ARTICLE 10 – FLOATING

A) All nurses in the Medical Center may be required to float to another unit within the Medical Center as directed by the Medical Center as follows:

1. As “Helping Hands” or as a Constant Observer under the “Helping Hands” guidelines and policy. The “Helping Hands” guidelines will be reviewed on an annual basis in unit-based councils.

2. Medical Surgical nurses may float to Intensive Care, and vice-versa.
   a) After orientation to the unit, a Medical Surgical nurse required to float to the Intensive Care department will be assigned to patients identified as Medical Surgical Overflow or Progressive Care. A Medical Surgical nurse with the required critical care experience and competencies may volunteer to care for a Critical Care patient. The Medical Surgical nurse will also provide nursing support to the Intensive Care nurses and their assigned patients consistent with the unit staffing plan.
   b) An Intensive Care nurse with recent experience in or orientation to the unit may be required to float to the Medical Surgical Department and will receive an assignment commensurate with the nurse’s skills and abilities.

3. In addition to Section 2(a) and 2(b) above, a cross-trained nurse may volunteer to float, on a shift-by-shift basis, be assigned to any unit to which the nurse is cross-trained.
   a) Any nurse who crosstrains may be given a minimum of four (4) hours training prior to accepting a patient care assignment.
   b) Each department will have a list of nurses who are cross trained to their department with the proper orientation complete.

4. Birth Center nurses will not be made to float outside of the Birth Center, except as required under Section A1 above.

B) A nurse who volunteers or is required to float will be oriented to the unit, including the unit layout, codes and passwords, location of supplies, patient care expectations, and admission, transfer, and discharge processes.

C) Prior to any nurse being assigned Low Census, the House Supervisor will evaluate the need to float a nurse. If there is such a need, a nurse will be floated before any nurse is assigned low census. A nurse will not be required to float out of the nurse’s home unit when a share-care, agency or traveler is working on that unit. A nurse will not be required to float to a unit where another nurse has been sent home (voluntary or mandatory) due to low census unless the nurse is unable or unwilling to be called back to work.

D) Registered nurses shall receive patient assignments commensurate with their skills and competencies. A Registered nurse will not be required to float to a patient assignment that requires specialty competence for which they are not qualified. If a Registered nurse determines that they are not qualified for a specific assignment, they should identify the
reasons why and give them at the time of the request to the appropriate charge Registered
nurse or appropriate supervisor/manager or designee for the record.

E) If a nurse believes that he or she is not qualified and competent for a specific assignment
with a primary patient load, the nurse should escalate and discuss the reasons why with
their manager, house supervisor or charge nurse at the time of the request to explore
options available.

F) The Medical Center will make reasonable efforts to evenly distribute floating among all
nurses. The Medical Center will also make reasonable efforts to not float a nurse on a
12-hour shift to more than one (1) unit per shift except in cases where it provides continuity
in patient care.

G) Except for a cross-trained nurse with a specific patient assignment, and subject to
immediate patient care needs, nurses floated off his or her home unit will be floated back to
their home unit should the need for a nurse arise on that unit during their shift.