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Prevention of diphtheria and scarlet fever in nurses

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The Durand Hospital of the John McCormick Institute for Infectious Diseases contains about 60 beds in all and receives only patients with acute infectious diseases. The hospital was opened in March, 1913. During the first year the nursing was done mostly by graduate nurses; only a few student nurses and graduate student nurses were received during this time. Since the end of the second year the main bedside nursing has been in the hands of student nurses under the direction of trained supervisors. Most of the student nurses come to the hospital for a stay of three months from other hospitals in Chicago and vicinity. Their homes are mostly in the country. Their ages vary from 19 to 35 years, the average being about 23. From the first, strenuous efforts have been made to protect the nurses from the infectious diseases to which they of necessity become exposed, and particularly from diphtheria and scarlet fever, which are the most important sources of danger. Special care is taken to maintain a high degree of cleanliness of the patients, their rooms and surroundings. The entire nursing procedure is organized precisely, and supervised rigidly, with the object of preventing so far as possible the spread of infectious materials. The general health of each nurse is watched closely, and nose and throat cultures are made regularly each week. Since 1916 a simple face mask of three thicknesses of cheese cloth has been used by nurses when caring for patients who have profuse discharges from the nose and throat, or are otherwise especially dangerous by reason of restlessness, coughing, etc. The impression prevails that fewer diphtheria carriers have developed among the nurses since the mask was introduced, but no accurate study has been made of this point. The following are rules and suggestions now in force for the protection of nurses and others:

Do not put fingers, pins, labels, pencils or anything else to the mouth. Keep the hands away from the face. Do not allow a patient to come in contact with the face or hair.

Always put on a clean gauze mask over the mouth and nose before caring for very sick or delirious patients having profuse discharge. Avoid as far as possible getting near, or in direct line with, the mouth of a patient who is coughing, sneezing, vomiting or spitting, when infectious material may be thrown out several feet.

Wash the hands thoroughly after handling each patient. Before entering a contaminated area a gown should be put on and properly tied so that the nurse's uniform will not become contaminated. Before leaving, the gown belt should be untied, the hands thoroughly scrubbed and dried, the gown removed without touching the contaminated side, folded carefully and hung up, avoiding contamination of the clean side.

Finger nails must be kept short and in good condition. On going off duty a cold cream or lotion should be used on the hands. A rough skin makes the proper cleansing of the skin impossible, thus

rendering the hands unsafe for duty.

Upon entering the living quarters remove the ward uniform, hang it in the bath room, avoid contact with clean street clothing. Wash the face, neck, ears and scrub the hands and arms to the elbows. Put on fresh clothing before going to meals. Never wear the uniform on the street.

All floors are contaminated. Do not use handkerchiefs, towels, clothing, etc., that have dropped on the floor.

Daily baths, scrupulous care of the mouth and teeth, nutritious food regularly, plenty of fresh water from an individual cup, good elimination, good ventilation of living rooms without drafts or chilling, eight hours of sleep, daily exercise out-of-doors—all play an important part in keeping up the resistance of the body.

Nose and throat cultures must be made each week. Sore throat, rash or any other symptom of illness, no matter how trivial it may seem, must be reported at once.