



New South Wales

Health Services Amendment (Nurse-to-Patient and Midwife-to-Patient Ratios) Bill 2022

Explanatory note

This explanatory note relates to this Bill as introduced into Parliament.

Overview of Bill

The object of this Bill is to establish requirements for a minimum number of nurses or midwives per number of patients in specified wards or beds, recognising that nursing workloads impact on the quality of patient care.

Outline of provisions

Clause 1 sets out the name, also called the short title, of the proposed Act.

Clause 2 provides for the commencement of the proposed Act on the date of assent to the proposed Act.

Schedule 1 Amendment of Health Services Act 1997 No 154

Schedule 1[1] and [3] insert proposed Chapter 10, Part 4 and Schedule 9 into the *Health Services Act 1997* (the *HS Act*) to provide for minimum nurse-to-patient and midwife-to-patient ratios and staffing requirements. Schedule 1[1] also inserts proposed Chapter 10, Part 5 into the HS Act.

Proposed Chapter 10, Part 4, Division 1 provides for minimum staffing ratios and requirements for a ward in a public hospital. Proposed section 132E provides that the operator of a public hospital must ensure the number of nurses or midwives in each ward of the hospital during a shift meets or exceeds the minimum staffing ratio. The proposed section also provides particulars of additional staffing requirements for certain hospital wards. Proposed section 132F deals with the calculation of the minimum staffing ratio. Proposed section 132G provides that the Health Secretary and the New South Wales Nurses and Midwives' Association may enter into

agreements to vary the minimum staffing ratio for a ward in a public hospital under certain circumstances. Proposed section 132H provides that the operator of certain regional public hospitals, and all other public hospitals, must ensure the hospital meets or exceeds certain staffing composition requirements in addition to minimum staffing ratios.

Proposed Chapter 10, Part 4, Division 2 provides for compliance and reporting for a public hospital on minimum staffing ratios, additional staffing requirements and staffing composition requirements for a ward in the hospital.

Proposed Chapter 10, Part 4, Division 3 provides for the enforcement of the requirements of the proposed Part, including dealing with dispute resolution and alleged breaches of minimum staffing ratios, additional staffing requirements and staffing composition requirements for a public hospital.

Proposed Chapter 10, Part 5 provides for reviews and investigations of certain staffing requirements and standards.

Proposed Schedule 9 contains the minimum staffing ratios and additional staffing requirements for wards in public hospitals and related provisions.

Schedule 1[2] provides that regulations may be made for matters relating to minimum staffing ratios.

Schedule 1[4] inserts definitions for the purposes of the proposed provisions to be inserted into the HS Act.



New South Wales

Health Services Amendment (Nurse-to-Patient and Midwife-to-Patient Ratios) Bill 2022

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New South Wales

Health Services Amendment (Nurse-to-Patient and Midwife-to-Patient Ratios) Bill 2022

No. _____, 2022

A Bill for

An Act to amend the *Health Services Act 1997* to establish minimum staffing requirements in public hospitals, including minimum nurse-to-patient ratios and midwife-to-patient ratios; and for related purposes.

The Legislature of New South Wales enacts—

1

1 Name of Act

2

This Act is the *Health Services Amendment (Nurse-to-Patient and Midwife-to-Patient Ratios) Act 2022*.

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2 Commencement

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This Act commences on the date of assent to this Act.

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Schedule 1 Amendment of Health Services Act 1997 No 154

[1] Chapter 10, Parts 4 and 5

Insert after Part 3—

Part 4 Minimum nurse-to-patient and midwife-to-patient ratios and staffing requirements

Division 1 Minimum staffing ratios and requirements

132A Definitions

(1) In this Part—

ACCESS nurse means an assistance, coordination, contingency, education, supervision and support nurse with a specialist critical care qualification and experience.

additional staffing requirement—see section 132E(6).

afternoon shift, for a ward, means a shift worked by nurses or midwives in the ward commencing at or after 10am, but before 4pm.

CCU means a coronary care unit, which is a critical care ward staffed and equipped to care for and treat patients with life-threatening cardiac diseases or conditions.

critical care ward means the following—

- (a) a CCU,
- (b) an HDU,
- (c) an ICU,
- (d) a MHICU,
- (e) a NICU,
- (f) a PICU.

day shift, for a ward, means a shift worked by nurses or midwives in the ward commencing at or after 6am, but before 10am.

HDU means a high dependency unit, which is a critical care ward staffed and equipped to provide a level of treatment and care to patients that is—

- (a) less than the level of treatment and care patients in the ICU require, but
- (b) greater than the level of treatment and care patients in the general medical or surgical ward require.

intensive care unit, or *ICU*, means a critical care ward staffed and equipped to care for and treat patients with life-threatening illnesses, injuries or complications.

mental health intensive care unit, or *MHICU*, means an ICU for patients with life-threatening illnesses, injuries or complications related to the mental health of the patients.

midwife means a person registered under the *Health Practitioner Regulation National Law (NSW)* to practise in the midwifery profession, other than as a student.

midwife-in-charge, however named, means a midwife supervising the provision of clinical care to patients in a ward.

minimum staffing ratio, for a ward in a public hospital, means the following—

- (a) for midwives providing clinical care to patients in a maternity ward—the ratio of 1 midwife for every 1 patient giving birth, 1
2
- (b) for midwives providing clinical care to patients in a postnatal ward—the ratio of 1 midwife for every 3 patients who have given birth, 3
4
- (c) for nurses providing clinical care to patients in an emergency department—the ratio of the number of nurses during a shift to the number of places available for the treatment and care of patients in the department, as specified in Schedule 9, 5
6
7
8
- (d) for other wards—the ratio of the number of nurses providing clinical care to patients in a ward during a shift to the number of patients in the ward during the shift, as specified in Schedule 9. 9
10
11

neonatal intensive care unit, or **NICU**, means an ICU for patients who are newborn babies. 12
13

night shift, for a ward, means a shift worked by nurses or midwives in the ward commencing at or after 4pm, but before 6am. 14
15

nurse means a person registered under the *Health Practitioner Regulation National Law (NSW)* to practise in the nursing profession, other than as a student. 16
17
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nurse-in-charge, however named, means a nurse supervising the provision of clinical care services to patients in a ward, however named. 19
20

operator, of a public hospital, means— 21

- (a) for a hospital controlled by a local health district—the local health district, or 22
23
- (b) for a hospital controlled by a statutory health corporation—the statutory health corporation, or 24
25
- (c) for a hospital that is a recognised establishment of an affiliated health organisation—the affiliated health organisation, or 26
27
- (d) for a hospital controlled by the Crown, including the Minister or the Health Administration Corporation—the Crown. 28
29

paediatric intensive care unit, or **PICU**, means an ICU for patients who are 16 years of age or younger. 30
31

relevant union means the New South Wales Nurses and Midwives' Association. 32
33

safe patient care compliance direction—see section 132K(1). 34

shift means the following— 35

- (a) a day shift, 36
- (b) an afternoon shift, 37
- (c) a night shift. 38

staffing composition requirement—see section 132H(2). 39

ward means a ward, unit, department or other component of a public hospital. 40

- (2) A reference in this Part to a minimum staffing ratio extends to a ratio varied by the agreement of the Health Secretary and a relevant union. 41
42

132B Part to bind Crown 43

This Part binds the Crown in right of New South Wales and, to the extent the legislative power of the Parliament of New South Wales permits, the Crown in all its other capacities. 44
45
46

132C	Part not to affect employment contracts or workplace instruments	1
	Nothing in this Part is intended to constitute a term of, alter or vary, or authorise or require the alteration or variation of—	2 3
	(a) an employment contract, or	4
	(b) a workplace instrument within the meaning of the <i>Fair Work Act 2009</i> of the Commonwealth, or	5 6
	(c) an industrial instrument within the meaning of the <i>Industrial Relations Act 1996</i> .	7 8
132D	Object of Part	9
	The object of this Part is to ensure safe patient care in hospitals by setting minimum requirements for the number of nurses or midwives providing clinical care to patients in a ward, recognising that nursing workloads impact on the quality of patient care.	10 11 12 13
132E	Minimum staffing ratios	14
(1)	This section applies to each ward in a public hospital for which there is a minimum staffing ratio.	15 16
(2)	The operator of the public hospital must ensure the number of nurses or midwives in the ward during a shift meets or exceeds the minimum staffing ratio.	17 18 19
(3)	If an additional staffing requirement is specified for the ward and for the shift, the operator of the public hospital must ensure that the additional staffing requirement is complied with.	20 21 22
(4)	To avoid doubt, the following persons are not to be counted towards the minimum staffing ratio—	23 24
	(a) a nurse-in-charge or midwife-in-charge,	25
	(b) a nurse responsible for triaging patients,	26
	(c) Nurse Unit Managers, however named,	27
	(d) Nurse Managers, however named,	28
	(e) Clinical Nurse Educators, however named,	29
	(f) Clinical Nurse Consultants, however named,	30
	(g) unless the patient is a patient in a relevant ward—a nurse or midwife providing clinical care to a patient assessed as requiring one-to-one care.	31 32 33
(5)	The minimum staffing ratio and additional staffing requirement—	34
	(a) do not prevent the operator from staffing a ward with additional nurses or midwives beyond the number required by the minimum staffing ratio or additional staffing requirement, and	35 36 37
	(b) may be applied flexibly to evenly distribute the workload, with regard to the level of care the patients in a ward require.	38 39
(6)	In this section—	40
	additional staffing requirement means the number of nurses or midwives, nurses-in-charge or midwives-in-charge, ACCESS nurses or nurses responsible for triaging patients during a shift specified in the table to Schedule 9, clause 3.	41 42 43 44
	relevant ward means the following wards, however named—	45

(a)	an intensive care unit,	1
(b)	a mental health intensive care unit,	2
(c)	a neonatal intensive care unit,	3
(d)	a paediatric intensive care unit,	4
(e)	resuscitation.	5
132F	Calculation of minimum staffing ratios	6
(1)	The minimum staffing ratio must be calculated on—	7
(a)	for nurses providing clinical care to patients in an emergency department—the number of places available for the treatment and care of patients in the department, or	8 9 10
(b)	otherwise—the actual number of patients in each ward to which the ratio applies.	11 12
(2)	To avoid doubt, newborn babies in a postnatal ward are not to be counted towards the minimum staffing ratio.	13 14
(3)	If the division of the number of nurses or midwives by the number of places or patients does not result in a whole number, the number of nurses or midwives required to comply with the ratio must be increased to the nearest whole number.	15 16 17 18
132G	Agreements to vary minimum staffing ratios	19
(1)	The Health Secretary and a relevant union may enter into an agreement to vary the minimum staffing ratio for a ward in a public hospital.	20 21
(2)	An agreement to vary a minimum staffing ratio may only be entered into if—	22
(a)	the Health Secretary and the relevant union are satisfied that the variation would not have a significant adverse impact on the quality of patient care, and	23 24 25
(b)	the operator of the public hospital and the relevant union agreed to the variation.	26 27
132H	Staffing composition requirement	28
(1)	In addition to the requirements specified in section 132E, the operator of a public hospital must, for all shifts, ensure the hospital meets or exceeds the staffing composition requirement.	29 30 31
(2)	In this section—	32
	<i>relevant regional hospital</i> means a public hospital designated as Peer Group D or Peer Group F3 in the document entitled <i>NSW Hospital Peer Groups 2016</i> published by NSW Health dated April 2016.	33 34 35
	<i>staffing composition requirement</i> means—	36
(a)	for a relevant regional hospital—the requirement for there to be at least 3 nurses in the hospital, including at least 2 registered nurses, and	37 38
(b)	for all other public hospitals—the requirement for—	39
(i)	at least 90% of the nurses in an emergency department to be registered nurses, and	40 41
(ii)	at least 85% of the nurses in the following wards to be registered nurses—	42 43
(A)	general medical or surgical,	44
(B)	in-patient mental health,	45

	(C) neonatal intensive care,	1
	(D) palliative care,	2
	(E) rehabilitation.	3
Division 2	Compliance and reporting	4
132I	Reports by public hospital operators	5
(1)	The operator of a public hospital must prepare a written report each month on the public hospital's compliance with the following during the preceding month—	6 7 8
(a)	the minimum staffing ratios,	9
(b)	the additional staffing requirement,	10
(c)	the staffing composition requirement.	11
(2)	The report must—	12
(a)	be provided to the Minister within 14 days after the end of the month to which the report relates, and	13 14
(b)	identify all instances of non-compliance with the minimum staffing ratios, additional staffing requirement or staffing composition requirement during the month to which the report relates.	15 16 17
(3)	The regulations may prescribe other requirements about the report.	18
132J	Reports by Health Secretary	19
(1)	The Health Secretary must, within 30 days of the end of each quarter, publish a report on a website maintained by the Ministry of Health about public hospitals' compliance with the following during that quarter—	20 21 22
(a)	the minimum staffing ratios,	23
(b)	the additional staffing requirement,	24
(c)	the staffing composition requirement.	25
(2)	The report must, for each local health district and in relation to each ward for which a minimum staffing ratio is specified in Schedule 9, clause 2, specify the number of instances of non-compliance with the minimum staffing ratio, additional staffing requirement or staffing composition requirement during the quarter.	26 27 28 29 30
132K	Safe patient care compliance directions	31
(1)	The Health Secretary may, for the purpose of giving effect to the object of this Part, give a written direction (a <i>safe patient care compliance direction</i>) to the operator of a public hospital requiring the operator to—	32 33 34
(a)	comply with a ratio or requirement, including a requirement arising out of a declaration made or injunction granted under section 132R(3), or	35 36
(b)	do, or refrain from doing, a thing specified in the direction.	37
(2)	The Health Secretary must, in response to a request from an individual, give a copy of a safe patient care compliance direction to the person.	38 39
132L	Show cause process for safe patient care compliance direction	40
(1)	If the Health Secretary proposes to give a safe patient care compliance direction to the operator of a public hospital, the Health Secretary must, at least	41 42

48 hours before giving the direction, give the operator a notice that includes the following information—	1
	2
(a) that the Health Secretary proposes to give the direction,	3
(b) a copy of the proposed direction,	4
(c) the date on which the Health Secretary proposes to give the direction,	5
(d) that the operator may, before the date on which the Health Secretary proposes to give the direction, make a written submission to the Secretary about the proposed direction.	6
	7
	8
(2) After considering any submission given by the operator in accordance with the notice, the Health Secretary must decide—	9
	10
(a) to give the direction as proposed, or with changes, or	11
(b) not to give the direction.	12
(3) If the Health Secretary decides to give a direction to the operator, the Health Secretary must, within a reasonable period, give a copy of the direction to the relevant union.	13
	14
	15
132M Effect of safe patient care compliance direction	16
(1) The operator of a public hospital must comply with a safe patient care compliance direction.	17
	18
(2) A safe patient care compliance direction has effect despite anything to the contrary in a performance agreement that has effect in relation to the hospital to which the safe patient care compliance direction applies.	19
	20
	21
(3) In this section—	22
<i>performance agreement</i> means an agreement entered into by the Health Secretary and a public health organisation under section 126.	23
	24
132N Obligation to report certain matters	25
(1) This section applies to the operator of a public hospital if, during an annual reporting period—	26
	27
(a) the operator was given a safe patient care compliance direction, or	28
(b) the Local Court has found that the operator did not comply with—	29
(i) a minimum staffing ratio, or	30
(ii) an additional staffing requirement, or	31
(iii) a staffing composition requirement, or	32
(c) the Local Court has granted an injunction under section 132R(3)(b) in relation to the operator, or	33
	34
(d) the Local Court has imposed a civil penalty on the operator.	35
(2) The <i>Government Sector Finance Act 2018</i> , section 7.11(1), definition of <i>annual reporting information</i> is taken to include the following information in relation to a public hospital that is, or is controlled by, a NSW Health entity—	36
	37
	38
(a) a statement of the matter specified in subsection (1),	39
(b) if the Local Court has imposed a civil penalty on the operator of the public hospital—the amount of the penalty,	40
	41
(c) the action taken by the operator during the year in response to a finding specified in subsection (1)(b).	42
	43
(3) In this section—	44

annual reporting period has the same meaning as in the *Government Sector Finance Act 2018*. 1
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NSW Health entity has the same meaning as in the *Government Sector Finance Act 2018*. 3
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Division 3 Enforcement 5

132O Definition 6

In this Division— 7

relevant nurse or midwife means a nurse or midwife who works in a ward in a public hospital to which one or more of the following applies— 8
9

(a) a minimum staffing ratio, 10

(b) an additional staffing requirement, 11

(c) a staffing composition requirement. 12

132P Application of Division 13

This Division applies to a dispute between a relevant nurse or midwife, or a relevant union, and the operator of a public hospital in relation to an alleged breach of one or more of the following— 14
15
16

(a) a minimum staffing ratio, 17

(b) an additional staffing requirement, 18

(c) a staffing composition requirement. 19

132Q Preliminary dispute resolution 20

(1) A relevant nurse or midwife or relevant union may notify the operator of a public hospital of the alleged breach. 21
22

(2) If the operator of the public hospital denies that there was a breach, the parties to the dispute must seek to resolve the dispute in good faith, in accordance with dispute resolution procedures prescribed by the regulations. 23
24
25

(3) A party to a dispute must bear any costs incurred in seeking to resolve the dispute. 26
27

132R Referral to Local Court 28

(1) If a dispute is not resolved in accordance with section 132Q, a party to the dispute may apply to the Local Court to deal with the dispute under this section. 29
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(2) The applicant must, within 7 days of applying to the Local Court, notify the Health Secretary of the application. 32
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(3) The Local Court may deal with the dispute by doing one or more of the following— 34
35

(a) make a declaration that the operator complied, or did not comply, with the following— 36
37

(i) a minimum staffing ratio, 38

(ii) an additional staffing requirement, 39

(iii) a staffing composition requirement, 40

(b) grant an injunction restraining the operator from contravening or continuing to contravene the following— 41
42

(i) a minimum staffing ratio, 43

	(ii) an additional staffing requirement,	1
	(iii) a staffing composition requirement.	2
(4)	If the Local Court makes a declaration or grants an injunction, the relevant registrar of the Local Court must notify the Health Secretary within 7 days of the making of the declaration or the granting of the injunction.	3 4 5
(5)	If an application is made under subsection (1), the Local Court may, pending the determination of the application, grant an interim injunction restraining the operator from engaging in or continuing the conduct that is the subject of the application.	6 7 8 9
(6)	An interim injunction has effect until the earlier of the following occurs—	10
	(a) the application is determined,	11
	(b) the interim injunction is revoked by a court.	12
(7)	If the Local Court grants an interim injunction, the Court must determine the application as a matter of urgency.	13 14
132S	Amount may be paid to applicant	15
(1)	The Local Court may make an order under this section requiring the operator to pay an amount to the applicant if the Local Court has declared under section 132R(3)(a) that the operator did not comply with one or more of the following—	16 17 18 19
	(a) a minimum staffing ratio,	20
	(b) an additional staffing requirement,	21
	(c) a staffing composition requirement.	22
(2)	The amount must not exceed \$10,000.	23
(3)	An order made under subsection (1) is taken to be an order made in a civil proceeding.	24 25
Part 5	Reviews and investigations of certain staffing requirements and standards	26 27
132T	Maternity units—review of Birthrate Plus	28
(1)	This section applies to the Birthrate Plus workforce planning tool used to calculate minimum staffing requirements in maternity wards (<i>Birthrate Plus</i>).	29 30
(2)	The Health Secretary must, in consultation with the relevant union, review Birthrate Plus to determine whether the tool is fit for purpose and should continue to be used.	31 32 33
(3)	The review must be completed—	34
	(a) within 2 years of the commencement of the <i>Health Services Amendment (Nurse-to-Patient and Midwife-to-Patient Ratios) Act 2022</i> , and	35 36
	(b) every 3 years after the end of that period.	37
(4)	A report on the outcome of each review must be tabled in each House of Parliament within 12 months after the end of the periods specified in subsection (3).	38 39 40
(5)	The report must—	41
	(a) for public hospitals that use Birthrate Plus—	42
	(i) identify the public hospitals, and	43

	(ii) recommend a different methodology, if necessary, to ensure safe patient care, and	1 2
	(b) for all other public hospitals—if the review determines patient care is at risk, recommend minimum staffing requirements in maternity wards to ensure safe patient care.	3 4 5
132U	Review of staffing requirements in outpatient wards	6
	(1) The Health Secretary must, in consultation with the relevant union, review the number of nurses providing clinical care to patients in outpatient wards in public hospitals.	7 8 9
	(2) The review must be completed—	10
	(a) within 2 years of the commencement of the <i>Health Services Amendment (Nurse-to-Patient and Midwife-to-Patient Ratios) Act 2022</i> , and	11 12
	(b) every 3 years after the end of that period.	13
	(3) A report on the outcome of each review must be tabled in each House of Parliament within 12 months after the end of the periods specified in subsection (2).	14 15 16
	(4) If the review determines patient care is at risk, the report must recommend minimum staffing requirements in outpatient wards to ensure safe patient care.	17 18
132V	Investigation into implementation of ACORN standards	19
	(1) The Health Secretary must, in consultation with the relevant union, investigate whether the <i>Australian College of Perioperative Nurses (ACORN) Standards for Perioperative Nursing in Australia</i> could be implemented in public hospitals in New South Wales.	20 21 22 23
	(2) The investigation must be completed within 2 years of the commencement of the <i>Health Services Amendment (Nurse-to-Patient and Midwife-to-Patient Ratios) Act 2022</i> .	24 25 26
	(3) A report on the outcome of the investigation must be tabled in each House of Parliament within 12 months after the end of the period specified in subsection (2).	27 28 29
132W	Investigation into implementation of ACCCN standards	30
	(1) The Health Secretary must, in consultation with the relevant union, investigate whether the <i>Australian College of Critical Care Nurses (ACCCN) Workforce Standards for Intensive Care Nursing</i> could be implemented in public hospitals in New South Wales.	31 32 33 34
	(2) The investigation must be completed within 2 years of the commencement of the <i>Health Services Amendment (Nurse-to-Patient and Midwife-to-Patient Ratios) Act 2022</i> .	35 36 37
	(3) A report on the outcome of the investigation must be tabled in each House of Parliament within 12 months after the end of the period specified in subsection (2).	38 39 40
[2]	Section 140 Regulations	41
	Insert after section 140(2)(o)—	42
	(p) matters relating to minimum staffing ratios.	43

- [3] **Schedule 9** 1
 Insert after Schedule 8— 2

Schedule 9 Minimum staffing ratios for nurses 3

section 132A 4

1 Definitions 5

- (1) In this Schedule— 6

EMU means an emergency medical unit for the short-term treatment of patients admitted to an emergency department who no longer require emergency care. 7-9

general medical or surgical ward means— 10

- (a) a multi-day in-patient ward in which the following patients are cared for— 11-12

- (i) patients with an acute illness, chronic illness or injury, 13
 (ii) patients recovering from surgery, or 14

- (b) an area of a hospital in which patients admitted to an emergency department are transferred for the provision of short-term treatment, observation, assessment or reassessment when the patients no longer require emergency care. 15-18

high volume short stay ward means a ward to care for patients who have undergone scheduled surgery who require admission for up to 3 days. 19-20

MAU means a medical assessment unit for the assessment and treatment of patients admitted to an emergency department. 21-22

older mental health ward means a specialised ward dedicated to the treatment and care of patients with psychiatric, mental or behavioural disorders who are 65 years of age and older. 23-25

relevant emergency department means an emergency department, including a mental health triage and assessment centre, that is within a hospital prescribed by the regulations. 26-28

- (2) Expressions used in this Schedule have the same meaning as they have in Chapter 10, Part 4. 29-30

2 Minimum staffing ratios 31

Column 1	Column 2	Column 3	Column 4
Wards	Day shift	Afternoon shift	Night shift
General adult in-patient			
General medical or surgical ward	1:4	1:4	1:7
Critical care wards			
ICU, MHICU, NICU and PICU, however named	1:1	1:1	1:1
HDU and CCU, however named	1:2	1:2	1:2
Emergency departments			

Column 1	Column 2	Column 3	Column 4
Wards	Day shift	Afternoon shift	Night shift
Resuscitation	1:1	1:1	1:1
Relevant emergency departments	1:3	1:3	1:3
EMU, however named	1:3	1:3	1:4
MAU, however named	1:4	1:4	1:4
In-patient mental health			
Adult in-patient mental health—acute and subacute	1:3	1:3	1:5
Child and adolescent	1:2	1:2	1:4
Acute mental health rehabilitation	1:4	1:4	1:5
Long term mental health rehabilitation	1:6	1:6	1:10
Older mental health ward	1:3	1:3	1:5
Paediatrics			
Paediatrics general in-patient wards	1:3	1:3	1:3
Postnatal			
Postnatal	1:3	1:3	1:3
Neonatal			
Special care nurseries without continuous positive airway pressure therapy	1:3	1:3	1:3
Rehabilitation			
Rehabilitation	1:4	1:4	1:7
Short stay wards			
High volume short stay ward	1:4	1:4	1:7
Drug and alcohol			
Drug and alcohol in-patients	1:4	1:4	1:7
Palliative care			
Palliative care	1:4	1:4	1:7

3 Additional staffing requirements

1

Column 1	Column 2	Column 3	Column 4
Wards	Day shift	Afternoon shift	Night shift
General adult in-patient			
General medical or surgical ward	1 nurse-in-charge	1 nurse-in-charge	—
Critical care wards			
ICU, MHICU and PICU, however named	1 nurse-in-charge 1 ACCESS nurse	1 nurse-in-charge 1 ACCESS nurse	1 nurse-in-charge 1 ACCESS nurse
NICU, however named	1 nurse-in-charge	1 nurse-in-charge	1 nurse-in-charge
HDU and CCU, however named	1 nurse-in-charge	1 nurse-in-charge	1 nurse-in-charge
Emergency departments			
Resuscitation	—	—	—
Relevant emergency departments	1 nurse-in-charge 1 triage nurse 2 nurses with experience and qualifications in critical care	1 nurse-in-charge 2 triage nurses 2 nurses with experience and qualifications in critical care	1 nurse-in-charge 1 triage nurse 2 nurses with experience and qualifications in critical care
EMU, however named	1 nurse-in-charge	1 nurse-in-charge	1 nurse-in-charge
MAU, however named	1 nurse-in-charge	1 nurse-in-charge	1 nurse-in-charge
In-patient mental health			
Adult in-patient mental health—acute and subacute	1 nurse-in-charge	1 nurse-in-charge	—
Child and adolescent	1 nurse-in-charge	1 nurse-in-charge	—
Acute mental health rehabilitation	1 nurse-in-charge	1 nurse-in-charge	—
Long term mental health rehabilitation	1 nurse-in-charge	1 nurse-in-charge	—
Older mental health ward	1 nurse-in-charge	1 nurse-in-charge	—
Paediatrics			
Paediatrics general in-patient wards	1 nurse-in-charge	1 nurse-in-charge	1 nurse-in-charge
Postnatal			
Postnatal	1 midwife-in-charge	1 midwife-in-charge	1 midwife-in-charge
Neonatal			
Special care nurseries without continuous positive airway pressure therapy	1 nurse-in-charge	1 nurse-in-charge	1 nurse-in-charge

Column 1	Column 2	Column 3	Column 4
Wards	Day shift	Afternoon shift	Night shift
Rehabilitation			
Rehabilitation	1 nurse-in-charge	1 nurse-in-charge	—
Short stay wards			
High volume short stay ward	—	—	—
Drug and alcohol			
Drug and alcohol in-patients	—	—	—
Palliative care			
Palliative care	1 nurse-in-charge	1 nurse-in-charge	—

[4] Dictionary

Insert in alphabetical order in Part 1—

- ACCESS nurse*, for Chapter 10, Part 4—see section 132A(1). 1
- additional staffing requirement*, for Chapter 10, Part 4—see section 132A(1). 2
- afternoon shift*, for Chapter 10, Part 4—see section 132A(1). 3
- CCU*, for Chapter 10, Part 4—see section 132A(1). 4
- critical care ward*, for Chapter 10, Part 4—see section 132A(1). 5
- day shift*, for Chapter 10, Part 4—see section 132A(1). 6
- EMU*, for Schedule 9—see Schedule 9, clause 1(1). 7
- general medical or surgical ward*, for Schedule 9—see Schedule 9, clause 1(1). 8
- HDU*, for Chapter 10, Part 4—see section 132A(1). 9
- high volume short stay ward*, for Schedule 9—see Schedule 9, clause 1(1). 10
- intensive care unit*, or *ICU*, for Chapter 10, Part 4—see section 132A(1). 11
- MAU*, for Schedule 9—see Schedule 9, clause 1(1). 12
- mental health intensive care unit*, or *MHICU*, for Chapter 10, Part 4—see section 132A(1). 13
- midwife*, for Chapter 10, Part 4—see section 132A(1). 14
- midwife-in-charge*, for Chapter 10, Part 4—see section 132A(1). 15
- minimum staffing ratio*, for Chapter 10, Part 4—see section 132A(1). 16
- neonatal intensive care unit*, or *NICU*, for Chapter 10, Part 4—see section 132A(1). 17
- night shift*, for Chapter 10, Part 4—see section 132A(1). 18
- nurse*, for Chapter 10, Part 4—see section 132A(1). 19
- nurse-in-charge*, for Chapter 10, Part 4—see section 132A(1). 20
- older mental health ward*, for Schedule 9—see Schedule 9, clause 1(1). 21
- operator*, for Chapter 10, Part 4—see section 132A(1). 22
- paediatric intensive care unit*, or *PICU*, for Chapter 10, Part 4—see section 132A(1). 23
- relevant emergency department*, for Schedule 9—see Schedule 9, clause 1(1). 24
- relevant nurse or midwife*, for Chapter 10, Part 4, Division 3—see section 132O. 25

<i>relevant union</i> , for Chapter 10, Part 4—see section 132A(1).	1
<i>safe patient care compliance direction</i> , for Chapter 10, Part 4—see section 132A(1).	2 3
<i>shift</i> , for Chapter 10, Part 4—see section 132A(1).	4
<i>staffing composition requirement</i> , for Chapter 10, Part 4—see section 132A(1).	5 6
<i>ward</i> , for Chapter 10, Part 4—see section 132A(1).	7