

**PLEASE MAKE SURE YOU HAVE THE MOST CURRENT VERSION OF THIS FORM.**

To download the latest print version (updated 3/4/20), please visit [bit.ly/121RN\\_printADO](http://bit.ly/121RN_printADO). Our online ADO is at [bit.ly/121RN\\_ADO](http://bit.ly/121RN_ADO).

# Staffing & Safety Objections (ADO)

As a patient advocate, in accordance with the California Nurse Practice Act, I will send this completed form to my supervisor to notify hospital administrators, as well as to any other relevant parties. I submit that, in my professional judgement, today's assignment and/or other workplace conditions are not in accordance with California's Title 22 regulations and raise patient safety concerns.

**Observe HIPAA patient privacy when completing this form.**

READ MORE HERE »»» [bit.ly/HIPAA\\_121RN](http://bit.ly/HIPAA_121RN)

**If you are reporting on nurse-to-patient ratios, please review the correct ratios for your unit.**

READ MORE HERE »»» [bit.ly/Title22Ratios](http://bit.ly/Title22Ratios)

First & Last Name \_\_\_\_\_

Email \_\_\_\_\_

Mobile Phone\* \_\_\_\_\_

Hospital/Employer \_\_\_\_\_

Unit \_\_\_\_\_ Shift \_\_\_\_\_ Date \_\_\_\_\_

*\*By providing my mobile phone number, I understand that SEIU and its locals and affiliates may use automated calling technologies and/or text message me on my mobile phone on a periodic basis. SEIU will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more information.*

I object to my assignment and/or patient safety conditions while under the supervision of: \_\_\_\_\_

## Unit capacity at START of shift

**THIS PORTION MUST BE COMPLETED IF TURNING IN TO CDPH**

BEDS/PATIENTS: \_\_\_\_\_ PATIENT ACUITY:  High  Average  Low

CENSUS: \_\_\_\_\_ CLERK/UNIT SECRETARY ON DUTY:  Yes  No NUMBER OF RNS: \_\_\_\_\_

HOW MANY OF THOSE WERE FLOAT OR REGISTRY: \_\_\_\_\_ NUMBER OF CNAs/ASSISTANTS: \_\_\_\_\_

## Unit capacity at END of shift

**THIS PORTION MUST BE COMPLETED IF TURNING IN TO CDPH**

BEDS/PATIENTS: \_\_\_\_\_ PATIENT ACUITY:  High  Average  Low

CENSUS: \_\_\_\_\_ CLERK/UNIT SECRETARY ON DUTY:  Yes  No NUMBER OF RNS: \_\_\_\_\_

HOW MANY OF THOSE WERE FLOAT OR REGISTRY: \_\_\_\_\_ NUMBER OF CNAs/ASSISTANTS: \_\_\_\_\_

### Questions?

Please contact your Steward or Union Rep/Organizer.  
Visit [www.seiu121rn.org/our-hospitals-2](http://www.seiu121rn.org/our-hospitals-2)



**I object to the above assignment because: (check all that apply)**

- Assigned more than the maximum number of patients than Title 22 regulations allow
- In my professional/critical judgment, patient acuity not taken into account, not accurately measured or indicates need for transfer to higher level of care
- In my professional/critical judgment, this assignment put me in a situation where my professional license is at risk
- Reduction in support staff (NAs, Clerks, Transport, EVS, RT, techs, housekeepers, other)
- Need more staff for patient coverage during breaks/meals (e.g. doubling-up on patient load during "buddy system")
- Patients were admitted/transferred without the provision of additional staff
- Patient averaging (RNs responsible for the LVN's patients)
- Excessive Registry, floaters without validated competencies, or otherwise inexperienced staff
- Need more equipment/supplies
- Need more or appropriate training for assignment
- Late administration of meds/procedure, delayed response to call lights or patient care (Core measures)
- Difficulty observing isolation protocol
- Difficulty observing HIPAA patient privacy
- Compelled to work beyond my scheduled hours (Overtime) or area (usual assigned area)
- Other \_\_\_\_\_

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If you checked off that you were assigned more patients than the Title 22 regulation, please indicate the number of patients over ratio: \_\_\_\_\_

Describe, in detail, the impact on patient(s) and staff. Include any other event(s) that adversely affected patients and/or staff. Was there potential or actual negative patient outcome? \_\_\_\_\_

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Provide a detailed description of the concern and its location. For example: full sharp containers, lack of safe patient handling equipment, patient handling injuries, lack of PPE, etc. \_\_\_\_\_

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Have any employees been injured as a result of the conditions? \_\_\_\_\_

Please provide more details if you indicated that you missed breaks and/or worked overtime:

- I did not take my first break
- I did not take my second break
- I did not take my meal break(s)
- I did not take my third break (for 12-hour shifts)
- I worked OT
- My supervisor was notified

Type and condition of any equipment or machinery in use in the subject workplace and any materials, chemicals, processes or operations involved: \_\_\_\_\_

How long have the conditions existed; have the conditions been brought to the employer's attention and, if so, has the employer made any attempt to improve the condition? \_\_\_\_\_

**The action(s) I'm taking:** (check all that apply) (check all that apply)

- I notified the House Supervisor or Nurse Manager/Director
- I filed an incident report (RIR)
- I have called and sent a copy of my objection(s) to CDPH: [bit.ly/CDPH\\_Offices](http://bit.ly/CDPH_Offices)
  - Los Angeles County: (562) 345-6884**      **Riverside County: (909) 388-7170**
  - San Bernardino County: (909) 383-4777**      **Ventura County: (805) 604-2926**
- I've contacted my SEIU Local 121RN Union Rep/Organizer to report my objection(s)
- I've called the Board of Registered Nursing at (916) 322-3350
- I've completed the Board of Registered Nursing's form: [bit.ly/BRN\\_FORM](http://bit.ly/BRN_FORM)
- I have contacted OSHA to report health and safety violations: [bit.ly/OSHA\\_ADO](http://bit.ly/OSHA_ADO)
- I refuse this assignment as a result of my professional assessment
- Because I could be disciplined for refusal of unsafe assignment, I will carry out work to the best of my ability
- Other \_\_\_\_\_

**To fax, please select the Union office nearest you:**  
**PASADENA:** (626) 395-7538    **ONTARIO:** (909) 484-3114    **CAMARILLO:** (805) 482-4655  
*...or take a picture of these pages and send to [ADO\\_followup@seiu121rn.org](mailto:ADO_followup@seiu121rn.org)*

### ***Here are the next steps for us to take together:***

1. Union staff will review this report and determine if it should be forwarded to an enforcing agency, such as CDPH, OSHA, or the BRN.
2. Your Union Rep/Organizer or your Steward will contact you.
3. You may also wish to forward this email to your Supervisor to record your objection.
4. You may also feel free to contact the enforcing agencies yourself. This flyer can be your guide ► [bit.ly/Report-Incidents](http://bit.ly/Report-Incidents)

**NOTE:** If similar incidents continue to happen in your department, please let us know as soon as they occur; send further details to [ADO\\_followup@seiu121rn.org](mailto:ADO_followup@seiu121rn.org). Helpful documents include:

1. The staffing sheet from the shift(s) in question (without patient information, to observe HIPAA)
2. Staffing assignments
3. Your hospital's policy on breaks and meals
4. Matrix

If you have additional questions about reporting incidents, please contact Adriane Carrier at [carriera@seiu121rn.org](mailto:carriera@seiu121rn.org) or contact your Union Rep/Organizer.