

APPENDIX C: TITLE 38 ASSIGNMENT DESPITE OBJECTION FORM

NATIONAL ASSOCIATION OF GOVERNMENT EMPLOYEES
 AFFILIATED WITH THE SERVICE EMPLOYEES INTERNATIONAL UNION
 TITLE 38 ASSIGNMENT DESPITE OBJECTION FORM

The purpose of this form is to notify local management that I have been given an assignment which I believe in my professional judgement is potentially unsafe for the patients and/or staff. This form will document the situation. I will, under protest, attempt to carry out the assignment to the best of my professional ability.

NAME(S) _____ DATE & SHIFT _____

UNIT _____

ASSIGNMENT: _____

Please complete when appropriate:

NUMBER OF PATIENTS I WAS ASSIGNED: _____

ACUITY OF PATIENTS I WAS ASSIGNED (check one) _____ HIGH _____ AVERAGE _____ LOW

MY OBJECTION IS BASED ON THE FOLLOWING: Please check appropriate reason(s)

_____ Not trained or experienced in area assigned _____ Not given adequate staff for acuity levels, patients one to one

_____ Not given staffing levels to meet needs staffed with unqualified personnel _____ Not oriented to the unit
 _____ Not provided with unit clerk

_____ Transferred/admitted new patient to unit without adequate staff _____ Staffed with excess relief/agency personnel

_____ Not provided with appropriate ancillary support Was life and/or safety adversely or potentially impacted?
 _____ Yes _____ No

Was incident sheet completed? _____ Yes _____ No Break Missed? Yes _____ No _____

Working conditions: Meal period missed? Yes _____ No _____

Overtime incurred? _____ Yes _____ No Beginning census _____ Unit capacity _____

#of admissions _____ End of shift census _____

STAFFING MIX ON DATE OF OBJECTION:

	REGULAR	FLOAT	AGENCY
OVERTIME STAFF REGISTERED NURSES			
LPN			
HT/NA			

BRIEF DESCRIPTION: (Use reverse side if necessary)

In order to obtain staffing or assistance the following were contacted:

Nurse Manager _____ Date & Time: _____

Nurse Officer of the day or equivalent _____ Date & Time: _____

Nurse Executive _____ Date & Time: _____

This form belongs to NAGE/SEIU Local 5000, please return to any local officer promptly. Copies will be forwarded to the appropriate Management Officials.