



RN RESPONSIBILITY WHEN FLOATING TO NEW PATIENT CARE UNIT OR ASSIGNED TO NEW POPULATION

The Board of Registered Nursing receives many inquiries from RNs who are being asked to float to a new patient care unit. The RNs often ask the BRN what their responsibilities are when being floated to a new unit and whether the RN can refuse the assignment if the RN determines she/he is not competent to provide safe nursing care.

The RN is always responsible for providing safe, competent nursing care. Therefore, before accepting a patient assignment, the RN must have the necessary knowledge, judgment, skills, and ability to provide the required care.

It is the RN's responsibility to determine whether she/he is clinically competent to perform the nursing care required on the new unit or with the new patient population. If the RN is not clinically competent to perform the care, she/he should not accept the patient care assignment. The RN may accept a limited assignment of nursing care duties, which utilizes his/her currently existing clinical competence.

The competency standards to which the Board holds the RN accountable are specified in Title 16, Business and Professions Code, Nursing Practice Act, Section 2725 and the California Code of Regulations Section 1443.5, Standards of Competent Performance. The Nursing Practice Act and the Standards of Competent Performance apply in all settings where RNs practice nursing. If the RN accepts an assignment for patient care and is not clinically competent, the RN license can be disciplined.

Nursing administrators, supervisors, and managers have a crucial responsibility to assure appropriate and competent nursing care to patients/clients. The BRN requires nursing administrators, supervisors, and managers to only assign patient care to RNs who are clinically competent. Nursing administrators, supervisors and managers may have their licenses subject to discipline if they do not ensure assignment of clinically competent RN staff.

The Department of Health Services, Title 22, Acute Care Regulations, amended in 1996, require competency validation for RNs and patient care personnel. These regulations are in addition to the Nursing Practice Act requirements. Registered nurses and patient care personnel who may be temporarily re-directed (floated) are required to undergo the process of competency validation for their assigned patient care unit.

The regulations require:

- (A) Assigning only those duties and responsibilities for which competency has been validated;
- (B) the RN who has demonstrated competency for the patient care unit is responsible for planning and implementing the patient care, providing clinical supervision and coordinating the care given by LVNs and unlicensed nursing personnel, and for assigning a RN resource nurse for RNs and LVNs who have not completed the competency validation for the unit;
- (C) RNs who have not completed the competency validation for the unit cannot be assigned total responsibility for patient care including duties and responsibilities for planning and implementing patient care, and providing clinical supervision and coordination of care given by LVNs and

unlicensed nursing personnel, until all the standards for competency for that unit have been met.

The amendments to Title 22 are in concert with the statutory authority as set forth in the Business and Profession Code, Section 2725 Nursing Practice Act, and California Code of Regulation, Section 1443.5 Standards of Competent Performance.