

## H1N1 Critical Care Clinical Group

To: Ian Dalton,  
National Director  
NHS Flu Resilience  
Department of Health

26 November 2009

Dear Ian,

### **PRINCIPLES FOR NURSE STAFFING IN A CRITICAL CARE SURGE**

1. During the current pandemic of H1N1 flu, a Critical Care Clinical Group has been convened to offer advice and support to NHS colleagues on the practical implications of surging critical care capacity, if required. The membership of the group is drawn from medical and nursing colleagues working in neonatal, paediatric and adult intensive care services as well as representatives of the British Association of Critical Care Nurses, the British Association of Perinatal Medicine, the Paediatric Intensive Care Society and the Intensive Care Society.
2. This document has been produced to assist critical care staff in different and difficult circumstances. It is acknowledged that as experience with pandemic influenza develops the document will require change and updating. The current wave of the pandemic although putting pressure on services has not required the NHS to implement plans to surge critical care capacity. However, we still need to prepare for how the pandemic will develop in 2010 as well as the impact of winter on critical care services. Equally, the advice from the group will help with longer term planning for pandemic influenza preparedness.
3. During a surge of influenza patients there will be a requirement to change from the traditional methods of nurse staffing due to an increase in bed capacity, acuity of patients, change in patient groups (i.e. paediatrics in adult Intensive Care Units or vice versa) and staff absence. This document provides nursing staff with principles and ways to consider effectively deploying nursing staff to deal with a surge in critical care capacity. It should be read alongside the existing Department of Health guidance on Demand and Capacity (Surge) published in May 2009<sup>1</sup>, the Critical Care Strategy published in September 2009<sup>2</sup> and Pandemic influenza: additional measures to meet workforce supply published in October 2009<sup>3</sup>.

### **Aims**

4. This document aims to:
  - assist with nursing staff deployment within adult and paediatric critical care during a surge in critical care capacity.

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- provide guidance for nursing staff on the professional issues that may affect them in this period of extraordinary circumstances

### **Potential groups of staff to provide critical care nursing**

5. During peak periods it is envisaged that non-Intensive Care Unit (ICU) staff will be required to deliver nursing care under the supervision of ICU trained nurses. It is also envisaged that there will be an increased need for the paediatric patient to be cared for in adult ICUs, an area unfamiliar with caring for the critically ill child in the long- term.
6. The types of staff available to care for the critically ill may be categorised as follows:
  - ICU/Paediatric Intensive Care Unit (PICU) trained nurses. Experienced registered ICU/PICU nurses – staff currently employed in a critical care unit, with varying experiences in years and training.
  - Non-ICU trained nurses. Registered nurses with previous critical care experience or some transferable skills (e.g. anaesthetic/recovery/high dependency staff), provided with recent refresher critical care training.
  - Assistants/Helpers. Including trained critical care assistants, healthcare assistants, respiratory physiotherapists, other nurses & healthcare professionals with no critical care skills.

### **Nursing staff deployment**

7. A flexible team approach rather than a ratio approach should be considered when deploying the team. Staff will be required to work outside their normal practices for an ad hoc short term basis. Please see potential examples/scenarios below:
  - scenario one: one ICU trained nurse, two non-ICU nurses (from e.g. recovery/anaesthetics) and one critical care assistant/healthcare assistant allocated to a group of 3-4 patients (three ICU adult patients and one HDU adult patient).
  - scenario two: two PICU trained nurses, one ICU adult nurse and one critical care assistant/Healthcare assistant allocated to a group of 3-4 patients.
  - scenario three: adult ICU nurse and a paediatric nurse (non-ICU) allocated to 2-3 paediatric patients in adult ICU.
8. A group of patients requiring ICU and/or HDU care may consist of a mix of adults and paediatrics.
9. Each critical care unit should provide a designated supernumerary nurse in charge on each shift for supervision, advice, support and coordination.

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A critical care matron/senior nurse should be identified to oversee the running of a new or established cohorted critical care area.

### Training

10. Non-ICU nurses should receive critical care training and preparation to work in the critical care setting. The critical care training should be organised and delivered by adult and paediatric critical care clinical nurses/educators.
11. Adult ICU trained nurses should receive training on specific paediatric critical care to care for PICU patients. Update PICU training should be organised and delivered by the PICU critical care team. The aspects of care specific to paediatric ICU should include:
  - Physiological and psychological differences between children and adults
  - Recognising the critically ill child.
  - Critical care skills such as airway management, ventilation strategies, fluid/nutritional management & administration of medications.
  - Psychological care of the child and family including consideration of ethics and care of the dying child & their family.
12. Additional educational resources such as clinical contact details, clinical guidelines & educational packages should be easily available for nurses and AHPs working in unfamiliar situations i.e. the adult ICU nurse/team caring for the paediatric patient.
13. The Intensive Care Society (ICS) is also sharing examples of good practice being developed for medical, nursing and OD practitioners within individual NHS Trusts. Copies of these could be requested from the ICS whose address is [www.ics.ac.uk](http://www.ics.ac.uk)
14. There is an expectation from professional regulators and bodies such as the Nursing & Midwifery Council (NMC 2009) & Royal College of Nursing (RCN 2009) that employees will be assessed by employers as; 'competent' to carry out duties which they have been requested to undertake. It is recognised that this may be problematic to achieve in such a short time scale. Therefore, support to staff and processes to direct and support clinical questions should be in place. These can take the form of identified local clinicians, agreed clinical guidelines, telephonic support from lead centres & educational resources.

### Accountability and Responsibilities

15. It is acknowledged that a period of pandemic influenza will place extreme pressures and challenges to providing safe, effective, quality care to the critically ill patient. As registered nurses our primary concerns will still be to act in the patients' and publics' best interests.

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16. Guidance from professional bodies such as NMC and RCN have outlined the responsibilities of nurses working in critical care environments. Therefore, nursing staff must adhere to the NMC position statement on the role of the registered nurses and midwives during an influenza pandemic (October 2009)<sup>4</sup>. The RCN have also released guidance on the care of the child in adult ITU during a pandemic flu (RCN Sept 2009)<sup>5</sup>
17. Operating Department Practitioners' will adhere to the position statement set out by the HPC (2009)<sup>6</sup>
18. Trust Policies should reflect and support the requirement to work in the extra-ordinary circumstances created by a pandemic but must be adhered to.

### Acknowledgements

19. I would like to thank the members of the group for their assistance in producing this note and in particular Annette Richardson, Nurse Consultant, Newcastle upon Tyne Hospitals NHS Foundation Trust and Fiona Lynch, PICU Nurse Consultant, Evelina Children's Hospital, Guy's and St. Thomas' NHS Foundation Trust, London.

Dr Judith Hulf CBE  
Chair  
H1N1 Critical Care Clinical Group

### Endnotes

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<sup>1</sup> Pandemic flu: managing demand and capacity in health care organisations (surge)  
[http://www.dh.gov.uk/prod\\_consum\\_dh/idcplg?IdcService=SS\\_GET\\_PAGE&ssDocName=DH\\_087733](http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=SS_GET_PAGE&ssDocName=DH_087733)

<sup>2</sup> Critical care strategy  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_104977](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_104977)

<sup>3</sup> Pandemic influenza: additional measures to meet workforce supply  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_106388.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_106388.pdf)

<sup>4</sup> NMC web links  
<http://www.nmc-uk.org/aArticle.aspx?ArticleID=3897>  
<http://www.nmc-uk.org/aArticle.aspx?ArticleID=3691>

<sup>5</sup> RCN web link

## Annex A

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[http://www.rcn.org.uk/newsevents/news/article/uk/rcn\\_issues\\_swine\\_flu\\_guidance\\_for\\_children\\_in\\_itu](http://www.rcn.org.uk/newsevents/news/article/uk/rcn_issues_swine_flu_guidance_for_children_in_itu)

<sup>6</sup> HPC web link

<http://www.hpc-uk.org/mediaandevents/statements/swineflu/>