1199 SEIU UHWE Florida Region – Assignment Despite Objection

Step 1: Complete form – please keep HIPPA guidelines in mind and do not include any identifying information about patients.
Step 2: FAX to 1199SEIU 1-305-826-1604, Attention: __________________________ (Name of Organizer)
Step 3: Give copy to supervisor and keep your original for 5 years

Supervisor: I am notifying you that based on my professional experience, my assignment is unsafe. I am accepting the assignment with objection only to prevent making conditions more unsafe by my refusal. I am asking you to come to the unit to assess the situation and to make my assignment safe by: ___________________________

If you can or will not provide the corrective action that I have requested above, I request that you notify the administrator to whom you report about my objection, and report back to me the reply and/or action by that administrator.

<table>
<thead>
<tr>
<th># of EMPLOYEES</th>
<th>BEDSIDE CARE STAFF PRESENT</th>
<th>NUMBER OF PATIENTS/ACUITY</th>
<th>SAFE STAFFING LEVEL NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LPNs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CNAs, PCTs, Techs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secretaries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RRTs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF NO CORRECTIVE ACTION IS TAKEN, COMPLETE BELOW:**

Did the supervisor come to your unit to assess the assignment? [ ] YES [ ] NO
Did any non-bargaining unit employees take a patient assignment? [ ] YES [ ] NO If Yes, Name________________________
If the staff member need cannot be corrected, were more support staff obtained? [ ] YES [ ] NO
If yes, what staff was increased? ______________________________________ HOW MANY? __________________
Did you take two breaks in 12 hours? [ ] YES [ ] NO Did you take 30 min uninterrupted non-paid lunch? [ ] YES [ ] NO
Was anyone cancelled or floated before or during the shift [ ] YES [ ] NO Who __________________________
Did you have to stay past your shift to complete work because of the unsafe condition? [ ] YES [ ] NO
Were you in any perceived physical danger because of the unsafe assignment? [ ] YES [ ] NO________________________
Did you have to do work another staff member does routinely because of the assignment: [ ] YES [ ] NO Cleaning? [ ] YES [ ] NO
Leave unit? [ ] YES [ ] NO If Yes, reason __________________________ Transcribe orders? [ ] YES [ ] NO
Transport [ ] YES [ ] NO Other __________________________________________

**DID ANY OF THE FOLLOWING OCCUR BECAUSE OF THE UNSAFE STAFFING/CONDITIONS**

Self Exhustion [ ] YES [ ] NO HOW MANY? ________ Delayed or Omitted Dressing Change [ ] YES [ ] NO HOW MANY? ________
Patient Fall [ ] YES [ ] NO HOW MANY? ________ Delayed cleaning pt. [ ] YES [ ] NO HOW MANY? ________
Delayed tests [ ] YES [ ] NO HOW MANY? ________ Delayed toileting [ ] YES [ ] NO HOW MANY? ________
Delayed medication(s) [ ] YES [ ] NO HOW MANY? ________ Delayed admission to unit [ ] YES [ ] NO HOW MANY? ________
Delayed transfer/ DC from unit [ ] YES [ ] NO HOW MANY? ________ Delayed turning [ ] YES [ ] NO HOW MANY? ________
Missed treatment [ ] YES [ ] NO HOW MANY? ________ Delayed or missed pt meal [ ] YES [ ] NO HOW MANY? ________
Pt /FamilyComplaint [ ] YES [ ] NO HOW MANY? ________ Problems with Equipment [ ] YES [ ] NO HOW MANY? ________
Injury to Pt [ ] YES [ ] NO HOW MANY? ________ Injury to Staff [ ] YES [ ] NO HOW MANY? ________
Other __________________________

Name of Supervisor/ AOC __________________________ Unit/Shift __________________________ Date __________________________

EMPLOYEE NAME (PRINT) __________________________

EMPLOYEE SIGNATURE __________________________
INSTRUCTIONS FOR SAFE STAFFING SHEET

THIS IS A UNION DOCUMENT AND PROPERTY OF THE UNION – IT DOES NOT COVER THE NEED TO FILL OUT AN INCIDENT REPORT IF SOMEONE WAS INJURED DURING THE SHIFT AND/OR FOR SOMETHING THAT HAPPENED THAT THE HOSPITAL’S POLICY SAYS YOU MUST FILE AN INCIDENT REPORT.

EVERYONE INVOLVED SHOULD SIGN THE FORM - RRT’S, TECHS, ETC...

THIS FORM IS DESIGNED TO TAKE ONLY A FEW MINUTES TO FILL OUT. IT IS DOCUMENTATION THAT YOU HAVE NOTIFIED MANAGEMENT IN A PROFESSIONAL WAY OF AN UNSAFE SITUATION. IT HELPS PROTECT YOU AS A HEALTHCARE GIVER AND MAY BE USED TO ADVOCATE FOR SAFE PATIENT CARE AND WORKING CONDITIONS.

STEPS to TAKE:

- YOU MUST INITIATE THIS AT THE BEGINNING OF THE SHIFT
- ASK SUPERVISOR TO PHYSICALLY COME TO UNIT TO ASSESS UNSAFE STAFFING
- CLEARLY EXPLAIN WHY THE STAFFING IS UNSAFE AND THE REMEDY YOU ARE SEEKING
  Example: I have too many patients assigned to me; we need another RN, LPN, CNA, etc...
- COMPLETE THE FORM IN ITS ENTIRETY TO THE BEST OF YOUR ABILITY
- AT THE END OF THE SHIFT FILL OUT THE REST OF THE FORM AND MAKE SURE EVERYONE ON YOUR UNIT SIGNS IT
- GIVE COPIES TO ALL SIGNERS
- GIVE COPY TO SUPERVISOR: If Supervisor refuses to sign or accept – note that on the form.
- FAX TO UNION 305-826-1604
- KEEP YOUR COPY

If staffing is safe at the beginning of the shift and you are asked or forced to take an assignment that is unsafe during the shift, initiate the process listed above and complete this form.

THINGS to REMEMBER:

- DO NOT VIOLATE HIPPA
- REMAIN CALM AND PROFESSIONAL
- SUPPORT OTHER STAFF MEMBERS IN USING THIS FORM
- WRITE DOWN ON BACK OF SHEET ANY ANTI-UNION REMARKS or SUGGESTIONS THAT SHOULD NOT FILL OUT THE FORM
- KEEP THIS IN YOUR POCKET- FOLD, DO NOT LAY DOWN and DO NOT POST,
- REMEMBER YOUR WEINGARTEN RIGHTS IF YOU GET CALLED IN FOR QUESTIONING ABOUT THIS FORM OR YOUR WORK PERFORMANCE
- CALL BETSY MARVILLE, RN at 561-859-8633 with QUESTIONS OR CONCERNS
- FOLLOW the STEPS: DOCUMENT, SIGN, COPY, FAX AND KEEP!