



## Clinical Practice Frequently Asked Question

### **Q: What does ASPAN say about staffing after hours and on call?**

**A:** Staffing questions comprise a large portion of clinical practice questions posed to ASPAN. This impacts patient safety as well as the well-being of the nurse providing care. Patient safety should always be the priority. Each facility and unit should develop a written plan to define how safe staffing standards will be always achieved. Factors to consider are the number and type of cases admitted to PACU after hours, patient acuity, the number of competent staff eligible to take a call shift and the number of on-call hours to be covered. Additional considerations may include location of the PACU, non-operating room anesthesia (NORA) sites caring for patients and needing post anesthesia care and the phase of care the on-call nurse will be providing, i.e. preop, Phase I and/or Phase II care. The same staffing requirements apply when patients are in the PACU after hours as during regular business hours.

ASPAN's *2025-2026 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* address staffing for each level of perianesthesia care in several areas:

- Standard III, Staffing and Personnel Management
- Practice Recommendation: Patient Classification/Staffing Recommendations
- Practice Recommendation: Competencies, Knowledge and Skills for the Perianesthesia Registered Nurse
- Practice Recommendation: Competencies of Perianesthesia Unlicensed Assistive
  - Personnel/Support Staff
- ASPAN's Position Statement on Clinician Well-Being in the Perianesthesia Setting
- ASPAN's Position Statement on Acuity-Based Staffing for Phase

Although specialty organization standards are not mandatory, they provide a framework of care based on the best available evidence. They are foundational to most institutional policies and can be cited by attorneys and experts when analyzing malpractice/negligence cases. Policies developed should ensure that the same standard of care is provided, no matter the time of day. The appropriate number of qualified personnel with the same competency requirements should be available to provide quality care to the on call patient. Wherever PACU care is provided, the monitoring equipment, emergency equipment and medications appropriate for the patient's level of care should be immediately available.



Perianesthesia nurses are inherent problem solvers. Having clinical nurses that are familiar with the ASPAN standards document assist with designing unit policies, utilizes a shared governance approach and will result in a variety of solutions. Finally, state law and/or individual boards of nursing (BON) rules may address the maximum number of hours a healthcare worker may be scheduled to work. This may be expressed as the number of consecutive hours in a 24-hour period or in hours worked per week. In summary, ASPAN recognizes that providing safe perianesthesia care after hours can be challenging for both clinical nurses and leadership. Patient safety should never be compromised.<sup>1</sup>

## Reference

1. American Society of PeriAnesthesia Nurses. Position statement on a thriving workforce in the perianesthesia setting. In: *2025-2026 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. ASPAN; 2024: 146-150.