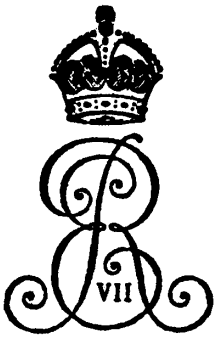
King Edward's Hospital Fund for London



MEMORANDUM

ON THE

SUPERVISION OF NURSES' HEALTH

Third Edition

34 KING STREET, LONDON, E.C.2

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KING EDWARD'S HOSPITAL FUND FOR LONDON

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ON THE

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Secretary
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CONTENTS

THIRD EDITION

INTRODUCTION

The Hospital communities of today are in many ways very different from those to which in 1943 the King's Fund first addressed its recommendations on the supervision of nurses' health. Then the "nursing staff" constituted a close-knit group of nurses, in training and trained. Almost all were full-time, unmarried and lived in nurses' homes, which were closely supervised by the home-sisters. Now three-fifths of all full-time nursing staff are non-resident and many nurses also run a home and work for part of their time only. There are new categories of pupil and enrolled nurses, nursing auxiliaries and cadets, as well as a substantial proportion of nurses from overseas.

The original recommendations referred almost entirely to nurses in training and were stimulated by the fact that young nurses were discouraged from reporting sick—one of the reasons for the poor reputation of nursing as a career at that time. Moreover, as the Interim report of the Athlone Committee (1939) had pointed out, the medical examination of candidates for training was generally the only one given, and even that was not universal; there was then no generally accepted standard for the supervision of nurses' health, the practice as regards immunisation varied widely and health records were not kept.

The picture was very different by the time the recommendations were revised in 1950. Real advances had been made in the care of the health of hospital staff; but at that time tuberculosis was a national problem and a particular problem in young nurses; hence the recommendations dealt at length with precautions against infection with the tubercle bacillus.

During the past twelve years medical advances have increased the tempo of work in all hospital departments. With a greater turnover and higher proportion of ambulant patients has come a fuller recognition of each patient's psychological needs, including liberal visiting. In the patients' acute phase of illness, nurses carry out a variety of technical procedures requiring constant, unremitting observation and accurate recording. They work alongside an increasing number of staff in the professions supplementary to

medicine. These factors, combined with more work to be done in less time, and the fact that many nurses are now non-resident, may well produce the signs of fatigue, strain, stress or distress. These changes, amongst others, have prompted the revised recommendations that follow.

Many student and pupil nurses, like other students, are still growing up. Besides facing the personal problems involved in this phase of their lives, they have to face the problem of entering a new and testing profession. The supervision of their health should involve not only the prevention and treatment of specific diseases, but help and support with personal problems, so that successful adjustment can be made to the new environment.

There remains the important question of the health of all the other members of the staff, often amounting to a community of considerable size. The hospital has at least as much responsibility to the individual as a firm or a factory, and in addition the employees are working in an environment which contains increased risks of infection and are caring for patients whose resistance may be lowered. It is clearly wrong in these circumstances to allow any member of the staff to continue to work while suffering from any infectious condition. We suggest that the whole staff require expert supervision of their health, and that hospitals should apply such of the recommendations in this report as are relevant.

Recommendations are not enough in themselves, and the constant active interest of all those concerned is needed, even though responsibility is centred in one medically qualified individual.

There is here a real opportunity for the practice of preventive medicine and health teaching. To quote one sentence from the last edition of the Memorandum, "Hospitals should be centres of education in healthy living, and it would be their great loss as well as that of the community if they came to be regarded as curative only."

RECOMMENDATIONS

(a) PHYSICIAN TO THE NURSING STAFF.

1. *Conditions of Employment.* A physician should be appointed for the nursing staff. It should be recognised that his reponssibilities are not limited to the care of the sick. They relate also to the maintenance of a good standard of health and should include the necessary preventive measures. He should be a member of the Nursing Committee, with direct access to the Management Committee or Board of Governors on matters of policy; it would be advantageous if he could be accorded the status of a full member of the medical staff. He should make an annual report to the Management Committee or Board, and interim reports as occasion demands. This appointment is an important one, being the greatest single factor in ensuring good standards of health supervision. It follows that an adequate financial reward is essential.

2. *The work of the Physician.* The physician to the nursing staff must be able to give adequate time to this work and reasonable continuity of care, and should only delegate to others in emergencies or unavoidable absence. Besides a broad general experience, he needs to be interested both in medical and other problems of individuals and also in the preventive and community aspects of health supervision. While the physician to the nursing staff may be either a consultant or a general practitioner, to provide an ideal service both are needed; the latter to deal with the daily surgery and its problems, and the former to be consulted over the more complicated matters, both medical and administrative, which inevitably require his advice. To act in either capacity is no part of the duty of whole-time junior medical staff. It is most important that no obstacle should be put in the way of the nurse exercising freedom of choice in her medical attendant if she so wishes.

3. *Health Records.* Full, individual health records should be kept by the physician to the nurses. Staff health record forms, suitable for all staff but designed in particular for nurses, are issued by the Ministry of Health (see enclosure). These records and their contents are strictly confidential, and should not be accessible to anyone without the authority of the physician in charge. When a nurse moves from one place of work to another it is important

that her medical record or a copy of it should at once be sent to the doctor under whose care she will be. Adequate premises should be provided for the physician to the nurses, with space for holding clinics, conducting medical examinations and filing records.

4. *Instruction of Nurses in Training.* The physician will naturally wish to give a talk to each new set of nurses in training during the introductory period on matters of personal health, paying special attention to the details which need to be observed by those coming into contact with sick people. Where a leaflet is provided giving general instruction to new entrants to the nursing school, a paragraph on the subject of personal health should be included.

(b) ENTRY TO HOSPITAL.

5. *Nurses in training.* A simple medical certificate from the family doctor, based on his records and general knowledge, should be sufficient. A full medical examination, including a large plate X-ray of chest, should be carried out before the nurse is accepted into the nursing school (paras. 27-29 Prevention of Infection).

6. This X-ray of chest should be repeated at the end of the first year, then annually as a routine. In addition, the physician should interview each nurse in training about six months after entry to the school.

7. *Trained Nurses.* In the case of trained nurses joining the staff of the hospital, an X-ray of chest and careful personal history should be taken on appointment. Such a history may reveal emotional difficulties in the candidate, and the significance of any gaps between periods of employment should be assessed. The prompt despatch of a copy of the previous health record (para. 3) should render unnecessary many questions and examinations on changes of employment.

8. *Overseas Nurses.* Nurses from overseas may present special problems. Those responsible for their welfare need to understand the emotional disturbances and physical discomforts which can be caused by sudden changes in customs, climate and diet. The greater distance from home, differing religions and difficult race relationships, all increase the need for help, counselling and companionship. (Paras. 35 to 39 and 46).

(c) General Recommendations.

9. *Reporting Sickness.* All nurses should have full freedom to consult the physician at the daily clinic and see him alone if they wish. Shortage of staff should be no reason for delaying reporting ill-health. Nurses should be encouraged to report as soon as they are not well or have an accident, and should not feel they will be criticised in so doing. A cold, sore throat or staphylococcal infection may be communicated to patients or other staff.

10. Every nurse must learn to take responsibility for her own well-being. She should know that although the privilege of nursing the sick carries certain risks, by taking sensible precautions these can be minimised and her own health preserved. Nurses should be taught that it is dangerous for them to prescribe for themselves, their colleagues or any other member of the hospital staff.

11. No nurse who is off duty owing to illness should return to duty until she has been passed fit by a physician.

12. *Holidays and Sick Leave.* In the interests of health, it is unwise to work more than six months without leave. Annual leave cannot be taken when a nurse is on sick leave, and nurses should not take their holiday at short notice as part of convalescence. It is often a useful precaution to send a nurse away for a short rest.

13. *Posture.* Correct postural and movement patterns and their maintenance under conditions of physical and mental stress are of particular importance in nursing. Nurses need instruction throughout their training if they are to avoid undue fatigue and skeletal strains. Advice on such instruction should be sought from a department of physical medicine. As an aid to emphasizing the importance of posture, short films or film strips may be purchased or hired.*

14. *Care of the Feet.* Nurses should be advised to buy comfortably fitting shoes, bearing in mind that no one make is suitable for all nurses' feet. There is no value in foot exercises to prevent foot strain, but the services of a chiropodist should be freely

* e.g.., "Lifting Patients—In Hospital" and "Poise and Movement" from the Central Film Library, Government Building, Bromyard Avenue, London, W.3.

available to the nurses. No doubt this subject will be dealt with during talks on personal health (para. 4, Instruction of Student Nurses).

15. *Dental Treatment.* It is essential that nurses are able to obtain dental treatment, and adequate arrangements should be made for this.

16. *Protection Against Radiation.* All nurses likely to come into contact with X-rays and radioactive substances should, before doing so, read "The Nurses' Handbook on the Use of Ionising Radiation", to be issued by the Radioactive Substances Advisory Committee to the Ministry of Health. To ensure that this is done and that the instructions are carried out is an administrative responsibility.

17. *Blood Donations.* All nurses, except those in training, should be permitted to donate blood if they so desire.

18. *Smoking.* It has been established that smoking, and particularly cigarette smoking, increases the risk of lung cancer, bronchitis and other diseases. Nurses should be discouraged from smoking, both for their own sakes and as an example to others. (See H.M. (63) 43. Smoking in Hospitals.).

19. *Employment of Young Persons in Hospital.* Hospitals which have nursing cadet schemes should follow the principles laid down in the Ministry of Health circular H.M. (63) 37.

20. *Pregnancy.* The employment of married staff is essential and matrons recognise the necessity of special consideration and modified duties during pregnancy. Pregnancy in the unmarried is also a problem. The confidential nature of the problem of the unmarried pregnant nurse complicates any help a matron may wish to offer in the way of continued employment and training, but every facility for the nurse's mental and physical well-being should be made available.

21. Nurses should be encouraged to report pregnancy as early as possible. They should not work in wards where there is heavy lifting, or where they are exposed to radiation or risks of infection (para. 16, Radiation).

22. *Employment of Mothers.* There is a risk of infection being carried by a mother from the hospital to her baby, and other needs of the baby must be considered. Mothers with children under two years of age should not be encouraged to work. Mothers of young children should not be employed on night duty, since they will be tempted to work at home during the day as well, thus endangering their health and that of their family.

(d) NURSES' SICK BAY.

23. *Accommodation.* A sick bay where adequate nursing care can be given should be set aside for the nursing staff. Nurses confined to bed longer than 24 hours should be transferred to the sick bay or to ward beds where they are given a measure of privacy. The Ministry of Health suggest a standard of four beds together with a single room for isolation for about each 100 nurses. (The number of beds required for an increasing number of nurses does not necessarily rise in the same ratio). Each room must have a wash basin, and for every 5 beds, 3 W.C.'s and 2 baths or showers should be provided. Ideally single rooms should have their individual W.C. and bath or shower.

24. Rooms for consulting and treatment should be provided for the doctor and form part of the sick bay accommodation.

25. We suggest that nurses off duty with minor ailments should be cared for in a congenial atmosphere more nearly representing home than a hospital ward. This effect can best be brought about by careful choice of furnishings and decorations in complete contrast to the hospital ward. There should always be a sitting room for nurses not confined to bed.

26. *Sister-in-charge of Sick Bay.* The appointment of sister-in-charge of sick bay and the nurses' clinic is an important one, and care should be taken to select someone with the right personality, outlook and experience: such a person would make a valuable counsellor, especially if she has had experience in the social services (para. 36). If the sister-in-charge has other duties outside the sick bay, they should be ones which do not trespass on the time needed for the supervision of the nurses' health. She should be

responsible to the physician for the general care of the health records, and for arranging all routine examinations, tests and immunisations. (Where space and the size of the hospital staff allow, this health supervision on preventive lines should extend to the domestic and other staff, thus avoiding a duplication of services within the hospital.).

(e) PREVENTION OF INFECTION.

(i) *Tuberculosis.*

27. Ministry of Health Circular H.M. (61) 84, issued on 31st August, 1961, gives advice on the precautions now considered necessary to assist in the protection of hospital staff against tuberculosis.

28. After stating that all hospital staff in contact with patients should be X-rayed before employment and normally thereafter at yearly intervals, and that a tuberculin test should be carried out on entry and B.C.G. vaccination offered to those staff who show a negative reaction, the circular deals specifically with nursing staff, as follows:—

"*Nurses*

All nursing staff should be medically examined before being accepted as students or joining the staff. An X-ray of the chest should be taken at the same time and repeated annually as a routine. More frequent X-ray examination of nurses in tuberculosis wards should be a matter for the discretion of the medical staff responsible for supervising nurses' health.

Tuberculosis is still probably the most important infection with which nurses come into contact. The risk of developing the disease can be substantially reduced by certain precautionary measures:—

(a) Each nurse should be given a tuberculin test on entry, and if negative, should be offered B.C.G. vaccination.

(b) With student nurses this should be done before or as soon as possible after entry to the preliminary training school.

(c) Tuberculin negative persons who refuse B.C.G. vaccination, if accepted for nursing at all, should not be allowed to nurse patients known to have tuberculosis. They should be retested at six monthly intervals. When conversion occurs, except as the result of B.C.G. vaccination, they should be referred to the chest physician.

(d) In the preliminary training school and throughout their hospital training, nurses should receive instruction on the precautions to be observed in nursing tuberculous patients. Detailed advice on these is given in the King Edward's Fund Memorandum."

This reference is to the preceding (2nd edition) of this Memorandum which contained advice in great detail. While this still in general holds good, the probability of nursing open cases of tuberculosis has since been greatly reduced. Special instruction will, of course, be given by medical and nursing staff to those undertaking the nursing of such cases.

(ii) *Immunisation and Other Preventive Measures.*

29. The immunisation programme will be determined by the physician in charge of nurses' health, to whom the local Medical Officer of Health may well be able to give valuable advice. General information about immunisation will be found in the Standing Medical Advisory Committee's Memorandum on Active Immunisation against Infectious Diseases issued with H.M. (61) 96.

We make the following recommendations:—

(a) *Smallpox.* In past outbreaks of smallpox in this country nurses have died unnecessarily because they were insufficiently protected by vaccination.

All candidates for training should be offered vaccination unless proof of successful vaccination within the previous 12 months can be produced.

All nurses who are liable to serve on the staff of smallpox hospitals or are likely to deal at short notice with smallpox cases should be re-vaccinated regularly every year. At all other hospitals the nursing staff should be offered re-vaccination as a routine at least once in every three years.

(b) *Diphtheria and Poliomyelitis.* It is advisable that student nurses should be Schick tested and, if necessary, immunised against diphtheria. All nurses should also be effectively immunised against poliomyelitis.

(f) MENTAL HEALTH.

30. *Relationships.* Nurses should be given a sense of security and have the knowledge that they count as individuals and as members of a working team in the hospital. Mental and emotional disturbance in the nurse affects not only herself but her colleagues and her patients. Those in responsible positions in hospitals will want to promote good relationships among all hospital staff and patients.

31. In order to have a better understanding of the patient's background, nurses should be given the opportunity to know something of the community which they serve. They could also with advantage be encouraged to broaden their interests, when off duty, by taking part in the activities of the community.

32. *Nurses in Training.* Every advantage should be taken of the introductory period for nurses in training. It is during this period, before entering the wards, that they can be taught so much that will prepare them for the many problems they are bound to meet. At the same time, they can learn how to live a more than ordinarily busy life with satisfaction. Nurses in training should be able to learn, by the example of those more used to the stress of working among the sick, the value of considerate communication between persons.

33. When starting work in the wards, the young nurse will meet, perhaps for the first time, such episodes as birth, death, attempted suicide or abortion. Besides being well prepared, she needs to feel free to discuss these experiences with a responsible person—perhaps her instructor in nursing ethics—rather than try to suppress any anxieties she may feel.

34. The majority of nurses will marry and have children. This should be clearly recognised and consideration be given to including, early in the curriculum, special sex instruction when not only the physiological facts but also the emotional implications of sexual behaviour are discussed.

35. *Counselling.* Demands made upon student nurses in their work have changed. To obtain the necessary variety of experience before state registration, the student can only stay for a few weeks in each ward or department, often in separate hospitals, thus incurring frequent changes of residence. Such continued movement may not leave enough time for the students to be known as persons by ward sisters or by staff in the residences, and pent-up emotions due to problems arising in the course of their duties may go unrecognised by anyone capable of giving helpful advice.

36. We suggest that no one member of the hospital staff can be available to all nurses at all times. Therefore a number of suitable senior staff should be chosen as counsellors. For example, a full time counsellor especially appointed, the Chaplain, a sister tutor, a warden, the physician to the nurses, a medical social worker or sick bay sister. Any nurse, trained or in training, knowing who these counsellors are, should be able to select the one she feels to be the most suitable for her needs.

37. *Companionship.* Resident student nurses are now left to please themselves as to the hours of sleep they have and the manner in which they spend their free time. They have many hours off duty each week during which they may experience loneliness and boredom from lack of means or initiative to find amusement or occupation. They may suffer a sense of loss and insecurity if, after being a close-knit community in the preliminary training school, friends are suddenly scattered to live and work in different places throughout the hospital group.

38. For student nurses companionship is the most important factor in maintaining their sense of security and counteracting loneliness. They should be given an opportunity to feel settled and acquire a sense of belonging to a community during their stay in hospital. Although separation may be necessary while they are at work, group friendships should be fostered and friends should be able to be together when off duty and in their place of residence. The number of nurses leaving before completing their training is said to have been greatly reduced by systems of attaching other nurses to each new entrant, e.g., one student of her own status and one of each of the two preceding years' entrants.

39. The need for companionship particularly applies to the nurses from abroad who may become very lonely and homesick from unfamiliarity with our customs, climate, food and language. (Para. 8, Overseas Nurses).

(g) LIVING CONDITIONS.

40. Besides recommending preventive measures suggested in the previous sections, we would also stress the importance of maintaining a good standard of health through the provision of good living conditions.

41. *Accommodation.* There are today as many non-resident as resident nurses. Accommodation for the former is as important as for the latter.

42. The non-resident nurses need adequate cloakroom accommodation, with sufficient privacy for changing, provisions for drying wet outdoor clothes, efficient disposal of soiled uniforms and a reasonable number of W.C.'s, washbasins and baths or showers. They need also comfortable and well furnished sitting rooms adjacent to the changing accommodation.

43. For the non-resident nurse in training who does not live at home, the lodgings, boarding house or rented accommodation should be known and approved. Nurses who live out of hospital should be assured of a quiet room where they can sleep undisturbed during the day when having to work at night. Space is increasingly needed for bicycles and cars.

44. Resident nurses now form a smaller group in hospitals than they have done in the past. They should find the Nurses' Home a friendly place with a home-like atmosphere. For this reason we feel that when off duty they will be happier if they have their own dining room where they can enjoy more leisurely meals in a quieter atmosphere than that of the hospital staff cafeteria or canteen.

45. Resident nurses require a bedroom to themselves. This is especially important for nurses on night duty. There should be adequate provision for small social gatherings and the entertainment of personal guests, as well as large common rooms. Large block

nurses' homes should have a small common room on each floor. Sisters' and staff nurses' accommodation should be planned so as to allow entertainment in their own rooms, and give the occupant the sense of living in her own home.

46. *Meals for Nurses.* The menu should be varied week by week, and afford a choice of dishes. This choice should include food likely to be found appetising by nurses from overseas. The menus for the nurses should be different from that for the patients. Meals for night nurses should be freshly cooked, not reheated, and should be light and nourishing. Nurses when they come off duty at night should be able to obtain hot drinks, as should the night nurses before they go to bed in the day.

47. Milk and fresh fruit are expensive items, but they are an essential part of any nurse's diet. When given in the right quantities they help in maintaining health and withstanding infection.

48. *Recreation and Exercise.* Every hospital should provide for the recreational and athletic activities of the staff, both resident and non-resident. Nurses should be encouraged to organise their own social activities within the hospital, and to participate in those organised for the community which the hospital serves.

You will find here recommendations—medical, social and administrative—which can help a nurse to keep in good health. To be effective, they demand an equal contribution from the nurse. The care of the sick remains a vocation and demands unselfishness, self-discipline and dedication beyond the calls of duty. Without these qualities, "It is but lost labour that ye haste to rise up early and so late take rest."

OFF DUTY	PASSED FIT FOR DUTY	NOTES OF OTHER MEDICAL EXAMINATIONS AND SICKNESS

IMMUNISATION AND VACCINATION: IT IS RECOMMENDED THAT THESE BE RECORDED ON FORM E.C.8A

MEDICAL EXAMINATION ON ENTRANCE

General appearance & mentality:.....

Skin.....

Cardio-vascular system:.....

Respiratory system:.....

Alimentary system:.....

Nervous system:.....

Genito-urinary system:.....

Menstruation:.....

Teeth:.....

Tonsils:.....

Sight:.....

Hearing:.....

Varicose veins:.....

Feet:.....

Urine..... Sugar..... Protein.....

Height		Weight	
ft.	inches	stones	lbs.

Remarks:.....

.....

Hospital:..... Signature:.....

..... Date:.....

AMA213949 570098 200,000 727 9/68

S.H.R.F. I.

STAFF HEALTH RECORD FORM

NAME:..... DATE OF BIRTH:.....

HOME TOWN:..... RELIGION:..... PREVIOUS EMPLOYMENT OR TRAINING:.....

SUMMARY OF MEDICAL CERTIFICATE PRESENTED

GENERAL HEALTH: .....

PREVIOUS ILLNESSES: Measles, Pertussis, Rubella, Diphtheria, Rheumatism, Otitis Media, Jaundice, Mental (underline as appropriate)

OTHER ILLNESSES:.....

PREVIOUS OPERATIONS:.....

FAMILY HISTORY: .....

.....

Date	X-Ray Examinations	Haemoglobin Date	%	Record of Weight Date	Stones	Lbs.

IMMUNISATION AND VACCINATION: IT IS RECOMMENDED THAT THESE BE RECORDED ON FORM E.C.8A

MEDICAL EXAMINATION ON ENTRANCE

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