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# Supreme Court Sets Nationwide ICU Standards — Three-Tier Classification, 1:1 Nurse Ratio, 3-Week State Action Plan

27 April 2026

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# Supreme Court Sets Nationwide ICU Standards — Three-Tier Classification, 1:1 Nurse Ratio, 3-Week State Action Plan

27 April 2026 · 3 min read

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## WHY IN NEWS

The **Supreme Court of India** (Bench: Justices Ahsanuddin Amanullah and R. Mahadevan) has directed all states and Union Territories to implement **uniform minimum ICU (Intensive Care Unit) standards** across all hospitals — public and private. The guidelines, prepared by an expert committee comprising **AIIMS doctor Nitish Naik, ASG Aishwarya Bhati, and Advocate Karan Bharihoke**, establish a **three-tier classification** with defined staffing, equipment, and admission criteria. States must submit action plans within **3 weeks**; the matter is listed for May 18, 2026.

## WHY THE SUPREME COURT INTERVENED

The ICU standards case arose from complaints about:

- ❶ **Inconsistent ICU quality** — beds labelled “ICU” in many hospitals lacked even basic oxygen supply or uninterrupted power
- ❷ **Mislabeled facilities** — hospitals charging ICU rates for beds that did not meet ICU standards
- ❸ **Staffing shortfalls** — no uniform nurse-to-patient ratios; critical care patients inadequately monitored
- ❹ **Rural hospital gap** — district hospitals with ICUs lacked specialist doctors; no mechanism for remote clinical support

## THE THREE-TIER ICU CLASSIFICATION

LEVEL	DESCRIPTION	KEY REQUIREMENTS
<b>Level 1</b>	Basic ICU — step-down care, close monitoring	Basic monitoring; trained nursing; O <sub>2</sub> supply; suction
<b>Level 2</b>	Intermediate ICU — invasive monitoring, mechanical ventilation for short periods	Advanced monitoring; ventilators; specialist on call
<b>Level 3</b>	Comprehensive ICU — continuous ventilatory support, multi-organ failure management	24/7 intensivist; full monitoring; ventilators; hemodynamic support; pharmacy

## KEY STANDARDS MANDATED

STANDARD	REQUIREMENT
Power backup	<b>Uninterrupted power supply</b> (UPS + generator) mandatory for all ICU beds
Oxygen	Each bed must have <b>pipéd oxygen supply + suction facility + electrical points</b>
Infection control	Separate handwashing facilities; proper internal layout for infection prevention
Nurse ratio	<b>1:1 nurse-to-patient ratio</b> for ventilated patients
General ICU	Minimum 1:2 nurse-to-patient ratio for non-ventilated ICU patients
Tele-ICU	Smaller centres without intensivists — <b>tele-ICU and e-ICU</b> systems mandated for remote critical care support
Documentation	Standardised ICU admission criteria; outcome tracking

## IMPLEMENTATION TIMELINE

ACTION	DEADLINE
State Secretaries convene expert meeting	Within 1 week — identify 5 core priority areas
States submit full action plan	Within 3 weeks
SC review	<b>May 18, 2026</b>

States must identify their top 5 mandatory priorities in manpower, equipment, and logistics for each ICU level and provide a time-bound implementation plan.

## SIGNIFICANCE FOR INDIA'S HEALTHCARE SYSTEM

India's ICU infrastructure is severely inadequate by global benchmarks:

- India has approximately **2.3 ICU beds per 100,000 population** vs WHO recommendation of 10-15 per 100,000
- COVID-19 (2020-21) exposed the critical ICU shortage — states were procuring oxygen cylinders in emergency conditions that proper ICU infrastructure would have prevented
- Private hospitals dominate ICU capacity; public hospital ICUs are concentrated in tertiary centres and largely inaccessible to rural populations

**Tele-ICU** is a critical innovation for India: it allows a specialist intensivist in a major hospital to remotely supervise ICU patients in district hospitals via video and remote monitoring — effectively extending specialist capacity without physical deployment.

## UPSC RELEVANCE

PAPER	ANGLE
GS2 — Governance	Healthcare regulation; NMC; NABH; hospital standards; SC's supervisory jurisdiction
GS3 — Science & Tech	Tele-ICU; e-ICU; health technology; telemedicine
GS2 — Social Sector	Healthcare infrastructure gaps; rural hospital quality; universal health coverage

**Mains Keywords:** ICU standards, Supreme Court, three-tier ICU classification, Level 1/2/3 ICU, tele-ICU, nurse-to-patient ratio, hospital standards, NABH, NMC, India healthcare infrastructure

### Facts Corner

ITEM	FACT
SC Bench	Justices Amanullah and Mahadevan
Expert committee	AIIMS Dr Nitish Naik; ASG Aishwarya Bhati; Adv Karan Bharihoke
ICU tiers	3 — Level 1 (basic), Level 2 (intermediate), Level 3 (comprehensive)
Nurse ratio — ventilated	1:1
Nurse ratio — non-ventilated	1:2 (minimum)
State action plan deadline	3 weeks
Next SC date	May 18, 2026
India ICU beds per 100,000	~2.3 (WHO recommends 10-15)
Tele-ICU	Mandated for smaller centres without intensivists
Mandatory per bed	Piped O <sub>2</sub> , suction, electrical points, UPS

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