King Edward's Hospital Fund for London

MEMORANDUM

ON THE

SUPERVISION OF NURSES' HEALTH

For consideration by hospitals

Second Edition

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COMMITTEE ON THE SUPERVISION OF NURSES' HEALTH, 1950

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THE SUPERVISION OF NURSES' HEALTH

INTRODUCTION

Hospitals have great responsibility, and equally great opportunity, in relation to the care of their staff. Responsibility, because it is essential for the protection and well-being of the patients that those who tend them should not only be free from infection but should also be physically and mentally fit. Opportunity, because there is no more favourable ground for the practice of the hospitals' teaching and preventive function—a function that has too often been crowded out by the immediate claims of the acutely ill and the urgency of staff shortage. Hospitals should be centres of education in healthy living, and it would be their great loss, as well as that of the community, if their work came to be regarded as curative only.

The " occupational hazards " (mainly infection and undue fatigue), of those who tend the sick lend themselves readily to preventive measures and control. While comparative statistics are not available, it seems reasonable to assume that the resources available in a hospital for the supervision of the health of the staff are sufficient, if used aright, to compensate amply for the ordinary " hazards," and that as high a standard of health may be achieved among nurses as among comparable groups of young women following other occupations. The reduction of sickness absenteeism and the maintenance of a high standard of physical fitness could hardly be more necessary in any other occupation than they are in nursing, where demand constantly outstrips supply in spite of the steady increase in numbers.

In 1942 the Fund's Visitors interested themselves in a number of matters connected with the welfare of the nursing staff in hospitals. Their reports showed that there was wide variation in practice. In the hope of helping hospitals to revise their arrangements for the care of the health of their nurses, a Sub-Committee under the Chairmanship of Sir Charlton Briscoe, Bt., prepared a Memorandum on the Supervision of Nurses' Health, which was published in July, 1943. The response of the hospitals was beyond all expectation. The booklet has been reprinted four times, about 9,000 copies have been sold or circulated and the demand continues. Its recommendations have been sponsored in several circulars issued by the Ministry of Health, and the General Nursing Council advises all training schools to adopt them. The health record forms subsequently published by the Fund in answer to many requests sell at a rate approaching 50,000 copies a year. There is good reason to believe that real progress has been made in the standard of health care in many hospitals, but here and there much remains to be done. Meanwhile, preventive medicine has been making its own advances,

and the time has come to revise the recommendations in the light of the best current practice, and with particular regard to the prevention of infection. A new Committee has been set up and their recommendations follow. These recommendations owe much to the original memorandum, but they have been brought up to date and widened to include all nursing staff, male and female, trained and in training.

The Committee have not been unmindful of the many other hospital workers who are in contact with patients (including outpatients) though not to the same extent as nurses. They suggest that all require expert supervision and that hospitals should adapt to each category such of the recommendations contained herein as seem called for by the nature of their work.

The Committee would emphasise that the acceptance of a code of recommendations is not in itself sufficient to ensure that all is well in health supervision. What is needed is the constant active interest of all who share responsibility for the carrying out of these recommendations.

RECOMMENDATIONS

(a) Physician to the Nursing Staff.

1. A physician should be appointed for the nursing staff. It should be recognised that his responsibilities are not limited to the treatment of the sick, but relate primarily to the maintenance of a good standard of health amongst the nursing staff. He should take such preventive measures as may be necessary to ensure this. He should be a member of the Nursing Committee and should have direct access to the Management Committee on matters of policy. In addition, he should make a report to the Management Committee annually and at other times as occasion arises. (Copies would, of course, be sent to the Matron, and to the Medical Superintendent where there is one.) This appointment is an important one, as perhaps the greatest single factor in ensuring adequate standards of health supervision. Further, the supervision of a group such as this should be of great interest to the physician concerned.

2. The physician to the nursing staff should be a member of the consultant staff, or failing that, an experienced general practitioner. He should be assisted by a senior resident medical officer. The physician should attend the nurses' clinic at a stated time, if possible each day, and he or his deputy should be available at all times. He should also be responsible for the examination of all entrants to the training school. Comparable, if simpler, arrangements should be made in small hospitals.

3. The physician will naturally wish to give a talk to each new set of students in the preliminary training school on the rules of hygiene to be observed by those in contact with the sick, and on such other health matters as experience may suggest. This will reinforce the instructions contained in the leaflet which it should be the practice in all hospitals to give to nurses on beginning their training.

(b) ENTRY TO HOSPITAL

4. Hospitals should require a detailed medical certificate with full family history from the candidate's own doctor, and also a dental certificate, before the candidate is accepted for training. Care should be taken not to require a medical certificate until it has been ascertained that the candidate is eligible on other grounds e.g., educational standard. If the candidate is not accepted at the hospital to which she first applies the medical certificate should be returned to the sender so that it may be forwarded to another hospital if the candidate decides to apply elsewhere.

5. There should be a medical examination by the physician to the nurses, with X-ray examination of the chest, either shortly before or on admission. Ideally, this would be made on the same day as the candidate's interview with the Matron, before she is accepted. Circumstances may, however, make it necessary for the examination to take place on entry to the preliminary training school. In no case should the nurse be allowed to enter the wards until this has been done. Recommendations on *Mantoux testing and B.C.G. vaccination are given under "Prevention of Tuberculosis" on p. 7.

6. The medical examination and X-ray of the chest should be repeated within six months of entry to the preliminary training school, at the end of the first year, and subsequently annually as a routine, or more frequently if necessary. Weight should be recorded at least six-monthly.

7. Full records of the above should be kept by the physician to the nurses. Health records are strictly confidential, and should be accessible only to authorised persons. Health record forms for use in hospitals may be obtained from the Fund's publishers (see last page). The official B.C.G. record form should always be completed, whether vaccination is attempted or not.

8. In some hospitals remedial gymnasts give physical training in the preliminary school, specially designed to help towards the right posture for lifting patients and carrying out other nursing procedures. The practice is worthy of more general adoption, and where there is a block system of training it might well be extended to subsequent "school" terms.

* or any other reliable tuberculin test.

9. More importance should be attached to the care of feet and to active treatment where it is needed. Too often girls are advised not to take up nursing, or even to give it up after they have entered, because of foot conditions which might well respond to treatment. Advice on the right type of shoes should be given before entry or at the beginning of training.

10. In the case of trained nurses joining the staff of the hospital, there should be a medical examination, X-ray of the chest, and if necessary a Mantoux test. It is desirable to arrange for medical or X-ray examinations annually.

(c) General Recommendations.

11. All nurses should have full freedom to consult the physician at the daily clinic and to see him alone, should they wish to do so. Nurses should be encouraged to report immediately they are not well, before they have a high temperature or some other unmistakable sign or symptom of illness. Shortage of staff should never be a reason for delaying reporting. It is a wise policy to ensure that even minor ailments receive attention at an early stage and are recorded. Nurses may be in contact with virulent infections in their work, and serious consequences may follow if minor injuries or septic foci are not treated immediately. A cold or a sore throat is a source of infection and may be communicated to patients as well as to other nurses. A short period off duty may well be a prophylactic measure. Young nurses should, therefore, be encouraged to seek advice for any ailment, and should not feel that they are liable to criticism if it proves to be only a trivial one. Advice to this effect might well be included in the leaflet given to each nurse on entering. This might suggest that the nurse is privileged to serve those who are ill; her work therefore involves periods of strain and the risk of infection. The chief risks are—colds and tonsillitis, skin sepsis, mild infective diarrhoea, some infectious fevers and tuberculosis. These risks can be greatly reduced by taking the proper precautions and the responsibility for the carrying out of these depends in a large measure on the nurse herself.

12. All nurses who are taken off duty should receive medical care and no nurse should be allowed to return to duty until she has been passed as fit by the physician.

13. A sick bay where adequate nursing care can be given should be set aside for the nursing staff. Nurses confined to bed longer than twenty-four hours should be transferred to the sick bay or, in case of acute illness, to ward beds where they are given a measure of privacy.

14. The appointment of sister-in-charge of the sick bay and of the nurses' clinic is an important one and care should be taken to select someone with the right personality, outlook and experience. She should be responsible to the physician for the general care of the health records and for arranging all routine examinations, tests and immunisations. If she has other responsibilities as home sister, they should not be such as to trespass on the time needed for supervision of the nurses' health. Where there is a lay warden an experienced member of the nursing staff must be appointed for this work. In the largest hospitals it may be necessary to appoint a sister solely for the supervision of health. In some hospitals the supervision of the health of the resident domestic staff has also been made the responsibility of this sister.

15. Annual leave should not be substituted where sick leave has been recommended and nurses should not be asked to take their holiday at short notice, as part of convalescence. Care should be taken to find suitable convalescent home accommodation for those who need it, and if necessary the help of the almoners' department should be sought. The addresses of suitable convalescent homes may also be found in the Directory of Convalescent Homes published by the King's Fund.

16. It is often a wise prophylactic measure to send a nurse away for a short rest. Accommodation is available in the three houses at Barton-on-Sea, Buxton and near Melrose, owned by the Council for the Provision of Rest-Break Houses for Nurses and Midwives (106, St. Clement's House, Clement's Lane, E.C.4).

17. It is highly desirable that nurses should be able to obtain dental treatment at the hospital, particularly now that appointments with "outside" dentists have to be made a long time in advance.

(d) Prevention of Tuberculosis and other Infections.

(i) *Tuberculosis*

Tuberculosis is the most important infection with which nurses come in contact and its infectivity is not always fully realised. It will be met not only in the special wards for tuberculosis, where they exist, but also in the general wards, when patients are admitted for investigation of a variety of symptoms. The risk of contracting serious forms of the disease can now be virtually removed by the application of certain precautions. Nurses are naturally apprehensive about tuberculosis and they should be assured that all proper measures for its prevention are being taken.

18. (a) Each nurse should be Mantoux-tested (or given any other reliable tuberculin test) before or on admission and if the result is negative she should be offered B.C.G. vaccination. In the case of student nurses this should take place as soon as possible after entry to the preliminary training school, if not before, so that the requisite period of protection from contact with tuberculosis may

be completed before she goes to the wards. In these circumstances there is no need for the nurse to be sent away from hospital after vaccination. Reference should be made to the Ministry of Health circular on B.C.G. Inoculation against Tuberculosis and leaflet for nurses* and the assistance of the chest physician should be obtained.

(b) Mantoux-negative nurses who are not being given B.C.G. vaccination should not be allowed to nurse tuberculous patients. They should be re-tested three-monthly. When conversion is ascertained they should be X-rayed at once, and three-monthly thereafter for eighteen months. A sedimentation test should be done monthly until a normal result is obtained. If there is a rise in temperature or in sedimentation rate they should be referred to the chest physician for appropriate treatment according to the severity of the symptoms. If conversion is without signs or symptoms, they may remain on regular work, with advice to take reasonable rest when off duty.

The adoption of these recommendations may present difficulties, especially in some of the smaller units where there is no preliminary training school. The Committee believe that ways and means must be found to meet these difficulties. For instance, applicants coming from a distance to sanatoria (where there is no alternative employment to tuberculosis nursing) might be told that they cannot enter until Mantoux-positive, and informed of the procedure for being Mantoux-tested and if necessary obtaining B.C.G. vaccination in their own neighbourhood.

19. In the preliminary training school, and throughout their hospital training, nurses should receive instruction from the sister tutors and the ward sisters, as well as from the medical staff, in the precautions to be observed in nursing tuberculous patients. They must be taught (a) to avoid the risk of droplet infection, (b) that the hands of those nursing positive cases are constantly liable to infection and should be washed frequently and thoroughly, and (c) that no books or papers should be borrowed from such patients or passed on to non-tuberculous patients. Without too much stress being laid on the risk, the need to obtain as much fresh air as possible should be emphasised and the importance of reporting a cough, loss of weight, or minor symptoms such as recurrent colds or persistent fatigue should be explained. It should not be left entirely to the ward sisters to give this instruction, as new nurses are constantly coming to their wards and a sister's other duties may prevent her from seeing that every nurse is instructed, but the ward sisters should supervise the observance of precautions. These points should be brought out in the leaflet referred to in pars. 3 and 11.

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* R.H.B. (49) 106 and B.C.G. 3.
H.M.C. (49) 87
B.G. (49) 91

20. Nurses should be X-rayed three-monthly during the time they are habitually nursing cases of pulmonary tuberculosis, and twice in the six months after leaving the tuberculosis ward.

21. Care should be taken that masks are adequate in design. If a gauze and cellophane mask is worn, the cellophane lining should be removed after use, placed in a suitable container and burned, and the gauze should be boiled. The outer side of the mask should be clearly marked. Masks should be worn by nurses only during actual attendance on patients, while doing dressings in surgical tuberculosis, taking laryngeal swabs (when a transparent eye covering should also be worn), making beds and (where it still has to be done) sorting soiled linen. In some hospitals it is customary for patients suffering from a troublesome cough to wear a cellophane mask when receiving nursing attention. It is advisable that male patients with profuse sputum should be clean shaven or have at most a closely-clipped moustache.

22. It is emphasised that nurses working in tuberculosis wards or nursing doubtful chest cases in other wards should wear suitable gowns. These should be clearly marked on their outer surface and should be taken off and hung on a special rack when nurses leave the ward. Gloves should be worn when any dressing is being done on tuberculous patients.

23. From the time of their admission all cases where sputum is present and the diagnosis is in doubt should be nursed " on precautions " until tuberculosis has been excluded. When there is any reason to suspect tuberculosis in a patient admitted to a general ward for some other condition, the urgent importance of an early diagnosis and transfer to a tuberculosis unit should be recognised. It may be possible before long to arrange for all patients admitted to hospital to have an X-ray examination of the chest. Rooms used regularly for the screening of tuberculous patients in any number should be fitted with air-extractor fans.

24. Sputum containers should be collected by porters specially instructed for the purpose. If metal containers are used they should be sterilised in an efficient sterilising machine; carton containers should be burned. If a nurse has to handle a sputum container, she should wear rubber gloves.

25. There should be special arrangements for collecting, disinfecting and laundering patients' handkerchiefs. There is much to be said for the use, if supplies are available, of paper handkerchiefs of adequate size which can be placed in strong paper bags after use, and burned.*

26. Proper care should be taken in the collection and disinfection of pillow-slips, sheets, etc., and in sweeping and dusting

* A good type of "trash bag" is in use at the London Hospital.

around the beds, to avoid the possibility of spreading dust-borne infection. Wards should be well ventilated.

27. Laundry bins should be done away with and suitable bags on trolleys should be provided in which to collect linen from tuberculous cases prior to its disinfection and despatch to the laundry.

The Committee would emphasise that the precautions recommended in this section should be applied in the nursing of every case of open tuberculosis. If they are observed the risk is minimal. Observance of them is difficult, however, and may on occasion be found almost impracticable where cases of tuberculosis are not segregated but remain scattered in considerable numbers through the general wards of the hospital. THE COMMITTEE FEEL THAT THE REAL SOLUTION OF THE PROBLEM LIES IN THE SEGREGATION OF OPEN CASES OF PULMONARY TUBERCULOSIS IMMEDIATELY ON DIAGNOSIS, IN WARDS SPECIALLY SET ASIDE FOR THEM AND CONTAINING EMERGENCY BEDS WHICH ARE ALWAYS AVAILABLE FOR TRANSFERS FROM OTHER WARDS OF THE HOSPITAL. Such an arrangement is called for in the interests of both the staff and the other patients, and experience shows that it is possible, even in hospitals that are hard-pressed for beds.*

(ii) *General preventive measures.*

28. No candidate should be allowed to enter for training unless she has been successfully vaccinated against smallpox within the previous year. All staff should be re-vaccinated at three-yearly intervals.

29. Immunisation against diphtheria should be a general rule before or at the commencement of training for those sensitive to the Schick test. If it is not done before entry to hospital, it should follow B.C.G. vaccination.

30. It is highly desirable that each ward should have a steriliser for all china and cutlery used by patients who are being nursed "on precautions." In any case infected china must be washed in a special sink, and it must not be mixed with other ward china unless it has first been sterilised.

31. It has been customary in the past for the ward nurses to sort and even rinse soiled linen. A marked reduction in the incidence of sepsis has been reported by hospitals where arrangements have been made for the soiled linen (particularly that from the children's wards) to go direct to the laundry or central sorting room and to be dealt with entirely there. In cases where the ward

* Vide "Nursing and Tuberculosis in a General Hospital," Ball, Joules, Toussaint and Heady, *Lancet*, 22nd July, 1950, p. 121.

staff still have to handle soiled linen, masks, gloves and gowns should always be worn. Laundry bags on trolleys should be provided for ward use, so that the linen does not accumulate in bins which have to be emptied subsequently.

32. Masks should be reserved for special occasions and special patients, when their use should be insisted on. They should not be worn for more than two hours at a stretch, and on removal should be placed immediately in a special container and not left lying about.

(e) LIVING CONDITIONS.

33. The Committee commend to the consideration of hospitals not only the preventive measures suggested above but also the following arrangements which are regarded as essential for a good standard of health and of resistance to infection among the nursing staff :—

(a) *Meals.*—The nursing staff should have three good meals a day, apart from afternoon tea. These should be attractively served, adequate in amount and well-balanced. Nurses who return from off-duty late at night should be able to obtain hot drinks, as should night nurses before they go to bed at mid-day. The meals for the night nurses should be freshly cooked, not re-heated, and should be light but nourishing. It has been suggested that sisters and nurses are not able to enjoy their meals if the menu is exactly the same as that of the meals they have just been serving in the wards. There should be more variation in the menus, so that the nurse does not know what dish will be served each day of the week, and it is desirable that there should be a choice of dishes.

(b) *Accommodation.*—Each nurse should have a room to herself, with a floor area of at least 100 sq. ft. Present circumstances may render this impracticable in some cases but every effort should be made to provide adequate space and, what is still more important, effective cross-ventilation.

The night staff should be the last to be called upon to share rooms and their quarters should be free from noise during sleeping hours.

Baths and toilets should be provided in the ratio of one to six nurses and nurses should be able to have hot baths daily.

It is preferable that there should be a wash-basin in each room ; but, where it is found necessary to set up a range of wash-basins, these should be properly spaced and curtained, with a slab to take toilet requisites.

Shampoo rooms and rooms where nurses may launder and iron small articles should be provided.

(c) *Hours of Duty.*—It is now generally agreed that the 96-hour fortnight should be the maximum in all hospitals. In the case of student nurses, the ideal is that hours of duty should include the theoretical as well as the practical part of the training course.

(d) *Recreation and Exercise.*—Every hospital should provide facilities for recreation of various kinds.

(e) *Age of entry.*—There has been in recent years a tendency to lower the age of entry to training ; the Committee consider that it should never be less than 18, and that this should be regarded as a concession to existing circumstances and not the ideal arrangement. It has also been the practice in some hospitals to employ girls on nursing and domestic duties in the wards and even on night duty while they were still too young to become student nurses. This is obviously undesirable. The reputation that nursing holds among some headmistresses as a very hard career may often be due to cases of breakdown among their ex-pupils who were admitted to ward work when they were far too young. For these reasons the Committee welcome the principles laid down in the National Health Service circular on the Employment of Young Persons in Hospitals issued in May, 1950*, and in particular the conclusion there given that young persons under 18 should not be employed in any hospital in carrying out any treatment, in the care of drugs, or in nursing sick persons, and should not be employed in any capacity in certain types of hospitals.

* Ministry of Health circular R.H.B. (50)37
H.M.C. (50)36
B.G. (50)32

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