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:

<table>
<thead>
<tr>
<th>Jail</th>
<th>Monday-Friday</th>
<th>Weekends-Holidays</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Jail #1</td>
<td>104 Hours (56 hr. RN)</td>
<td>92 Hours (56 hr. RN)</td>
</tr>
<tr>
<td>County Jail #2</td>
<td>56 Hours (40 hr. RN)</td>
<td>48 Hours (32 hr. RN)</td>
</tr>
<tr>
<td>County Jail #5</td>
<td>96 Hours (64 hr. RN)</td>
<td>88 Hours (56 hr. RN)</td>
</tr>
<tr>
<td>County Jail #8</td>
<td>108 Hours (60 hr. RN)</td>
<td>96 Hours (48 hr. RN)</td>
</tr>
<tr>
<td>County Jail #9</td>
<td>72 Hours (72 hr. RN)</td>
<td>72 Hours (72 hr. RN)</td>
</tr>
</tbody>
</table>

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.