
The Australian College of Critical Care Nurses Ltd. (ACCCN) is the peak professional nursing association representing critical care nurses throughout Australia. This position statement outlines the appropriate nursing staffing standards in Australia for Intensive Care Units, taking into account accepted minimum national standards, best practice evidence and a rational economic health and government environment.

ACCCN recommends the following 10 key points and principles to meet the expected standards of critical care nursing in Australia. These standards articulate with those guidelines outlined by both the Australian Council of Healthcare Standards (ACHS) (1) and the Joint Faculty of Intensive Care Medicine (ANZCA/RACP) (2).

1. **ICU patients (clinically determined)** – require a standard nurse/patient ratio of at least 1:1.

2. **High Dependency patients (clinically determined)** – require a standard nurse/patient ratio of at least 1:2.

3. **Clinical Coordinator (team leader)** – there must be a designated critical care qualified senior nurse per shift who is supernumerary and whose primary role is responsibility for the logistical management of patients, staff, service provision and resource utilisation during a shift. This includes coordinating staff, ensuring compliance with hospital policy and procedures, liaison with medical and allied staff to formulate patient clinical management plans, monitor appropriateness and effectiveness of clinical care, and ensure a safe conducive environment is maintained. This nurse should be guaranteed to be supernumerary for the entire shift.

4. **ACCESS Nurses**: These nurses are in addition to bedside nurses, clinical coordinator, unit manager, educators and non-nursing support staff. The ACCESS nurses provide “on-the-floor” Assistance, Coordination, Contingency (for a late admission on the shift, or staff sick mid-shift), Education (of junior staff, relatives, and others), Supervision and Support. The ACCESS nurse would reduce entry block to ICU for emergency admissions.

ACCCN acknowledges that similar positions have varying names and descriptions in units all over Australia. (E.g. float nurses, “bay nurse”, admission nurses)

The role of the ACCESS nurse may be incorporated into the Clinical Coordinators role however the Clinical Coordinator should not be the only contingency nurse available for emergency admissions. That is, where a unit has the number of beds/qualified staff to justify only 1 ACCESS nurse, a supernumerary Clinical Coordinator must also be rostered on duty.

The ratio of ACCESS nurses required per unit/per shift will depend on the average level of skill and expertise of the total team. As a fair measure of an individual unit’s need for ACCESS nurses, ACCCN have linked the required ratio of ACCESS nurses to the overall percentage of qualified critical care nurses available on the roster. Therefore:

- Units with < 50 % qual. ICU nurses - 1:4. ie one ACCESS nurse for every 4 patients/shift.
- Units with 50-75% qual. ICU nurses - 1:6. ie one ACCESS nurse for every 6 patients/shift.
- Units with >75% qual. ICU nurses - 1:8. ie one ACCESS nurse for every 8 patients/shift.

ACCCN acknowledges the crucial support agency/casual nursing staff provide however agency/casual staff require additional orientation, support and guidance further emphasising the need for ACCESS nurse positions.
ACCCN acknowledges that a combination of both suitable critical care experience and a post-graduate specialist qualification, provide the optimal critical care nursing preparation.

**Idiosyncrasies and Special Needs:** In units which have idiosyncratic needs such as retrieval services, large teaching courses, dedicated equipment nurses and major research projects, additional nursing requirements will need to be factored in to the total establishment in addition to that which is described above.

5. At least 1 designated **Nursing Manager** (NUM/CNC/NPC/CNM or equivalent title) is required per ICU who is formally recognised as the unit nurse leader. In certain circumstances, (e.g. large units of 20+ beds) alternative supports will be required, and these need to be planned independently and in addition to the ratios described above.

6. At least 1 designated **Clinical Nurse Educator** (CNE) should be available in each unit. The recommended ratio is 1 FTE CNE for every 50 nurses on the ICU roster, with additional educators to run and manage tertiary-based Critical Care Nursing Courses. The ICU Clinical Nurse Educator is for unit based education and staff development activities only and must be located in the ICU itself.

The role of Clinical Nurse Consultant differs between states ranging from unit management to providing a global critical care resource, education and leadership to specific units, hospital and area wide services and to the tertiary education sector.

7. ACHS guidelines (1) state that ICUs must have a minimum **50% qualified Critical Care Nurses.** ACCCN supports this as a **minimum standard,** however we assume that the optimum qualified Critical Care Nurse ratio should be 75%. (Units with less than 50% qualified staff will need additional ACCESS nurses as described in 4 above). To ensure at least 50% of ICU nursing staff are qualified (optimally 75%), ACCCN recommend that nursing staff without post graduate qualifications should receive financial assistance and study leave to complete a recognised critical care nursing course and that such support is factored into the unit budget each year.

8. **Resources are allocated to support nursing** time and costs associated with quality assurance activities, nursing and multidisciplinary research and conference attendance.

9. Intensive Care Units are provided with adequate administrative staff, ward assistants, manual handling assistance/equipment, cleaning and other support staff to ensure that such tasks are not the responsibility of nursing personnel. ACCCN believes that the value and cost of ICU nurses does not support their time being used for clerical and cleaning purposes except on very few occasions when the nature of such work is specialised and requires educated or professional knowledge and skill.

10. Senior nursing staff (e.g. CNS) should work towards becoming an **Australian Credentialled Critical Care Nurse** for which they must be remunerated to a significantly higher level than that of the base grade award.

**References:**


