COVID-19 Protest of Assignment Form
To Supplement a Protest of Assignment

Facility code ____________________ Facility name ____________________ Time of Incident: ____________________

Date M M D D Y Y Y Y Code of nursing unit ______ Name of nursing unit __________________

Name of individual/filing report: __________________________ Location: ________________________________

Time Management notified __________________________ Manager’s Name ________________

What type of nursing unit is this?

- ICU/MICU/NICU
- Med/Surg
- ER
- Maternity/GYN
- ICU/MICU/NICU
- Psychiatry
- Ambulatory Surgery
- Home Care/Public Health
- School
- Correctional Facility
- Ambulatory Care Clinic
- OR/Anesth/Recovery
- Stepdown/Telemetry
- Nursing Home/Rehab

Other __________________________________________

What issues are you reporting?

- Unsafe nurse: patient ratio impedes safe care or contributes to potential spread of disease
- Inadequate number of N95 Respirators
- Not fit tested for respirator, or with proper size.
- Not given same size/model N95 fitted for originally.
- Told to reuse N95 respirators when caring for patient on airborne, droplet and contact precautions
- Inadequate number of impenetrable gowns, masks, booties, face shields/eye protection
- Screening/triage shortcomings put staff at risk
- Not adequately trained for using equipment
- Inadequate number of negative pressure rooms
- Lack of proper disinfection supplies
- Strict visitor policy not enforced

How many staff exposed as a result?

How many patients or visitors exposed?

Other conditions: ______________________________________

Additional Comments-
Please write on back if more space is needed.

Management Comments and Signature

How to return this POA:

- Fax to your facility’s POA fax line, or to the main NYSNA POA fax lines at 212-785-0429 or 518-782-1286
- Email a scan or photo to covidpoa@nysna.org
- Text a photo to your NYSNA rep

Under the laws of NY, as a registered professional nurse, I am responsible and accountable to my clients. Therefore, this is to confirm that I notified you that, in my professional judgement, today’s assignment is unsafe and places my clients at risk. As a result, the Hospital and you share responsibility for any adverse effects on patient care and myself as an employee working under your direction. I will, under protest, attempt to carry out the assignment to the best of my professional ability.

Signature: __________________________________________