ARTICLE 10 – FLOATING

A. All nurses on a unit may be required to float to another unit in the Medical Center, although the Medical Center will endeavor to minimize floating when reasonably feasible. When the Medical Center determines that floating is needed:

1. Nurses will only be floated first within their cluster (where they exist). The clusters are:
   - 8N/8S/7N/7S/4K
   - 2G/2R/5K
   - 4G/CDU/4L/5G/5R
   - Maternity – L&D/NICU/MBU/PSCU

   The Medical Center and the Union may amend the clusters by mutual agreement. The Medical Center will keep the Professional Nursing Care Committee (PNCC) informed with regard to clusters as they exist and are changed, and will take comments and suggestions from PNCC on proposed changes.

2. Registered Nurses shall be floated only to work environments for which they have been oriented. For the purpose of this article, "oriented" means that the registered nurse has received basic information needed to work on the unit. Nurses will receive or have been previously given information needed to work on the unit, including the layout of the unit, codes and passwords, and location of supplies, and essential work protocols.

3. Nurses required to float within the Medical Center will receive orientation appropriate to the assignment/unit. Orientation will occur before the registered nurses assumes patient care duties on the unit to which they have been floated. In consultation with the registered nurse, the manager will schedule orientation and training prior to the floating of the registered nurse to their unit. Length of Orientation will be dependent upon the nurse's previous
experience and familiarity with the nursing unit to which they are being floated and the patient population to which the nurse will be assigned.

4. Each Unit, in consultation with the registered nurses from the unit (UBC if they have one) will develop its own written orientation guidelines for registered nurses who float to their unit. Such guidelines will be available for viewing on each unit.

5. If during the floating assignment a nurse is asked to perform a task or procedure for which the nurse does not feel qualified or trained to perform, the nurse should immediately inform escalate up the chain of command, beginning with the charge nurse, who will assign the nurse a different task or procedure consistent with the nurse’s skills and competencies.

6. All Registered nurses who are floated will be assigned a resource nurse from this unit’s primary staff for clinical guidance.

7. In determining patient assignments, the charge nurse will consider the fact that a nurse is floating to a unit for only four (4) hours, and thus should receive an appropriate assignment, in addition to the other factors normally considered.

B. Floating Requirements:

1. Nurses will generally be floated on a rotational basis, unless the charge nurse determines that the skill mix of the unit or the patient needs warrant a change in the rotation.

2. When the Medical Center requires a registered nurse to float, the nurse will not have more than two distinct patient assignments during their eight (8) or twelve (12) hour shift. The Medical Center will not require a nurse to
float on an eight (8) or twelve (12) hour shift to more than two (2) distinct patient assignments, except for unusual or emergent situations.

3. All units not defined in the clusters above shall not be required to float outside of their department, unless agreed upon by the registered nurse and oriented per section A above.

4. Maternal Child Division registered nurses shall not be required to float outside of their cluster, unless agreed upon by the registered nurse and oriented per Section A above.

5. Registered nurses will only be required to float for registered nurse assignments, unless the registered nurse agrees to work in non-nursing assignments (e.g. monitor techs, sitter) upon request.

6. Except for circumstances where Crisis Standards of Care have been properly implemented and reported to OHA, registered nurses shall not be required to float for a primary care assignment, or a non-nursing assignment as described in Section B.5 above, for more than 72 hours per calendar year.

   a. In situations where Crisis Standards of Care have been implemented and reported to OHA, registered nurses who are floated for a primary care assignment shall receive a differential of three dollars ($3.00) per hour.

7. Registered Nurses shall only be required to float to patient assignments that are similar to those assignments in their primary care area, for skill mix purposes.
1. Registered Nurses shall only be required to float to patient assignments that are similar to those assignments in their primary care area, for skill mix purposes.

2.1. In determining patient assignments, the charge nurse will consider the fact that a nurse is floating to a unit for only four (4) hours, and thus should receive an appropriate assignment, in addition to the other factors normally considered.