

Article 91
Float Pool Employees

Section 1. Float pool employees are full-time, part-time, flexible or per diem employees hired into a specific cost center for the purpose of floating to nursing units/departments to supplement the nursing staff in units experiencing census fluctuations, unscheduled absences, or long term absences not to exceed the current posted schedule. Float pool employees are assigned to a unit on a day to day basis. It is agreed to and understood by the parties that it is not the intent of this article to create a pool of employees that will replace the need for staff to be hired into a cost center or, to in any way eliminate the hiring of staff into cost centers.

Section 2. If there are no nursing units that require additional staffing on a particular shift and downsizing is required **prior to the start of their shift**, the float pool personnel will be downsized within their cost center and according to Article 18, Temporary Downsizing. **If there is Overtime or Bonus on a unit and there are float pool employee(s) on their regularly scheduled shift, then the float pool employee(s) will not be offered downsizing. Instead, the unit staff on Overtime or Bonus will be downsized per Article 18, Temporary Downsizing.**

Section 3. Once float pool employees have reported to and clocked in to work on a unit/department and the unit is downsizing, the float personnel will be included in the unit's downsizing.

Section 4. A Float pool employee will not be assigned more than two (2) different units during their shift unless mutually agreed upon.

Section 5. Float pool employees will, as a general rule, be given at least one (1) hour notice if they are going to be floated during the course of a shift.

Section 6. If a float pool employee is required to float for a second time during the course of his/her shift, and two (2) or fewer hours remain in the shift, the employee's assignment will reflect the limited time on the unit.

Section 7. If a float pool employee is floated at the beginning of the shift and will be on the unit for two (2) hours or less, the employee assignment will reflect the limited time on the unit.

Section 8. For the OCH RN/LPN bargaining units, the following float pool language will continue to apply:

- a.) OCH will maintain the following float pools:
 - (1.) Critical Care Float Pools:
 - (a.) ED, PICU, NICU;
 - (b.) ~~ED, PICU;~~
 - (c.) ~~PICU, NICU;~~

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- (2.) Maternity Float Pool;
- (3.) Pediatric Float Pool;

~~The OCH Critical Care Float Pools b.) and c.) above will transition to Critical Care Float Pool a.) through attrition.~~

- b.) Each float pool will be considered its own unit. It is understood that float pool employees shall have seniority among themselves. All scheduling and PTO requests will be made as a unit.
- c.) Float pool employees will be available on every shift. One half (1/2) of all available float pool employees' time may be prescheduled per time block. Scheduling off this time will be equitably assigned with consideration to unit needs, skill mix, competency and employees FTE status.
- d.) If a free floating float pool employee requests an excused day and help is needed due to short staffing, the float pool nurse will float. If a free floating float pool employee requests an excuse day and no help is needed, the float pool request will be granted before unit staff requests.
- e.) Float pool will maintain normal staffing patterns on holidays.
- f.) In the event float help is needed outside of their division it will be done on a rotating basis among free-floating float pool staff.
- g.) Float pool seniority will be blended with the seniority of all employees within the Division that the Float Pool employee is assigned as it relates to Holiday downsizing.

Section 9. For the Adult Sites, the following RN Float Pool language will apply:

- a.) BGMC will maintain the following Float Pools:
 - (1.) Med Surg. /Telemetry will include: 16N/S, 15N/S, 14N/S, 13N/S, 12N/S, 10N/S, 9N/S, 4N**, OBS, MRU, VIS, ED holds and CAPD*
 - (2.) Critical Care will include: MICU, CVICU, NSICU, SICU, ILCU, 4N**, PACU **"Stat Role" (care for the Critical Care patient until discharged to the Unit),** ED (care for ED pts or ED holds) and CAPD*

* CAPD is a procedural competency per MOU #26
** 4N will become part of the Critical Care grouping once 4N transitions to critical care.
- b.) MFSH will maintain the following Float Pools:
 - (1.) Critical Care/Telemetry will include: ED, ICU, 2N, 2SW, overflow (CC/Tele)
 - (2.) Med Surg/Telemetry will include 2N, 2SW, 2E, 2SE, 3E, 3W, overflow (MS/Tele)

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- (3.) Maternity will include: 2W, L&D, NICU, 4N (maternity overflow)
- (4.) **Special Procedure Float Pool: Urology (to include urology pre op/recovery), Endoscopy (to include Endoscopy pre op/ recovery). Special Procedure Float Pool employees will be required to take on-call in Endoscopy only.**

** MFSH float assignments will be evenly distributed among the employees in the float pools to maintain and support competencies for all units within the employees designated float pool.

*** MOU # 38 entitled MFSH Critical Care RNs in MFSH Nursing Floats – Floating to the DMP Emergency Department.

~~Section 10. Within thirty (30) days following ratification, the vacant positions that are currently designated as BGMC Critical Care Generalist positions will be converted into BGMC Critical Care Float Pool positions. MFSH Critical Care/Med Surg/Telemetry will be converted into Critical Care/Telemetry or Med Surg/Telemetry Float Pool positions.~~

~~a.) In March of 2023 the occupied Generalist Positions will be converted to regular critical care float pool positions and deleted at Job Security. Current occupants will have the right under Article 51, Layoff and Recall, to option into vacant or newly created critical care float pool positions or any other comparable vacancy that they are qualified for. The parties will work to ensure that the current BGMC Critical Care Generalists are properly orientated.~~

~~b.) Within thirty (30) days following ratification the employees of the occupied MFSH Critical Care/Med Surg/Telemetry positions will have the option to continue to cover all units listed in Section 9 b. (1) and (2) above or utilize their rights under Article 51, Layoff and Recall, to option into vacant or newly created critical care/telemetry float pool positions, med surg/telemetry positions, or any other comparable vacancy that they are qualified for.~~

~~Section 11. Upon ratification all RN float pool positions will be converted from RN2 to RN-Float. This will replace the float pool differential for RN's only.~~

Section 10. Refer to MOU #26 Adult Ancillary Floating Grid (BGMC CMA/MA/ PCA, MFSH PCA/MOA)

Section 11.2. All other float pool positions will receive a differential found in the appendixes.