



9<sup>th</sup> April 2020

RE: Nursing Ratios

It is acknowledged that the coronavirus pandemic places a huge challenge upon us to continue to provide safe, effective, quality care to the critically ill child.

All 4 NHS regions (South, London, Midlands, North) have produced regional paediatric intensive care surge plans. Colleagues should familiarise themselves with these plans. OPEL 3 approximates to usual winter surge planning, assumes that capacity available but in limited supply across all centres, and that treatment decisions might need to be prioritised. OPEL 4 assumes that demand has exceeded capacity and that critically ill children will be diverted to 'providers of last resort'.

PICS accepts that, as pressure escalates upon the workforce either through staff self-isolation or re-deployment of staff to manage ACC patients, a pragmatic approach to nursing ratios should be adopted as operational pressure escalates.

The NHS has published guidance [here](#) for adult critical care nurses which sets out principles for increasing the nursing workforce as demand for adult critical care (ACC) capacity escalates. The guidance works on the premise that ITUs try to maintain established nurse: patient ratios through utilising non-critical care staff to deliver nursing care under the supervision of critical care trained nurses.

PICS advocates a similar approach to that set out for ACC.:

OPEL level	PICS nursing ratio guidance
OPEL 1 & 2	Usual PICS nursing ratio standard applies
OPEL 3	Usual PICS nursing ratio applies, but nurses skilled in other areas of critical care, or nurses with historical critical care skills, can be utilised as needed
OPEL 4	A flexible and pragmatic approach will need to be taken, using such staff as are available under the supervision of PICU nurses

The NMC supports registered nurses in this unique challenge to work co-operatively with colleagues; to keep people safe; to practise in line with the best available evidence and to recognise and work within the limits of their competence ([NMC and Chief Executives Statutory Regulators](#))

During this time there should be an emphasis on team working. Any changes in working practice will need to be supported to ensure safe patient care and staff

wellbeing. Newly deployed staff as well as PCC nurses working outside their normal sphere of practice should receive appropriate orientation and supervision.

PICS advocates regional autonomy regarding workforce deployment and that all decisions be led by PICU Nurse Managers, Clinical Directors, and leads for regional retrieval services. The day-to-day operational management of PCC services remains under the responsibility of PCC units and transport services. Any enforced departure from PICS standards during this period should be regarded as temporary.

PICS appreciates this is a period of great anxiety for many of its members. We thank you for your continued hard work.

Yours Sincerely

Carli Whittaker – Vice President PICS (non-medical)

James Fraser – President PICS