



Title:	<del>Health Care Professional (HCP)</del> Registered Nurse (RN) Floating Policy	Policy #:	SCPNC.MCW-ADM.072
		Previous Pol #	MCW 1537
		Effective Date:	3/10, 6/15
Dept/Comm Owner:	Nursing Administration	Review Date:	Annual Review Required 10/11, 5/14, 6/15
Champion Title:	CNE	Revision Date:	10/12, 3/18
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**This policy is constructed in partnership reflective of the following elements:**

**PC Nurses Vision:** advance the art and science of Nursing in a patient-centered healing environment through our professional practice and leadership

**Nurses Code of Ethics:** Provision 2: Commitment to the patient and Provision 5: Duty to self and duty to others,

**Nursing Values:** Teamwork and Compassion

**Workplace Safety Key Points (WSKP) are included in this document for your protection.**

1. Always use Standard Precautions including Personal Protective Equipment (PPE) when handling any blood/body fluid, liquids, and chemicals (e.g. disinfectant) or when handling spills.
2. Handwashing is the single most effective means of controlling the spread of infection; remember to always **WASH YOUR HANDS**.
3. Use proper body mechanics and equipment during patient transfer and/or repositioning. When lifting, bend at the hips and/or knees and keep your back straight. Ensure your work area is ergonomically correct.
4. Dispose of Sharps according to policy and procedure. **NO NEEDLE RECAPPING**

## 1.0 PURPOSE

- 1.1. To provide guidelines for temporary reassignment of the ~~Health Care Professional (HCP)~~ Registered Nurse (RN) staff from their home unit to another unit which is experiencing short staffing. (Policies and procedures shall be established for rapid deployment of personnel when any labor intensive event occurs.) (CCRTITLE 22 Div 5 sec 70213(e).) ~~Staff floating to a unit other than their designated float +1 module will receive the "float differential". HCPs floated to areas other than the area of their expertise are limited to perform only those functions for which they are competent and within their scope of practice (see Appendix). In this situation the HCP will not take a patient care assignment.~~

## 2.0 POLICY

- 2.1. Appropriate competencies will supersede seniority related to floating.
- 2.2. Intent to float once per shift, return to home unit is not an additional float.
- 2.3. There is to be equitable distribution of floating by all shifts, 8, 10, or 12 hour shifts.
- 2.4. Charge RNs/Relief Charge RNs/Preceptors will not float when they are fulfilling the role of Charge or Preceptor. With the exception of need/competency prevails for rapid



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deployment of personnel when any labor intensive event occurs. (CCRTitle 22 Div 5 sec 70213(e).).

- 2.5. New graduate RNs will not float during the first six (6) months after completion of the probation period. This time frame applies to both Full-time and Part-time new graduates.
- 2.6. Full-time and part-time RN will now be eligible to float after they have completed new hire probation period. Newly hired per-diem Registered Nurse may float from date of hire, subject to qualifications and proper orientation to the unit. Newly hired full-time RNs will not float until ninety (90) days after the probation period, and part-time RNs will not float until they have worked 720 hours. This exclusion will not apply to RNs hired into a "Float Pool" position.~~Newly hired full-time HCPs will not float until ninety (90) days after the probation period, and part-time HCPs will not float until they have worked 720 hours. This exclusion will not apply to HCPs hired into a "Float Pool" position.~~
- 2.7. Department and work location reflected on job posting will define the HCP RNs home unit for the purposes of float. Staff floating to a unit other than their designated float +1 module will receive the "float differential".
- 2.8. Any time the HCP RN leaves the home unit/department it will be considered a float turn. Any assignment on another unit over an hour (other than your float +1 unit) will be considered a float turn.
- 2.9. Each unit will be responsible for maintaining a log of their staff who float to other units. This will be a paper log kept by the Department Administrator.
- 2.10. HCP RNs hired into float positions will float at the end of their orientation period.
- 2.11. HCP RNs working overtime or extra shift/days cannot displace regular scheduled HCP RNs and will float first. With the exception of need/competency prevails for rapid deployment of personnel when any labor intensive event occurs. (CCRTitle 22 Div 5 sec 70213(e).).
- 2.12. Documentation of HCP RNs competencies will be maintained in staffing/nursing office.
- 2.13. In addition, the Labor Management Partnership (LMP) RN Committee will sponsor an ad-hoc committee to address issues related to floating. The ad-hoc committee will be responsible for making recommendations regarding float policies and practices to the LMP RN Committee for consideration and approval. The float policy will be reviewed annually by the LMP RN Committee. The ad-hoc committee will consider the following in their work:



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- 2.13.1. Reducing the number of floats less than a full shift.
- 2.13.2. Creating/expanding float pools.
- 2.13.3. Reviewing the service/unit float.
- 2.13.4. Evaluating the amount and reason for floating.
- 2.13.5. Identifying creative approaches/incentives to make floating desirable.

2.14. RNs floated to areas other than the area of their expertise are expected to perform duties of an RN within their scope of practice. They shall be limited to perform only those functions for which they are competent and within their scope of practice (see Appendix). In this situation, the RN will not take a patient care assignment. Assignments shall only include those duties and responsibilities for which competency has been validated. Registered nurses shall not be assigned total responsibility for patient care, including the duties and responsibilities described in CCR Title 22 Div 5 sec subsection 70215(a) and 70217(h)(3), 70214(2) A, B, C

2.15. A registered nurse who has demonstrated competency for the patient care unit shall be responsible for nursing care as described in Title 22, Div 5 subsections 70215(a) and 70217(h)(3), and shall be assigned as a resource nurse for those registered nurses who have not completed competency validation for that unit. CCR Title 22 Div 5 sec 70214(2)B.

2.16. Department and work location reflected on job posting will define the RNs home unit for the purposes of float.

2.17. Any time the RN leaves the home unit/department it will be considered a float turn.

2.18. RNs working overtime or extra shift/days cannot displace regular scheduled RNs and will float first.

2.19. Documentation of RNs competencies will be maintained in the employees file and retained for the duration of employment (CCRT Title 22 Div 5 sec 70214(B)(4).).

2.20. In addition, the Labor Management Partnership (LMP) RN Committee will sponsor an ad-hoc committee to address issues related to floating. The Ad-hoc committee will be responsible for making recommendations regarding float policies and practices to the LMP RN Committee for consideration and approval. The float policy will be reviewed annually by the LMP RN Committee. The ad-hoc committee will consider the following in their work:

- 2.20.1. Reducing the number of floats less than a full shift.
- 2.20.2. Creating/expanding float pools.
- 2.20.3. Reviewing the service/unit float.

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2.20.4. Evaluating the amount and reason for floating.

~~2.13.5.~~2.20.5. Identifying creative approaches/incentives to make floating desirable

### 3.0 **PROCEDURE**

3.1. Appropriate competencies will supersede seniority related to floating.

3.2. Floating Priority/Sequence

3.2.1. Volunteers

3.2.2. Registry

3.2.3. Travelers on extra hours

3.2.4. Travelers

3.2.5. Float Pool

3.2.6. Per-diem staff

3.2.7. Regular staff already working overtime

3.2.8. HCPRN on extra shift/days who are pre-booked to work for another HCPRN.

~~3.2.8.~~3.2.9. RN working as replacement for another RN shall follow 3.2.10 and 3.2.11

~~3.2.9.~~3.2.10. HCPRN with less than seven (7) years of KPRNA seniority will float by equitable rotation.

~~3.2.10.~~3.2.11. HCPRN with more than seven (7) years of KPRNA seniority will float by seniority rotation.

3.3. Dialysis Unit

3.3.1. If not needed in the dialysis unit, float staff may be asked to perform the following:

3.3.1.1. Clinical Support Nurse ~~Helping Hands~~ (see Appendix) in ICU.

3.3.1.2. Transport ICU patients to surgery, CT scan, etc.

3.3.1.3. If ICU Charge Nurse has a patient, the HCPRN may be asked to go to ICU and care for his/her patient, allowing Charge Nurse to run ICU.

3.3.1.4. Assist with bronchoscopies, TEEs, Cardioversions, etc., when the ICU nurse is not available.

3.3.1.5. Remove TLCs and Quinton catheters.

3.3.1.6. Start IVs.

3.3.1.7. Become certified to do PICC line placement, declotting and removal.

3.3.1.8. Help ICU make PICC line insertion kits.

3.4. Inpatient Modules affected

3.4.1. ICU Services

3.4.1.1. ICU



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- 3.4.1.2. Dialysis
- 3.4.1.3. Telemetry
- 3.4.1.4. DOU
- ~~3.4.1.4.~~3.4.1.5. O.T.U.

- 3.4.2. Med-Surg
  - 3.4.2.1. 4 East
  - 3.4.2.2. 4 West
- 3.4.3. Maternal Child Health
  - 3.4.3.1. FCC
  - 3.4.3.2. L&D
  - 3.4.3.3. Peds
  - 3.4.3.4. NICU
- 3.4.4. Perioperative Services
  - 3.4.4.1. Pre-Op
  - 3.4.4.2. OR
  - 3.4.4.3. PACU

3.5. Inpatient ~~HCP~~RNs **will not** get float differential pay when floating to the following sister units:

- 3.5.1. ICU → DOU
- ~~3.5.1.~~3.5.2. DOU → ICU (based on competency)~~ou~~
- ~~3.5.2.~~3.5.3. Dialysis → ICU (can only float to their own service area)
- ~~3.5.3.~~3.5.4. Peri-op → (POH, PACU) (can only float to their own service area)
- ~~3.5.4.~~3.5.5. FCC → L&D
- ~~3.5.5.~~3.5.6. L&D → FCC
- ~~3.5.6.~~3.5.7. NICU → Peds
- ~~3.5.7.~~3.5.8. Peds → NICU
- ~~3.5.8.~~3.5.9. Tele → - O.T.U. DOU
- ~~3.5.9.~~3.5.10. O.T.U. DOU → - Tele
- ~~3.5.10.~~3.5.11. Medical 4W → 4 East
- ~~3.5.11.~~3.5.12. Surgical 4E → 4 West

3.6. Inpatient ~~HCP~~RNs will get float differential pay when floating to the following cluster units (Designated Float + 1 unit):

- 3.6.1. ICU → Tele, ~~4E, 4W~~MS, O.T.U., FCC (based on competency)
- 3.6.2. NICU → FCC/L&D (each nurse has competency to one unit only, not both)
- 3.6.3. FCC → NICU Peds (based on competency)
- 3.6.4. Med/Surg 4E → Tele, DOU, O.T.U., FCC (based on competency)
- 3.6.5. Med/Surg 4W → Tele, DOU, O.T.U., FCC (based on competency)
- 3.6.6. Pediatrics → FCC (based on competency)
- 3.6.7. Telemetry → 4E, 4W, DOU



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3.6.8. DOU → 4E, 4W, ~~ICU (based on competency only), O.T.U.~~  
~~3.6.8.3.6.9. O.T.U. → 4E, 4W, DOU~~

**4.0 REFERENCES / APPENDICES / SUPPORTING DOCUMENTS**

- 4.1. References
  - 4.1.1. [SCPNC.MCW-ADM.071 \(1535\): Utilization of Nursing Staff / Staffing](#)
- 4.2. Appendix
  - 4.2.1. [Clinical Support Nurse Helping Hands](#)



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**APPENDIX A**

Clinical Support Nurse ~~Helping Hands~~

Purpose: To provide specific guidelines for ~~Health Care Professionals~~Registered Nurse (HCPRNs) who are asked to float outside of their designated float module or area of expertise/competencies. Listed below are the functional tasks which may be asked of the HCPRN.

1. Assist with patient repositioning
2. Purposeful hourly rounding.
3. Answer call lights.
4. Pass water/nourishments
5. Make beds and assist with bathing/hygiene.
6. Meet and greet, visit patients, play games, etc.
7. Vital signs, pain assessments, I/O, blood glucose monitoring.
8. Assist patients to bathroom or bedside commode.
9. Assist with ambulation.
10. Assist with feeding patients. ~~NO TUBE FEEDINGS.~~ Refill empty tube feedings.
11. Assist with ward clerk duties.
12. Pick-up blood products/medications from pharmacy/lab.
13. Act as a companion caregiver.
14. RN~~HCP~~ will not be given a patient care assignment beyond the competency level.