

## **ACORN Standards: Staffing and Fatigue in the Perioperative Environment**

This document is an original educational summary prepared for continuing professional development (CPD) and discussion purposes. It is based on publicly available information and general professional knowledge relating to perioperative staffing and fatigue management, including concepts discussed within the *ACORN Standards for Perioperative Nursing in Australia*.

This summary is not a reproduction of the ACORN standards and does not represent the official position or wording of the Australian College of Perioperative Nurses (ACORN). The content has been interpreted and synthesised for educational use and should be read as a general overview rather than a substitute for the complete standards.

Healthcare professionals should consult the full and current edition of the ACORN Standards for Perioperative Nursing in Australia, relevant legislation, regulatory guidance, and their organisation's policies and procedures when making clinical, staffing, or governance decisions.

While every effort has been made to ensure accuracy at the time of writing, the author makes no guarantee that the information is complete, current, or applicable to all clinical settings. Clinical judgement and organisational policy should always guide practice.

The information contained in this document is intended to support professional learning and discussion and should not be interpreted as legal advice, regulatory direction, or mandatory clinical guidance.

### **Why ACORN addresses fatigue and staffing**

The **Australian College of Perioperative Nurses (ACORN)** standards recognise that **staffing levels and fatigue directly affect patient safety in operating theatres and procedural environments**. Appropriate staffing, skill mix, and fatigue management are therefore considered **core safety requirements**, not merely workforce issues. The standards outline responsibilities for **health service organisations, managers, and individual nurses** to ensure perioperative staff can deliver safe care.

## **1. ACORN Recommendations on Staffing for Safety**

### **1.1 Appropriate staffing levels**

ACORN emphasises that perioperative departments must maintain **sufficient staffing numbers to safely perform procedures and manage unexpected events**.

Key principles include:

- Staffing must reflect **procedure complexity, patient acuity, and case mix**.

- Adequate staff must be available to maintain **safe patient monitoring and surgical assistance** throughout procedures.
- Staffing decisions should support **patient advocacy, sterile technique, and emergency response capacity**.

In practical terms this means:

- **Minimum staffing levels for operating theatre procedures**, typically including:
  - **Instrument (scrub) nurse**
  - **Circulating (scout) nurse**
  - **Anaesthetic nurse**
  - Additional personnel for complex or high-risk cases

Perioperative staff should be considered **critical safety resources rather than interchangeable labour**, and staffing shortages should not compromise patient care.

## 1.2 Skill mix and competence

ACORN standards emphasise that staffing is not simply about numbers.

Key expectations:

- The **skill mix must match the procedure risk**.
- Staff must have **appropriate perioperative training and competency**.
- Novice staff should work under **structured supervision and preceptorship** until competent.
- Specialist roles (e.g., anaesthetic nurse, instrument nurse) require **specific education and experience**.

Orientation and preceptorship programs are recommended to ensure safe transition into the perioperative environment.

## 1.3 Workforce planning responsibilities

Healthcare organisations are expected to:

- Monitor staffing levels and workload.
- Maintain systems for **replacement staffing during leave or sickness**.
- Avoid **excessive overtime or unsafe workload expectations**.
- Ensure staff are **supported by appropriate leadership and management structures**.

Managers should ensure **work allocation reflects staff experience and workload demands**, particularly during high-risk procedures.

## **2. ACORN Recommendations on Fatigue Management**

### **2.1 Fatigue as a patient safety issue**

ACORN identifies fatigue as a **significant risk to patient safety and clinical decision-making**.

Fatigue may impair:

- clinical judgement
- reaction time
- vigilance and situational awareness
- communication and teamwork

These risks are particularly relevant in the **high-risk perioperative environment**, where rapid decision-making and constant monitoring are essential.

### **2.2 Organisational responsibilities**

Healthcare organisations must implement **formal fatigue management systems**.

These should include:

- Written **fatigue management policies**
- Rostering practices that reduce fatigue risk
- Monitoring excessive work hours or overtime
- Systems for reporting fatigue risk

Organisations should also provide supportive infrastructure such as:

- **break facilities**
- **rest areas where appropriate**
- access to **fatigue education and training**

These measures help ensure nurses are able to **function safely and effectively in their roles**.

### **2.3 Manager responsibilities**

Unit managers and perioperative leaders must:

- Consider fatigue when **rostering and allocating work**.

- Ensure staff receive **adequate rest breaks** during shifts.
- Avoid scheduling patterns that increase fatigue risk (e.g., excessive overtime).
- Recognise signs of fatigue in staff and **adjust workload or staffing accordingly**.

Managers should also create a **culture where staff can report fatigue without fear of blame**.

## 2.4 Individual nurse responsibilities

ACORN also emphasises professional accountability.

Perioperative nurses must:

- Present for work **fit to practise**.
- Recognise when fatigue may impair performance.
- Inform managers when fatigue poses a safety risk.
- Use fatigue mitigation strategies such as rest breaks.

This reflects the broader professional duty of nurses to **protect patient safety**.

## 3. Key Safety Principles from the ACORN Standards

Across both fatigue and staffing standards, several consistent principles emerge:

### **Patient safety is the priority**

Workforce decisions must support safe surgical care rather than simply meeting operational targets.

### **Fatigue is a recognised clinical risk**

Fatigue management is considered a **safety and governance responsibility**, not an individual weakness.

### **Staffing includes skill mix**

Safe staffing requires **qualified, competent perioperative nurses**, not just sufficient numbers.

### **Organisations share responsibility**

Fatigue and staffing risks must be managed through **systems, policies, and leadership**, not left to individual nurses alone.

## 4. Why these standards matter in practice

These standards are frequently referenced in:

- **hospital policy development**
- **perioperative staffing audits**
- **clinical governance reviews**
- **AHPRA and coronial investigations**

When adverse events occur in perioperative settings, investigators often examine whether **staffing levels, fatigue, or skill mix contributed to the incident.**

Compliance with ACORN standards therefore supports:

- patient safety
- professional accountability
- organisational risk management.

## **References**

ACORN (Australian College of Perioperative Nurses) 2023, *ACORN Standards for Perioperative Nursing in Australia*, ACORN, Melbourne.

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