

VII.

SCHOOL NURSING IN PORTLAND, OREGON

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## Preface

To date there has been no published history or account of School Nursing in Portland, Oregon. As it is a large part of Public Health Nursing, I have chosen to make a study of this subject for my thesis.

I wish to acknowledge my indebtedness to the following people who have given me information from their own personal experiences in this work in Portland.

Mr. Gary - Principal of Buckman School.

Miss Lena Goodin R. N. - Matron at Volunteers of America Home.

Dr. Myra Brown Tynan M.D. - Examiner for City Health Bureau.

Miss Elvora Thomson - Director of Nursing Education,

University of Oregon Medical School.

Miss Pauline Knudsen - Director of Portland School Nurses.

Oregon State Tuberculosis Association - records of school nursing during the demonstration period.

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## School Nursing in Portland

School nursing is one of the most recent developments of the Visiting Nurse movement. France started health supervision in schools about the middle of the 19th century. England and other countries soon followed. These medical inspections resulted in the exclusion from school of many children with minor contagious diseases. Most of these children received no treatment at home, and were allowed to associate with other children. Amy Hughes was the first nurse to attempt school nursing. She began her work in Drury Lane, London in 1891. She found that more children could be reached by working thru the public schools. It made possible the control of communicable diseases and made for closer correlation between the school and the home.

Early Public Health nursing in the United States was greatly influenced by religious beliefs. Illness was regarded as punishment for sins, and the sick were cared for by their own families or by neighbors. It was not until 1877 that an organization sent trained nurses into the homes of the "sick-poor." This was in New York. In 1886 Boston and Philadelphia established similar associations. Miss Lillian Wald in New York was extremely interested and active in this work, and while visiting in England, was greatly impressed with the possibilities of school nursing. So in 1902 the Henry Street Settlement financed, as an experiment, a month of school nursing with Miss Wald as the nurse. At the end of this short time the work proved to be of great worth and the Municipality of New York established school

nursing. From New York it has rapidly spread to other cities.

In Portland, prior to 1919 a nurse was employed in the City Health Department but did no special work with the schools. She or city health officer visited any school when called or in case of an epidemic, but no definite program was carried out. During the school year of 1918 and 1919, the Principals' Association held a series of Saturday meetings to acquaint themselves with methods of detecting and preventing contagion among school children. These meetings were prompted by the fact that during the drafting for the World War, it was found that large numbers of men had defects which could have been prevented or corrected had they had proper care when children. In the fall of 1919, with the consent of Mr. Alderman, the Superintendent of Schools, the teachers and the principal, Mr. Gary, of Buckman School started a health program. The teachers made vision and hearing tests on all the children in that school, and three physicians, Dr. Edna Sherrel, Dr. John Talbot, and Dr. Wm. Hendershott donated their time to give physical examinations.

In the fall of 1920 the Public Health Nursing course was offered for the first time by the University of Oregon. In order that there might be a demonstration center for these students in Portland, the Oregon State Tuberculosis Association paid the salary of a nurse who was qualified to teach the students. Miss Laura Vogel was chosen for this position. She worked in Buckman, Couch and Mills Open Air Schools. The next year Miss Bertha Wilson took her place and the work continued as a demonstration. How-

ever, more and more principals took a more active interest in the work and by 1924 the nursing staff was enlarged to three members. An intensive project was carried forth using six of the larger schools. The results were very effective, and the Board of Education cooperated with the Bureau of Health to finance eleven nurses. At this time a supervisor and assistant were appointed.

At present Portland has a staff of 24 nurses, including one supervisor and two assistant supervisors. There are also one medical director and four examining physicians. As preparation each nurse must have a certificate of a standard Public Health Nursing course or must comply with N. O. P. H. N. requirements.

Schools are so assigned that each nurse cares for approximately 2300 children. This number varies according to district and location and covers from two to four schools. The nurse divides her time among her schools according to enrollment. Each school has a copy of the nurse's weekly schedule. Matters of general procedure are decided by the Boards of Health and Education, but questions arising in individual schools are taken up and discussed with the principals.

The school health program is divided into three main parts: (1) control of contagion (2) prevention and correction (3) education.

At the beginning of each year the teachers make an inspection of the entire grade population for evidence of sore throat, skin infection and pediculosis. Also during the year any suspicious looking case is excluded until

diagnosed and treatment is prescribed by a physician. Bad throats are cultured, and the children excluded from school till results of the cultures are reported. An exclusion slip is sent home with the child explaining the reason. A duplicate is kept of this exclusion.

FORM U-254

CITY OF PORTLAND  
DEPARTMENT OF FINANCE  
BUREAU OF HEALTH

.., 193....

To Parent or Guardian:

Name.

was excluded from school today by a member of Health Bureau on account of.....and must have a permit from them before returning to school. Please report for permit to the nurse at your school, or Room 311, City Hall.

School Nurse.

(OVER)

At the end of the day a report is made for the principal of all exclusions.

Form 207 B.T.P. 2000 Books-7-27 7606



## HEALTH REPORT

..192.....

**The following children have been excluded for reasons shown below:**

[illegible]

Principal.

.....  
School.

Physician or Nurse.



Any child who has been excluded or who has been absent from school for three or more days must have a permit to return. This may be given by the nurse at school, or may be obtained from the School Health office.

FORM U-379

CITY OF PORTLAND  
DEPARTMENT OF PUBLIC AFFAIRS  
BUREAU OF HEALTH

**Permission to Return to School**

....., 193.....

Name.....

who has been excluded from school on account of.....  
is hereby given permission to return.

**JOHN G. ABELE, M. D.**  
Health Officer

Following the opening inspections, the nurses or the teachers begin the weighing and measuring of the children. All children are weighed and measured three times a year and any who are definitely underweight are weighed every month, and physical examinations urged in an effort to help the child gain.

During the weighing and measuring the nurse is also carrying on physical examinations of children in the 1B, 3B and 6B. Permission blanks are sent home for the parents to sign. As these are returned they are checked, those signed "yes" in blue, and those "no" in red in the upper left, hand corner. These are kept on file.

NAME	SCHOOL	GRADE OR SEC.	FAMILY PHYSICIAN
ADDRESS			
TELEPHONE			

City of Portland, Oregon  
DEPARTMENT OF FINANCE  
Bureau of Health

To the parents: Arrangements are being made for the school doctor to give the pupils a physical examination. This examination will be without charge, and you will be invited to be present at the time of examination and advised of the opinion of the physician's findings. Kindly state whether you wish or do not wish this examination and return this card.

PLEASE CHECK PREVIOUS DISEASES

MEASLES DATE.....WHOOPING COUGH.....BRONCHITIS DATE.....SMALLPOX VACCINATION SCAR.....  
DIPHTHERIA DATE.....T. B. CONTACT.....FLU DATE.....DIPHTHERIA PREVENTION DATE.....  
CHICKENPOX DATE.....SMALLPOX DATE.....TONSILITIS DATE.....GOITRE PREVENTION DATE.....  
REPEATED 'COLDS.....SCARLET FEVER DATE.....RHEUMATIC FEVER.....SCHICK POS.....NEG.....DATE.....  
PNEUMONIA DATE.....MUMPS DATE.....

To the Principal: I desire to have my child given the physical examination.

Yes.....No.....Date.....

SIGNED.....

Form U 340

These examinations are to discover any definite defect of nutrition, head or throat abnormality, chest or heart condition. An exercise tolerance is also given. Before the doctor is to be at the school the child's vision and hearing are tested. These results along with the weight, height and information from the permission blank are recorded on the physical examination card. If there is a marked defect in vision the child's parents are notified.

FORM NO. U-395

CITY OF PORTLAND  
DEPARTMENT OF FINANCE  
BUREAU OF HEALTH

Vision Report to Parents

School.....Date.....

In the routine vision test given the pupils of.....  
grade, it is found that your child.....

does not seem to be able to see as well as <sup>he</sup><sub>she</sub> should.

It would be advisable to consult your family physician concerning this condition.

Signed.....

School Nurse

Invitations are sent to the parents stating the date of the examination and requesting that they be present, so they may know the results and may talk to the physician.

*To the Parents*  
*The School Health Service*  
*Invites you to be present*  
*for the*  
*Physical Examination of Your Child*

*on.....at.....o'clock*

*at.....School*

*The physician will be glad to discuss the health of your child with you at this time.*

U 378

over

If there is a definite defect the parent is urged to take the child to the family physician for advise. These examinations are of no avail if the needed corrections are not made.

These record cards are kept at the school during the entire eight grammar school years, and the results of the three examinations are recorded thereon. In this way a check may be made as to whether or not the child's condition is improving. In case the child goes to another school this record is also transferred.

The "History" card is not used for every child, but only in cases where there may be a problem present or social information useful to the doctor or nurse.



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Any serious defects are recorded and the child's  
parents are notified. The nurse makes follow-up home visits  
to encourage necessary corrections.

Form U380

### RECOMMENDATION OF DOCTOR'S FINDINGS

City of Portland, Oregon  
DEPARTMENT OF PUBLIC UTILITIES  
Bureau of Health

NAME..... DATE.....

ADDRESS..... AGE.....

To the Parents. In the routine physical inspection of school children by the medical inspectors of  
the health department, there were found on the date above indicated certain conditions with respect  
to.....

.....  
which it would be worth while to look into more carefully. These conditions may be of a permanent  
nature which for the best interest of your child should be corrected at this time. We advise that  
you consult your family physician, who, being more familiar with the previous history, will be  
better able to decide what corrective action, if any, should be taken.

SCHOOL.....

ROOM..... GRADE.....

SECTION.....

..... M. D.  
Examining School Physician

Minor defects are also brought to the parents'  
attention and they are invited to talk with the nurse re-  
garding the condition.

To Parent or Guardian:

At the physical examination of.....  
(child's)

..... at .....  
(name) (school)

I found the child to be in good general condition.

Your attention is called, however, to the fact that.....

.....  
.....  
.....

The school nurse will be very glad to consult with you  
regarding the above findings.

..... M. D.  
School Examining Physician





Every two years a vaccination clinic is held in each grade school. Permission slips are signed by the parents and returned to the school before the day for the clinic.

Form U-375

CITY OF PORTLAND, OREGON  
DEPARTMENT OF FINANCE  
BUREAU OF HEALTH

Date.....

TO THE PARENT:

We are offering vaccination against smallpox to the children of this school free of charge.

If you wish to have your child vaccinated by the Bureau of Health, please sign this slip and return by the child to his teacher. Vaccinations are made on the upper side of the arm only.

.....  
Child's Name

.....  
Room or Section

.....  
Parent's Signature

Each vaccinated child is given a slip stating instructions for proper care.

Form U-236

CITY OF PORTLAND  
DEPT. OF PUBLIC AFFAIRS  
BUREAU OF HEALTH

## Care of Vaccination

Keep vaccination covered with clean dressing.

Keep vaccination dry.

When the vaccination begins to take, which time will be from 5 to 10 days after vaccination, the area will become itchy and a small blister noticed.

In the course of two or three weeks a scab will have formed and gradually fall off. In changing the dressing do not disturb the scab, for it may become infected. If infected, a yellowish discharge will be noted accompanied with swelling.

To remove a dressing which is sticking, cut the dressing off around the scab, then thoroughly wash around the area with cooled boiled water and apply a fresh dressing.

**DO NOT USE VACCINATION SHIELD.**

Do not touch wound with hands.

Consult the Bureau of Health if vaccination does not heal promptly.



Each year a diphtheria immunization program is carried out. A permission card is sent home with each child. On this same card a record is kept of the date of each injection.

CITY OF PORTLAND, OREGON  
DEPARTMENT OF FINANCE  
BUREAU OF HEALTH

FORM NO. U-339

DIPHTHERIA IMMUNIZATION

Date.....193.....

Name .....

School .....

Permission is hereby granted the Bureau of Health to administer to my child.....  
.....toxoid for diphtheria immunization.

I agree to pay a charge of twenty cents (20c).

Signed.....Parent or Guardian.

1st..... 2nd..... 3rd.....

(over)

In case a child is absent on one of the clinic days he is given an appointment to report at the City Hall where the treatment may be continued.

FORM U-374

CITY OF PORTLAND, OREGON  
DEPARTMENT OF PUBLIC AFFAIRS  
BUREAU OF HEALTH

\_\_\_\_\_

Please report to Room 311, City Hall, Saturday morning,  
\_\_\_\_\_ between 9:30 and 11:00 for  
Date  
toxin antitoxin treatment.

\_\_\_\_\_ R. N.  
School Nurse

Six months after the immunization clinics slips are sent home advising a follow-up Schick test.

*To Parent or Guardian:*

Your child has received the toxin-antitoxin immunization treatment at the school. It is advisable for you to report to your family physician at this time for a Schick test. There are a certain number of children who do not become completely immunized by the three inoculations. This Schick test will tell you if your child is one of the few who need additional treatment.

BUREAU OF HEALTH,

Helen A. Cary, M. D.

*Medical Director of Schools.*

In the case of an accident or any emergency at the school first aid treatment is given, the parents notified and some arrangement made to get the child home. A slip is made out by the nurse if she happens to be at the school, and if she is not there, by the principal or a teacher.

Name: \_\_\_\_\_ Section \_\_\_\_\_

Injury: \_\_\_\_\_

Treatment given: \_\_\_\_\_

Recommendations:

A clean dressing should be applied at home before the child comes to school.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

School \_\_\_\_\_

The daily report the nurse's record for herself of the admittances, exclusions or any task she performs during the day.

	ADMITTED	EXCLUDED	
Colds and Sore Throat			Consultations
Flu and Grippe			Parents
Pneumonia			Teachers
Miscellaneous			Health Agency
Dermatitis			Home Visits
Impetigo			Notes to Parents
Scabies			Phone Calls
Ringworm			Referred to: Clinic Private Physician Class Inspections
Poison Oak			
Pediculosis			
Inflamed Eye			
Chickenpox			
Measles			
Mumps			
Whooping Cough			
Smallpox			
Diphtheria			
Scarlet Fever			
All Contacts			
Cultures			
Vaccinations			
Dressings			
Emergencies			

At the end of the month these are totaled under headings and the final numbers recorded for each school.

A copy is kept at the School Health office and another copy is given to the principal. These records are the means by which the value of the work is measured, so the accuracy of each is of extreme importance.

Form No. U-857

City of Portland, Oregon  
BUREAU OF HEALTH

....., 193....

REPORTED BY .....

		MISCELLANTRITION				ASSISTED WITH			
SCHOOL	No. of School Visits								
	Class Inspection								
	Cultures								
	Vaccinations								
	No. Weighed								
	No. Gaining								
	No. Losing								
	Goitre Exams.								
	Toxin-Antitoxin								
	Schick Test								
	Vision Test								
	Def. Vision								
	Audiometer								
	Hearing Test								
	Def. Hearing								
TOTAL									
SCHOOL	Date								
	Colds and Sore Throat	A							
		E							
	Flue and Grippe	A							
		E							
	Pneumonia	A							
		E							
	Scarlet Fever	A							
		E							
	All Contacts	A							
		E							
	P. T. A. Meetings								
Teachers Meetings									
Class Room									
Misc. Group									
In School									
Out of School									
TALKS									
TIME									

Besides the nurse's record cards there is a Permanent Record Card for each child, which is kept in the Principal's office. On this card is kept a summary of his entire grade school career. Part VI is a condensed report of the physical condition. The nurse has no responsibility in keeping this,

(TO BE MAILED WITH TRANSFER. SEND TO ATTENDANCE DEPARTMENT WHEN PUPIL LEAVES DISTRICT OR ENTERS HIGH SCHOOL)

(TO BE MAILED WITH TRANSFER. SEND TO ATTENDANCE DEPARTMENT WHEN PUPIL LEAVES DISTRICT OR ENTERS HIGH SCHOOL)

time. Give the mother a chance to express herself first. Visits on account of illness are made promptly to insure proper care and reduce the length of absence. Home visits offer excellent opportunity for instruction; such as home inspection in the morning before sending the child to school; the importance of vaccination and diphtheria immunization. In many districts suggestions may be in order regarding cleanliness, eating, and sleeping habits. All this must be done with extreme tact and understanding, so that there is no seeming to dictate or criticize.

If the nurse finds no one home when she calls, she leaves a card, and oftentimes the mother will call on the phone or visit the nurse at school.

.....	
School Nurse	
called regarding .....	
.....	.....
School	

A word should be said about the nurse's office or "Health Room." In several of the newer buildings there is the ideal room conveniently located near the office, large enough for vision and hearing tests, good supply closets and partitioned-off space for a cot. The great number of the rooms are classrooms adapted to the purpose and prove very satisfactory. These are not always so conveniently located. In a few of the older schools the nurse occupies a vacated store room which may or may not be properly heated and ventilated. These often are small and are unhandy especially

The school nurse is also a teacher. Her educational duties consist mostly of classroom talks, Little Mothers' Classes and First Aid Classes. The latter are taught only in the three High Schools which have a nursing program. A very few schools have Little Mothers' Classes. These usually include 6th or 7th grade girls and an effort is made to teach these girls the proper care of babies and young children, as regarding bathing, food and clothing. Classroom talks are made by all nurses at any time, and on any subject related to health.

Besides regular scheduled work the nurse is ready at any time to hold consultations with principal, teachers, parents or with the children. The best way to get the cooperation of teachers, parents and children is to talk with them and make for understanding of the work. While doing a dressing or taking a temperature is an excellent chance for a "teaching" consultation with the child. He is interested right then in what is going on and is in a receptive mood.

Thus far, emphasis has been placed on the nurses duties in the school. Equally important but less heard of are the home calls. The nurse fills the gap between the parents and the school, especially when there may be a problem. She is interested in protecting the health of the child. She explains to the parents the nature and importance of health handicaps and the necessity for corrections. A follow up visit is made in all cases of major defects if parents are not present at the time of the physical examination. In approaching a parent for the first time, or before complete confidence has been gained, it is necessary to allow a little

in the case of clinics or physical examinations. Posters are available at any time to put on the walls. In the supply cabinet the City Health Department supplies all literature and forms used, culture tubes, thermometer, vision chart and tongue blades. The Board of Education is responsible for the office equipment and the First Aid Kit. The approved list for the medicine chest is as follows: fresh culture tubes, alcohol, boric acid, zinc oxide, sulphur ointment, whit and carbolated vaseline, iodine 3.5%, mercurchrome 2%, argyrol 10%, aromatic spirits of ammonia, oil of cloves, picric acid, eye droppers, bandage, gauze, cotton, sanitary pads, adhesive, and tooth picks.

In conclusion I would say that Portland needs a larger staff of school nurses for adequate follow-up work. Twenty-three hundred children is a large load for one nurse to care for, especially when they are in three or four schools. In many cases there are volunteer helpers from the Parent Teachers Association who help the nurse with physical examinations, records, and in other ways. This, I think, should be encouraged far more than it now is. There are many tasks, such as vision and hearing testing, which could be equally well done by an intelligent and interested mother, thus leaving the nurse time for duties which require her trained skill. Teachers could perfectly well take the responsibility for weighing and measuring.

Portland needs more schools similar to Mills Open Air for children who are physically handicapped. The enrollment in this school is limited to 75 children. There are two to three times as many applications of children who absolutely need such care, and there are many more who would benefit



by it, but because of such limited facilities, never make application. This school is for such children as have nervous disorders, cardiac conditions, sinus infections, anemia, asthma or the like, but no child is admitted if he is below par mentally or is an active case of tuberculosis.

A special school which could be well used is one for diabetic children. There are 75 or more children in Portland who have diabetes and there is no provision made for them in the public schools. In some cases they live close enough to school so they can get home for lunch. In others the noon diet is more or less left to chance. Even when the lunch is weighed and put up in the morning one cannot always be certain that the child eats all his lunch or does not get something else. It is a great temptation to children to have what others have. At a special school there could be a diet kitchen where each child's menu is prepared and weighed. Also those who need insulin at noon would get it at the correct time. Part of the school work should be instruction in diabetes, its cause, treatment, importance of diet, and the child should actually be taught to prepare and weigh his diet. As he is older he can learn to give himself the insulin. I consider that this would be important progress because diabetes is a disease of long duration and if the child learns to care for himself early he can adjust himself with much more ease. Certainly he would be benefitted.

I believe that other defective children have adequate care. The deaf and hard-of-hearing have special rooms and trained teachers at Hosford School. Those with ~~bad~~ vision defects attend the sight conservation classes at Holliday School. The mentally sub-normal are put in "ungraded rooms"

after they have been properly tested, and are taught handcraft and other things which they are capable of learning.

The value of any work is measurable by its growth and progress. In a truly active public health nursing program, there is no stagnation. School nursing has an excellent start in Portland and is constantly improving.

EXECUTIVE

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