

Phase 2 (double capacity): 1x critical care nurse with 1-2 x 'A' staff (2 patients) + 1 healthcare staff per 4 patients

Phase 3 (treble capacity): 1x critical care nurse with 2 x 'A' staff, 1x 'B' staff (4 patients)

At this phase consider the introduction of task-orientated teams (team of 4x 'C' staff) to assist with care activities, eg turning/washing/proning. This allows the experienced critical care staff to concentrate on the technical/clinical aspects of care delivery.

Phase 4 (quadruple capacity) 1x critical care nurse with 2 x 'A' staff, 2x 'B' staff (6 patients) + team of 4x 'C' staff.

NB: Skills and competence will develop with day-to-day supervised practice, using the Step 1 competencies to guide practice ensure a level of safety.

	Patients	Trained critical care nurse	Staff A	Staff B	Staff C
Phase 1 training	1	1	1	1	
Phase 2 (double capacity)	2	1	1-2	1	
Phase 3 (treble capacity)	4	1	2	1	Team of 4
Phase 4 (quadruple capacity)	6	1	2	2	Team of 4

Other considerations

Geography and layout of the unit need to be considered (ie side rooms) and may need non critical care nurses to work in pairs to provide adequate mutual support so they are not isolated in the first instance.

Each designated critical care unit (established and newly formed surge units) should provide a designated critical care trained nurse-in-charge for each shift. This nurse must be supernumerary for the effective provision of supervision, advice, support and co-ordination.

Accountability and responsibilities

It is acknowledged that a period of pandemic such as coronavirus will place pressures on and challenges to providing safe, effective, quality care to the critically ill patient. The NMC supports registered nurse 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