

Industrial Nursing

WEDNESDAY AFTERNOON SESSION

October 12, 1938

The sessions on Industrial Nursing problems were held in cooperation with the National Organization for Public Health Nursing, Incorporated. Chairman LaVona Babb, R. N., of the Quaker Oats Company, St. Joseph, Missouri, and Member of the Ex-

ecutive Committee, Industrial Section, N.O.P.H.N., called the opening meeting to order and outlined in brief the two-day interesting program of sessions. She then introduced the speakers scheduled for the first session.

Problems in the First Aid Treatment of Fractures

By EDWARD C. HOLMBLAD, M.D.

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While some organizations may criticize the industrial nurse for doing too much treatment, every physician and surgeon with practical industrial experience knows how important a part she plays in the efficiency of a competent medical department. Although this material may be thought elementary and a repetition of information taught before, I am sure you will pardon this repetition for the benefit of those who have not had the opportunity to learn some of these fundamentals:

In your safety meetings and programs as well as in teaching first aid classes you will want to know about material for the teaching of first aid treatment of fractures. Some of the available text books worthwhile are:

American Red Cross, First Aid Text Book, Chapter VIII, pages 131-175.

Dr. Eliason's Book, First Aid in Emergencies, Ninth Edition, Chapter VI, pages 105-137.

Pamphlet on First Aid Instructions for Railroad Employees.

Another great help in teaching this subject are the splendid moving pictures that can be obtained in 16 mm. sizes and are excellent demonstrations of the first aid treatment such as the application of trac-

tion splints to legs and arms. Some of these are:

"Emergency Care for Safe Transportation in Fractures of the Long Bones." Fracture Clinic, Massachusetts General Hospital, Boston, Mass.

"Transportation of Fractures of the Extremities." Dr. Hubley R. Owen, Chief Surgeon, Department of Public Safety, Broad and Spruce Streets, Philadelphia, Pa.

"First Aid Treatment in Fractures of the Lower Extremity." Dr. Kellogg Speed, 122 South Michigan Avenue, Chicago, Illinois.

Do not overlook the opportunity of having some physician from your medical department or consulting staff give you a half-hour or hour discussion of this subject before your first aid classes.

There are a few very fundamental principles in First Aid fracture treatment that will apply to practically all cases:

Support the injured parts and make no effort to use them until assured that there is no dangerous nor serious fracture present.

Rest, avoid hasty pulling or jerking of injured extremity as frequently requested by the injured person.

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Medical care should be called for promptly. Have the doctor responsible for the case know about it right away; if not practical for him to come to the site of accident immediately, promptly get his instructions over the telephone about the first aid care of the patient. If the case is ambulatory, telephone the doctor so that he will be available as soon as your patient arrives at his office or at the hospital.

Shock should be treated by keeping the patient warm. Avoid chilling and unnecessary exposure. Many patients when injured break out in a cold sweat which is really part of the condition of shock. Their underclothing and even shirts and trousers may be wringing wet with this perspiration. Application of warm blankets and overcoats and the avoidance of direct drafts from wind, ventilating currents or electric fans are indicated.

Pain and restlessness justify the administration of hypodermics such as morphine or codeine in all severe cases. Get instructions from your attending physician and do not hesitate to seek his consent to give such a hypodermic sedative if you have not already been given such instructions in cases of emergencies. The administration of medicine by mouth to relieve pain in these cases is not advisable because, first, it takes too long to act; second, the process of assimilation of the medicine from the stomach is slowed up and about stopped while patient is in shock; third, it may interfere with subsequent treatment of the patient's fracture by a general anaesthetic or interfere with shock treatment.

Transportation of fractures in the most comfortable method possible should always be arranged. It is much more vital to the patient's welfare that he be transported comfortably than hastily.

Many years ago I experienced the truth of this statement. A fractured collarbone on the football field resulted in my being hurried off and into a waiting automobile. I shall never forget the pain I experienced as the ends of the fractured bone grated past one another almost continuously as my frantic yet sincere driver speeded the three miles to the doctor's office.

Compound fractures, those in which the skin has been perforated by the bone or lacerated or crushed in the accident, should not be manipulated. The application of a

sterile dry dressing or such a sterile dressing moistened with some antiseptic solution as mercurochrome, metaphen, mercresin, merthiolate, etc. may be used. Adequate sterile padding to absorb the bleeding from oozing should be applied over the dressing. Control bleeding by tourniquet only in severe bleeding cases. Remember adequate tourniquet pressure to control all arterial bleeding is very painful.

In fractures of the skull where unconsciousness is present, see that the air passages are not obstructed by the tongue falling back into the mouth; remove false teeth; avoid aspiration of blood running back into the pharynx from laceration in the mouth or from nose bleeds which so frequently accompany serious skull fractures. In those skull fractures not unconscious, remember that they may become unconscious at any moment and, therefore, should not be allowed to walk about or on stairs without adequate support or assistance. Be prepared for vomiting which frequently occurs in skull fractures, and avoid having the patient aspirate any of this material during such vomiting.

Fractures of the cervical spine of the dorsal and lumbar spine as well as fractures of the pelvis and extensive rib fractures must be moved cautiously. Do not try to raise such patients into sitting positions, they should not be lifted by the arms nor legs. A stretcher may be placed under the patient by gently rolling him on one side and then gently allowing him to roll back onto the stretcher. Another satisfactory method of moving such cases is by the multiple carry method, thus avoiding bending of the patient. In cases of fractured or dislocated cervical spine the head should be adequately and gently supported during all movements of the patient. There is a short stretcher manufactured on which such cases can be moved into trains, down narrow or tortuous stairways or up narrow shafts from tunnels or mines.

Fractures of the collar bone, shoulder blade and fractures of the humerus at or near the shoulder joint are best supported by placing the hand of the uninjured or good arm under the elbow of the injured arm, allowing the forearm to rest on the good arm. Slings may be used for support and should always make the patient more comfortable than without it. I notice that some of the first aid books on fractures

and dislocations show the methods of reduction of dislocated shoulder and elbows. I would advise against these efforts to reduce dislocations unless absolutely necessary by distance or isolation. Many dislocated shoulders and elbows are complicated by fractures and the danger of damaging nerves and blood vessels in these cases is very great and x-rays should be made whenever reasonably possible before reduction is attempted and then by the responsible surgeon.

The next group of fractures are those of the long bones of the extremities. These include fractures of the femur, the tibia and fibula and fractures of the humerus in the arm. I purposely do not include fractures of the radius and ulna as I believe they are given better first aid treatment without traction. In cases of fractures of the humerus, femur, tibia and fibula we have an excellent first aid rule "Splint them where they lie." This means that traction should be applied by means of the Thomas full ring or the Keller-Blake hinged half ring to the leg and the Thomas-Jones splint to the arm fractures. The details of application of this traction halter and splint may vary somewhat but all methods accomplish the same result, that is, putting the fractured extremity at rest with traction, that is, pull on the extremity beyond the point of fracture. This is the most comfortable position for transportation and is a method that reduces the danger of additional damage to a minimum. Such splints permit easy lifting of the patient and the splints may be supported from the top of an ambulance, car or truck or the ends rested on some stationary or fixed object in the car.

The traction method of splinting these fractures where they lie was found most effective during the World War and has become a recognized procedure. These splints are standard equipment in the ambulances of nearly all large cities and railroads carry these splints on hand and available at frequent interval stops.

Now there are some other types of splints and other fractures where they may be applied to great advantage. Take for instance fractures about the ankle and fractures about the elbow. In these we have found the pillow splint and the blanket splint of great advantage. Board splints

may be added where necessary to give rigidity and adequate stiffness to the splint.

In the blanket splint a blanket is folded so as to be about three feet wide by five or six feet long. A broomstick, cane, rod or other stick is placed at each end and these are rolled towards the center from each end leaving a trough in which the extremity is placed and then held together by individual circular bands of muslin or gauze bandage about two inches wide placed at intervals of four to six inches. These are then pulled as tight as is comfortable to the patient.

In the use of the pillow splint we take a pillow that is quite soft and pliable and not too thick. It is placed under the affected leg, ankle, elbow or forearm and circular bands of muslin or gauze are placed at intervals of four to six inches and pulled up as taut as the patient's comfort permits. A double or triple surgeon's knot gives the advantage of a gradual tightening or they can be loosened gradually and easily. We have found it advantageous to pin the corners of the pillow around the ankle, thus immobilizing the foot and ankle.

In fractures about the elbow, forearm and wrist usually all that is needed is support of the arm on a pillow or pillow splint and the use of the good arm and forearm for support. I think that all too often excessive wood splints such as boards, strips of metal, etc. are used on these forearm and wrist fractures. When the splints become too heavy or the boards are applied in such a fashion as to increase the patient's pain then we have defeated the very purpose of all first aid treatment. A first aid splint or appliance with which the patient is more uncomfortable than he was before it was put on is worse than no splint at all. Remember that in many fractures the bones are not out of place and subsequent ordinary movements are not going to displace those fragments if the violence of the original injury did not displace them. All one needs in these cases is support to relieve the bone of its weight bearing or supportive function.

Fractures of the ribs are readily supported by placing the flexed arm and elbow against the affected side and using the opposite arm to lend support, rigidity and fixation. This procedure aids greatly when

the patient coughs or sneezes and also in riding in automobiles, trucks, etc. to the doctor's office.

Fractures of the bones of the hands or feet rarely need first aid splinting. In most of these cases adequate sheet wadding or combination pad with bandages gives all the splintage necessary until the physician has had an opportunity to outline the treatment of choice. Some finger and hand fractures are best treated by traction, others by being flexed over circular drums or bandages.

Quite frequently in industrial practice and even more often in private practice we see fractures that have been completely overlooked. There are several reasons for this.

Just about two months ago I saw a patient who operated a sealing machine used in sealing packages. In the course of his work his middle finger was caught in the machine. There was no bleeding although it was quite painful and the patient admitted that he sat down for a while, held his finger and became a little weak. He was comparatively new on this job and his desire to make good and keep his employment urged him to keep on working which he did to the regular quitting time that night. He failed to make out a report of the injury that night as he believed it would be held against him and even might jeopardize his job. The following morning, because of the pain and swelling, he did report his injury to his foreman who referred him to the First Aid Department of the plant. As this was a small plant the first aid man was one of the office employees. He made out the report, applied some iodine and bandages and told the young man to resume work which he did. This finger was redressed and new bandages applied each morning for two succeeding weeks. The boy was anxious to keep at work, the first aid man was anxious to show a good record and wanted to keep down his reportable injuries to a minimum. It was two weeks and two days before it was deemed advisable to send this boy to a physician because of enlargement of his finger and persistent pain. The x-ray revealed a fracture of the middle phalanx extending into the joint between the middle and proximal phalanges. Immobilization gave the desired relief from pain but I feel

definitely that the resulting enlargement of the finger might have been smaller had he been immobilized from the start.

Now, this happened to a first aid man and not to an industrial nurse, but it might have been an industrial nurse just as easy as not; in fact, it might have been some physician.

Laymen have a peculiar attitude or a perpetuated misunderstanding about fractures. Most every week we see someone coming into the office with an injured finger, wrist or foot and one of the first things they say is, "See, I can move it, it isn't broken." This is a very erroneous statement because many fractures of bones about the hands, wrists, feet, ankles and even elbows and knees do not prevent movement of the extremity or injured part. Fractures of the scaphoid bone in the wrist are very frequently overlooked and called sprains of the wrist until their failure to heal prompts adequate x-ray study. We hear every now and then of someone who has been thrown from a horse or fallen from a step ladder who comes walking into a physician's office a few days or a week later with a compression fracture of one of the vertebrae in his spine. Sometimes the embarrassment caused by the injury such as falling down on a dance floor or falling while skating on ice results in a temporary heroic attitude of the injured person.

Also there are the cases of head injuries, such as falls, striking the head or snap-back type of injury to the head, or direct blows from falling objects, persons struck by baseball or driven golf balls. These patients quite frequently may be fully conscious and manifest none of the usual symptoms of skull fracture. These patients should be given an adequate period of observation and a careful history of the exact mechanics of the injury should be recorded so that the attending surgeon can decide whether x-rays are necessary or not.

Sprained ankles are another type of injury that needs careful observation; we should always be on our toes so as not to overlook a possible fracture. Many fractures of the internal or external malleoli about the ankle walk without much difficulty and it is always wise to rule out fractures by x-rays of these injuries early. It is false economy to try to save x-ray

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expense in these cases of potential fractures.

Injured swollen fingers or wrists may have fractures that delay the recovery. Another problem that the industrial nurse will have to contend with is the problem of verifying some of the injuries. A patient may come in giving a history of a trivial wrist injury and the physical findings such as pain, swelling and tenderness may not be consistent with the history. Some of these cases may have occurred in other

ways than the patient would have you believe. Injured wrists and ankles in the summer time may be due to non-compensable injuries such as baseball, football, etc. In winter such injuries may occur from falls on icy sidewalks or cross walks. Wherever you observe that the findings are in excess of the injury expected from the history be on the alert to the possibility of a fracture the result of some hidden or suppressed accident.

The Nurse's Part in the Industrial Relations Program

By BLANCHE LLOYD FRANCIS, R. N.

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Industrial relations work has outgrown its original limited scope as a means of dealing with unusual difficulties in employment relations; and is now a definite part of administrative practice. Its purpose is to create and maintain a friendly and understanding relationship between employer and employee that will promote the best interests of both.

The usual industrial relations program might be outlined as follows:

1. Employment, which will include selection and job placement.
2. Education, which includes lectures, vocational training, thrift, instruction in company policies, etc.
3. Health.
4. Safety.
5. Welfare.
6. Sanitation.
7. Recreation.
8. Rehabilitation.

Let's see what the nurse can do to assist the supervisor in forwarding his program along each of these lines!

Employment

Practically all industries now require a rather complete pre-employment physical examination of applicants for work. Of course, most of the actual examination will be done by the physician; however, there is some very important preliminary work which may be done by the nurse. The prospective employee makes his first contact

with the medical department at this time, and it is a very important one.

The nurse can either gain his confidence or lose it by the manner in which she approaches him. It is part of her job to put the man at ease, to allay his perfectly natural fears, and make him understand the purpose of the examination. The applicant's first impression is likely to linger with him and color his future attitude toward the company.

The nurse probably will be the one to take his medical history, and while doing this, she may also use her powers of observation to get a line on the man's morale. Frequently she makes notes, which when passed on to the physician or personnel manager, will aid in the proper placement of the man.

Of course, the nurse assists the doctor in every way possible. She keeps detailed records of his findings. Frequently he advises correction of certain conditions which may undermine the worker's health and interfere with his work. The man may be in straitened circumstances and be totally unable to pay for suggested corrections. The nurse must be familiar with local welfare and clinic facilities so she can direct him to the proper agencies in order that he can follow the doctor's advice.

Education

The usual purpose of employee training is to make a better workman and citizen of him. It will probably include:

Apprenticeship training.

Training unskilled employees.

Special training for handicapped or disabled employees.

Training in foremanship.

Americanization, etc.

Generally speaking, the personnel director and the general manager are entirely responsible for these activities. The nurse, because she understands the purpose back of each training class, can encourage the men to make the most of their opportunities. By her interest, she may stimulate their ambition and their appreciation of the value of the special training offered.

When a nurse thinks of an educational program in industry, she immediately ties it up with the health and safety program. From her viewpoint these seem of paramount importance. However, we have need for another kind of education for workers also. The personnel department tries to stimulate a healthy mental attitude in all employees, and the nurse can help in this endeavor if she has retained a serene, confident and cheerful outlook herself. She, if anyone, knows how closely allied are the interests of employer and employee. No one in the plant is more capable of acting as the plant barometer. If a workman imagines he has a small grievance, he often feels impelled to confide in the nurse while she is doing a redressing or taking the history of an injury.

Sometimes the nurse selects certain incidents that she feels are worthy of passing on to the supervisor or to the plant physician, and by so doing may help to iron out some difficulty or dissatisfaction which, if left alone, might generate more serious trouble.

She also has an opportunity to interpret the worker to management and management to the worker, thereby increasing mutual understanding and good will.

Health

Health and contentment march hand in hand. An unhealthy body interferes with a man's mental reactions and nearly always sours his disposition. It is the duty of the medical department in industry to see that the man's health is protected while he is at work. The nurse must know the health hazards of her own plant. Each industry presents its individual problems. She may hear the men complain of dampness, lack of

light, poor ventilation, etc. The men may attribute headaches to fumes, or dermatitis to cutting oils or abrasive substances.

Bring these comments to the doctor and he will decide whether or not to pass them on to the supervisor. Most health hazards are correctable, and if the nurse is alert she can help locate them. Their correction not only saves the company money but also aids in the establishment and maintenance of better personal relationships.

The medical department in industry has no desire to usurp the place of the family physician. It can aid him, however, and at the same time be of real service to the workman. As a rule people put off seeing a doctor until stricken by serious illness.

The plant doctor and nurse are in a fortunate position because they are right in the plant, and because there is no charge for consultation a worker will come to them with minor symptoms and illnesses. They have an opportunity to advise him concerning his health and mode of living, often while dressing a bruised toe or a cut finger. Diseases are diagnosed by the doctor during their earlier stages. The nurse must be very observant, especially when a full-time physician is not employed. She must be familiar with symptoms of diseases, not that she may attempt to diagnose, but that she may recognize serious symptoms and bring them to the doctor's attention.

For instance, a man came into the dispensary some time ago with a slight injury, and while the nurse was dressing the wound, he called her attention to swollen glands in his neck. She had already noticed his peculiar color, and the two symptoms together caused her to suspect he was suffering from a serious ailment. She asked him to see the plant physician the next day. He did so and a tentative diagnosis of Hodgkin's disease was made, and the man referred to his family doctor. The diagnosis was confirmed and the man placed under a specialist's care. He was assured that the early diagnosis of his ailment would certainly be a factor in prolonging his life.

Most of our industries now extend their industrial relation activities into the homes of the employees, and there certainly the nurse can be helpful. Usually she knows the families of the employee through various avenues of contact. The children—at least those who live near the plant—will fre-

quently run to her with small injuries to be dressed. The nearby school or playground will send the children to her for first aid when they are hurt at play. The wife often consults her about the care of the new baby, or she may call on the nurse for advice about Johnny's tonsil operation which the school doctor has advised. Perhaps she has been in the home when big John was injured at the plant, or it is possible she has come in contact with them through some recreational activity of the plant. At any rate, she is pretty sure to know many of them and usually enjoys their confidence, and, therefore, is the logical one to assist the personnel department with problems concerning the family and its welfare.

Safety

The nurse's part in the safety program has been frequently stressed.

She reports any unsafe practices or any hazards brought to her attention. She prepares accident reports for the safety committee of which she should be a permanent member. She aids in the selection of safety posters and safety literature. It is her duty to preach safety at every opportunity. In the waiting room she can arrange a display of safety equipment furnished by the company to protect the worker. Many a sermon on safety can be preached silently there.

If there is a plant publication, she can write articles on safety, using recent accidents in the plant as a basis for the article. X-ray reproductions or photographs may be used as illustrations. She should always talk to the injured workman she intends to use as an example and get his consent and hearty co-operation before using his name or photograph. If he is not perfectly willing, his name should not be mentioned nor should he be identified in any way, or more harm than good will be done.

She can stimulate interest in safety campaigns. Nothing breaks down the morale of a department so quickly as frequent accidents. She can help keep up interest in safety by enclosing congratulatory notes to the superintendent of a department with his monthly accident report. If his department has an enviable record give him a "pat on the back" by letter; if his department has slipped in its standing call his attention to it diplomatically and hope for a better record next month.

Safety today includes not only elimination of accidents but protection from occupational disease hazards also. Know your plant and its danger spots. If headaches, sore throats, bronchial coughs, upset stomachs or dermatitis are markedly prevalent in any one department, note it and call the doctor's attention to it so that the cause may be determined and corrected if possible.

Our Company has a group health insurance plan and we file a copy of each form that passes through the office. These files have been a definite aid in helping us locate some of our health hazards.

Welfare

In the smaller plants much or all of the welfare work may be the responsibility of the nurse. In the larger plants the personnel manager probably will be the one to direct it. However, I feel sure the nurse will be keenly interested in this phase of the work and will do all in her power to aid in it when she has the opportunity whether it is her responsibility or not.

Under welfare we might list group insurance, relief plans, pensions, loans, compensation and various mutual aid associations.

If there is a cafeteria the nurse should see that it is kept clean and attractive. She should be sure that well balanced, appetizing meals are served. Special care should be taken with the physical examination of all who prepare or serve food. The nurse will probably be the first one to hear that this or that person has a sore throat, cough or skin rash and should not be handling food. She, of course, will ask the worker to report to the doctor at the earliest possible moment. Frequent re-examinations will be required of all cafeteria workers.

Sanitation

Where there is a full time physician employed he probably will assume responsibility for plant sanitation. If his time is limited to one or two hours a day the nurse and the personnel manager usually divide the responsibility. The nurse inspects the women's rest rooms and the cafeteria, and the supervisor will designate someone to oversee general plant sanitation and the men's wash rooms. A clean plant is not only a positive health and safety factor but it also increases a man's self respect and

sometimes is a direct aid in maintaining higher standards in personal hygiene.

A recreational program in industry is recognized as an excellent method of promoting loyalty, team work and cooperation. It creates a happier spirit and provides an emotional outlet. Most plants now sponsor interdepartmental contests such as soft ball, bowling, basketball, quoits, rifle teams, fencing, etc.

In the small plant the nurse may be expected to organize some of these activities, especially if many girls are employed. She can take an active part by seeing that each one has a chance to try out for the particular sport in which he or she is interested. Even if most of the workers are men she should show an interest in their sports. She should remember what each man does best—whether he is a pitcher, a good first baseman, a crack shot, an excellent coach or a champion pinochle player. If she can talk intelligently to him about his game she has established a valuable contact that may stand her and his department in good stead should difficulties ever arise concerning the man's relationship to the Company.

We must not forget the plant outings. They are invaluable in promoting good fellowship. This is especially true when the plant officials, superintendents and foremen mingle with the men and their families.

In the fall we hold our annual card party, which is a huge affair and one in which all our people take pride. We usually make a profit of three or four hundred dollars, and the proceeds are used to defray expenses for our annual children's Christmas Party. These two events began in a small way several years ago and have now grown to such proportions that we need the largest theater

in town for the Christmas Party and the largest dance floor in town for the card party. All our people take pride in helping their nurse put these affairs across.

Rehabilitation

Doctors and nurses agree that one of their most trying, and at the same time, most important jobs, is to get a man who has been badly injured and who has perhaps partially or totally lost the use of some member of his body, back to work and happily placed. He has had a tremendous shock, both mentally and physically, and at times all our resources are taxed to bring him through to the point where he can face the future with courage and adjust himself to changed conditions.

If the resultant disability is of such nature that the man can be placed in any kind of a job in his own plant, a sincere effort will no doubt be made to do so. Our company has always assumed the attitude that no expense is to be spared in restoring the workman to the highest attainable peak of usefulness. If physio-therapy treatments, artificial limbs, mechanical braces, glass eyes, etc., are needed, there is never a question of cost.

Throughout his period of convalescence the nurse must encourage him to believe that even though one door may be closed for him, another will surely be opened, and life for him and his family will continue on a secure basis.

The possibilities of industrial nursing service are not yet fully realized. It is one of the most highly specialized branches of nursing. Its value to the worker, to industry, and to the community at large, will depend to a great extent upon the wise selection of the nurse and upon her qualifications and preparation for the work.

Industrial Nursing from the Viewpoint of the Plant Management

By CHESTER S. JOHNSON

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Considering industrial nursing from the viewpoint of plant management, I would say, first of all, that the industrial nurse should appreciate that she and her work are extremely important in the program of harmonious relations between employer and

employee. She is in a strategic position to aid in bringing about good feeling and building up morale among the workers of a plant. She should look far beyond her duties of first aid, important as they are. She should bear in mind at all times that

the major problem of industry is that of human relations.

The most common duty of the industrial nurse is, of course, the administration of first aid. In her performance of that task she will find that her kind and considerate treatment of employees will earn a full measure of good will for the company.

When the nurse is called on to administer to those whose injuries may be more serious, her sympathy and kind words may do much to allay fear and to neutralize the pain attendant to the injury. The patient will not soon forget the kindly consideration shown him and this cannot help but react favorably to the employer.

Many times during convalescence, the nurse will visit the injured employee at his home. There she meets his wife and children, and she may aid and advise them. In such capacity she serves as an ambassador of good will for the company.

Sometimes an employee may be burdened with the problem of ill health, either of himself or a member of his family. The nurse who may intelligently advise him under such circumstances will have gained his sincerest appreciation.

The employee who is absent from work because of serious illness will appreciate the visits of the nurse, not only for the advice and assistance she may give but also because it demonstrates to him that the employer maintains his interest in him, even though he is not at work. The nurse may bring him information about the plant and the people with whom he worked. This will tend to bolster his morale and counteract the depressing effect of illness. It may hasten his desire to return to work.

The features I have pointed out have been positive ones. They indicate how industrial nursing has proved to be a force in the creation of good will toward the company and the improvement of morale of the workers. It may be well to consider also how a lack of these facilities may react adversely and actually cause ill feeling toward the employer and low morale among the workers.

Let us consider the case of the man who is injured at work—perhaps a severe cut in which arterial hemorrhage is involved. If there is an absence of competent first aid preceding the arrival of the doctor, the

loss of blood may result fatally. The employer who has provided no better facilities for the care of his people than that may find decided ill will engendered on the part of the survivors of the deceased. Such a situation may even cause adverse public opinion in the community.

In another case a man may be injured, seriously but not gravely. Well-intentioned, but untrained persons, may move him and by incompetent handling do irreparable damage which results in permanent disability. The victim of such circumstances may question whether the employer had his interest at heart to have allowed such a condition.

In still another instance an employee may be so seriously injured as to require transportation to a hospital. Without the proper facilities, it is probable that he would be picked up by his fellow workmen, loaded on a truck, and jostled over rough floors to one of the plant exits. There he might lie, subject to cold or other elements, and to the eyes of the curious until the arrival of the ambulance.

Contrast such a condition with the manner in which it would be conducted under direction of the trained nurse. The patient would be carefully lifted to a clean stretcher. He would be made comfortable and treatment for shock would be started at once. Carefully he would be transported to the privacy of the Plant Hospital where further treatment might be carried on. There he would remain until the arrival of the ambulance.

Which of the two men is more likely to feel that the employer has a sincere interest in his welfare? Which is likely to respond more favorably to treatment after his arrival at the hospital?

But aside from its humanitarian aspects and its influence in the cultivation of good will toward the employer, industrial nursing justifies itself in a monetary sense. Proper treatment of minor wounds prevents infection and its accompanying loss of time. The employer saves money represented in the cost of training a new man to take the place of the one incapacitated. Insurance costs are less as every employer's premium for workmen's compensation is based on the success he has had in preventing injuries with loss of time.

care, care of teeth, and many other health matters.

The industrial nurse also stands as a defender against contagious disease within the factory. She quickly recognizes symptoms of infectious disease and sees that the patient is sent home promptly, thus preventing spread of the disease to epidemic proportion.

Then there is the field of health conservation in which the nurse is in position to render genuine service. Management appreciates that health conservation involves two important monetary factors as follows:

In the last few years another problem has presented itself to the employer and that is the matter of occupational disease. Many states have already passed laws providing compensation for such disease and doubtless many others will do the same in the future. The industrial nurse can be of inestimable value in this field. She may closely watch those employees who are subject to occupational disease hazards and advise them as to measures for conservation of their health. She will note any gradual lowering of their physical condition and take whatever steps are necessary, whether transfer to other work or medical care, to prevent an actual breakdown of health. By her close supervision of the people on the job which may be hazardous to health she will be able to reduce materially the claims for occupational disease compensation.

In conclusion, I repeat that management of industry believes that the industrial nurse more than justifies herself in the saving of money which results from proper care and treatment of people who are injured or sick. These savings accrue, not only to the employer, but to the employee as well.

As a final word, I would also repeat that management believes that the nurse has a real function to perform in the modern program of industrial relations. She is important in establishing and maintaining good will toward the employer. And that employee good will is important—it is the very essence of industrial harmony.

During her visits to the home of an employee she may offer assistance in the matter of health problems of a member of his family. She may aid in procuring needed surgical attention for him or a member of his family.

The industrial nurse may also arrange clinics for members of employees' families. She may give them instruction in infant

THURSDAY LUNCHEON SESSION

October 13, 1938

The Thursday Luncheon session was presided over by Miss Ruth Houlton, Associate Director, National Organization for Public Health Nursing, Inc., New York City. She introduced as the first speaker Miss Gertrude Jaeger, R.N., Swift & Company, Chicago.

Miss Jaeger extended "Greetings from the President, Chicago Industrial Nurses' Club," to the visiting nurses and other guests. She spoke extemporaneously, and no adequate record of her greeting is available. The Chairman then introduced the next speaker.

The Past, Present and Future of Industrial Nursing

By DR. M. N. NEWQUIST

Assistant Director, American College of Surgeons, Chicago

During the past several years it has been my privilege to visit medical services in industry throughout all parts of this country. This has been done as a representative of the American College of Surgeons. Thus an opportunity has been afforded me of seeing the conditions under which nursing service in industry is conducted and evaluating the character of the service rendered by the nurses.

It was soon realized that there was a great lack of uniformity in the character and scope of the nursing service in different plants, and that in some places nurses were being called upon to assume responsibilities which should not be assigned to them; in other places they did not grasp their full opportunities for service. Responsibility for this condition is not all to be attributed to the nurses themselves, for in most instances their sphere of activity has not been accurately defined for them.

As a result of the experience gained in the course of this work it would seem advisable to attempt to formulate a statement which will embody as accurately as possible the past, present and future of industrial nursing.

In the earlier days of industry, very few women worked in the industrial plants and a trained female nurse in the plant was not only considered a useless extravagance but a veritable encroachment upon a man's world. Frequently an employee who had developed a shop reputation for being adept at removing foreign bodies from the eye with a horse hair loop or a jack knife

would be called upon to do other nursing and doctoring duties in the plant. Not infrequently the distinction of being the "handy man" at times of industrial injury or illness would accrue to a worker who had tried out his home remedies on his large and growing family and was ever-ready to foist his cures on his fellow workers. Or perhaps the foreman or the plant superintendent would be the Good Samaritan. Of course, a doctor would always be called should an accident cause a real serious injury or give rise to sufficient excitement.

In that early day visiting nurse service, as we now know it, was non-existent. Visitations from the plant to the home of an ill or injured employee would consist of fellow workers or possibly the superintendent who would tender flowers and sympathy to the potential widow and occasionally financial assistance as a result of "passing the hat."

Infections, complications and disabilities following industrial injuries were so frequent and so vexatious that even some of the pioneer employers were forced to introduce corrective measures in their plants, to employ better qualified first aid attendants, and to change doctors at times. Industry became more and more mechanized and women were employed in increasing numbers. From 1870 to 1930, for instance, the gainfully employed male workers increased only 12 per cent while the female workers increased approximately 85 per cent in the same period. Gradually the trained female

nurse clad in her white uniform filtered into industry. As was to be expected the brass cuspidors began to disappear from the first aid rooms and a state of cleanliness in the dispensaries replaced their former appearance of bachelor quarters.

It required, however, the introduction of the workmen's compensation laws and the launching of the safety movement in which the National Safety Council has played the leading role to give industrial nursing the stimulus and the opportunity which it deserved. Faced with the immediate costs of disability arising from industrial injury, actual and alleged, employers introduced preemployment physical examinations as a protective measure and established more first aid rooms and employed additional first aid attendants. The full time services of first aid attendants became a necessity, now that injured employees were being required to report promptly to the first aid room for treatment regardless of how trivial the injury.

Early first aid attendants early predominated, but it was gradually demonstrated that the superior training of the graduate nurse, her knowledge of sepsis and asepsis, of illness and injury, of first aid technique and record keeping, and a better knowledge of first aid limitations, made her employment not only advisable but profitable. Her ability to handle people and finally her white uniform proved to be of additional psychic value.

Place of Nursing Service

The nursing service in an industrial organization is a part of the health service and not all of it. A properly organized health service should have a qualified physician at its head and all health activities should be supervised by him. The nurse in industry should cooperate with the plant physician, the safety engineer and the manager of industrial relations, but she should not replace them.

Over-enthusiastic individuals have promulgated nursing programs so complicated and extensive that it would seem in these instances that the physician and the safety engineer were no longer needed. It should be emphasized that ample opportunity still remains for rendering constructive service within the intended field of industrial nursing and furthermore that the ultimate goal is more quickly and efficiently accomplished

through team work or cooperative inter-departmental working relationships.

So much of the first aid service in a plant overlaps that which constitutes medical service that it is impossible to separate the two. Therefore, medical supervision of the entire first aid, nursing and medical service is indicated. Anyone may render first aid in emergencies—but when one is established in a plant to treat ill and injured workers who are not only expected but are required to report to the first aid station, a different light is thrown upon the situation. Furthermore, redressings under such conditions cease to be first aid. It becomes a practice of medicine.

An aspirin tablet, for instance, may safely be given to an employee upon his specific request. On the other hand, an employee who complains of abdominal distress and who is given a dose of epsom salts by the first aid attendant may suffer a ruptured appendix with peritonitis and may present the first aid attendant and the employer with a nice lawsuit for malpractice to which may be added one for practicing medicine without a license. Such legal complications are not infrequent.

Physicians should formulate and sign general standing orders for the first aid and medical service in the plants which they serve and they should follow up by making periodic visits to the plant in order to make the intended supervision effective. A change of plant physician implies standing orders signed by the new doctor. A number of nurses have refused to assume their duties in the plant until the above described supervision and protection were provided. Many leaders in the medical and nursing fields, and organizations such as the National Organization for Public Health Nursing have repeatedly stressed this point.

The sole purpose of requiring adequate medical supervision of first aid services is to protect ill or injured workers from being treated by incompetent or unqualified persons. In this connection specific provision has recently been made in the New York Workmen's Compensation Law to the effect that laboratories and bureaus, including first aid departments in industrial establishments which participate in the diagnosis or treatment of injured workmen, shall have medical supervision. Similar coverage exists in all states in their respective med-

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ical practice acts. In most instances physicians are willing to render this supervisory service to the plants which they serve without additional expense to the employer.

Functions

It is presumed that the nurse will visit the various plant departments early in her assignment to familiarize herself in a general way with working conditions and hazards. Thereafter the indicated present day duties of an industrial nurse are as follows:

1. To assist the physician in making pre-employment and periodic physical examinations. These examinations are not to be made by the nurse or the lay first aid attendant as has been done frequently by the latter in the past.
2. To render first aid and subsequent care of industrial injuries and occupational disease as directed and supervised by the physician in charge. In most manufacturing plants this is still the most important function of the nurse and the reason for her employment.

The suturing of lacerations, the anesthetizing of eyes in order to remove with a spud foreign bodies imbedded in the cornea, and other similar procedures are still being done by lay first aid attendants but seldom by nurses—they know their limitations. Obviously such unsafe practices should be discontinued.

3. To render reasonable first aid and advice to employees suffering from non-industrial injuries and illnesses while on duty according to the policies and standing orders for such service. For further professional service employees suffering from such conditions should be referred to their private physicians. Here again the nurse can and does play an important role. Many of the workers, particularly females, who come to the dispensary may not see the doctor. The nurse, however, who is alert recognizes the cases that may become more seriously ill and she refers them to the plant physician for examination and advice or directly to the family physician.

4. To cooperate with the safety department by:

- a. Reiterating safety principles to employees at the time of dispensary visits.
- b. Reexplaining and reemphasizing to employees the program in plant sanitation when indicated.
- c. Reporting all accidental injuries and occupational diseases that should be investigated from the standpoint of causal relationship and prevention.
- d. Reporting to the physician for examination, and also to the safety director, those employees who are accident repeaters or who seem to be accident prone on account of mental or physical defects.

5. To cooperate in promulgating an acceptable program in health preservation and health education by:

- a. Giving appropriate advice to individual employees. Every nurse should be a competent psycho-therapist.
- b. Giving talks to groups on appropriate nursing subjects.
- c. Distribution of literature on health subjects.
- d. Encouraging workers to have periodic physical examinations where such examinations are not already being made.
- e. Assisting in developing adequate recreational programs and facilities.
- f. Assisting in maintaining certain phases of the sanitation program by inspecting the plant cafeteria and kitchen, women's toilets, lockers and other indicated departments.
- g. Cooperating with private physicians and with local health and welfare agencies in activities designed to benefit the health of the worker and of the community as a whole.

6. To keep adequate records by:

- a. Recording all industrial injuries and occupational diseases.
- b. Recording all employee visits to the dispensary for non-industrial injuries and illnesses.
- c. Maintaining physical examination records as confidential information. It is presumed that the physician is responsible for the completeness of such records.

- d. Compiling statistical summaries at intervals of the injury and illness experience and reporting it to the indicated officials. Such studies will serve to demonstrate future objectives of the service.
- e. Computing or obtaining annually the injury frequency and severity rate. These rates are not only an index of the efficiency of the safety service but also of the medical and nursing or first aid service.

Functions Outside the Plant

Home Visits. After the health service has been well organized within the plant the opportunity of extending a worthwhile nursing service outside of the plant should not be overlooked. Visiting nurse service can and will reduce absenteeism. How? First, by reducing the actual sickness disability by arranging for more prompt and adequate medical, hospital or nursing service; and second, which is a concomitant result, by reducing absenteeism due to unnecessary personal reasons.

When visits are made to the homes of ill or injured employees they should be made in the spirit of helpfulness, never for the purpose of espionage. The nurse may find the absent worker badly in need of medical or hospital care but whether ignorance or poverty caused the delay she tactfully and promptly arranges for such service through the family physician if possible, or through charitable hospitals or local health and welfare agencies. Possibly some nursing care is all that is needed; and in such instances she not only renders this service at the time, but of greater importance, she teaches some member of the household how to continue the care, how to prepare nourishment or how to prevent spread of the disease.

The nurse can be of aid in correcting social, home and other maladjustments and finally by spreading cheer, by giving encouragement and reassurance she will not only be a helpful psycho-therapist but she will also serve as a perpetual ambassador of good will.

While the plant nurse may make occasional home visits, providing the service in the plant is adequately covered during her absence, this service is best rendered by nurses who are specifically assigned to such duties. Visiting nurses may be em-

ployed by the industrial organization or such service may be provided through the employees mutual aid association, through the carrier of the group insurance, or through local public health nursing associations. It is needless to say that the visiting nurse service should be closely integrated with the health service in the plant in order to obtain the greatest benefits.

Future of Industrial Nursing

The number of graduate nurses in the field of industrial nursing has not yet reached the saturation point. Their performance in industry has been so commendable and valuable in the past that their employment in greater number in the future is assured. While employers will continue to select their nurses on the basis of general nursing qualifications, character, appearance, personality and administrative ability, they will also inquire as to their special training which is applicable to this field.

Notwithstanding the fact that better trained nurses are being graduated each year, it would appear that if standards for industrial nurses and nursing were formulated and more widely promulgated they would serve as a guide for nurses' training schools in arranging their curricula and would provide a stimulus for growth and greater accomplishment in this particular field of endeavor. Applicants who contemplate going into industrial nursing and who have the preliminary academic training required for entrance to an accredited nurses' training school will find that a knowledge of typewriting acquired in high school will later prove to be an asset in their industrial work.

For industrial purposes it is highly desirable that the nursing curricula provide for: instruction and experience in caring for both men and women, opportunity for learning nursing techniques in the surgical department, experience in the out-patient department, and particularly in the emergency department of the hospital where instruction in first aid is given and some experience in public health nursing. The student nurse in the past has been informed as to the role played by bacteria and trauma in the cause of disease. It is hoped that the nurse of the future, will also have a working knowledge of occupational disease and of the broad subject of mental hygiene. In-

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dustrial nurses should be registered in the states in which they are employed and they should continue to enhance their knowledge by keeping abreast of scientific literature applicable to this field and by attendance and active participation at meetings of industrial nurse associations.

With all of the refinements and elevated standards for industrial nursing, however, we should not lose sight of the fact that the workers though considered "en masse,"

are still human beings and as such they should receive individual consideration and kindly treatment—not paternalism. Industrial nurses should continuously strive to inculcate in the minds of the workers a desire to work safely, to maintain their greatest asset—health—and to render a life of useful service. If this is done it cannot be said that Industrial Nursing has lost its art and that it has wandered too far from home.

THURSDAY AFTERNOON SESSION

October 13, 1938

Chairman Joanna M. Johnson, R.N., Nursing Service, Employers Mutuals, Milwaukee, and Chairman, Industrial Nursing Section, N.O.P.H.N., called the Thursday afternoon session to order. With a statement that the meeting was to progress as an Open Forum on Industrial Nursing Problems, Miss Johnson introduced the following scheduled participants:

F. W. Braun, Vice-President, and Chief Engineer, Employers Mutuals, Wausau, Wis.

Doris Craig, R.N., Supervising Nurse, Koppers Coal Company, Mt. Hope, W. Va.

Mrs. Sidney Hook, R.N., Plant Nurse, Abbott Laboratories, North Chicago, Ill.

Mrs. Hazel H. Leedke, R.N., Shell Petroleum Corporation, East Chicago, Ill.

C. O. Sappington, M.D., Dr. P. H., Consulting Industrial Hygienist, Chicago.

Mrs. Christian Seabrook, R.N., Group Nursing Supervisor, Metropolitan Life Insurance Company, Chicago.

Frances E. Silbaugh, R.N., Oscar Mayer & Company, Madison, Wis.

Chairman Johnson then introduced the problem speakers.

How the Nurse May Aid the Safety Department

By MRS. SIDNEY HOOK, R.N.

Plant Nurse, Abbott Laboratories, North Chicago, Ill.

We all know by experience that our safety managers are most interested in WHAT caused the accident? First, whether the machine was defective, and then what is to be done to make the machine more mechanically perfect? This is all well and good, but there is more to the picture than the defective machine. It concerns the person who was injured, whether he was defective in his mental attitude, or if he simply did not have the ability to do the job safely.

You may ask—"How am I to know the condition of the man's mind just before the accident occurred?" Of course, no one can read the man's mind; but the nurse, by acquainting herself with each worker,

will be able to judge just what his mental process would be in a given circumstance. The best way to actually know each person in your plant is to make little notes about him. For example, when a new man is given his physical examination, we all have at least a small opportunity to "catch his particular attitude. Is he a "smart Alex," slow in following directions; does he hurry to conclusions or does he answer intelligently and in not too much of a hurry? These little characteristics may be caught, and for safe keeping make a short note on each physical examination card.

During the physical examination we also have an excellent opportunity to fire our first guns at future unsafe activity. Know-

ing in which department the man will be working and the conditions to which he will be exposed, we can give him a little safety instruction which is very beneficial, since a man who is looking forward to work will always be most eager and willing to cooperate with anything you may demand of him.

Therefore, if your man is to be working where there is a dust hazard, tell him that in that department he must wear his respirator. If he is subject to work around machinery, instruct him in the proper dress, and in all cases give definite instructions regarding the treatment of cuts and burns which might occur. In our plant it is the practice to report all injuries, be they small or large, to the first aid department. However, if it is customary to report them to a first aid man in the department you can emphasize this also. Too often a new man is hurried through a physical examination and started on a new job so rapidly that he feels he is never allowed to return to the doctor's office. Correct this feeling before it has a chance to grow.

Just as important as your opinion of the new worker, is the new worker's opinion of you. Make him feel that he has made a friend. You are the first person he meets in his new work and of course first impressions are always most lasting. Make his impression one that will inspire confidence in yourself. After an accident a man is more likely to volunteer complete truthful information to the nurse he likes than to the one whom he dislikes.

Another way in which you will become better acquainted with each employee is to REMEMBER NAMES. For some people this is a hard task, but it will pay extra dividends every time. When you remember an employee's name, that man has the feeling that he knows you, and since each of us thrives on personal attention, this will cement your friendly attitude with each employee. Keep your ear attuned to the "Grapevine" and if it says that Joe Brown in the machine shop is the proud possessor of a new baby boy, don't be shy about congratulating him the next time you see him. It takes only a minute, but how proud it makes Mr. Brown, and at the same time strengthens his respect for you and your principles.

I cannot emphasize this point of knowing

your fellow workers too strongly. You have a much better opportunity to become acquainted with each of them than has the safety manager. By knowing each man, and something of his job you will find that these men will volunteer many ideas about safeguarding situations in their departments. Of course not all of these tips will be practical but they will be good to know and if you discuss them with your safety man, some may be found worth investigating and using.

When an accident does occur, do you sit in the office and make out the routine report, or do you investigate? It may be all right to sit comfortably at your desk all day long and keep neat, orderly files, BUT, if you are keeping neat, orderly files of material of which you know nothing, then it is time that you did investigate. When I first entered industrial nursing I had no more idea of what constituted a centrifuge, tappin or hand saw than I did of Greek. But since that day I have learned.

Investigation of accidents is particularly necessary if the plant employs many women. Every guard must be employed which will protect these girls. By actually visiting the place of accident we are able to picture our own reactions to this situation and by careful questioning of fellow workers we are able to get the completed story. It is natural for a woman worker to talk confidentially with another woman. What man could appreciate the sick headaches which seem to be so peculiar to women? By careful questioning we may piece the complete picture together bit by bit. When the picture of the *human element* is complete, then compare your report with that of the safety manager, and together make up the complete story.

In our plant we have a functioning "Safety Committee" which meets once a month and consists of the safety manager, assistant plant superintendent, company physician and myself. This committee gathers material for action and discussion from the safety representatives who are appointed in each department. These suggestions are written and presented to the Safety Committee. However, the foreman and his safety representatives are present at a round table discussion as often as it appears to be necessary.

In some instances we feel that it is neces-

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sary for the injured employee to be present at the committee meeting to tell his story of the accident. In such a case we try to impress on the worker that he is not there to be held up as the "horrible" example, but rather as one of a group of individuals interested in making his life more safe. This will often influence him to become an independent safety representative who will be invaluable.

We had been unsuccessful in selling the story of safety shoes in one of our departments, until one of the most popular men of that department dropped an iron clamp on to his great toe, breaking it and causing two weeks' loss of time. When the man reported back to work we were able to sell him a pair of safety shoes. Before the month was over, every man in that department was wearing safety shoes.

The nurse must be more or less of a "Safety Salesman" in any plant. To be a good salesman she must be interested in exchanging ideas among the people whom she would teach to be healthier and safer workers. Do not be afraid to express your individual ideas. The safety manager will be more than glad to help you work out a program. We had such an improvement in our rate of accidents following one week which we set aside in February and called "Safety Week" that we repeated the program in September.

The first program consisted of an exhibit of safety equipment, such as goggles, respirators, safety shoes, guards and saws and such. Each exhibit was flanked, or the idea carried out, with posters. At the noon hour we ran a five-minute movie showing the results of an untreated pin prick, from the time of the accident until the patient

was discharged from the hospital. As we expected, there was much discussion of safety among the employees. During this week we talked, thought and acted as safely as any plant could.

In September we emphasized the health program but also had an exhibit of safeguards as related to industrial hazards.

Another place where you can aid the safety department and help cut your accident rate, is in the use of material for safety bulletins. I know that in some plants the nurse is not concerned with this question; but for those who are concerned, I find that each departmental bulletin board can be made to show the particular safety problem in that department. For example if you have records of several back injuries in one department, that department should be given material on their bulletin board that will keep the problem of safe lifting always before them.

Right here is a good time to say that the material on the board should be kept up to the minute and ever changing. I find that unless there is something new to look forward to on the board, the men soon get out of the habit of looking. Sometimes a little praise will go a long way to making a better record in a department. If a department has improved its record, show the improvement in terms of figures for a given time. This will lend encouragement and create a type of pride.

Like most nurses, I have a healthy disrespect for rows and rows of filing cabinets, but I also have a very healthy respect for precise and up to the minute records. These records must be available to the safety manager at all times and in such a form as to be easily understandable.

How Can the Nurse Aid the Safety Department

By HAZEL H. LEEDKE, R.N.

Shell Petroleum Corp., East Chicago, Ind.

In thinking about this subject, I shall begin with the tangibles, as these are the basics upon which the nurse must start her job; they are the fundamentals, or tools, with which she must work.

To begin with, of course, she must have a good technical training, and especially

should she be trained in emergency first aid. It is unfortunate that up to now the professional nurse has been trained only in hospital technique, and what she knows in emergency first aid she has obtained outside of the training school, and on her own initiative.

When the nurse takes over a private case in the hospital, her very first professional act is to find out what kind of a case she has and what the orders are. What are the procedures to be carried out in this case as ordered by the doctor? Regardless of the first aid setup, the first tangible means of offering aid to the safety department is to obtain definite orders from the company physician, definite and approved first aid procedures. No nurse should take upon herself the duties of a physician, and though she must act in a emergency, using her judgment far in excess of that required in the hospital, she both protects herself and her company by working under approved first aid methods.

Our next tangible is to "know your limitations." I have a lawyer friend who goes on a real tangent on this subject. Doubtless, he knows whereof he speaks, since he is the one who writes finis to some of these cases which I shall mention. We nurses are not doctors; we are their able aids, their assistants; we must of necessity act upon our own best judgment, and must know what to do; but of greater importance, we must know what *not* to do.

In the nurse's handling of eye cases this particularly applies. The lawyer friend I mentioned above can cite the costliness to the company of mishandled cases. I have heard this man cite the eye case in which an embedded foreign body was removed by one, other than the doctor, followed by infection, nearly costing the eye of the workman. Nurses, know your limitations! Save your safety department the expense of settling a claim as well as criticism, misunderstanding, and prejudice.

The third tangible, and extremely important, is the keeping of records. Records, I believe, could be a complete paper in itself. I am particularly grateful to my own department head for his aid in showing me what to get in a record. After almost ten years, I think I am beginning to get the essence of good technique in record writing, as far as the record's value to the safety department is concerned. The skill of accurate and valuable record writing cannot be attained in a day, and it depends upon basic principles the same as almost anything else you undertake. What are they?

1. Accuracy in recording what is told:

2. A fairly good knowledge of the kind of work done in the plant, something of the plant equipment, and hazards in the plant.

3. Recognition of flagrant violations of safety rules; lack of use of protective devices, etc.

4. An understanding of emotional factors involved in some accidents.

Let us dissect an accident report and see how the above apply. I shall use my own "Injury Report" form as an example.

Our first questions and recordings are probably routine in every plant's injury record: name, badge number, department, occupation, and foreman; however, our very first point of information is the date of injury—the month, day, hour, and year. If the employee can give the exact date and time you have a starting point for your record and investigation. Next is the place or location in the plant where the injury was sustained—can the injured definitely locate the place of accident and the exact place in the plant, and piece of equipment involved? The nurse, if she has obtained and recorded the information accurately, has furnished the safety department with a definite setting of the accident. The safety department has the locale.

Next on our form is the "Cause of the accident." Here is recorded the man's statement as to how the accident occurred. It is wise to record the exact statement of the patient in this matter; however, after this is obtained subtle questioning by the nurse, dependent upon her knowledge of the plant, its hazards, and safety regulations, may bring out the cause of the accident. Again, she may not be able to elicit the cause, but she has something at least for the safety department to start work on in order to determine the cause. It is said that the statement given the first few minutes following the accident, and therefore usually to the nurse, is the most nearly accurate account of the accident.

An example of what she can do is shown in the following. "While tightening bolts, the wrench slipped." The cause of the wrench slipping will probably give the key to the accident. What are the factors which might make the wrench slip? A defective tool, the wrong tool, a crystallized nut, cramped and inadequate space in which to work, and lack of attention are some of

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the factors she can get and add to the report, all of which render an almost valueless record "the wrench slipped," into one of value.

The next point, which the nurse should never overlook, is "Witnesses to the accident." The name in itself implies its importance.

"Were protective devices used?" The answer to this question can be obtained while talking over the cause of the accident, and a knowledge of the safety regulations in the use of safety appliances will help the nurse to pick up a violation of these regulations, or a defect in the protective equipment. A recording of this question will doubtless aid the safety department in enforcing or making new safety regulations, or in improving or installing better safety equipment.

We now have a picture of what happened and when and where. Next we learn what happened to the employee or "The nature of the injury." Here the nurse can make the record even more valuable to the safety department, not so much in prevention, as in the ultimate disposition of the case. The accurate location of the physical injury, (and while there are many examples, I shall cite only one, because it has come up in my own experience) may mean the payment for a disability not rightly charged as a compensable injury. I have in mind an eye case in which there had been a foreign body in the eye complicated by a slight abrasion to the cornea, but located so that had there been a scar no disability or loss of vision would have resulted. However, the point I want to make is, the designation of which eye was involved, right or left. When later this patient complained of vision defects, blaming it on the injury he had sustained, he was indicating the uninjured eye. The nurse's records as well as the doctor's bore out this fact.

The concluding questions, except for the very last, are more important for record purposes only, than in their value in determining prevention or cause. If the case is disabling, if hospitalization or medical attention is accorded, that should be noted on the record. The patient's length of disability and his return to work are of course necessary. The last question, the time the case was reported, is extremely important

to the safety department in determining the probability of its having happened, and in making a teaching point of immediate reporting of injuries as a prevention of infection.

We have noted the tangibles, the things you can put your finger on and can set apart and look at, the fundamental qualifications that make the industrial nurse of value to the safety department. Yet all these are meaningless without an intangible something, which doubtless comes from within her own makeup, and which furnishes a most valuable link between the safety department, the company itself and the injured employee. It is the something that spells success or failure.

Doubtless the reason for the great preponderance of women in the field of nursing is that the feminine nurse is endowed with certain outstanding attributes of understanding, intuition, sympathy, and with that elusive sense of motherhood towards all mankind, which give her priority in the handling of the sick and injured. How does this apply with regard to her value to the safety department?

When the injured employee comes to the plant first aid hospital, his most vivid and lasting impression is his first one. What is it going to be? That depends on the nurse. If the nurse greets him pleasantly, in a manner that is sincere, and capably eases his pain and dresses his wound, he immediately says to himself, "I've sure come to the right place. Here is a place where they know what to do for a fellow." At once he begins to feel better, and his confidence in and respect for the nurse and the safety department have gone up. With this respect comes a receptiveness to what the nurse has to say. She has sold herself, and as a part of it, the safety department.

Giving the injured employee the right impression and winning his confidence and respect sounds very simple, but is it? Mr. Lloyd R. Sherrill, personnel manager of Montgomery Ward and Company, Kansas City, Missouri, speaking before the NOPHN Biennial Convention in Kansas City last April, said:

"It has been mentioned that the nurse is charged with the responsibility for the physical, mental and spiritual well-being of the employees. Carrying out this task

requires the application of practical psychology. It requires especially an understanding that no two individuals are the same; that each person is made up of a mixture of qualities to such an extent that he reacts in his own individual way to different stimuli or methods of approach.... The nurse has one of the biggest selling jobs in business."

Notwithstanding the nurse's opportunity as the personal representative of the company to build up the confidence of the man in the company's interest in his well-being and protection, she has an equally valuable opportunity to learn something of his home, his environment, and habits, and sometimes better evaluate the emotional factors contributing to the accident.

Dr. N. K. Forster in the April, 1937, issue of *Industrial Medicine*, says that "90 per cent of accidents are known to be of mental origin, though not the result of insanity or mental incompetency, but from thoughtlessness or carelessness. Whatever may be the immediate proximal cause of an accident, on thorough investigation the underlying cause will, in the majority of cases, be found to be some mental aberration on the part of the worker, resulting in inattention, carelessness, confusion or bad judgment."

As Dr. Forster states, these persons are not mental defectives, but those in whom there are frustrations, confusion, maladjustments; and emotional factors which have

a vital bearing on the workman's accident record, and which the nurse who understands her job and applies her knowledge of practical psychology can draw out and pass on to the safety and welfare department, as well as do her part toward helping the worker with his problems.

However, while the nurse is attempting to build up confidence and good will within the patient, she should be ever mindful that within this type of patient there is a tendency to exaggerate his ills and injuries, and a wrong or misinterpreted statement as to the severity or minority of his injuries may give rise in his mind to a false idea, thereby encouraging the development of a neurosis which at times has been extremely costly to industry.

The ramifications of this subject seem endless. There is one thing more which the nurse, as well as every job holder, needs; that is the stimulation of counsel and conference with the safety department. She must know the safety rules and regulations, the accident hazards in the plant, the company's policy towards its employees, and it is only the safety and industrial relations department that can give her that. Give her your sympathetic understanding, your cooperation, and make her feel that she belongs in the chain, and I am sure that together you can vitally influence the safety record in your plant, as well as give to the workmen a real service department, a link of inestimable strength in the chain of industrial relations.

Who Should Supervise the Nurse's Activities?

By C. O. SAPPINGTON, M.D., Dr.P.H.

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The obvious answer to this question of who should supervise the nurse's activities is, the physician, because physicians and nurses have always worked together and have probably the best understanding of each other's aims and objectives.

For the moment, let us consider if there are other persons who might be capable of supervising the nurse's activities in industry.

Certainly not the personnel manager, for

he has not had the medical training and does not possess the viewpoint which are necessary for successful supervision. Certainly not the safety man, for he probably has less training in personnel relationships and certainly is not trained either medically or in any other capacity which would make him an efficient supervisor for this particular work. Certainly not the plant manager, for he is engaged in other activities and has such broad general interests that he would not, I believe, be interested in as-

suming the responsibility of directing the nurse's activities.

So we are right back where we started—the physician is the person who is capable of properly supervising the industrial nurse's activities because of the very nature of his training and experience.

* * *

In answer to the question from the floor, as to the doubtful advisability of the plant manager using the services of the plant nurse:

It happens that I have had considerable experience with reference to this subject, particularly with regard to the uses of the plant physician and plant nurse by the plant manager. At one of the plants where I was located as the plant physician, it was the

custom of the plant manager to encourage the use of the medical and nursing services, instilling confidence in the employees by direct methods.

One of these direct methods was the frequent use by the plant manager of the medical and nursing personnel in their advisory capacity. It is true that the plant manager should have sufficient money to have his private physician and his private nursing services, and against this I have nothing to say. I believe, however, that if the plant manager uses the plant medical and nursing personnel in an advisory capacity and openly, but not tacitly, uses every effort to increase the confidence of the employees in those services, the employees must be impressed by his example that such services are really adequate and useful.

The Scope of the Activities of the Nurse in Industry

By CHRISTIAN F. SEABROOK, R.N.

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The National Organization for Public Health Nursing has stated:

"The basic objective of industrial nursing is to promote the mental and physical health of the employee, through health teaching, so that the time lost for accident and illness may be reduced and prevented."

The industrial health field offers a challenge to the nursing profession. The total economic loss occurring annually in the United States from lost time of gainfully employed workers as a result of illness and accidents amounts to nearly four billion dollars; we can hardly estimate the amount of suffering that this lost time brings to the average wage earner and his family through the cessation of the family income, not to mention the physical suffering caused by injury or illness.

Functions of Nursing Service

The duties and functions of the nurse in industry will vary according to the policy of the employer, the need of the industrial community and systems on which the health and welfare activities are organized.

In large establishments where doctors and

nurses devote the whole of their time to the supervision of the work and where the work is well organized the duties of the nurse are likely to be specialized. One nurse will be in charge of the first-aid dispensary, another will assist the doctor with preemployment and periodic check-up examinations, while a third nurse will be responsible for visiting of the homes of the workers.

It may happen that the industry is the center of the civic life of the community and all their activities are built around it. In such cases one or more nurses will supervise in the plant lunch rooms and recreation room and assist in all recreational activities.

But what about the nurse who will be found in mercantile and manufacturing establishments with employment of 200 to 1000 workers, working alone under the direction of part time medical supervision? It is this nurse whose scope of activities will be greatest and who should be well qualified to meet the demands made upon her service. Her activities may be classified as duties within and outside the industry.

The individual nurse working under part time medical supervision may perform practically all of the following mentioned activities:—

Duties Within the Industry

1. First aid and subsequent care under the direction of the physician. (In some business organizations such as banks, hotels and stores this may include First Aid to patrons, guests and customers.)

2. Care to workers under supervision of a private physician. This care might require daily temperature for diagnostic purposes, hypodermic injections of insulin, or electrotherapy.

3. Assisting physician with pre-employment and periodic examinations—responsible for history file—and call-up for employee for re-examination.

4. Advising and assisting employees in securing correction of physical defects and social adjustments.

5. Health education of the individual and group.

6. Compensation adjustments. Qualified nurses are sometimes responsible for correspondence with the Compensation Insurance Companies involved in claim cases. The nurse, perforce, must be well informed regarding existing Compensation Laws of the State in which she is practicing.

7. Inspection of rest rooms and lavatories, interpreting plant sanitation to the worker.

8. Integration of service with the industrial relations program by:—

(a) Assisting Safety Supervisor by serving on Safety Committee—Submitting brief narrative report, either weekly, or monthly covering the occupational accidents treated in dispensary.

(b) Assisting Employment Manager. Consultations regarding personal problems of individuals concerning physical or emotional conditions.

(c) Supervision of diet for lunch room.

(d) Responsibility for health articles for plant magazine.

(e) Preparation of statistical and narrative monthly report covering all intra-mural and extra-mural activities of the nursing service.

(f) Analysis of data from nurse's records on morbidity and accident experience by departments—Cost of maintenance of nursing service and dispensary equipment.

9. Record Keeping—Morbidity and Compensation statistics.

Duties Outside the Industry

1. Cooperation with local Health Department in the control of disease by extending the program of the community to the worker in the plant.

2. Visiting ill employees when necessary—Health instruction for family.

Provision of social service for employee and his family—by cooperation with local agencies.

3. Cooperation with community Nursing and Health Agencies concerned with specific health programs, such as: Tuberculosis, cancer, heart disease and social and mental hygiene—insofar as the Medical Director and Management are willing to extend this service to the employee. It is important to arrange with the local nursing organization for bedside nursing care for employee where such service is needed.

Not all of the duties outlined could be performed by any one nurse but all of them are performed by industrial nurses today—

Suffice it to say that the employer must be educated and guided in his selection of a nurse for his medical and nursing department, who will be capable of carrying on a program involving the duties which have been listed in this paper.

The National Organization for Public Health Nursing is prepared to advise the employer through the medium of a suggested outline of the functions and qualifications of a successful industrial nurse. This outline may be obtained by writing the Organization.

How the Nurse can Aid in the Off-the-Job Accident Program

By FRANCES E. SILBAUGH, R.N.

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When a report comes in of accident off the job, the nurse should visit the home, see that the man has adequate medical care, point out to the man and his wife the advantage of prompt medical service to reduce disability. If finances are limited, see that nursing care is provided, visiting nurses' service; or if he has a policy for group insurance, advise him to have claim papers made out at once. Consult his doctor, and if he wishes the service of the nurse, call one for the man and make the necessary arrangements.

Katherine Fisher, Director of Good Housekeeping Institute, tells us that home accidents lead the list in frequency and severity. Burns, falls, and electrical shocks lead the list of accidents resulting in serious injuries in the home. Inform the wife and mother in the home of available nursing services in the community. If necessary, help her to budget the reduced income suffered through accidents in the home. Education publicity, and follow-up work help materially in the prevention of accidents in the home. The nurse should impress upon the wife in the home that a man must have adequate rest and nourishing food. Loss of sleep causes slow mental reaction, and many times social activities that keep men up until late hours depriving them of the necessary rest, makes the employee accident prone, not only on the job, but off the job as well.

Off the job accidents interfere with production in industry when adjustments must be made to put another man on the injured workman's job, and it behooves us to see that the injured man has care and attention and is able to return to his work at the earliest possible time, not only helping the man to regain his earning power and care for his home and family, but increasing production in industry by having an experienced man on the job. Impress upon the wife and mother in the home that her husband's success depends upon his good health and being a careful workman. In this way, we can stress the importance of accident prevention in the home.

This also helps to build up a strong health

education service. The industrial nurse finds working with men whose wives attend baby clinics, whose families listen to radio accident prevention and health talks; whose children are instructed by the school nurse in safety and sanitation, quite a different matter from working in rural districts where these health privileges are not available. It behooves us as nurses to cooperate with all accident prevention and health agencies in our community in promoting safety and health consciousness whenever the opportunity presents itself.

The human element is the starting point for all accident prevention work, and carelessness is the alibi for most injuries whether at home or in industry. As long as there are steps to trip on, ladders to fall from, slippery floors to walk over, and countless possibilities that seem to be a part of our work-a-day life, accidents will be a factor to reckon with in the home, on the streets, highways, and in industry.

Right here, I am reminded of an incident in my own family circle. My cousin had fallen on an icy sidewalk and fractured her wrist. Her grandchild of six came to visit her. He stared at the scatter-rugs on the bedroom floor for some time with a very thoughtful expression on his face; then said, "Grandma, we'll have to do something about your slippery floors and small rugs or you are going to fall and break your arm all over again." How true it is "that a little child shall lead them." If we can reach the children in the home, we will help considerably in putting across our no accident programs.

In our organization, health literature and small booklets on accident prevention in the home are distributed on payday with the checks and are taken home by the men. This literature is all furnished free of cost by our group health and accident insurance company.

In conclusion, I would say that the industrial nurse is a public health nurse, and she should cooperate to the fullest extent with all health agencies of the community in which she works. Keeping in close touch with the health department at all

times, she is able to have an early diagnosis on all tuberculosis suspects, venereal diseases, immunization for diphtheria, whooping cough, smallpox, and other contagious and communicable diseases. The health department serves the industrial nurse by building up a strong health service in the community and especially a strong health education service.

The industrial nurse can enlarge her services with the men and women in the industry for which she works by participating

in the health betterment and service programs planned for the community at large. She contributes to the success of the better health program in her community and strengthens her own position. We find the average worker inclined to listen to advice on prevention of home accidents when we can convince him that they are very costly and cause much unnecessary grief and trouble. Any agency which strengthens itself strengthens all others as long as it keeps a cooperative attitude.

ADJOURNMENT