UKCCNA Position Statement: Emergency Nurse Staffing for COVID-19: Wave 2 (Nov 2020)

The UKCCNA acknowledges the enormous pressure nurses are experiencing at present. Based on research evidence and experience from Wave 1, critical care nurse leads believe they will best secure patient safety and staff well-being in Wave 2 if nurse: patient ratios are maintained at a minimum of one trained critical care nurse* and one registered healthcare professional** for two level 3 beds (compared with the normal 1:1 ratio), and one trained critical care nurse with one registered healthcare professional for four level 2 beds (compared to the normal 1:2 ratio). This should be achieved through the redeployment of staff from outside of critical care, who should have received surge training.

Exact arrangements for staffing expanded critical care units and triggers for stepping down elective work will be determined by NHSE in liaison with local regions.[1] However, the UKCCNA position is that *the following bedside nurse staffing ratios should not be exceeded unless mutual aid options have been exhausted and appropriate escalation has taken place*:

- Trained critical care nurse (TCCN): patient (Level 3, 1:2; Level 2, 1:4)
- Registered healthcare professional (TCCN or surge staff): patient (Level 3, 1:1; Level 2, 1: 2)

In addition, other support staff*** should be available to assist with delivering patient care. There should also be at least one supernumerary co-ordinating nurse on each shift per geographical area. At least one bedside nurse educator per geographical area is also recommended.

De-escalation

Outside of pandemic conditions, national recommendations for critical care nurse-patient staffing ratios for level 2 (1:2) and level 3 (1:1) patients should continue to be the standard to which we work.[2] Whilst long standing vacancy factors may make this difficult to achieve, the critical care nurse staffing standards detailed in GPICS2[2] should remain in place until such time that we have research data supporting the need for a change in recommendations.

Definition of terms

*Trained critical care nurses (TCCN): Whilst specialist training based on Steps competencies[2,3] is usually required to become a TCCN, in this exceptional situation TCCNs are defined as those who have completed their step 1 competencies[3] (or have been deemed competent to care for a critically ill patient) and who normally work in critical care plus TCCNs who have left the specialty within the last 12 months.

**Registered health care professionals: A registered nurse or other relevant health care professional (ideally with IV competence and some preparatory critical care training) working in the capacity of a bedside nurse. This will include nurses with critical care experience longer than 12 months ago.

***Support staff: Nursing and non-nursing support workers.

1. NHSE (2020) A framework for organising the acute sector workforce to meet the Phase 3 COVID-19 (Draft Version 2.6, 27 October 2020)
2. https://www.ics.ac.uk/ICS/ICS/GuidelinesAndStandards/GPICS_2nd_Edition.aspx
3. https://www.cc3n.org.uk/uploads/9/8/4/2/98425184/01_new_step_1_final__1_.pdf
4. https://www.england.nhs.uk/coronavirus/publication/joint-statement-on-developing-immediate-critical-care-nursing-capacity/

NB: The joint statement on developing immediate critical care nursing capacity remains current[4]

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3. https://www.cc3n.org.uk/uploads/9/8/4/2/98425184/01_new_step_1_final__1_.pdf
4. https://www.england.nhs.uk/coronavirus/publication/joint-statement-on-developing-immediate-critical-care-nursing-capacity/