

Approved October 2016

Emergency Department Nurse Staffing

Revised October 2016

Reaffirmed September 2005

This policy statement was originally approved as a Board Motion titled “Nursing Shortage” in June 1988 and was approved as a policy statement in June 1999.

The American College of Emergency Physicians (ACEP) supports emergency department (ED) nurse staffing systems that provide adequate numbers of registered nurses who are trained and experienced in the practice of emergency nursing. Adequate nurse staffing levels should account for patient volume and acuity, the increased time demands of electronic medical record documentation, the number of patients boarding in the ED, patient/family education, and care coordination. Nurse staffing should be evaluated on these factors in addition to experience and skill mix of the ED staff.

Maintaining emergency department nurse staffing at levels comparable to inpatient and observation units is prudent to provide the same standard of care, treatment, and services to meet patient care and safety expectations. Contingency plans should provide additional nurse staffing for unanticipated emergency patient volume and/or acuity, and boarding of emergency patients awaiting community psychiatric, observation or inpatient bed placement. These plans should include the assignment of medical, surgical, and ICU nurses in addition to behavioral health personnel to the ED, as needed to care for patients boarded in the ED.

Emergency department staffing models should account for experience in emergency nursing as well as the proportion of ancillary personnel available to support the emergency nursing staff.