Purpose: To provide guidelines on staffing Emergency Department nursing care when there is a shortage of nurses due to increased census during a disaster or pandemic necessitating contingency ED plans.

Assumptions/Principles of Staffing
1) 1 ED RN (No team nursing) 1:4 / 1:2 (Usual ED staffing Care)
   a. Discretion of charge nurse based on acuity
2) Contingency Staffing ED Model
   a. 1:2 Staffing: ICU Level of Care Patients
   b. 1:5 or 1:6 Staffing: Non-critical and stable patients

Assumptions of Care: Manager/Director Meeting with consideration of acuity and staffing potential 1:5/1:6

Contingency Model:
Deployed when RN shortage of staff in ED
May be activated by HCC in collaboration with NM/Director/CNO
Implement out of ratio:
1 RN to 2 Patients ICU level of care with 1 Support RN or ED Tech (when available)
1 RN to 5-6 Patients non-critical stable patients with 1 Support RN or ED Tech (when available)

Duties/Documentation in EMR
• **RN**
  - Perform Physical Assessment
  - Administer all medications
  - Interprets ECG/Telemetry
  - Perform procedures etc
  - Empty drains
• **PCT**
  - Vital Signs – document and report
  - Splinting/Ortho braces
  - Assists RN staff

Reduce unnecessary tasks
Limit documentation requirements.

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