interrupting work or patient care. 2. Give copy of completed form to immediate supervisor, your Union Steward, and keep the original. 3. Fax to Local 1021 at (415) 431-6241

**NO PATIENT NAMES OR OTHER IDENTIFIERS SHOULD BE USED ON THIS FORM.**