

# PROTECT YOUR LICENSE

## ASSIGNMENT OBJECTIONS NOW ONLINE

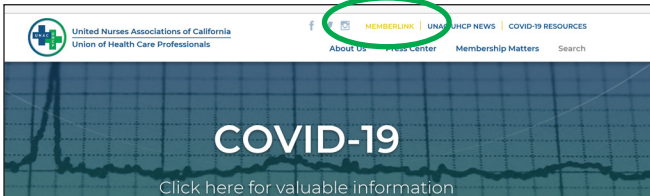


### FOLLOW THE STEPS BELOW TO DOCUMENT UNSAFE CONDITIONS IN REAL-TIME

- Immediately notify management that there is an issue they are responsible for addressing
- Proactive way to protect our professional licenses when delivering care in unsafe conditions

#### GO TO UNACUHCP.ORG

Select **MEMBERLINK** along the top



#### COMPLETE THE FORM

Any fields that have been filled in before will be prepopulated on your personal device.

Make sure contact information is correct.

Contact Information	
Employee Name*	Parminder Sidhu
Personal Email*	peter.sidhu@unacuhcp.org
Personal Phone Number*	
Affiliate*	Kaiser Woodland Hills Registered Nurses Association
Employer*	Kaiser Permanente
Work Location*	Woodland Hills Medical Center
Unit*	Iou - Coronary Care Unit-1

#### SUPERVISOR INFORMATION

If supervisor was notified, provide date/time and response.

Notified Supervisor	
Notified Supervisor*	Yes
Supervisor Name/Title*	jon doe
Supervisor's Email*	test@unacuhcp.org
Notified Supervisor Date/Time	2021-01-13 12:00
Supervisory Response	its a pandemic
Additional	
Comments	

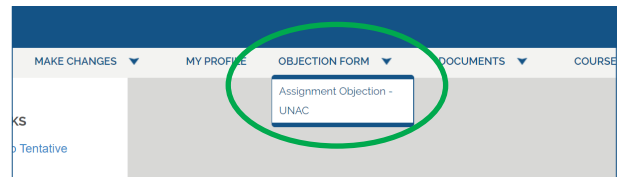
#### FORM IS SENT TO YOU, UNAC/UHCP, AND SUPERVISOR

Objections are saved in MemberLink under **MY PROFILE** and **MY DOCUMENTS**

For a video tutorial, go to [unacuhcp.org/AOvideo](https://unacuhcp.org/AOvideo)

#### LOG INTO MEMBERLINK

Hover above **OBJECTION FORM** to get to **ASSIGNMENT OBJECTION**



#### REASON FOR OBJECTION & SHIFT INFO

Objection Reason (Check all appropriate boxes)	
<input checked="" type="checkbox"/> I was not trained or experienced in area assigned.	<input type="checkbox"/> New patients were transferred or admitted to unit without adequate staff.
<input checked="" type="checkbox"/> I was not given adequate staff for acuity (short staffed).	<input type="checkbox"/> I was given an assignment which posed a potential threat to the health and safety of my patients.
<input type="checkbox"/> The unit was staffed with excessive registry.	<input type="checkbox"/> I was involuntarily forced to work beyond my scheduled hours.
<input type="checkbox"/> The unit was staffed with unqualified personnel.	
<input type="checkbox"/> I was given an assignment which posed a potential threat to my safety (eg. Workplace Violence)	
Other reason for objection: (if applicable)	

Start Of Shift		End Of Shift	
# Beds/PP's	16	# Beds/PP's	
Census		Census	
Acuity	High	Acuity	
Clerk	No	Clerk	
Regular/Float/Casual RN	1	Regular/Float/Casual RN	

#### REVIEW POPULATED FORM

Go to previous screen to make changes or submit if correct.

By submitting an Assignment Objection you are notifying management that they are responsible for any adverse effects on patient care. You are not refusing your assignment or trying to abandon your patients. You are also saying that you will do your best to provide appropriate care for your patients.