

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
PUBLIC HEALTH LICENSING SERVICES  
MEDICAL FACILITIES LICENSING  
#SP-028-PHL-MED**

**INTERPRETATION OF THE STAFFING REQUIREMENTS FOR  
INTENSIVE CARE UNIT NURSING SERVICES**

*This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties, you may petition the agency under Arizona Revised Statutes Section 41-1033 for a review of the statement.*

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The purpose of this substantive policy statement is to clarify the staffing requirements in an intensive care unit, as stated in A.A.C. R9-10-221(5) and (6), when an assigned registered nurse leaves the intensive care unit.

According to R9-10-221:

Except for a special hospital that provides only psychiatric services, an administrator of a hospital that provides intensive care services shall ensure that:

5. In addition to the requirements in R9-10-214(C), an intensive care unit is staffed:
  - a. With at least one registered nurse assigned for every two patients, and
  - b. According to an acuity plan as required in R9-10-214;
6. Each intensive care unit has a policy and procedure that provides for meeting the needs of the patients;

Except as provided in R9-10-221(7), a hospital is required to assign at least one registered nurse to every two patients in an intensive care unit. The Department interprets R9-10-221(5)(a) to mean that a specific registered nurse is designated to be responsible for the provision of direct care, meaning nursing services provided directly to a patient, for a specific patient or patients over the course of a shift and that the nurse's assignment is for no more than two concurrent patients in the intensive care unit. The Department recognizes that an assigned registered nurse may leave the intensive care unit for breaks or other expected responsibilities or situations, such as for a hospital-wide code or transporting a patient off the unit. To ensure that patients' needs are being met at all times, a plan must be developed, according to the policy and procedure required in R9-10-221(6), at the beginning of each shift to address situations when an assigned nurse must temporarily leave the unit.

When a patient's assigned registered nurse temporarily leaves the unit, a registered nurse, not assigned to the patient, must temporarily assume responsibility for the provision of direct care to the patient. At least one registered nurse responsible for the provision of direct care to the patient must be qualified in advanced cardiopulmonary resuscitation specific to the age of the patient.

The Department recognizes that unexpected circumstances beyond the control of the nurse executive or the hospital may arise in which the ratio required in R9-10-221(5) may be impossible to implement. In such circumstances, the hospital will implement the policies and procedures required in R9-10-214(C)(2)(c), as stated in SP-027-PHL-MED.