

COVID-19 Assignment Despite Objection



Your Name:

Your Contact:

Facility Name:

Date of Incident:

Unit/Department Name:

Time of Incident:

Manager's Name:

Time Management Notified:

I/we hereby object to my/our work assignment on the following grounds: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Inadequate staffing | <input type="checkbox"/> Lack of PAPRs |
| <input type="checkbox"/> Not adequately trained for assignment, floated or reassigned without proper training | <input type="checkbox"/> Lack of ventilators |
| <input type="checkbox"/> Lack of N95 respirators | <input type="checkbox"/> Lack of disinfectant supplies |
| <input type="checkbox"/> Told to reuse respirator; length of time/days reused: ____ | <input type="checkbox"/> Inadequate number of negative pressure rooms |
| <input type="checkbox"/> Not fit-tested for respirator | <input type="checkbox"/> COVID-19 patient(s) not properly isolated |
| <input type="checkbox"/> Not given same size/model respirator originally fit-tested | <input type="checkbox"/> Not using dedicated staff for COVID-19 patients |
| <input type="checkbox"/> Lack of face shield/eye protection | <input type="checkbox"/> Visitor restriction policy not enforced |
| <input type="checkbox"/> Lack of masks, impenetrable gowns, gloves, booties | <input type="checkbox"/> Given assignment when immunocompromised, pregnant, breastfeeding or 65 and older |
| <input type="checkbox"/> COVID-19 patient not wearing facemask | <input type="checkbox"/> Told not to use self-provided PPE |
| <input type="checkbox"/> Forced/mandatory overtime | <input type="checkbox"/> Failure to test patients displaying COVID symptoms |
| <input type="checkbox"/> Told to work while COVID positive/displaying symptoms | <input type="checkbox"/> Other: _____ |

Additional Comments:

This form confirms my/our notification to you, that in my/our professional judgement, the assignment described here is unsafe and placed patients and staff at risk. Please be advised, despite my/our objection, I/we attempted to carry out my/our responsibilities and provide the highest patient care to the best of my/our ability.

Name(s) & Signature(s):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Instructions: Inform your supervisor about your objection to your assignment at the time you believe it is unsafe. If your supervisor does not adjust your assignment satisfactorily, complete this form as soon possible without interrupting patient care or your work. You may also complete this form online at www.hpae.org/covid19ado. Make sure you have your supervisor's email so they will receive a copy. For paper forms, keep a copy for your records and give a copy to your supervisor or manager. Email or fax a copy to HP AE at office@hpae.org or fax (201) 262-4335.