

**Safe Patient Care (Nurse to Patient and Midwife to
Patient Ratios) Amendment Act 2019**

No. of 2019

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Part 1—Preliminary

- (b) to stipulate how nurse to patient, or midwife to patient, ratios are to be determined in relation to mixed wards to which different ratios are otherwise applicable; and
- (c) to change the nurse to patient, or midwife to patient, ratio applying to—
 - (i) palliative care inpatient units; and
 - (ii) special care nurseries; and
 - (iii) birthing suites; and
- (d) to provide for a nurse to patient ratio in relation to—
 - (i) oncology wards; and
 - (ii) acute stroke wards; and
 - (iii) resuscitation beds in emergency departments; and
 - (iv) haematology wards; and
- (e) to enable, in specified circumstances, both nurses and midwives to staff a ward for the purpose of meeting staffing requirements for special care nurseries and postnatal wards; and
- (f) to repeal various provisions by which ratios could be varied; and
- (g) to specify certain hospitals as level 1 hospitals and to provide that Sunshine Hospital is restricted in its use of enrolled nurses.

2 Commencement

- (1) Subject to subsection (4), Parts 1, 2 and 5 come into operation on 1 March 2019.
 - (2) Part 3 comes into operation on 1 March 2020.
 - (3) Part 4 comes into operation on 1 March 2021.
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- (4) If this Act does not receive the Royal Assent before or on 1 March 2019, Parts 1, 2 and 5 come into operation on the day after the day on which this Act does receive the Royal Assent.

3 Principal Act

In this Act, the **Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015** is called the Principal Act.

Part 2—Phase 1 amendments

4 Definitions

- (1) In section 3 of the Principal Act **insert** the following definitions—

"neonatal intensive care unit means a specialist ward, or part of such a ward, that has the capacity to provide continuous life support and in which comprehensive multidisciplinary care is provided to newborn infants who are critically unwell;

nominated mixed ward means a ward named in a notice published under section 12A;"

- (2) In section 3 of the Principal Act, for the definition of *below ratios distribution* **substitute**—

"below ratios distribution means a proposal made under section 34(1) before the repeal of that section by section 15 of the **Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Act 2019**;"

- (3) In section 3 of the Principal Act, in the definition of *ratio omit* "Division 2 or 3 of".

- (4) In section 3 of the Principal Act, for the definition of *special care nursery* **substitute**—

"special care nursery means a ward, or part of such a ward, in which care is provided solely to newborn infants who are unwell but who do not require the level of care and treatment provided to newborn infants in a neonatal intensive care unit;"

- (5) In section 3 of the Principal Act, the following definitions are **repealed**—

(a) *normal care nursery*;

(b) *redistribution principles*.

5 Rounding method

(1) For section 12(1) and (2) of the Principal Act
substitute—

"(1) If the actual or expected number of patients in a ward or the number of beds of one of the following categories is not divisible into a whole number following the application of the relevant ratio, the operator of the hospital must ensure that the ward or number of beds is staffed with one additional nurse or midwife (as the case requires) in order to comply with the ratio—

(a) on and from the day on which Part 2 of the **Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Act 2019** comes into operation—

(i) on all shifts in level 1 hospitals and level 2 hospitals—

(A) a general medical or surgical ward;

(B) a coronary care unit;

(C) a high dependency unit;

(D) an operating theatre;

(E) a post-anaesthetic recovery room;

(ii) on all shifts in an emergency department in hospitals specified in Part 1 of Schedule 3;

(iii) on the night shift in—

(A) an emergency department in hospitals specified in Part 2 or 3 of Schedule 3;

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- (B) an emergency department to which section 20(5) applies;
 - (iv) on the night shift in level 3 hospitals—
 - (A) a general medical or surgical ward;
 - (B) a coronary care unit;
 - (C) a high dependency unit;
 - (D) an operating theatre;
 - (E) a post-anaesthetic recovery room;
 - (v) on the night shift in level 4 hospitals—
 - (A) an acute ward;
 - (B) a coronary care unit;
 - (C) a high dependency unit;
 - (D) an operating theatre;
 - (E) a post-anaesthetic recovery room;
 - (vi) on the night shift in an aged high care residential ward in all hospitals;
 - (b) on and from 1 March 2020—
 - (i) on the morning shift in level 3 hospitals—
 - (A) a general medical or surgical ward;
 - (B) a coronary care unit;
 - (C) a high dependency unit;
 - (D) an operating theatre;
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- (E) a post-anaesthetic recovery room;
 - (ii) on the morning shift in level 4 hospitals—
 - (A) an acute ward;
 - (B) a coronary care unit;
 - (C) a high dependency unit;
 - (D) an operating theatre;
 - (E) a post-anaesthetic recovery room;
 - (iii) on the morning shift in—
 - (A) an emergency department in hospitals specified in Part 2 or 3 of Schedule 3;
 - (B) an emergency department to which section 20(5) applies;
 - (iv) on the night shift in all hospitals—
 - (A) a palliative care inpatient unit;
 - (B) a geriatric evaluation management bed;
 - (c) on and from 1 March 2021—
 - (i) on the morning shift in all hospitals—
 - (A) a palliative care inpatient unit;
 - (B) a geriatric evaluation management bed;
 - (C) a rehabilitation bed;
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- (ii) on the afternoon shift in level 3 hospitals—
 - (A) a general medical or surgical ward;
 - (B) a coronary care unit;
 - (C) a high dependency unit;
 - (D) an operating theatre;
 - (E) a post-anaesthetic recovery room;
 - (iii) on the afternoon shift in level 4 hospitals—
 - (A) an acute ward;
 - (B) a coronary care unit;
 - (C) a high dependency unit;
 - (D) an operating theatre;
 - (E) a post-anaesthetic recovery room;
 - (iv) on the afternoon shift in—
 - (A) an emergency department in hospitals specified in Part 2 or 3 of Schedule 3;
 - (B) an emergency department to which section 20(5) applies;
 - (v) on the night shift in all hospitals—
 - (A) a special care nursery;
 - (B) a neonatal intensive care unit;
 - (C) an antenatal ward;
 - (D) a postnatal ward;
 - (E) a birthing suite;
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- (d) on and from 1 March 2022—
 - (i) on the morning shift in all hospitals—
 - (A) a special care nursery;
 - (B) a neonatal intensive care unit;
 - (C) an antenatal ward;
 - (D) a postnatal ward;
 - (E) a birthing suite;
 - (ii) on the afternoon shift in all hospitals—
 - (A) a palliative care inpatient unit;
 - (B) a geriatric evaluation management bed;
 - (C) a rehabilitation bed;
 - (e) on and from 1 March 2023, on the afternoon shift in all hospitals—
 - (i) a special care nursery;
 - (ii) a neonatal intensive care unit;
 - (iii) an antenatal ward;
 - (iv) a postnatal ward;
 - (v) a birthing suite.
- (2) If on a date in relation to which a ward (other than a nominated mixed ward) or a number of beds is staffed to comply with a ratio for a particular category of ward or bed subsection (1) does not apply to that particular category, the operator is not required to ensure that the ward or number of beds is staffed with an additional nurse or
-

midwife in order to comply with the relevant ratio unless—

- (a) safe patient care may be compromised if the ward or number of beds is not staffed with the additional nurse or midwife; and
- (b) the actual or expected number of patients in the ward or the number of beds requires more than 50 per cent of one additional nurse or midwife in order to comply with the ratio."

(2) Section 12(4) of the Principal Act is **repealed**.

6 New section 12A inserted

After section 12 of the Principal Act **insert**—

"12A Ratio for mixed wards

- (1) In February and August each year, the operator of a hospital—
 - (a) must nominate a ward as a mixed ward for the following 6 month period starting on 1 March or 1 September of that year (as the case requires) if—
 - (i) the operator has specifically configured the ward to provide, in the course of its ordinary operation, a mixture of clinical services; and
 - (ii) there is more than one portion of the ward and, accordingly, more than one ratio would apply when determining staff numbers for the entire ward but for subsection (3); and

- (b) must publish a notice of the nomination of the ward as a mixed ward on the hospital's Internet site including the following details—
 - (i) the name of the mixed ward;
 - (ii) the total number of occupied beds in the mixed ward;
 - (iii) the different ratios that would apply but for subsection (3);
 - (iv) the expected number of occupied beds in each portion of the ward during the following 6 month period determined in accordance with subsection (2).
 - (2) For the purpose of determining the expected number of occupied beds in each portion of the ward, the operator must take into account—
 - (a) the portions in the ward and the number of occupied beds in each portion during the preceding 12 months; and
 - (b) any factors during the following 6 month period (or the remainder of the 6 month period if subsection (8) applies) which are likely—
 - (i) to increase or decrease the number of occupied beds; or
 - (ii) to change the portions in the ward.
 - (3) Subject to subsections (4), (5) and (6), the operator of a hospital must staff a nominated mixed ward in accordance with a ratio determined as follows for the relevant 6 month period—
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- (a) determine the number of staff (excluding any nurse in charge or midwife in charge) for each portion by applying the relevant ratio for that portion;
 - (b) add the number of staff for each portion;
 - (c) determine the nominated mixed ward ratio by dividing the total number of occupied beds in the nominated mixed ward by the total number of staff ascertained in paragraph (b).
- (4) For the purposes of subsection (3)(a), if the number of occupied beds in a portion is not divisible into a whole number following the application of the relevant ratio for that portion, the number of staff for that portion may be rounded down to the nearest whole number if at least one (but not all) of the portions of the nominated mixed ward is a portion to which section 12(2) would apply if the portion were a ward.
- (5) If the number of occupied beds in the nominated mixed ward is not divisible into a whole number following the application of the ratio determined under subsection (3)(c), the operator of the hospital must ensure that the ward is staffed with an additional nurse or midwife (as the case requires) in order to comply with that ratio unless—
- (a) section 12(2) would apply to each portion of the nominated mixed ward if each portion were a ward; and
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- (b) safe patient care would not be compromised if the nominated mixed ward were not staffed with the additional nurse or midwife; and
 - (c) the number of occupied beds in the nominated mixed ward requires less than or equal to 50 per cent of one additional nurse or midwife in order to comply with that ratio.
- (6) If the ratio applying to a portion of a nominated mixed ward requires a nurse in charge or a midwife in charge for that portion, only one nurse in charge or one midwife in charge (as the case requires) is required for the entire nominated mixed ward.
- (7) If the operator of a hospital fails to nominate a ward as a mixed ward in accordance with subsection (1)—
- (a) the ratio otherwise applying to a portion of the ward that is the highest nurse to patient, or midwife to patient, ratio of the ratios otherwise applying to the portions of the ward is to be applied to the mixed ward as a whole until the operator nominates the mixed ward; and

Example

A mixed ward that the operator has failed to nominate consists of 2 portions. The ratio of one nurse for every 3 patients applies to Portion A. The ratio of one nurse for every 6 patients applies to Portion B. The ratio that applies to the entire ward is one nurse for every 3 patients because this ratio is the higher of the 2 ratios.

- (b) if any ratio otherwise applying to a portion of a nominated mixed ward would but for this section require a nurse in charge or a midwife in charge for that portion, only one nurse in charge or one midwife in charge (as the case requires) is required for the entire ward.

Example

A mixed ward that the operator has failed to nominate consists of 2 portions. A nurse in charge is required for Portion A. A nurse in charge is required for Portion B. Despite each portion requiring a nurse in charge, the operator is not required to staff the mixed ward with 2 nurses in charge. One nurse in charge is sufficient.

- (8) If the configuration of a nominated mixed ward changes during a specified 6 month period, resulting in significantly different portions or significantly different numbers of occupied beds in its portions, the operator of a hospital—
- (a) must make a new nomination in relation to the mixed ward for the remainder of the 6 month period; and
 - (b) must publish a notice of the new nomination on the hospital's Internet site including the following details—
 - (i) the name of the mixed ward;
 - (ii) the total number of occupied beds in the mixed ward;
 - (iii) the different ratios that would apply but for subsection (3);
 - (iv) the expected number of occupied beds in each portion of the ward during the remainder of the
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6 month period determined in
accordance with subsection (2);
and

- (c) must staff the nominated mixed ward for the remainder of the 6 month period in accordance with a new ratio determined in accordance with subsection (3).
- (9) This section does not apply to—
 - (a) a special care nursery with 8 or more occupied cots; or
 - (b) a ward with 6 or more birthing suites.
- (10) In this section—

portion, in relation to a mixed ward, means the category of those patients or beds in the ward to which a particular ratio applies.

Example

A mixed ward may have 3 portions: a portion of general medical or surgical beds, a portion of palliative care beds and a portion of coronary care beds."

7 Level 4 hospitals

Section 18(2) of the Principal Act is **repealed**.

8 Emergency departments

- (1) In section 20(1)(c)(i) of the Principal Act **omit** "subject to subsection (2),".
- (2) Section 20(2) of the Principal Act is **repealed**.

9 Rehabilitation and geriatric evaluation management

Section 24(3) and (4) of the Principal Act are **repealed**.

10 Section 27 substituted

For section 27 of the Principal Act **substitute—**

"27 Special care nurseries

- (1) The operator of a hospital must staff a ward that is a special care nursery as follows on all shifts—
- (a) in the case of a special care nursery with 9 or fewer occupied cots—
 - (i) one nurse or midwife; and
 - (ii) for every 4 additional occupied cots beyond 4, one person, being either a nurse or a midwife;
 - (b) in the case of a special care nursery with 10 occupied cots, 3 persons, each being either a nurse or a midwife;
 - (c) in the case of a special care nursery with 11 or more occupied cots—
 - (i) 4 persons, each being either a nurse or a midwife; and
 - (ii) for every 3 additional occupied cots beyond 11, one person, being either a nurse or a midwife.
- (2) Despite section 12, the operator of a hospital must staff a special care nursery with 6 occupied cots, on all shifts, with 2 persons, each being either a nurse or a midwife.

Note

See subsection (2) in relation to requirements for 6 occupied cots.

- (3) A nurse or midwife with whom the operator of a hospital staffs a special care nursery for the purpose of complying with this section must have completed—
- (a) the equivalent of at least 64 hours' employment per fortnight as a nurse or a midwife during a 12 month period; or
 - (b) a total of 64 hours' placement in a special care nursery.

Note

The 64 hours' placement in a special care nursery is supernumerary to the relevant ratio.

- (4) For the purpose of ensuring that appropriate care and treatment of infants in a special care nursery is provided, the operator of the hospital—
- (a) must take into account the prescribed criteria; and
 - (b) in accordance with the prescribed criteria, may staff the special care nursery with nurses or midwives in addition to the number required as a minimum under subsection (1)."

11 Neonatal intensive care units

- (1) In section 28 of the Principal Act, for "Mercy Hospital for Women, the Royal Women's Hospital, Monash Medical Centre (Clayton) and the Royal Children's Hospital" **substitute** "a hospital".

- (2) At the end of section 28 of the Principal Act **insert—**

"(2) For the purposes of ensuring that appropriate care and treatment of infants in a neonatal intensive care unit is provided, the operator of a hospital—

- (a) must take into account the prescribed criteria; and
- (b) in accordance with the prescribed criteria, may staff the neonatal intensive care unit with nurses in addition to the number required as a minimum under subsection (1)."

12 Antenatal and postnatal wards

- (1) In the heading to section 30 of the Principal Act **omit "and postnatal"**.
- (2) In section 30(1) of the Principal Act—
 - (a) **omit** "level 1 hospital, a level 2 hospital, a level 3 hospital or a level 4";
 - (b) **omit** "or a postnatal ward".
- (3) In section 30(2) of the Principal Act **omit** "or a postnatal ward".

13 Delivery suites

- (1) In the heading to section 31 of the Principal Act, for "**Delivery**" **substitute** "**Birthing**".
 - (2) For section 31(1) of the Principal Act **substitute**—

"(1) Subject to subsection (2), the operator of a level 1 hospital, a level 2 hospital or a level 3 hospital must ensure that 2 midwives for every 3 nominated birthing suites are provided on all shifts."
 - (3) In section 31(2) of the Principal Act, for "delivery" **substitute** "birthing".
 - (4) In section 31(4) and (5) of the Principal Act, for "delivery" (where twice occurring) **substitute** "birthing".
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(5) For section 31(6) of the Principal Act
substitute—

- "(6) In February and August each year, the operator of a hospital—
- (a) must determine the number of occupied birthing suites in the hospital for the following 6 month period starting on 1 March or 1 September of that year (as the case requires); and
 - (b) must publish the determination referred to in paragraph (a) on the hospital's Internet site.
- (7) For the purpose of determining the number of occupied birthing suites under subsection (6), the operator of a hospital must take into account—
- (a) the number of birthing suites used for birthing or midwifery assessments during the preceding 12 months; and
 - (b) any factors which are likely to increase or decrease the number of birthing suites to be used for birthing or midwifery assessments during the following 6 month period.
- (8) Despite anything to the contrary in subsection (7), if the operator of a hospital determines that fewer birthing suites were used during the preceding 12 months on Saturdays and Sundays, the operator may determine the number of occupied birthing suites in the hospital that—
- (a) is applicable only on Saturdays and Sundays for the relevant 6 month period; and
-

- (b) is lower than the number determined under subsection (6).
- (9) As soon as practicable after receiving a request from the relevant union for the information used by the operator to make a determination under subsection (6) or (8), the operator of a hospital must provide the relevant union with the information.
- (10) In this section—
- midwifery assessment* is an assessment of an outpatient by a midwife in a birthing suite for the purposes of assessing the outpatient in relation to the outpatient's pregnancy;
- nominated birthing suite* means a birthing suite that is one of a number of birthing suites determined to be occupied under this section."

14 New section 31A inserted

After section 31 of the Principal Act **insert**—

"31A Postnatal wards

- (1) Subject to subsection (2), the operator of a hospital must staff a postnatal ward with the following—
- (a) on the morning shift or the afternoon shift—
- (i) one midwife or nurse for every 4 patients; and
- (ii) one midwife in charge or nurse in charge;
- (b) on the night shift, one midwife or nurse for every 6 patients.
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- (2) The operator of a hospital must ensure that, of the persons referred to in subsection (1)(a)(i) or (b) and with whom the operator staffs a postnatal ward for the purpose of complying with the ratio—
- (a) at least one is a midwife; and
 - (b) not more than one is a nurse.
- (3) A nurse with whom the operator of a hospital staffs a postnatal ward for the purpose of complying with the ratio—
- (a) must have completed a total of 48 hours' placement in a postnatal ward; and
- Note**
- The 48 hours' placement in a postnatal ward is supernumerary to the relevant ratio.
- (b) must be undertaking a postgraduate midwifery program in the course of the nurse's employment by the hospital; and
 - (c) must satisfy the prescribed requirements."

15 Sections 33, 34 and 35 repealed

Sections 33, 34 and 35 of the Principal Act are **repealed**.

16 Local dispute resolution

After section 41(4) of the Principal Act **insert**—

- "(5) This section does not apply to breaches that—
- (a) are alleged to have occurred during the period commencing on the day on which Part 2 of the **Safe Patient Care (Nurse to Patient and Midwife to**

Patient Ratios) Amendment Act 2019
comes into operation and ending
180 days after that day; and

- (b) are in relation to staffing requirements
which are in operation consequent to
amendments made by that Part."

17 New section 50 inserted

After section 49 of the Principal Act **insert**—

**"50 Saving of variations and redistributions—
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Midwife to Patient Ratios) Amendment
Act 2019**

- (1) Despite the repeal of section 33 as in force
immediately before the commencement
of section 15 of the **Safe Patient Care
(Nurse to Patient and Midwife to Patient
Ratios) Amendment Act 2019**, an operator
of a hospital that complies with—
- (a) a redistribution proposal made and
implemented in accordance with
section 33 before that repeal; or
- (b) a redistribution of nursing or midwifery
hours taken under section 49(1) before
that repeal to be a redistribution under
section 33(1)—

is taken to comply with the relevant ratio
during the relevant specified period.

- (2) Despite the repeal of section 34 as in force
immediately before the commencement
of section 15 of the **Safe Patient Care
(Nurse to Patient and Midwife to Patient
Ratios) Amendment Act 2019**, an operator
of a hospital that implements—
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- (a) a below ratios distribution that is in effect immediately before that repeal; or
- (b) a distribution of nursing or midwifery hours taken under section 49(2) before that repeal to be a below ratios distribution—

is taken to comply with the relevant ratio during the relevant specified period.

- (3) Despite the repeal of section 35 as in force immediately before the commencement of section 15 of the **Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Amendment Act 2019**, an operator of a hospital that applies—
 - (a) an alternative staffing model in accordance with section 35(2) or (3) immediately before that repeal; or
 - (b) an alternative staffing model taken under section 49(3) before that repeal to be a trial under section 35(1)—

is taken to comply with the relevant ratio for the duration of the application of that model."

18 Level 1 hospitals

In Part 1 of Schedule 1 to the Principal Act—

- (a) after "Box Hill Hospital" **insert** "Casey Hospital";
 - (b) after "Heidelberg Repatriation Hospital" **insert** "Monash Children's Hospital";
 - (c) after "St Vincent's Hospital" **insert** "Sunshine Hospital".
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19 Level 2 hospitals

In Part 2 of Schedule 1 to the Principal Act **omit**
"Sunshine Hospital".

**20 Schedule 2—Hospitals not restricted in use of
enrolled nurses**

In Schedule 2 to the Principal Act **omit**
"Sunshine Hospital".

Part 3—Phase 2 amendments

21 Definitions

- (1) In section 3 of the Principal Act **insert** the following definitions—

acute stroke ward means a multi-day inpatient ward, or part of such a ward—

- (a) in which comprehensive care and monitoring of patients with strokes in the hyperacute or the acute phase is provided; and
- (b) that has the capacity to provide thrombolysis;

haematology ward means a multi-day inpatient ward, or part of such a ward, that is dedicated to the care of patients with blood cancers and related diseases primarily affecting bone marrow or blood cells and in which—

- (a) treatment is provided involving complex and high dose chemotherapy regimens and stem cell transplants; and
- (b) symptoms including, but not limited to, sepsis, febrile neutropenia, tumour lysis syndrome and disseminated intravascular coagulopathy are managed;

oncology ward means a multi-day inpatient ward, or part of such a ward—

- (a) dedicated to the care and non-surgical treatment of patients with cancer (other than those receiving treatment in a haematology ward); and
 - (b) that has the capacity to administer complex chemotherapy;".
-

- (2) In section 3 of the Principal Act, in paragraph (a) of the definition of *acute ward*, after "injury" **insert** ", other than those patients receiving care in an acute stroke ward".

22 New sections 21A, 21B and 21C inserted

After section 21 of the Principal Act **insert**—

21A Acute stroke wards

The operator of a hospital must staff a ward that is an acute stroke ward on all shifts with—

- (a) one nurse for every 3 patients; and
- (b) one nurse in charge.

21B Oncology wards

The operator of a hospital must staff a ward that is an oncology ward as follows—

- (a) on the morning shift or the afternoon shift—
 - (i) one nurse for every 4 patients; and
 - (ii) one nurse in charge;
- (b) on the night shift—
 - (i) one nurse for every 8 patients; and
 - (ii) one nurse in charge.

21C Haematology wards

The operator of a level 1 hospital must staff a ward that is a haematology ward as follows—

- (a) on the morning shift or the afternoon shift—
 - (i) one nurse for every 3 patients; and
 - (ii) one nurse in charge;

(b) on the night shift—

- (i) one nurse for every 5 patients; and
- (ii) one nurse in charge."

23 Palliative care inpatient units

(1) In section 23(b)(i) of the Principal Act, for "5 patients" **substitute** "4 patients".

(2) For section 23(c) of the Principal Act **substitute**—

"(c) on the night shift—

- (i) one nurse for every 6 patients; and
- (ii) one nurse in charge."

24 Special care nurseries

For section 27(1) of the Principal Act **substitute**—

"(1) The operator of a hospital must staff a ward that is a special care nursery as follows—

- (a) in the case of 7 or fewer occupied cots, on all shifts—
 - (i) one nurse or midwife; and
 - (ii) for every 4 additional occupied cots beyond 4, one person, being either a nurse or a midwife;

Note

See subsection (2) in relation to requirements for 6 occupied cots.

(b) in the case of 8 or 9 occupied cots—

- (i) on the morning shift or the afternoon shift—
 - (A) one nurse or midwife; and

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- (B) for every 4 additional occupied cots beyond 4, one person, being either a nurse or a midwife; and
 - (C) a nurse in charge or a midwife in charge; and
 - (ii) on the night shift—
 - (A) one nurse or midwife; and
 - (B) for every 4 additional occupied cots beyond 4, one person, being either a nurse or a midwife;
 - (c) in the case of 10 occupied cots—
 - (i) on the morning shift or the afternoon shift—
 - (A) 3 persons, each being either a nurse or a midwife; and
 - (B) a nurse in charge or a midwife in charge; and
 - (ii) on the night shift, 3 persons, each being either a nurse or a midwife;
 - (d) in the case of 11 or more occupied cots—
 - (i) on the morning shift or the afternoon shift—
 - (A) 4 persons, each being either a nurse or a midwife; and
 - (B) for every 3 additional occupied cots beyond 11, one person, being either a nurse or a midwife; and
-

- (C) a nurse in charge or a midwife in charge; and
- (ii) on the night shift—
 - (A) 4 persons, each being either a nurse or a midwife; and
 - (B) for every 3 additional occupied cots beyond 11, one person, being either a nurse or a midwife."

25 Birthing suites

For section 31(1) of the Principal Act
substitute—

- "(1) Subject to subsection (2), the operator of a level 1 hospital, a level 2 hospital or a level 3 hospital must ensure that—
- (a) 2 midwives for every 3 nominated birthing suites are provided on all shifts; and
 - (b) in the case of a hospital with 6 or more nominated birthing suites, on the morning shift, a midwife in charge is provided."

Part 4—Phase 3 amendments

26 Definitions

In section 3 of the Principal Act **insert** the following definition—

"resuscitation bed means a bed in an emergency department that is allocated for the assessment, resuscitation and treatment of patients with critical conditions and that is being used for that purpose;"

27 Emergency departments

- (1) In section 20(1)(a)(i) of the Principal Act, after "beds" **insert** "(including any resuscitation bed)".
 - (2) In section 20(1)(b) of the Principal Act—
 - (a) in subparagraph (i), after "beds" **insert** "(not including any resuscitation bed)";
 - (b) after subparagraph (i) **insert**—

"(ia) one nurse for each resuscitation bed;
and".
 - (3) In section 20(1)(c) of the Principal Act—
 - (a) in subparagraph (i), after "beds" **insert** "(not including any resuscitation bed)";
 - (b) after subparagraph (i) **insert**—

"(ia) one nurse for each resuscitation bed;
and".
-

Part 5—Repeal of amending Act

28 Repeal of amending Act

This Act is **repealed** on 1 March 2022.

Note

The repeal of this Act does not affect the continuing operation of the amendments made by it (see section 15(1) of the **Interpretation of Legislation Act 1984**).

Endnotes

1 General information

See www.legislation.vic.gov.au for Victorian Bills, Acts and current authorised versions of legislation and up-to-date legislative information.

[†] *Minister's second reading speech—*

Legislative Assembly:

Legislative Council:

The long title for the Bill for this Act was "A Bill for an Act to amend the **Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015** and for other purposes."