



Nursing Practice & Patient Advocacy Alert

Floating According to the Rules

Both the California Code of Regulations, Title 22 and the Board of Registered Nursing address the concerns of Registered Nurses, and the safety of patients regarding "floating" assignments.

Title 22 Protects Patients and Nurses from Inappropriate Assignments to "Floats"

Title 22, Section 70214 requires that all patient care personnel, including float and registry staff must complete competency validation specific to the patient care unit to which they are assigned. The following requirements apply to "floats" ("staff temporarily re-directed from their assigned units") and temporary (registry) personnel:

- (1) Assignments shall include only those duties and responsibilities for which competency has been validated.
- (2) An RN who has demonstrated competency for that particular unit shall be responsible for patient assessment, planning and evaluation of care, patient education and the evaluation thereof, AND supervision or coordination of care provided by LVNs and/or unlicensed personnel, and SHALL be assigned as a resource nurse for RNs and LVNs who have not completed competency validation for that patient care unit.
- (3) RNs shall not be assigned total responsibility for patient care, including the duties stated in (2) above, until ALL standards for competency for that unit have been validated.

The Board of Registered Nursing Seeks to Assure Safety for Patients

The Board of Registered Nursing has stated that a Registered Nurse has an obligation not to accept an assignment to give care he or she is not competent to provide. Any RN who accepts such an assignment, and the supervisory RN who makes the assignment, may both be subject to discipline by the Board for incompetence/gross negligence in the event of injury to a patient. However, in an emergency an RN may need to cooperate with an experienced registered nurse to provide necessary services to assure the safety of patients. The floated RN should only be providing care for which he or she has acquired competency.

Registered nurses who are asked to float "should consider whether the request is to float to an area of nursing for which she/he lacks the required nursing skills or is it simply to float to a unit with which she/he is unfamiliar." Competency may be involved

where a nurse is asked to float to a unit where he or she has had no experience with the type of nursing involved. Competency may not be an issue when asked to float between different units which care for the same types of patients." (BRN Statement on Floating, April 1992, reprinted from BRN Report, Spring 1987).

STRATEGIES FOR FLOATING SAFELY

1. Inform the supervisor that you are not competent to provide care to patients on a unit to which you have not been (1) oriented to the physical environment; (2) have not received sufficient orientation to patient care policies and procedures specific to that unit and had documentation of your competency in those specific policies and procedures. Be aware that an orientation "once upon a time, long ago" is not necessarily valid forever.
2. Inform the supervisor that you cannot accept full responsibility for a patient assignment on a unit to which you have not been oriented as above, you should be assigned to a resource RN normally assigned to that floor. You should not provide any care or perform any procedures for which you have not demonstrated competency.
3. Refusal to float and accept an assignment for which you are competent may be interpreted by the hospital as insubordination and subject you to discipline.
4. Charge nurses and supervisors are responsible to make assignments according to demonstrated competencies.
5. Document excessive and inappropriate floating and/or inadequate staffing by filling out an ADO form EACH AND EVERY TIME it happens. Do not hesitate to notify your CNA labor representative or CNA Nursing Practice at 510-273-2250.